



## PREP INTERVIEW FORM: for 2026 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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's Place in Family (e.g. eldest) \_\_\_\_\_

**Parents' names:** Parent 1 \_\_\_\_\_ Phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ Phone \_\_\_\_\_

**Is English your First Language?** \_\_\_\_ **If not, what is?** \_\_\_\_\_

**Names and ages of other children:**

Name	Class in 2025	Age	Name	Class in 2025	Age

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

PH: \_\_\_\_\_

**Kindy / Child Care: In 2025 my child will attend** (Name of Centre / location): \_\_\_\_\_

**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: \_\_\_\_\_

**Have there been any family changes recently e.g. moved house, absence of parent, family illness, etc?**

**Are there any special access or custody arrangements?** \_\_\_\_\_

**Separate Address for correspondence of Parent not residing full time with Student?** Yes/ No.

Address: \_\_\_\_\_

**PHYSICAL HEALTH**

**Was your child premature?** Yes/ No If so number of weeks \_\_\_\_\_

**Comment on implications (if any?)** \_\_\_\_\_

**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*

Does your child suffer from any allergies? Please provide details:

Is your child on any long-term medication?  Yes  No

If yes, please provide details on the enrolment form.

Does your child have a medical diagnosis?  Yes  No

If yes, please provide details on the enrolment form.

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

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

Is your child left or right-handed? \_\_\_\_\_

Please get your child to write their name **independently** in the box below:

### SOCIAL 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? \_\_\_\_\_

### PARENT COMMENTS

Are you interested in assisting in the prep program? \_\_\_\_\_

Do you have any skills or hobbies that you are willing to share with us? \_\_\_\_\_

Does your child participate in any out-of-school activities, e.g. sport, drama, dance, music? (please list) \_\_\_\_\_

**Is there anything else that you would like to tell us or discuss?** \_\_\_\_\_

*Thank you for your time. We appreciate your participation.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_