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| **Annika Ballantyne- Certified Practising Speech Pathologist BSpch.Path| GradCertAutDiag**  HIC Provider Registration Number: 4806212K | **Michelle Rhyder – Registered Psychologist**  **Board Approved Supervisor**  ABN: 57 313 810 173  PSY0001619115 |

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| **Child’s Name:** |  |
| **Date of birth:** |  |
| **Parent/Carer’s name:** |  |
| **Address:**  **Phone number:** |  |

**Please answer these questions as best you can.**

**If you child is older, please provide information and examples of when your child was younger and now.**

**Background information:**

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| **Can you give a brief snapshot of your child and your current concerns?** |
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| **What are your child’s strengths?** |
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**Family History:**

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| **Who is in your family (i.e. parents, siblings), and in the family home?**  **Please add siblings names & DOB** |
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| **Has anyone in your family had concerns for their development (e.g. developmental delays, GDD/ID, language delays, learning difficulties, psychiatric conditions)?** |
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| **Does anyone in your family have a diagnosis of autism?** |
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**Developmental Milestones:**

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| **How was the pregnancy and birth of your child?**  ***(e.g. length, birth weight, APGAR, complications)*** | |
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| **What age was your child when they started:**  **-sitting:**  **-crawling:**  **-walking:** |  |
| **How old was your child when they were toilet trained- day/night?** | |
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| **Has your child experienced any regressions or lost any skills after they had developed them?** | |
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**Social and School History:**

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| **Has your child attended playgroup or daycare? Has/does your child attended school? If yes, what age did they begin daycare/ how many days per week?** |
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| **Has your child had exposure to any other groups? *(e.g. sporting groups, teams or clubs)*** |
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| **Who do they enjoy spending time with? *Is there anyone outside their immediate family that they have a close relationship with?*** |
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**Assessment and Intervention History:**

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| **Has your child accessed therapy services? (Occupational therapy/ Speech Therapy/ Psychology**  **From what age/ how long for?** |
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| **Has your child’s IQ been assessed before?** |
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| **Has your child been diagnosed with any other medical conditions?**  **Does your child currently take any medications?** |
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| **When was your child’s hearing and vision last assessed?** |
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**Communication:**

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| **Did your child babble as an infant, and was it interactive?** | |
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| **How old was your child when they first started using: -single words:**  **-two-word phrases:**  **- combing words to make a sentence:** |  |
| **What is your child’s language like now?**  ***Do they use single words? Do they speak in sentences?*** | |
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| **How does your child let you know what they want or ask for help? for example do they request or make statements/demands?** | |
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| **How did your child let you know their wants and needs when they were younger? For example, hand leading? Whole hand wave/point/** | |
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| **Is your child’s speech clear?** | |
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| **Do others outside the family understand him/her?** | |
|  | |
| **Has your child ever lost language skills after they have developed them?** | |
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Please ensure that when you answer the following questions you respond for your child in their early development period and also where they are at now.

**Social Reciprocity:**

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| **Does your child smile if you smile at them?** |
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| **Do they smile back if unfamiliar people smile at them (e.g. person at shops)?** |
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| **How does your child respond when you call their name?** |
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| **How does your child respond to others in familiar situations?**  ***(e.g if your friends or family members come over are they aware?*** |
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| **Does this change with unfamiliar people or in unfamiliar settings?** |
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| **How does your child approach other people to talk or interact with them?** |
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| **How does your child greet and farewell people?** |
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| **How do they request?** |
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| **Has your child ever taken you by the hand and led you to what they wanted? Do they ever put your hand on things they want? *(e.g. the door handle to go outside)* or make your hand so something *(e.g. point).*** |
|  |
| **Has your child played simple social games with you? *(i.e. peekaboo, chasing/tickling games/‘I’m going to get you’)***  **Can they play it for several turns?**  **Do/did they try and start the game with you?**  **Do/did they take both roles?** |
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**Emotional Reciprocity:**

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| **How and with who does your child seek hugs/cuddles with and how do they respond to others hugging them?** |
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| **Does your child seek comfort when they are hurt?** |
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| **How does your child react when you are hurt or upset?**  ***(e.g. come and stand nearby, change in facial expression, offer comfort)?*** |
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| **How does your child react when others are hurt or upset?** |
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| **How do they show their understanding of the thoughts and feelings of others?** |
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**Joint Attention:**

