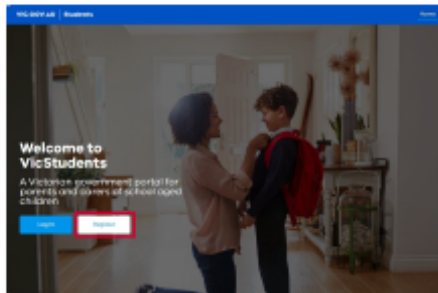


# How to complete the School Entrant Health Questionnaire

Before completing a health questionnaire for your child on the VicStudents Portal, you must 'Register as a user'.

## VicStudents Portal – Registration QRG



1 Go to:

<https://students.educationapps.vic.gov.au/s/>



2 Read acknowledgement

Click Continue.

3 Enter parent details



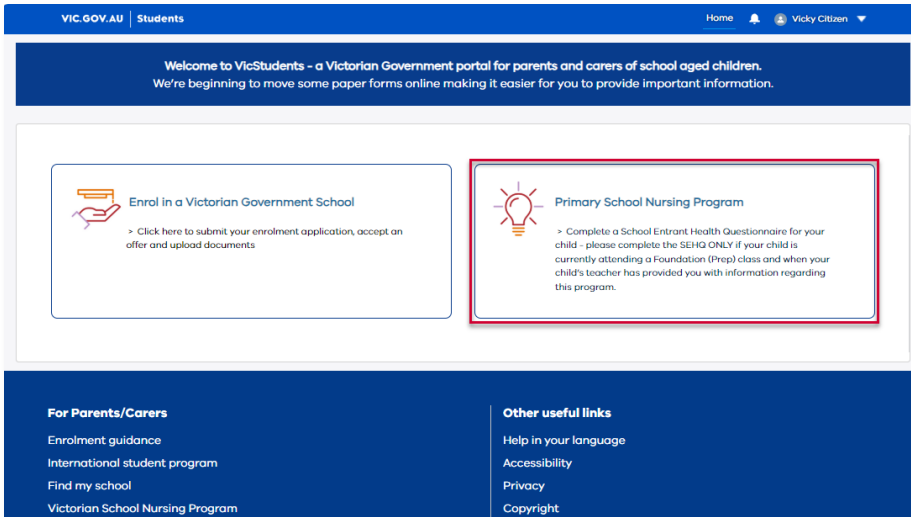
4 Check your email.

Select link in email to complete registration

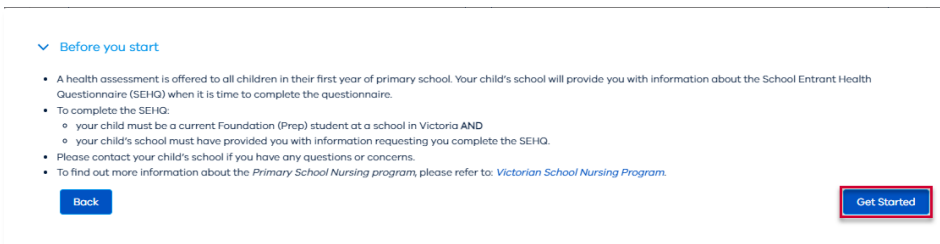
5 If you see this screen, check your email and enter verification code

6 Set a new password

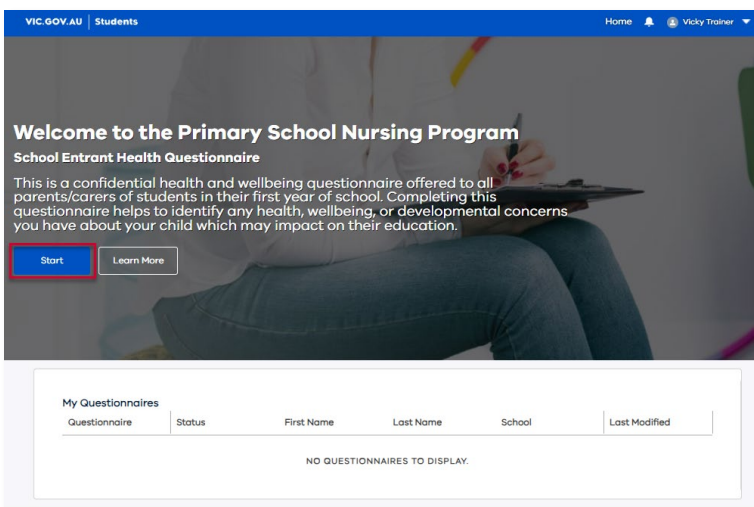
Once you are registered you will be directed to this page. You can return to this page multiple times to enter a health questionnaire, work on a health questionnaire you have saved but not submitted or to view your submitted health questionnaire.



