

PUPIL ENROLMENT DETAILS

Date _____

Child's name _____

Date of Birth _____

Child's PPSN no. _____

Father's Name _____

Mother's Name _____

Address _____

Name of nominated 3rd party contact and relationship with family/child (if applicable) _____**Telephone Contact Details**

Home: _____

Father's Workplace/Mobile No. _____

Mother's Workplace/Mobile No. _____

Child Minder/Nominated 3rd party contact no: _____

Preferred mobile phone 'Text-a Parent' contact no: _____

Name of Pre-school attended _____

Place in Family i.e. 1st/2nd etc _____

No. of siblings in school at present _____ Classes _____

Does your child have any condition/circumstance which is of concern to you? Yes [] No []

If your answer is 'Yes' please add any relevant details _____

Note: Please do speak with the Class Teacher/School Principal in confidence if this is your preference.

Does your child have siblings with Special Needs enrolling in the future? Yes [] No []

PUPIL DEVELOPMENTAL CHECKLIST

	Normal	Abnormal		Comment
Birth History	[]	[]	[]
Developmental Milestones	Yes	No		Comment
Walking by 18 months	[]	[]	[]
Talking by 2 years	[]	[]	[]
Toilet trained by 3 years	[]	[]	[]
Laterality	Right handed	Left Handed		Mixed
	[]	[]		[]
Medication	Yes	No		Comment
	[]	[]	[]

SCHOOL READINESS CHECKLIST

The following checklist can help guide you as you prepare your child for school. In order to make a successful and happy start to school, children also need language, motor coordination, social and emotional skills. Remember that most children do better in one area than other areas. These ‘‘Goals’’ are merely guides and a yardstick for school readiness for you and your child’s teacher.

SOCIAL SKILLS

	CAN DO THIS WELL	SOMETIMES	NO, NEEDS ASSISTANCE
* Understands taking turns	[]	[]	[]
* Can take turns talking i.e. in a conversation	[]	[]	[]
* Communicates Needs/Wants verbally	[]	[]	[]
* Retells a simple story	[]	[]	[]
* Holds attention throughout a story	[]	[]	[]
* Sits still for a period of time e.g. 4-5 min’	[]	[]	[]
* Maintains energy without nap for full day	[]	[]	[]

INDEPENDENCE SKILLS

	CAN DO THIS WELL	SOMETIMES	NO, NEEDS ASSISTANCE
* Put on /remove socks, shoes, jacket etc	[]	[]	[]
* Do up buckles, Velcro, sandals	[]	[]	[]
* Use toilet independently	[]	[]	[]
* Wash & dry hands independently	[]	[]	[]
* Blow nose and wipe efficiently	[]	[]	[]
* Unwrap lunch, peel fruit, use lunchbox	[]	[]	[]
* Use a spoon and fork independently	[]	[]	[]
* Unscrew a drink bottle	[]	[]	[]
* Tell belongings amongst others	[]	[]	[]
* Care for own belongings	[]	[]	[]
* Tidy up, pack things away	[]	[]	[]

COMMUNICATION SKILLS

	CAN DO THIS WELL	SOMETIMES	NO, NEEDS ASSISTANCE
* Speak without shouting or whispering	[]	[]	[]
* Recites rhymes and sings songs	[]	[]	[]
* Identifies pictured objects as common words e.g. car, hat, doll etc	[]	[]	[]
* Makes comparisons e.g. hot/cold	[]	[]	[]
* Can repeat a sentence	[]	[]	[]
* Able to follow 1, 2 and 3 step directions	[]	[]	[]

GROSS MOTOR & ORIENTATION SKILLS

	CAN DO THIS WELL	SOMETIMES	NO, NEEDS ASSISTANCE
* Move about confidently	[]	[]	[]
* Manage unfamiliar environments	[]	[]	[]
* Manage environment e.g. stairs, obstacles	[]	[]	[]
* Understand spatial concepts e.g. up/down etc	[]	[]	[]
* Move with a line of children	[]	[]	[]
* Walks steadily in a straight line	[]	[]	[]
* Play imaginatively	[]	[]	[]
* Catch and throw a ball	[]	[]	[]
* Kick a ball	[]	[]	[]
* Understand need for safety e.g. road/pool	[]	[]	[]
* Can stand on one foot	[]	[]	[]
* Touches toes with right hand to left foot and vice versa	[]	[]	[]

FINE MOTOR SKILLS

	CAN DO THIS WELL	SOMETIMES	NO, NEEDS ASSISTANCE
* Cuts/snips with scissors successfully	[]	[]	[]
* Can roll/manipulate plasticine	[]	[]	[]
* Can thread beads	[]	[]	[]
* Can make a 20/30 piece jigsaw	[]	[]	[]
* Can colour inside a line	[]	[]	[]

Please give any details and specify any condition not referred to above which might be considered to affect your child's ability to benefit from school. Please record any concerns you might have now which might impact your child's time in school. If you have any concerns which are confidential please speak with your child's teacher/school principal. The school can only best serve your child's needs if it knows of concerns as early as possible.

Referral to other Agencies.

Has your child been referred to any other outside agency e.g. Speech Therapist, HSE Social Worker, Psychologist, Specialist?

Yes [] No [] Comment []