Developmental PAEDIATRICS
YOUR SPECIALIST TEAM

Developmental Paediatrics Childcare Questionnaire

Child's name:		Date of Birth:	
Centre Name:		Centre Phone:	
Teacher:		Teacher's Email:	
Person completing form:		Date	
Days attending:			

1. List of concerns about this child:

2. How these difficulties impact on the child's learning and socialization:

3. Please list the supports in place for this child (e.g. funding, support staff, or need for assistance with toileting, following instructions, or staying seated during group time):

4. Please describe your concerns for this child's development under the headings below:

a. Mobility (balance, running, walking, climbing)

b. Hand finger function (playing with small objects, writing, drawing)

c. Speech, language and communication (understanding, talking, and ability to express themselves appropriately)

d. Self help (dressing, toileting, feeding, asking for help if needed (e.g. when hurt or cold)

e. Socialisation (taking part in activities and conversations, play mates, eye contact, seeking help, comforting others, sharing)

f. Behaviour (e.g. tantrums, aggression, compliance, affection)

g. Emotions (e.g. openly shows emotion, affect, enjoyment, tearfulness)

h. Memory, attention and learning (remembering people and where personal items are kept, keeping up with learning shapes/colours/numbers/letters, ability to join in at group time, sit at the table when asked, complete set activities)

5. Favourite Play Activities:

6. This child prefers to play: ☐ alone ☐ beside others ☐ with other children

Describe the child's play skills:

7. This child doesn't like:

8. What strategies help when this child is upset:

9. Please list strengths for this child:

Thank you for taking time to complete this. Please add any further comments you wish to make or attach any other documents or information that might help.