

Parent Questionnaire – CHIRP

(Child Health Integrated Response Pathway)

Information for Parents/Caregivers

Kia ora,

As you are aware, your child has been referred to CHIRP. This may have been initiated by yourself, education setting, or your healthcare provider.

CHIRP provides a triage service for children aged 14 years and younger with developmental, attentional and/or behavioural concerns, that are impacting on a child's functioning across home and/or educational settings. This may be due to underlying neurodiversity such as autism, ADHD, or intellectual disability. CHIRP brings together experts from our Child Development Services, Paediatrics Department and Child & Adolescent Mental Health Services to review your child's needs and discuss with you how we can help them.

Your observations are important to us, and we appreciate you taking the time to complete this Parent Questionnaire. The information you provide helps the triage team and specialists understand your child's current strengths and difficulties, which will help guide next steps for assessment and/or support.

We would appreciate this form completed and returned to us as soon as possible.

If you have any questions or would like help completing this questionnaire, please do not hesitate to contact us as we have staff available to help.

The child and their parents/guardian/whānau have the right to see personal information held and to have inaccuracies corrected in accordance with the Health Information Privacy Code 1994/ The Privacy Act 1993. This information is stored securely within Health New Zealand Hauora a Toi Bay of Plenty systems.

Contact details:

Tauranga: Phone: (07) 557 5658 or 027 283 4768
Email: CHIRPtga@bopdhb.govt.nz

Whakatane: Phone: 07 3063124 or 027 261 9506
Email: CHIRPwhk@bopdhb.govt.nz

Many thanks,
The CHIRP Team

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BACKGROUND INFORMATION

Please tell us about your family/whānau (eg. Who lives at home? Please include age of any siblings)

Describe some good things about your child. What are their strengths and interests?

Are there any cultural, spiritual, or religious beliefs that you would like us to know about when working with your family/whānau?

What are your main concerns?

What assessments, help or support would you like for your child?

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BIRTH HISTORY

Tell us about your pregnancy. Were there any problems?

Did you take any medication during the pregnancy?

Did you drink alcohol or use drugs during pregnancy, (including before you knew you were pregnant)?

Was your baby/pepi born early? Yes No If Yes, how many weeks? _____

Birth weight if known: _____

Please tell us about any problems during or soon after birth:

Did your child have any major problems with feeding, sleeping, or settling in the first six months?

Did you experience post-natal depression during this time? Yes No

If yes, did you access support? _____

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DEVELOPMENTAL HISTORY

How old was your child when they started sitting, crawling, and walking? _____

How old was your child when they used their first words? _____

Please tell us about your child's journey with toilet training. (eg. What age were they when they stopped using a nappy during the day/at night?)

Did you or anyone else have concerns about your child's early development?

HEARING AND VISION

Do you have any concerns about your child's hearing? Yes No

When was it last checked? _____

Do you have any concerns about your child's vision? Yes No

Please give details:

Does your child have hearing aids or wear glasses? Yes No

Please give details:

MEDICAL HISTORY

Please tell us about any health problems your child has (eg. asthma, allergies, eczema, seizures, dental problems, ongoing cough etc)

Has your child ever been to hospital? Yes No If yes, what for?

Has your child ever had a head injury? Yes No If yes, when? _____

Does your child take any regular medication? Yes No If yes, how often?

Does your child have any difficulty with falling asleep or staying asleep?

Do you have any concerns about your child's diet or appetite?

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FAMILY/WHĀNAU HISTORY

Does anyone in your immediate or extended family/whānau experience any of the following? If so, who and what? (eg. a maternal uncle with dyslexia)

Learning difficulties: _____

Global developmental delay or intellectual disability: _____

Autism: _____

ADHD: _____

Mental health concerns: _____

Physical disability: _____

Any other medical or health concerns: _____

Have there been any changes to your home situation? (eg. change of address, school, caregiver etc)

Has there been parental separation or divorce? If so, when?

Has your child experienced any other significant life events? (e.g. grief and loss, natural disasters, exposure to violence or abuse, immigration etc)

SCHOOL INFORMATION

School: _____ Year level: _____

Teacher's name: _____

Has your child previously attended a different school?

Does your child receive any additional support in school? (e.g. Teacher aid, RTLB, Reading Recovery, High Health Funding, School Counselling)

Has your child ever had any assessments or input from other professionals? (If so, we would appreciate a copy of any letters or reports). Please list these below:

Assessed by (name)	Title (e.g. psychologist)	Outcome of assessment

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CURRENT CONCERNS	
Please describe any concerns that you have for your child across the following areas of development.	
Gross motor skills Co-ordination or clumsiness when running, jumping, climbing, kicking a ball, tip toe walking etc.	
Fine motor skills Handwriting, drawing, manipulating small objects, using cutlery, zips, buttons etc.	
Independence and self-care Does your child have any difficulty with dressing, toileting, hygiene tasks?	
Understanding of language How well does your child understand what others say in conversation, including following multi-step instructions?	
Talking Does your child have any difficulty pronouncing words, forming sentences, or telling a story?	
Social interaction Does your child make and maintain friends easily? Do they get along better with adults or younger children? Do they struggle to understand social situations? Prefer to be alone?	
Learning and intellectual ability Does your child have greater difficulty with learning some things than other tamariki/children the same age?	
Hyperactivity and impulsivity Is your child more active than others? Do they struggle to stay still, interrupt others, do things without thinking etc?	
Concentration and attention Are they very distractable? Do they lose focus easily, struggle to start or finish tasks, daydream?	
Emotional regulation Are they quick to anger, easily frustrated, find it hard to calm down?	
Anxiety Do they worry excessively? Can they cope with change in routine? Are they afraid to try new things?	
Mood concerns Does your child experience low mood or sadness, withdraw from others, or lose interest in activities?	
Behaviours Does your child have any repetitive behaviours (e.g. spinning, rocking, flapping) or intense interests?	
Sensory needs Does your child react differently to certain sounds, smells, textures, pain, lights etc?	

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Is there anything else that you think is important for us to know?

Name: _____ **Sign:** _____

Date: _____

Thank you for taking the time to complete this questionnaire. This information helps CHIRP to make an informed decision on the best assessment pathway and supports for your child and family/whānau.

By signing this form, I give my permission for CHIRP to gather and share important information with the below services in the Bay of Plenty

- Child Development Service
- Child and Adolescent Mental Health Service
- Paediatrics

Once you have completed all sections of this form, please send to the appropriate email address by clicking the red box below.

PRINT

CLICK HERE to submit to CHIRP Tauranga

CLICK HERE to submit to CHIRP Whakatane

CLEAR FORM