READY 4 ROCHEDALE

Rochedale State School Transition & Readiness Program

PLEASE COMPLETE AND RETURN WITH THE ENROLMENT APPLICATION OR EMAIL TO enrolments@rochedaless.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 %
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 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
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:_____

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MEDICAL CONDITIONS / DIAGNOSES **Do any of the following apply to your child?**	**Please circle**	**If YES, please provide detail**
Allergies / Epi-pen use **(*Provide a plan)***	YES / NO	
Respiratory Problems eg Asthma **(*Provide a plan)***	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	

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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.