**DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING,**

**FACULTY OF TECHNOLOGY,**

**OBAFEMI AWOLOWO UNIVERSITY,**

**ILE-FE.**

**BACKGROUND INFORMATION REQUIRED FOR THE DEVELOPMENT OF A THERAPY TRACKER FOR AUTISTIC CHILDREN.**

This questionnaire is intended to collect basic information that will help in the development of a platform to aid the communication between therapists and relatives of children living with ASD as regards the child’s developmental progress and achievements. The information provided in this questionnaire will be solely used for better development of intended platform.

Please provide your contact information below:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Professional Qualifications/Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide answers to the following questions as explicit as possible.

1. Area of therapy specialization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please expatiate.
2. What kind of patients do you train?
3. With emphasis on autistic children, what is the age range of patients that you train?
4. What are the different kinds of therapy that could help develop an autistic child?
5. What information are required about the child for assessment before commencing therapy?
6. What are the factors (actions/behaviors) monitored/observed when assessing a potential patient?
7. What are the different kinds of conclusions that could influence commencement of therapy for a potential patient after completion of assessment?
8. What are the beginner general exercises to carry out on therapy commencement?
9. How do you track the progress/effects of the therapy training on a patient?
10. Are families/relatives of the patient required to be actively involved for the success of the therapy?
11. If yes, in what areas are crucial for active involvement?
12. Please give a brief summary of the general course of actions in a typical therapy session?
13. What are the details included/required in the monthly report submitted to the parent/guardian of the patient?

An interactive communication platform is to be built to help therapists better communicate progress and reports of their patients to their relatives. The therapist’s section of the platform includes different features like:

* Patient registration
* Yearly planner creation
* Session report creation
* Monthly report creation

1. What other features would you advice/require to be added to the platform?
2. Any remarks or comment?