MCBH MyAvatar: Perinatal, Attachment, and Child Development Information

Date of assessment	PATID
	Completed by
	Clinical Staff Approving Assessment

Section 1: Perinatal factors and Pregnancy History

1. Did the parent feel emotionally connected to the pregnancy?

- ◯ Strongly connected
- ◯ Somewhat connected
- ◯ Disconnected
- ◯ Uncertain/parent did not disclose
- ◯ Other

If other, please describe

2. Did the parent experience any pregnancy-related health complications?(Check all that apply)

- ☐ Gestational diabetes
- ☐ High blood pressure/preeclampsia
- ☐ Bleeding
- ☐ Uncertain/parent did not disclose
- ☐ None
- ☐ Other

If other, please describe

3. Did the parent experience any mental health symptoms during pregnancy?(Check all that apply)

- ☐ Depression
- ☐ Anxiety
- ☐ Panic attacks
- ☐ Uncertain/parent did not disclose
- ☐ None
- ☐ Other

If other, please describe

4. Did the parent use any substances during pregnancy?(Check all that apply)

- ☐ No
- ☐ Tobacco
- ☐ Alcohol
- ☐ Cannabis
- ☐ Illicit drugs
- ☐ Prescription misuse
- ☐ Uncertain/parent did not disclose
- ☐ Other

If other, please describe

5. Were there any major stressors or traumatic events during pregnancy?

- ◯ Yes
- ◯ No

If yes, please describe

Did the parent receive medical care during the following trimesters:

First	◯ Yes	◯ No
Second	◯ Yes	◯ No
Third	◯ Yes	◯ No

Additional information related to pregnancy history

Section 2: Labor and Delivery

6. Type of delivery

- ◯ Vaginal(spontaneous)
- ◯ Vaginal (assisted forceps/vacuum)
- ◯ Cesarean (planned)
- ◯ Cesarean (emergency)
- ◯ Other

If other, please describe

7. Length of labor

- ◯ Less than 6 hours
- ◯ 12-24 hours
- ◯ Don't remember
- ◯ 6-12 hours
- ◯ More than 24 hours

8. How did the parent perceive the birth experience?

- ◯ Positive and empowering
- ◯ Neutral
- ◯ Traumatic or distressing
- ◯ Confusing or unclear
- ◯ Other

If other, please describe

9. Were there any complications during labor/delivery

- ◯ None
- ◯ Fetal distress
- ◯ Other
- ◯ Hemorrhage
- ◯ NICU admission

If other, please describe

10. Who was present during labor and delivery? (Check all that apply)

- [ ] Partner
- [ ] Family member
- [ ] Doula or midwife
- [ ] Medical staff only
- [ ] Other

If other, please describe

Additional information related to labor and delivery

Section 3: Postpartum

11. What was the initial emotional response to the baby?

- ◯ Strong connection and joy
- ◯ Overwhelmed or fearful
- ◯ Mild or delayed bonding
- ◯ Other
- ◯ Emotional numbness or disconnection

If other, please describe

12. Has the parent experienced any postpartum mental health symptoms? (Check all that apply)

- [ ] No
- [ ] Depression
- [ ] Anxiety
- [ ] Intrusive thoughts
- [ ] PTSD or trauma-related symptoms
- [ ] Other

If other, please describe

13. Infant feeding method

- ◯ Breast/chest feeding exclusively
- ◯ Combination feeding
- ◯ Formula only
- ◯ Feeding difficulties present
- ◯ Other

If other, please describe

14. Any concerns with infant health or behavior?

- ◯ No
- ◯ Colic or excessive crying
- ◯ Poor weight gain
- ◯ Sleep issues
- ◯ Other

If other, please describe

15. How is the parent adjusting to the parenting role?

- ◯ Adjusting well
- ◯ Some changes
- ◯ Significant distress or identity confusion
- ◯ Still adjusting
- ◯ Other

If other, please describe

16. Has the parent experienced any grief or losses related to this birth?

- ◯ No
- ◯ Previous miscarriage or stillbirth
- ◯ Loss of expectations (e.g.., unplanned C-section, NICU stay)
- ◯ Other

If other, please describe

Additional information related to postpartum

Child's Mental Status Exam

Appearance and Physical Functioning:

Hygiene and grooming appropriate for age	◯ Yes	◯ No
Nutritional status within normal range	◯ Yes	◯ No
Normal posture and muscle tone	◯ Yes	◯ No
Concerning physical features or conditions	◯ Yes	◯ No
Facial expressions match emotional state	◯ Yes	◯ No

State Regulation/Alertness:

Maintains alertness appropriate for age	◯ **Yes**	◯ **No**
Transitions well between sleep, calm, and alert states	◯ **Yes**	◯ **No**
Sustains attention briefly (age-expected)	◯ **Yes**	◯ **No**
Responsive to people and environmental stimuli	◯ **Yes**	◯ **No**

Motor Activity and Coordination:

