



# St Cecilia's Catholic Primary School Preschool Form

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**TO BE COMPLETED BY YOUR CHILD'S PRESCHOOL**

Child's Name	
Preschool	
Name of person completing this form	
Length of time you have known this child	

**Thank you for answering the following questions relating to this child.  
 This information will help us in our preparation for their attendance at St Cecilia's**

What are the strengths of this child?

This child:	Please Tick			
	Never	Rarely	Sometimes	Often
Separates easily from parents / carers				
Adjusts to changes in routine				
Follows directions (age appropriate receptive language)				
Expresses their needs and wants (age appropriate expressive language)				
Articulates sounds in speech appropriate for age				
Communicates effectively with peers				
Takes turns and cooperates with peers in free play setting				
Plays organised games				
Cooperates with adults				
Conforms to rules				
Loses in games appropriately				
Asks for help				
Has age appropriate hearing	YES		NO	
Has age appropriate vision	YES		NO	
Currently receives therapy OR you have recommended that the child receive therapy with an occupational therapist, speech therapist or psychologist	YES		NO	

If Yes, please give details

What is your school readiness focus?  
 What will you focus on with this particular child in preparation for them starting school?

Do you recommend this child starts school?      YES      NO

If no, please give details

Have you discussed this enrolment with the family	YES	NO
Would you like to speak further about this child?	YES	NO
Would you recommend the school visit your preschool to further observe this child?	YES	NO

**Please email, fax or post the completed form to St Cecilia's**