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| **Does your child show you things?**  ***(e.g. a new toy, a drawing, things that they found)?*** | |
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| **Do they point out things? (E.g. in the car, when a plane’s flying overhead)?** | |
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| **Do they look at you when they show you the items? Is this related to a special interest only?** | |
|  | |
| **When does your child show they are happy/ excited? Does it feel like they want you to share in their excitement?** | |
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| **Can you have a conversation with your child?**  ***(this could be a simple verbal exchanges for younger children)*** | |
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| **Do they have a range of topics or just one main topic?** | |
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| **Can you introduce new topics?** | |
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| **Is the conversation back and forth or do they just talk at you?** | |
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| **Do they take an interest in what you have to say?** | |
|  | |
| **How does your child end a conversation?** | |
|  | |
| **How do they respond when you try and end the conversation?** | |
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| **Tell me about your child’s eye contact**  **(e.g. appropriate, brief, avoidant, fleeting)**  **-Now**  **-Infant**  **-18 months**  **-3year** |  |
| **Has their eye contact ever been different than now?**  ***(e.g. was it better or worse in the past, has it been specifically taught)*** | |
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| **Does he / she watch you (eg as you walk in the room) and give eye contact? (and when younger)** | |
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| **Make direct eye-to-eye contact / general direction / past you / through you.** | |
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**Facial Expressions**

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| **What facial expressions does your child display? (happy, sad, upset, angry, surprised, excited, scared, worried)** |
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| **Are the facial expressions directed at you?** |
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| **Were they taught – spontaneous, games required?** |
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| **Can you tell how he / she feels from their facial expressions? (Or more from body movements?)** |
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| **Range compared to other children (same, more, less).** |
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| **Are facial expressions ever inappropriate? Eg markedly exaggerated or dramatised? (eg expression not matching the emotion, socially inappropriate)** |
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| **Can they tell how you are feeling by your facial expression?** |
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**Gesture**

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| **Does your child use descriptive gestures now? (shrugging shoulders, shaking head, nodding, thinking postures, pointing, waving ‘hello’ / ‘goodbye’, thumbs up, “sh”, blowing a kiss)** | |
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| **Was this coordinated with eye contact / vocalisations?** | |
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| **Point to things with an awareness of an audience? (coordinated eye contact), eg things in the environment (planes, birds, dogs). Comments on what they can see?** | |
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| **Gesture use when younger? (arms up for “up”, pointing, arms out for ‘where’, ‘come on’ hand movement, waving for ‘hello’ / ‘goodbye’, reaching, clapping) ?** | |
|  | |
| **Coordinated with eye contact / vocalisations?** | |
| . | |
| **What was it like teaching these gestures? (did the develop naturally, was lots of prompting required?** | |
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| **Describe how child uses posture and body when interacting with others ~ Is it socially and developmentally appropriate?. Eg turn back when talking, uses head/parts of body when interacting rather than using words, yelling from one room to another without coming up to people. Appropriacy?** | |
|  | |
| **Describe awareness of the space of others, use others as a prop, eg sit on someone as though a chair, use other's leg as a barrier, frequency of bumping into people, knowing to go around people when moving from point A to point B or do they bump into people without realizing?** | |
|  | |
| **Would the child know what you meant if you gestured without speaking (eg. Put your hands out to offer to pick them up or pointed, shrugged shoulders, nod head)?Does your child’s expressions appear to be copied from people/characters, rather than being natural?** | |
| **When a young child, was your child able to copy / imitate you, Eg:**  **-Waving, clapping**  **-simple motor actions**  **-joining in action songs** |  |
| **Have you noticed that they copy better from the tv / video than they do with people?** | |
|  | |
| **Has your child ever shown an interest in adult activities, eg helping wash the dishes, mowing the lawn when they see someone else mowing the lawn?** | |
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| **Do they imitate these types of activities** | |
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| **- What age did this develop?** | |
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| **Describe how your child plays:**  **-Alone:** | |
| **-If you joined them with this play, how would they respond?** | |
|  | |
| **-How would they respond if you tried to direct the play / add new elements to the play?** | |
|  | |
| **-Do they invite you to join their play? Do they ever invite you to join them, but you are observing or doing a separate activity, rather than playing jointly with them** | |
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| **-Do they ever approach adults or other children inappropriately?** | |
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**Representational / Imaginary Play**