Gross motor skills appropriate for age	◯ **Yes**	◯ **No**
Fine motor skills appropriate for age	◯ **Yes**	◯ **No**
Activity level typical (not hypo-/hyperactive)	◯ **Yes**	◯ **No**
Stereotyped or repetitive movements	◯ **Yes**	◯ **No**
Motor coordination adequate for age	◯ **Yes**	◯ **No**

Affect/Emotional Expression:

Emotional expressions are age-appropriate	◯ **Yes**	◯ **No**
Affect is congruent with situation	◯ **Yes**	◯ **No**
Responds to caregiver's emotional cues	◯ **Yes**	◯ **No**
Shows capacity for pleasure and engagement	◯ **Yes**	◯ **No**
Regulates mood with caregiver support	◯ **Yes**	◯ **No**

Speech, Language, and Communication:

Pre-verbal communication (gestures, babbling) is present (if applicable)	◯ **Yes**	◯ **No**
Expressive language within developmental expectations	◯ **Yes**	◯ **No**
Receptive language appropriate for age	◯ **Yes**	◯ **No**
Atypical speech patterns (e.g.., echolalia, mutism)	◯ **Yes**	◯ **No**
Uses language socially (joint attention, turn-taking)	◯ **Yes**	◯ **No**
Language regression or delay	◯ **Yes**	◯ **No**

Thought Process/Play Themes:

Engages in symbolic or pretend play (age 2.5+)	**Yes**	**No**
Thoughts appear logical and organized for age	**Yes**	**No**
Magical thinking within expected developmental norms (3–5)	**Yes**	**No**
Disorganized or violent play themes	**Yes**	**No**
Flexible and creative in play	**Yes**	**No**

Perceptual Disturbances:

Sensory reactivity appropriate for age (no hypo-/hyper-responsiveness)	**Yes**	**No**
Perception of reality consistent with developmental stage	**Yes**	**No**
Tracks visual stimuli	**Yes**	**No**
Startles/responds to auditory stimuli	**Yes**	**No**
Unusual sensory/perceptual responses	**Yes**	**No**
Signs of hallucinations or responding to internal stimuli	**Yes**	**No**
Excessive or developmentally inappropriate fears	**Yes**	**No**

Relationship and Attachment Behaviors:

Seeks proximity and comfort from caregiver	**Yes**	**No**
Shows distress at separation (age-appropriate)	**Yes**	**No**
Enjoys shared attention and interaction	**Yes**	**No**
Responds to caregiver's social and emotional cues	**Yes**	**No**
Displays secure or organized attachment behavior	**Yes**	**No**

Insight and Judgment (Observed):

Shows basic awareness of danger (e.g.., avoids hot objects)	**Yes**	**No**
Follows simple rules with support	**Yes**	**No**
Makes appropriate play choices	**Yes**	**No**
Seeks help or comfort when needed	**Yes**	**No**

Developmnetal Milestones Assesment Grid (Age0-5)

0 = Unknown/Not assessed
1 = Achieved
2 = Emerging
3 = Not yet

0-6 months:

Rolling Over	◯ 0	◯ 1	◯ 2	◯ 3
Sitting Up	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

6-12 months:

Rolling Over	◯ 0	◯ 1	◯ 2	◯ 3
Sitting Up	◯ 0	◯ 1	◯ 2	◯ 3
Crawling	◯ 0	◯ 1	◯ 2	◯ 3
Walking	◯ 0	◯ 1	◯ 2	◯ 3
Talking	◯ 0	◯ 1	◯ 2	◯ 3
Feeding Self	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

12-18 months:

Rolling Over	◯ 0	◯ 1	◯ 2	◯ 3
Crawling	◯ 0	◯ 1	◯ 2	◯ 3
Walking	◯ 0	◯ 1	◯ 2	◯ 3
Talking	◯ 0	◯ 1	◯ 2	◯ 3
Feeding Self	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

18-24 months:

Talking	◯ 0	◯ 1	◯ 2	◯ 3
Toileting	◯ 0	◯ 1	◯ 2	◯ 3
Feeding Self	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

2-3 years:

Talking	◯ 0	◯ 1	◯ 2	◯ 3
Toileting	◯ 0	◯ 1	◯ 2	◯ 3
Feeding Self	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

3-4 years:

Talking	◯ 0	◯ 1	◯ 2	◯ 3
Toileting	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

4-5 years:

Talking	◯ 0	◯ 1	◯ 2	◯ 3
Toileting	◯ 0	◯ 1	◯ 2	◯ 3
Sensory Issues	◯ 0	◯ 1	◯ 2	◯ 3

Parent-Child Attachment Assessment

Instructions: Observe the interaction between the parent and child. For each item, select the response that best describes the observed behavior.

Parent responds to child's emotional cues (e.g.., crying, smiling, gestures).

- ◯ **Consistently sensitive and attuned**
- ◯ **Usually responsive with some delay**
- ◯ **Inconsistently responsive**
- ◯ **Unresponsive or dismissive**

Child seeks comfort or proximity from parent distressed.

