

 Queensland Government	Assessment Report
Health Service District	CHILD DEVELOPMENT SERVICE

Name:

Address:

Date of Birth:

Age at Assessment:

Parents Names:

School/Day-care/Preschool Centre:

ASSESSMENTS

Discipline	Date of Assessment	Age at Assessment

BACKGROUND INFORMATION

Include referral source and reason for referral

- *Birth History*
- *Medical History*
- *Family/Social History*
- *Hearing Status*
- *Developmental History*
- *Agencies involved*
- *Parental Concerns*

BEHAVIOURAL OBSERVATIONS MADE BY CLINICIANS

The following observations in regards to *Name's* presentation and demeanour were made:

Comment on behaviour and interaction style during Assessment

ASSESSMENT SUMMARY

Specific Assessment details will be recorded in Appendices

Medical

Occupational Therapy

Psychology

Physiotherapy

Name's assessment results indicate Name has strengths in the following skills areas:

Add bullet points

Name's assessment results indicate Name experiences weakness or difficulty in the following skills areas:

Add bullet points

FUNCTIONAL IMPLICATIONS

Add this section if relevant using only those headings as necessary

Intelligence, Learning and Behaviour:

Language:

Emotional Adjustment:

Daily Tasks at Home and School:

Memory:

Movement and Balance:

Sensory:

MANAGEMENT PLAN

Based on the results of the assessment, *Name's parents/carers* have formulated the following goals:

Short term goals:

Long term goals:

Name's parents/carers indicated that they held the following worries for *Name's* future:

A **school meeting** was held on *insert date* to discuss the outcome of the current assessment and develop a management plan to address *Name's* needs. Those in attendance were

The following strategies were agreed:

If there are any further queries regarding *Name* or the content of this report, please contact the Case Coordinator _____ on P:

Paediatrician

Occupational Therapist

Physiotherapist

Psychologist

Speech Pathologist

Add or delete as required

COPIES TO:

Parent/carers' names
School's name
Paediatrician's name
Other health professional's name
Client file

Parents/carers' Address
School's Address
Paediatrician's Address
Address as relevant

APPENDICES

Includes specific assessment results