


**IN THE MATTER OF THE ROYAL COMMISSION  
INTO FAMILY VIOLENCE**

**ATTACHMENT GC-15 TO STATEMENT OF GILLIAN ANNE CALLISTER**

Date of document: 4 August 2015  
Filed on behalf of: The State of Victoria  
Prepared by:  
Victorian Government Solicitor's Office  
Level 33  
80 Collins Street  
Melbourne VIC 3000

This is the attachment marked '**GC-15**' produced and shown to **GILLIAN ANNE CALLISTER** at the time of signing her Statement on 4 August 2015.

Before me

  
An Australian legal practitioner  
within the meaning of the  
Legal Profession Uniform Law (Victoria)

Attachment GC-15

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Department of Education and  
Early Childhood Development

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## Primary School Nursing Program Information Package & School Entrant Health Questionnaire

# 2015

This package is made up of five parts:

Part 1	General information about the Primary School Nursing Program
Part 2	Privacy Information
Part 3	Consent form
Part 4	School Entrant Health Questionnaire
Part 5	Further information

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## Part 1 - Primary School Nursing Program: General Information

The Victorian Primary School Nursing Program offers a free health assessment to children in their first year of primary school. The aim of the program is to promote child health and wellbeing and to assist in the early identification of children with potential health related learning difficulties. The Primary School Nursing Program is a service provided by registered nurses employed by the Department of Education and Early Childhood Development that have expertise in child health and development and understand the needs and concerns of families and school communities. The program provides parents/guardians/carers, teachers and nurses an opportunity to work together for the health and wellbeing of children and their educational progress.

Completion of the following School Entrant Health Questionnaire (SEHQ) will allow the school nurse to have an understanding of any concerns you may have about your child's health. This will assist the school nurse to provide a service to your family and your child in their first year of schooling as required.

If you identify any health concerns about your child on the SEHQ, the school nurse may conduct a direct health assessment of your child, which will be conducted at the school. Direct health assessment services provided under the Primary School Nursing Program are based on the information provided in the SEHQ and may include:

- Vision screening
- Hearing screening
- Mouth check
- Height, weight and body mass index
- Speech and language screening
- General developmental assessments

Following a direct health assessment, a written report will be sent to you outlining the outcome of your child's assessment. The school nurse may also suggest referring your child to be assessed or treated by another health professional or agency.

A health assessment under the Primary School Nursing Program is not intended to replace your normal source of health care.

For further information about the Primary School Nursing Program see [www.education.vic.gov.au/school/principals/health/pages/primnursing.aspx](http://www.education.vic.gov.au/school/principals/health/pages/primnursing.aspx)

**If you agree to have your child's health reviewed by the Primary School Nurse under the Primary School Nursing Program, please return the completed Consent Form (PART 3) and Questionnaire (PART 4) to your child's school, in the envelope provided.**

## Part 2 - Privacy Information

The purpose of this part of the package is to provide you with information to make the decision on whether to consent to your child being provided with a health assessment by a Department of Education and Early Childhood Development Primary School Nurse.

Please read the following information carefully. If you do not understand the following information, please speak with your school for assistance.

This form uses the phrase 'your child', however, you may have received this form if you are a guardian or informal carer of a child. Further information about this is provided on the Consent Form in Part 3 of this package.

### 1. Privacy Protection

The Department of Education and Early Childhood Development (DEECD) values the privacy of every individual and is committed to protecting all personal and health information we collect. In Victoria, the laws that set privacy requirements are the *Health Records Act 2001* and the *Privacy and Protection Act 2014*. These laws set out what we must do when we collect, use, handle and destroy personal and health information when we provide a health service, such as the Primary School Nursing Program. Please refer to PART 5 for further information about the *Health Records Act* and accessing personal health information.

