

ASD Family Information Form Developmental Profile/Family Interview and File Review

Student's Name:	Date of Birth:	Interview Date:
Parent/Guardian:	Phone Number:	Address:

A. UPDATES

Date of File Review: _____

Developmental History from File Review:

Parent Updates:

B. DEVELOPMENTAL HISTORY

Tell me about your pregnancy and the birth of your baby:

Tell me about your child as a baby (prompt discussion of physical development, communication, history of medical diagnoses, child's temperament, etc.):

When did you first become concerned about your child and what specifically concerned you?

Did your baby have any illnesses, allergies, or gut issues?

Milestones:

At what age did he/she:

<i>Physical</i>	<i>Communication</i>	<i>Social</i>
Stand up _____	Babble _____	Social Smile _____
Crawl before walking? _____	First words _____ (age) What words? _____ _____	Language Regression: _____ (loss of words/social language between 16-36 months?)
Begin walking _____	Respond to name _____	Follow your point with his/her eyes: _____

(Developmental History Continued)

Social/Communicative Milestones:

<i>Typical Dev.</i>	At what age did he/she:	At what age did he/she:
9 months	Give an object_____	Shake head no_____
10 months	Reach to take object_____	Reach arms to be picked up_____
11 months	Hold up and show objects_____	Wiggle hand to wave_____
12 months	Point with fingers spread (open hand)_____	Tap with open hand to show something _____
13 months	Clap _____	Blow kiss _____
14 months	Point with index finger_____	Do "shh" gesture with hand to mouth _____
16 months	Nod head or thumbs up gesture_____	Other gestures (high five, etc.)_____

C. STRENGTHS/CONCERNS

What are your child's favorite foods, toys, and activities?

What things does your child do very well? How did they learn that?

What things are difficult for your child to learn?

What are your top priorities/areas of concern for your child?

D. COMMUNICATION

How does your child currently communicate basic wants and needs?

Hand-guiding_____open-handed pointing to object they want_____ index finger pointing to the item they want_____ babbling_____ words_____ phrases_____ sentences_____ using joint attention (looking at item, pointing, looking at you)_____

How does your child get your attention to communicate? (Eye contact, gestures, crying, speech, etc.)

Does your child use any unusual means to communicate? (Using your hand as a tool, self-injurious behavior, echolalia, etc.)

(Communication Continued)

Does your child talk to themselves or repeat what is said to them? (Either by another person or phrases from TV, cartoons, etc.) If they are repeating words/phrases, are they using them functionally? (*I.E.*, saying, "Are you hungry?" to indicate they want to eat or when asked if they want milk, saying, "Milk, it does a body good.")

When you look at and point to a toy across the room, what does your child do?

When your child plays with something, or does an enjoyable activity, do they look at you to see if you are watching? (To check in and share enjoyment)?

Does your child use nonverbal gestures (pointing, nodding, looking at the object they want then back at you) or do they only ask for what they want? Can they do both at the same time? (Ask verbally while using a gesture):

When you point to something, does your child's eye gaze follow your point?

How does your child respond when you give them a direction (*neurotypical children older than 18 months comprehend one step*)?

How does your child respond when you call their name (*neurotypical children 12-24 months respond by turning, looking, smiling, plus some verbal*)?

Does your child like to talk with peers? Adults? What do they like to talk about?

E. SOCIAL/EMOTIONAL

Does your child initiate play with peers/adults? How?

If your child is playing alone and another child approaches him/her, how does your child respond? (Eye contact, smile, greeting, no response, moves away, etc.)

(Social/Emotional Continued)

If your child is playing alone with his/her toys, does he/she ever ask you to play with them? How do they ask?

At a park, or place with a lot of other kids, like Chuck E. Cheese, will your child join other children in their play?

Does your child acknowledge another person yet? How do they do this?

When a new person walks into a room that your child is in, does your child look at the new person? Wave? Greet the new person in any way?

Does your child pay attention to nearby conversations? How do you know?

Does your child show interest in other children? How? Prefer younger/same age/older peers?

How does your child respond when they are:

Frustrated/Angry	Interested/Excited/Joyful
Sad	Hurt/In pain

When your child is very upset, what does that look like? How does he/she typically calm down?

F. PATTERNS OF BEHAVIOR (in play, routines, changes, transitions) that are RESTRICTED/REPETITIVE/STEREOTYPIC (including SPECIAL INTEREST AREAS)

What types of toys/objects does your child like? What do they like to do with the toys? Do they carry their favorite toy(s) around? If so, do they do so even when their hands are very full of toys?

How would your child play with:

Cars and a ramp	Train set with tracks
Baby dolls	Legos
Pretend dishes/food	Paper and a Marker

(Patterns of Behavior Continued)

Does your child play with the same toy in more than one way? (I.E., can they use blocks to both stack up a tower, as well as build a fence for a farm?)

Does your child use pretend play? With what? Does the play vary or stay the same? (I.E., can your child play with a pretend cake with candles and the context changes somewhat, or does your child prefer to go through the same sequential routine each time when playing with the cake?)

How does your child respond when there is a change in his daily routine? (I.E., you run out of grape jam and have to make a different kind of sandwich, or, though you usually stop at McDonald's after going to Target, today you don't have time.)

How does your child respond when there is a big change in his life routine? (I.E., move to a new house, addition of a new family member, going on a family vacation/airport security, etc.)

How does your child respond when his/her routines are interrupted?

Does your child have any movements they do repeatedly or too often? (I.E., walking on tip toes, hand flapping, or finger flicking when excited.)

How does your child respond in parking lots or other dangerous situations? (I.E., hot stoves, heights, etc.)

Does your child have anything that they are exceptionally interested in? Has the interest changed or morphed over time? How?

If you took your child to a new place (i.e., a family fun center, a zoo, etc.) for the second time, how would they react if the order of events was different from the first time, or if an activity within the routine from the first time was left out this time?

(Patterns of Behavior Continued)

What does it look like when it's time for your child to leave a preferred activity/place and move onto something else?

Anything else you'd like to share about your child's behaviors, patterns, or interests?

G. SENSORY *(If planning to do a sensory profile, this information may not need to be collected.)*

How does your child respond to:

Sounds	Watching Movement	Clothing Textures	Teeth brushing
Lights	Sticky Hands	Smells	Hair brush/cuts
Pain/falling	Touch/pressure	Tastes/Pica?	Crowds

Please talk about your child's food preferences, the types of foods he/she typically seeks out, and also the foods he/she avoids:

Please talk about your child's sleep patterns:

If your child is walking down a hallway, what does that look like? (I.E., crashing body into walls, rolling on the floor, running hand along wall, etc.)

H. OTHER INFORMATION/QUESTIONS

What would make the day better for your child? For your family?

What additional resources are you interested in obtaining? (DD services & K-plan, private speech/OT, private ABA, parent coaching sessions, other parent trainings, visuals for home, toilet training resources, etc.)

Do you have any other questions? (If parents think of anything else, they can call or email to add information.)