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| **Does your child play with real objects/miniature objects, eg tea sets & teddies, cars and people? - Describe:** | |
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| **-Get them to make noises?** | |
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| -**Do they use a doll or action figure to pour or serve tea, or figure to drive the car?** | |
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| **-Do they make up a story or little sequence of events, eg feed people, put in car, drive to the shops?** | |
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| **-Do you consider your child's play as fairly predictable, eg could you guess what they would do when given certain objects, or do they continually surprise you by doing different things each time with different toys?** | |
|  | |
| **Does your child: *Age developed Examples***  **-Using one object to stand for others, eg use a block of wood for an aeroplane, remote control for a plane, ice cream bucket for a hat?**  **-Like dressing up?**  **-Pretend they are someone / something else?**  **-Acting as favourite fantasy characters?**  **-Do they believe that they are the character / insist you call them by that name?** | |
|  | |
| **To what extent does the child engage in imaginary play?  do they understand pretending? Examples:** | |
|  | |
| **- Do they play-act adult roles, eg teacher, mother / father, doctors? Examples: - Do they initiate this play?** | |
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| **- How much do you feel is copied from others / other children / from videos / movies?** | |
|  | |
| **How interested is your child in other children currently?** | |
|  | |
| **What about when they were younger?**  ***Do they, or did they when younger, watch other children play?*** | |
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| **Does your child approach other children to play?** | |
|  | |
| **Has your child ever actively avoided children or groups of children or preferred to play on their own*?*** | |
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| **What happens if another child approaches your child?*(i.e. at the park, childcare, kindy; age of peer, familiar or unfamiliar)*** | |
|  | |
| **If you or another child joined in with your child’s play how would they respond?**  ***-Does your child invite you to join in and play?***  ***-Is it joint play or parallel play?***  ***-Can you direct the play or add new elements?***  ***-Does your child share objects in play?*** | |
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| **Does your child play imaginative games with other children?** | |
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| **How does the child play with children of their own age when there are more than two together?** | |
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| **Can your child follow the lead of play or do they always need to direct play?** | |
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| **Can they initiate play concepts for peers to follow?** | |
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| **Do they insist on sameness in play?** | |
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| **Does your child have particular friends or a best friend?** | |
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| **Is their relationship reciprocal?**  ***Consider if the child initiates seeing the peer outside of school, age/developmental level of peer, only focused on a special interest, how they repair the relationship after a fight*** | |
|  | |
| **Does your child talk about other children? Or do they ask for children to come over to play or have they been invited to another child’s house? *(e.g. playdates, birthday parties)*** | |
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| **Are there any differences in the way the child interacts with other peers in different environments?**  ***(e.g. at home with siblings, friends over etc, at daycare, at the park)*** | |
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| **Has your child ever had difficulties in their relationships with other children?**  **For example, has their behaviour bothered other children or adults?** | |
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| **Have they understood or responded when they’ve been teased or bullied?** | |
|  | |
| **Have they ever become obsessed or fixated with particular children?** | |
|  | |
| **Is your child ever overly friendly with strangers or do they ask socially inappropriate questions?**  ***(e.g. touching others inappropriately, ask a personal questions or make a personal statement at the wrong time)?*** | |
|  | |
| **Does your child alter their behaviour depending on who they are with or where they are?** | |
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| **Does your child have any odd way of moving their hands or fingers?**  ***(e.g. flapping hands when excited, moving hands in front of face, flicking fingers)*** | |
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| **Do they have any whole body movements that they do over and over that look the same each time?**  ***(e.g. odd gait; walking on their toes; bouncing up and down; spinning or rocking their body; walking or pacing in a set pattern; tensing their body)*** | |
|  | |
| **Does your child show any other repetitive behaviours with their body?**  ***(I.e. self-stimulatory or self-injurious behaviour e.g. excessive teeth grinding or eye blinking, banging their head, biting their hand)*** | |
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| **Is there anything unusual about the way your child plays with toys or other objects?**  ***(e.g. spinning the wheels of the car or opening and closing the doors rather than driving it around, or using it as intended.)*** | |
|  | |
| **Do they always play with objects in the same repetitive way? *(e.g. lining up toy cars or sorting toys by colour or size, doing something with a toy over and over such as spinning DVDs or flicking pens)*** | |
|  | |
| **Do they often repeat what you or others say either straight away or at other times?**  ***Does your child repeat words or phrases they may have heard someone else say?***  ***(e.g. things you may have said or phrases from a TV show or movie)?***  ***Do they have “key phrases” that they say all the time (e.g. what the heck)?*** |  |
| **Have they ever said the same sounds over and over in a repetitive way or appear to be using their own made up language?** | |
|  | |
| **Do they ever make up words? Do they have unusual or idiosyncratic ways of saying things? Do they use words that are not typical for their age?**  ***(e.g. sound like an adult, referring to grandparents by their house number)*** | |
