

Your Child's profile

Read the questions and the guidance carefully and then watch and observe your child for a day or two before completing the profile. You can change or update the profile at any time.

Your child's name:

Date of birth:

Date/month/year

Date of update:

Age:

| 1. sensory My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
|---|--------------------------------|------------------------------------|---|
| - responds negatively to unexpected or loud noises, such as motorbike, sirens or dog barking or has trouble functioning if there is a lot of noise around | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Obsessively looks at or shows discomfort at bright lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - dislikes hands getting messy, wearing clothes or shoes or being touched or hugged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If concerned, go to The Stress Reduction Plan | | | |

| 2. Movement and activity My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
|---|--------------------------------|------------------------------------|---|
| - dislikes movement activities, such as jumping, climbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - is always on the go or is constantly moving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If concerned, go to The Stress Reduction Plan | | | |

| 3. Fears and anxieties My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
|---|--------------------------------|------------------------------------|---|
| - is scared or fearful of animals (for example, dogs), or some toys or sounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - becomes very worried or anxious in some situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If concerned, go to The Stress Reduction Plan | | | |

| 4. Change My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
|--|--------------------------------|------------------------------------|---|
| - becomes distressed whenever there is a change of activities or place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - becomes distressed when meeting new people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If concerned, go to The Stress Reduction Plan | | | |

| 5. Behaviour My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
|---|--------------------------------|------------------------------------|---|
| - has frequent tantrums | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - behaves aggressively and hurts others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - hurts himself/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 6. Talking: Observe what your child can say <i>to others to communicate with them.</i> My child-- | | |
|---|--|--|
| <input type="checkbox"/> Does not say any clear words or only a few (less than 5) words | <input type="checkbox"/> Puts two words together, such as "want food", "go out", "daddy gone." | <input type="checkbox"/> Uses sentences of 3 or more words |

| 7. Understanding: Observe how your child responds to what you say to him/her. My child-- | | |
|---|--|--|
| <input type="checkbox"/> Shows no or minimal response to being called by name or asked for something. | <input type="checkbox"/> Turns to look when called by name and can give something when asked for it. | <input type="checkbox"/> Understands simple sentences such as "first give me the spoon and then give to cup to daddy". |

| | | | |
|---|--------------------------------|------------------------------------|---|
| 8. Sleeping My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
| - falls asleep easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - has trouble falling asleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - wakes up frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If concerned, go to Helping your child's sleeping difficulties. | | | |

| | | | |
|---|--------------------------------|------------------------------------|---|
| 9. Eating My child-- | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often (or frequently) |
| - eats well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - has trouble chewing and swallowing food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - only eats certain types of food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If concerned, go to Helping your child's daily life skills section. | | | |

| 10. Health: Please tell us of any issues or concerns that are affecting your child's health | | | |
|---|----------------------|--------------------------------------|-----------------------------------|
| Problem or concern | Has it been checked? | Is your child receiving help for it? | Do you need further help with it? |
| Hearing | Yes / No | Yes / No | Yes / No |
| Vision | Yes / No | Yes / No | Yes / No |
| Epilepsy | Yes / No | Yes / No | Yes / No |
| Other: ----- | Yes / No | Yes / No | Yes / No |
| Health problems can affect a child's learning and behaviour. If concerned, consult a children's doctor. | | | |

Your child's interests

Interests and likings

Children enjoy doing what they like, and they want to get things that they like. These activities and items can be used to get their attention, to motivate them, to distract them when they are upset and to reward them. You can make a list of these things, share with the family and other carers and vary their use to stop it becoming repetitive and losing the charm. Thinking through the following broad categories can help you in making a list:

| | |
|--|--|
| <p>Social attention Giving children attention is usually the best reward for them. Observe the type of attention your child enjoys.</p> | <p>Examples: praise, smiles, clapping, high 5's, hugs, patting My Child likes: -----</p> |
| <p>Activities (done by the child on their own or with others) Observe the activities that catch your child's attention. You can use them to motivate the child. You may have to make it very clear to the child, by using a visual timetable, that their preferred activity will follow a learning activity. Creating such a sequence, and repeating it frequently, will make it an enjoyable routine for the child.</p> | <p>Examples of activities done by children on their own: Listening to music, watching TV/video, computer game, playing with car/train, puzzles (formboards) My child likes:</p> |
| | <p>Examples of activities done by children with others: Swinging, tickling, bubble play, water play, nursery rhymes, being swung 'like an aeroplane', ball play My child likes:</p> |
| <p>Attractive things: stickers, gold stars, cards Children love such a reward, and most of these can be made easily at home. You could use a calendar to put a sticker star on the particular day when the child has shown good behaviours - that could become a way for the whole family to notice and offer praise for the child's good behaviour - whoever sees the calendar could say "Wow, your behaviour has been excellent today". It can also be used to motivate the child: "If you win seven stars, then you will get ----- as a reward".</p> | <p>My child likes:</p> |
| <p>Food and drinks Most children love getting their favourite food or drink as a reward. Although such rewards should not be used frequently, sometimes, it can be just what you need!</p> | <p>Drinks, fruit, sweets, snacks My child likes:</p> |