



HAWKER PARK KINDERGARTEN & PRE-PRIMARY

STUDENT HISTORY FORM

The purpose of this form is to provide the school with some background information on your child. This information will be kept strictly confidential.

PERSONAL DETAILS (Please complete all details below)

Child's surname	<input type="text"/>		
Legal Surname <small>(if different)</small>	<input type="text"/>		
Given Names	<input type="text"/>		
Date of birth <small>(dd/mm/yy)</small>	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Parent's Surname	<input type="text"/>		
Parent's First Name	<input type="text"/>	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other
Mobile Phone No.	<input type="text"/>	Email	<input type="text"/>

BIRTH / MEDICAL

Were there any complications during pregnancy/birth? Was your baby full-term?

Please provide details below:

Does your child take any medication on a regular basis?

Please provide details below:

Has your child ever been hospitalised?

Please provide details below:

Has your child had any appointments with any of the following specialists:

Paediatrician, Occupational Therapist, Audiologist, or ear, nose and throat (ENT) specialist?

Have they been flagged or advised to see any of these specialists? If yes, who made this recommendation?

Please provide details below:

Has your child ever had any ear infections? At what ages? Does your child have grommets?

Please provide details below:

COMMUNICATION

When did your child start speaking his/her first words? What were they?

Please provide details below:

When did your child start saying 2 and 3 word sentences?

Please provide details below:

Do people outside the family have difficulty understanding your child?

Please provide details below:

How well does your child understand and follow instructions?

Please provide details below:

Has your child ever been seen by a Speech Therapist?

At what age? What were the areas of concern? Is your child still seeing the Speech Therapist?

Please provide details below:

EDUCATIONAL

Has your child attended any type of day care, playgroup or preschool?

Please provide details below:

FAMILY

Who are the members of the child's family?

What are their names and ages (Children only)?

Please provide details below:

What are the languages spoken at home?

Please provide details below:

TOILETING

Please complete the below checklist:

	Independent	Learning target at home	Working towards at school
AWARENESS			
Knows when toilet is needed – bladder			
Knows when toilet is needed – bowel			
Knows where the toilet is at home and school			
Indicates when toilet is needed (verbal/sign/gesture)			
READINESS			
Is dry for approx. 1 – 2 hours			
Bowel movements are fairly solid and formed			
Bowel movements are regular			
Shows interest in using the toilet			
Expresses wanting to wear underwear			
Is aware of what the toilet is used for			
Can understand and follow simple instructions			
ACCESSING TOILET			
Goes to toilet unaccompanied			
Goes to toilet when asked			
Shuts toilet door			
Locks toilet door (at school)			
Pulls pants and underwear down			
Can use step or stool (if needed)			
Sits on toilet without support			
Urinating on toilet			
Empties bowel on toilet			
Sits for a nominated time (1 – 5 minutes)			
Wipes self using paper			
Gets off toilet			
Flushes toilet			
HANDWASHING			
Remembers without prompting			
Uses soap			
Turns on tap			
Washes hands adequately			
Dries hands with paper towel or drier			
ACCIDENTS			
Knows when wet or soiled			
Tells an adult after accident			
Will accompany adult to toilet after accident			
Removes wet/soiled clothes			
Cleans self with paper/wipes			
Puts on clean clothes			
OTHER THINGS TO CONSIDER			
	Yes	No	Comment
Any sensory issues related to the toilet (noise, light, fan, drier, seat, temperature etc)?			
Will he/she interrupt their play to go to the toilet – unprompted?			
Will he/she interrupt their play to go to the toilet – prompted?			
Any medical concerns (constipation, UTI)?			
Does not like being in wet/soiled clothes			

OTHER

Is there any other information that you think may be relevant?

Please provide details below:

Welcome to
EARLY CHILDHOOD