

Enrolment Questionnaire

To support your child's transition into our school, we ask that you fill out this questionnaire. By doing this you provide some valuable information that will help your child's teacher to best cater for them in the classroom.

Child's Name: _____ Age: _____ Date: _____

Has your child ever:

Had ear infections <i>How many?</i>	0 - 2	2 - 6	more than 6
Attended appointments with Child Health Nurse	Birth to 8 months	18 month contact	3 year old contact
Attended Play Group, Play Café's or Mother's Groups	<i>attended regularly-more than 10 visits</i>	<i>irregular attendance maybe up to 10 visits</i>	<i>never attended</i>
Attended Day Care <i>How often?</i>	<i>daily</i>	<i>1 – 3 times per week</i>	<i>never attended</i>
Attended Therapy <i>If yes, what type of Therapy?</i>	<i>Physiotherapy</i>	<i>Speech Therapy</i>	<i>Occupational Therapy</i>

Additional information

Were there any complications with your child's birth?	
Does your child have any fears?	
Does your child have any toileting problems?	
Has your child had any early childhood illnesses? (eg viruses, pneumonia)	

Any additional information that you feel may be relevant:

Developmental Checklists *Please tick any of the following that apply to your child:*

<input type="checkbox"/> Excessively clumsy	<input type="checkbox"/> Is hard to understand	<input type="checkbox"/> Cannot jump with 2 feet
<input type="checkbox"/> Unable to build with small blocks	<input type="checkbox"/> Can only say a few words	<input type="checkbox"/> Doesn't ask questions
<input type="checkbox"/> Unable to balance on one leg	<input type="checkbox"/> Doesn't understand what is said to them sometimes	<input type="checkbox"/> Doesn't talk while playing
<input type="checkbox"/> Unable to catch a large ball	<input type="checkbox"/> Doesn't talk in a full sentence	<input type="checkbox"/> Has no fear
<input type="checkbox"/> Unable to stand without support	<input type="checkbox"/> Appears to be withdrawn	<input type="checkbox"/> Unable to decide what hand to use
<input type="checkbox"/> Tends to walk with feet turned inwards	<input type="checkbox"/> Walks on toes more than 50% of the time	<input type="checkbox"/> Has poor self concept/body image
<input type="checkbox"/> Unable to hop	<input type="checkbox"/> Constantly anxious	<input type="checkbox"/> Rocks body or bangs head
<input type="checkbox"/> Unable to skip	<input type="checkbox"/> Has poor concentration	<input type="checkbox"/> Has difficulty dressing self

I am happy for my child to be referred to the Child Development Team ☐ YES ☐ NO

Enrolment Questionnaire
Your Child's Health & Wellbeing

At Yarloop Primary School we pride ourselves on being an inclusive, caring and welcoming school. To ensure your child feels a sense of inclusion and belonging, it helps to get an idea of their Health and Wellbeing prior to entering school. If you could answer the questions below as honestly as possible, it will give us a greater understanding of how we can help with your child's social and emotional needs.

CHILD	seldom	sometimes	always
My child is approachable and interacts well with others			
My child has a good self- esteem (feels they are worthy and confident)			
My child copes well in different situations (deals with change, losing in games, etc)			
My child likes to see the good in most situations			
FAMILY			
My child has regular sleeping patterns (goes to bed at an early time)			
The family gets along in harmony			
My discipline is consistent (follow through with consequences when needed)			
There is a family member who is ill and/or disabled	YES/NO		
There is a family member with mental health difficulties	YES/NO		
SCHOOL			
My child makes friends easily			
My child learns well			
My child enjoys going to school			
The family believes that school is important	YES/NO		
LIFE EVENTS			
My child has difficulty settling into new situations			
My child has experienced grief and/or loss (eg death in family, separation from parent, etc)	YES/NO		
My child has experienced emotional trauma (eg accident)	YES/NO		
My child is regularly involved with a caring adult			
SOCIAL			
My child is accepted by other children			
My child spends a lot of time isolated from other children and adults			
Are there times during the year that is financially stressful			
My child is involved in events and with others within the community			
My child has had access to support services (eg community nurse, speech, occupational therapist, psychologist, etc)			

Any additional information or comments on the questions above can be written here:
