Pre-assessment questionnaire

Today's date

CHILD DETAILS

Full name — FULL NAME INCLUDING ANY MIDDLE NAMES

Date of birth

NHS number — 000 000 0000 [10 DIGITS]

Child's home address

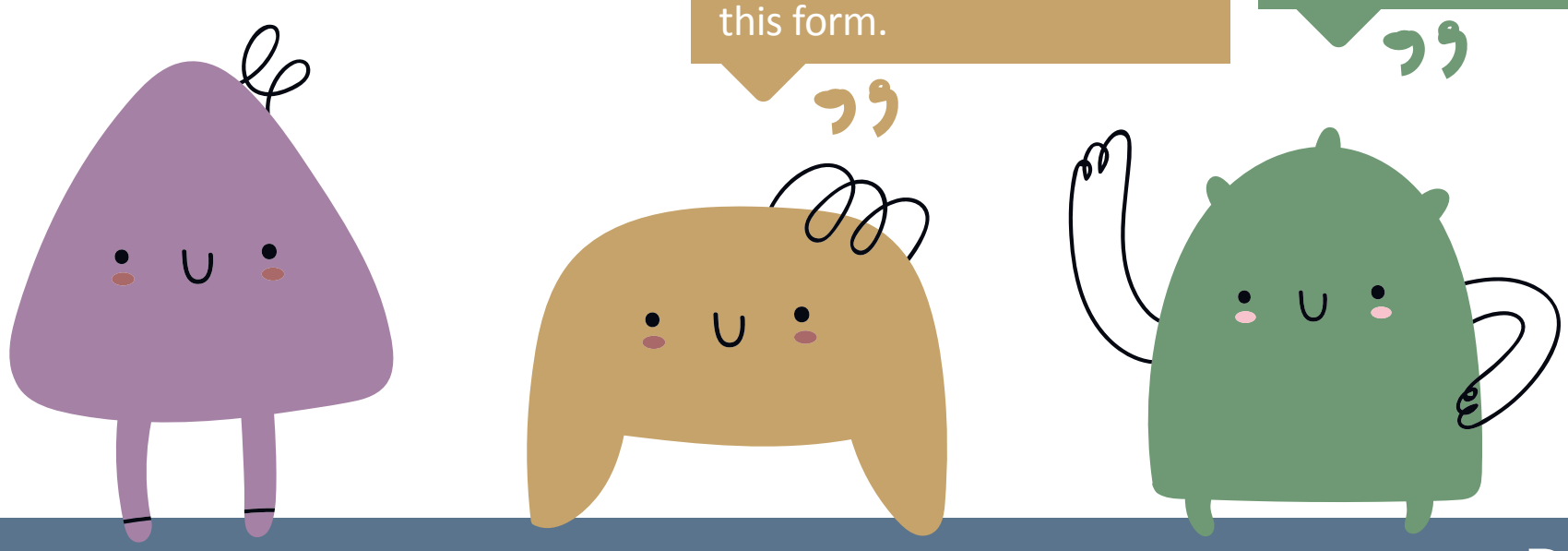
POSTCODE

The purpose of this form is to gather information and we know that filling out forms can be a daunting task, but please remember that there are no right or wrong answers.

Please fill out to the best of you knowledge – your observations are important and every child is different.

You can work together with your school to complete this form.

If the boxes aren't big enough for all your information, please add at the end of the form.



DOCTOR Kate

PERSON COMPLETING FORM DETAILS *(parent or guardian)*

Full name

Relationship to child — MOTHER, FATHER, GUARDIAN, ETC

Telephone* ☐

Email* ☐

Address* *(if different)* ☐

POSTCODE

*Tick preferred method of communication, and note below best days and times to be contacted if appropriate:

