Autism Spectrum Disorder Developmental Profile/Parent Interview

Date:_____

Child:_____ DOB:_____ Age:_____

Parent(s):_____

What were the initial behaviors or concerns that made you think your child might have a problem or that things were different?

Communication and Social:

1. Did your child babble and coo in the first 6 months? Was it directed at others?

2. Did you ever suspect a hearing loss because s/he didn't respond when you called their name?

3. Did your child follow simple commands during his/her first 18 months? (sit down, come here, get your bottle, etc)

4. Did your child reach to be picked up by 12 months?

5. Around your child's first birthday, was s/he using gestures or words to communicate?

6. What was his/her first word other than 'mama' or 'dada?
   Did s/he ever seem to lose or stop using previously learned words? At what age?

7. How old was your child when s/he began to use phrases?

8. What gestures did your child use by age 3? (point, wave, nod, shrug, etc.)

9. What do you estimate your child's vocabulary was at age 3?

10. Did your child repeat a lot of phrases or words? (from videos, commercials, etc)

11. How did your child get your attention when they were hurt, needed help, wanted affection? Did they look at you to get your attention before handguiding?

12. Did your child engage in conversational exchanges beyond asking and answering questions?

13. How would you describe your child's voice intonation or pitch? (typical, atypical, natural flow, stiff, high, low, etc.)

14. Did you notice anything different about his/her eye contact?

15. Did your child initiate and maintain early social games like pat-a-cake, peek-a-boo, etc.?

16. Did your child point at, show, or bring things to show you?

17. What did your child do around other kids their age?

18. Describe your child's play. Did they share toys, act out familiar events, pretend to talk or act like favorite characters, assign roles to others in play, imitate play of others, etc?

Patterns of Behavior, Interests, and/or Activities:

19. What did your child do when familiar routines were changed or dropped? What if they had to stop a preferred activity? Or move on to something else?

20. What toys, objects, or interests did your child like most? What did s/he do with them?

21. Are there things your child did extremely well for his/her age? How did s/he learn those things?

22. Does your child have any repetitive habits or movements? Such as complex finger flicking, flapping hands, compulsions/rituals, must have same seat or all doors shut, etc.

Sensory Information:

(From Reynolds School District)
Sensory Processing Questionnaire

Scoring: Use an X to mark items which are of particular concern. Add comments, examples, and additional information on the back.

Movement and Balance (Vestibular)
__ Avoids activities that challenge balance/movement (playground structure, swings, etc)
__ Seeks out activities that challenge balance/movement (climbing very high outside or on furniture in house)
__ Excessive craving for swinging, bouncing, slide3s, merry-go-rounds, rocking
__ Difficulty sitting still
__ Becomes overly excited after movement activity
__ Fear of falling when no real danger exists
Activity Level: __ Busier than typical child their age. __ Low energy

Tactile (Touch) Systems
__ Avoids touching messy projects/getting dirty
__ Overreacts to touch or closeness of others (tenses when patted affectionately)
__ Not aware of touch or closeness of others
__ Has trouble keeping hands to self, may poke or push other children
__ Apt to touch everything he sees/learns by touch
__ Wants excessive touching/cuddling/holding
__ Stands too close to people
__ Likes clothing a certain way (e.g. if wearing long sleeves, likes to keep them pulled down, tags may bother him)
__ Wears clothing not appropriate for weather (if cold, goes outside w/o coat, shoes, etc.)
__ Removes clothing when at home
__ Examines objects by placing in mouth

Smell/Taste
__ Frequently smells new food, objects
__ Notices smells others miss
__ Very sensitive to taste/texture/temperature (circle which ones apply)
__ Stuffs mouth full of food/may pocket food
__ Extremely selective eater. What does s/he eat? (e.g. may prefer spicy/sour foods, or bland foods)
__ Eats non-food items

Auditory

__ Seems overly sensitive to sounds
__ Makes noises with body and/or mouth
__ Easily distracted by background noises and unable to pay attention
__ Covers ears to shut out auditory input
__ Hears sounds others don't hear or before others notice
__ Tunes out or ignores sounds or voices
__ Voice volume too soft or too loud
__ Slow or delayed responses

Visual

__ Attracted to lights or other bright objects (flickering, flashing)
__ Overreacts to harmless object coming towards him/her
__ Difficulty locating objects in the environment
__ Tilts head to side or positions head in certain posture when viewing/playing with objects.