



2019 KINDERGARTEN SCREENER FORM

Please attach
a small photo of
your child here.

CHILD'S NAME: _____
(Christian Name/s) (Surname)

Date of Birth: _____ Age as at, 1 February 2019: _____
(years) (months)

Name of Preschool: _____

Number of days per week child attended: _____ Preschool Phone Number: _____

MOTHER'S NAME: _____

Telephone: Home: _____ Mobile: _____ Work: _____

FATHER'S NAME: _____

Telephone: Home: _____ Mobile: _____ Work: _____

Do you have any Aboriginal or Torres Strait Islander Family Heritage? Yes No

MEDICAL HISTORY:

Does your child have any medical conditions? Yes No
(For example, allergies, EpiPen, asthma, heart problems, ADD, etc)

If yes, please provide details:

Has your child ever had any of the following Assessments?
(Please tick appropriate boxes)

Psychological: Yes No

Speech & Language: Yes No

Vision: Yes No

Hearing: Yes No

Behavioural: Yes No

CHATS: Yes No
(Child Health Assessment Team)

PLEASE ENSURE THAT COPIES OF ALL REPORTS ARE PROVIDED TO THE SCHOOL