Robina State School PARENT QUESTIONNAIRE – PREP 2026

Dear Parent,

Thank you for enrolling your child at Robina State School. We take the responsibility of educating your child very seriously and recognise that they have had the opportunity to learn in many other environments and bring with them many skills, abilities and interests.

We wish to provide you every opportunity to share information with us that will support your child's successful transition into Prep. This information will help us to make informed decisions when placing your child in a class, welcoming them to our school and supporting them to settle in.

Please take the time to complete the following information / questions. If there is additional information that you would like to provide, please attach it to this questionnaire.

FAMILY INFORMATION					
Student Name:					
Date of Birth:					
Parents Name:					
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PRE-PREP INFORMATION					
Has your child attended a Kindergarten or Childcare Centre prior to coming to Prep? YES / NO					
Name of Centre:					
Traine of centre.					
Frequency of attendance:					
If your child attended a Kindergarten program, please complete the permission below allowing us to					
gather information to support us in placing your child and planning for a smooth transition to formal schooling:					
Parental Permission					
Parental Permission					
I hereby give permission for Robina State School to liaise with my child's pre-Prep provider to gather					
information to support my child's placement and assist in planning for a smooth transition to schooling.					
Parent /Carer's Name:					
Parent / Carer's Signature:					
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SPECIALIST SERVICES					
Has your child had access to any of the following : (please attach any relevant reports)					
	Please	circle	Approx. Date	Details:	
Speech Language Pathologist	YES	NO	, ipproxi buce	Desansi	
Occupational Therapist	YES	NO			
Physiotherapist	YES	NO			
Psychologist	YES	NO			
Paediatrician	YES	NO			
Optometrist (Vision Test)	YES	NO			
Audiologist (Hearing Test)	YES	NO			
Other:					
GENERAL DEVELOPMENT					
Please list any concerns about your child's learning, development and behaviour:					
Do you have any concerns about how your child understands what you say?					
Do you have any concerns about how your child behaves?					
Do you have any concerns about how your child gets along with others?					
Can your child toilet themselves? Please circle: YES NO					