

Background Information

	Name	Details of any developmental difficulties (e.g. Autism, ADHD, speech delay, dyslexia) or mental health problems
Biological Mother		
Biological Father		
Name(s) of caregiving parents (if different from above):		
Details of developmental or mental health problems within the extended family:		

	Names of Siblings	Date of Birth	Age	Sex	Relationship (e.g. full sibling, adoptive sibling, half sibling)	Details of any developmental difficulties (e.g. Autism, ADHD, speech delay, dyslexia) or mental health problems
1.						
2.						
3.						
4.						
5.						

Please continue on additional paper if required.

Education and Schooling

Please provide as much information as possible about toddler groups, nurseries, schools and further education:

	Name of nursery / school / college / university	Type of school (e.g. mainstream, independent, special school)	Age when attended		Additional support? If yes, please provide details	Grades achieved
			From (_Years_Months)	To (_Years_Months)		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Has your son/daughter ever received an Individual Education Plan (IEP), Statement of Special Educational Needs (SEN), or Education Health Care Plan (EHCP)?		YES / NO <i>(please delete as appropriate)</i>
Age when statemented (___Years___Months)	Details of statement (e.g. hours per week, focus of support):	

Existing Diagnoses

Diagnosis	Age when diagnosed (___Years___Months)	Type of professional who made diagnosis (e.g. psychologist, psychiatrist, pediatrician)	Any additional information



Daily Living, Sensory and Motor Functioning

Has your son/daughter ever had difficulties managing basic activities of daily living? Such as dressing, feeding and self-care?

Does/did your son/daughter engage in a variety of activities in their free time?

On own (structured and unstructured)

With others (structured and unstructured)

Has your son/daughter ever had difficulties using their body? E.g. fine motor skills (doing up buttons, writing or playing video games), gross motor skills (walking, running, kicking or throwing a ball)

Has your son/daughter ever experienced sensory processing difficulties? (e.g. touch, hearing, taste, smell, sight, or internal sense of body awareness and movement)



Speech and Language

Has your son/daughter ever received Speech and Language Therapy?			YES / NO <i>(please delete as appropriate)</i>			
Who suggested referral? (e.g. parent, health visitor, GP)	Age when referred (_Years_Months)	Age when started sessions (_Years_Months)	Frequency of sessions (e.g. weekly, monthly)	Age when finished sessions (_Years_Months)	One-to-one or group sessions?	Focus of sessions (e.g. delayed speech, pronunciation)

Milestones	
Age when first used single words (other than 'mama' / 'dada') (__Years__Months)	Age when first used simple phrases including a verb (e.g. "go park see ducks") (__Years__Months)
<i>Examples:</i>	<i>Examples:</i>



AUTISM DIAGNOSTIC CENTRE

How does the son/daughter communicate his/ her needs now? What for? Please provide examples.

Have you ever had difficulties with communicating with your son/daughter, either understanding them or them understanding you?

As a child, could your son/daughter understand words across different contexts and show their understanding by getting/showing?

Were you able to engage in play/activities with your son/daughter during childhood? How long did this last? Please provide examples.

Signed: _____

Date: _____

Print Name: _____

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