




Your Information

1. Title of person completing this form:
2. First name of person completing this form:
3. Last name of person completing this form:
4. Relationship to child (the client) of person completing this form:
5. Email address of person completing this form:
(Your email will be sent only to the professional who is receiving this report.)
6. Do you know the date this child will be assessed by the professional who sent you this form? Yes No Unsure
- Please use calendar date picker to select assessment date.
Choose month and year first, then day. 

Child's Information

1. First name of the child being seen for this evaluation:
2. Last name of the child being seen for this evaluation:
3. Child's date of birth: (Please use calendar date picker to select. Choose month and year first, then day.) 
4. Child's gender: Male Female

Your progress: 

1. Do both the biological mother and biological father live together full time with John? Yes No

Please provide information for his biological father and biological mother below (all fields required).

John's biological father's information:

Title:

Mr.

First Name:

Jim

Last Name:

Smith

Age (in years):

33

John's biological mother's information:

Title:

Mrs. (married)

First Name:

Sarah

Last Name:

Smith

Age (in years):

31

How many people live in the same home, not including John and the biological parents listed above? (Include all other adults and children.)

None

2. PRIMARY language spoken to John within the home: English Spanish Other
3. Are any additional languages spoken within the home? Yes No
4. Has the family moved in John's lifetime? Yes No


How many times has the family moved in his life? 2

How old was he during the MOST RECENT move? 4 years old

How did he adjust to this MOST RECENT move? With great difficulty

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Your progress: 

1. How old was the biological mother at John's birth?

25 years old

2. Was prenatal care received?

 No Unknown Yes

Please choose when John's mother BEGAN seeing a doctor for prenatal care.

Within the second trimester (weeks 13–28)

3. Was there any exposure to illegal or toxic substances while pregnant. (e.g., cigarettes, alcohol, chemicals at work, etc.)?

 No Unknown Yes

Specify substances:

i might have had a beer and sushi before I realized I was pregnant, but

4. Were there any difficulties with the pregnancy (only the pregnancy, not the delivery)?

 No Unknown Yes

5. Did the mother have an amniocentesis (amniotic fluid removed by a large needle, which is typically not done unless a mother is over 35 years old or there are concerns about the baby having genetic issues)? If you cannot recall, then it most likely did not occur as this is a significant procedure.

Not completed

6. What was the gestation period at his birth? (37 to 41 weeks is usually considered full term.)

40 weeks

7. How was he delivered? (Planned repeat cesarean section is typically done if a prior child was born by cesarean section.)

Emergency cesarean section

8. Were there significant complications with the delivery?

 No Unknown Yes

Please describe difficulties:

the labor failed to progress and fetal distress was detected and they decided to do a c-section

9. Do you know John's birth weight and length?

 No Yes

Select weight and length:

7 lb (3.2 kg) 5 oz (142 g) 19 in (48 cm)

10. Do you know his APGAR scores? (Many parents do not know these scores.)

 No Yes

11. Were there significant postnatal issues? (This means difficulties immediately after the birth and before he was released from the hospital.)

 No Unknown Yes

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Your progress:



1. Has John had any SIGNIFICANT illnesses? No Unknown Yes

Please describe each illness and at what age it occurred.

what caused it and took him to the emergency room each time.
Doctors gave him fluids through an IV and he recovered quickly.

2. Has he had any SIGNIFICANT injuries? No Unknown Yes

3. Has John ever required an overnight hospitalization (aside from immediately after his birth)? No Unknown Yes

4. Has he ever undergone surgery? No Unknown Yes

5. Does John show signs of seizures? No Unknown Yes

6. Has he had ear infections?

- Never had an ear infection
 A few, but not on a chronic or severe basis
 Unknown
 Regularly/several

7. Does John have any seasonal/environmental, food, medication, or other allergies? No Unknown Yes

Please check all types that apply.

- Seasonal/Environmental allergies
 Food allergies

Please list specific foods John is allergic to.

John is allergic to whole eggs but can tolerate products with eggs in i

- Medication allergies
 Other allergies

8. Does he have asthma? No Unknown Yes

Please describe frequency and treatment used.

it's mild and he has an Albuterol inhaler which he only uses a few times a year.

