**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):**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
|  | 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 |
|  |  |