The Child Development Network

Questionnaire for Parents
Dr Rebecca Kriukelis

Your Child’s Name

______________________________

Name of current school?

______________________________

Current year level at school?

______________________________

How long has he/she been there?

______________________________

Parent/Guardian 1 Name

______________________________

Occupation

______________________________

Parent/Guardian 2 Name

______________________________

Occupation

______________________________

If separated please indicate (☐)

☐ If you are separated, we will need to discuss the arrangements with you.

Siblings

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Live in the house (✓)</th>
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19 Lang Parade, 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?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a Lot</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian 1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Parent/Guardian 2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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

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) □ 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, etc) have problems similar to, or the same as your child? □ Yes □ No

Does anybody in the family (siblings, parents, grandparents, aunts, etc) have different problems, of a developmental, learning, behavioural, emotional or psychiatric nature? □ Yes □ No

For anything identified above, is there anything in particular that you would like to discuss?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Dr Rebecca Kriukelis Initial Parent Questionnaire (School Age) Page 4 of 6
**Who have you consulted for your child’s difficulties?**
(Please remember to bring a copy of all written reports to your appointment)

<table>
<thead>
<tr>
<th>Currently [✓]</th>
<th>In the past [✓]</th>
<th>Who?</th>
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<tbody>
<tr>
<td><strong>Health Service</strong></td>
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<tr>
<td>Paediatrician</td>
<td></td>
<td></td>
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<tr>
<td>Child Psychiatrist</td>
<td></td>
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<tr>
<td>Speech Pathologist</td>
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<tr>
<td>Occupational Therapist</td>
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<tr>
<td>Physiotherapist</td>
<td></td>
<td></td>
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<tr>
<td>Psychologist</td>
<td></td>
<td></td>
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<tr>
<td>Social Worker/Counsellor</td>
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<tr>
<td><strong>Education Services</strong></td>
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<tr>
<td>School Guidance Officer</td>
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<tr>
<td>Support/ Remedial Teacher</td>
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<tr>
<td>Home Tutor</td>
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<tr>
<td><strong>Other</strong> (eg Naturopath)</td>
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</table>

Who is your GP?

________________________________________________________________________

**For any professionals identified, please summarise their involvement.**
(When it started / ceased, how often, what was done)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
When you come to see us:

Is there any sensitive information that you would prefer to not 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.

Completed by ________________________

Date ________________________________

Thank you for taking the time to complete this questionnaire.