# **Developmental History**

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| **History taken by:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

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| **Child / Young Person’s Details** |
| First name:Click here to enter text. | Date of birth: Click here to enter a date. |
| Surname:Click here to enter text. | NHS number:Click here to enter text. |

**Any other involved professionals? (eg Speech Therapy, Education Psychology, Social Services, Paediatrics)**

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| **Background Information** |
| **Who does your child live with?** |
| **Is there any family history of the following? (please give details)** |
| Autistic spectrum disorder / Learning problems / Language Delay / Psychiatric Illness / ‘Odd personalities’/ ADHD / ODD / Tics / Tourettes |
| **Pregnancy & Birth** |
| Any problems with pregnancy or birth? Any postnatal medical intervention needed? Any maternal post natal depression? Any drugs/alcohol use? |

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| **Past Medical History. Any hospital stays?** |
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| **Early Years Development** (please give as much information as possible) |
| Tell us something about what sort of baby s/he was? E.g. particularly passive, irritable etc? How easy to settle? How did they sleep?\* Consider attention, impulsivity, hyperactivity How easy was it to get his/her attention in the first few years?How did s/he respond to being comforted if s/he was upset? How did s/he respond when you came into or left the room? E.g. put arms up to be picked up, or get distressed if you went out of the room? |

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| **Developmental Milestones**  |
| **Walking** How old was s/he when s/he learned to walk?How did his/her behaviour change once he started walking? E.g. did s/he show interest in his/her environment? Did s/he only walk a fixed route?**Speech**How old was s/he when s/he learned to talk (both single words and sentences)?Before s/he used language how did you know what s/he wanted?(Did s/he point to make needs known?) (Did s/he point to express interest?) **Potty Training**How old was s/he when s/he achieved potty training?**Vision/Hearing**Did you have any concerns about hearing or vision?**Sleep/feeding**Did you have any concerns about sleep or feeding? |

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| **Timeline** |
| **What were they like at Nursey, Primary and Secondary school ages?****Please consider the core features of ADHD** 1. **Impulsivity** *(doing things and later regretting it)*
2. **Hyperactivity** *(having more energy than peers)*
3. **Poor Attention** *(trouble concentrating, flitting)*

**Please consider the core features of ASC**1. **Friendships** *(number, quality, age, outside of school)*
2. **Social Interaction**
3. **Emotional Regulation** *(behavioural issues, managing emotion, resilience)*

**Any concerns at home or school?** |
| **Home** | **School** |
| **Play Group/Nursery (0-4 years old)**Include separation/settle**Primary (4-11 years old)****Secondary (11-16 years old)** | **Play Group/Nursery (0-4 years old)**Include separation/settle**Primary (4-11 years old)****Secondary (11-16 years old)**Include transition, attendance, academic progress  |

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| **Early play (age 0 – 3)** |
| Did s/he enjoy turn taking games as a baby? E.g. lap games, peek-a-boo. Please give examples.What was his/her early play like? E.g. was it exploratory, was it in any way obsessional or repetitive? Please give examples.What was his/her play like as a toddler? Was s/he particularly fascinated by any particular toys or objects? Please give examples.Did s/he enjoy watching TV? How much did s/he copy phrases or behaviour from the TV? Please give examples.Did s/he show any pretend play? If yes, what did s/he do? Did s/he pretend to be different characters? Please give examples.How long could they do an activity for? e.g. watch a film, play a game. Please give examples. |

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| **Current Concerns** |
| Where did the idea of possible ADHD/ASC come from? Teachers? Family? etcWhat are you particularly concerned about at this point in time?With hindsight, when did you first begin to feel anxious about him/her? |
| **Attention, Hyperactivity and Impulsivity:** **For each question, please give examples if you can.** |
| Does your child ever have difficulty sustaining their attention while doing something (e.g. remaining focused at mealtimes, cinema trips, lengthy reading or conversations?). Please give examples.Is your child ever easily distracted by external stimuli, like something in their environment such as a noise or another conversation? Please give examples.Does your child avoid, dislike or are reluctant to engage in tasks that require sustained mental effort or thought? Please give examples.Does your child ever have trouble listening to someone, even when they are spoken to directly, like their mind is somewhere else? Please give examples.Does your child ever have difficulty in organizing an activity or task that needs be done (e.g. poor time management, fails to meet deadlines, difficulty managing sequential tasks, messy and disorganized work)? Please give examples.Does your child fail to give close attention to details, or make careless mistakes in things such as schoolwork or during other activities? Please give examples.Does your child forget to do something that they do all the time (e.g. forgetting their lunch, homework?) Please give examples.Does your child ever lose, misplace or forget anything that they need in order to get things done (e.g. school materials, PE kit, etc.)? Please give examples.Does your child ever have difficult waiting their turn e.g. waiting in line? Please give examples.Does your child ever run about or climb in situations where it is inappropriate? Please give examples.Does your child ever fidget, tap their hands or feet or squirm in their seat excessively? Please give examples.Does your child ever blurt out an answer before a question has been completed? Please give examples.Does your child ever seem restless, or is “on the go” constantly (e.g. unable to be still for extended periods of time)? Please give examples.Does your child leave their seat ever in situations when remaining seated is expected (e.g. in a classroom)? Please give examples.Does your child ever interrupt or intrude on others (e.g. interrupts conversations, games or activities)? Please give examples.Has your child engaged in risky behaviours without thinking through the consequences? E.g. has injured themselves by jumping from a high place, etc. Please give examples. |

