

## DEVELOPMENTAL HISTORY

(For Suspected Autism Spectrum Disorders)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Family Health History:

	Anxiety		Seizures
	ADHD		Schizophrenia
	Bipolar Disorder		Personality Disorder
	Autism		Cerebral Palsy
	Depression		Other:

### Prenatal, Birth, and Neonatal History:

	Maternal Diabetes		Placenta abnormalities
	Maternal Infection(s)		Environmental Toxin Exposure
	Prescribed medication use during pregnancy		Bleeding during pregnancy
	Use of alcohol during pregnancy		Preeclampsia (high blood pressure)
	Use of recreational drugs during pregnancy		Use of tobacco during pregnancy

Weeks' Gestation: \_\_\_\_\_ Delivery Type: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

	Jaundice		Feeding difficulties
	Oxygen Therapy		Respiratory distress
	Infection		Other:

### Other Factors Impacting Family:

	Divorce		Physical neglect
	Parental incarceration		Emotional neglect
	Physical Abuse		Mental illness
	Emotional Abuse		Mother treated violently
	Sexual Abuse		Substance abuse by any household member

### Sensory Systems Review:

Prior to age 3, were any of the following developmental milestones a concern for your child? (all sections from here until

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the end of the form) If you continue to have concerns regarding your child's development on a specific skill, also check the "still a concern" box.

Vision:	Yes	No	Still a concern?
Avoids eye contact during conversation			
Uses eye contact to direct attention to others or objects			
Holds objects up to eyes			
Views objects through peripheral vision (looks out the sides of his/her eyes)			
Shows excessive interest in mirrors or lights			

**Has Vision been Formally Evaluated?** Yes or No      When: \_\_\_\_\_

Results: \_\_\_\_\_

Hearing:	Yes	No	Still a concern?
Shows a lack of response to sounds			
Shows a lack of response to speech			
Shows a lack of response to their name being called			
Covers ears to everyday sounds			
Is stressed/irritated by extraneous noise			
Has frequent ear infections			
Has PE tubes			

**Has Hearing been Formally Evaluated?** Yes No      When: \_\_\_\_\_

Results: \_\_\_\_\_

Vestibular	Yes	No	Still a concern?
Excessively trips or loses balance			
Bumps into objects, due to lack of spatial awareness			
Engages in large motor self-stimulating movements : <ul style="list-style-type: none"><li>● rocking</li><li>● swinging</li><li>● spinning</li></ul>			
Resists movement activities			
Uses one hand for two-handed activities			

Tactile/Touch:	Yes	No	Still a concern?
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Irritated by certain clothing			
Shows sensitivity to certain textures list here			
Shows sensitivity to temperatures			
Persistently mouths objects			
Overreacts to minor injury			
Under-reacts to injury (little to no response to pain)			
Resists bathing			
Resists brushing his/her teeth			
Resists to haircuts			
Exhibits excessively clingy behavior			
Shows discomfort when touched			
Insists on having a large personal space			
Has picky eating habits <ul style="list-style-type: none"> <li>List food avoidance</li> <li>List food preference</li> </ul>			
Insists on holding an object in his/her hand with no intended purpose			

<b>Proprioceptive (input to body):</b>	<b>Yes</b>	<b>No</b>	<b>Still a concern?</b>
Moves hands or feet to an unusual degree: flaps hands      clasps hands      stomps feet      jumping/bouncing			
Walks on tippy toes			
Climbs in inappropriate places with lack of safety recognition			
Bangs head			
Grinds teeth			
Walks with a bouncy gait/step			
Has difficulty positioning self on furniture			
Is physically rough with people			
Is physically rough with objects			
Resists being snuggled			

**Primary Mode of Communication - Check the 1 that best displays your child's current communication**

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	Verbal - one to two-word phrases		Non-verbal Sign Language
	Verbal - full sentences		Non-verbal Gestures

Communication:	Yes	No	Still a concern?
Coo/babbled			
Responded to voices			
Responded to his/her name			
Imitated actions (e.g., "So Big")			
Imitated sounds (e.g., "Moo")			
Uses gestures to indicate wants (e.g., reaching, pointing, shaking, or nodding head)			
Uses facial expressions to indicate wants (e.g., smile, frown, yucky)			
Follows your point or gaze to items at a distance			
Makes eye contact			
Responds to simple directional commands (come here, put away, sit down,)			
Experienced regression in language development (had language and stopped talking)			
Demonstrates immediate echolalia (repeating what someone says)			
Demonstrates delayed echolalia (repeating phrases from books or movies out of context)			
Uses repetitive speech (says words or phrases over and over again)			
Appears to have "their own language" (gibberish or verbal communication that cannot be understood)			
Speaks with unique vocal intonation: <ul style="list-style-type: none"> <li>flat (robotic)</li> <li>sing-song (rhythmic)</li> <li>unusual volume</li> <li>unusual pitch</li> </ul>			

***If your child's primary mode of communication is non-verbal, DO NOT complete the social interaction section.***

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<b>Social Interaction:</b>	<b>Yes</b>	<b>No</b>	<b>Still a concern?</b>
Displays preference of social interactions with: <ul style="list-style-type: none"> <li>• objects</li> <li>• adults</li> <li>• younger peers</li> </ul>			
Lacks use of expressive body language - limited facial expressions directed towards others			
Lacks use of expressive body language - limited use of gestures			
Typically responds with yes/no (does not give more detail)			
Typically responds with more information than is necessary to explain a situation/scenario			
Misuses pronouns (e.g., Wanting to swing “push you”)			
Difficulty understanding nonverbal cues - facial expressions and vocal tone			
Difficulty understanding pragmatic language (irony, humor, sarcasm, slang)			
Tendency to engage in a one-sided conversation about a favorite topic			
Has difficulty initiating a conversation with others			
Has difficulty maintaining a conversation with others			

<b>Social Development:</b>	<b>Yes</b>	<b>No</b>	<b>Still a concern?</b>
Displays social isolation or withdrawal			
Disinterested in other people			
Prefers interactions with inanimate objects			
Has difficulty making friends			
Has difficulty maintaining friendships			
Displays frustration due to repeated failure to make friends			
Is insensitive to others' feelings			
Inflexible in negotiating shared activities			
Relies on formal rules of behavior and rigid social conventions			
Invades personal space during conversations			

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Emotional Development:	Yes	No	Still a concern?
Insists on following routines in precise detail			
Vulnerability - little to no fear of strangers			
Vulnerability - lack of concern for personal safety			
Becomes distressed over changes in the environment			
Frequent temper tantrums			
Severe temper tantrums (causes harm to self)			
Lines up toys			
Requires play to be completed in a specific way			
Repetitive hand or finger mannerisms			
Play is based on reenactment of favorite show			
Rigid or rule-bound thinking (e.g. pointing out those who do not follow the rules)			
Shows an intense interest in topic/object <ul style="list-style-type: none"> <li>List items here</li> </ul>			

Comments: