

The Preschool Developmental Assessment

History Taking

Review:

- growth measurements
- birth history
- past medical history
- family availability (both practically and emotionally)
- available support systems
- barriers to intervention
- current concerns (caregivers, preschool teachers, etc.)

Prenatal History:

- acute & chronic health conditions in biological mother
- psychosocial factors in pregnancy (e.g., bereavement, family violence, loss of support system)
- previous parental infertility/fertility treatments
- previous pregnancies and outcomes
- prenatal care history
- exposure to toxins during pregnancy

Labour & Delivery:

- GA
- Spontaneous/induced
- Length/course of labour
- Fetal distress
- Interventions
- Condition of child at delivery & during neonatal period (Apgar not predictive of neurodevelopmental difficulties)

Infancy:

- patterns of eating, sleeping, eliminating
- maternal PPD and other caregiver stresses

Medical History:

- chronic medical conditions
- illnesses or injuries that might impact brain development
- neglect
- concerns about hearing/vision
- medications, and alternative therapies used
- feeding and growth issues

Family History:

- full 3 generation family history
 - o ethnic background
 - o consanguinity
 - o recurrent miscarriages
 - o other children born with birth defects
 - o deafness, blindness
 - o language delay, mental retardation, motor problems, learning difficulties/school problems, psychiatric disease, behavioural problems
 - o seizures

Social History:

- stability and quality of care
- child's ability to adapt to different environments
- caregiver work responsibilities
- time pressures and financial concern

Strengths & Positive Qualities

- Do not underestimate the importance of encouraging the caregiver to verbalise what they enjoy and appreciate about their child

Developmental Functioning

- first time anyone noticed developmental concerns/deficits
- current developmental functioning, to establish the degree of any delays as well as identifying deviations from normal
- delayed vs. disordered development
- regression or plateauing of development

Gross Motor: the progression of the early milestones (where possible)

Fine motor: hand function (grasp development, bilateral hand use, drawing and manipulation)

Receptive Language: level of verbal comprehension (response to own name, following commands, understanding questions)

Expressive Language: level of language expression (cooing, babbling, single words, word combinations, sentence use, asking 'w' questions)

Non verbal communication: pointing, gesturing, facial expressions, eye contact used to indicate needs

Speech: typically caregivers are able to understand more of their child's utterances than are strangers, but most children are understandable by strangers by age 2½

Pragmatics: social use of language (turn-taking, appropriate use of language in different settings)

Cognition: non verbal problem solving skills (finding hidden objects, opening screw toys, recognising shapes & colours, completing puzzles)

Adaptive/self-help: undressing and dressing skills, feeding, toilet training

Social relationships: need to be assessed with respect to the child's caregivers, siblings, extended family and peers.

Play preferences/skills: dominant or preferred play pattern (solitary, parallel, cooperative); sharing and turn taking; child's role with others (observer, follower, leader); use of toys

Self regulation/temperament/behaviours: alertness, passivity/activity, irritability, sociability/responsiveness, curiosity and how easy the child is to sooth, approach to/avoidance of activities, level of engagement in learning, dependence, attention span, impulsivity, activity levels, frustration threshold, persistence, response to failure/success. Explore any unusual behaviours such as self stimulation and repetitive motor mannerisms (hand flapping, head banging)

Physical examination

General: Mood, alertness, language skills, visual and auditory behaviours.

Growth parameters: plotting height/length, weight, head circumference, looking for evidence of overgrowth, failure to thrive, short stature, obesity, macrocephaly, microcephaly.

Examination of the skin for neurocutaneous lesions: café au lait patches, ash leaf macules, adenoma sebaceum, axillary or inguinal freckling, bruises and scars, sacral dimple or midline hair tuft.

Observation for dysmorphic features: may indicate a specific genetic condition:

Eyes – Epicanthic folds, hypertelorism, hypotelorism, cataracts

Ears – preauricular pits or tags, low set, abnormally placed or posteriorly rotated

Mouth – high arched palate, cleft lip, cleft palate, bifid uvula (sub mucosal soft palate)

Hair – placement, number of hair whorls (underlying CNS abnormality), abnormal eyebrow formation, hirsutism.