- ◯ Consistently seeks and receives comfort
- ◯ Seeks comfort with mild hesitation
- ◯ Occasionally seeks comfort
- ◯ Avoids seeking comfort from parent

Parent uses eye contact, touch, and facial expressions to engage child.

- ◯ Frequently uses warm and positive cues
- ◯ Occasionally engages in positive cues
- ◯ Uses flat or neutral cues
- ◯ Rarely engages in any relational cues

Child appears relaxed and secure in parent's presence.

- ◯ Displays consistent comfort and ease
- ◯ Mild signs of anxiety but generally calm
- ◯ Occasional signs of stress or distancing
- ◯ Frequently appears anxious or detached

Parent encourages exploration while remaining available.

- ◯ Provides consistent balance of support and autonomy
- ◯ Encourages with minimal involvement
- ◯ Over- or under-involved in child's activities
- ◯ Restrictive or unavailable during exploration

Observable Relational Challenges

Parent shows signs of frustration or impatience with the child.

- ◯ Rarely, and manages emotions well
- ◯ Occasionally, with mild signs of irritation
- ◯ Frequently shows irritation or frustration
- ◯ Regularly critical or rejecting

Child exhibits difficulty trusting or relying on the parent.

- ◯ **Demonstrates full trust and reliance**
- ◯ **Mild hesitation in seeking help**
- ◯ **Often avoids or resists connection**
- ◯ **Consistently avoids or is fearful of parent**

Parent intrudes on child's autonomy (e.g.., speaks for child, over-controls).

- ◯ **Respects child's autonomy consistently**
- ◯ **Occasionally over-involved**
- ◯ **Frequently directs or interrupts child's actions**
- ◯ **Regularly controls or overrides child's choices**

Child shows excessive dependency or clinginess.

- ◯ **Demonstrates appropriate level of dependence**
- ◯ **Frequently seeks reassurance or physical closeness**
- ◯ **Mildly clingy but self-regulates**
- ◯ **Overly dependent and distressed without parent**

Parent struggles to repair conflict or distress during interaction.

- ◯ **Effectively repairs and reassures**
- ◯ **Attempts repair with mixed success**
- ◯ **Rarely attempts repair**
- ◯ **Avoids or escalates conflict/distress**

Additional information related to challenges/concerns

Sensory Processing Strenghts

Child enjoys being held, cuddled, or touched appropriately.

- ◯ Actively seeks and enjoys touch
- ◯ Accepts touch calmly
- ◯ Sometimes pulls away from touch
- ◯ Consistently avoids or reacts strongly to touch

Child shows interest in visual details (e.g.., colors, books, faces).

- ◯ Actively seeks and explores visually
- ◯ Watches with calm interest
- ◯ Occasionally avoids or overlooks visual input
- ◯ Consistently avoids eye contact or visual exploration

Child moves confidently through space (e.g.., walking, climbing, crawling).

- ◯ Explores new environments with ease
- ◯ Moves with occasional caution
- ◯ Hesitant in new or active environments
- ◯ Avoids movement or appears fearful of gross motor activities

Child responds appropriately to sounds (e.g.., name being called, music, everyday noise).

- ◯ Responds consistently and positively
- ◯ Responds but sometimes needs repetition
- ◯ Occasionally overreacts or underreacts
- ◯ Frequently covers ears or ignores sounds

Child attends well in noisy or stimulating environments (e.g.., playgroups, classrooms).

- ◯ Remains calm and engaged
- ◯ Occasionally distracted but re-engages
- ◯ Frequently distracted or overstimulated
- ◯ Becomes distressed or shuts down in busy environments

Sensory Processing Challenges

Child becomes upset with routine sensory experiences (e.g.., bathing, hair brushing, tags).

- ◯ Tolerates well
- ◯ Occasionally resists but recovers quickly
- ◯ Frequently resists or avoids certain routines
- ◯ Consistently distressed or refuses daily care routines

Child has difficulty shifting attention or transitioning between activities.

- ◯ Transitions smoothly
- ◯ Occasionally resists change
- ◯ Needs frequent support to transition
- ◯ Meltdowns or extreme resistance during changes

Child seeks intense movement (e.g.., spinning, crashing, jumping) more than peers.

- ◯ Rarely seeks intense movement
- ◯ Occasionally engages in movement play
- ◯ Frequently seeks strong movement input
- ◯ Constantly craves and demands movement input

Child's reactions to sensory input seem extreme compared to other children.

- ◯ Responses are age-appropriate and regulated
- ◯ Mild variations in sensory response
- ◯ Clearly more sensitive or under-responsive than peers
- ◯ Reactions are intense and impact daily functioning

Child appears overly sensitive to textures (e.g.., food, clothing, messy play).

- ◯ Enjoys exploring new textures
- ◯ Mild hesitation with new textures
- ◯ Frequently avoids certain textures
- ◯ Strong negative reaction to multiple textures

Additional information related to challenges/concerns