

Harrison Preschool Questionnaire and Sharing Form

At Harrison we like to build a sense of **Belonging** by acknowledging the needs and previous experiences of all our students. Harnessing students' interests and prior skills helps us to engage our pre-schoolers in **Being** active learners. Setting achievable goals and looking toward mastering new knowledge helps support our students in **Becoming** the best they can be.

Please spend some time filling out this form so we can learn about your child and your expectations for them at Preschool.

General Information	
Child's name	
Preferred name	
Date of Birth	
Parent/ Carer names	
Contact details	Phone: _____ Mobile: _____ Email: _____
Family Information	
How long have you lived in Canberra? Do you have established family and friends networks?	
Tell us about your family structure	
Tell us about your Preschooler's siblings- name and age	
Cultural Information	
Cultural background	
What is the main language spoken at home?	
Do you speak any other languages?	
What cultural celebrations or event do you participate in?	
Do you have any skills or interests you would like to share with the class? Sewing, cooking, music, dance, craft	
Attending Other Care Settings	
Has your child previously attended a setting care? Please detail: setting, days attended, period attended.	
Will your child be attending another care setting as well as Harrison Preschool? If so, will they be attending Harrison Preschool on Wednesday?	

Medical Information

Does your child have any medical needs or allergies? A medical plan may be required

Are there any general health issues we need to know about? (Previous illnesses, attending therapy, eye sight, hearing and speech concerns)

Child's Strengths and Interests

How does your child interact with other children?

What are your child's skills in learning?

What strengths shine in your child?

What are your child's interests and hobbies?

Areas of Concern

Do you think your child has any special needs we should know about?

Does your child have any fears?

Do you have any concerns about your child's behaviour?

Goal Setting

What are **your** goals/hopes for your child at Preschool?

What are **your child's** goals/hopes for Preschool?

Any Other Comments and Information

Will there be regular people picking up and dropping off your child? Please detail

Do you have any additional information that you would like to share with us?

Preschool Permission

I give permission for my child's photograph to be taken during Preschool for observations and assessment.

Yes/ No

I give permission for my child's medical plan to be displayed in the classroom for easy reference (if required)

Yes/ No