



Signs & Symptoms	Notes
<p>Childhood Appearance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shorter or thinner than other children their age <input type="checkbox"/> Eyes (wide-spaced, smaller, slanted, droopy etc) <input type="checkbox"/> Mouth or upper lip (long and/or smooth space between upper lip and nose, thin upper lip) <input type="checkbox"/> Other physical anomalies/birth defects (list in notes) 	
<p>Early Experiences</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has been in foster care, kinship care or is adopted <input type="checkbox"/> Early unsettled parenting or caregiver changes <input type="checkbox"/> Abuse, neglect, or trauma <input type="checkbox"/> History of alcohol, drugs, tobacco in pregnancy 	
<p>Health & Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to thrive, growth deficits and delays <input type="checkbox"/> Tremors, tics, jitteriness, seizures, headaches <input type="checkbox"/> Low immunity, high response to common illnesses <input type="checkbox"/> Feeding issues /fussiness/reflux/NG tube/PEG fed <input type="checkbox"/> Sleeping issues/wakefulness <input type="checkbox"/> Heart, vision, hearing or dental issues <input type="checkbox"/> Difficulty with toilet training, wetting, or soiling <input type="checkbox"/> Hypermobility, flat feet, core muscle tone issues <input type="checkbox"/> Fine or gross motor skills or handwriting issues <input type="checkbox"/> Balance or coordination issues <input type="checkbox"/> Issues with personal hygiene <input type="checkbox"/> Difficulty with the onset of puberty <input type="checkbox"/> Other diagnoses ie ASD, ADHD, ODD, RAD etc 	
<p>Motor Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor or delayed motor skills <input type="checkbox"/> Overly active or under active <input type="checkbox"/> Accident prone/clumsy/balance or coordination issues <input type="checkbox"/> Constantly moving or touching things <input type="checkbox"/> Hypermobility or joint issues 	
<p>Communication / Speech</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loud, deep, rhythmic or unusual sounding voice <input type="checkbox"/> Talks too much, interrupts, talks too fast or too slow <input type="checkbox"/> Lacks understanding of what is being said <input type="checkbox"/> Unusual conversational subjects or off the wall comments <input type="checkbox"/> Very opinionated/has to have last word/always right <input type="checkbox"/> Speech delay, speaks indistinctly, poor vocabulary <input type="checkbox"/> Makes noises, repeats sounds and words 	
<p>Memory / Learning / Information Processing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor / inconsistent working or short-term memory <input type="checkbox"/> Slower pace to learn new skills <input type="checkbox"/> Slower information processing (speed and accuracy) <input type="checkbox"/> Other 	
<p>Social Skills / Adaptive Behavior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor social/adaptive skills <input type="checkbox"/> Overly friendly <input type="checkbox"/> Attention-seeking <input type="checkbox"/> Behaves notably younger than chronological age <input type="checkbox"/> Few close friends /indiscriminate friendships <input type="checkbox"/> Easily led/manipulated or exploited by others <input type="checkbox"/> Laughs inappropriately <input type="checkbox"/> Poor social/sexual boundaries <input type="checkbox"/> Inappropriate social behaviour 	

<p>Behaviour /Sensory Regulation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor anger management/ displays aggression <input type="checkbox"/> Fearless in the face of danger <input type="checkbox"/> Mood swings <input type="checkbox"/> Impulsive <input type="checkbox"/> Compulsive <input type="checkbox"/> Perseverative (gets fixated on things) <input type="checkbox"/> Inattentive /over-attentive <input type="checkbox"/> Unusual activity levels (high or low) <input type="checkbox"/> Illogical lying/ confabulation <input type="checkbox"/> Illogical stealing/ ownership issues <input type="checkbox"/> Unusual reactivity to sound, touch, light, smell, taste etc <input type="checkbox"/> Temperature regulation issues <input type="checkbox"/> Rocks or swings rhythmically or repeatedly <input type="checkbox"/> Self-harm - bangs head, bites or hits self, picks <input type="checkbox"/> Fidgety, can't sit still 	
<p>Abstract Thinking / Judgment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor judgment, uses poor logic <input type="checkbox"/> Unable to plan and execute a task from start to end <input type="checkbox"/> Functions poorly without assistance or prompts <input type="checkbox"/> Concrete, black or white thinking <input type="checkbox"/> Does not seem to learn from past mistakes or actions <input type="checkbox"/> Difficulty recognising consequences before acting <input type="checkbox"/> Difficulty making predictions of possible outcomes 	
<p>Planning / Temporal Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs help organising daily tasks <input type="checkbox"/> Struggles with maths and money concepts <input type="checkbox"/> Sense of time /telling time / appointment management <input type="checkbox"/> Has difficulty with multi-step instructions 	
<p>Spatial Skills / Spatial Memory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gets lost easily, difficulty navigating point A to B <input type="checkbox"/> Poor memory for sequences, numbers and dates <input type="checkbox"/> Confuse left & right, patterns, estimating distance 	
<p>Academic / Work Performance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gives impression of being more capable than they are <input type="checkbox"/> Tries hard but end result is often disappointing <input type="checkbox"/> Has trouble initiating and completing tasks <input type="checkbox"/> Has problems with school / job attendance <input type="checkbox"/> School refusal / regular exclusions/ detentions <input type="checkbox"/> Homework or extra-curricular issues <input type="checkbox"/> Difficulties with maths, time, money <input type="checkbox"/> Difficulties with writing and/or comprehension 	
<p>Adult Life</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dysmaturity/ naivety/ vulnerability /trusting/ exploitable <input type="checkbox"/> Difficulties securing & sustaining work <input type="checkbox"/> Difficulties living independently <input type="checkbox"/> Mental health issues or diagnoses <input type="checkbox"/> Addictions or dependencies <input type="checkbox"/> Justice involvement ie ASB/police/prison/probation <input type="checkbox"/> Challenges with parenting children <input type="checkbox"/> Issues with sexual identity/functioning/relationships 	
<p>Strengths – Please highlight the gifts, talents and special abilities you see in the individual with FASD.</p>	