

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 / Kindergarten / Daycare

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 (✓)				(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

