



PREP INTERVIEW FORM: for 2027 Prep Pupil

The information that you provide here will be the basis of the interview to enable our school staff to better understand and cater for your child's commencement of the Early Phase of Learning here at Undurba State School. Please be as detailed as possible.

Details of the child: Family name: _____ Given Names: _____

Date of birth: ____ / ____ / ____

Parents' names: Parent 1 _____ Phone _____

Parent 2 _____ Phone _____

Is English your First Language? ____ **If not, what is?** _____

Who will usually be bringing and picking up your child from Prep? (Please include Names/ Relationship and phone numbers below): _____

PH: _____

Kindy / Child Care / Playgroup: In 2026 my child will attend (Name of Centre / location): _____

How many days does your child attend Kindy? _____

I give my permission for the school to contact the above centre to gather information about my child:

I give my child's day care centre / kindy permission to share a transition statement with our school.

Signed: _____ Relationship to child: _____ Date: _____

Please list two Kindy friends;

1. _____

2. _____

At what age did your child start speaking? _____ Yrs _____ Mths

Has your child had any serious illnesses or operations? (Include such things as grommets, multiple ear infections) Please provide details:

_____ *Please turn and complete the other side*

Do you have any concerns for your child in any of these areas? Provide details (for example, have they been seen by a speech pathologist):

Hearing Vision Speech Coordination Behaviours / Anxiety

General Maturity

_____ *Please turn over and complete the other side*

Is your child currently seeing any of the following Specialists? (if so please provide details ;

Speech Pathologist	<input type="checkbox"/>	_____
Paediatrician	<input type="checkbox"/>	_____
Occupational Therapist	<input type="checkbox"/>	_____
Psychologist	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

If your child has been assessed or received support in any of the above areas, please provide copies of reports.

Toileting needs: Independent Requires Assistance

SOCIAL/EMOTIONAL EXPERIENCE

What play opportunities has your child had prior to prep? Eg. Playgroup/kindy/other

Does the child have any specific fears / anxieties? _____

Is your child usually ok with separation? _____

Does your child have difficulty paying attention or sitting still? Yes No

Does your child demonstrate unpredictable behaviour/other? Yes No

Will your child be likely to attend Fundurba? (please contact the Fundurba office to discuss)

Yes Am Pm Both No

Is there anything else that you would like to tell us or discuss? _____

Signature: _____

Date: _____

Thank you for your time. We appreciate your participation.