

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

## PARENT QUESTIONNAIRE

Please complete this form and return with your Enrolment Form. This information will assist us in planning for the needs of your child once he/she commences school.

Please tick	YES	NO	
1. Was your child premature?			
2. Was it a normal birth?			
3. Did your child need special care after birth?			
4. Did your child crawl before walking?			
5. Did your child walk alone before 20 months?			
6. Can your child go to the toilet by himself/herself?			
7. Has your child been seen by any of the following?: <i>a) Ear Specialist</i> <i>b) Eye Specialist</i> <i>c) other specialist eg. Paediatrician, Neurologist etc.</i> <i>d) Speech Pathologist</i> <i>e) Psychologist</i> <i>f) Education Clinic</i>	Please circle  a b c  d e f		Specialist/s     Dates Results
8. Do you have any written reports from Specialists?			
9. Are you prepared to make these reports available to school?			
10. Has your child been in hospital?			Name of Hospital
11. Why was your child in hospital?			How long? Reason
12. Has your child any on-going medical condition eg. Asthma, epilepsy, diabetes, etc.?			Name of condition
13. Is your child taking any medication regularly?			
14. If so which medication and for what.			
15. Is your child allergic to anything?			Allergic to
16. Has your child been fully immunised?			
17. Does your child attend pre-school?			Name of pre-school  How long attended
18. Does your child need and/or receive special help there?			
19. Anything else we should know about your child			