

Preschool / Kindergarten / Daycare

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 at your centre, the questions provide opportunity for you to identify any concerns you may have, and indicate where consultation with health professionals may assist your work.

Please return this to the child's parents before the initial consultation.

Child	DOB	Appointment
Your Name	Your Position	
How long have you known this child?		
Class / Level	Today's Date	
Your Preschool / Kindergarten	/ Daycare	
Name		
Street Address		
Suburb / Post Code		Phone
Principal / Director		
What does this child do well, their i	nterests, and what d	o they enjoy?
Suite 7, The Terraces, 19 La	ng Parade Milton 🖃 PO B	3ox 1536, Milton 4064
2 (07) 3369 3369 (07) 336	69 3370 🖳 www.cd.net.au	u ✍ cdn@cd.net.au

	_evel of	concern (ou have about this child in the following areas:
lone	Mild	Moderate	High	(If appropriate or relevant)
				Speech (articulation, fluency)
				Expressive language (vocabulary, grammar)
				Receptive language / comprehension
				Daily living and self help skills (feeding, dressing, toileting
				Interpretation of visual information, memory, puzzles,
				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 – numeracy (numbers, early counting) School readiness – pencil and writing abilities
ease	elabora	te on these	e, or any	additional concerns you have about this child.

ow might our service (CDN) potentially help you with this child?	
ow might our service (CDN) potentially help you with this child?	
ow might our service (CDN) potentially help you with this child?	
s this child receiving special needs support at your centre? If so, please describ G. Do they have inclusion support? Behaviour management support?	oe:

hat is the child's current educational setting (size / type of classroom)?	
ny additional comments / questions?	
ry 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 or on (07) 3369 3369

Thank you!

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