

Preschool / Kindergarten / Daycare

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		
Your Preschool / Kindergarter	n / Da	усаге		

Name of organisation	
Street Address	
Suburb / Post Code	Phone
Principal / Director	

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 (√)				
None	Mild	Moderate	High	(If appropriate or relevant)	
				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.
	or any additional contentio	jou nare about and annu

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

(e.g. Do they have inclusion support? Behaviour management support?)

What is the chi	d's current educationa	l setting (size / tv	vpe of classroom)?	
		5, 7, 5	,	

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

If you wish, you can contact us directly at cdn@cd.net.au or on (07) 3369 3369.

Thank you!