



Bundanoon Public School

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PARENT SURVEY ~ SKILLS OF CHILDREN COMMENCING SCHOOL

Child's Name: _____

Date of Birth: _____

Please return to Classroom Teacher on 1st day of school.

My Child Can:	Always (Please tick)	Sometimes (Please tick)	Not At All (Please tick)
Use the toilet independently			
Follow verbal instructions/directions (at least one step)			
Dress and undress (jumper, hat, paint shirt, socks and shoes without tying laces)			
Identify/recognise own name in print			
Look after own belongings			
Share with peers			
Express/indicate needs and wants			
Hold pencil to make marks on paper. Write their name			
Keep still for short period of time and listen			
Separate from parents at school			
Take turns			
Speak clearly			
Identify own school bag belongings			
Open lunch box and packaging (<i>cling wrap can be difficult</i>)			
Use handkerchief/tissue or can blow their nose			
Say their name			
Know to/how to wash and dry their hands after toileting			
Play with peers appropriately			
Respond to their name			
Communicate with peers			
Ask and answer simple questions			
Use scissors			
Know common colours, shapes and numbers (orally)			
Likes to read			
Listen to instructions			
Eat independently			
Participate in group activities			

Please return to Classroom Teacher on 1st day of school.

1. In your opinion, what are your child's main interests?

2. What are your child's main strengths?

3. Are there any areas in which you feel your child needs help?

4. Do you have any major concerns about your child? If so, what are they?

In your opinion, what ideas could be implemented to improve or overcome this?

5. Do you have any other relevant information that you think is important for your child's teacher to know?
(Hearing/Speech/Anxiety, etc.)

6. Other comments:

7. What do you want for your child in their first year at school?

Thank you for participating in this questionnaire.

Signed

Date