



**MOURA STATE SCHOOL**

## **2022 Prep Parent Questionnaire**

**Moura State School Prep Orientation and Transition Program**

**Please complete and return with your enrolment forms.  
Thank you.**

**We welcome you to our school community.**

**This information is held in confidence. Please give as much detail as you can on your child's current abilities.**

Child's Name:
Mother's Name:
Father's Name:
Student lives with: (check all that apply) <ul style="list-style-type: none"><li><input type="radio"/> Mother</li><li><input type="radio"/> Father</li><li><input type="radio"/> Step mother</li><li><input type="radio"/> Step father</li><li><input type="radio"/> Grandparent(s)</li><li><input type="radio"/> Foster parents</li><li><input type="radio"/> other</li></ul>
Is your child the <ul style="list-style-type: none"><li><input type="radio"/> youngest</li><li><input type="radio"/> eldest</li><li><input type="radio"/> middle</li></ul> child in the family?
Have there been any recent changes in your family? -new house/baby/marriage/divorce/death
What kind of things upset your child?
How will your child predominately arrive at and leave prep? <ul style="list-style-type: none"><li><input type="radio"/> Car</li><li><input type="radio"/> Bus</li><li><input type="radio"/> Walk</li><li><input type="radio"/> Bike.</li></ul>

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

<b>Physical Abilities</b>			
Can your child dress/undress themselves? e.g.: manipulate buttons, zips, tie shoelaces	Not yet	Currently working on	Does this effectively
Can your child attend to personal hygiene? e.g.: Toileting, washing/drying hands	Not yet	Currently working on	Does this effectively
Can your child use stairs appropriately?	Not yet	Currently working on	Does this effectively
<b>Sleeping Habits</b>			
Does your child have a good sleep routine?	Not yet	Currently working on	Does this effectively
Does your child have an established bedtime?	Not yet	Currently working on	Yes. It is ____
Does your child require an afternoon nap?	No	Sometimes	Always
Does your child tire easily	No	Sometimes	Always
<b>Language and Communication skills</b>			
Is your child's speech clearly understood by family members and others?	Not yet	Sometimes	Always
Can your child speak confidently to an adult in familiar and unfamiliar situations?	Not yet	Sometimes	Always
Can your child speak confidently to other children?	Not yet	Sometimes	Always
Can your child enter and exit a conversation using appropriate manners?	Not yet	Sometimes	Always
<b>Computer/ICT Skills</b>			
Does your child have access to a computer/ICT device at home?	Not yet	Sometimes	Always
Does your child have access to the internet at home?	No		Yes
Can your child use a computer/ICT device independently?	Not yet	Sometimes	Always
Approximately how much time does your child spend on computers/ICT devices or watching TV each day?	1-2 hours	2-3 hours	More than 3 hours
<b>Early Literacy Skills</b>			
How often do you read to or with your child? (Circle)	Daily	Weekly	Never
Does your child enjoy listening to stories?	Not yet	Sometimes	Always
Does your child remain attentive for the duration of a picture book reading?	Not yet	Sometimes	Always
Does your child interact during the reading?	Not yet	Sometimes	Always
Does your child recognise his/her own name?	Not yet	Sometimes	Always
<b>Interests</b>			
Is your child eager to play with new toys, games, books etc.?	Not yet	Sometimes	Always

**The following questions will provide our staff with essential information to cater for your child’s needs as they begin their educational journey at Moura State School.**

Does your child display curiosity about the world? Give an example:	Comments:
In your opinion, does your child display any special skills or talents? (language, literacy, drama, athletics, problem solving, other)	Comment:

### **Social and Emotional Development**

Does your child follow rules and instructions without reminders?	Not yet	Sometimes	Always
Does your child adjust easily to changes in routines?	Not yet	Sometimes	Always
Does your child demonstrate self-control?	Not yet	Sometimes	Always
Does your child ever act aggressively? e.g.: hitting, biting, yelling, temper tantrums Comment:	Never	Sometimes	Often
Does your child take care of his/her belongings?	Not yet	Sometimes	Always
Does your child tidy up when asked?	Not yet	Sometimes	Always
Can your child usually solve most everyday problems as they arise? Comment:	Not yet	Sometimes	Always
Does your child separate easily from caregivers? Comment:	Not yet	Sometimes	Always
How could you best describe your child’s play? (who, what, when and where)	Comment:		
Is your child eager to play with new toys, games, books etc.?	Not yet	Sometimes	Always

### **Personal information**

Has your child ever seen or been referred to any of the following specialists: (tick which apply)	<b>Please provide details and copies of reports where possible.</b> Comment:																		
<table border="1"> <tr><td><input type="checkbox"/></td><td>Ear, Nose and Throat Specialists</td></tr> <tr><td><input type="checkbox"/></td><td>Speech Language Pathologists</td></tr> <tr><td><input type="checkbox"/></td><td>Occupational therapist</td></tr> <tr><td><input type="checkbox"/></td><td>Paediatrician</td></tr> <tr><td><input type="checkbox"/></td><td>Physiotherapist</td></tr> <tr><td><input type="checkbox"/></td><td>Psychologist</td></tr> <tr><td><input type="checkbox"/></td><td>Hearing Test</td></tr> <tr><td><input type="checkbox"/></td><td>Vision Test</td></tr> <tr><td><input type="checkbox"/></td><td>Other:</td></tr> </table>	<input type="checkbox"/>	Ear, Nose and Throat Specialists	<input type="checkbox"/>	Speech Language Pathologists	<input type="checkbox"/>	Occupational therapist	<input type="checkbox"/>	Paediatrician	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Hearing Test	<input type="checkbox"/>	Vision Test	<input type="checkbox"/>	Other:	
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### Prior to Prep experiences

Please tell us about your child's pre-school experiences:  
(Childcare, C & K centre, Family Day Care, Family carers etc.)

Name of centre	Hours per week	Years attended

### Any other information

Please tell us any other important information that you feel we should know about your child.....

Thank you for taking the time to complete this questionnaire.

This questionnaire plays a major part in assisting us to transition your child successfully to Prep at Moura State School. Please ensure you complete and submit this questionnaire, along with your completed enrolment forms, to the school office as soon as possible.

**All information provided will be treated with care and considered in confidence.**