GP DETAILS

Name of GP

Name of practice

Telephone number

Email

Address

POSTCODE

SCHOOL DETAILS

Name of teacher

Name of SENCO

Class/year

Name of school

Telephone

Address

SOCIAL WORKER DETAILS *(if applicable)*

Name of social worker

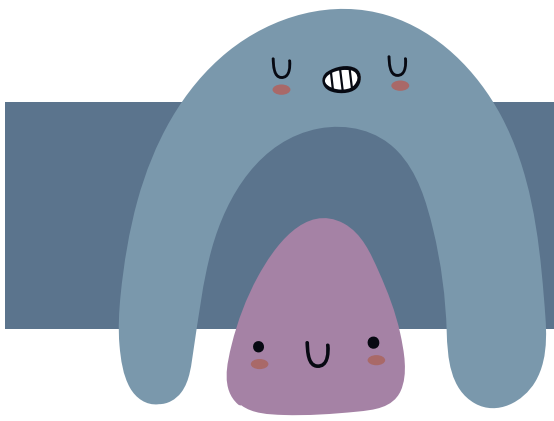
Telephone

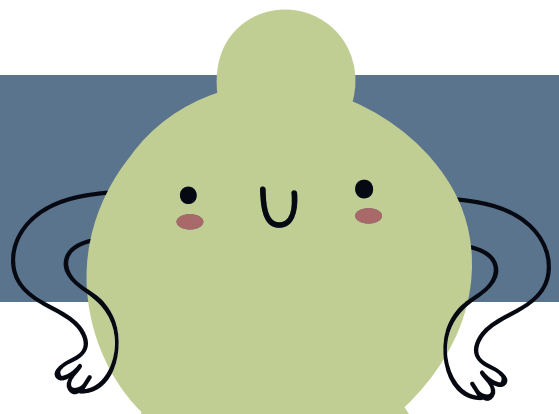
Email

Address *(if you have it)*

POSTCODE

If social care has ever been involved with the child on this form, please give details below:





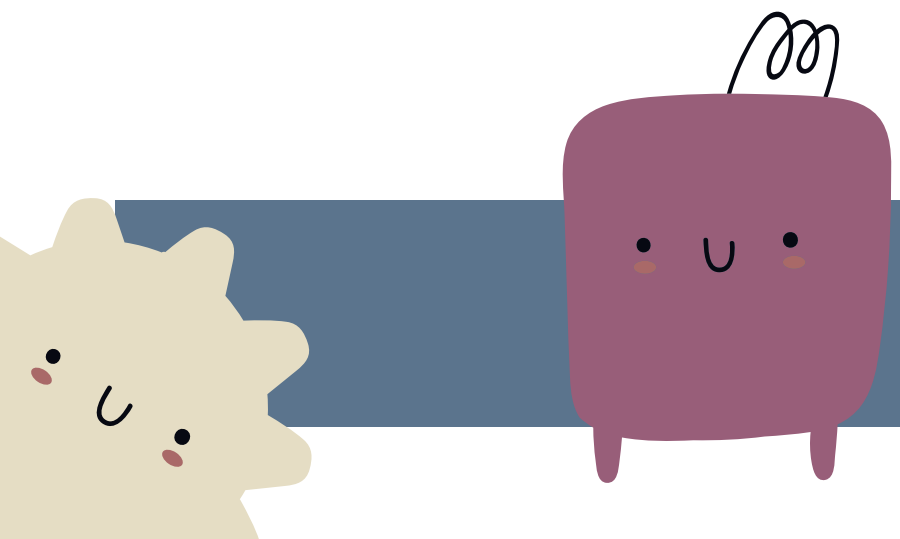
DOCTOR Kate

TEAM SUPPORTING CHILD

	Involvement	Contact name	Details *(telephone, email & address)*
Paediatrician	❑ Involved ❑ Referral made ❑ Report attached		
CAMHS	❑ Involved ❑ Referral made ❑ Report attached		
Speech & language therapy	❑ Involved ❑ Referral made ❑ Report attached		
Physiotherapy	❑ Involved ❑ Referral made ❑ Report attached		
Occupational Therapy	❑ Involved ❑ Referral made ❑ Report attached		
School Nurse	❑ Involved ❑ Referral made ❑ Report attached		
SENCo	❑ Involved ❑ Referral made ❑ Report attached		
SEND worker	❑ Involved ❑ Referral made ❑ Report attached		
Educational Psychologist	❑ Involved ❑ Referral made ❑ Report attached		
Other – please detail	❑ Involved ❑ Referral made ❑ Report attached		

