



**Our Lady of Lourdes
Catholic School**

Kindergarten Parent / Child Questionnaire

This is an invitation to supply us with information about your child in addition to your enrolment form and kinder interview.

Please return via email to: olol@catholic.tas.edu.au

Date:	Year of School Entry:		
Child's Name:	Date of Birth:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Child Care Experience:	Y <input type="checkbox"/> N <input type="checkbox"/> Name of Child Care:		
Time spent at Child Care:	Hours Per Week		

The following questions are asked so you, as parents, can give a general indication of your perceptions of your child's ability and development at this stage.

This information will assist the staff in getting to know your child and help with his/her transition into the school. There are no right or wrong answers. Simply make appropriate responses regarding your child. There are also sections allocated if you wish to make further comments.

Section A: Social/Emotional Development

	Yes	Developing	Not Yet / No
1 Self confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copes with frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Accepts correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Separates from parent/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Independent with toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Independent with dressing (e.g. smocks, coats, shoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

	Most of the Time	Sometimes	Not Often
7 Appears happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Shares belongings with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Shows concern for distress of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Is easily upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Overactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Is easily distracted from what he / she is doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Accepts changes in activity or routine without undue stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Aggressive towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Laughs at appropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Is responsible for own belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Shows an attitude of enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Is accepted by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Patient while awaiting his / her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Joins in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Enjoys group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			



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Section B: Reading and Writing Readiness

		Yes	Not Yet / No
1	Does your child enjoy books?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your child show a desire to read?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your child read?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you think your child is almost ready to read?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does your child seem to have an idea that what is said can be written down?	<input type="checkbox"/>	<input type="checkbox"/>
6	Can your child write his/her name?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Section C: Your Child's Interests

What does your child enjoy doing with you, the parents/carers?

What does your child enjoy playing/special interests your child currently has?

Section D: Speech

		Yes	Not Yet / No
1	Speech is easily understood	<input type="checkbox"/>	<input type="checkbox"/>
2	Speaks without stuttering	<input type="checkbox"/>	<input type="checkbox"/>
3	Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>
4	Language other than English spoken at home	<input type="checkbox"/>	<input type="checkbox"/>
Language spoken:		Spoken by: Mother <input type="checkbox"/> Father <input type="checkbox"/> Child: <input type="checkbox"/>	
Comments:			

Section E: Auditory

		Yes	Not Yet / No
1	Does your child have normal hearing?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has your child ever had grommets (tubes)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has your child been treated by a doctor for hearing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			



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Section F: Visual

		Yes	Not Yet / No
1	Does your child have normal eyesight?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your child wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Section G: Physical

		Yes	Developing	Not Yet / No
1	Co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Button / unbutton clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Cut with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Tie shoe laces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Enjoys physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Section H: Health

Does your child have any health concerns e.g. allergies, asthma, diabetes, epilepsy etc? Please comment on any health concerns.

Do you have any Specialist Reports?

- Speech Therapist
- Visual Assessment
- Auditory Assessment
- Learning Assessment
- Occupational Therapist
- Psychologist
- Other: