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**Current School  
Enrolment**

Child's name

Date of birth

Form completed by

School/Kindy/  
Day Care Centre

Year level

Teacher/Educator  
Name

Teacher/Educator  
email address

Teacher/Educator  
phone number

Regular Attendee?  
(80% or more)

Yes

No

If No, approximate  
attendance %

%

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**Assessment details**

Academic performance at  
school compared to peers

Are there concerns  
with attention and/or  
hyperactivity at school?

Yes

No

(if yes, please describe)

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Are there concerns with social functioning at school?  Yes  No

(if yes, please describe)

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Are there concerns with emotional functioning at school?  Yes  No

(if yes, please describe)

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Are there other concerns at school?  Yes  No

(if yes, please list)

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Strengths, interests and goals.

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**Send the signed and completed form to:**

**WA** Email: [diagnosis@patches.com.au](mailto:diagnosis@patches.com.au)

**NT** Email: [ntdiagnosis@patches.com.au](mailto:ntdiagnosis@patches.com.au)