



Mabel Park State School

Enrolment Interview – Year \_\_\_\_\_\_\_

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| **Student Details:** | | | |
| Student Name: |  | | |
| Date of Interview: |  | Interview completed by: |  |
| Student DOB: |  | Enrolling Parent Name: |  |

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| Is this child the: | eldest | middle | youngest | only | child in your family? |

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| Sibling Details: | | | | Attends Mabel Park SS | | | |
| Sibling Name: |  | Age: |  | Class: |  | yes | no |
| Sibling Name: |  | Age: |  | Class: |  | yes | no |
| Sibling Name: |  | Age: |  | Class: |  | yes | no |
| Sibling Name: |  | Age: |  | Class: |  | yes | no |

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| Other family members (Who lives with you? Other significant adults who spend time with your child?) |
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| **Developmental and Medical History** | | | |
| Do you have any concerns about your child’s development or medical history?  **No \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ (Complete SWAT consent form**)  e.g. late at reaching milestones, difficult pregnancy or birth, complications after birth, fears/phobias, social or emotional concerns, anxiety, any hospitalisations, physical/movement concerns, toileting and self-care | | | |
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| Milestones | | | |
| Walking | Before 12 months | Before 18 months | After 18 months |
| Talking | Before 18 months | After 18 months | After 2-3 years |
| Toilet Training | Before 2 years | After 2 years | After 3 years/ongoing |

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| Not including the general health checks within 6 weeks of birth, has your child had: | | | | | | | |
| Vision Screening | yes | no | At what age? |  | For how long? |  |
| Hearing check | yes | no | At what age? |  | For how long? |  |
| Occupational Therapy | yes | no | At what age? |  | For how long? |  |
| Speech Therapy | yes | no | At what age? |  | For how long? |  |
| Physiotherapy | yes | no | At what age? |  | For how long? |  |
| Developmental Assessment | yes | no | At what age? |  | For how long? |  |
| Does your child have a diagnosed disability? | yes | no |  | | | | |
| Does your child have any medical conditions including allergies? | yes | no |  | | | | |
| Has your child had a four-year-old health check? | yes | no |  | | | | |
| Have you had any concerns regarding your child’s speech? | yes | no |  | | | | |
| Other information | | | | | | | |
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| **Social and Emotional Development** | | |
| Does your child generally get along with other children? | yes | no |
| Have they formed friendships in previous school settings | yes | no |

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| **Culture and Language** |
| What country was your child born in? |
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| What language/s do you speak at home? Does your child speak or understand these? |
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| How well do you think your child will settle into MPSS? |
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| Have there been any family changes that you would like the school to be aware of? e.g. family illness, absence of a parent, moved house, new baby, etc. |
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| Are there any legal custody or court orders currently in place for your child? Any informal custody arrangements? |
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| Do you have any additional information you would like to share that may help the teacher understand your child?  (strengths, needs, interests, personal activities, family activities) |
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| Is there any information you would like us to consider when placing your child in a class?  e.g. previous rapport with a teacher, friends from kindy, children would you like us to consider not placing with your child, etc.? |
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