**Kindergarten Interviews 2021**

**Please fill in this form and return to the school. You can return it to the front office or via email at erskinevil-p.school@det.nsw.edu.au**

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| **Student Name: Starting Age: Siblings:**  **Parent/Carer Name/s:** |
| **Preschool / Daycare: Other languages:** |
| **Academic (eagerness / interest)** |
| **Socialisation (emotional development / attachment issues)** |
| **Verbal development (speech, vocabulary)** |
| **Fine motor / gross motor development** |
| **Other (interests, afterschool care etc.)** |

**Review panel:** Kindergarten Orientation Team