The Child Development Network

Questionnaire for Parents
CogMed

Your Child's Name

Preschool / Daycare / Kindergarten

How long has he/she been there?

Mother's Name

Father's Name

If separated please indicate (☑) ☐ If you are separated, we will need to discuss the arrangements with you.

What does your child enjoy, do well, and what do you like about them?

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Overall, how concerned (worried) are you about your child?

	Not at all	A little	Moderately	Quite a lot	Extremely
Mother	1	2	3	4	5
Father	1	2	3	4	5

What concerns you, and what don't you understand about your child?

What would you like from us?

Your child's health (☑)

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 hearing been checked?	☐ Yes	☐ No
It it has been checked, was it normal?	☐ Yes	☐ No
Has your child's vision 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 many weeks? _____

As your child was growing up, were you concerned 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, etc) have problems **similar** to, or the **same as** your child?	☐ Yes	☐ No
Does anybody in the family (siblings, parents, grandparents, aunts, etc) have **different** problems, of a developmental, learning, behavioural, emotional or psychiatric nature?	☐ Yes	☐ No

Of any problems identified above, what in particular would you like to discuss?

Who have you consulted for your child's difficulties?

(Remember to bring a copy of all written reports!)

	Currently [✓]	In the Past [✓]	Who?
Health Services			
Paediatrician			
Child Psychiatrist			
Occupational Therapist			
Physiotherapist			
Speech Pathologist			
Psychologist			
Social Worker / Counselor			
Education Services			
School Guidance Officer			
Support / Remedial Teacher			
Home Tutor			
Other			

Who is your GP? _____

For any professionals identified, please summarise the involvement.
(When it started / ceased, how often, what was done)

_____

_____

_____

_____

_____

_____

When you come to see us

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 waits outside.
You may wish to bring a book or something for them to do while they wait.
If they will need supervision, please bring somebody along to supervise them.

Thank you for taking the time to complete this questionnaire.

Completed by _____

Date _____