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To my new teacher

My name is: _________________________________________

If you have a recent photo of yourself, please attach it here. Please use one that we may keep!

Do you take part in any organised activities e.g. ballet, cubs, sports, gymkhanas, music lessons etc.?
______________________________________________________________
______________________________________________________________

Are there any games, toys, hobbies or activities that you enjoy?
______________________________________________________________
______________________________________________________________
______________________________________________________________

Do you have any family pets? What are their names?
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Do you have a favourite place?
______________________________________________________________
Do you have a grassed area big enough to run on?
________________________________________________________________________________
________________________________________________________________________________

Do you know how to use a computer? What have you used a computer for?
________________________________________________________________________________
________________________________________________________________________________

What else do you do with your leisure time?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Do you have responsibilities? (e.g. collecting eggs, packing away toys)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Is there anything else you would like to tell us about yourself, your home or your family?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Do you watch television? If so, what are some of your favourite programs?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Do you watch DVDs? Which are your favourites?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What are your favourite songs?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What are your favourite books or authors?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Are you a member of the local library?
________________________________________________________________________________

To the supervisor

How often and when does your child attend:

Face-to-face preschool? _______________________________________________________

Mobile preschool? ____________________________________________________________

Day care/occasional care? _____________________________________________________

Does your Preschooler (and younger children) spend time in the distance school room with other siblings doing school work? If so, when?

____________________________________________________________________________

____________________________________________________________________________

Where will Preschool work be done? (school room, dining room or everywhere)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Are there other people living at home/on the property? (grandparents, communal families)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Does your child have contact with any other adults? If so, where and how often?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Does your child have contact with any other children other than siblings? If so, where, who and how often?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name of nearest town or town you visit most? _____________________________________

Distance ______________ km

What are your reasons for going to town?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
How often do you go to town? What days?
________________________________________________________________________________
________________________________________________________________________________

What does your Preschooler do while you are there?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How many days does your Preschooler spend with Dad?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What days are you most likely to be home if we need to contact you?
________________________________________________________________________________
________________________________________________________________________________

Are you prepared to come to Dubbo to camps and special days and events?
________________________________________________________________________________

When are your busiest times of the year?
________________________________________________________________________________
________________________________________________________________________________

Is there anything you would like to add concerning your child’s temperament, personality type etc. e.g. shy, outgoing?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please describe your child’s typical daily routine.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Which of these facilities are available for use with your child?

- [ ] School Satellite
- [ ] Camera – digital
- [ ] DVD player
- [ ] Computer
- [ ] iPad
- [ ] TV (Channels received: _______________)
- [ ] Video camera
- [ ] CD player
- [ ] Fax

Does your child have use of:

- [ ] Trampoline
- [ ] Sandpit
- [ ] Swing
- [ ] Slippery dip
- [ ] Skateboard
- [ ] Seesaw
- [ ] Bikes (types) _________________________
- [ ] Somewhere to dig
- [ ] Small ball
- [ ] Large ball
- [ ] Bats (name types) ____________________
- [ ] Stairs
- [ ] Construction sets (e.g. Lego)
- [ ] Other ______________________________

Does your child have opportunities to climb? On what?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Does your child have opportunities to hang and swing? On what? (branches, bars etc.)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Is there any other information that you think will help us to understand your child better?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Where do you live?

Please mark in the approximate location of where you live.

The nearest town is: ________________________ Number of kilometres away: ______

Please give specific directions (from the nearest large town) as to how to reach your home (for the purposes of school records).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

For your child:
Getting to know you

Use this page to draw or write about yourself and your family. When you have finished the page, talk on Audacity about your story or drawing and introduce your family to us. Perhaps you would like to ask your teacher some questions. Please do!