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Poseidon Primary
Creating Opportunities Together

KINDY / PP STUDENT HISTORY FORM

All information shared will be kept strictly confidential.

Child's Name: **Date of Birth:**

Mother's name:

Father's name:

Names and ages of any brothers and/ or sisters:

Health Related:

- Has your child had any health or medical problems? **YES / NO**
  If yes – please elaborate

- Did your child experience a difficult birth? (eg. premature, jaundice) **YES / NO** If yes – please elaborate

- Have you noticed any unusual motor co-ordination patterns? **YES / NO** (eg. crawling, walking, climbing?) If yes – please elaborate

- Has your child had any visual problems? **YES / NO**
  (eg. lazy eye, glasses) If yes – please elaborate

- Has your child had ear infections? (Particularly between 12 and 36 months? **YES / NO** (eg. glue ear, grommets) If yes – please elaborate

- Have you noticed any unusual speech patterns? **YES / NO**
  (eg. pronunciation of words, late talking, not speaking much) If yes – please elaborate

- Have you as the parents, or any other children in your family, had any health related or learning issues or difficulties that you think the teacher should be aware of? **YES / NO** If yes – please elaborate

- Has your child attended any significant medical appointments, hospital or therapist appointments to support their health needs? (eg. speech therapist, occupational therapist, paediatrician, surgery) **YES / NO**
  If yes – please elaborate

- Toilet training – Is your child independently toileting themselves? (This includes, going to wee and poo and wiping themselves independently all the time? **YES / NO** If no – please elaborate

- Does your child need a health care plan or take medications regularly?
  (eg. asthma, allergies, anaphylaxis) **YES /NO**
  If yes – please elaborate

- Does your child have any food related issues or intolerances? **YES / NO** If yes – please elaborate

General Information:

- Which language is spoken at home?
- Do you speak any other languages? What language?
- Does your child have a speech difficulty in their main language at home? **YES / NO**

- What are some of your child's favourite things?
  Food - Toys - Colours -
  Activities - People -

- Has your child attended our Stepping Stones 0-4 program, 3 year old program, playgroup, or Daycare? **YES / NO** If yes – please elaborate where they have attended and for how long?

- Does your child have any separation anxiety when they are away from you? **YES / NO**
  If yes – please elaborate

- Does your child / family have any special religious ceremonies you would like us to learn about, celebrate or be aware of? **YES / NO**
  If yes – please elaborate which religion and which celebrations are important to your family.

- Are there any religious traditions or ceremonies you do not wish your child to be a part of or learn about? (eg. Christmas, Easter, Ramadan, Chinese New Year) **YES / NO** If yes – please elaborate

- Will your child have before or after school care or be picked up by someone other than their parents? Eg. Giggling Geckos, Daycare, grandparents? **YES / NO** If yes – please elaborate

Permissions:

The staff at Poseidon Kindy and PP, take a proactive approach to support your child and family. As such, we conduct various assessments throughout the year including a school nurse health check for vision and hearing, speech assessments and make referrals to child development centres and occasionally – recommend meetings with the school psychologist.

Will you support the Kindy or PP teacher and Poseidon Primary School to conduct these assessments and referrals as required? Parents will always be informed if assessments are required. **YES / NO**

If no – please elaborate

What do you hope for your child to gain or learn from attending Kindergarten / PP?

How do you think your family might be able to support our Kindy / PP and school? Please list any special interests/ skills you are able to share with the children or school.

Are there any notable family circumstances in your child's early years? **YES / NO** If yes – please elaborate

Is there any other relevant information that the teacher / school should be aware of? **YES / NO** If yes – please elaborate

Do you have any questions you would like addressed? **YES / NO** If yes – please list your questions

I have read all of the information on this Kindy / PP Student History Form and have truthfully documented all of the information that the teacher and or school would need to support my child.

Parent Signature : **Date:**

Thank you for your consideration and information.

Melissa Guy
Principal
Poseidon Primary School