#### Collecting personal and health information under the Primary School Nursing Program

The Primary School Nursing Program will only collect personal information and health information necessary to provide services to your child under this program. Information is collected by way of the School Entrant Health Questionnaire (SEHQ). If a direct health assessment is conducted following a review of the SEHQ, further information may be collected from you or your child during this process as well.

#### Using and disclosing personal and health information collected under the Primary School Nursing Program

School Nurses may share personal information and health information in relation to your child with relevant staff of the school and DEECD for the purpose of providing appropriate support to your child eg. your child's teacher, principal or a student support officer.

If health information is disclosed to school staff, they are required to comply with the *Health Records Act 2001*.

If personal information is disclosed to school staff, they are required to comply with the *Privacy and Protection Act 2014* where relevant.

Information collected under the Primary School Nursing Program is also used by DEECD for research and statistical purposes to study the health and wellbeing of all children at school entry in Victoria. DEECD may also disclose the information collected under the Primary School Nursing Program to external entities for the purposes of research, generally, by health and educational institutions. In both these instances, any identifying information about you, your child or your family is removed to ensure your personal information is protected.

Disclosure or use will otherwise only occur if permitted by law. In some instances DEECD or the Primary School Nurse may be compelled by other laws to disclose information held about your child to other bodies such as a regulatory agency, law enforcement agency, court or tribunal.

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## Part 3 - Your Consent

Name of student		School Name	
-----------------	--	-------------	--

I confirm the following:

- I have received read and understood Part 1, Part 2 and Part 5 of this Primary School Nursing Program Information Package and the Important Information on this page.
- I understand how my child's personal information and health information will be collected, used and disclosed.
- I understand that I may withdraw my consent for my child to participate in the Primary School Nursing Program at any time.

Please select one of the following options:

Yes

☐

I consent to a review and assessment of the completed School Entrant Health Questionnaire, followed by the School Nurse conducting a health assessment of my child *if required* under the Primary School Nursing Program (this may include checking my child's vision, hearing, speech, height, weight and teeth). I understand that I may withdraw consent for my child to participate in the Primary School Nursing Program at any time.

No

☐

I do not consent to a review and assessment of the completed School Entrant Health Questionnaire, followed by the School Nurse conducting a health assessment of my child under the Primary School Nursing Program.

Signature		Relationship to child (Parent/Legal Guardian/Carer)	
Name		Date	

**Important Information**

Please note that your child cannot receive a health assessment under the Primary School Nursing Program if the consent part of this form is not signed.

One of the following people can sign this form:

- a person who has parental responsibility for "major long term issues" as defined in the *Family Law Act 1975* (Cth)
- a person appointed as "guardian" pursuant to the *Children Youth and Families Act 2005* (Vic)

Where neither of the above people are available or cannot be contacted, consent may be obtained from an informal carer.

**For further information on an Informal Carer please refer to PART 5.**

Consent should be sought from all persons that have parental responsibility for "major long term issues" or who have "guardianship" of the child. If consent is received from at least one person with parental responsibility for "major long term issues" or a person who has guardianship the services can be provided. However if another person with parental responsibility for "major long term issues" or a person who has guardianship refuses consent for the services, the services cannot proceed, or if services have already commenced, they must cease.

**Withdrawing consent**

Consent to your child receiving services under the Primary School Nursing Program may be withdrawn at any time by writing to your child's Primary School Nurse Manager. Before withdrawing consent, we recommend discussing it first with school staff or the Primary School Nurse Manager for your region. Withdrawing consent means that services under the Primary School Nursing Program will cease from the point in time that the Primary School Nurse receives the withdrawal.

For more information please contact the Primary School Nurse Manager at your Department of Education and Early Childhood Development office listed on page 15 of the attached School Entrant Health Questionnaire.

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Other questions require you to mark one answer on each line.

[illegible]

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**Part 4 – SCHOOL ENTRANT HEALTH QUESTIONNAIRE****1 About your child:**

CH-01 What is your child's family name?