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| **Current Skills** |
| What are the child’s skills like in the following areas? |
| **Sleeping** |
| **Eating**Does s/he eat a variety of food? Picky eater?  |
| **Toileting** |
| **Dressing** (Independently or require support?) |
| **Motor Skills** (fine and gross motor, ride a bike, catch a ball, tie shoe laces, do buttons, write, use a knife and fork) |
| **Organisational skills** (planning/forgetting/losing things) |
| **Has there been any loss of skills?** (E.g. aspects of language that developed appropriately and then seemed to be lost). Please give details |

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| **Friendships** |
| In this section we are interested in what the child’s skills are now and whether they were any different in the past. Please complete the information in both columns. |
| **The child now** | **The child in the past** |
| How does s/he get on with other children? Does s/he have friends? Are they older/younger? Do they share interests? Do they play together? Does s/he seem to ‘fit in’ with his/her peer group? |
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| How does he get on with adults? Does he interact better with adults rather than children? |
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| Does s/he initiate contact with others? How does s/he respond when others approach him/her? In this different with unfamiliar people? |
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| **Interaction & Social Communication** |
| **The child now** | **The child in the past** |
| Tell us a bit about his/her eye contact e.g. frequency, timing, quality |
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| How does s/he respond when you point to show him/her things? Does s/he bring things to show or share with you? |
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| How cuddly is s/he? Does s/he seek cuddles? Tolerate them? Or wriggle away? |
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| What are his gestures, facial expressions and body language like? |
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| Can you have a conversation with him/her? Is it a two-way conversation? If an older child, does s/he engage in ‘social chat’? |
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| Does s/he talk about a variety of things or does s/he use one phrase over and over again? |
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| **The child now** | **The child in the past** |
| What does his/her speech sound like? Is it overly precise, unusually quiet or loud, flat etc? |
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| Does he ever repeat back what you have just said (echolalia)? Or repeat chunks of copied language from e.g. TV programmes? |
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| How well does s/he understand things that may have more than one meaning? (Does s/he take things literally?) Give examples |
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| What is his/her sense of humour like? How well does s/he understand sarcasm? |
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| Does s/he ever say inappropriate things e.g. that someone is fat in their hearing? |
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| **Empathy / Feelings** |
| **The child now** | **The child in the past** |
| What does s/he do when s/he is upset? Who does s/he go to for comfort? |
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| How well does s/he understand other people’s feelings? Are his/her responses appropriate? What will s/he do if you are upset? |
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| **Flexibility of Thought, Imagination and Behaviour** |
| **The child now** | **The child in the past** |
| What is his/her imaginary world like? Is it always the same or does it change |
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| What are his/her hobbies/interests? Do these seem unusual? Obsessive? Are they social? |
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| Does s/he have any preoccupations e.g. with wheels, things that spin, absorbing facts etc? Does s/he have any rituals or routines? If yes, what are they?Does She/he have anything to which they are particularly attached and like to carry around with them? |
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| How does s/he respond to change e.g. in routine? Unexpected events etc? Would you describe him/her as a rigid or flexible person? How does s/he react to changes about the house, or to minor changes in his environment? (Eg how the furniture is arranged) Is she/he bothered by minor changes to their routine (Eg having a bath 15minutes earlier than normal?) |
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| Does s/he spin, twirl, and flap? If so, in what situations. Does s/he have any unusual mannerisms? Stereotyped activities? E.g. flicking fingers, flicking light switches, twiddling etc. If yes, when do they occur |
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| **The child now** | **The child in the past** |
| What is his/her balance/co-ordination like? Is s/he as agile as other children of his/her age? Does s/he tiptoe? |
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| **Sensory Skills and Other** |
| **The child now** | **The child in the past** |
| Does s/he show any unusual sensitivities e.g. to sound, touch, light, smell etc? If yes what does s/he do? |
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| Does s/he look at things at odd angles? E.g. out of the corner of his/her eyes, through his/her fingers etc? |
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| How does s/he approach toys/objects? E.g. does s/he have to smell them first or touch them in a particular way? |
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| Does s/he self injure? If yes, what does s/he do? |
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| **What are his/her areas of strength?** |
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**Thank you for completing this questionnaire.**