

Kellyville Public School

A tradition of excellence and opportunity



Kindergarten Student Profile

Dear Parents,

Welcome to Kellyville Public School. As part of the transition to school, it is beneficial to know information about your child before their transition visits to our school. The Kindergarten teachers would like you, as the parent, to help build a picture of your child as a learner. We are seeking parental perceptions of your child's strengths, areas for development and social interaction skills. By completing this student profile, you will also provide us with information about your child's pre-school or childcare experiences.

Please complete both sides of this profile and return it with your child's enrolment form.

Thank you for your assistance

Mrs Jodi Browning
Assistant Principal

Child's Name: _____

Child's D.O.B. _____

Child's age at the 1st February 2023 _____

1. What are your child's interests and what activities does your child enjoy doing?

2. Please circle which forms of care your child has experienced when not in your care: Long Day Care/ Pre-school/ Playgroup/ grandparents or a relative/ nanny

Which Pre-school/ Day Care/ Other carer _____

How many days per week? _____

Did your child make friends at pre-school with other students coming to Kellyville Public School? Yes/ No

If yes, what are their names _____

3. Has your child attended another specialist program or service relating to their learning or development?(e.g. Occupational Therapy, Speech Therapy etc.) Yes No

If yes, please provide details:

4. What extra curricula activities ie sport, language schools, has your child attended?

5. What expectations and/or goals do you have for your child in their first year at school?

6. In your opinion what are your child's strengths and weaknesses?

7. At what age did your child begin speaking in sentences that everyone could understand?

8. Do you consider your child to have any special needs that may affect their learning ?

9. Is this your first child to attend school? Yes / No

10. Can your child:	Yes	No
• Dress themselves?		
• Blow their nose?		
• Tie shoelaces?		
• Independently use public toilets?		
• Follow instructions in English?		
• Write their first name?		
• Cooperatively play with other children?		
• Be a good winner/loser in a variety of games?		
11. Does your child:		
• Ask a lot of questions?		
• Understand and follow instructions or directions?		
• Know the names of some letters or the sounds they make?		
• Like to listen to stories?		
• Recognise some numbers?		
• Understand a language other than English? If yes, which language? _____		
• Speak another language? If yes, which language? _____		
• Separate easily from parents?		

12. Is there anything else your would like to tell us about your child?