

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 _____



What does this child do well, what are their interests, and what do they enjoy?

What is your level of concern **overall** about this child (Please Circle)?

None Mild Moderate High

Please identify areas of concern you have about this child in the following areas:

Level of concern (✓)				(If appropriate or relevant)
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
				Interpretation of visual information, visual memory, copying
				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

