



Supporting every child to successfully transition to school helps enhance their enthusiasm for life-long learning and achievement of individual success.

PREP ENROLMENT QUESTIONNAIRE

Child's Name: _____

Preferred Name: _____

Date of Birth: _____



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Welcome to Oonoonba State School. This questionnaire will assist us in meeting your child's educational needs in the best possible way.

Names and ages of siblings in the family: _____

Any information on family changes recently? i.e. just moved house, absence of parent, family illness etc

Does your child attend (or has attended) any form of non-parental care?

Please circle: child care centre, preschool, C&K Centre, family day care,
family carers, other _____

Name of Centre	Hours per Week	Year Attended

What do you see as the value of the preparatory year for your child?

Do any areas of your child's development concern you? (eg late milestones, difficult pregnancy or birth, fears, security toys or habits, eg thumb sucking, blanket)

Does your child experience any difficulties in the following areas:

Sleep _____

Movement _____

Speech language _____

Hearing _____

Vision _____

Toileting _____

Behaviour _____

Hospitalisation / Operations _____

MILESTONES

Walking

☐ Before 12 months

☐ 12 months to 18 months

☐ 18 months to 2 years

Talking

☐ Before 18 months

☐ 18 months to 2 ½ years

☐ 2 ½ to 3 years

☐ After 3 years

Has your child been immunized? Yes / No

Does your child have a day time sleep? Yes / No If yes how long? _____

Has your child had any support/intervention in any of the following areas:

Eyes Check ☐ No ☐ Yes: at what age _____ for how long _____

Hearing Check ☐ No ☐ Yes: at what age _____ for how long _____

Speech Language Pathology ☐ No ☐ Yes: at what age _____ for how long _____

Occupational Therapy ☐ No ☐ Yes: at what age _____ for how long _____

Physiotherapy ☐ No ☐ Yes: at what age _____ for how long _____

Development Assessment Team ☐ No ☐ Yes: at what age _____ or how long _____

Other: _____

What assistance has been provided for any of the above difficulties? _____

Does your child have a diagnosis of (please tick if applicable):

☐ Autism Spectrum Disorder ☐ Hearing Impairment ☐ Vision Impairment

☐ Intellectual Impairment ☐ Speech Language Impairment ☐ Physical Impairment

Academic Development

Recognises their name	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Writes their name	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recognises some letters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Writes some letters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recognises some numbers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Writes some numbers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can count to 10	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Names some colours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Holds a book the right way up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can use scissors independently	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repeats rhymes, songs or dances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recognises basic shapes	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Social/Emotional/Physical Development

Asks for help when having difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is able to work alone at an activity for up to 10 minutes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will apologise without a reminder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Takes turns in a game	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shares toys and games	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Responds well to simple adult requests	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Follows rules in an adult led activity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Beginning to control feelings and emotions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Greets familiar adults without reminders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Organises personal belongings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasingly says "please" and 'thank you' without reminders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Engages in socially acceptable behaviour in public	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stays in own garden/playground area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plays near and talks with other children	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Often prefers to play with others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manages a lunch box and can eat independently	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is able to hold a pencil	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is able to balance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In your opinion, what are your child's strengths/what does your child do well?

What is your child interested in doing / playing?:

Does your child participate in any out of school activities eg sport, drama, dance, music, swimming?

Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs etc we need to consider in the program?

Transition Statements

A transition statement is created to build a shared and accurate picture of your child's learning across the Kindergarten Year. It summarises your child's learning in the five learning and development areas of the Queensland kindergarten learning guidelines or other equivalent and accredited guideline.

Promoting continuity

Sharing information helps promote continuity of learning and support your child's transition into school. The process of sharing information is important for building strong, trusting relationships between all partners involved in your child's learning.

Early childhood services, families and schools can use the information in the transition statement to discuss and plan for children's successful transition to school.

Parents and carers are given the consent form by the kindergarten teacher when they receive their transition statement. Transition statements belong to families who choose how they will share the statement.

We would greatly appreciate a copy of your child's transition statement when available. Please email to: preptransition@eq.edu.au

Office Use Only:

Principal / Interviewer Notes:
