FASD: A Lifetime Story

NB: Documenting the following information can be very useful for assessment and diagnosis.

Name of Child: _____
Child D.O.B. __/ __/ ____
Birth Mother Name: _____ D.O.B. __/ __/ ____
Current Residence: _____ Tel: _____
Birth Father Name: _____ D.O.B. __/ __/ ____
Current Residence: _____ Tel: _____

Birth Mother History:

Information on pregnancy:

Birth Father History:

Child – Observation Log

DATE	OBSERVATION	WHAT WAS HAPPENING IMMEDIATELY BEFORE	WHAT HELPED RESOLVE THE PROBLEM