Other assessments, team meetings or reports

	Involvement	Contact name	Details *(telephone, email & address)*
CAF	❑ Involved ❑ Report attached		
Child in need meeting	❑ Involved ❑ Report attached		
Child protection plan	❑ Involved ❑ Report attached		
My support plan	❑ Involved ❑ Report attached		
EHCP	❑ Involved ❑ Report attached		



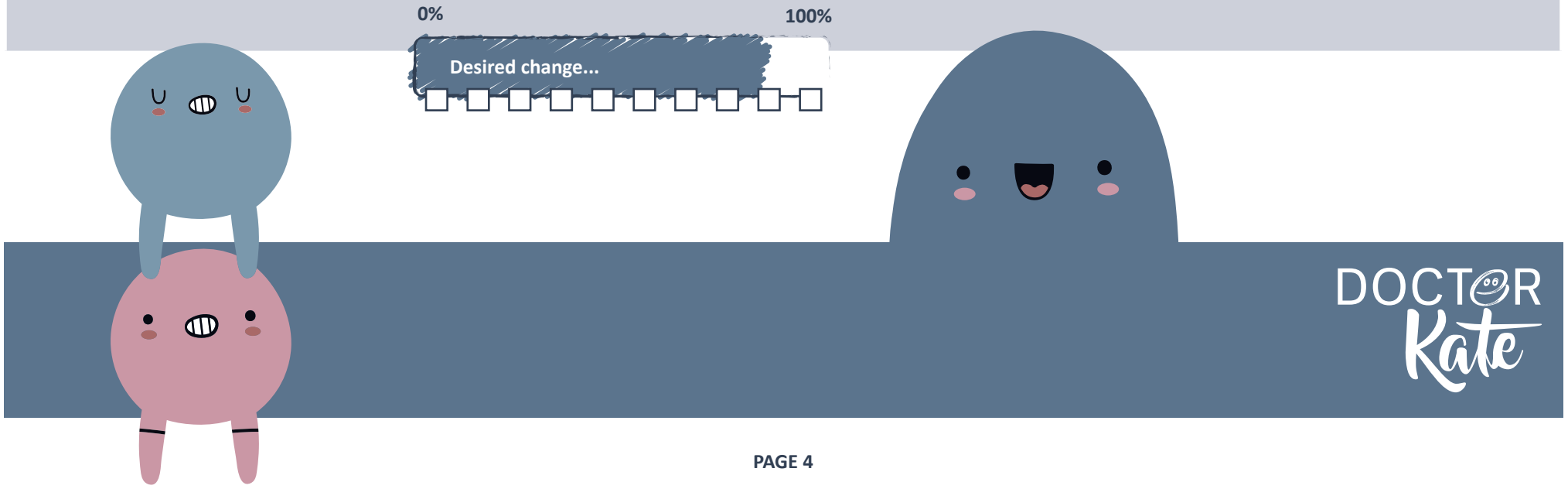
HOW CAN WE HELP?

What are the child's strengths?
(list at least three)

What are your biggest concerns?
(list at least three)

Do you have any worries about a specific condition? *(please list)*

What would you like to change as a result of an appointment with Doctor Kate? *(please indicate and describe)*



YOUR HOUSEHOLD AND CHILD'S RELATION: ADULTS

Name	
Relationship to child	
Age	
Occupation	
Difficulties at school	
Health	
Medical or developmental difficulties	

Name	
Relationship to child	
Age	
Occupation	
Difficulties at school	
Health	
Medical or developmental difficulties	

