



# Turrumurra North Public School

Experience today, Inspire tomorrow

## Parent/Carer Questionnaire Kindergarten 2021

The purpose of this questionnaire is to enable the teachers to understand your child's needs and interests. Your comments will guide us in better understanding your child from the beginning of the year.

**Please complete the questionnaire and leave it in the box on Orientation day or return it to school by email [turramurnn-p.school@det.nsw.edu.au](mailto:turramurnn-p.school@det.nsw.edu.au) no later than Friday, 27 November 2020.**

Child's Name: \_\_\_\_\_ Preferred Name (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Has your child attended pre-school? **Yes / No** Long day care? **Yes / No**

Name of pre-school or long day care: \_\_\_\_\_  
For how many days per week? \_\_\_\_\_

Do you have a pre-school report to share with us? **Yes / No**  
If yes, please attach a copy to this document when you return it to school.

How many children in the family? \_\_\_\_\_

Do other siblings attend Turrumurra North PS? **Yes / No**  
If yes, names and class years in 2021: \_\_\_\_\_

### Health

To add to the information provided on your child's enrolment form:

Does your child have any known allergies? **Yes / No**  
If yes, to what? \_\_\_\_\_

Has your child's hearing ever been tested? **Yes / No**  
If yes, When? \_\_\_\_\_ Was treatment needed? \_\_\_\_\_  
Was treatment given? \_\_\_\_\_ Type of treatment \_\_\_\_\_

Has your child's vision ever been tested? **Yes / No**  
If yes, When? \_\_\_\_\_ Was treatment needed? \_\_\_\_\_  
Was treatment given? \_\_\_\_\_ Type of treatment \_\_\_\_\_

Does your child have any other needs or has he/she been assessed by a health professional?  
(eg. speech, occupational therapy etc.) \_\_\_\_\_  
\_\_\_\_\_

Are there any other medical issues that the school needs to be aware of? (eg Premature birth, toileting concerns etc.)

## Physical Skills

My child:

Shows definite preference for using one hand	<b>Yes</b>	<b>No</b>	Left or Right? _____	
Holds a pencil with the correct grip	<b>Yes</b>	<b>No</b>		
Can put shoes on correct feet reliably	<b>Yes</b>	<b>No</b>		
Cuts with scissors	<b>Yes</b>	<b>No</b>		
Can cut along a line	<b>Yes</b>	<b>No</b>		
Shows interest in craft activities	<b>Yes</b>	<b>No</b>		
Uses construction toys with interest	<b>Yes</b>	<b>No</b>		
Attends organised activities:	Sport	Dance	Music	Drama
	Other: _____			

Is there anything else you want us to understand in this area of development?

## Language Skills

Have there been any speech difficulties? **Yes / No**

If yes, please specify \_\_\_\_\_

Has any therapy been required? **Yes / No** Given? **Yes / No**

If so what? \_\_\_\_\_

Has there been a speech assessment? **Yes / No**

Please give details of any therapy given \_\_\_\_\_

Or

Is your child on a waiting list for speech therapy? **Yes / No**

Can your child speak in more than one language? **Yes / No** If yes, please specify \_\_\_\_\_

Are there any other languages heard at home: **Yes / No** If yes, please specify \_\_\_\_\_

Does your child show an interest in books? **Yes / No**

Do you read stories to your child? **Yes / No**

Does your child look at books independently? **Yes / No**

Can your child read his/her own name? **Yes / No**

Can your child read any words, signs, ads etc? **Yes / No**

For children who speak a **Language Other Than English**

Country of origin: \_\_\_\_\_

Which language/s do you speak at home? \_\_\_\_\_

Does your child speak in English? *not at all, a little, very well* (please circle)

For future planning – would you like an interpreter for school meetings and information? **Yes / No**

