SPRINGFIELD LAKES STATE SCHOOL

Office use only
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PREP ENROLMENT INTERVIEW FORM

STUDENT NAME: _____

ASTHMA MEDICAL CONDITION DETAILS: Does your child have Asthma? Yes No

Answer the following questions **ONLY** if the student suffers from any asthma related medical conditions

Please indicate if the student suffers from any of the following symptoms: (tick)	**If my child displays any of these symptoms please:** (tick)
□ Cough □ Difficulty Breathing □ Wheeze □ Exhibits symptoms after exertion □ Tight Chest	Inform Doctor □ Yes □ No Inform Emergency Contact □ Yes □ No Administer Medication □ Yes □ No Other Medical Action □ Yes □ No If yes please specify:
Has an Asthma Management Plan been provided to school? □ Yes □ No	
Does the student take medication for Asthma? □ Yes □ No	**Name of medication taken:**
Is the medication taken regularly by the student (preventative) or only in response to symptoms? □ Preventative □ Response	
Indicate the usual dosage of medication taken:	**Indicate how frequently the medication is taken:**
Medication is usually administrated by: (tick) □Student □ Parent □ Teacher □ Other	

DIAGNOSED MEDICAL CONDITIONS:

Does the student have any other diagnosed condition? □ Yes □ No

If yes, please tick appropriate boxes (you may be required to complete supplementary questionnaire)

□ ADHD /ADD □ Intellectual Impairment □ Physical Impairment □ ASD □ Anaphylaxis
□ Epilepsy □ Diabetes □ Visual Impairment □ Hearing Impairment □ Speech Language Impairment

□ Other_____

Does your child take regular medications for any diagnosed condition?

□ Yes (if yes please list medications, dosage and times) □ No

Symptoms: (what are the major characteristics of the medical condition)

If my child displays any of the symptoms above please: (tick)

Contact parent first □ Yes □ No
Inform Doctor □ Yes □ No
Inform Emergency Contact □ Yes □ No
Administer Medication □ Yes □ No
Other Medical Action □ Yes □ No

Any other relevant medical details:

	Concerns	Details
Pregnancy/Birth	□ Yes □ No	
Birth Weight	□ Yes □ No	
Milestones: Talking	□ Yes □ No	□ Before 18 months □ 18 months to 2 ½ years □ 2 ½ to 3 years □ After 3 years
Milestones: Walking, Motor	□ Yes □ No	□ Before 12 months □ 12 months to 18 months □ 18 months to 2 years □ After 2 years
Head Injury	□ Yes □ No	
Convulsions	□ Yes □ No	
Allergies	□ Yes □ No	
Fears/Phobias	□ Yes □ No	
Behaviour	□ Yes □ No	
Sleep Patterns	□ Yes □ No	
Toileting (totally Independent)	□ Yes □ No	
Other (please specify) **e.g. hospitalisation, operations**	□ Yes □ No	

SPECIALIST ASSESSMENTS

Has your child had any support or intervention in any of the following areas?	**Yes/No**	**Name of service**	**Notes**
Audiology Clinic (recent hearing assessment)			
Optometrist (recent vision assessment)			
Occupational Therapist			
Physiotherapist			
Psychiatrist/ Psychologist			
Speech Pathologist			
Specialist Clinic :(e.g. child developmental unit)			
Other (please specify)			

SOCIAL / EMOTIONAL DEVELOPMENT

Social /Emotional Development	
Does your child:-	
Ask for help when having difficulty	□ Yes □ No
Contributes to conversations	□ Yes □ No
Repeats songs or rhymes	□ Yes □ No
Is able to work alone on an activity for up to 10 minutes	□ Yes □ No
Takes turns in a game	□ Yes □ No
Shares with others	□ Yes □ No
Responds appropriately to requests or instructions	□ Yes □ No
Follows rules in an adult led activity	□ Yes □ No
Able to communicate with a familiar person	□ Yes □ No
Control feelings and emotions	□ Yes □ No
Increasingly says “please” and “thank you” without reminders	□ Yes □ No
Prefers to play alone	□ Yes □ No
Manages lunchbox and can eat independently	□ Yes □ No

Please List your child’s Interests / hobbies and preferred tasks.	
Describe your child’s behaviour	
Is there any information about your family’s cultural background, languages spoken at home or religious beliefs that we need to consider when delivering the curriculum?	□ Yes □ No Details:-

STUDENT ACCESS OR ACTIVITY RESTRICTION DETAILS

Is there a custody risk for your child?	□ Yes	□ No
Is there a Custody Alert for the student? (tick) □ Yes, (If Yes, then complete the following questions and request a current copy of the orders for the school.		□ No
Access Type: (tick) □ Court Order □ Family Law Order □ Restraining Order □ Other_____		
Any Other Family Concerns?		
Any recent family changes? *Moved house, absence of parent, family illness, separation, death*		

Does your child currently attend Day care / Family Day Care / Kindy or at home only. (Please circle)

Name of Provider/ Centre_____

Transition statement :- Provided / permission given

INTERVIEW NOTES

☐ **SWPBL** ☐ **Management Structure** ☐ **Uniform**
☐ **Tuckshop: online/daily** ☐ **Voluntary Contribution**

□ An e-mail alert has been sent to:

STL&N	ESL	SEP	GO	Admin Officer

Interviewed by: _____ **Date: _____**

□ Interview form has been provided for Prep Teacher