

**PRE-SCHOOL AND SCHOOL QUESTIONNAIRE**

MRN: \_\_\_\_\_ Admission date: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's email: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Child's Year Level: \_\_\_\_\_

What, if any, are the school's major concerns with this child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child receive integration support?  Y  N

If "Y" please specify the disability criteria: \_\_\_\_\_

Physical ( ) IO ( ) Mental Health ( ) Autism ( ) Other \_\_\_\_\_

And the amount of Aide time per week \_\_\_\_\_

Has the child received reading support in the last year?  Y  N

Please provide details, including most recent Reading Assessment results:

\_\_\_\_\_

\_\_\_\_\_

Is the child currently on a Special Reading program?  Y  N

If "Y" please give details:

\_\_\_\_\_

\_\_\_\_\_

Has the child been assessed by the School Counsellor?  Y  N When? \_\_\_\_\_

**Please attach copies of recent reports.**

What is the child's level of application and achievement in the classroom?

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Does the child have any special requirements that have implications for the classroom or daily living?

Y  N

If yes, please give details:

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Has the child received any specialist assessment? Does the child currently receive intervention at the school (eg. visiting speech pathologist)?

Y  N

If yes, please give details:

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Does the child have any particular interests or talents (including sports)? Please give details:

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Does the child have specific areas of difficulty? Please tick:

- |   |                                   |  |   |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> General confidence | <input type="checkbox"/> Posture  | <input type="checkbox"/> Spelling          | <input type="checkbox"/> Handwriting            |
| <input type="checkbox"/> Poor memory/recall | <input type="checkbox"/> Numeracy | <input type="checkbox"/> Fine motor skills | <input type="checkbox"/> Copying from the board |
| <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Reading  |  |   |

Eye problems (if so, please specify \_\_\_\_\_)

Does the child wear glasses?

Y  N

Hearing problems (If so, please specify \_\_\_\_\_)

Does the child have problems with any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Speech sounds                 | <input type="checkbox"/> Telling a story                |
| <input type="checkbox"/> Following longer directions   | <input type="checkbox"/> Chewing, swallowing, dribbling |
| <input type="checkbox"/> Putting words into a sentence | <input type="checkbox"/> Understanding what you say     |
| <input type="checkbox"/> Unusual voice                 | <input type="checkbox"/> Stuttering                     |

Please give examples of communication problems

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If there have been any suspensions in the last 12 months, please give details. Please attach details of current behavior plan and details of intervention/support.

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Are there any safety concerns with this child that may be an issue during their stay at the RFW and the Royal Far West School?  Y  N

If "Y", please specify:

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Please tick where appropriate:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aggressive              | <input type="checkbox"/> Boisterous        | <input type="checkbox"/> Destructive            |
| <input type="checkbox"/> Tearful                 | <input type="checkbox"/> Truants           | <input type="checkbox"/> Lies / cheats / steals |
| <input type="checkbox"/> Attention seeking       | <input type="checkbox"/> Clowning          | <input type="checkbox"/> Overactive             |
| <input type="checkbox"/> School resistance       | <input type="checkbox"/> Shy / timid       | <input type="checkbox"/> Withdrawn              |
| <input type="checkbox"/> Talks too much in class | <input type="checkbox"/> Fearful & anxious | <input type="checkbox"/> Other                  |

Please make any other comments about the child's behavior you feel would be useful.

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Describe peer relationships in classroom and in playground.

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Is there anything else you feel is relevant, that we should be aware of?

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If possible please enclose a copy of a recent school report.

Form completed by: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

District School Counsellor's signature (if available): \_\_\_\_\_

During their time at the Royal Far West most children aged between 3½ and 18 years of age attend the adjacent Royal Far West School. Should you wish to discuss any aspects of the child's school program please contact the Principal on:

Phone: 02 9977 2452 Fax: 02 9976 2744

Email: [royalfarwe-s.School@det.nsw.edu.au](mailto:royalfarwe-s.School@det.nsw.edu.au)

Or visit the Website: <http://www.royalfarwe-s.schools.nsw.edu.au>

School staff are encouraged to contact the Royal Far West to discuss any further concerns they may have before or after the child's admission.

Thank you for your cooperation.  
Please return all forms to  
Royal Far West  
PO Box 52 Manly NSW 1655