

## Children with Autism

1. Does your child have any sensory aversions?

- No
- Yes Details.....

2. Does your child have any sensory seeking behaviours?

- No
- Yes Details.....

3. Does your child have any unusual interests or habits?

- No
- Yes Details.....

4. Are there any particular rewards or reinforcers that work for your child?

- No
- Yes Details.....

5. Is there anything in regard to your child's verbal and cognitive ability that would be useful for us to know?

- No
- Yes Details.....

6. Has your child had any negative experiences at the dentist in the past?

- No
- Yes Details.....

7. Oral Hygiene at home. Please tick what applies.

- Brushes independently
- Parent helps to brush
- Flosses
- Uses manual toothbrush
- Uses electric toothbrush
- Uses toothpaste

Comments: .....

8. What are your expectations for today's visit?

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