Developed by QH, Sunshine Coast Hospital and Health Service

Queensland Government

Child Development
Parent/Caregiver Questionnaire

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ I

A word to parents

If you have been asked to complete this by your child's teacher in preparation for a GP review, please take it with you to the appointment to inform the GP's assessment of your child.

If this information was directly requested by Sunshine Coast Hospital and Health Service, please return it to the appropriate address at the bottom of the last page.

The child's details

You child's name: ..... Sex: ☐ Male ☐ Female

Date of birth: / / Year level at school: .....

School attended: .....

Parent information

Your name: ..... Relationship to child: .....

Date questionnaire completed: / / Phone: .....

Email address: ..... Your signature: .....

Your child's strengths and difficulties

What does your child do well and what do they enjoy?

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.....

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.....

What are the main concerns you have about your child and what would you like assistance with?

.....

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.....

OVERALL, please inidicate what level of difficulty you feel your child is experiencing in the following areas:

Educational:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Behavioural:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Social skills:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Emotions:	☐ None	☐ Mild	☐ Moderate	☐ Severe

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CHILD DEVELOPMENT PARENT/CAREGIVER QUESTIONNAIRE

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Have you had any concerns about your child's:	Yes	No	Comments (optional)
First year of development?	☐	☐	
Early motor development?	☐	☐	
Early language development?	☐	☐	
Early social development?	☐	☐	
Early learning?	☐	☐	

Please add any other relevant medical information about your child:

.....

.....

.....

Do you have **any concerns** about your child in the following areas?

Area of development	No concerns	Somewhat concerned	Very concerned	Unsure
Understanding what is said (language comprehension) Comments:	☐	☐	☐	☐
Expressing themselves with language (language expression) Comments:	☐	☐	☐	☐
Reading and spelling (literacy skills) Comments:	☐	☐	☐	☐

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Area of development	No concerns	Somewhat concerned	Very concerned	Unsure
Ability to use their hands for fine motor tasks (such as buttons, drawing, cutting, using cutlery) Comments:	☐	☐	☐	☐
Gross motor tasks (such as running, jumping, balancing) Comments:	☐	☐	☐	☐
Attention / distractibility / impulse control Comments:	☐	☐	☐	☐
Organising themselves Comments:	☐	☐	☐	☐
Behaviour at home Comments:	☐	☐	☐	☐
Social interaction with friends Comments:	☐	☐	☐	☐
Emotional well-being/self esteem Comments:	☐	☐	☐	☐

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Support Services

Has this child ever been involved with any of the following services? *(please tick)*

	Never	In the past	Currently	Not known
Paediatrician	☐	☐	☐	☐
Psychiatrist	☐	☐	☐	☐
Psychologist	☐	☐	☐	☐
Counselling	☐	☐	☐	☐
Child and Youth Mental Health	☐	☐	☐	☐
Speech Pathology	☐	☐	☐	☐
Occupational Therapy	☐	☐	☐	☐
Physiotherapy	☐	☐	☐	☐
Guidance Officer	☐	☐	☐	☐
Audiology	☐	☐	☐	☐
Parenting/Behavioural programs	☐	☐	☐	☐
Other Medical Specialist (e.g. ENT, Allergist)	☐	☐	☐	☐

If you ticked *In the Past* or *Currently* for any of these, please describe below - (who, when, what and for how long). Please supply copies of any reports.

Is there anything else you would like us to know about your child and/or family?

Thank you for completing this questionnaire.

If your child is being reviewed by a GP, please take this information, along with the School or Kindy questionnaire, with you to the appointment.

If this information has been requested by the Sunshine Coast Hospital and Health Service, please return it to the appropriate service below:

Child Development Service Caloundra Health Service West Terrace Caloundra QLD 4551 Ph: 5436 8910 Fax: 5436 8584 Email: Child-Development-Service@health.qld.gov.au	Paediatric Outpatient Department Gympie Hospital Locked Bag 15 Gympie QLD 4570 Phone: 5489 8536 Fax: 5489 8717 Email: GY-admin-SOPS@health.qld.gov.au	Children's and Adolescent's Clinic Sunshine Coast University Hospital 6 Doherty Street Birtinya QLD 4575 Phone: 5202 3415 Fax: 5202 2688 Email: SC-Paediatric-Outpatients@health.qld.gov.au

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