

**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 \_\_\_\_\_









