



Teacher Questionnaire

Thank you for taking the time to complete these questions. This child has been referred for a specialist opinion of their developmental learning and literacy problems. Your contribution is very important and I appreciate that your time is valuable.

In addition to providing information about this child's academic and scholastic progress, the questions provide an opportunity for you to identify any concerns you may have and indicate where consultation with other professionals may assist you.

Please return this questionnaire to the child's parents before the initial consultation. This form can also be downloaded from on the CDN website (<https://cd.net.au>)

Child Information

Child's SURNAME: _____ Child's FIRST NAME: _____

Gender (please circle): Male / Female / Other. Child's Grade: _____

Teacher and School Information

Your Name: _____ Your Position: _____







School: _____

Learning Support Teacher: _____

Guidance Officer or Equivalent: _____

How long have you known this child? _____

Date of completing this questionnaire: _____ / _____ / 20_____

 Level 2, 19 Lang Parade, Milton 4064  PO Box 1536, Milton 4064
 (07) 3369 3369  (07) 3369 3370  www.cd.net.au  cdn@cd.net.au

jason@cd.net.au or www.literacycare.com

Strengths / Interests / Concerns

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

(✓)	No concerns	Mild	Moderate	High
Educational				
Behavioural				
Emotional				
Social skills				

What is this child's specific strengths and interests, and what do they enjoy?

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

Level of Concern (✓)				
<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>High</i>	
				Immediate Recognition of High Frequency Words
				Spelling High Frequency Words
				Phonological Awareness
				Phonological Working Memory
				Visual Working Memory
				Rapid Symbol Naming
				Writing – putting thoughts into words on paper
				Writing – penmanship / fine motor skills
				Numeracy / Maths
				General Learning Abilities
				Expressive Speech and Language
				Receptive Speech and Language
				Literal Comprehension (Reading On the Lines)
				Interpretive Comprehension (Reading Between the Lines)
				Applied Comprehension (Reading Beyond the Lines -Older Grades Only)
				Attention control, distractibility, impulse control
				Organizational skills
				Ability to perform consistently
				Social Skills with peers
				Behaviour in the classroom
				Behaviour in the playground
				Emotional control / emotional well-being / self-esteem

Please elaborate on any concerns you have identified

Learning Support and Educational Adjustments (Please Tick ✓)

Does the child have a Personalized Learning Plan or equivalent? Yes No

Has the child been given an NCCD category? Physical Cognitive Sensitive Social-Emotional

If the child does not have a Personalized Learning Plan, is there any other form of learning support provided in the classroom? Please briefly describe.

Does the child use Assistive Technology? Yes No . Please briefly explain.

Video Conference and Additional Information

Would you agree to a video conference with clinicians from Literacy Care and the Child Development Network if requested by parents? (Please Tick). Yes No

Do you have any additional comments or questions?

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

Thank you!