

The Child Development Network Primary School

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 we appreciate that your time is valuable.

In addition to providing information about this child's progress at your school, 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 appointment*.

Child		DOB		Appointment
Your Name			Your Position	
How long have you known	this child?			_
Grade			Today's Date	
School				
School Name				
Educational Sector (Please circle)	State	Catholic	Independent	Home School / Other
Street Address				
Suburb / Post Code			Phone	
School Principal / Director				
School Guidance Officer				

What does	this child do	o well, their ir	nterests, and w	hat do they enjoy?	
What is you	r level of con	cern overall a	about this child (l	Please Circle)?	
j	None	Mild	Moderate	High	

Please identify any specific areas of concern you have about this child:

L	Level of Concern [✓]]	
None	Mild	Moderate	High	
				Reading
				Spelling
				Writing – putting thoughts into words on paper
				Writing – penmanship / fine motor skills
				Numeracy / maths
				General learning abilities
				Expressive speech and language
				Receptive language / comprehension
				Interpreting visual information, visual memory, copying
				Sitting posture in the classroom
				Gross motor / sporting skills
				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

Please elaborate on these, or any additional concerns you have about this child.
How might our service (CDN) potentially help you with this child?

this child receiv	ving special needs s	support? If so, p	lease describe:	
	ving special needs s			

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 or on (07) 3369 3369
Thank you!