Name	
Relationship to child	
Age	
Occupation	
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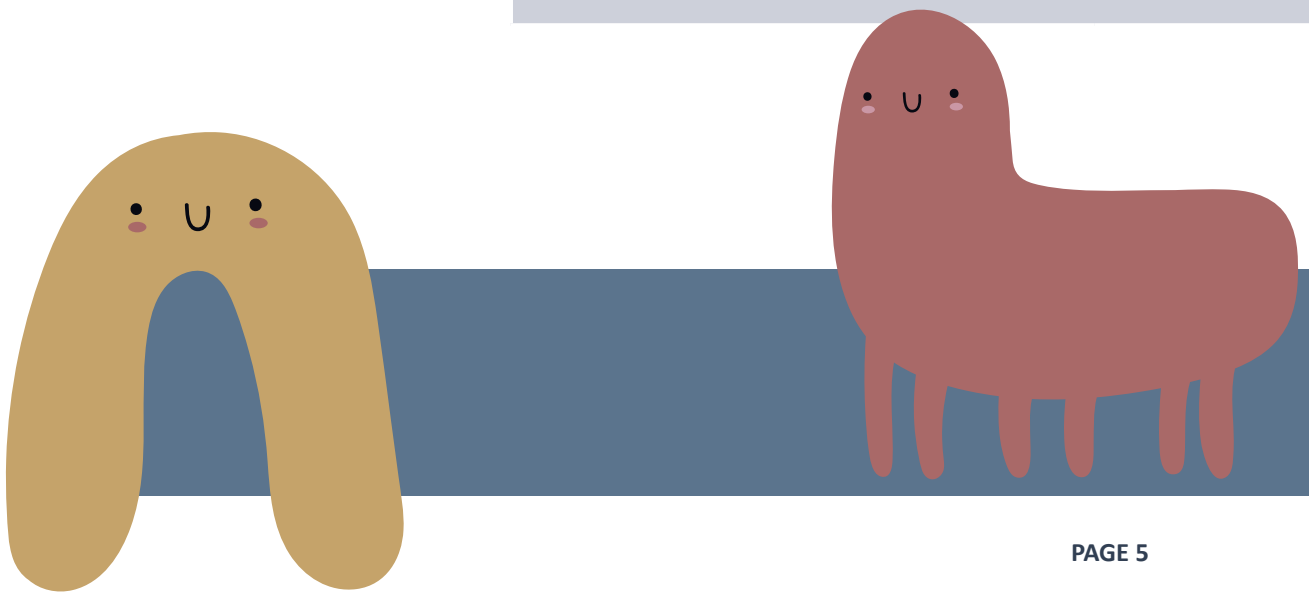

YOUR HOUSEHOLD AND CHILD'S RELATION: CHILDREN

Name	
Relationship to child	FOR EXAMPLE: FULL OR HALF SIBLING
Age	
Who do they live with	
Difficulties at school	
Health	
Medical or developmental difficulties	

Name	
Relationship to child	FOR EXAMPLE: FULL OR HALF SIBLING
Age	
Who do they live with	
Difficulties at school	
Health	
Medical or developmental difficulties	

Name	
Relationship to child	FOR EXAMPLE: FULL OR HALF SIBLING
Age	
Who do they live with	
Difficulties at school	
Health	
Medical or developmental difficulties	

Name	
Relationship to child	FOR EXAMPLE: FULL OR HALF SIBLING
Age	
Who do they live with	
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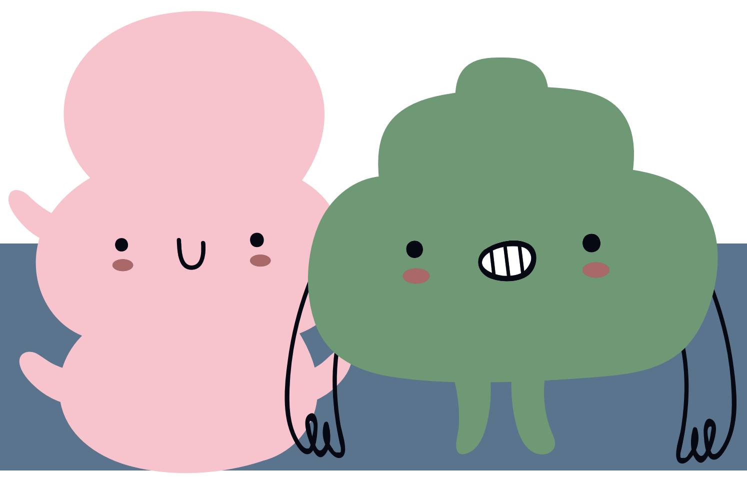
Medical or developmental difficulties	



