



READY 4 ROCHEDALE

Rochedale State School Transition & Readiness Program

PLEASE COMPLETE AND RETURN WITH THE ENROLMENT APPLICATION OR EMAIL TO enrolments@rochedalss.eq.edu.au

STUDENT INFORMATION		
GIVEN NAME	PREFERRED NAME	
FAMILY NAME	DATE OF BIRTH	
COUNTRY OF BIRTH	DATE OF ARRIVAL IN AUSTRALIA	
LANGUAGE/S SPOKEN AT HOME		
How often is English spoken at home? Describe as a %	How often is the main language spoken at home? Describe as a %	
Is your child identified as Aboriginal or Torres Strait Islander?	YES	NO
Are there any custodial matters we should be aware of?	YES	NO
PARENT/CAREGIVER 1	Name:	
	Phone Number:	
	Email Address:	
	Place of Birth:	
	Parent's first language spoken as a child:	
PARENT/CAREGIVER 2	Name:	
	Phone Number:	
	Email Address:	
	Place of Birth:	
	Parent's first language spoken as a child:	
HOME ADDRESS		
SIBLINGS at Rochedale State School		

TRANSITION INFORMATION Do you have any concerns about your child's development with regards to the following?	Please circle	If yes, please provide detail
Speech or language delays	YES / NO	
Fine or gross motor skills	YES / NO	
Behaviour	YES / NO	
Hearing	YES / NO	
Vision	YES / NO	

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EARLY INTERVENTION PROGRAMS Has your child seen any of the following specialists?	Please circle	Report Available? Please circle
Speech/language	YES / NO	YES / NO
Hearing Service	YES / NO	YES / NO
Occupational therapy	YES / NO	YES / NO
Physiotherapy	YES / NO	YES / NO
Vision service	YES / NO	YES / NO
Parenting program	YES / NO	YES / NO
Behaviour/Anxiety/Counselling/Psychologist	YES / NO	YES / NO
Other-give details:	YES / NO	YES / NO

MEDICAL CONDITIONS / DIAGNOSES Do any of the following apply to your child?	Please circle	If yes, please provide detail
Allergies / Epi-pen use (<i>Provide a plan</i>)	YES / NO	
Heart Problems	YES / NO	
Respiratory Problems eg Asthma (<i>Provide a plan</i>)	YES / NO	
Operations	YES / NO	
Epilepsy	YES / NO	
Recent Illness	YES / NO	
Phobias/ Fears	YES / NO	
ASD/ ADHD/OCD/ODD/ANXIETY	YES / NO	
Speech/language delays	YES / NO	

TRANSITION INFORMATION	Please circle	If no, please provide detail
Can your child communicate confidently with adults/peers?	YES / NO	
Is your child demonstrating independence with regards to the following?	Eating	YES / NO
	Dressing	YES / NO
	Toileting	YES / NO
Does your child separate easily from you?	YES / NO	
Does your child willingly follow instructions given by other adults? Eg. Child care teacher, swimming instructor	YES / NO	
Is your child excited about starting school?	YES / NO	
Is your child attempting to write their own name?	YES / NO	

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ADDITIONAL STUDENT INFORMATION	Please provide details
Describe your child using three words	❖ ❖ ❖
Does your child have a dominant hand? (Please circle)	LEFT RIGHT NOT YET
What will be your child's greatest challenge in Prep?	
Does your child have any specific areas of strength – music, sport, languages etc?	
Is there anything else we should know?	

PRIOR SCHOOL EXPERIENCE				
Please record when and where your child has been cared for on a regular basis in the year before school. eg Day Care Centre, Kindergarten, Family Day Care, Grandparents, Other Relative, Parents etc				
Monday	Tuesday	Wednesday	Thursday	Friday
Name of Early Learning Centre attended:				
Address of Early Learning Centre:				
Other please specify:				
Permission: I hereby give permission for Rochedale State School staff to liaise with my child's Pre-prep provider to gather information which will inform class placements and assist in planning for a smooth transition. Parent/Carer Signature: _____				

Please note participation in Ready 4 Rochedale incurs a \$30 fee which funds the resources used to support the program.