9. Has John ever been prescribed psychotropic medications (medication for psychological conditions such as ADHD, depression, anxiety, etc.)? No Unknown Yes

10. Has his hearing ever been tested/screened? No Unknown Yes

At what age was his MOST RECENT hearing evaluation?

What type of test was this?

- A screening (such as by a school or speech therapist)
 A thorough assessment by a specialist (such as a pediatrician or audiologist)
 Unknown if it was a screening or done by a specialist

What were the results?

- Hearing was within normal limits.
 Results were unclear due to cooperation issues.
 He has hearing difficulties.

11. Regardless of whether his hearing was tested, or the test results, do you have concerns about his hearing? No Unknown Yes

12. Has his vision ever been tested/screened? No Unknown Yes

At what age was his MOST RECENT vision evaluation?

What type of test was this?

- A screening (such as by a school or vision therapist)
- A thorough assessment by a specialist (such as a pediatrician or ophthalmologist)
- Unknown if it was a screening or done by a specialist

What were the results?

- Vision was within normal limits.
- Results were unclear due to cooperation issues.
- He has vision difficulties.

Please specify difficulties:

he was found to have a mild astigmatism, but not to the point of requiring corrective lenses.

13. Regardless of whether his vision was tested, or the test results, do you have concerns about his vision? No Unknown Yes

14. Does John eat a good amount of food? (How picky he is and sensory issues will be addressed later. This question is asking about the amount or style of eating.)

- Good, he has a healthy appetite and eats at least 3 solid meals a day.
- Grazer, he prefers to snack throughout the day rather than eat solid meals.
- No, he rarely wants to eat.
- Other

15. Sleeping - Going to bed

- He does not have significant difficulty falling asleep (for his age).
- He regularly resists or has difficulties falling asleep which often takes several minutes.

Select approximate length of time to fall asleep below:

30 to 45 minutes

16. Sleeping - Nightmares or night terrors ?

- No, he does not have nightmares or night terrors regularly.
- Unsure (I do not know whether he has these regularly.)
- Yes, he has nightmares or night terrors regularly.

17. Sleeping - Waking at night

- John typically sleeps throughout the night.
- He typically wakes during the night.

18. Sleeping - John typically sleeps this many hours per night:

9 hours

19. Sleeping - Naps

- No, he usually does not take naps.
- Yes, he usually takes a daily nap.

20. Does he have pica (attempting to eat nonfood or nonedible items)?

- No, he does not eat nonnutritive substances (e.g., sand, dirt).
- He mouths objects but does not try to swallow them.
- Yes, he will sometimes try to eat/swallow inappropriate items.

Please specify:

John likes to eat a little bit of playdough sometimes, but not enough to upset his sto

21. Does John have difficulty with elimination (bowel movements)? Check all that apply.

- He does NOT experience chronic difficulties with diarrhea or constipation.
- He regularly struggles with constipation.
- He regularly struggles with diarrhea.
- Other

22. Has he undergone any advanced medical testing, such as genetic testing, an MRI, a CT or CAT scan, or an EEG (typically done to rule out seizures)? No Unsure Yes


23. Are there any other medical issues that have significantly affected No Yes

John, that were not addressed in the medical questions above?

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Your progress: 

1. Please use two words to describe John as an infant (his personality during the first 12 months of his life).

 Unknown. (I was not involved in John's life at that time.)

2. When did he sit up without support? (5 to 8 months is average.)

3. When did he start crawling? (6 to 10 months is average.)

4. When did he first walk independently without support? (10 to 14 months is average.)

5. Do you have concerns about John's current motor skills, such as his gross motor skills (ability to walk, run, jump) or fine motor skills (ability to pick up or manipulate small objects)?

- No concerns.
 Unsure if his motor skills are age appropriate.
 Yes, because he appears delayed or clumsy.

6. When did he first use functional words? ("Functional" means the word was not just said in repetition of another person or said randomly, but was used with clear intent and more than just once. 11 to 14 months is average.)