YOUR HOUSEHOLD AND CHILD'S RELATION: CHILDREN

Name

Relationship to child — FOR EXAMPLE: FULL OR HALF SIBLING

Age

Who do they live with

Difficulties at school

Health

Medical or developmental difficulties

Name

Relationship to child — FOR EXAMPLE: FULL OR HALF SIBLING

Age

Who do they live with

Difficulties at school

Health

Medical or developmental difficulties

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Who do they live with

Difficulties at school

Health

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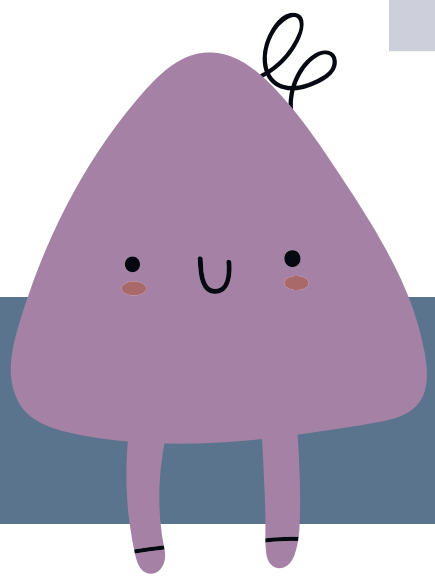
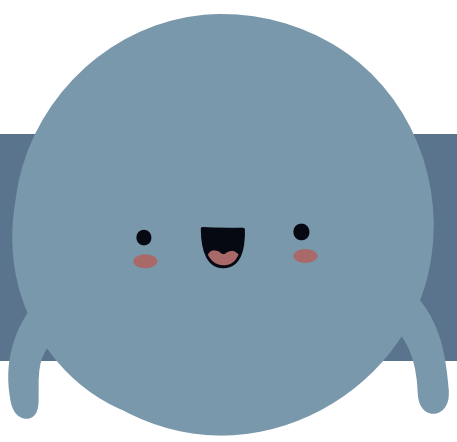
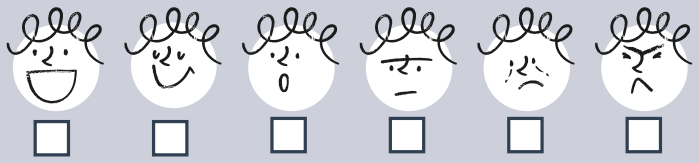


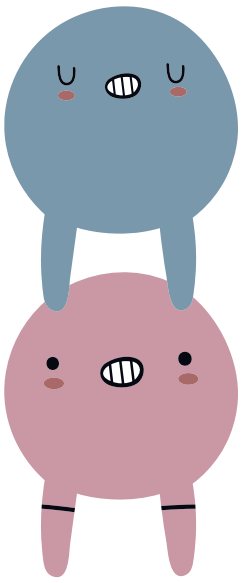


DOCTOR Kate

PREGNANCY WITH CHILD

Planned pregnancy	❑ YES ❑ NO	ADDITIONAL NOTES
How did you feel when you found out about this pregnancy		 HAPPY, EXCITED, SURPRISED, SAD, OVERWHELMED, ANGRY?
Scans – concerns and complications		PLEASE GIVE DEATILS
Significant events during pregnancy		PLEASE GIVE DEATILS
Significant events after delivery		EMOTIONAL WELL-BEING, PHYSICAL AND MENTAL HEALTH, SIGNIFICANT EVENTS FOR YOU
Smoking	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS, FOR EXAMPLE QUANTITY
Alcohol	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS, FOR EXAMPLE VOLUME
Prescribe medication	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS
Non-prescribe and recreational medication	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS
Delivery – gestation, place, type of delivery		PLEASE GIVE DEATILS
Birth weight, complications and treatments		PLEASE GIVE DEATILS

Anything else you think we should know?



