



St Elizabeth's Catholic Primary School
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Three Year Old – Pre Kindergarten - Relevant and Important information

Child's Name: _____ Date of Birth: _____ Date: _____

Is your child undertaking any ongoing treatment for Occupational Therapy for fine or gross motor skills? Speech Therapy for unusual speech patterns, late to talk or a medical matter? Sight Issues? Allergies? Please provide the necessary information so that we can adequately support your child in our care.

Fine or Gross Motor Skills - Have you noticed unusual gross motor coordination? (crawling to walking) Difficulty in manipulating toys, spoon or puzzles? (fine motor skills – appropriate for his/her age).

Speech - Delayed, unable to understand what your child is saying.

Hearing - Issues with ear infections (particularly 12 to 18 months) Glue ear? Grommets?

Eyesight - Has your child experienced any visual problems? Wears glasses? (lazy eye, correction of squint)

Known Allergies - Does your child have any known allergies to foods or insects? Please provide the Doctor's Allergy Plan for the necessary treatment, attach to this form please.

Other Health Issues - Has your child experienced any serious health problems other than the what has been addressed above?

Toilet Trained - Is your child toilet trained? Are you experiencing problems?

Mother's Signature: _____ Father's Signature: _____

Thank you!