1. Read the Before you start information and click on **Get Started**.



2. When you are ready to complete a health questionnaire, press **START**



3. Enter the details as requested. The first page is all about your child.

VIC.GOV.AU | Students Home Vicky Citizen

### Primary School Nursing Program - School Entrant Health Questionnaire

The School Entrant Health Questionnaire is for children attending a Foundation (Prep) class. Please acknowledge that your child is attending a Foundation (Prep) level class before proceeding.

\* I acknowledge the above statement.

\* First name of student

\* Last name of student

\* Date of birth

\* Gender

4. You will be asked to enter your child's **school** and **campus**. If your school does not have multiple campuses, then please enter the school name in both fields.

Type the first few letters and allow the school name/campus name to show up. Select school. Follow the same steps for campus. Select campus.

5. Select the **class** your child is in.

Please type first few letters of the school your child attends and THEN SELECT the school from the drop down list.

\* School

\* Campus

\* Class

6. There are two pieces of information for you to read.

- 1) **General information** about the Primary School Nursing Program and
- 2) **Privacy Information**.

7. Once you have read the information, **tick** the boxes provided

General Information about the Primary School Nursing Program

\* I've read Part 1 - General Information about the Primary School Nursing Program

Privacy Information

\* I've read Part 2 - Privacy Information

## 8. Press **Continue** to move to the next page

Privacy Information

\*I've read Part 2 - Privacy Information

[I need help to complete this questionnaire](#)

**Copyright information:**  
There are some questions used within the School Entrant Health Questionnaire that were developed for use in other questionnaires. The following statements acknowledge where these questions have been sourced from. HI- 09, HI- 09, HI- 10, HI- 11, HI- 12 are part of a broader tool, the Children with Special Health Care Needs (CSHCN) Screener. Adapted with permission from The Child and Adolescent Health Measurement Initiative (Baltimore, MD, USA, who created The CSHCN Screener). Bethel, C., Blumberg, S., Stein, R., Strickland, B., Robertson, J., & Newacheck, P. 2015, 'Taking Stock of the CSHCN Screener: A Review of Common Questions and Current Reflections', Acad Pediatr, vol. 15, no. 2, pp. 165-176. GD- 01 to GD- 10 (inclusive): © Parents' Evaluation of Developmental Status (PEDS) Authorized Australian Version, The Royal Children's Hospital, Centre for Community Child Health. Adapted with permission from Frances Page Glascoe and PEDS Test.com LLC. BE- 01 to BE- 25 (inclusive): Youth in Mind: Strengths and difficulties questionnaire (SDQ). Retrieved March 08, 2017 from <http://sdqinfo.org/ps/sdqinfo/53.py?language=English&qz29/DH-02, DH-02 and PH-02>. The SEHQ uses questionnaires (or part of) developed for Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC). These questionnaires are the property of the Commonwealth as represented by the Department of Social Services, LSAC is an initiative of the Australian Government Department of Social Services ([www.dss.gov.au](http://www.dss.gov.au)), and is being undertaken in association with the Australian Institute of Family Studies ([www.aifs.gov.au](http://www.aifs.gov.au)) and the Australian Bureau of Statistics ([www.abs.gov.au](http://www.abs.gov.au)), with advice being provided by a consortium of leading researchers at research institutions and universities throughout Australia. FH- 03: Australian Bureau of Statistics, 2011-13, Australian Health Survey: Users' Guide, cat. no. 4363.0.55.001, viewed March 15, 2017 <http://www.abs.gov.au/USSTATS/abs@.nsf/Lookup/4363.0.55.001+main+features2011-13?OpenDocument>

[Cancel](#) [Continue](#)

## 9. Read and complete the **CONSENT** form. You have two options

- Yes - I consent
- No – I do not consent.