7. When did he begin combining words purposefully? (This means intentionally putting two unique words together and not just using rote phrases such as, "What's that?" For example, when did he begin to say phrases such as: "want juice," "want mommy," "go home," or "go daddy"? 18 to 24 months is average.)

8. Do you have concerns about John's current language skills (such as the size of his vocabulary, articulation issues, ability to combine words in an age-appropriate manner, or social use of language)?

- No concerns.
 His expressive language appears delayed compared to other children his age.

Please specify the type of language delays (check all that apply):

- Limited/low vocabulary for his age.

Does John have more than 100 words in his expressive vocabulary? (Words he says spontaneously.)

- Yes No

Please estimate the number of words John uses spontaneously (not just in imitation of others).

- None (he does not consistently use any words at this time).
 Less than 5 words.
 5-10 words.
 10-20 words.
 25-50 words.
 50-100 words.
 Other.

How many words does John typically use to express himself?

- None, because he does not try to communicate or cannot use words to communicate with others.
 1 word.
 1- to 2-word phrases.
 2- to 3-word phrases.

- 3- to 5-word phrases.
- More than 5-word phrases.
- Other functional language delays.

- Articulation difficulties. (Meaning he does not pronounce words appropriately for his age and can be harder to understand than most children his age.)
- Pragmatic/functional language delays. (Meaning his vocabulary is adequate but he does not combine words or use them socially at a level appropriate for his age.)

Unsure whether John's language skills are appropriate for his age.

9. At what age was he toilet trained?

4 to 4½ years of age ▾

10. Has John ever significantly regressed in his development or skills? In other words, did he ever lose the ability to use words or the desire/ability to socially engage others?

No Unsure Yes

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Your progress:



1. Auditory (sounds)

- Normal reaction to sounds for his age
- Likes loud noises more than most children
- Becomes very active/overstimulated in loud or busy environments
(MORE THAN MOST CHILDREN)
- Excessive discomfort with typical daily sounds
(e.g., covers his ears when hearing sounds that do not seem to bother most children)
- Other (none of the answers above apply)

Please briefly specify:

2. Visual (light)

- Normal reaction to light
- Overly bothered by lights on a regular basis/more than most children his age
- Stares at bright lights frequently
- Other (none of the answers above apply)

3. Olfactory (smells)

- Normal reaction to smells
- Reacts excessively to smells (e.g., gags, becomes distressed)
- Almost never smells items
- Smells items excessively/too often
- Often smells unusual items (such as other people, carpet, etc.) and not just to be funny
- Other (none of the answers above apply)

4. Oral / Foods

- Normal food preferences for his age
- Very picky about food, but there is no consistent pattern to the textures or temperatures of his food preferences
- UNUSUALLY strong food preferences for his age such as with texture or temperature

Please check all that apply.

FOOD TYPES	LIKES AND EATS	DISLIKES AND AVOIDS	NO PREFERENCE
Soft food	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Crunchy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground meat (such as chicken nuggets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unground meat (such as steak or chicken breast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed textures (such as cereal with milk or unblended soups)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot food (physically hot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spicy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (list, if any)	<input type="text"/>	<input type="text"/>	

- Often seeks oral stimulation
- Other (none of the answers above apply)

5. Tactile (touch)

Normal reaction to being touched by others or by John touching various textures, such as sand, dirt, Play-Doh, finger-paints, grass, etc.

Becomes upset/uncomfortable when touching certain textures/items with his hands or feet

Please briefly specify:

He hates touching goey textures like Gack

Often rubs or touches certain textures or items with his hands or feet

Often avoids or dislikes other people touching him

John greatly enjoys being touched by others, such as often wanting his feet or head rubbed

Other (none of the answers above apply)

6. Clothes

Normal preference/pickiness of clothes for his age

Greatly DISLIKES the fit of his clothes (more than most children)

Frequently bothered by certain clothes textures (more than most children)

Other clothes preferences not addressed above that appear sensory driven, such as shirts must have hoods, only wearing heavy clothes, etc.

