



Primary School Teacher Information

Thank you for taking the time to fill out this brief form.
We appreciate that your time is valuable.

This young person has a medical appointment to address their developmental / emotional / behavioural / psychological needs.
Their parents have given permission for this to be completed.

Child's name

School / grade

Your name

Date completed

Please describe your role/position, how long you have worked with this child:

What do you see as their strengths / interests / abilities?

Overall, how concerned or worried are you about them?

Not at all

A little

Moderately

Very

[]

[]

[]

[]

What is your level of concern in the following areas?

	None	Mild / medium	High
Learning abilities generally	[]	[]	[]
Reading / Spelling / Literacy	[]	[]	[]
Writing – thought onto paper	[]	[]	[]
Writing - penmanship	[]	[]	[]
Maths / numeracy	[]	[]	[]
Language – speech and expression	[]	[]	[]
Language - comprehension	[]	[]	[]
Visual perception, visual memory, copying	[]	[]	[]
Attention / impulse control	[]	[]	[]
Organisation and consistency	[]	[]	[]
Behaviour in the classroom	[]	[]	[]
Emotional control / emotional health	[]	[]	[]
Social skills with peers	[]	[]	[]
Behaviour in the playground	[]	[]	[]
Motor / sporting skills	[]	[]	[]

Please elaborate on these or any other concerns you have.

Please continue on the back of the page if there is not enough room here.

What is this child's educational setting (size & type of class)?

Is your school currently providing supports for this child?
If so, please describe these, and how they are funded.

Any other comments? For example, are there specific ways we may be of assistance to the school with this child (continue over if needed) ?

If possible, please provide the family with any assessment reports.

Developmental Medicine Consulting

Thank you

Suite 118, 40 Yeo St

Neutral Bay Sydney 2089

PO Box 321 Neutral Bay 2089

<https://devmedconsulting.com.au>

admin@devmedconsulting.com.au

P (02) 9170 0810 **F** (02) 9475 0710