

Merrimac State School Prep Checklist



The following checklist will provide our staff with essential information to cater for your child's needs as they begin their educational journey at Merrimac State School.

We welcome you to our school community.

Prep Parent Checklist

Name of Child: _____ DOB: _____ Gender: _____

Physical Health and Wellbeing

Personal Abilities:

1. Can your child dress/undress themselves e.g. manipulate buttons, zips?	Yes / No
2. Can your child attend to personal hygiene e.g. toileting, washing/drying hands?	Yes / No
3. Can your child use stairs appropriately?	Yes / No

Sleeping Habits:

1. Does your child have disturbed sleep?	Yes / No
2. Does your child require an afternoon nap?	Yes / No
3. Does your child tire easily?	Yes / No

Milestones

Speech:

1. Is your child's speech clearly understood?	Yes / No
2. Can your child speak confidently to a child?	Yes / No
3. Can your child speak confidently to an adult?	Yes / No
4. Can your child enter and exit a conversation using appropriate manners?	Yes / No
5. How would you rate your child's ability to speak confidently in an unfamiliar situation? <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Difficult	

Reading:

1. Does your child recognise his/her name?	Yes / No
2. How often do you share a book with your child? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
3. Does your child enjoy listening to stories?	Yes / No
4. Does your child remain attentive for the duration of a picture book reading?	Yes / No
5. Does your child interact e.g. ask questions, or comment during the reading?	Yes / No
6. What types of books does your child enjoy listening to? Please list their current favourite:	

Writing:

Can your child write their name or part of their name?	Yes / No / Part
Can your child draw and colour in?	Yes / No
Is your child left or right handed? <input type="checkbox"/> Left <input type="checkbox"/> Right	

Social and Emotional Development

Does your child follow rules and instructions without reminders?	Yes / No
Does your child adjust easily to changes in routine?	Yes / No
Does your child demonstrate self-control?	Yes / No
Does your child have strategies to self-regulate? If yes, what are they?	Yes / No
Does your child take care of his/her belongings?	Yes / No
Does your child tidy up when asked?	Yes / No
How would you best describe your child's play – what they play with, where, when etc? Please comment:	
How does your child like to learn about new things? <input type="checkbox"/> likes to be shown <input type="checkbox"/> prefers to work it out <input type="checkbox"/> through books <input type="checkbox"/> through videos <input type="checkbox"/> likes to ask questions <input type="checkbox"/> other (please describe)	
Can your child solve most everyday problems as they arise?	Yes / No
Does your child have any fears or phobias?	Yes / No

Interests:

Is your child eager to play with new toys, games, books etc?	Yes / No
Does your child display curiosity about the world?	Yes / No
In your opinion, does your child demonstrate any special skills or talents? Please tick: <input type="checkbox"/> languages <input type="checkbox"/> literacy skills <input type="checkbox"/> drama <input type="checkbox"/> story-telling <input type="checkbox"/> music <input type="checkbox"/> dance <input type="checkbox"/> drawing <input type="checkbox"/> athletics <input type="checkbox"/> problem solving <input type="checkbox"/> other	

Personal Information

Has your child ever seen any of the following? Please tick and provide details: <input type="checkbox"/> ear nose and throat specialist <input type="checkbox"/> occupational therapist <input type="checkbox"/> physiotherapist <input type="checkbox"/> speech pathologist <input type="checkbox"/> psychologist <input type="checkbox"/> paediatrician <input type="checkbox"/> other	
Does your child suffer from any allergies?	Yes / No
<input type="checkbox"/> Nut <input type="checkbox"/> bees <input type="checkbox"/> egg <input type="checkbox"/> chlorine <input type="checkbox"/> other	
How would you rate the severity of this allergy?	
<input type="checkbox"/> Minor <input type="checkbox"/> Mild <input type="checkbox"/> Severe	
Does your child use/ require an epipen?	Yes / No
Does your child have an action plan signed by a doctor?	
Has this plan been provided to the school?	Yes / No
Does your child have any special needs due to a medical condition e.g. asthma, diabetes; a physical condition or an intellectual condition e.g. ASD? Please comment:	
Has your child recently experienced any family trauma, changed address etc? Details:	Yes / No
Has your child received or is receiving counselling support? Please provide details?	

Does your child attend (or has attended) any form of childcare? Please indicate type:			
<input type="checkbox"/> child care	<input type="checkbox"/> preschool	<input type="checkbox"/> C & K Centre	<input type="checkbox"/> family day care
<input type="checkbox"/> Pre-Prep	<input type="checkbox"/> playgroup		
Name of Centre	Address of Centre – including postcode	Hours per week	Years attended
What forms of Non-Parental care has child been in on a regular basis in the year before attending full time school such as Grandparent/ Nanny/ Other relative/ Other person Details:			
Has your child attended an early intervention program e.g. ECDP? If so, please give details:			
Other			
Computers/ technology:			
What technology does your child have access at home?			
<input type="checkbox"/> computer	<input type="checkbox"/> iPad	<input type="checkbox"/> tablet	<input type="checkbox"/> phone
Does your child have access to the internet at home?			Yes / No
Can your child use technology independently?			Yes / No
Approximately how much time is spent using technology each day?			
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> 1-2 hrs	<input type="checkbox"/> 2-3 hrs	<input type="checkbox"/> 3+ hrs
Languages:			
Which languages are spoken at home? Please list in order of use (most used to least used):			
Enrolment Information			
Do you identify as indigenous?			Yes / No
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander			
If yes, what is your traditional language group?			
Have you completed the Application for student enrolment form			Yes / No
Do you have the student's Original Full Birth Certificate			Yes / No
Do you have an Enrolment Interview Date and Time			Yes / No
How will your child be going home? <input type="checkbox"/> Car <input type="checkbox"/> Walking <input type="checkbox"/> Afterschool Care <input type="checkbox"/> Bike <input type="checkbox"/> Bus			

Merrimac State School Staff appreciate your participation in this enrolment process as an important part of your child's transition to our school community. Please be assured your confidentiality will always be respected.

Thanking you
Shannon Lusk
Principal