



Rosedale School Transition & Readiness Program

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE

STUDENT INFORMATION				
GIVEN NAME		PREFERRED NAME		
FAMILY NAME		DATE OF BIRTH		
COUNTRY OF BIRTH		DATE OF ARRIVAL IN AUSTRALIA		
LANGUAGE/S SPOKEN AT HOME				
% ENGLISH SPOKEN		% MAIN LANGUAGE SPOKEN		
Is your child identified as Aboriginal or Torres Strait Islander? YES NO				
PARENT/CAREGIVER 1	Name:			
	Phone Number:			
	Email Address:			
	Place Of Birth:			
	Parent first language spoken as a child:			
PARENT/CAREGIVER 2	Name:			
	Phone Number:			
	Email Address:			
	Place Of Birth:			
	Parent first language spoken as a child:			
HOME ADDRESS				
HOME PHONE NUMBER				
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:				

Has your child attended any early intervention programs? If so please indicate below:

- Speech/language Occupational therapy Physiotherapy
 Hearing service Vision service Parenting program
 Behaviour/Anxiety/Counselling/Psychologist Other _____

GENERAL INFORMATION

MEDICAL CONDITIONS		GIVE DETAILS
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	
Are immunisations up to date?	YES / NO	
Phobias/ Fears	YES / NO	
Bed Wetting	YES / NO	
Eating Issues	YES / NO	
Toileting Issues	YES / NO	
ASD/ ADHD/OCD/ODD	YES / NO	
Speech/language delays	YES / NO	
Behavioural Concerns	YES / NO	
Are there any custodial issues?	YES/NO	

TRANSITION INFORMATION		GIVE DETAILS
Can your child communicate confidently with adults/peers?	YES/NO	
Is your child demonstrating independence – eating, dressing, completing a task?	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	
Does your child enjoy being read to and engaging with books?	YES/NO	
Is your child attempting to write their own name?	YES/NO	
Does your child count objects to find out	YES/NO	

how many in a group?		
Does your child have access to an IPAD or computer?	YES/NO	
Do you have any concerns about your child's development? (eg speech, motor, behaviour, medical, hearing, sight...)	YES/NO	
Describe your child – use 3 words ☺	<ul style="list-style-type: none"> • • • 	
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?		