

ASD Parent Interview/Developmental History - Initial Evaluation

Student name:

Date:

Parent/caregiver name:

STRENGTHS & CONCERNS:

1. What are your child's strengths? What does she/he do well at school or at home?

2. What are your current concerns for your child at school?

DEVELOPMENTAL HISTORY:

1. Do you have other children in your family?

2. Do you have any concerns about your child's development or are they having any difficulties in school?

3. Is there a family history of developmental or learning issues? Has anyone had difficulty in school? What about any other mental health issues?

4. Did you have any concerns during your pregnancy (toxemia, seizures, diabetes)?

5. Any health concerns or hospitalizations during infancy or early childhood (feeding issues, respiratory distress, seizures, failure to thrive, jaundice, etc)?

6. When did you start noticing that your child's development was different than other children? What were some of the initial things you noticed?

7. Does your child have a medical diagnosis? Hospitalizations? Any current health concerns (seizures, asthma, allergies, lead poisoning, etc)? Medications?

8. When did you first notice that your child's development seemed different from other children? Describe any concerns you had prior to age four.

9. At what age did your child

_____ Use single words?

_____ Walk independently?

_____ Speak in short sentences?

_____ Become toilet trained?

10. Did your child ever stop talking? If yes, at what age? For how long?

11. Did you notice concerns regarding your child's vision? (general vision problems, eye contact, intense interest in mirrors/lights, holds objects close to eyes, stares off into space, unusual visual interest such as spinning or studying objects)

12. Did you notice concerns regarding your child's hearing? (failed screening, ear fluid/infections, concern about hearing impairment/deafness, covers ears when hearing everyday sounds, seems to hear better on some days)

13. Have you had any concerns regarding his or her motor skills? (awkward, delays in gross motor skills/ fine motor tasks, repetitive motor behaviors/spinning and finger posturing)

14. As an infant, did he/she like to be held?

15. As an infant or young child, how did he/she interact with other children?

16. Does or did your child demonstrate emotional reactions sometimes unrelated to the events or objects around him/her?

SOCIAL INTERACTION:

1. Do you currently have any concerns about your child's behavior or social skills? If yes, what are your concerns? At what age did you first have concerns about your child's social skills?

2. How would you describe your child's ability to play/interact with other children his or her age? (e.g., initiating play, playing next to another child without playing with them, intense interests)

3. Does your child have **more** difficulty making and keeping friends when compared to other children of your child's same age?

4. What types of activities does your child enjoy participating in? Does your child show an interest in being with other children? Does your child prefer interacting with adults?

5. How does your child express his/her emotions and feelings? Does your child use a typical range of facial expressions that are appropriate for the situation?

6. What calms your child down? Does your child seek you out for comfort when tired, upset or sick?

7. Does your child understand basic safety rules and concepts for his/her age? Does your child need **more** or the **same** amount of supervision than other children his/her age need?

COMMUNICATION:

1. Is your child currently able to use their finger to point to something or to request something?

2. If you give your child one direction at a time, can he/she follow the direction? Can he/she follow a series of directions? Give examples.

3. How does your child communicate at home?

4. How does your child initiate conversations with family members? With adults? With other children?

5. Does your child

_____ greet others

_____ respond to greetings

_____ make requests

_____ describe events

_____ comment on activities

_____ share information about thoughts/interests/feelings

_____ ask for help

6. Does he or she appropriately carry on back-and-forth conversation with other people?

7. Does your child changes intonation and pitch appropriately during conversations?

8. Does your child's voice sound like it lacks emotion or sounds monotone or has a melodic vocal (sing-song) intonation? Speak using an unusual volume or pitch?

9. What gestures does your child use? (nod, wave, point, etc.)

10. Does your child have difficulty understanding nonverbal cues such as facial expressions or changes in vocal tone? Give an example.

11. Does your child repeat phrases or sentences heard in the past that have little or no relationship to the current situation?

12. Does your child ever pull you to a desired item or use your hand as a tool instead of talking?

13. Do you notice anything unusual about your child's language skills? (mixing up pronouns, persisting on certain topics, repeating scripts from television shows, etc.)

RESTRICTED, REPETITIVE, OR STEREOTPYED BEHAVIOR/INTERESTS/ACTIVITIES:

1. Have you noticed differences in how he or she responds to touch, sound, smells, or light? (licks, smells, sniffs inedible objects)

2. Do you have any concerns about your child's eating? (unusual cravings, picky eater, restricted preferences?)

3. Are there unusual behaviors that seem different from other children? (flapping arms, walking on tip-toes or in circles, rocking, rapid lunging, obsessed with routines, self-abusive behavior)?

4. Describe your child's favorite activities. What holds your child's attention? Does your child initiate these activities independently?

5. Do you have concerns about your child's activity level or attention span?

6. Does your child have any interests that seem unusual for his/her age or seem unusual in intensity?

7. Are there any unreasonable fears or unusual reactions to situations?

8. How does your child react to changes in daily routine or schedule? (appears anxious, easily upset, adjust if prepared ahead of time, responds negatively or with tantrums when given commands/requests/directions)

9. Does he or she appear overly concerned with order and routine in his/her play or daily activities (i.e., lining things up, needing things in a certain order)

10. Does he or she seem more interested in the parts of toys or objects than the actual toy?

11. Does your child frequently engage in one-sided conversations about favorite topics?

12. What kind of assistance does your child need in performing daily tasks? (dressing, bathing, taking care of belongings, playing with friends)

SKILL ACQUISITION:

1. Does your child have difficulty learning new skills?
2. Does your child demonstrate any unusual or seemingly advanced skills?

OTHER:

1. Is there any other information that might be helpful to share?