



READY 4 ROCHEDALE

Rosedale 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 Rosedale State School				
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:				
Other please specify:				

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Has your child seen any of the following specialists?

EARLY INTERVENTION PROGRAMS	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

Do any of the following apply to your child?

MEDICAL CONDITIONS / DIAGNOSES	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 yes, please provide detail
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	
Hearing	YES / NO	
Vision	YES / NO	

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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	
Does your child have a dominant hand?		LEFT RIGHT NOT YET	

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?	
Is there anything else we should know?	

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