

**Thank you** for taking the time to complete these questions. This child has been referred for a specialist opinion of their developmental learning and literacy problems. Your contribution is very important, and I appreciate that your time is valuable.

In addition to providing information about this child's academic and scholastic progress, the questions provide an opportunity for you to identify any concerns you may have and indicate where consultation with other professionals may assist you.

*Please return this questionnaire to the child's parents before the initial consultation.  
This form can also be downloaded from on the CDN website ([www.cd.net.au](http://www.cd.net.au))*

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**Child Information**

Child's SURNAME: \_\_\_\_\_ Child's FIRST NAME: \_\_\_\_\_

Gender (please circle): Male / Female / Other. Child's Grade: \_\_\_\_\_

**Teacher and School Information**

Your Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

School: \_\_\_\_\_

Learning Support Teacher: \_\_\_\_\_

Guidance Officer or Equivalent: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

Date of completing this questionnaire: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

## Strengths / Interests / Concerns

Please tick which best describes your level of concern about this child in the following areas:

(✓)	No concerns	Mild	Moderate	High
<b>Educational</b>				
<b>Behavioural</b>				
<b>Emotional</b>				
<b>Social skills</b>				

What is this child's specific strengths and interests, and what do they enjoy?

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Please rate specific areas of concern you have about this child in the following areas:

Level of Concern (✓)				
<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>High</i>	
				Immediate Recognition of High Frequency Words
				Spelling High Frequency Words
				Phonological Awareness
				Phonological Working Memory
				Visual Working Memory
				Rapid Symbol Naming
				Writing – putting thoughts into words on paper
				Writing – penmanship / fine motor skills
				Numeracy / Maths
				General Learning Abilities
				Expressive Speech and Language
				Receptive Speech and Language
				Literal Comprehension (Reading On the Lines)
				Interpretive Comprehension (Reading Between the Lines)
				Applied Comprehension (Reading Beyond the Lines -Older Grades Only)
				Attention control, distractibility, impulse control
				Organizational skills
				Ability to perform consistently
				Social Skills with peers
				Behaviour in the classroom
				Behaviour in the playground
				Emotional control / emotional well-being / self-esteem

Please elaborate on any concerns you have identified

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### **Learning Support and Educational Adjustments (Please Tick ✓)**

Does the child have a Personalized Learning Plan or equivalent? Yes ☐ No ☐

Has the child been given an NCCD category? Physical ☐ Cognitive ☐ Sensitive ☐ Social-Emotional ☐

If the child does not have a Personalized Learning Plan, is there any other form of learning support provided in the classroom? Please briefly describe.

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Does the child use Assistive Technology? Yes ☐ No ☐. Please briefly explain.

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### **Video Conference and Additional Information**

Would you agree to a video conference with clinicians from Literacy Care and the Child Development Network if requested by parents? (Please Tick). Yes ☐ No ☐

Do you have any additional comments or questions?

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**Please provide this child's parents or guardians with copies of any assessment reports, or any other written information that may be of assistance.**

**Thank you!**