

2010 Kindergarten Survey

At Ingleburn Public School we strive to provide a caring learning environment that caters for individual needs. The knowledge you have about your child is invaluable and we ask that you share it with us in this survey. Please complete this survey with as much detail as possible, including any copies of reports from Pre-school, Doctors, Speech Therapists etc.

Name: _____

Date of Birth: _____

Type of care prior to school:	Long Day Care _____	Days/week: _____
	Pre – School _____	Days/week: _____
	Occasional Care _____	Days/week: _____
	Family Day Care _____	Days/week: _____
	Other: _____	Days/week: _____

Learning

The questions below are not an indication of what we expect your child to be able to do. The information is sought in case we are able to provide your child with a support program.

1. Does your child have any learning needs that our school should seek to address? YES / NO

Please specify _____

2. Is your child's speech easily understood? YES / NO

3. Has your child had speech therapy? YES / NO

4. Is your child confident with other children? YES / NO

5. Does your child make friends easily? YES / NO

6. Does your child attempt to read books? YES / NO

7. Can your child recognise a few words? YES / NO

8. Can your child write their name? YES / NO

9. Can your child sit and concentrate for 15 minutes on a game or puzzle (not TV) YES / NO

10. Has your child had any help from a professional specialist or extra assistance at day care? YES / NO

What help was given and why _____

11. Is there any other information regarding your child's learning that will assist us?

Physical

As with learning needs, support may be given to children with physical needs.

1. Does your child have a physical disability or sensory needs that will influence learning? YES / NO

Areas we are interested in include; Speech/Hearing, Sight, Movement, Allergies, Asthma, Diabetes, Autism, ADHD (ADD) or any other diagnosed condition. Please provide details below:

Behavioural

Some children have difficulties adjusting to school, they may not cope well with change. For those students we try to assist them by providing a social skills program.

1. Does your child display any emotional or behavioural problems at home or day care? YES / NO

2. Is your child's behaviour sometimes difficult to manage? YES / NO

Please provide details _____

English as a Second Language (ESL)

To assist children who speak another language at home we have an ESL teacher at our school. If a language other than English is spoken in your home please answer the following questions.

1. Language spoken at home by STUDENT: _____

2. Language spoken at home by MOTHER: _____

3. Language spoken at home by FATHER: _____

4. How long has your child lived in Australia? Less than 1 year 1 to 3 years 3 to 7 years

Other Information

Please include any other relevant information you think we may need to know about your child.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Knowledge of your child's strengths and weaknesses will enable us to provide a smooth transition to school.
Thank you for your cooperation in completing this survey.