

# ASD Assessment: Background Information Parent Questionnaire



Child's Full Name:			
Date of Birth:		Current Age:	
School:		Current Grade:	
Please detail the reasons prompting this assessment:			
Please list any diagnosis that your child has			
Please outline briefly any other assessments your child has undergone (e.g. speech/language, Occupational therapy)  <u>Attach any relevant assessment reports</u>			
<b>FAMILY INFORMATION</b>			
Who does your child reside with?			
Please list any siblings in birth order, with ages.			

Is there any family history of ASD, learning difficulties, giftedness, behavioural difficulties or mental health issues?	Yes / No	Details:
<b>Developmental History:</b>		
Were any concerns or remarkable aspects of your child's development between 0-5 years? (raised by yourself or others)	Yes/No	Details:
Did / does your child have any issues in relation to <b>LANGUAGE development</b> ?	Yes/No	Details:
Did the child reach all other <b>developmental</b> milestones within normal limits?	Yes/No	Details:
Any concerns regarding <b>sleep</b> , current or in the past?	Yes/No	Details:
Any concerns regarding <b>eating habits</b> , current or in the past?	Yes/No	Details:
<b>Medical History: (if answer is yes please detail)</b>		
Are there any current or past significant medical health problems?	Yes/No	
Has the child ever had a head injury?	Yes/No	
Has your child's <b>hearing</b> been tested, and if so what were the results?	Yes/No	Results -
Has your child's <b>vision</b> been tested, and if so what were the results?	Yes/No	Results -

School Information: (if the answer is yes please detail)					
Does the child receive any special assistance at school for academic purposes?	Yes/No				
Has child repeated any grades?	Yes / No				
Does the child receive any assistance at school for other purposes? (such as behavioural support)	Yes/No				
Has school indicated any concerns regarding your child's capacity to learn?	Yes/No				
Please list the subjects you feel are your child's strengths:					
Please list subjects you feel your child struggles with:					
Peer Relations:					
Does your child report having friends?	Yes/No				
To your knowledge how would you rate your child's relations with peers?	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>?</i>
How often does your child report problems with bullying?	<i>Never/Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>	<i>?</i>
General comments on your child's friendships / social skills:					
Other Activities and Interests: (please list the following if applicable)					
Preferred activities during free time:					
Sports / organised activities:					

**Any other comments you think might be relevant:**

**Thank you for your time in completing this information. Please return this form to Mudgee Psychology on the day of assessment or prior.**

**Please attach any previous assessment reports, or other relevant information**