



Sinéad O'Toole: Neuro-Developmental Therapy Inishowen

INPP Child Screening Questionnaire

* Indicates required field

Privacy & Data Use Notice

If you are providing information about a child under 13, you must be their parent or legal guardian. We only request the minimum personal data necessary for assessment and we process all information in line with the **General Data Protection Regulation (EU) 2016/679 (GDPR)**, the **Irish Data Protection Act 2018** and other applicable privacy laws.

By completing this form, you confirm that you have read and understood this notice and will provide the required consent before submission.

Confirmation & Consent *(Both required)*

* I confirm that I am the parent or legal guardian of the child named in this form.

* I consent to the collection, storage and processing of the child's personal data for therapeutic purposes, in accordance with the GDPR, the Irish Data Protection Act 2018 and other applicable privacy laws.

We only collect the minimum information necessary to assess and support your child's needs. All data is handled securely and confidentially.

Your Details

1. * Your Name:

2. * Your Email:

3. Your Phone Number:

4. Your Address:

5. Your Child's Name:

6. Your Child's Details:

Questionnaire

Research (published in The British Journal of Occupational Therapy, October 1998) has shown that a score of 7 or more 'yes' answers on the questionnaire below indicates that further investigation for underlying neuro-developmental delay is advised for children over 7 years of age.

(Please tick only one box for each answer)

1. Is there any history of learning difficulties in your immediate family?

☐ Yes

☐ No

2. Were there any medical problems during the pregnancy?

☐ Yes

☐ No

3. Was the birth process unusual or prolonged in any way?
(e.g. Caesarean Section, Forceps, etc.)

☐ Yes

☐ No

4. Was your child born early or late for term (more than 2 weeks early or more than 10 days late)?

☐ Yes

☐ No

5. Was your child's birth weight below 5lbs (pounds)?

☐ Yes

☐ No

6. Did your child have any difficulty feeding in the first weeks of life, or in keeping food down?

☐ Yes

☐ No

7. Was your child extremely demanding in the first 6 months of life?

☐ Yes

☐ No

8. Did your child miss out the 'motor stage' of crawling on his or her tummy and creeping on hands and knees?

☐ Yes

☐ No

9. Was your child late at learning to walk (16 months or later would be considered late)?

☐ Yes

☐ No

10. Was your child late at learning to talk (2-3 word phrases at 18 months or later would be considered late)?

☐ Yes

☐ No

11. Did your child have difficulty in learning to dress himself or herself, for example, do up buttons or tie shoelaces beyond the age of 6-7 years?

☐ Yes

☐ No

12. Does your child suffer from allergies?

☐ Yes

☐ No

13. Did your child have an adverse reaction to any of his or her vaccinations?

☐ Yes

☐ No

14. Did your child suck his or her thumb beyond the age of 5 years?

☐ Yes

☐ No

15. Did your child continue to wet the bed, albeit occasionally, above the age of 5 years?

☐ Yes

☐ No

16. Does your child suffer from travel sickness?

☐ Yes

☐ No

17. Did your child find it very difficult to learn to tell the time from a traditional (as opposed to digital) clock?

☐ Yes

☐ No

18. Did your child have an unusual degree of difficulty learning to ride a bicycle?

☐ Yes

☐ No

19. Did your child suffer from frequent ear, nose, throat or chest infections at any time in development?

☐ Yes

☐ No

20. In the first 3 years of life, did your child suffer from any illnesses involving extremely high temperatures, delirium or convulsion?

☐ Yes

☐ No

21. Does your child have difficulty catching a ball, doing forward rolls/somersaults and stand out as 'awkward' in PE classes?

☐ Yes

☐ No

22. Does your child have difficulty sitting still for even a short period of time?

☐ Yes

☐ No

23. If there is a sudden unexpected noise, does your child over-react?

☐ Yes

☐ No

24. Does your child have reading difficulties?

☐ Yes

☐ No

25. Does your child have writing difficulties?

☐ Yes

☐ No

26. Does your child have copying difficulties?

☐ Yes

☐ No

27. Has your child had a diagnosis?

☐ Yes

☐ No

28. If your child has a diagnosis, what was it, when was it given and by whom?

29. Please add any additional information that you think may be relevant regarding the possible diagnosis of your child, including any previous diagnosis information:

Children's Data Privacy Notice

This screening questionnaire may collect personal information about a child under the age of 13. In accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR), the Irish Data Protection Act 2018 and applicable international privacy laws (including the UK Data Protection Act 2018 and COPPA in the United States), we only accept information about a child when submitted by their parent or legal guardian.

By completing and submitting this form, you confirm that you are the parent or legal guardian of the child whose information is being provided and that you consent to the collection and processing of this data for the purpose of therapeutic screening.

If you believe that information about a child has been submitted in error or without appropriate consent, please contact us immediately. We will act promptly to review and if necessary, delete the data.

For any questions about how your data is handled, or to exercise your rights under data protection law (including access, rectification, or erasure), please contact:

Sinéad O'Toole

Email: info@ndtinishowen.ie

Data Controller (as defined under GDPR)

Declaration

I hereby declare that the information given above is accurate and has been given having read and understood the above Data & Privacy Notices

* Signed:

* Date:
