

PAEDIATRIC PSYCHOLOGICAL ASSESSMENT PRESCHOOL QUESTIONNAIRE

Client ID#: _____

Section A) REFERRAL INFORMATION *(To be completed by referring staff member)*

Name of Student _____

D.O.B. _____

Address Street: _____

Suburb: _____ State: _____ P/Code: _____

Current Preschool _____ Grade: _____

Class Teacher(s) _____

Contact Email: _____

Reason for Referral _____



Consent to Release & Exchange Personal Information:

Being the legal guardians of _____ I / we give consent for JBCP and my child's school to release and exchange information regarding my child's educational, behavioural and psychological development.

Printed Name: _____ Signature: _____

Relationship to Child: _____ Date: _____

Have previous assessments been conducted for this student at preschool? Y N

If YES, provide details (attach reports if available):

Is the school providing any special interventions for this student? Y N

If YES, provide details:

SECTION A:

Completed by: _____ Signature: _____

Staff Position: _____ Date of Referral: _____

Phone Contact: (w) _____ (m) _____

Section B) DEVELOPMENTAL & BEHAVIOURAL OBSERVATIONS

(To be completed by class teachers)

Briefly comment on this student's developmental progress in relation to peers *(cover skills such as language, communication, fine & gross motor, and basic learning ability)*

Briefly comment on this student's *behavioural patterns*:

Concentration (ability to focus & sustain attention for sufficient periods of time).

Working Memory (ability to hear, retain and carry out instructions)

Compliance (willingness to follow directions and respond to correction).

How does this student interact socially (with peers & teachers)?

Have you observed any *psychological concerns* with respect to this child (such as anxiety, depression, unusual behaviours, emotional or attachment difficulties, or signs of maltreatment)?

Miscellaneous: Please feel free to make any other observations about this student you feel are pertinent to their current academic, social and psychological development:

SECTION B:	
Completed by: _____	Signature: _____
Staff Position: _____	Date: _____
Phone Contact: (w) _____	(m) _____

→ Please attach copies of previous assessments and reports (ensure you have gained written parental permission to share this information).