

# OOHC Profile for Students Transitioning to Kindergarten

photo of student

## Student Background Information

Student name:

Date of Birth:

Gender:

Enrolled since:  No of days attending per week:

ATSI  YES  NO

CALD  YES  NO

Other language or language spoken

Is the child in statutory OOHC?  YES  NO

Who has case management?

Name CS / NGO key contact

Role/organisation

Telephone

Name/contact details of carer

Date profile completed:

By whom:

## School Administration Information

School:

Phone:

Principal:

LST Coordinator:

Preschool:

Preschool Contact:

Phone:

Immunisation Record  YES  NO

NSW Health Assessment/Plan?  YES  NO

Details:

Other agency plan?  YES  NO

Details:

## General Information

### Strengths and interests:

### Socialisation Skills:

### Behaviour:

### Has a diagnosed disability? If YES please outline

### Any known triggers?

### What strategies work best?

### Concerns:

Has had eyesight tested? (include date)

Has had hearing tested? (include date)

## Profile

Says name clearly

YES  NO

Recognises name in print

YES  NO

Says own age clearly

YES  NO

Uses one hand for all activities

YES  NO

Right hand Left hand

RH  LH

Put shoes on correct feet

YES  NO

Can tie shoe laces

YES  NO

Can put on jumper, shirt etc and do up buttons

YES  NO

Can keep within lines when colouring

YES  NO

Can use scissors to cut out simple shapes

YES  NO

Can copy own first name

YES  NO

Can write own first name from memory

YES  NO

Can count to 5

YES  NO

Can count to 10

YES  NO

Can count to 20

YES  NO

Knows names of colours

YES  NO

Can get recess and lunch from lunch box

YES  NO

Confident using toilet

YES  NO

Pronounces sounds clearly

YES  NO

Remembers instructions

YES  NO