7. Vestibular (movement)

Normal enjoyment of swinging, spinning, and sliding

Greatly DISLIKES some types of movement (more than most children)

Excessively LIKES some types of movement (more than most children)

Other (none of the answers above apply)

8. Proprioceptive (pressure)

Normal reaction to pressure, such as from tight hugs

Greatly DISLIKES some types of tight pressure (more than most children)

Excessively LIKES some types of tight pressure (more than most children)

Choose all that apply:

Tight hugs

Wedging himself between objects

Heavy blankets

Piling objects on top of himself

Walking on his toes (due to the pressure it places on the balls of his feet)

Leaning or pressing heavily on other people or objects

Banging his head against objects or people (due to seeking sensory feedback, NOT during a tantrum or in attempt to manipulate others)

Other

Other (none of the answers above apply)

9. Pain tolerance

Normal reaction to pain (For most children, their reaction depends on the response of others and whether blood is seen.)

Unusually high pain tolerance on a regular basis (does not feel pain easily)

Unusually low pain tolerance on a regular basis (feels pain too easily)

Other

10. Activity level (over- or underactive)

Normal activity level for age (Most children have spurts of hyperactivity or periods of lethargy.)

Unusually high activity level on a regular basis

Unusually low activity level on a regular basis

Other

11. Focus or attention span


Normal attention span for age

Attention span is very short when others are trying to get him to focus, but it is excessively strong on objects of interest to him

Very short attention span and rarely focuses on anything for more than a few minutes

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Your progress: 

1. Did John receive services prior to 3 years of age, such as from a regional center, department of education, or insurance company? No Yes Unsure

2. Has John attended day care? No Yes Unsure

Age started: (Please use months if he was under 3 years of age.) years of age

Average number of days per week:

Average hours per day:

Is he still attending?

Age stopped attending: (Please use months if he was under 3 years of age.) years of age

3. Did he attend a preschool program between 3 and 5 years of age? No Yes Unsure

Age started: (Please use months if he was under 3 years old.) years of age

Average number of days per week:

Average hours per day:

Preschool name:

Is he still attending?

Age stopped attending: (Please use months if he was under 3 years of age.) years of age

4. Has John attended kindergarten? No Yes Unsure

Kindergarten name:

Years of age at start:

5. What grade is John currently attending? (Please choose N/A if he is not yet old enough to attend school. If currently between grades, please select the grade he will be entering.)

What is the name of the school John is currently attending?

What type of class does John attend?

- He currently attends a mainstream/regular classroom full time.
 He currently attends a special education classroom full time.
 He currently attends some mainstream and some special education classes.

Has John ever repeated a grade?

- Yes
 No

What elementary school did/does he attend? (This is typically for grades 1-6. If more than one school has been attended, please use the following format to specify the schools and grades: Blake Elementary first through fourth grade and Manchester Elementary for fifth grade.)

6. Has John ever been evaluated for an IEP or special education services? (Special education services are provided by schools, typically for children between 3 years and 20 years of age, to address special needs such as speech delays, learning difficulties or other handicap. If a child is between No Yes Unsure

these ages and receiving a therapy or intervention from the school, then they very likely qualified for special education and have an IEP.)

Did he qualify for special education services? Yes No

He FIRST qualified for special education services at: years of age

He CURRENTLY qualifies under the primary category of:

He CURRENTLY qualifies under the secondary category of:

7. Does John have behavioral difficulties within his current school or program? (If not applicable because he is not yet enrolled in any program, choose N/A.) No Yes N/A

Please explain below.

he sometimes gets in trouble for not listening or following directions

8. Has John ever been evaluated for speech therapy? No Yes Unsure

Did he qualify for speech therapy? No Yes

Is he still attending? No Yes

Approximate age at start: (Please use months if he was under 3 years of age.) years of age

Avg. number of sessions per MONTH:

Avg. number of minutes per session:

9. Has he ever been evaluated for occupational therapy? No Yes Unsure

Did he qualify for occupational therapy? No Yes

Is he still attending? No Yes

Approximate age at start: (Please use months if he was under 3 years of age.) years of age

Avg. number of sessions per MONTH:

Avg. number of minutes per session:

Approximate age at end: (Please use months if he was under 3 years of age.) years of age

10. Has John ever been evaluated for physical therapy? No Yes Unsure

11. Has he ever received Autism Intervention Services such as ABA? No Yes Unsure

12. Has John ever been evaluated for developmental therapy? (This service is typically provided only up to 3 years of age.) No Yes Unsure

