

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 progress within your school, the questions provide opportunity for you to identify any concerns you may have and indicate where consultation with other professionals may assist the school.

Please return to the child's parents before the initial consultation. This form can also be filled out online on the CDN website

Child's SURNAME: _____ **Child's FIRST NAME:** _____

Date of Birth: _____ **Gender: (please circle) Male / Female / Other**

Current School: _____

Your Name _____ **Position** _____

School: _____

Street address _____

Suburb _____ **Postcode** _____

Telephone: (____) _____

School Principal _____

School Guidance Officer _____

Today's date: ____ / ____ / ____

How long have you known this child? _____ **Grade/Class the child is in?** _____

Strengths / Interests / Concerns

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

(✓)	No concerns	Mild	Moderate	High
Educational				
Behavioural				
Emotional				
Social skills				

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

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>	
				Knowledge of High Frequency Words
				Phonological Awareness
				Phonological Memory
				Automatic Rapid Naming
				Spelling High Frequency Words
				Writing – putting thoughts into words on paper
				Writing – penmanship / fine motor skills
				Numeracy / Math
				General Learning Abilities
				Expressive Speech and Language
				Receptive Language
				Literal Comprehension (Reading On the Lines)
				Interpretive Comprehension (Reading Between the Lines)
				Applied Comprehension (Reading Beyond the Lines -Older Grades Only)
				Visual Spatial; Working Memory
				Auditory Working Memory
				Attention control, distractibility, impulse control
				Organisational 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

Learning Support, Special Education or Equivalent [✓]

Is the child currently formally verified? No Yes

If YES, what is the verification category and does the support cover literacy development and if so, in what ways?

If NO, is the child otherwise currently receiving an individualised program through a special education unit, special education program or internal school support?

Teleconference

Would you agree to a teleconference with Literacy Care that could involve external professionals, teachers and/or support staff and/or parents?

No Yes

Any additional comments / questions?

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

Thank you!