CH-02 What is your child's given name?

CH-03 What is your child's gender?

Male ☐Female ☐

CH-04 What is your child's date of birth?

--	--	--	--	--	--	--	--

Where does your child usually live?

('usually' means that address at which your child has lived, or intends to live, for a total of six months or more in the current year)

CH-05 Street number and name:

CH-06 Suburb/town:

CH-07 Postcode:

--	--	--	--	--

**2 About your child's school:**

SC-01 What is the name of the school that your child attends/will attend during 2015?

SC-02 What is the suburb/town of your child's school?

SC-03 What is the postcode of this school?

--	--	--	--	--

**3 About the person completing this health questionnaire:**

PE-01 What is your name?

(the person who cares for the child)

How can we contact you?

PE-02 Mobile:

--	--	--	--	--	--	--	--

PE-03 Home:

--	--	--	--	--	--	--	--

PE-04 Work:

--	--	--	--	--	--	--	--

PE-04a Email:

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**PE-05 Which of the following best describes your relationship to the child?**

(please cross ONE box only)

- Parent ..... ☐
- Adoptive parent ..... ☐
- Step parent ..... ☐
- Other guardian ..... ☐
- Foster carer ..... ☐
- Grandparent ..... ☐
- Other - please specify: ..... ☐

PE-05a

**PE-06 What is your gender?**

- Male ..... ☐
- Female ..... ☐

**PE-07 Which language do you mainly speak at home?**

- English ..... ☐
- Vietnamese ..... ☐
- Arabic ..... ☐
- Greek ..... ☐
- Mandarin ..... ☐
- Cantonese ..... ☐
- Turkish ..... ☐
- Hindi ..... ☐
- Sinhalese ..... ☐
- Macedonian ..... ☐
- Other - please specify ..... ☐

PE-07a

**PE-07b Do you require an interpreter?**

Yes No

☐ ☐

Please provide the contact details for another person we could contact if you are not available.

PE-08 Name:

PE-09 Contact number:

PE-10 Relationship to the child:

**4 About your child's family:**

**Who does your child usually live with?** (please cross all boxes that apply) ('usually live with' means that address at which the person has lived or intends to live for a total of six months or more in the current year)

- FA-01 Both parents ..... ☐
- FA-02 Mother only ..... ☐
- FA-03 Mother and partner ..... ☐
- FA-04 Father only ..... ☐
- FA-05 Father and partner ..... ☐
- FA-06 Sibling(s) (include brother, sister, step brother, step sister) ..... ☐
- FA-07 Grandparent(s) ..... ☐
- FA-08 Unrelated adult ..... ☐
- FA-09 Other - please specify: ..... ☐

FA-09a

SCHOOL ENTRANT HEALTH QUESTIONNAIRE 2015 - Page 6

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**Names and ages of brothers and sisters**

	Age:	Male	Female
FA-09b Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
FA-09e Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
FA-09h Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
FA-09k Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
FA-09n Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
FA-09q Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5 About the child's mother:**

Please complete questions MO-01 to MO-03 if they are relevant to your family situation.

DEECD collects information about a child's Mother, as research indicates this information is closely linked to health and developmental outcomes of children.

MO-01 What is the child's mother's date of birth?

MO-02 In which country was the child's mother born?

Australia ☐

If Australia, please go to MO-03: Parent Education

New Zealand ☐India ☐England ☐United States of America ☐South Africa ☐Sri Lanka ☐China (excludes SARs & Taiwan Province) ☐Sudan ☐Philippines ☐Other - please specify ☐MO-02a 

MO-02b In what year did the child's mother first arrive in Australia to live here for one year or more?  
(Write in the calendar year of arrival or mark the box if here less than one year)

Calendar year of arrival

   
MO-02c Will be in Australia for less than one year ☐

MO-03 What is the highest level of education that the child's mother has completed?  
(please cross ONE box only)

