

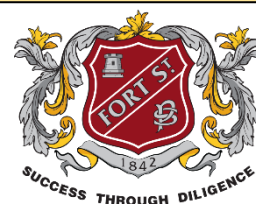
Getting Ready for School

Our priority is to ensure every child beginning school feels **nurtured** and **safe**. Our role is to provide opportunities that encourage **creative thinking** and **positive learning** in an environment that acknowledges the **individual prior learning** of every child.

Shared information between school and home is vital to **successful school transition** and it will help us make **informed choices** for your child at school.

Child's name: _____

Name of parent completing form: _____



What language is spoken at home by:

Parents? _____ Grandparents and other carers? _____

What language/s does your child speak and understand? _____

Activities: My child enjoys these: (✓)

Outdoor activities

- _____ riding a bike/scooter
- _____ playing ball games
- _____ swimming/water play
- _____ climbing/gymnastics
- _____ playing with pets
- _____ other outdoor activities _____

Indoor activities

- _____ Lego/construction
- _____ computer games
- _____ cutting/pasting
- _____ drawing/labouring/paints
- _____ puzzles/games
- _____ watching TV/DVDs
- _____ other indoor activities _____

My child writes or draws with... (✓)

- _____ right hand _____ left hand
- _____ changes hands often

My child sleeps... (✓)

- _____ at a regular early bedtime
- _____ in the afternoon as well

My child can... (✓)

- _____ dress him/herself
- _____ use the bathroom alone
- _____ care for belongings
- _____ eat and drink independently
- _____ say his/her full name

My child needs help with... (✓)

- _____ dealing with frustration
- _____ separating from family members
- _____ dealing with anger
- _____ other emotions _____

Communication

My child likes... (✓)

- _____ listening to stories
- _____ reading or looking at books independently
- _____ pretend play/dress-ups
- _____ saying nursery rhymes
- _____ singing songs
- _____ counting/numbers

My child can... (✓)

- _____ ask questions
- _____ answer questions
- _____ talk about events
- _____ listen and follow instructions



Socialising

My child has these brothers and sisters...

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

My child mixes with children at... (✓)

- _____ home/family gatherings
- _____ pre-school/day care/playgroup
- _____ other: _____

My child understands rules and accepts correction... (✓)

- _____ well
- _____ most of the time
- _____ poorly

My child shares and takes turns... (✓)

- _____ well
- _____ most of the time
- _____ poorly

My child is particularly interested in these topics: _____

My child is looking forward to seeing these other friends who are also coming to Fort Street Public School:

When meeting other children, my child is... (✓)

- _____ very shy
- _____ shy at first
- _____ confident
- _____ very outgoing

My child prefers to play with... (✓)

- _____ older children
- _____ younger children
- _____ children the same age
- _____ adults
- _____ alone

When meeting adults, my child is... (✓)

- _____ very shy
- _____ shy at first
- _____ confident
- _____ very outgoing

Thank you for sharing this information. It will help us ensure a smooth school transition.