



Office Use Only:
Jan Feb Mar Apr May Jun

CONFIDENTIAL for 2025 PREPARATORY YEAR WELCOME MEETING QUESTIONNAIRE

Please bring this questionnaire with you to your child's Prep Welcome Meeting.

Child's name: _____ D.O.B. _____ MALE / FEMALE

Parent's name: _____ Parent's name: _____

Has your child participated in the GSS Connected Kids in Training Program? **Yes / No**

Indigenous Status: Aboriginal or Torres Strait Islander **Yes / No**

Siblings' names and year level for 2025: Do they attend Greenbank State School?

Name	Year level	Yes / No
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous childcare, kindergarten, preschool attended:

I give permission for Greenbank State School to contact my child's previous childcare (including family daycare), kindergarten, preschool.

Contact name/number of previous childcare, kindergarten, preschool attended:

I agree to providing a copy of my child's Transition Statement to Greenbank State School

Are you aware of any concerns your previous child's childcare, kindergarten, preschool has discussed with you? Y/N

(Please specify) _____

Are there medical concerns/allergies we should be aware of? Y/N

(Please specify) _____

Four Year Old Health Check No Yes: by whom _____

Has your child **had medical support or intervention** in any of the following areas?

Medical Assessment Details	Yes/No	Age	Details/Concerns (if any)	Reports?
Vision	Yes/No			Yes/No
Hearing	Yes/No			Yes/No
Speech Language Pathology	Yes/No			Yes/No
Occupational Therapy	Yes/No			Yes/No
Physiotherapy	Yes/No			Yes/No
Development Assessment Team	Yes/No			Yes/No
Other:	Details/Concerns:			Yes/No

Were there any pregnancy or post-natal complications for your child? (Eg premature birth, surgery, etc)
 No Yes

If yes, please provide details _____

Other Medical details _____

What assistance has been provided for any of the above difficulties? _____

Does your child have regular exposure to a language other than English?

Yes (Please specify) _____ No

What arrangements have you made for bringing and collecting your child to and from Prep?

By whom? _____

Classroom drop off/pick up Front gate drop off/pick up Catching bus to /from

Other: _____

Does your child have any particular interests? _____

Does your child have any particular fears? _____

Please tick the most appropriate box for each row.

Behaviour and Social skills	Never	Rarely	Sometimes	Always
Follows instructions				
Becomes involved in group play				
Able to take turns with peers				
Gets along with other children				
Replies to adults when asked a question				
Able to sit still during a task				
Manages belongings necessary for a task				
Can deal with failure				
Separates well from parent/s				

Is there any other information that you wish to share with us in order to help us best cater for your child? (Please include any relevant family or behavioural issues.)

Are you or your family in a position to assist the school? e.g. Parent help in the tuckshop or P&C, special skills etc.

Parent Signature/s

Date

Thank you for your willingness to share this information.

It will help us greatly in building a positive educational relationship with your child.