**PARENT/CARER QUESTIONNAIRE**

**For ALL AGES**

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| Thank you for taking the time to complete this questionnaire. This questionnaire forms part of the referral for Neurodevelopmental assessments. The information provided is an important part of the full assessment for the child and will hopefully assist in informing the evaluation of their needs. | | | | |
| Name of child: Click or tap here to enter text. | | Date of birth: Click or tap to enter a date. | | |
| Form completed by (name): Click or tap here to enter text. | | Relationship to the child: Click or tap here to enter text. | | |
| Date completed:Click or tap to enter a date. | | Telephone number: Click or tap here to enter text. | | |
| Address the child lives at: Click or tap here to enter text. | | | | |
| Name of school/playgroup/nursery: Click or tap here to enter text. | | | | |
| **Which of the following professionals are currently / have been previously involved with your child?** (GP, Community Paediatrician, Health Visitor, School Nurse, Speech and Language Therapist, Clinical Psychologist, Educational Psychologist, Early Years Teacher, Early Help, Social Care, ADHD Solutions, Inclusion Service?) **Provide their details**  Click or tap here to enter text. | | | | |
| **Background information** | | | | |
| Language(s) spoken at home (please indicate the child's main language, the parent’s preferred language and if an interpreter is needed):  Click or tap here to enter text. | | | | |
| Who lives with the child?  Click or tap here to enter text. | | | | |
| Who has Parental Responsibility?  Click or tap here to enter text. | | | | |
| Please describe your child’s interests and strengths  Click or tap here to enter text. | | | | |
| Who else knows the child well and can provide information on the child’s difficulties at home, school or in the community?  Click or tap here to enter text. | | | | |
| **Is there any family history of the following?** ASD, attention and concentration difficulties, ADHD, difficulties with reading, writing or spelling, dyslexia, mental health difficulties (worries, mood or paranoia), genetic conditions, speech and language difficulties, social interaction difficulties, physical and coordination difficulties:  Click or tap here to enter text. | | | | |
| Any major events that have been stressful for the family?  Click or tap here to enter text. | | | | |
| **Medical History** | | | |
| Were there any problems during the pregnancy or birth of the child?  Click or tap here to enter text. | | | |
| Has the child ever been admitted to hospital or been under review by a Consultant? If yes, please provide further details below:  Click or tap here to enter text. | | | |
| Does the child currently have / previously had any other medical conditions/problems?  Click or tap here to enter text. | | | |
| Does the child take any liquid medicines, tablets, inhalers etc.? If yes, please give details below:  Click or tap here to enter text. | | | |
| **Current Concerns** | | | |
| What are you particularly concerned about at this point in time?  Click or tap here to enter text. | | | |
| On a scale of 1 to 10 (1 being low and 10 being high), how concerned are you about your child’s behaviour?  Choose an item. | | | |
| On a scale of 1 to 10 (1 being low and 10 being high), how well do you understand your child’s behaviour?  Choose an item. | | | |
| Does your child’s behaviour impact on home life, your relationships and / or your level of stress? If yes, please indicate whether is a lot of the time, most of the time or sometimes.  Click or tap here to enter text. | | | |
| Are there any aspects of behaviour that are difficult to manage?  Click or tap here to enter text. | | | |
| Has there been any previous support? Are there any strategies that are helpful?  Click or tap here to enter text. | | | |
| Are there any concerns at school? What have the school shared with you?  Click or tap here to enter text. | | | |
| What do you hope to gain from this referral?  Click or tap here to enter text. | | | |
| **Do you have concerns about any of the following areas:** | | | |
| **Development/Learning**  Please mention if the child has learning difficulties/has the child lost any skills or  Abilities/were there delays in reaching developmental milestones? | **No concerns** | | **Yes** (please give details):  Click or tap here to enter text.  Please describe any support received:  Click or tap here to enter text. |
| **Play** | **No concerns** | | **Yes** (please give details):  Click or tap here to enter text. |
| **Communication** | **No concerns** | | **Yes** (please give details):  Click or tap here to enter text. |

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| **Social Skills**  How are the child’s relationships with other children? | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| How are the child’s relationships with other adults? | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Concentration** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Activity levels** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Wellbeing**  Does the child have any difficulties with anxiety, self-esteem, low mood? | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Sleep** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Eating** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Self-care skills** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Sensory needs** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Tics** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Obsessions / compulsions** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Repetitive or unusual behaviours** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **Are there any risks to the child from themselves or others?** | **No concerns** | **Yes** (please give details):  Click or tap here to enter text. |
| **If there is any further information you would like to provide?**  Click or tap here to enter text. | | |