**Data collection “HEALTH PROFESSIONAL FORM”**

**PAGE 1:**

|  |  |
| --- | --- |
| **DEMOGRAPHIC INFORMATION** [used only to describe the overall sample, not individual children] | |
| Month/Year of birth: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  (month) (year) |
| ***Formal*** medical diagnoses: |  |
| Cognitive level: | There are no concerns about this child’s cognitive development  There are concerns about this child’s cognitive development/learning (e.g. the child is below educational level, the child receives support for learning)  This child has a global developmental delay established as part of a multidisciplinary or medical assessment  I am not able to comment on this child’s cognitive level |
| Main mobility: | This child moves around using aids/equipment/human help  This child moves around using his/her body (e.g. crawling, shuffling)  This child walks on his/her own (including cruising along furniture) |
| Growth:  *Only record height or length!* | Height: cm  Length: cm  Weight: kg |

|  |  |
| --- | --- |
| **DATE when DATA COLLECTED:** | **PROFESSIONAL who collected the data:** |
| \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_  day month year | Name: |

|  |
| --- |
| **AGES AND STAGES QUESTIONNAIRE. Results for this child:** |
|  |

|  |
| --- |
| **CLINICAL OBSERVATIONS. Describe the child’s difficulties here (‘a problem list’):** |
|  |
|  |
|  |
|  |
| *(Please continue on the other side)* |
| **Please provide any other information that you think might be relevant here:** |
|  |

|  |
| --- |
| **CLINICAL OBSERVATIONS (Continued):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |