

**Prep 2021**

The Grade Prep Teachers would like to get to know your child. Completing this form will help.

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| **Child’s name**  | **D.O.B.**  |

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| Has your child attended Pre-school?Name of Pre-school       | **Yes** [ ]  | **No**[ ]  |
| Has your child had 2 years at pre-school? | **Yes** [ ]  | **No**[ ]  |
| Does your child hold a pencil correctly? | **Yes** [ ]  | **No**[ ]  |
| Does your child use scissors correctly? | **Yes** [ ]  | **No**[ ]  |
| Does your child dress himself / herself on their own? | **Yes** [ ]  | **No**[ ]  |
| Does your child look after their belongings? | **Yes** [ ]  | **No**[ ]  |
| Does your child talk with extended family and friends without your prompting? | **Yes** [ ]  | **No**[ ]  |
| Is your child able to follow rules in games? | **Yes** [ ]  | **No**[ ]  |
| Does your child get upset when they lose a game? | **Yes** [ ]  | **No**[ ]  |
| Is your child able to wait their turn? | **Yes** [ ]  | **No**[ ]  |
| Can your child play independently for at least 10 minutes? | **Yes** [ ]  | **No**[ ]  |
| Can your child play with others co-operatively? | **Yes** [ ]  | **No**[ ]  |
| Is your child willing to try new activities? | **Yes** [ ]  | **No**[ ]  |
| Does your child have one or two strong areas of interest?**Yes,** they are       | **Yes** [ ]  | **No**[ ]  |
| Can your child catch a ball bigger than a tennis ball? | **Yes** [ ]  | **No**[ ]  |
| Can your child build with small objects like Lego? | **Yes** [ ]  | **No**[ ]  |
| Does your child rely on gesture instead of talking? | **Yes** [ ]  | **No**[ ]  |
| Does your child have problems finding the right word (for example, calls a dog a cat), uses non-specific words (stuff, sort of, that thing) or fills speech with pauses and “ums”?       | **Yes** [ ]  | **No**[ ]  |
| Does your child have problems following two-part **instructions** (e.g. “Put your teddy Away and get your book”) | **Yes** [ ]  | **No**[ ]  |
| Does your child have a **hearing impairment?** | **Yes** [ ]  | **No**[ ]  |
| Has your child had their **vision tested** in the last 12 months? | **Yes** [ ]  | **No**[ ]  |
| Does your child have a **medical condition?****Yes.** It is called       | **Yes** [ ]  | **No**[ ]  |
| Has your child been involved with an **Early Intervention Service?****Yes,** with       | **Yes** [ ]  | **No**[ ]  |
| Has your child had any **speech therapy?****Yes,** with       | **Yes** [ ]  | **No**[ ]  |
| Is your child affected by any current **court orders?** | **Yes** [ ]  | **No**[ ]  |
| My child has specialised needs.(If you have answered yes, please call Sharyn Oliver in the office on 5443 2011 to schedule a Webex meeting in Term 3, 2020, with Trudi Jacobson, Assistant Principal) to support your child’s transition to KPS. | **Yes** [ ]  | **No**[ ]  |

This form has been completed by

Relationship to child

Signed       Date

Thank you for taking the time to complete this form. Please attach **copies** of any other information that you believe will be informative.

Regards,

Bridie Kennedy

Grade Prep Team Leader

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| 60 Crook Street (PO Box 45) Strathdale 3550[www.kenningtonps.vic.edu.au](http://www.kenningtonps.vic.edu.au)kennington.ps@education.vic.gov.auPhone: 5443 2011 Fax: 5441 7321 |  | Principal:Assistant Principal :Assistant Principal:  | Travis EddyTrudi JacobsonLuke Monaghan |