

High School (Year 7 - 12) Questionnaire

Thank you for taking the time to complete this questionnaire. This young person has been referred for assessment of developmental / behavioural / academic concerns. Your contribution is very important, and I appreciate that your time is valuable.

In addition to providing information about their progress at your school, the questionnaire provides you with the opportunity to identify any concerns you may have and indicate where consultation with health professionals may assist future.

Please return this to the parents prior to the initial consultation.

Young Persons' Name: _____ D.O.B _____

Today's Date: _____ Date of Initial Consult: _____

Current Grade: _____

How long have you known them? _____

Teachers' Name: _____ Position: _____

School Details

Name of Organisation: _____

Street Address: _____

Suburb / Postcode: _____

Principal / Director: _____

Educational Sector

State Catholic Independent Distance Education / Home School / Other

What is your role with this young person?

What is the current educational setting? (Average Class size, type of classroom, style of learning)

Describe the young persons' strengths, what they do well, and what they enjoy.

What is your overall level of concern for this young person? (Please circle)

- No concerns Mild Moderate High

What concerns, if any, do you have for this young person? Please describe any areas where we may be able to assist the school.

Is this young person receiving additional support at your school? (For example: Inclusion Support, Learning Support etc) Yes No

If yes, please describe:

Is there anything else you would like to share?

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

Thank you for your time.