|  | |
| **Does your child use their name instead of I?**  ***(e.g., “Melissa wants” instead of “I want?”)***  ***Do they mix up the pronouns when referring to themselves or others (e.g. do they say “you want” when they mean “I want”)?*** | |
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| **Does your child speak with an unusual accent?** | |
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| **Does your child tend to use the same tone of voice when they speak (i.e. monotone) or have an odd intonation to their voice (e.g. sing-songy)?** | |
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| **Is their speech too loud or too quiet for no reason?** | |
|  | |
| **Do you as a family have set routines?** | |
| . | |
| **Does your child have specific rituals or routines that they have set up?**  ***For example, are there things they have to do in a particular way or sequence every time?***  ***(e.g. at bedtime, breakfast routine, in the bathroom, when dressing or when greeting others)***  ***Do they show extreme distress or irritability if their routine or ritual is interrupted or they can’t complete it? (e.g. a toy is broken or missing, a special food is gone)***  ***Do you have to go to lengths to keep the routine the same?***  ***Does this affect their ability to engage in other tasks or your family activities?*** | |
|  | |
| **How do they respond to changes in a favourite activity or their schedule?**  ***(e.g. being picked up by Mum instead of riding the bus home, a trip to the library or a school assembly is cancelled, a relief teacher, or if you drive a different way to school or the shop)?*** | |
|  | |
| **How do they respond to minor changes in their environment?**  ***(e.g. how the furniture is arranged at home or classroom, doors have to be shut, liking someone else’s possessions to be in a particular spot)?*** | |
|  | |
| **Does your child strictly follow rules or make others follow rules? How does your child react if rules are broken? Do they insist on correcting others?** | |
|  | |
| **Does your child appear to need to repeat an activity a certain number of times?**  ***(e.g. pace in a certain pattern, or walk only along the outside of a footpath or the perimeter of a room or park)*** | |
|  | |
| **Do they ever say the same thing over and over or insist that you say something in the same way each time?** | |
|  | |
| **Does your child have a selective diet or impose rules around mealtimes?**  ***(e.g. eating the same few foods over and over and resisting new foods) or food has to be presented a certain way or only come from a certain package? Will they only eat foods of a certain texture, colour or temperature?)*** | |
|  | |
| **What toys/activities does your child play with? Does your child play with a variety of toys or do they have a special interest in one toy, activity or subject?**  ***Is their play limited to this interest even when there are other toys available?***  ***How are they if you try and direct them to another toy or activity?***  ***Do their actions and conversation tend to revolve around this interest?***  ***Does this impact on family activities or child’s ability to interact socially?*** | |
|  | |
| **Does your child have any odd interests or interests that seem unusual for their age?**  ***(e.g. flags of the world, sprinkler systems, vacuum cleaners, traffic lights, timetables)***  ***Is their play limited to this interest even when there are other toys available?***  ***How are they if you try and direct them to another toy or activity?***  ***Do their actions and conversation tend to revolve around this interest?***  ***Does this impact on family activities or child’s ability to interact socially?*** | |
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| **Do they have an unusually good memory for details related to their special interest?** | |
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| **Does your child have anything to which they are particularly attached to and like to carry around? Is it anything unusual? *(e.g. carrying around DVD cases, string)*** | |
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| **Does your child show sensitivity to any particular sounds?**  ***(e.g. vacuum cleaner, motorbikes, household appliances)***  ***What do they do in response (e.g. cover their ears, scream, move away)?***  ***Do they tend to notice small noises in the environment?*** | |
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| **Do you notice anything odd about the way your child looks at things? In what way is it odd?**  ***Do they every bring objects very close to their face, look out of the side of their eyes or lay their head on the floor and look from the side at objects?***  ***(e.g. the wheels turning on a toy car, fans, colours, shiny things, flickering shadows, shapes)*** | |
|  | |
| **Does your child ever seem overly sensitive to people, objects or clothing touching them?**  ***(e.g. during dressing or bathing; hugs; clothing tags, buttons or fabric textures; avoid different textures on their hands, like paint or glue, or clean their hands quickly when they are sticky or dirty)?*** | |
|  | |
| **Is your child overly interested in touching or feeling certain objects?**  ***(e.g. rubbing, stroking or repeatedly touching certain surfaces; rubbing or twirling hair; water and sand play)?*** | |
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| **How does your child tolerate having their teeth and hair brushed or washed, or their hair or nails cut?** | |
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| **Does your child seek out deep pressure against their body, such as forcefully pressing their face, head or body against or in between people or furniture?** | |
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| **Do they ever lick, chew or press objects to their lips besides food?**  ***(e.g. clothing, sticks, sand, paper)*** | |
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| **Does your child often smell or sniff people or objects? Do they really dislike any particular smells?** | |
|  | |
| **Have you noticed your child having an unusual response to pain?**  ***(e.g. appearing to be in pain when you wouldn’t expect it, you’re surprised by their limited reaction to pain,***  ***(i.e. an example of an injury and how they responded to it)*** | |
|  | |
| **Does your child have any unusual responses to heat or cold?**  ***(e.g. do they often want to wear long sleeves/pants in hot weather or a singlet in winter)*** | |
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**Was there anything else you wanted to tell us about your child, or thought we might ask?**