Hands – clinodactyly, single palmar crease

Feet – syndactyly, wide gap between 1st and 2nd toes, hypoplastic nails

Cardiovascular examination: to identify possible congenital conditions

Abdominal and genitalia examination: for hepatosplenomegaly and for possible congenital anomalies, evidence of delayed or advanced sexual maturation.

Neurological examination: abnormalities of muscle bulk, tone, strength, deep tendon reflexes, gait, co-ordination, abnormal movements or tics, persistence of primitive reflexes, cranial nerves abnormalities.

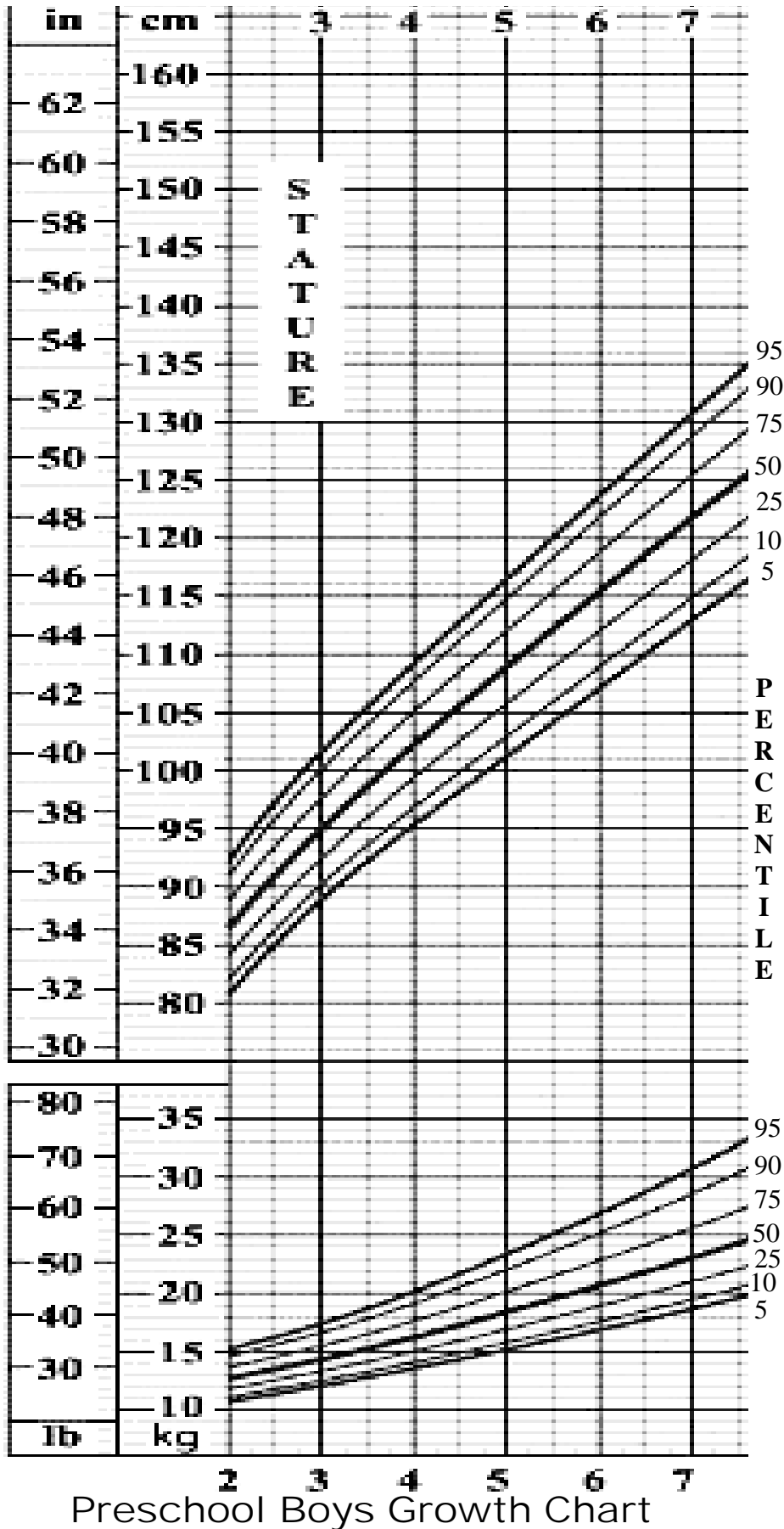
Musculo skeletal examination: range of motion at all joints

