**PARENT QUESTIONNAIRE**

**Full Name of Child / Adolescent:**

**Full Name of Parent:**

**Date:**

***Please tick challenges below where appropriate for your child/adolescent***

**EARLY DEVELOPMENT (BIRTH – 3 YEARS):**

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|[ ]  Complications during pregnancy or birth |
|[ ]  Born premature |
|[ ]  Sleep problems (e.g. unable to pacify or sleep for more than short periods) |
|[ ]  Delayed gross motor skills (siting, crawling, walking) |
|[ ]  Delayed fine motor skills (holding a pencil, cutting with scissors) |
|[ ]  Unusual gait or way of walking |
|[ ]  Delayed day or night time toileting |
|[ ]  Struggles to dress themselves |
|[ ]  Struggles to feed themselves |

**LANGUAGE SKILLS:**

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| --- |
|[ ]  Unintelligible |
|[ ]  Limited use of words to communicate |
|[ ]  Single words spoken by 12 months |
|[ ]  Phrases spoken by 18 months |
|[ ]  Sentences spoken by 2 years |
|[ ]  Loss of language skills at any time |
|[ ]  Language assessment completed by Speech Pathologist (report to be sent with this completed form) |

***For the remaining pages: Please tick currently observed challenges for your child/adolescent, unless otherwise stated***

**SOCIAL COMMUNICATION SKILLS:**

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| --- |
|[ ]  Struggles to communicate needs or feelings to others |
|[ ]  Unable to communicate using a range of words that have meaning |
|[ ]  Unusual speech e.g. echoes words or phrases, makes up words |
|[ ]  Uses/d other’s hand as a tool to communicate (point for them) when younger |
|[ ]  Unusual tone, volume, rhythm or rate of speech (e.g. monotone, overly formal) |
|[ ]  Odd or inappropriate comments |
|[ ]  Only engages in conversation with familiar others |
|[ ]  Only talks about topics of interest to them  |
|[ ]  Says the same thing over and over again until they get a reply |
|[ ]  Limited use of gestures when communicating (e.g. only shake head or nod) |
|[ ]  Rarely waves or says goodbye unless prompted |
|[ ]  Struggles to show sustained eye contact |
|[ ]  Their facial expressions do not match how they are feeling |
|[ ]  Does not know or want to start interactions with others |
|[ ]  Does not respond appropriately when spoken to by others (etc look up, smile) |
|[ ]  Difficulties understanding expressions on others faces  |
|[ ]  Shows unexpected body language with others (e.g. standing too close) |
|[ ]  Struggles to sustain conversation with others (how to keep it going to and fro) |
|[ ]  Difficulties following simple one step instructions  |
|[ ]  Struggles to offer comfort to others |

**IMAGINATIVE PLAY:**

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|[ ]  Plays with parts of a toy e.g. wheel of a plane, instead of driving, when younger |
|[ ]  Plays with or carries objects that are not toys (e.g. string) when younger |
|[ ]  Tends to play repetitively with the same toys or items, when younger |
|[ ]  Struggles to play ‘make believe’ on their own or with siblings |
|[ ]  Imitates what others do in play rather than initiate imaginative play too |

**SOCIAL INTERACTION SKILLS:**

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|[ ]  Prefers to be on their own. Limited interest in others. |
|[ ]  Only plays with parents or siblings, even at social gatherings with other kids |
|[ ]  Does not invite others to play with them |
|[ ]  Tends to watch other kids play rather than join in |
|[ ]  Plays next to other children (parallel play) rather than with them |
|[ ]  Does not join in if children invite them to play |
|[ ]  Tends to direct play, assign roles or tell others what they have to do (scripted) |
|[ ]  Prefers to play with older or younger kids |
|[ ]  Does not share their toys or things with others |
|[ ]  Struggles with appropriate social play (waiting turn, turn taking) |
|[ ]  Does not like losing or letting others win |
|[ ]  Does not enjoy meeting new people |
|[ ]  Finds it hard to make friends |
|[ ]  Struggles to sustain friendships with more one same aged peer or 2-3 others |
|[ ]  Difficulties reading social cues (facial expressions, gestures, body language) |
|[ ]  Difficulties resolving social conflicts without adults getting involved |
|[ ]  Does not understand when they are being teased or bullied |
|[ ]  Does not want to engage in social gatherings (wanders off or sits separately) |
|[ ]  Difficulties participating in group activities (sports teams, group projects) |

**SENSORY CHALLENGES:**

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|[ ]  Likes to put things in their mouth (e.g. toys) or chew clothes, when younger |
|[ ]  Puts toys or items up their face, smelling, sniffing or licking them, when younger |
|[ ]  Likes to lay on the ground and look up the side of toys, when younger |
|[ ]  Fixated by toys or objects that are shiny, or spin, when younger |
|[ ]  Overly sensitive to particular sounds compared to others (blender, vacuum)  |
|[ ]  Gets upset in noisy environments e.g. shopping malls, parties, playground |
|[ ]  Dislikes particular textures (e.g. wool, socks, tags on clothes, food e.g. jelly) |
|[ ]  Carries particular things as a comfort to all activities (e.g. soft toy) |
|[ ]  Sensory assessment conducted by Occupational Therapist (report to be sent with this completed form) |

**FIXATED INTERESTS:**

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|[ ]  Special interests unusual in intensity (fixated on a topic, talks, reads, watches) |
|[ ]  Unusually good memory for particular details e.g. train schedules |
|[ ]  Struggles to talk about any other topic outside of their interests to others |
|[ ]  Difficulties redirecting to other activities (gets upset if not allowed to pursue) |

**INFLEXIBLE OR RITUALISTIC BEHAVIOUR:**

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|[ ]  Exhibits compulsive rituals (wants to sit on the same seat, bedtime ritual) |
|[ ]  Needs to put items in a certain order (e.g. lines toys up) |
|[ ]  Exhibits unusual hand or body movements e.g. spinning, rocking, finger flapping |
|[ ]  Bothered by minor changes in their routine (e.g. change of route to school) |
|[ ]  Insists on a daily consistent schedule (wants to do things the same way) |
|[ ]  Struggles to deal with changes to routine at school (e.g. substitute teacher) |
|[ ]  Struggles to transition between activities (at home or in school) |
|[ ]  Trouble changing their mind or being flexible |
|[ ]  Perfectionistic and wants to do things ‘just right’ |
|[ ]  Insists on adherence to rules or gets upset if rules are broken |
|[ ]  Selective diet (would only eat particular food and/or repeatedly) |
|[ ]  Food needs to be presented a certain way (not touching each other) |

**OTHER BEHAVIOUR:**

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| --- |
|[ ]  Tends to overreact to small problems |
|[ ]  Regular angry outbursts or meltdowns |
|[ ]  Takes a long time to calm down |
|[ ]  Restless, not able to sit still, highly active |
|[ ]  Aggressive to others when upset |
|[ ]  Hurts themselves if distressed (banging head on wall) |
|[ ]  More anxious than others over typical situations |
|[ ]  Separation anxiety when going to school |
|  |  |