Merrimac State School
PREP PRE ENROLMENT QUESTIONNAIRE

Dear Parent/Caregiver,

The following questionnaire has been designed to collect information about your child to assist classroom teachers’ better meet the educational needs of your child. As a parent you know your child best in terms of their interests, fears, preferred learning styles and areas for development. Thank you for your time and we look forward to discussing your hopes and concerns for your child.

Child’s Name: __________________________ Date of Birth: ________________

Parent/Carers’ Names: __________________________ Contact Phone: ________________

How would you describe your child’s personality?

Shy ☐ Happy ☐
Outgoing ☐ Easy going ☐
Sociable ☐
Other ________________

How does your child feel about starting school?

Nervous ☐ Relaxed ☐
Happy ☐ Unsure ☐
Other ________________

What is your child’s favourite pastime? (tick more than one)

Playing with others ☐ Watching television ☐
Building and construction ☐ Outdoor pursuits ☐
Dressing up ☐ Indoor pursuits ☐
Reading ☐ Computer games ☐
Pets ☐ Art and Craft ☐
Others:__________________________

Thank you for your time and we look forward to discussing your hopes and concerns for your child.
Comment on how your child plays with others:

- Enjoys the company of others ☐
- Has a large social network ☐
- Enjoys own company ☐
- Has a limited social network ☐

What special interests does your child have?

What is your child good at?

Are there any areas of concern you may have about your child’s readiness for school?

Is there anything your child is fearful of or not confident with?

What do you think they will need help and encouragement with?

- Putting shoes on ☐
- Asking to go to the toilet ☐
- Looking after belongings ☐
- Eating ☐
- Making friends ☐
- Sharing ☐
- Other?

Does your child have access to a computer at home? YES / NO

Does your child use a computer at home? YES / NO

Do you and your child participate in online activities? YES / NO
Describe how your child generally likes to learn new things.

- Likes to be shown
- Prefer to work it out for themselves
- Learns through books
- Learns through videos
- Likes to ask questions
- Other?

Is your child right or left handed? LEFT / RIGHT

How would you describe your child’s attitude towards books?

In what everyday situations do you see your child reading or attempting to read something other than books?

How often does your child choose to read or look at books at home?

- Often
- Sometimes
- Regularly

How often do you read books together?

- Often
- Sometimes
- Regularly

How often do you go to the library?

- Seldom
- Sometimes
- Regularly
Does your child have a favourite story?  YES / NO

Is it a story written in a book?  

Is it a story you tell from memory?  

Is it a story from a movie or video?  

How often does your child choose to write or draw?

Seldom  
Sometimes  
Regularly  

How will your child be going home?

Car  
Bike  
Walking  
Bus  
After School Care  

Is there any medical treatment that your child is currently undertaking?

YES / NO  Please provide details:  

Has your child been referred to any specialist medical services?

YES / NO  Please provide details:  

Is there any particular information about your child’s family circumstances that are pertinent to your child’s well being or learning?

Is there any other information you consider relevant to assist teacher better understand and support your child?