CHILD'S HEALTH

Medical concerns	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS
Medications	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS
Allergies	❑ YES ❑ NO	IF YES, PLEASE GIVE MORE DETAILS
Up to date vaccinations	❑ YES ❑ NO	PLEASE GIVE DETAILS
Visual concerns *Date of check if applicable*	❑ YES ❑ NO	PLEASE GIVE DETAILS
Hearing concerns *Date of check if applicable*	❑ YES ❑ NO	PLEASE GIVE DETAILS

CHILD'S SLEEP

Sleep-related concerns

❑ YES ❑ NO

	Best night	Average night	Worst night
	PLEASE GIVE DETAILS	PLEASE GIVE DETAILS	PLEASE GIVE DETAILS
Frequency of this type of night	Rarely — Frequently	Rarely — Frequently	Rarely — Frequently

CHILD'S WELL-BEING

Have there ever been any concerns about the child's emotional well being?

❑ YES ❑ NO

Details of concern or issue

PLEASE GIVE DETAILS

Support offered or tried

PLEASE GIVE DETAILS | PLEASE GIVE DETAILS | PLEASE GIVE DETAILS

Outcome

PLEASE GIVE DETAILS | PLEASE GIVE DETAILS | PLEASE GIVE DETAILS

Professionals involved

❑ YES ❑ NO

Contact name	Contact details	Report
	TELEPHONE, EMAIL & ADDRESS	❑ YES ❑ NO
	TELEPHONE, EMAIL & ADDRESS	❑ YES ❑ NO
	TELEPHONE, EMAIL & ADDRESS	❑ YES ❑ NO

Would you consider your child a worrier?

On a scale of 1-5, one being not overly worried, and five worries a lot.

1 2 3 4 5

If so, tell us what they worry about...