Some high school ☐Completed high school or equivalent ☐TAFE trade certificate or diploma ☐

University or tertiary institute degree, including post-graduate courses  
(e.g. Post-graduate diploma, Master's degree, PhD) ☐

Other - please specify: ☐MO-03a

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**6 About your child:****DE-01 Where was your child born?**

- |                              |                          |   |                          |
|------------------------------|--------------------------|---|--------------------------|
| Victoria .....               | <input type="checkbox"/> | China (excludes SARs & Taiwan Province) ..... | <input type="checkbox"/> |
| Elsewhere in Australia ..... | <input type="checkbox"/> | Philippines .....                             | <input type="checkbox"/> |
| New Zealand .....            | <input type="checkbox"/> | India .....                                   | <input type="checkbox"/> |
| England .....                | <input type="checkbox"/> | United States of America .....                | <input type="checkbox"/> |
| South Africa .....           | <input type="checkbox"/> | Sri Lanka .....                               | <input type="checkbox"/> |
|                              |                          | Sudan .....                                   | <input type="checkbox"/> |
| Other - please specify ..... |                          |   | <input type="checkbox"/> |

DE-01a

**DE-02 Is your child of Aboriginal or Torres Strait Islander origin?**

- |                       |                          |  |                          |
|-----------------------|--------------------------|--|--------------------------|
| No .....              | <input type="checkbox"/> | Yes, Torres Strait Islander .....                | <input type="checkbox"/> |
| Yes, Aboriginal ..... | <input type="checkbox"/> | Yes, Aboriginal and Torres Strait Islander ..... | <input type="checkbox"/> |

**DE-03 Which language does your child mainly speak at home?**

- |                              |                          |                  |                          |
|------------------------------|--------------------------|------------------|--------------------------|
| English .....                | <input type="checkbox"/> | Turkish .....    | <input type="checkbox"/> |
| Vietnamese .....             | <input type="checkbox"/> | Hindi .....      | <input type="checkbox"/> |
| Arabic .....                 | <input type="checkbox"/> | Sinhalese .....  | <input type="checkbox"/> |
| Greek .....                  | <input type="checkbox"/> | Macedonian ..... | <input type="checkbox"/> |
| Mandarin .....               | <input type="checkbox"/> |                  |                          |
| Cantonese .....              | <input type="checkbox"/> |                  |                          |
| Other - please specify ..... |                          |                  | <input type="checkbox"/> |

DE-03a

**DE-04 In the twelve months prior to entering prep, did your child attend a preschool/kindergarten program?** Yes ☐ No ☐

**DE-05 Was this led by a qualified (early childhood) teacher?** Yes ☐ No ☐ Don't Know ☐

Please ensure you have ticked and signed PART 3 Your Consent (page 3).

**7 General Health:****HE-01 In general, how would you describe your child's health? (please cross ONE box only)**

- |                 |                          |
|-----------------|--------------------------|
| Excellent ..... | <input type="checkbox"/> |
| Very Good ..... | <input type="checkbox"/> |
| Good .....      | <input type="checkbox"/> |
| Fair .....      | <input type="checkbox"/> |
| Poor .....      | <input type="checkbox"/> |

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**7a Weight:**

HE-02 Do you consider your child to be... (please cross ONE box only)

a healthy weight / normal weight .....	<input type="checkbox"/>
underweight .....	<input type="checkbox"/>
overweight .....	<input type="checkbox"/>
very overweight .....	<input type="checkbox"/>

HE-02a How concerned are you about your child's weight? (please cross ONE box only) .....	Not at all	A little	Moderately	Very
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7b Asthma:**

HE-03 Have you ever been told by a doctor that your child has asthma? .....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

if No, please go to question 7c Allergies

HE-04 Does your child have an Asthma Action Plan at school? .....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**7c Allergies:**

HE-05 Have you ever been told by a doctor that your child has an allergy problem? .....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

if No, please go to question 7d Health Conditions

HE-06 Have you ever been told by a doctor that your child's allergy may result in anaphylaxis? .....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have...	Yes	No
HE-07 an Allergy Action Plan at school? .....	<input type="checkbox"/>	<input type="checkbox"/>

HE-08 an Anaphylaxis Action Plan at school? .....	Yes	No	Not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what food or substance is your child ...

