**Name:**

**Date of Birth:**

**Photo:** (This part is optional, select here photo/s of your child not smiling as a young baby or child, here clinician will be looking for any evidence of a smoothed philtrum and thin upper lip)

**Birth Family History & Summary of Needs:** (this is an example, everyone will have a different birth history, if you need help retrieving files refer to website/ diagnosis help section on making a request for birth files)

Adopted in 2013 due to birth family history of neglect & significant inter-utero trauma

Birth Mother: Confirmed drinking of alcohol (evidenced seen in adoption file) Smoking throughout pregnancy; possible drug use but not confirmed by birth mother.

Significant trauma & domestic violence during pregnancy.

Birth Father: ADHD / Alcoholic, Drug user – deceased due to alcohol

Birth Auntie: ADHD / Alcoholic – deceased due to alcohol

Birth Auntie: ADHD

Birth Cousin: Autism

Birth Maternal Grandmother: Deaf, alcoholic, drank in pregnancy

Birth Maternal Grandfather: Alcoholic – deceased

Birth Paternal Grandmother: Alcoholic, drank in pregnancy

Birth Paternal Grandfather: Alcoholic – deceased unknown

**Baby/Toddler:**

1. Placed with adopted family through Foster to Adopt at 3 days old due to birth family history & significant inter-utero trauma (also write in here if child had multiple foster homes)
2. Very high pitched long lasting single toned scream as small baby/toddler
3. Sleeping for very long periods, difficulty to wake (remember here FASD is a spectrum so often we find children don’t sleep, so make sure you include this if you see it in your child)
4. Difficulties sucking, movement of tongue uncoordinated/ raised to roof of mouth
5. Get quickly upset for no reason, cannot regulate emotion, angry for a long time
6. Babies head was unusual shape (not due to labour); flattened top of head
7. Flattened facial features as baby/toddler
8. Difficulty in hearing and processing sounds
9. Poor coordination, falling over regularly
10. Gap between big toe and next toes
11. Poor short-term memory, constantly forgot where he put things
12. Small weak teeth, yellowing to enamel
13. Thin top lip and smooth philtrum; particularly noticeable as baby/small child (photo attached)
14. Lots of repeat illnesses as baby/small child; picks up illnesses quickly & takes long time to recover, limited resilience to infections.
15. Core muscles underdeveloped controlling muscles affecting movement and co-ordination. As a baby struggled to lift own head/roll over/chose not to lie on stomach; slow to hit milestones in physical development
16. Very disturbed by any change in routine, would hit self or get very cross quickly
17. Unable to keep still whilst awake, constant sensory seeking

**Older child/current:**

Existing behaviours:

1. Very poor memory, constantly forgets where he has put things and gets angry/frustrated

2. Excessive activity & energy

3. Interrupts constantly

4. Hypermobile

5. Hypervigilant, scans a room and is constantly on guard in new situations

6. Fidgets, gets distracted easily, always moving in some way

7. Struggles to wait turn

8. Constant struggle to organise self; needs one to one support to stay safe

9. Has had 4 different schools due to needs not being met; new School providing one to one support

10. Needs to bounce off of things, hang from things, crash into walls/sofas etc

11. Hates shopping or busy places; will panic and run off

12. Often leaves task unfinished or cannot manage a task for long, will move from task to task quickly as disinterested for long periods

13. Noisy; very high pitched scream

14. Night time difficulties to settle – becomes aggressive, very energetic, very bouncy

15. Little regard for authority

16. Can flip from calm to hyperactive very quickly

17. Sugar or any food coloured foods can make him totally hyperactive & unmanageable for many hours

18. Difficulty to manage fine motor; limited use of knife & fork, pencil (one to one support)

19. Struggles to go to sleep, whatever we do he just cannot settle into a routine of sleep

**New Behaviour Concerns:**

1. No impulse control, will run out into the road with no thought to what might happen
2. Poor coordination as he has got older, falling over, falling off of things
3. Poor fine motor, struggles to hold pencil, eat with knife and fork
4. Incontinent; constant accidents or unable to feel when to go to the toilet, wets in night
5. Poor reasoning and judgment skills
6. Poor school performance; class teacher says he is behind peers
7. Poor short-term memory; forgets he has done things, forgets he has been to places or makes up pieces of information from lots of memories
8. Looks for something and he has it in his hand
9. Repetitive sound or throat clearing/pretend cough when stressed or tired
10. Constantly hungry/will sneak food
11. Intentional refluxing of food and spitting
12. Whistling when stressed or tired
13. Saying ‘rude’ things when stressed or tired *(he says he can’t help it the words just come out)*
14. Smearing faeces, especially if a visitor comes to the house
15. Very high pitched long lasting repetitive scream
16. Suddenness of twitchy repetitive movement; often different uncontrollable movements, more twitchy or jerky than his sensory needs movement.
17. Takes a long time to process basic instruction, even the simplest of requests. Often the processing or the response can come some long while later but he will then answer it as if you have just asked him
18. Rapid eye movements, blinking
19. Over familiar with adults; cuddling strangers or saying things that are inappropriate

