



READY 4 ROCHEDALE
 Rochedale State School Transition & Readiness Program
 PLEASE COMPLETE AND RETURN WITH THE ENROLMENT APPLICATION OR EMAIL TO
enrolments@rochedales.q.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 %			
Are there any custodial matters we should be aware of? YES / NO				
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:				
EARLY INTERVENTION PROGRAMS		Please circle	Report Available?	
Has your child seen any of the following specialists?		Please circle	Please circle	
Speech/language		YES / NO	YES / NO	
Hearing Service		YES / NO	YES / NO	
Vision Service		YES / NO	YES / NO	
Physiotherapy		YES / NO	YES / NO	
Occupational Therapy		YES / NO	YES / NO	
Psychologist		YES / NO	YES / NO	
Early Childhood Development Program (ECDP)		YES / NO	YES / NO	
Developmental Paediatrician		YES / NO	YES / NO	
Other - give details:		YES / NO	YES / NO	
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: _____				



READY 4 ROCHEDALE
 Rosedale State School Transition & Readiness Program
 PLEASE COMPLETE AND RETURN WITH THE ENROLMENT APPLICATION OR EMAIL TO
enrolments@rochedaless.eq.edu.au

MEDICAL CONDITIONS / DIAGNOSES		Please circle	If YES, please provide detail
Do any of the following apply to your child?			
Allergies / Epi-pen use (<i>Provide a plan</i>)		YES / NO	
Respiratory Problems eg Asthma (<i>Provide a plan</i>)		YES / NO	
Autism Spectrum Disorder (ASD)		YES / NO	
Attention Deficit Hyperactivity Disorder (ADHD)		YES / NO	
Obsessive-Compulsive Disorder (OCD)		YES / NO	
Oppositional Defiant Disorder (ODD)		YES / NO	
Generalised Anxiety		YES / NO	
Separation Anxiety		YES / NO	
Phobias/Fears		YES / NO	
Do you have any concerns about your child's development with regards to the following?			
Speech or language delays		YES / NO	
Fine or gross motor skills		YES / NO	
Behaviour		YES / NO	
Has Hearing been checked?		YES / NO	
Has Vision been checked?		YES / NO	
TRANSITION INFORMATION		Please circle	If NO, please provide detail
Can your child communicate confidently with familiar and unfamiliar adults/peers?		YES / NO	
Is your child independent with:	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. Kindergarten 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	
Does your child have a dominant hand? (Please circle)		LEFT / RIGHT	



READY 4 ROCHEDALE
Rochedale State School Transition & Readiness Program
PLEASE COMPLETE AND RETURN WITH THE ENROLMENT APPLICATION OR EMAIL TO
enrolments@rochedales.q.edu.au

ADDITIONAL STUDENT INFORMATION	Please provide details
Describe your child using three words:	❖ ❖ ❖
What will be your child's greatest challenge in Prep?	
Does your child have any specific areas of strength – music, sport, languages etc?	
Child's interests / preferred activities / likes:	
Any other information you would like to share?	

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