HE-09 Allergic?	<input style="width: 300px; height: 20px;" type="text"/>
HE-10 Anaphylactic?	<input style="width: 300px; height: 20px;" type="text"/>

**7d Health Conditions:**

Has your child had any of the following health conditions?	Yes	No
HE-11 Very low birth weight (less than 1500g) .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-12 Birth abnormality .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-13 Developmental delay .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-14 Serious accident or injury .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-15 Serious infection(eg bacterial meningitis, tuberculosis etc) .....	<input type="checkbox"/>	<input type="checkbox"/>

HE-16 If yes to any of the above, please give details:

HE-17 If yes to any of the above, do you think the condition(s) may affect your child's school performance? .....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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Does your child have any ongoing health or physical problem(s)?

	Yes	No
HE-18 Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-19 Seizure disorder (epilepsy) .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-20 Heart condition .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-21 Cerebral palsy .....	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:		
HE-22 - bedwetting .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-23 - day wetting .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-24 - soiling .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-25 Other ongoing problem (please describe): .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-26 <div style="border: 1px solid black; height: 20px; width: 500px;"></div>		

	Yes	No
HE-27 If yes to any of the above, does the school have an action plan? .....	<input type="checkbox"/>	<input type="checkbox"/>

**7e Involvement with other health services:**

	Yes	No	Don't Know
HE-28 To assist with the provision of appropriate care please tell us if your child is listed on a Health Care Card or Pensioner Concession Card? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HE-29 Did your child attend a 3.5 year old visit at the maternal and child health service? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HE-30 Did your child attend a 4 year old Healthy Kids Check provided by a medical practitioner? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7f Health Professionals seen in the past 12 months:**

In the past twelve months, has your child been seen by any of the following health professionals?

	Yes	No
HE-31 General Practitioner (GP) .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-32 Hospital Emergency Department (ED) Staff .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-33 Paediatrician .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-34 Maternal & Child Health nurse .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-35 Optometrist/eye doctor .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-36 Audiologist/hearing specialist .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-37 Speech Pathologist/Speech Therapist .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-38 Early Childhood Intervention Services (ECIS) Therapist or Practitioner (eg psychologist, occupational therapist etc) .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-39 Dentist (including orthodontist, periodontist etc) .....	<input type="checkbox"/>	<input type="checkbox"/>
HE-40 Complementary practitioner .....	<input type="checkbox"/>	<input type="checkbox"/>

HE-41 If yes to any of the above, please give details:

	Yes	No
HE-42 Has your child been admitted to hospital in the past twelve months? .....	<input type="checkbox"/>	<input type="checkbox"/>

If No, please go to question 8

HE-43 What was the reason for hospitalisation?

Do not write comments in this area

Do not write comments in this area

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**8 Oral Health:**

DT-01 Do you have any concerns about your child's mouth, gums or teeth? Yes ☐ No ☐  
*if No, please go to question 9*

DT-02 Please describe:


**9 Speech/Language:**

For each statement please respond to these questions in relation to the language that your child mainly speaks at home.

