

Preschool / Kindergarten / Daycare 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 centre, 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.

Childs' Name: _____ D.O.B _____
Today's Date: _____ Date of Initial Consult: _____
Childs' Class/Level: _____
How long have you known this child? _____
Educators' Name: _____ Position: _____

Preschool / Kindergarten / Daycare Details

Name of Organisation: _____
Street Address: _____
Suburb / Postcode: _____
Principal / Director: _____

