**A guide to completing the Parent/Carer questionnaire for all ages**

You have received this form because you have asked for a neurodevelopmental assessment to screen your child for a potential neurodiverse condition such as Autism (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). This screening tool will help us to decide if there is enough information to place your child on to the neurodevelopmental pathway to be assessed. The information you share with us in this form will help us to start building a picture of your child.

There is no one single tool or test that clinicians can use to diagnose neurodiverse conditions so it is important that the information you give is as detailed as possible. No one single answer will dictate what happens next as we need to consider all the details before any next steps can be decided.

Before completing the form, it is useful to look back over old photos or videos of them to remind yourself of your child’s journey. Talking about things your child used to do, and maybe still does, will help to prompt memories as we will be asking questions about their early childhood. Reaching a diagnosis (if appropriate) is like completing a jigsaw – it takes a lot of pieces to see the whole picture and make sure we’ve come to the best outcome for your child.

When you are answering the questions, the detail that will help us the most is if you can give examples which tell us about frequency, duration and the impact on your child’s life. For example, if you are explaining a particular behaviour, tell us how often you see it (every day, once a week), how long this lasts for (an hour, all morning, right before bed) and the impact of your child’s life (how they feel about this if they can tell you). It is also helpful for us to know when the behaviour started and how long for and if it is still present and ongoing.

It is important to remember that every child is different and reaches developmental milestones at differing times. This is another reason it is important that we understand what is happening for your child as there are no general rules we can apply.

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The form is broken up into different sections. This guide will let you know which section the information is referring to by referencing the heading and question.

**SECTION A - Background information /** Any major events that have been stressful and have potentially impacted the family and specifically the child?

This means events that have had an impact on mental health. Examples would include divorce, all types of abuse (abuse could include direct such as neglect, emotional abuse, sexual abuse, physical abuse and indirect such as witnessing domestic violence or aggressive behaviour), a significant death, trauma, arrival or departure of siblings, a move of house or school. Please be as open as you feel you can be. An answer here which details a major event won’t necessarily rule a diagnosis in or out – again it’s just giving us part of the jigsaw to “see” your child.

**SECTION B - Medical history /** Were there any problems during pregnancy or birth of the child?

This refers to early or premature birth or a traumatic birth e.g., being starved of oxygen during birth. It is also helpful to know if there was any alcohol or drug use during the pregnancy.

Has your child been referred for consideration of an assessment of ASD and / or ADHD before? Have they ever been screened or assessed for ASD and / or ADHD? If so, please provide details.

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**SECTION C – Current concerns**

1. What are you particularly concerned about at this point in time and how long have you had these concerns?

It would be ideal to have some examples of any difficulties your child faces. These can be from school, home or another setting like a club they attend.

1. On a scale of 1 – 10 (1 being not concerned and 10 being very concerned), how concerned are you about your child’s behaviour?

In addition to giving a numerical score, please can you explain why you’ve given the score you have.

1. On a scale of 1 – 10 (1 being you don’t understand and 10 being you have a good understanding), how well do you think you understand your child’s behaviour?

In addition to giving a numerical score, please can you explain why you’ve given the score you have.

1. Does your child’s behaviour impact on home life, your relationship and/or your level of stress? If yes, please indicate whether it is a lot of the time, most of the time or sometimes.

Please give examples here including when this behaviour started and how long it lasts for. E.g. this behaviour started just over a year ago and occurs every day. It usually lasts for an hour at a time.

1. Are there any aspects of behaviour that are difficult to manage?

Please give examples here including when this behaviour started and how long it lasts for.

1. Has there been any previous support? Are there any strategies that are helpful?

For support, please list how long you accessed that support for and who it was from. Examples could include charities, Early Help, school, Speech and Language Therapy, Occupational Therapy or other NHS services. Please give details of any strategies that are, or were previously, helpful.

1. Are there any concerns at school? What have the school shared with you?

This could include conversations with teaching staff, pastoral staff or the SENCO. Information could have been shared through email, at parents evening or on school reports.

1. What do you hope to gain from this referral?

What is it that you would like to gain help with?

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**SECTION D - Do you have any concerns about any of the following areas:**

When you are answering the questions, the detail that will help us the most is if you can give examples which tell us about frequency, duration and the impact on your child’s life. For example, if you are explaining a particular behaviour, tell us how often you see it (every day, once a week), how long this last for (an hour, all morning, right before bed) and the impact of your child’s life (how they feel about this if they can tell you). It is also helpful for us to know when the behaviour started and how long for and if it is still present and ongoing.

1. **Development and Learning**

Developmental milestones refer to markers in the skills babies and children develop with age. These can include concentrating and listening, big muscle movement e.g. crawling, fine motor skills e.g. building LEGO, self help skills e.g. picking up their own bottle or cup and sensory skills e.g. responding to touch.