If you select No, you will be asked if you would like to complete the School Entrant Health Questionnaire.

**Steps**

- Student
- Consent**
- Child and School
- Parent/Guardian
- Child's Family
- Child
- General Health
- General Development
- Strength and Difficulties
- Oral Health, Speech/Language, Vision
- Parental Health, Family Events
- Family Issues
- Review

**Part 3 - Consent form**

Name of the Child: Vicky Gilbert School Name: Alfreton Primary School, ALFRETON - Primary

I confirm the following:

- I have read Parts 1 and 2 of this Primary School Nursing Program Information.
- I have the information I need to make an informed decision about the offer of a school nurse conducting a health assessment of my child.
- I understand how my child's personal information and health information, obtained from this survey and from any health assessments conducted, will be collected, used and disclosed within the department, and stored and retained by the department in accordance with the Health Records Act 2001 and Public Records Act 1973.
- I understand that I may withdraw my consent for my child to participate in the Primary School Nursing Program at any time.
- I understand that if I do not consent to a direct health assessment but provide information about my child in the questionnaire, the information I provide will be reviewed and responded to by a school nurse.

Who may sign this School Entrant Health Questionnaire (SEHQ) Consent form on behalf of a child?  
One of the following people can sign this form:

- a person with parental responsibility for "major long term issues" as defined in the Family Law Act 1975 (Cth)
- a person appointed as "guardian" under the Children, Youth and Families Act 2005 (Vic).

If neither of the above people are available, an informal carer may sign this form. 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. Informal carers should sign an 'Informal Carer' statutory declaration.

**Withdrawing consent**  
You may withdraw consent to your child receiving services under the Primary School Nursing Program at any time, by writing to your child's school nurse. Before withdrawing consent, we recommend discussing this first with school staff or the School Nursing Program Manager for your region. Withdrawing consent means that services under the Primary School Nursing Program will cease from the time the school nurse receives the withdrawal. Where there are safety concerns or risks, other activities may occur.

For more information, please contact the School Nursing Program Manager at your local regional department office, locations ([www.vic.gov.au/office-locations-department-education](http://www.vic.gov.au/office-locations-department-education)), are listed on the last page.

\* Please select one of the following options:

Yes - I CONSENT to the school nurse conducting a direct health assessment of my child, if required (this may include checking my child's vision, hearing, speech and teeth).

No - I DO NOT consent to the school nurse conducting a direct health assessment of my child.

\*\*Your first name: Vicky \*\*Your last name: Citizen

\* Relationship to child: [Dropdown menu]

[Cancel](#) [Save](#) [Previous](#) [Continue](#)

10. Continue working through the health questionnaire. Only questions marked with an asterisk \* are mandatory fields. You may choose to respond or not respond to other questions.

The screenshot shows a web form titled "Part 4 - School Entrant Health Questionnaire". On the left is a vertical "Steps" menu with 14 items: Student, Consent, Child and School (highlighted with a blue circle), Parent/Guardian, Child's Family, Child, General Health, General Development, Strength and Difficulties, Oral Health, Speech/Language, Vision, Parental Health, Family Events, Family Issues, and Review. The main form area is divided into two sections: "About your child" and "About your child's school". The "About your child" section contains fields for family name (Gilbert), given name (Vicky), gender (Female), date of birth (09/08/2019), pregnancy weeks, and street address. The "About your child's school" section contains fields for school name (Alfredton Primary School, ALFREDTON - Primary), campus, class (TestPrepClass2025), and school address (89a Cuthberts Road). At the bottom, there are "Cancel", "Save", "Previous", and "Continue" buttons. The "Continue" button is highlighted with a red box.

11. If you cannot complete the questionnaire in one go, press **SAVE** (located in bottom left corner) and you can return to it at a later time

This is a close-up of the bottom navigation bar from the previous screenshot. It shows four buttons: "Cancel", "Save", "Previous", and "Continue". The "Save" button is highlighted with a red box.

12. You can see your progress on the left of the screen and the categories of information you will be asked.

This screenshot is identical to the one in step 10, but the "Steps" menu on the left is highlighted with a red box to draw attention to it.

13. Once you have completed every section you will be taken to a review page where you can **review** your answers and **edit** any sections you want to change. Use the arrows to expand a section, and the **Edit Section** button to edit.

