

Appendix 2 Example of baseline and annual screening interview for development

Screening for school aged children (PHP group 2009)

2A 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):

Other 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

Other services/agencies involved in child's care at present:

Developmental history summary (from medical notes and carer report)

Age achieved early milestones (walking, first words):

Note any reported delays/concerns:.....

Feeding/growth difficulties:.....

Hearing:..... Vision:.....

Abnormal tone:..... Epilepsy:.....

Other Developmental or behavioural difficulties/problems noted:.....

Record co-existing diagnoses – physical, neurodevelopmental, psychiatric (date confirmed):.....

P2

Educational history

School attended at present: Age started school:.....

No of previous schools:

Any concerns noted about progress at school at present or earlier:

Any other concerns (attendance, behaviour, friendships etc.)

Any additional help child receives in school:

None / school action / school action plus / statement

Describe

Results from last key stage assessments (SATs) if available

School report available Yes/No

	Very poor		OK		Very good
Carer rating of child's progress at school	1	2	3	4	5
Child rating of school progress	1	2	3	4	5

2 Baseline Screening continued

Present Health

Very poor

Excellent

P4 Carer ratings (example)

Carer ratings

Child's name & H/N:..... Date completed:.....

Completed by:

Relationship to child:

As the parent/carer of a child attending this clinic are you worried about your child in any of the following

	No concerns	A few concerns	A lot of concerns
How your child is growing	_____	_____	_____
Their appetite	_____	_____	_____
How they move (runs, jumps, climbs etc)	_____	_____	_____
Having too much energy/activity	_____	_____	_____
Having too little energy/not active enough	_____	_____	_____
How child talks or expresses themselves	_____	_____	_____
Their routines e.g. sleeping, toileting	_____	_____	_____
Feelings or mood	_____	_____	_____
Missing school because unwell	_____	_____	_____
How they're learning/keeping up with school work	_____	_____	_____
Concentration	_____	_____	_____
Their memory	_____	_____	_____
Any difficult behaviours (specify)	_____	_____	_____
How they get on with other children	_____	_____	_____

Note any other concerns you have over your child's progress:

P5 Child ratings (example)

Your name & H/N:..... Date completed:.....

Age:

As the child/young person attending this clinic are you worried / concerned about any of the following:

	No concerns	A few concerns	A lot of concerns
My health	_____	_____	_____
My medicines	_____	_____	_____
How I am growing	_____	_____	_____
My appetite/eating	_____	_____	_____
Sleeping at night	_____	_____	_____
Having energy to join in all activities	_____	_____	_____
How I am managing with school work	_____	_____	_____
Concentrating in class	_____	_____	_____
Remembering	_____	_____	_____
My feelings	_____	_____	_____
Getting on at home	_____	_____	_____
Having someone to talk to	_____	_____	_____
Getting on with friends	_____	_____	_____

Please tell us about anything else you might be worried or concerned about: