

Churchill State School Prep Checklist



The following checklist will provide our staff with essential information to cater for your child's needs as they begin their educational journey at Churchill State School.

We welcome you to our school community.

Prep Parent Checklist

Name of Child: _____ Date of Birth: _____

A. Physical Health and Wellbeing

Personal Abilities:

- | | |
|--|----------|
| 1. Can your child dress/undress themselves e.g. manipulate buttons, zips? | Yes / No |
| 2. Can your child attend to personal hygiene e.g. toileting, washing/drying hands? | Yes / No |
| 3. Can your child use stairs appropriately? | Yes / No |

Sleeping Habits:

- | | |
|--|----------|
| 1. Does your child have disturbed sleep? | Yes / No |
| 2. Does your child require an afternoon nap? | Yes / No |
| 3. Does your child tire easily? | Yes / No |

B. Physical Health and Wellbeing

Speech:

- | | |
|---|------------------------|
| 1. Is your child's speech clearly understood? | Yes / No |
| 2. Can your child speak confidently to an adult? | Yes / No |
| 3. Can your child speak confidently to a child? | Yes / No |
| 4. Can your child enter and exit a conversation using appropriate manners? | Yes / No |
| 5. How would you rate your child's ability to speak confidently in an unfamiliar situation? | Good/Average/Difficult |

Computers:

- | | |
|--|--|
| 1. Does your child have access to the internet/laptop/ipad/iphone at home? (If yes please circle which ones) | Yes / No |
| 2. Does your child have access to the internet at home? | Yes / No |
| 3. Can your child use a laptop/ipad/iphone independently? | Yes / No |
| 4. Approximately how much time is spent on a laptop/ipad/iphone each day? | Less than 1 hour/
1-2 hrs / 2-3 hrs / more than 3 hrs |

Reading:

- | | | |
|---|--------------------|-----------------|
| 1. Does your child recognise his/her name? | Yes / No | |
| 2. How often do you share a book with your child? | Daily
Sometimes | Weekly
Never |
| 3. Does your child enjoy listening to stories? | Yes / No | |
| 4. Does your child remain attentive for the duration of a picture book reading? | Yes / No | |
| 5. Does your child interact e.g. ask questions, or comment during the reading? | Yes / No | |
| 6. What types of books does your child enjoy listening to? Please list: | | |

Interests:

- | | |
|--|----------|
| 1. Is your child eager to play with new toys, games, books etc? | Yes / No |
| 2. Does your child display curiosity about the world? | Yes / No |
| 3. In your opinion, does your child demonstrate any special skills or talents? Please circle: languages, literacy skills, drama, story-telling, music, dance, drawing, athletics, problem solving, other | |

C. Social & Emotional Development

1. Does your child follow rules and instructions without reminders?	Yes / No
2. Does your child follow routines without reminders?	Yes / No
3. Does your child adjust easily to changes in routine?	Yes / No
4. Does your child demonstrate self-control?	Yes / No
5. Does your child ever act aggressively e.g. hitting, biting, yelling or temper tantrums?	Yes / No
6. Does your child take care of his/her belongings?	Yes / No
7. Does your child tidy up when asked?	Yes / No
8. How would you best describe your child's play – what they play with, where, when etc? Please comment:	
9. Can your child usually solve most everyday problems as they arise?	Yes / No
10. Does your child have separation anxiety?	Yes / No

D. Personal Information:

1. Has your child ever seen any of the following? Please circle: ear nose and throat specialist, occupational therapist, physiotherapist, speech pathologist, psychologist, other _____ _____.	
Please give details:	
2. Does your child suffer from any allergies? Nut, bees, egg, chlorine, other	Yes / No
3. How would you rate the severity of this allergy?	Minor/Mild/Severe
4. Does your child have an action plan signed by a doctor?	Yes / No
5. Has this plan been provided to the school?	Yes / No
6. Does your child have any special needs due to a medical condition e.g. asthma, diabetes; a physical condition or an intellectual condition e.g. autism? Please comment:	
7. Has your child recently experienced any family trauma, changed Address etc? Details:	Yes / No

8. Does your child attend (or has attended) any form of child minding?

Please circle: child care centre, long day care, preschool, C & K Centre, family day care, family carers, Pre-Prep, playgroup, Grandparent/Nanny/Other relative/Other person

Name of Centre	Address of Centre – including postcode	Hours per week	Years attended

9. What forms of Non-Parental care has child been in on a regular basis in the year before attending full time school? Details:

10. Has your child attended an early intervention program, attended a preschool/kindergarten program? If so, please give details:

E. Enrolment Information

1. Have you completed the purple Enrolment form	Yes / No
2. Have you completed the grey Religious Education form	Yes / No
3. Do you have the students Original Full Birth Certificate	Yes / No
4. Do you have an Enrolment Interview Date and Time	Yes / No

Churchill State School Staff appreciate your participation in this enrolment process as an important part of your child's transition to our school community. Please be assured your confidentiality will always be respected.

Thanking you
Kelli Harvey
Principal