SP-01 Does your child have any difficulties with speech or language? Yes ☐ No ☐  
*if No, please go to question 10*

In which of the following areas.... (please mark "yes" or "no" for each of the following items)

	Yes	No
SP-02 Reluctant to speak .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-03 Speech not clear to the family .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-04 Speech not clear to others .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-05 Difficulty finding words .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-06 Difficulty putting words together .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-07 Doesn't understand you when you speak .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-08 Doesn't understand others when they speak .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-09 Voice sounds unusual .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-10 Stutters or stammers .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-11 Other - please specify .....	<input type="checkbox"/>	<input type="checkbox"/>
SP-11a <table border="1" style="width: 100%; height: 20px;"></table>		

SP-12 Is your child currently seeing a speech pathologist? Yes ☐ No ☐

**10 Vision:**

VI-01 Is there a history of vision problems during childhood in other family members on either side of the family? Yes ☐ No ☐

VI-02 Do you have any concerns about your child's eyesight? Yes ☐ No ☐

VI-03 Please describe: *if No, please go to question 11*


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**11 General Development:**

GD-01 Please list any concerns you have about your child's learning, development and behaviour:


GD-02 Do you have any concerns about how your child talks and makes speech sounds? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-02a If 'yes' or 'a little' please comment:

--

GD-03 Do you have any concerns about how your child understands what you say? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-03a If 'yes' or 'a little' please comment:

--

GD-04 Do you have any concerns about how your child uses his or her hands and fingers to do things? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-04a If 'yes' or 'a little' please comment:

--

GD-05 Do you have any concerns about how your child uses his or her arms and legs? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-05a If 'yes' or 'a little' please comment:

--

GD-06 Do you have any concerns about how your child behaves? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-06a If 'yes' or 'a little' please comment:

--

GD-07 Do you have any concerns about how your child gets along with others? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-07a If 'yes' or 'a little' please comment:

--

GD-08 Do you have any concerns about how your child is learning to do things for himself/herself? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-08a If 'yes' or 'a little' please comment:

--

GD-09 Do you have any concerns about how your child is learning preschool or school skills? .....	No	Yes	A Little
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD-09a If 'yes' or 'a little' please comment:

--

GD-10 Please list any other concerns:


GD-11 Have you ever been told that your child has an intellectual disability, developmental delay or learning disability? .....	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>

Do not write comments in this area

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**12 Behaviour and Emotional Wellbeing:**

How best would you describe your child's behaviour and emotional wellbeing? For each statement, please mark the box for 'Not True', 'Somewhat True' or 'Certainly True'. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months or this school year.

		Not True	Somewhat True	Certainly True
BE-01	Considerate of other people's feelings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-02	Restless, overactive, cannot stay still for long .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-03	Often complains of headaches, stomach aches or sickness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-04	Shares readily with other children, for example toys, treats and pencils .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-05	Often loses temper .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-06	Rather solitary, prefers to play alone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-07	Generally well-behaved, usually does what adults request .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-08	Many worries, often seems worried .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-09	Helpful if someone is hurt, upset or feeling ill .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-10	Constantly fidgeting or squirming .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-11	Has at least one good friend .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-12	Often fights with other children or bullies them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-13	Often unhappy, depressed or tearful .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-14	Generally liked by other children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-15	Easily distracted, concentration wanders .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-16	Nervous or clingy in new situations, easily loses confidence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-17	Kind to younger children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-18	Often lies or cheats .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-19	Picked on or bullied by other children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-20	Often volunteers to help others (parents, teachers or children) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-21	Thinks things out before acting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-22	Steals from home, school or elsewhere .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-23	Gets along better with adults than with other children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-24	Many fears, easily scared .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BE-25	Good attention span, sees tasks through to the end .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**13 Family Issues:**

In the past twelve months, has your child been affected by any of the following events?

(for each statement, please cross ONE box only)

(If your child has not experienced this event in the past twelve months, please cross the box labelled

'Not experienced' to indicate that the question is **not applicable** to your child).

		Not affected	Affected a little	Affected a lot	Not experienced
FI-01	Divorce/separation of parents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-02	Death of a relative or friend .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-03	Remarriage of parent(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-04	Serious illness of parent(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-05	Serious illness of sibling(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-06	Parent's change of job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-07	Parent's loss of job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-08	Move to a new house .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-09	New baby in the house .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI-10	Other - please specify: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FI-10a

FI-11 If yes ('a lot' or 'a little') in respect of any of the above, please describe the impact on your child.

