



Pre-school / Early Childhood Questionnaire

Child _____ Date of Birth _____ Appointment _____

Thank you for taking the time to complete these questions. This child has been referred for a specialist opinion of their developmental / behavioural problems. Your contribution is very important, and I appreciate that your time is valuable.
In addition to providing information about this child's progress within your primary school, the questions provide opportunity for you to identify any concerns you may have, and indicate where consultation with health professionals may assist the school.
Please return this to the child's parents before the initial consultation.

Your Name _____ Position _____

How long have you known this child? _____ Class the child is in? _____

Today's date _____

Preschool, kindergarten, daycare _____

Street address _____

Suburb _____ Post Code _____

Telephone _____ Facsimile _____

Director / Principal _____

Guidance Officer (if there is one) _____

Level of concern

Please tick which best describes your level of concern about this child in the following areas:

Table with 5 columns: Level of concern (No concerns, Mild, Moderate, High) and 5 rows: Educational, Behavioural, Emotional, Physical / motor, Social skills. A checkmark is present in the top-left cell.

What does this child do well, their interests, and what do they enjoy?

Please identify areas of concern you have about this child in the following areas:

Level of concern (✓)				(If appropriate or relevant)
None	Mild	Moderate	High	
				Speech
				Expressive language (vocabulary, grammar)
				Receptive language / comprehension
				Daily living and self help skills (feeding, dressing, toileting)
				Interpretation of visual information, memory, puzzles, copying
				Gross motor / sporting skills / physical coordination
				Attention control, distractibility, impulse control
				Organisational skills
				Ability to perform consistently
				Social Skills with peers
				Behaviour in the classroom
				Behaviour in the playground
				Emotional control / emotional well-being / self-esteem
				School readiness – literacy (letters, early word recognition)
				School readiness – numeracy (numbers, early counting)
				School readiness – pencil and writing abilities

Any other areas you are concerned about?

Special Education Support within the school. [✓]

Is this child currently under an educational profile (EAP)? Yes No

If no, is a profile (EAP) planned or underway? Yes No

Is the child receiving an individualised program (e.g. for behaviour, or educational support through appraisalment)? Yes No

If YES to any of these, please briefly describe.

What is the child's current educational setting (size / type of classroom)?

Any additional comments / questions?

Please provide this child's parents with copies of any assessment reports, or any other written information that may be of assistance.

If you wish, you can contact us directly: cdn@cd.net.au

Thank you!