13. Has he ever received any other therapies? (For example: music therapy, equestrian therapy, feeding therapy, etc.) No Yes Unsure


14. Has John participated in organized extracurricular activities such as swimming, playing a musical instrument, karate, scouts, etc.? No Yes Unsure

Please specify types of activities, ages they occurred, and other relevant details.

john attended karate from 4 to 5 years of age. He has attended swimming classes every summer since 18 months of age

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Your progress: 

1. Do you believe John has visual or auditory hallucinations? No Unsure Yes
2. Has he ever been hospitalized due to a psychological issue? (i.e. 5150 due to being a risk to himself or others) No Unsure Yes
3. Has John expressed suicidal or homicidal thoughts? No Unsure Yes
4. Has he been the victim of abuse or trauma or had Child Protective Service (CPS) involved in his life? No Unsure Yes
5. Is there a family history of any learning disabilities or psychological issues within the last two generations of John? No Unknown Yes

Please check any of the issues/disorders that apply, then CLARIFY THE RELATIONSHIP TO John. You may skip disorders that do not apply.

Autism	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Asperger's	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Depression	<input checked="" type="radio"/> Yes	<input type="radio"/> Unsure	<input type="radio"/> No	<input type="text" value="Maternal Grandmother"/> <input type="text" value="Select Relationship of Relative 2"/> <input type="text" value="Select Relationship of Relative 3"/> <input type="text" value="Select Relationship of Relative 4"/>
Anxiety	<input checked="" type="radio"/> Yes	<input type="radio"/> Unsure	<input type="radio"/> No	<input type="text" value="Maternal Grandmother"/> <input type="text" value="Select Relationship of Relative 2"/> <input type="text" value="Select Relationship of Relative 3"/> <input type="text" value="Select Relationship of Relative 4"/>
Panic attacks	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Obsessive/compulsive disorder (OCD)	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Bipolar disorder	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Language disorder/delays	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Schizophrenia	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Borderline personality disorder	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
ADD/ADHD	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Mental retardation	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Specific learning disorder (such as dyslexia)	<input type="radio"/> Yes	<input type="radio"/> Unsure	<input checked="" type="radio"/> No	
Other disorders/issues	<input checked="" type="radio"/> Yes	<input type="radio"/> Unsure	<input type="radio"/> No	Please specify. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Mrs. Smith is adopted and thus little is known about her family history </div>

6. Do you believe he has fears or anxiety more than most children his age? (Many young children are afraid of the dark, or dogs, or are initially hesitant of strangers. We are asking if he has severe or excessive fears that negatively affect him and are of a significant concern to you.) No Unsure Yes

7. Do you believe John has significant signs of depression? For example, he becomes too quickly frustrated or upset, expresses negative thoughts about himself, says other people do not like him, often appears sad, etc. No Unsure Yes

8. Does he INTENTIONALLY try to hurt HIMSELF? No Unsure Yes

9. Does he INTENTIONALLY try to hurt OTHERS? No Unsure Yes

10. Does John have excessive tantrums or more than you would expect for his age? No Unsure Yes

On average, he tantrums this many times per day:

During the tantrum he will:

Tantrum is typically triggered by:

11. Has he ever received counseling services, such as through a therapist or mental health agency? No Unknown Yes

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Your progress:



1. Has John ever previously been evaluated for, or diagnosed with, a psychological disorder (such as autism, depression, language disorder) by a professional (such as a psychiatrist, psychologist, or counselor)?

No Unsure Yes

2. Please BRIEFLY describe who initially brought up concerns about autism and/or developmental delays, and/or who referred you for the current evaluation.

John doesn't seem to want to play with other children and he has significant language delays.

3. The examiner will ask about many of your responses to this questionnaire when you meet with him/her in person. There will also be time for you to express your concerns and issues that may not have been addressed in this questionnaire. Are there any specific issues the examiner needs to know in advance prior to meeting with you? (Please keep your answer as brief and simple as possible.)

I'm really looking forward to this evaluation and figuring out what's going on!

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Submit