**Steps**

- Student
- Consent
- Child and School
- Parent/Guardian
- Child's Family
- Child
- General Health
- General Development
- Strength and Difficulties
- Oral Health, Speech/Language, Vision
- Parental Health, Family Events
- Family Issues
- Review**

**Review**

Please review all of your responses carefully.  
You will NOT be able to make any changes once you submit the questionnaire.  
Please ensure that you click SUBMIT once you have reviewed your responses below.

Consent

Your first name: Vicky  
Your last name: Clifton  
Relationship to child: Parent

Yes - I CONSENT to the School Nurse conducting a health assessment of my child, if required (this may include checking my child's vision, hearing, speech and teeth).

Edit Section

About your child and school

About the parent/guardian completing this questionnaire

About your child's family

About your child

Where was your child born?  
Elsewhere in Australia

Is your child of Aboriginal or Torres Strait Islander origin?  
Yes, Aboriginal

What language does your child mainly speak at home?  
English

In the year before starting school did your child attend?  
Sessional kindergarten

Does your child's name appear on a Medicare card?  
Yes

Does your child's name appear on a health care card?  
Yes

Does the child live in an out-of-home care placement under a child protection order?  
Not provided

Edit Section

General health

General development

Strengths and Difficulties Questionnaire

Oral health, speech/language, vision, developmental promotion

Parental health and recent family events

Family issues

Cancel Previous Submit

14. Once you have reviewed your responses and are happy with your answers, press **Submit**

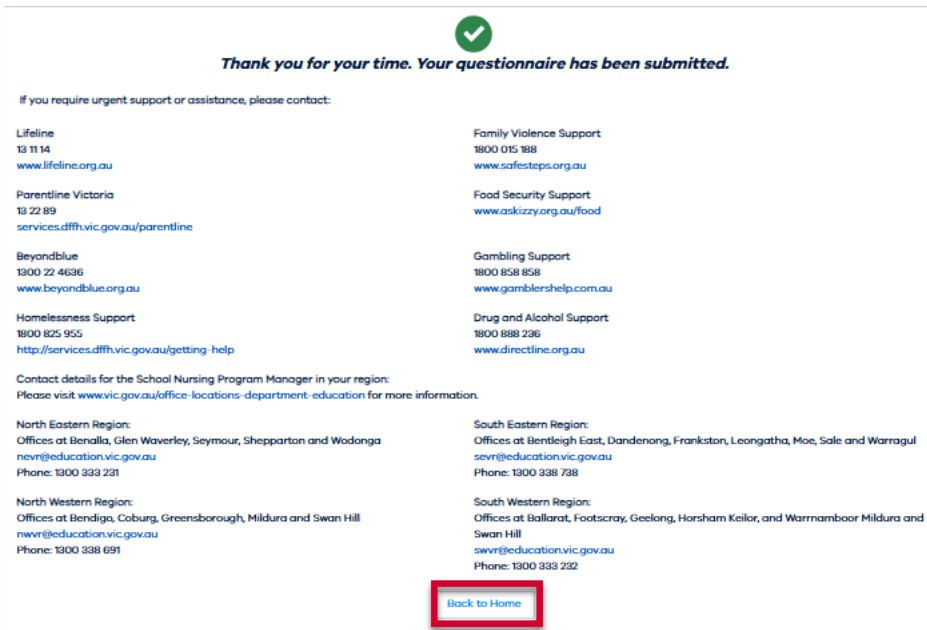
Oral health, speech/language, vision, developmental promotion

Parental health and recent family events

Family issues

Cancel Previous Submit

15. You will be given confirmation that the health questionnaire was submitted. You can then press the **‘Back to Home’** button



You will be returned to the original page. You will now see the health questionnaire recorded here that you have submitted.

Click on the questionnaire number to:

- Review a completed questionnaire
- Review a health questionnaire in DRAFT status
- Complete a draft questionnaire.

My Questionnaires					
Questionnaire	Status	First Name	Last Name	School	Last Modified
QRE-2501293519	Submitted	Vicky	Gilbert	Alfredton Primary School	29 Jan 2025, 12:29 pm

**Thank you for completing a School Entrant Health Questionnaire for your child.**