



QUESTIONNAIRE - KINDERGARTEN 2007

Help us prepare for your child by completing the following questionnaire. Because children can change significantly in just a few months, may I suggest that you complete the answers at the beginning of October. You could then hand the questionnaire in at one of our Kindergarten Orientation Days in Term 4.

Family Name of Child: _____ First Name of Child: _____
 Date of Birth: _____ Sex: male female
 On starting school (January 2007) the child will be _____ years _____ months

PRESCHOOL

Has your child attended preschool? NO YES

If Yes, Which Preschool? _____

How many days per week in 2006? 1 2 3 4 5

LANGUAGE

Was your child born in another country? NO YES, date of arrival in Australia _____

Does your child speak English fluently? YES NO

Do they speak another language? NO YES, _____

HEALTH

			Notes
Has your child had hearing assessment?	NO	YES, Date: _____	_____
vision assessment?	NO	YES, Date: _____	_____
speech therapy?	NO	YES, Date: _____	_____
occupational therapy?	NO	YES, Date: _____	_____
asthma check?	NO	YES, Date: _____	_____
major accident/operation?	NO	YES, Date: _____	_____
a serious allergic reaction?	NO	YES, Date: _____	_____

Are there any other health-related issues you think we should know about? _____

PERSONALITY/ BEHAVIOUR

How would you describe your child? (social, prefers own company, confident, shy, determined, active, quiet, enjoys challenges, emotional, independent, stubborn, easy going, self sufficient...)

SKILLS/TALENTS

What skills/talents are obvious in your child now? _____

MY CHILD (Please circle correct answer)

~ writes his/her first name	not yet	beginning to	confidently
~ uses a pencil	still deciding	right hand	left hand
~ can cut out a circle	not yet	beginning to	accurately
~ can reliably count	up to 10	up to 20	up to 100
~ can read simple books	not yet	beginning to	confidently
~ uses a computer	rarely	sometimes	often
~ plays well with a group	sometimes	usually	always
~ can stay focussed on involved games	for a short time	depends on mood	for a long time
~ knows and sings many songs	not really	beginning to	yes
~ can catch and throw a ball	not yet	beginning to	confidently
~ is able to verbalise needs/wants	too shy	sometimes	confidently

ADDITIONAL INFORMATION

Please add anything at all which will help us better cater to your child's needs and help ensure a happy start to school.

(ie. peer friendships, relationship with siblings, ages/classes of siblings, family custody issues...)

MARKET RESEARCH

1. Why did you choose to send your child to Mount Colah Public School?

- the local school
 recommendations from friends/neighbours
 siblings attend already
 favourable results after researching schools
 other _____

2. Did you visit our web site (www.mcps.ws) for information about the school? YES NO

3. Is there any other information you would have liked in the School Handbook or on the web site?
NO YES _____

Signed: _____ Date: _____

Relationship to Child: _____

Thank you for taking the time to complete this questionnaire. We look forward to working with you and watching your child develop.

Erika Southam
ASSISTANT PRINCIPAL
June 2006

Under the *Privacy and Personal Information Protection Act 1998* we are obliged to inform people that the personal information that you provide to the school will be used for general student administration and communication and other matters relating to the education and welfare of students. While the provision of this information is voluntary, if you do not provide all or any of this information it may delay or prevent the processing of student information and enrolment. All personal information will be stored securely. You may access or correct any personal information by contacting the school.