

How to use this checklist

- Use the 'Understanding your child checklist' on page 14 to help you fill this checklist in.
- Use the boxes to make further notes.
- Write down everything you can think of that applies, even if there isn't a question about the topic.



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Appointment checklist

Your child's name

Child's date of birth

Child's age Years

Months

Date of appointment

with

Your name

Phone number

email address

“Tell me about your concerns”

How would you describe your concerns? What are the five key words or phrases you would use?

1.

2.

3.

4.

5.

How old was your child when you first started to notice things that concerned you?

Years

Months

Use this space for other notes and reminders. If someone else has raised a concern, use this space to summarise who it was and what they said.

Looking back from the birth of your child until now, is there anything about their development that stands out in your memory? Think about milestones such as crawling, walking and eating solid foods. Think also about things that might have stood out about their sleep or weaning.



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“Tell me about your child’s sleep”

What time does your child normally go to sleep at night and wake up in the morning?

88:88 Sleep	88:88 Wake up	_____ Total hours
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If your child sleeps during the day, what time do they sleep?

88:88 Sleep	88:88 Wake up	_____ Total hours
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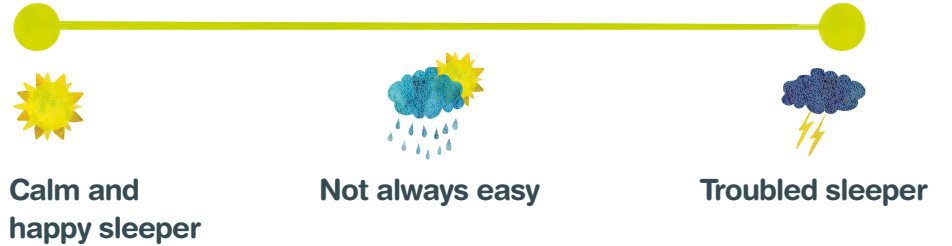
How easy is it for your child to go to sleep?



How often does your child wake in the night?



How has sleep been in general since they were a baby?



Use this space for any other notes about your child’s sleep.



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“Tell me about how your child talks and communicates”

Are there things you think your child should be saying or doing by now? How would you describe your main concerns:

1.

2.

3.

4.

5.

Does your child gaze into your eyes and are they comfortable holding eye contact?



Never



All the time

Has anyone - a member of nursery staff or a childminder, perhaps - commented on your child's speech? If so, what did they say?

Use this space for any other notes about your child's communication.



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“Tell me about how your child plays”

How would you describe the way your child plays? What are the top five words or phrases you would use:

1.

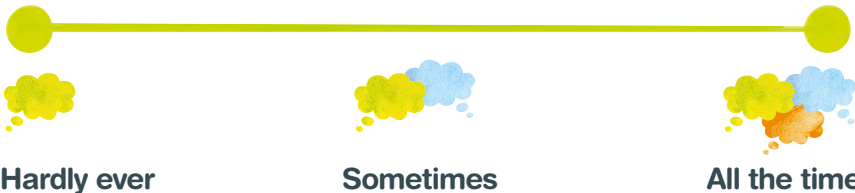
2.

3.

4.

5.

‘Imaginative play’ is when a child uses their imagination to pretend to be an astronaut or a bus driver, or to pretend to do things like cook or clean for example. How often would you say your child’s play was ‘imaginative’ in this way?



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Does your child prefer to play on their own? Will they watch other people and join in with them, such as other children, other adults or family members?



Prefer playing on their own



Watches others but doesn't join in



Joins in with others

“Tell me about how your child plays”

What are the main games, toys, topics or objects that your child is most interested in?

1.

4.

2.

5.

3.

Use this space for any other notes about how your child plays.

“Tell me about your child’s likes and dislikes”

How much does your child like routine?



Describe their routines.

Your child might regularly do things like clicking their fingers, flapping their hands or doing repetitive movements. Have you noticed anything like this?

If your child is angry or upset, is there anything that they do to soothe themselves?

Our senses include sight, sound and touch. Does your child react negatively/strongly to things such as loud noises, bright lights or sensations like something being wet? Or do they ever seem not to notice or react to these things when others do? Describe how they respond to sensory input.



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“How well does your child eat?”



The foods they like



The foods they don't like



What they like to eat for breakfast

What they like to eat for lunch

What they like to eat for dinner

What snacks they eat throughout the day



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“Tell me about you, your child and your family”

How long did the pregnancy last?

Months

Days

Did the mother take any medication during pregnancy?

Yes

No

Where was your child born?

Were there any complications or difficulties during pregnancy or birth?

Use this space for any further notes about the pregnancy and the birth.



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Your health

How has your health been since your child's birth?



Do you have any ongoing health problems? If so, what are they and are you taking any regular medication?

How would you describe your mood?



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Use this space to add some notes or more detail about what you'd like to say about your health. You can also use this space to talk about your partner's health if you think it is appropriate.

“Has your child had any health problems?”

This isn't about the usual coughs and colds. Think about things like fevers, infections, bowel problems or any other conditions.

Family history

Think in particular about anyone in your family (uncles, aunts, grandparents, your child's brothers and sisters) who has or may have autism spectrum disorders or other developmental, mental or physical health problems, such as ADHD, a learning disability or epilepsy.

Relationship to your child

Health issue

Use this space for any other thoughts, observations or questions.



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