

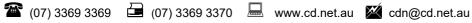
Development Network

Questionnaire for Parents Dr Ruth Surman

Your Child's N	ame				
Current school					
How long has your o	child been th	iere?			
What grade is your	child in curre	ently?			
Parent/Guardia	an 1 Nam	e			
Parent/Guardia	an 2 Nam	е			
If separated please	indicate (✔)		If you are separ to discuss corre arrangements w	spondence	
Parent/Guardia Parent/Guardia		_			
Siblings					
Name	Age	Relationsh	iip	Live in hou	se? (✓)
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				()
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Level 2, 19 Lang Pde, Milton, 4064

PO Box 1536, Milton 4064







erall, how	/ concerne	d (worried	l) are you ab	out your ch	ild?
	Not at all	A little	Moderately	Quite a lot	Extremely
rent/					
	1	2	3	4	5
ardian 1					
rent/			3	4	5

hat concerns you, and what don't you understand about your hild?					
hat would	l you like fron	n us?			

Your child's health (\checkmark)

Any concerns about your child's health currently?	☐ Yes	☐ No
Any concerns about the pregnancy?	☐ Yes	☐ No
Any concerns about the birth and postnatal period?	☐ Yes	☐ No
Any accidents / injuries / serious illnesses in the past?	☐ Yes	☐ No
Has your child's <u>hearing</u> been checked?	☐ Yes	☐ No
If it has been checked, was it normal?	☐ Yes	☐ No
Has your child's <u>vision</u> been checked?	☐ Yes	☐ No
Is your child fully immunised?	☐ Yes	☐ No
Are there any other important medical issues?	☐ Yes	☐ No
What was the birth weight?If premature, how m	any weeks?	•
As your child was growing up, were you concern	ed about	(√)
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 similar to, or the same as your child?	☐ Yes	□ No
Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have different problems, of a developmental, learning, behavioural, emotional or psychiatric nature?	☐ Yes	□ No

/ho have you consult	ed for you	r child's diff	iculties?
Tho have you consult Remember to bring a cop	ed for you by of all writt	r child's diff en reports!)	ficulties?
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For any professionals identified, please summarise the invo (When it started / ceased, how often, what was done)	lvement.	
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 we You may wish to bring a book or something for them to lift they will need supervision, please bring somebody alon	do while they	y 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	Thank you for taking the time to complete this questionnaire.				
Completed by	Date				