



PREP INTERVIEW FORM: for 2025 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 2024	Age	Name	Class in 2024	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 2024 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: _____