The Child Development Network

Questionnaire for **Parents**

Dr Ganesh Senthilnathan

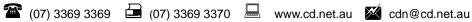
Your Child's Na	me			
Current school				
How long has your	child beer	there?		
What grade is you	ır child in c	urrently?		
Parent/Guardia Parent/Guardia		=		
If separated please	e indicate (√) □		eparated, we will need to espondence arrangements
Parent/Guardia	n 1 Occu	pation		
Parent/Guardia	n 2 Occu	pation		
Siblings				
Name	Age	Relati	onship	Live in house? (✓)
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What does your child enjoy, do well, and what do you like about them?					
Overall, how	v concerned	(worried)	are you abo	ut your chil	d?
	Not at all	A little	Moderately	Quite a lot	Extremely
Parent/					
Guardian 1	1	2	3	4	5
Parent/			_	_	_
Guardian 2	1	2	3	4	5

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hat would you	ı like from us?			
		_		

Your child's health (\checkmark)

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 <u>hearing</u> been checked?	□ Yes	□ No
If it has been checked, was it normal?	□ 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 m	any 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, kicking)?	□ 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, uncles etc) have problems similar to, or the same as your child?	□ Yes	□No
Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have different problems, of a developmental, learning, behavioural, emotional or psychiatric nature?	□ Yes	□ No

	of all writte	In the Past	Who?
emember to bring a copy	of all writte	n reports!)	Who?
emember to bring a copy Health Services	of all writte	In the Past	Who?
emember to bring a copy Health Services Paediatrician	of all writte	In the Past	Who?
emember to bring a copy Health Services Paediatrician Child Psychiatrist	of all writte	In the Past	Who?
emember to bring a copy Health Services Paediatrician Child Psychiatrist Occupational Therapist	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist	of all writte	In the Past	Who?
Remember to bring a copy Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker /	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Cocial Worker / Counselor	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Cocial Worker / Counselor Education Services School Guidance Officer	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services School Guidance Officer Support / Remedial	of all writte	In the Past	Who?
Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services School Guidance Officer Support / Remedial Teacher	of all writte	In the Past	Who?
Who have you consulted for Remember to bring a copy Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other	of all writte	In the Past	Who?

For any professionals identified, please summarise the involution (When it started / ceased, how often, what was done)	vement.	
When you come to see us		
Sensitive information Is there sensitive information that you would prefer not to talk about in front of your child?	□ Yes	□ No
If yes, we can discuss these issues while the child we you may wish to bring a book or something for them to If they will need supervision, please bring somebody along	do while th	ney wait.
Photography Consent On occasion, we may take a photo of your child to help us remember them, and this photo may be stored on our computer system. Do you or your child have any object to this?	□ Yes	□ No
Information from Third Parties Sometimes we require information from third parties such as school teachers, other health professionals, and people that interact with your child. Do we have your permission to contact these third parties?	□ Yes	□ No
Completed by Date		
Thank you for taking the time to complete this qu	estionnaire).