MORE INFORMATION

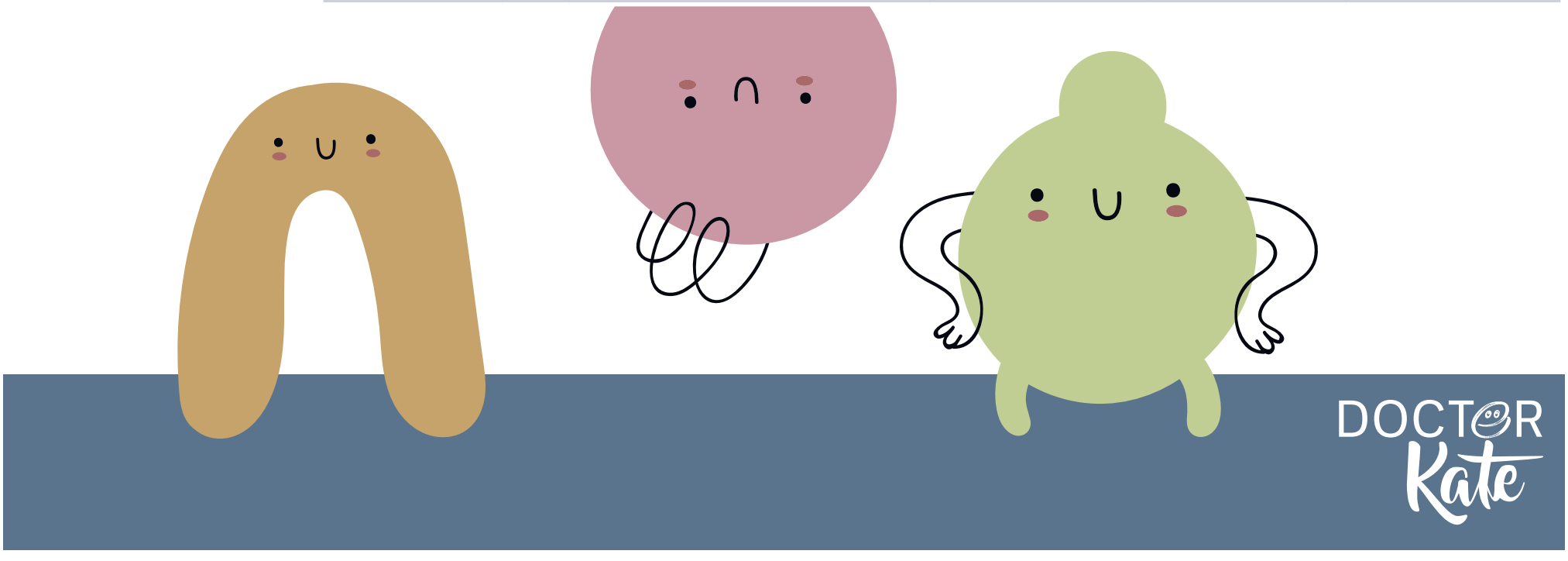
CHILD'S SELF-HELP SKILLS

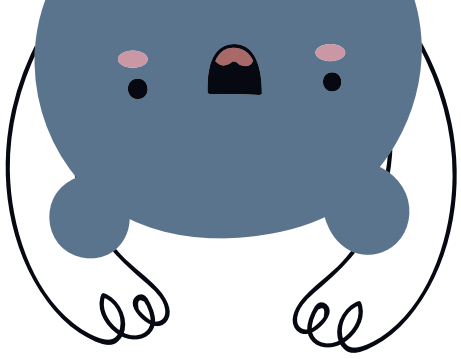
Action	Age achieved	Concerns now	Details
Toilet trained ❑ YES ❑ NO		❑ YES ❑ NO	TOILETING CONCERNS
Washes hands ❑ YES ❑ NO		❑ YES ❑ NO	ANY CONCERNS RE PERSONAL HYGIENE, WASHING, TEETH CLEANING, ETC
Us of cutlery ❑ YES ❑ NO		❑ YES ❑ NO	ANY CONCERNS WITH EATING AND DRINKING NOW?
Dressing ❑ YES ❑ NO		❑ YES ❑ NO	ANY CONCERNS WITH SELF DRESSING INCLUDING BUTTONS, ZIPS AND SPEED OF DRESSING
Other self-help concerns ❑ YES ❑ NO	GIVE DETAILS		

CHILD'S MILESTONES

Action	Age achieved	Details
Sitting ❑ YES ❑ NO		
Crawling ❑ YES ❑ NO		
Walking ❑ YES ❑ NO		
	Concerns with running, jumping, climbing, stairs?	
Clumsiness ❑ YES ❑ NO		
First words ❑ YES ❑ NO		

	No. of words at 2 years		Age when speaking phrases		Age when speech is fluent
Other concerns ❑ YES ❑ NO					





COMMUNICATION

Do you have any general concerns around your child's communication skills?

