



Gundagai Preschool Kindergarten – Child Profile Questionnaire

This questionnaire is designed to help educators understand your child's individual preferences, needs, and interests to better support their learning and wellbeing at preschool

Child's Name:	
Preferred Name/Nickname:	
Child's DOB:	
Preschool Days:	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday.
Likes and Interests	
What are your child's favourite activities, toys, or games?	
What are your child's favourite books, songs, or stories?	
Does your child enjoy particular types of play (e.g., imaginative, physical, creative, building)?	
Dislikes and Challenges	
Are there activities or situations your child does not enjoy?	
Does your child have any fears, worries, or anxieties we should know about?	
Emotional Security	
Are there any comfort or security items your child brings to preschool (e.g., blanket, toy)?	
How does your child usually settle into new environments or routines?	
Social Connections	
Does your child have any friends or peers they enjoy spending time with?	
Are there social situations that your child finds challenging?	
Learning and Development Goals	



What skills or abilities is your child currently developing?	
Are there areas where your child may need extra support or encouragement?	
What would you like your child to gain from attending preschool?	

Parent/Guardian Observations

Is there anything else you would like educators to know to help support your child's learning, wellbeing, or participation at preschool?	
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Parent/Guardian Name:

Signature:

Date:

Thank you for providing this information. It will help educators create a positive, supportive, and engaging preschool experience tailored to your child.

Child's Voice – About Themselves

We want to hear from your child directly. Please help them share their thoughts in their own words.

How do you feel about coming to preschool?	
What would you like your teachers to know about you?	
Is there anything you would like to learn or do at preschool?	
Who are your friends? What do you like to play?	

Child's Signature: (write your name or do a little drawing)