Inclusive Developmental and Therapy Center

Getting to know your child — before your appointment

Date .....

💛 **Before you start — please relax.** Fill in only what you can. It's completely fine to **leave anything blank** that hasn't happened yet, doesn't fit your child's age, or you're just not sure about. That's normal — especially for babies, for older children, and for children who already have a diagnosis. There are no right or wrong answers, and nothing here is compulsory.

In a hurry, or filling this in for a grandchild? **Just Section 1 and 2 are plenty.** You can complete this before your visit, or simply bring it with you.

1 About your child

Child's name ..... **Name they like to be called** .....

Date of birth ..... **Age** .....

Boy / Girl ..... **Class / grade (if at school)** .....

Who is filling this in ..... **Best phone number** .....

We'll be meeting: ☐ In person (Multan) ☐ Online (video, from anywhere) ☐ Not sure yet

Does your child already have a diagnosis? (leave blank if none) .....

💡 If yes, please feel free to **skip sections 4 and 5** — just tell us what's working well and what's hard, in your own words. And if you have any reports — a diagnosis letter, hearing or vision results, or past therapy or school notes — please bring them or send us a photo. They really help.

2 What's on your mind

In your own words, what would you like help with? What made you get in touch?

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When did you first notice it? ..... **Has anyone else noticed it too (teacher, doctor, family)?** .....

3 Your child at their best

This helps us build on what your child already does well.

Things they're good at, or that make them happy

What they love — toys, shows, people, activities

What helps them feel calm and settled

How they usually let you know what they want

4 Their journey so far

Roughly what age did your child first do these? An estimate is fine, and **please leave blank anything you're not sure about or that hasn't happened yet** — that's completely okay. If your child is older, or already walking and talking well, feel free to skip this section.

Sat up **Walked** **First words**

Put words together **Toilet trained** **Fed / dressed self**

Pregnancy & birth were: ☐ Straightforward ☐ Some difficulties **Notes (optional)**

5 Your child, day-to-day

Just tick what feels closest for your child right now. **This is not a test or a score**, and there are no right answers — it simply helps us picture your child. If your child has a diagnosis, or these don't fit their age, feel free to skip this and tell us in your own words below.

Does this sound like your child?	Yes, usually	Sometimes	Not yet / still learning
TALKING & UNDERSTANDING Uses words, sounds or gestures to tell you what they want	☐	☐	☐
UNDERSTANDING Understands simple things you say or ask	☐	☐	☐
PLAYING Enjoys playing — with toys, games or other children	☐	☐	☐
BEING SOCIAL Looks at you and shares a smile, and enjoys being with people	☐	☐	☐
FEELINGS Lets you comfort them when they're upset, and calms after a while	☐	☐	☐
FOCUS Can pay attention to an activity they enjoy for a little while	☐	☐	☐
ROUTINES Copes okay with everyday changes and moving between activities	☐	☐	☐
SENSES Is comfortable with everyday sounds, textures, food and busy places	☐	☐	☐
EVERYDAY SKILLS Is learning everyday skills for their age (eating, dressing, toileting)	☐	☐	☐

💛 Lots of "still learning" ticks here is completely normal — it isn't a report card. It just shows us where your child might like a little extra help, so we can start in the right place.

Anything about eating, sleeping or behaviour you'd like us to know

6 School, learning & friendships FOR SCHOOL-AGE CHILDREN

Please skip this if your child isn't at school yet.

How are things at school — reading, writing and learning?

Friendships — making friends, being included, getting along with others

7 Health & any support so far

Any diagnoses, conditions or medications

Vision checked? ☐ Yes ☐ No **Hearing checked?** ☐ Yes ☐ No

Other professionals you've seen (doctor, therapist, school)

8 What you're hoping for

If things went really well, what would you love to see for your child?

9 Anything else you'd like us to know

Thank you — this really helps us support your child. 💛

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