

CHILD – PARENT OBSERVATION CHECK

(please bring completed to the interview)

Child's name	Date
Date of birth	Male / Female (circle)
Year of Prep entry	Kinder Experience Yes / No (circle)
Name of Kinder	Time spent at Kinder days/ hours
Family Day Care / Child Care Centre experience	Yes / No (circle)

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 Prep. 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.

SOCIAL / EMOTITONAL READINESS	mostly	sometimes	seldom
Can express needs and wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can share and take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixes happily with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify own belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses toilet independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates from parents with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

EDUCATIONAL READINESS	mostly	sometimes	seldom
Can speak in clear sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can follow directions / instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify / recognise own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can listen to a story & recall events in a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can concentrate on an activity for 10 -15 min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows basic colours and shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can count own fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawings are pictorial e.g. person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the curiosity and desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

HEALTH QUESTIONS

Speech

Has your child had any speech therapy?

Yes No

Details / Assessments / Reports

Are you concerned about your child's speech?

Yes No

Language other than English spoken at home by : Child _____

Mother _____ Father _____

Does your child / or will your child attend out of school language classes? Yes No

Auditory

Any concerns or problems with your child's hearing?

Yes No

Has your child ever had grommets?

Yes No

Has your child been treated by a doctor for hearing difficulties?

Yes No

Comments

Visual

Any concerns / problems with your child's eyesight?

Yes No

Does your child wear glasses?

Yes No

Comments

Health Issues / Concerns

Please comment on any areas regarding your child's development

EXTRA CURRICULAR ACTIVITIES

Does your child participate in any sporting or special classes? (Programs not offered in kinder or day care)

E.g.,

- Swimming lessons
- Gymbaroo
- Letterland
- Art Classes
- Other ?

Do you know any current families at St Francis Xavier?