.....
.....
.....
.....
.....
.....
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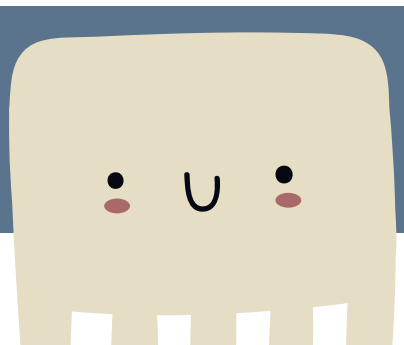
Can your child...		Example
Start a conversation	❑ YES ❑ NO ❑ SOMETIMES	
Greet others with a smile	❑ YES ❑ NO ❑ SOMETIMES	
Maintain a conversation	❑ YES ❑ NO ❑ SOMETIMES	
Read others facial expression and body language	❑ YES ❑ NO ❑ SOMETIMES	
Use gesture and pointing to express themselves	❑ YES ❑ NO ❑ SOMETIMES	
Become interested in what others are saying	❑ YES ❑ NO ❑ SOMETIMES	
Do small talk	❑ YES ❑ NO ❑ SOMETIMES	
Offer information about their thoughts and feelings	❑ YES ❑ NO ❑ SOMETIMES	
Show interest or concern about others thoughts and feelings	❑ YES ❑ NO ❑ SOMETIMES	
Take on others thoughts and ideas	❑ YES ❑ NO ❑ SOMETIMES	
Share others excitement and enjoyment in something?	❑ YES ❑ NO ❑ SOMETIMES	
Work collaboratively in a group	❑ YES ❑ NO ❑ SOMETIMES	
Make and maintain friendships	❑ YES ❑ NO ❑ SOMETIMES	
Recognise and act differently with different people *For example, a teacher compared to friend*	❑ YES ❑ NO ❑ SOMETIMES	
Recognise and respect personal space	❑ YES ❑ NO ❑ SOMETIMES	



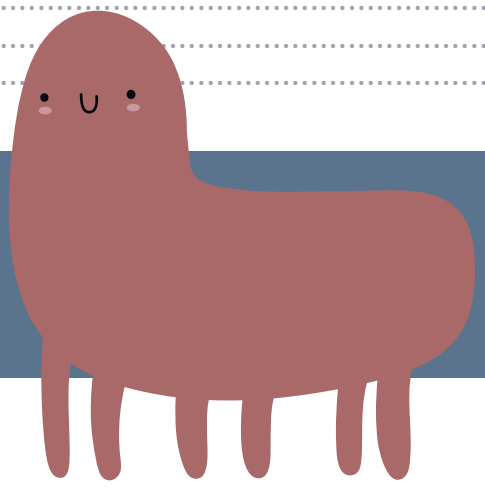
Does your child have...		Example
Intense interests	❑ YES ❑ NO	
Unusual sensory behaviours	❑ YES ❑ NO	
Struggle in some environments *For example, busy or noisy areas*	❑ YES ❑ NO	

Do you have any concerns about your child's eye contact?

Can they...		Details
Follow your point	❑ YES ❑ NO	
Point to objects using their eyes	❑ YES ❑ NO	

How do they...	Details
Cope with challenges and tricky tasks	
Cope with a change in a planned activity	
Enjoy messy play and having dirty hands	

What would you really like us to know about your child?



SCHOOL PROGRESS AND AREAS OF CONCERN

TO BE COMPLETED BY SCHOOL

EDUCATIONAL PROGRESS

Curriculum level or EYFS level	Reading age	Spelling age	Gap widening or closing

What is the biggest concern / challenge within the school environment?

What interventions have been tried and what was the outcome?

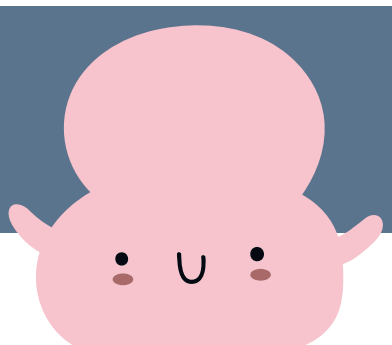
What is the child's overall academic ability compared to other children of their age? Please use age equivalent.

ATTENDANCE

What is their School Attendance (%)?

What were the reasons for any non- attendance and were any patterns recognised?

What were the reasons for any non- attendance and were any patterns recognised?



CHILD'S ABILITY

	In relation to class	Details	Progress (+/-)
Literacy	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Numeracy	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Co-ordination	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Class room behaviour	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Playground behaviour	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Fidgety and restless	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Inattention	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Impulsivity	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Social interaction with peers	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		
Social interaction with teachers	-2 -1 0 +1 +2		- 0 +
Intervention in place?	❑ YES ❑ NO		

Anything else you would like us to know about this child?

.....

.....

.....

COMPLETED BY

Name	
Role at school	
Email	

DOCTOR Kate

ADDITIONAL NOTES