

Neurodevelopmental Assessment

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Neurodevelopmental assessment date:

(DD-MM-YYYY)

NEURODEVELOPMENTAL ASSESSMENT

Has the participant undergone a neurodevelopmental assessment by a clinician?

- ☐ Yes
☐ No

(If Yes) Age neurodevelopmental assessment carried out?

(Provide age in years.)

(If Yes) What was the result of the neurodevelopmental assessment?

- ☐ No ID/DD
☐ Mild ID/DD
☐ Moderate ID/DD
☐ Severe ID/DD

Has the participant ever repeated years at school?

- ☐ Yes
☐ No
☐ Never attended school

(If Yes) How many additional years has the participant spent in school?

(Years.)

Is the participant exhibiting any of the following abnormal behaviours?

NEURODEVELOPMENTAL ASSESSMENT

	Yes	No	Not anymore
Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autistic behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritualistic behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other abnormal behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If Other) Specify abnormal behaviour/s:

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H3ABioNet & H3Africa Phenotype Standards