

Name:	Completed by:
Date of Birth:	Date:

INTRODUCTION

Diagnosis:

Current medical information:

SOCIAL AND EMOTIONAL RESPONSES

What makes them happy/sad/anxious/upset? What does it look like? What calming/reassuring techniques do they respond to?

Likes and dislikes:

Describe your child's behaviour during community outings e.g. park, shopping centre:

LANGUAGE AND COMMUNICATION

Does your child initiate expressive communication? If so, how? (Use of PECS, sign, verbal, photos, objects). What level of receptive communication does your child have? Does your child seek adults/peers/both for interactions/games?

SENSORY INFORMATION

What sensory input does your child seek or avoid? How is this best managed? (give examples)

MEALTIME

General diet and mealtime information? (position/seating, utensils, communication, independence level)

TOILETING

Describe needs, skills and routine related to toileting:

INTERACTION/PLAY SKILLS

Considerations for group activities, preferences in games/people, how do they interact with people and objects?

MOTOR SKILLS

GROSS:

FINE:

ENGAGEMENT

What increases their engagement? What affects their engagement? (e.g. noise, hunger, tiredness)

Are there any behaviours of concern?

SUMMARY

General information about your child's character and personality at home: