Your Child’s Name

________________________________________

Current school

_____________________________________________________________________

How long has your child been there?

_____________________________________________________________________

What grade is your child in currently?

_____________________________________________________________________

Parent/Guardian 1 Name

________________________________________

Parent/Guardian 2 Name

________________________________________

If separated please indicate (✓) □ If you are separated, we will need to discuss correspondence arrangements with you.

Parent/Guardian 1 Occupation

________________________________________

Parent/Guardian 2 Occupation

________________________________________

Siblings

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Live in house? (✓)</th>
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Level 2, 19 Lang Pde, Milton, 4064

PO Box 1536, Milton 4064

(07) 3369 3369  (07) 3369 3370  www.cd.net.au  cdn@cd.net.au
What does your child enjoy, do well, and what do you like about them?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


Overall, how concerned (worried) are you about your child?

Not at all  A little  Moderately  Quite a lot  Extremely

Parent/ Guardian 1

1  2  3  4  5

Parent/ Guardian 2

1  2  3  4  5
What concerns you, and what don’t you understand about your child?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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What would you like from us?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
**Your child’s health (✓)**

- Any concerns about your child’s health currently? □ Yes □ No
  - Any concerns about the pregnancy? □ Yes □ No
  - Any concerns about the birth and postnatal period? □ Yes □ No
  - Any accidents / injuries / serious illnesses in the past? □ Yes □ No
  - Has your child’s **hearing** been checked? □ Yes □ No
    - If it has been checked, was it normal? □ Yes □ No
  - Has your child’s **vision** been checked? □ Yes □ No
  - Is your child fully immunised? □ Yes □ No
  - Are there any other important medical issues? □ Yes □ No

What was the birth weight? _____ If premature, how many weeks? _______

**As your child was growing up, were you concerned about (✓)**

- The first year? (e.g. hard to settle, poor weight gain?) □ Yes □ No
  - Early motor development (sitting, walking, running, kicking)? □ Yes □ No
    - Early language (talking and understanding)? □ Yes □ No
  - Early social development (eye contact, play, friends)? □ Yes □ No
    - Early learning (e.g. colours, shapes, drawing)? □ Yes □ No
  - Any other major concerns during early childhood? □ Yes □ No

**The Family (✓)**

- Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have problems **similar** to, or the **same as** your child? □ Yes □ No
- Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have **different** problems, of a developmental, learning, behavioural, emotional or psychiatric nature? □ Yes □ No
Of any problems identified above, what in particular would you like to discuss?


Who have you consulted for your child’s difficulties?
(Read名列前茅 to bring a copy of all written reports!)

<table>
<thead>
<tr>
<th>Currently (✓)</th>
<th>In the Past (✓)</th>
<th>Who?</th>
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<tbody>
<tr>
<td><strong>Health Services</strong></td>
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<tr>
<td>Paediatrician</td>
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<td>Child Psychiatrist</td>
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<tr>
<td>Occupational Therapist</td>
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<td>Physiotherapist</td>
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<td>Speech Pathologist</td>
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<td>Social Worker / Counselor</td>
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<td><strong>Education Services</strong></td>
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<td>School Guidance Officer</td>
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<td>Support / Remedial Teacher</td>
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<td>Home Tutor</td>
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<td><strong>Other</strong></td>
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Who is your GP?
For any professionals identified, please summarise the involvement.
(When it started / ceased, how often, what was done)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

When you come to see us

Sensitive information
Is there sensitive information that you would prefer not to talk about in front of your child? □ Yes □ No

If yes, we can discuss these issues while the child waits outside. You may wish to bring a book or something for them to do while they wait. If they will need supervision, please bring somebody along to supervise them.

Photography Consent
On occasion, we may take a photo of your child to help us remember them, and this photo may be stored on our computer system. Do you or your child have any object to this? □ Yes □ No

Information from Third Parties
Sometimes we require information from third parties such as school teachers, other health professionals, and people that interact with your child. Do we have your permission to contact these third parties? □ Yes □ No
Thank you for taking the time to complete this questionnaire.

Completed by______________________  Date ________________