Is there a history of any of the following?

		No	Yes
FI-12	Alcohol or drug related problems in family .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-13	Abuse to parent .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-14	Abuse to child .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-15	Child witnessing violence .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-16	Parent witnessing violence .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-17	Gambling problem in the family .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-18	Mental illness of parent .....	<input type="checkbox"/>	<input type="checkbox"/>
FI-19	Other - please specify: .....	<input type="checkbox"/>	<input type="checkbox"/>

FI-19a

FI-20 If yes to any of the above, please describe the impact on your child?

FI-21 Sometimes, families have times when there is more stress/pressure than usual. Overall, how would you rate your own family's stress level over the last month? (cross one box only)



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**14 Final Question:**

**FQ-01** Please give details if you have any further concerns you would like to discuss with the school nurse. If you have no further concerns leave this section blank.


Please ensure you have ticked and signed **PART 3 Your Consent (page 3).**

**Thank you for your time.**

Please return this questionnaire to your child's school in the envelope provided.

**Part 5 - Further Information****What is personal and health information?**

- **Personal information** is "information or an opinion (including information or an opinion which is on a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion".
- **Health information** is information or an opinion about:
  - o the physical, mental or psychological health of a person
  - o the disability of a person
  - o a person's expressed wishes about the provision of services to him or her, which is also personal information".

Health information includes other personal information that is collected to provide, or in providing, a health service such as the Primary School Nursing Program.

**Accessing personal and health information**

You can access and correct personal and health information held by the School Nurse or DEECD about your child under the *Health Records Act 2001* and the *Freedom of Information Act 1982* (Vic). Please contact the Information Management Division of the Department of Education and Early Childhood Development to discuss this. The Division can be contacted via email on: [foi@edumail.vic.gov.au](mailto:foi@edumail.vic.gov.au)

**An Informal Carer**

An Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child.

See the School Policy Advisory Guide for information on informal carers: <http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>

It is important to note the following:

- The informal carer should provide an Informal Relative Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from <http://www.cyp.vic.gov.au>.
- If a person with parental responsibility for major long term issues and/or a person granted guardianship can subsequently be contacted, their consent should be sought.
- If a person with parental responsibility for major long term issues and/or a person granted guardianship subsequently refuses or withdraws consent, their decision prevails, and the services will cease immediately.

**Contact details for the Primary School Nurse Manager in your region****COUNTRY AREA OFFICES**

- **Moe Office**  
Cnr Kirk and Haigh Streets, Moe 3825  
Phone: (03) 5127 0400
- **Geelong Office**  
5A Little Ryrie Street, Geelong 3220  
Phone: (03) 5225 1082
- **Benalla Office**  
150 Bridge Street East, Benalla 3672  
Phone: (03) 8392 9500
- **Ballarat Office**  
109 Armstrong Street North, Ballarat 3350  
Phone: (03) 5330 8607
- **Bendigo Office**  
7-15 McLaren Street, Bendigo 3550  
Phone: (03) 5440 3111

**METROPOLITAN AREA OFFICES**

- **Dandenong Office**  
165-169 Thomas Street, Dandenong 3175  
Phone: (03) 8765 5600
- **Glen Waverley Office**  
Level 3, 295 Springvale Road,  
Glen Waverley 3150  
Phone: (03) 8392 9300
- **Footscray Office**  
Level 9, 1 McNab Avenue, Footscray 3011  
Phone: (03) 8397 0288
- **Coburg Office**  
189 Urquhart Street, Coburg 3058  
Phone: (03) 9488 9488

For further information about the Primary School Nursing Program go to: [www.education.vic.gov.au](http://www.education.vic.gov.au)

## Date: \_\_\_\_\_

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17-11-14