

FOR PARENTS OF NEURODIVERGENT OR DEVELOPING CHILDREN

1. CHILD INFORMATION

Age: _____ Date: _____

CHILD'S NAME:

2. COMMUNICATION RED FLAGS (CHECK WHAT YOU OBSERVE AND ADD NOTES)				
Observation	Yes/No	Notes		
Does not respond to name				
No single words by 18 months				
START PUTTING TWO WORDS TOGETHER BY 2 YEARS				
Uses words but does not communicate				
Rarely points or gestures				
Eye contact is limited				

Parent Tip: Write the specific situation (e.g., "Called his name while holding snack, no response.") – this helps therapists understand better.



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2. SOCIAL AND PLAY RED FLAGS (CHECK WHAT YOU OBSERVE AND ADD NOTES)

Observation	Yes/No	Notes
Prefers to play alone most of the time		
Limited pretend play (e.g., feeding doll, toy cars as cars)		
Struggles to share or take turns		
Intense focus on certain toys/objects		
GETS UPSET WITH CHANGES IN PLAY ROUTINES		

PARENT TIP: CIRCLE PATTERNS (E.G., "ALWAYS LINES UP CARS" OR "PLAYS WITH ONE TOY ONLY").



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3. BEHAVIORS AND SENSORY RED FLAGS (CHECK WHAT YOU OBSERVE AND ADD NOTES)

Observation	Yes/No	Notes
Repeats actions (spins, flaps, rocks)		
Very sensitive to sounds/textures		
Strong reactions to lights or crowds		
Unusual interest in certain objects (fans, wheels)		
Trouble with changes in routine		

PARENT TIP: NOTE IF IT HAPPENS DAILY, WEEKLY, OR ONLY IN CERTAIN SETTINGS.



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4. PARENT OBSERVATIONS AND NOTES (WRITE FREELY ABOUT WHAT YOU NOTICE, WHEN IT HAPPENS, AND HOW YOUR CHILD REACTS.
5. FOLLOW-UP
• First noticed on:
• Shared with (doctor/therapist/teacher):
• Next appointment:
PARENT TIP: Bring this sheet with you when talking to professionals—it makes
YOUR CONCERNS CLEAR AND SAVES TIME.