EXTRA INFORMATION REQUIRED PRIOR TO ENTERING SCHOOL

Exeter Public School endeavours to meet the needs of all students.

Prior to entering school some children may have accessed a range of services. It is beneficial to provide this knowledge to our teachers so that they best meet the needs of your child.

This information is confidential.

Child’s Full Name: ________________________________

Parent’s Full Name: ________________________________

Contact number ____________________ (home / mobile)

Please indicate if your child has accessed any of the following.

<table>
<thead>
<tr>
<th>Speech therapist</th>
<th>Psychologist / counsellor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational therapist</td>
<td>Bridges for Learning</td>
</tr>
<tr>
<td>Paediatrician / medical specialist</td>
<td>Interchange</td>
</tr>
<tr>
<td>Audiologist (hearing problems)</td>
<td>Out of Home Care / FACS</td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
</tr>
</tbody>
</table>

Does your child have any developmental, medical or sensory issues that teachers need to be aware of? If so please detail them below.

Please indicate if you would like to make an appointment with the following staff members, prior to your child starting school.

☐ School Counsellor – Mrs Samantha Swan
☐ Learning Support Teacher – Mrs Kathryn Schaefer
☐ Principal – Mr Andrew Barnes
EXTRA INFORMATION REQUIRED PRIOR TO ENTERING SCHOOL

1. Please describe your child:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

2. How does your child entertain him / herself at home?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

3. What are your child’s interests?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

4. What talents do you observe in your child?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

5. What special needs or problems does your child have or experience? (eg. Health needs, emotional needs, asthma etc).

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Did you child attend preschool? [  ] Yes [  ] No

Name of Preschool: ___________________________ How many days a week: __________

Child’s Name: ______________________________

We look forward to our time with your child and know we’ll have a wonderful year together.