

# Appendix 1. Example of baseline and annual screening of development

## Screening for school age children (PHP group 2009)

### 1 A BASELINE SCREENING FORM:-

Clinic: ..... Date of Completion: .....

Full Name: (as on medical file)..... Hospital No:.....  
 Known as:..... DOB: .....  
 Address:.....  
 Tel No:(H)..... (M).....  
 Date of diagnosis:..... Date of contact with present clinic:.....  
 Child's Main Carer (at present):  
Family Tree

Note: Members of Household (current) & significant others in family( not living at home)

Child born in UK: YES/NO: ..... If No record country of birth :.....Number of years living in UK: .....

Ethnicity:.....

Maternal Country of Origin:..... Paternal Country of Origin:.....

Languages spoken in home (underline child's main language):.....

#### **Significant events in child's history** (note changes in carer, family circumstances, deaths in family, traumas etc. ) Note date

#### **Developmental History** (from medical notes and parent / carer report)

Age achieved early milestones (walking, talking, toileting):.....  
 Any reported delays/concerns : ..... YES / NO  
 Feeding/growth difficulties:..... YES / NO  
 Hearing problems:..... YES / NO  
 Problems with vision:..... YES / NO  
 Abnormal tone: ..... YES / NO  
 Epilepsy:..... YES / NO  
 Speech and language issues:..... YES / NO  
 Mobility issues:..... YES / NO  
 Other Developmental or behavioural difficulties/problems noted:..... YES / NO  
 Record co-existing diagnoses – physical, neurological, neurodevelopmental, psychiatric with dates. YES / NO

#### **Education / Functioning**

Nursery / School attending at present:..... Age started school .....

Previous schools: .....

Behavioural concerns in school:.....YES / NO

Concerns about understanding or academic progress.....YES / NO

Any additional help child receives in school (Education Health and Care Plan / other targets or specific interventions: YES / NO

Describe .....

Concerns about memory or organisation skills:.....YES / NO

Concerns about concentration and staying on task.....YES / NO

Difficulties sitting still:.....YES / NO

Results from last key stage assessments (SATS) if available

**Emotional and Social Development**

Difficulties getting on with peers : ..... YES / NO

Very little energy:.....YES / NO

Difficulties with appetite / eating:.....YES / NO

Difficulties sleeping:.....YES / NO

Toileting problems:.....YES / NO

Angry outbursts:.....YES / NO

Anxiety:.....YES / NO

Sadness / lacking motivation / self-care:.....YES / NO

Self-harm:.....YES / NO

Concerns about school attendance:.....YES / NO

Safeguarding concerns:.....YES / NO

On ARV medicines : YES/NO If yes current regime:.....

Date started:.....

Previous ARVs: ..... Date of changes in ARVs:.....

VL:.....

Child's understanding of reason for taking medicines:.....

.....

.....

**Significant recent events** (note changes in carer, family circumstances, deaths in family, traumas etc. ) Note date

.....

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**Action taken:**

1. Ongoing monitoring and review process ( within clinic) :.....

2. Referral on (to whom & reason): .....

3 . More In-depth assessment arranged ( reason).....

4.Discussion with MDT or other professional arranged .....

Form completed by: \_\_\_\_\_ Date \_\_\_\_\_