



Child Development Centre

School information

Date: _____

The Principal / Teacher

School: _____

Child / Young person: _____

Date of birth: _____ Year: _____

We have received a referral for _____ .

To assist us, it would be appreciated if you would complete this questionnaire.

Please note this information may be shared with the child's parents/caregivers and/or included in any reports/letters.

Please complete and return to Child Development Centre as soon as possible to the address below or via fax 07 839 8766.

Child Development Centre
 Waikato Hospital
 Private Bag 3200
 Hamilton 3240

Do not hesitate to contact our administration staff 07 839 8709 if you have any concerns. They will direct you to the clinician involved.

Yours sincerely

Name: _____

Designation: _____

Current academic achievement

Curriculum area	Far below curriculum level	Below curriculum level	At curriculum level	Above curriculum level
Oral language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading - comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading - accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete below the most recent standardised achievement test scores, as appropriate. Provide a “plain english” interpretation of scores/levels, i.e. child’s performance against expectations. See example below.

Name of test	Date	Stanine / Level/Score	Interpretation of scores, i.e. comparison with cohort.
Example: <i>Running record</i> <i>(e.g. PM Benchmark, PROBE)</i>	<i>1/03/14</i>	<i>Magenta, Level 0</i>	<i>Achieving at 5 yrs - pre-reading stage. Cohort reading at Level 14 (6 ½ yrs).</i>
<i>PAT Vocabulary</i>	<i>31/03/14</i>	<i>Stanine 7</i>	<i>Above average</i>

Please comment about any improvement or deterioration in school achievement:

Have there been any concerns about this child's attendance? If so, please briefly describe:

Educational supports:

e.g. RTLB, small group work, individualised teaching, TA, SENCO, ORS, Special Education services

Strengths

Please describe the best things about this child

Strengths and difficulties questionnaire – T⁴⁻¹⁰

Please complete the following brief behavioural questionnaire which identifies any social, emotional and behavioural difficulties this child may have. This is a standardised assessment tool which requires you to mark **all** boxes.

For each item, please mark the box for 'Not true', 'Somewhat true' or 'Certainly true'. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

	Not true	Somewhat true	Certainly true
Considerate of other peoples' feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example pencils, books, food			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

Child Development Centre - **School information**
- continued

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' please answer the following questions about these difficulties:

How long have these difficulties been present?

Less than a month	1 - 5 months	6 - 12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

© Robert Goodman, 2005

Communication

Please list any concerns you have about the child's communication skills. This includes his/her understanding (following instructions, routines, rules), communication skills with peers and teachers, and any speech problems.

Daily living skills

Please list any concerns you have about the child's daily living skills, e.g. dressing, eating, toileting, and managing his/her own possessions.

Physical skills

Please list any concerns you have about the child's physical skills, e.g. co-ordination, or hand skills.

Has the child's hearing and vision been checked? Yes No

Do you have any concerns about hearing and vision?

Do you have any other concerns or comments:

Please attach additional information that you think may be relevant (such as the most recent school report and/or a sample of school work).

Teacher: _____ Please print name: _____

SENCO: _____ Please print name: _____

Principal: _____ Please print name: _____

Date: _____

Please return to:

Child Development Centre
Waikato Hospital
Private Bag 3200
Hamilton 3240