

## Child Development Network

## **Questionnaire for Parents** Dr Ela Nemati

Your Child's Name	
Current school	
How long has your child been there?	
What grade is your child in currently?	
Parent/Guardian 1 Name	
Parent/Guardian 2 Name	
If separated please indicate ( $\checkmark$ )	If you are separated, we will need to discuss correspondence arrangements with you.
Parent/Guardian 1 Occupation	
Parent/Guardian 2 Occupation	
What does your child enjoy, do well, them?	and what do you like about
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verall, hov	v concern	ed (worri	ed) are you a	bout your c	hild?
	Not at all	A little	Moderately	Quite a lot	Extremely
Parent/ Suardian 1	1	22	3	4	5
Suardian 2 Vhat conce		2 and what (	3 don't you und	4 lerstand ab	5 out your
Guardian 2 What conce					
iuardian 2 Vhat conce					
iuardian 2 Vhat conce					
uardian 2 /hat conce					
Guardian 2 What conce					
Suardian 2 Vhat conce					
iuardian 2 Vhat conce					
Parent/ Buardian 2 What conce					

	?		
_			
r child's health (✓)  Any concerns about your chil	d's health <b>currently</b> ?	☐ Yes	□ No
	about the pregnancy?	☐ Yes	□ No
Any concerns about the birth	and postnatal period?	 □ Yes	_ □ No
y accidents / injuries / serious	illnesses in the past?	☐ Yes	□ No
Has your child's <u>h</u>	earing been checked?	☐ Yes	☐ No
If it has been ch	ecked, was it normal?	☐ Yes	☐ No
Has your child's	vision been checked?	☐ Yes	☐ No
ls your o	child fully immunised?	☐ Yes	☐ No
Are there any other impo	ortant medical issues?	☐ Yes	☐ No
t was the birth weight?	If premature, how	many weeks	;?
t was the birth weight?	If premature, how	many weeks	i?

As your child was growing up, were you concern	ed about	<b>(</b> ✓)
The first year? (e.g. hard to settle, poor weight gain?)	☐ Yes	☐ No
Early motor development (sitting, walking, running, kicking)?	☐ Yes	□No
Early language (talking and understanding)?	☐ Yes	☐ No
Early social development (eye contact, play, friends)?	☐ Yes	□ No
Early learning (e.g. colours, shapes, drawing)?	☐ Yes	☐ No
Any other major concerns during early childhood?	☐ Yes	☐ No
The Family (✓)		
Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have problems <b>similar</b> to, or the <b>same as</b> your child?	☐ Yes	□ No
Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have <b>different</b> problems, of a developmental, learning, behavioural,	☐ Yes	□ No
emotional or psychiatric nature?		
	ılar would	you like
emotional or psychiatric nature?  Of any problems identified above, what in particular	ılar would	you like
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## Who have you consulted for your child's difficulties? (Remember to bring a copy of all written reports!)

	0	In the Deat	
	Currently		Who?
	(√)	(√)	
<b>Health Services</b>			
Paediatrician			
Child Psychiatrist			
Occupational Therapist			
Physiotherapist			
Speech Pathologist			
Psychologist			
Social Worker /			
Counselor			
<b>Education Services</b>			
School Guidance Officer			
Support / Remedial			
Teacher			
Home Tutor			
Other			
(When it started / ceased,	now orten, v	wildt was dol	ie)

## When you come to see us

Sensitive information		
Is there sensitive information that you would prefer not to talk about in front of your child?	☐ Yes	☐ No
If yes, we can discuss these issues while the child You may wish to bring a book or something for them to If they will need supervision, please bring somebody along	do while th	ney wait.
Photography Consent		
On occasion, we may take a photo of your child to help us remember them, and this photo may be stored on our computer system. Do you or your child have any object to this?	☐ Yes	□ No
Information from Third Parties		
Sometimes we require information from third parties such as school teachers, other health professionals, and people that interact with your child.		
Do we have your permission to contact these third parties?	☐ Yes	□ No
Thank you for taking the time to complete this qu	uestionnaire.	
Completed by Date		