

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 I appreciate that your time is valuable.

In addition to providing information about this child's progress at your centre, the questions provide the 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's Name _____ **DOB** _____ **Date of CDN Appointment** _____

Teacher's Name _____ **Your Position** _____

How long have you known this child? _____

Class / Level _____ **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 _____



Level 2, 19 Lang Pde, Milton, 4064



PO Box 1536, Milton 4064



(07) 3369 3369



(07) 3369 3370



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None Mild Moderate High

Level of concern (✓)				(If appropriate or relevant)
None	Mild	Moderate	High	
				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, copying
				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 – pencil and writing abilities

Please elaborate on these, or any additional concerns you have about this child.

How might our service (CDN) potentially help you with this child?

Is this child receiving special needs support? If so, please describe:

(e.g. Do they have a verification? Support teacher? Learning Support? Individualised curriculum?)

[illegible]

What is the child's current educational setting (size / type of classroom)?

[illegible]

[illegible]

Thank you!