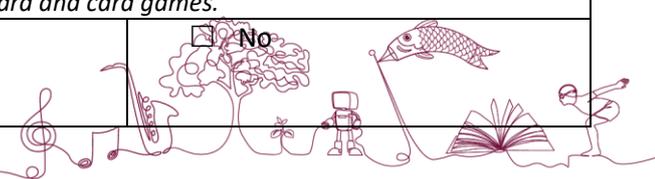




Edge Hill State School: Prep 2025 Student Information Interview Form

PERSONAL DETAILS						
Child's First Name:			Child's Surname:			
Date of Birth:	Gender:	Cultural Background:				
Parent Name 1:			Parent Name 2:			
Number of Children in Family:			Place of Child in Family:			
Name and age of Sibling/s:						
Family Considerations:						
SOCIAL EXPERIENCES						
Has your child had prior experiences in 2024 in child care/play group/kindy, etc.?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Name of child care/ play group / kindy, etc.						
How many days per week did they attend the program?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Other
How does your child play in a group setting?	Leader/ initiates play	Follows others		Parallel play (alongside)	Doesn't interact	
What games does your child like to play?	<input type="checkbox"/> Dramatic play - children take on roles within pretend games about familiar experiences- e.g. going on a family fishing trip, sharing a family celebration.					
	<input type="checkbox"/> Fantasy play - children create props and use these as they engage in fantasy adventures- e.g. creating an ocean floor using sheets for water and baskets for rocks in an underwater adventure.					
	<input type="checkbox"/> Exploratory play - children create props and use these as they engage in fantasy adventures- e.g. creating an ocean floor using sheets for water and baskets for rocks in an underwater adventure.					
	<input type="checkbox"/> Manipulative play - children manipulate and explore objects, parts and materials- e.g. threading beads, puzzles, construction, playdough.					
	<input type="checkbox"/> Physical play - children explore movements and ways to combine movements- e.g. running and playing ball, jumping, climbing, dancing, moving on obstacle courses.					
Is your child involved in any extra-curricular activities outside of school (e.g. soccer, music, art)?	<input type="checkbox"/> Yes (please specify)		<input checked="" type="checkbox"/> No			



Has your child got any fears or dislikes?	<input type="checkbox"/> Yes (please specify)	<input type="checkbox"/> No	
How confident is your child in meeting new people?	Very confident	Moderately	Not confident
Do you anticipate any separation issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your child lived away from parent/s for any length of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current living arrangements			
Has the family moved home recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMUNICATION AND SKILLS

What language does the child MOSTLY speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other:		
What language does the child MOSTLY hear spoken at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other		
Does your child enjoy books?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can your child recognise his / her first name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is your child demonstrating left or right-hand dominance?	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Unsure	
Do you have any concerns about your child's speech development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If your child is excited to communicate something with you, how do they do this?	<input type="checkbox"/> Words	<input type="checkbox"/> Sentences	<input type="checkbox"/> Actions	<input type="checkbox"/> Combination
Is there anything about your child's communication/ skills that you think is of particular importance and would like to share with us?				
How often do you read with your child?				
Have you completed any home activities in readiness for Prep (letters/ sounds, reading, counting, social stories)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

HEALTH

Does your child have an afternoon sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can your child toilet themselves confidently and independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had their hearing tested within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had their vision tested within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any medical concerns? E.g. Allergies, Asthma, physical disabilities, past illnesses or operations, under medical treatment at present etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> I have provided an appropriate action plan at interview <input type="checkbox"/> I will provide an appropriate action plan on Day 1 of school	<input type="checkbox"/> No

Has your child received a medical diagnosis from a Paediatrician or Specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> I have completed the details in the table below <input type="checkbox"/> I have provided a copy of any reports or referrals from the specialists listed <input type="checkbox"/> I will provide a copy of any reports or referrals from the specialists listed on Day 1, 2025	<input type="checkbox"/> No
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Specialist	Date	Specialist Name
Paediatrician		
Speech Language Pathologist		
Occupational Therapist		
Psychologist		
Physiotherapist		
Social Worker		
Child Development Clinic		
Psychiatrist		
NDIS		
Guidance Officer		
Other:		

OTHER INFORMATION

To help us best place your child, please let us know if they have any further needs we should be aware of, behaviour/immaturity (e.g. Needs support to sit still, follow directions, cooperate with the teacher, play happily with peers). This information will help us to make the best placement for your child.

Are there any children beginning Prep 2025 at EHSS that your child has difficulty socialising with?	
Does your child have any close friendships with students beginning Prep at EHSS in 2025? <i>(Please note we make no guarantees in this space.)</i>	
Is there any other information that your child's teacher should know about him /her?	
Interview conducted by	
Date	