1. **Play**

Please consider Early Years (pre-school or play group) and primary age. How did they play? Was it with others or alone? Could they share? Were they able to take turns? What did they play with? Could they stay on one activity for long? Were they busy or active? Did they like to play inside or outside most? This is where looking at old photos and videos can really help but also discussing with other family members and friends who knew your child then.

1. **Communication**

Include details such as if your child communicates verbally or non-verbally, if they can give and maintain eye contact and list any gestures or actions you might see from them. It would be helpful to know if they are reciprocal with others – this means that the conversation is two way or maybe with more than just one person at a time. If you feel there is anything unusual in your child’s communication, then please describe what you’ve observed.

**4a. Social Skills /** How are the child’s relationships with other children?

Does your child seek to interact with other children / peers or do they stand alone from others? Do they interact with both children and adults or do they prefer just adult or just child company? If they struggle with this, please tell us what you see.

**4b. Social Skills /** How are the child’s relationships with other adults?

Imagine if you had never met your child before, how would you describe what you see when they interact with other adults?

1. **Concentration**

Most adults and children have different levels of concentration both in how long they can focus for and what on. This is quite typical behaviour. For example, they may be completely absorbed when reading a book but easily distracted from a task such as drying up. When giving examples around concentration, please detail how the level in concentration varies and how this is significantly impacting on their life. Try to give examples that show a level of concentration outside the norm where environmental factors have been taken away – for example, it is difficult for most people to concentrate on a tricky task if there is lot of chatter so this wouldn’t be a helpful example.

1. **Activity levels**

It is helpful to describe your child’s activity level with examples. How does their activity level compare to peers in their age group and development level? How does their activity level impact on their daily activities for living – this includes activities such as bathing/showing, eating, dressing, toilet hygiene and personal care.

1. **Wellbeing**

Wellbeing is how you feel in yourself – a state of feeling happy, healthy and comfortable with a sense of purpose. How do you think your child/young person feels about themselves and their life? Could you describe their self-esteem? Are they motivated and by what? Can you describe their mood?

1. **Sleep**

Can you describe (with times if possible) your child’s sleep pattern? Is there anything that stops them sleeping or staying asleep? Please list anything you have tried to help them with sleeping for example what routines you may follow.

1. **Eating**

Are there any unusual aspects to their eating patterns that create a challenge and what are they? Can you describe what and how your child eats if it is particularly unusual or different. Does your child have any routines around food and eating?

1. **Self-care skills**

Is your child independent in their self-care routines or do they need prompting to look after themselves? Does your child have any routines that they follow? If so, please can you describe these. How would you describe your child from a self-care point of view e.g. do they like to look kempt/neat or is this of little interest to them?

1. **Sensory needs**

Please describe any sensory difficulties your child has. It is helpful if you can recall when these became noticeable and what impact these have on your child’s daily tasks. Do you have any strategies to regulate these? For example, are there any changes you have made to lessen any sensory challenges?

1. **Tics (for information on tics, click** [**here**](https://www.healthforteens.co.uk/health/neurodiversity/tics-just-the-facts/) **or visit: https://www.healthforteens.co.uk/health/neurodiversity/tics-just-the-facts/)**

(Tics are involuntary movements caused by muscles twitching and also making involuntary noises or words) Please describe any tics and if they are still present. Include how long the duration of the tics are and if you have noticed any triggers for tics. Please note if they are distressing for your child or not.

1. **Obsessions / Compulsions (for more information on Obsessions/Compulsions, click** [**here**](https://www.healthforteens.co.uk/health/neurodiversity/what-is-obsessive-compulsive-disorder-ocd/) **or visit https://www.healthforteens.co.uk/health/neurodiversity/what-is-obsessive-compulsive-disorder-ocd/ )**

(Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession) What are these and can you describe them? How long have any obsessions or compulsions been present and are they constant or do they change? What impact are these having on your child?

1. **Repetitive or unusual behaviours (from more information on repetitive behaviours, click** [**here**](https://www.healthforteens.co.uk/health/neurodiversity/autism-and-obsessive-compulsive-disorder-ocd/) **or visit https://www.healthforteens.co.uk/health/neurodiversity/autism-and-obsessive-compulsive-disorder-ocd/ )**

Please note here any unusual mannerisms such as rocking or flapping of hands. You might also include any description of unusual posture or repetitive, specific routines or behaviours.

1. **Are there any risks to the child from themselves or others? (for more information on self-harm, click** [**here**](https://www.healthforteens.co.uk/feelings/self-harm/self-harm-just-the-facts/) **or visit https://www.healthforteens.co.uk/feelings/self-harm/self-harm-just-the-facts/)**

In this section, you can include any aggressive behaviour to self or others including self-harm or suicidal thoughts. What is their awareness of their environment and any potential risks? Please describe the frequency of any risky behaviour and how this isn’t appropriate for the environment.