Hearing/Vision Testing: for all children suspected of significant developmental problems

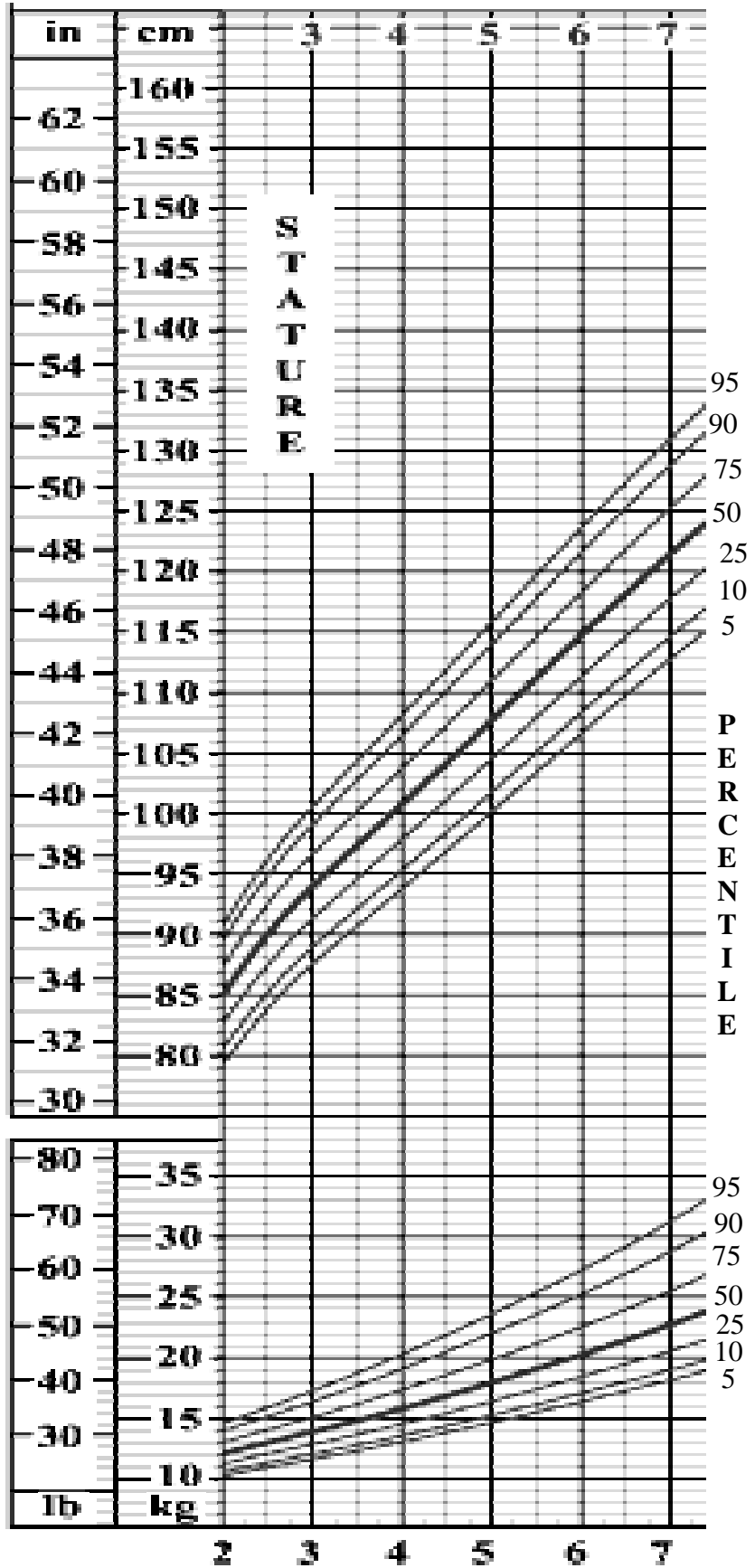
Other diagnostic Testing: dependant on findings from the assessment

Preschool Growth Charts

Developed by the National Center for Health Statistics. In collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



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Preschool Girls Growth Chart