**Medical diagnosis to date:**

***Significant Sensory Processing and Emotional Regulation Difficulties:***Hyper-responsive: Auditory, touch, smell & taste sensitivity. Hypo-responsive: To proprioception (hypermobile joints) Seeks movement (running/ jumping/crashing/ bouncing) to down regulate & manage n.s activation. *Specialist Paediatric OT*

***Hypermobile Joints and Weak Core Muscles:*** wrists &fingers dislocate, very flexible (trunk flexors weaker than extensors) resulting in weak core strength and poor postural stability. At times, he will fatigue more quickly particularly if he becomes activated or stressed. *Specialist Paediatric OT*

***Heart Murmur:*** detected at birth; Grade 2 Heart Murmur (source: red book notes)

**ENT:** *Born with adult size Tonsils & Adenoids*; feeding difficulties, constant dribbling, speech and language delays; tongue placement. Removal of tonsils & adenoids age 4.

**Hearing:** Born deaf in right ear, low in left. Hearing gradually improved to acceptable level. Ongoing monitoring via *Audiology*

***Hypervigilant:*** Highly anxious/sensitive in new/social situations - seeks lots of support – doesn’t like to be alone.

**Attachment difficulties:** Survival behaviours: Activated by separation and going to new places/change. Screaming/ hitting/ kicking/ pinching (fight) and running off unless hand held (flight), Tends to hurt others than himself, may bounce off a wall. Min freeze response. *Specialist Paediatric OT*

**Checking through your template:**

Have you deleted all text not applicable to you (including this after you have read it!), have you adapted it to reflect your child’s story; every child with FASD presents slightly differently so don’t worry if you don’t see many similarities, this child was diagnosed with FASD, Tourettes & ADHD. Just include what **you** see or see emerging; we call this the spectrum of FASD however there are many traits that can be recognised to form a pattern, some are listed below which you might like to double check to see if you have included in your evidence and expand upon the point by moving it above in your list or delete it:

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* **Failure to thrive (baby), feeding difficulties**
* **Sleeping difficulties**
* **Poor social skills/lack of boundaries**
* **Slower information processing**
* **Memory; particularly working/short term, difficulty storing & retrieving information, inconsistent**
* **Motor control issues, balance, rhythm, strength, motor planning and sequencing**
* **Struggle to regulate; angry or frustrated & may take longer to calm, struggle to modulate their emotional state.**
* **Cognition; dealing with abstract concepts, such as maths, money management, time concepts**
* **Extreme under or over-sensitivity to sensory input**
* **Attention; struggle with selective, focused, sustained, and flexible attention, for example, in concentration, hyperactivity and impulsivity**
* **Difficulty following directions or connecting step instructions**
* **Executive Functioning; struggle to be able to find something to occupy themselves, struggle with their capacity for goal-directed behaviour, including self-regulation, working memory, planning, organising**
* **Difficulty linking actions with consequences**
* **Poor judgment & impulsiveness**
* **Easily influenced by others**
* **Difficulty generalising knowledge**
* **Difficulty understanding abstract concepts**
* **Difficulty understanding cause-&-effect relationships**
* **May struggle with transitions**
* **May be prone to confabulation (making stories up using pieces of information from several memories; they do this without thinking it is not true)**
* **Learning difficulties (commonly but not limited to maths)**
* **Language - slow auditory processing pace, can struggle with using the right words for the right context, receptive language is often much lower than expressive language**

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**Strengths**

* **Friendly, likable: May be outgoing & sociable & have little anxiety about strangers**
* **Verbal, chatty: May be very socially interested (but not necessarily socially skilled)**
* **Helpful, hard-working: If you ask, they will do it. They can be very good workers with the right job & training**
* **Determined, resilient: They don’t hold grudges & will come back if rejected. Every day is a new day!**
* **Want to be liked: They will do whatever they can to have friends**