

Preparing for a Diagnosis

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Take some quiet time and think about each category shown on this page. Record your thoughts on paper and make copies of any written reports you may already have. Take all of this documentation and your child's pictures with you to your child's appointment.

History of Prenatal Alcohol Exposure

If you are a birth parent, self-reporting of alcohol use during pregnancy is ideal.

If you are a foster or adoptive parent, consider the following:

- If you have access to paternal or maternal relatives, ask them about prenatal exposure.
- Did your caseworker give you verbal or written information on prenatal alcohol exposure?
- Did a previous foster parent have maternal drinking information?
- Request written non-identifying, prenatal medical and mental health family history from your adoption agency. [If you are a foster or adoptive parent, with no prenatal history on your child,, you have a right to request this prenatal history and “non-identifying” medical and mental health birth family history from your foster care or adoption agency.]

Verification of prenatal alcohol exposure can come from:

- ◆ A birth parent
- ◆ A paternal or maternal relative or friend
- ◆ A previous foster parent
- ◆ Your adoption caseworker (based on personal knowledge or written records)
- ◆ Written records from a hospital, doctor, treatment center, or adoption agency

History of Your Child's Growth Pattern

Was your child a “preemie” (born weeks before your due date)?

Did your child have “failure to thrive”?

Did your child have a low birth weight even though he/she was full term?

Do you have access to your child's hospital birth records?

Do you have medical and or school records documenting growth deficiencies?

If you do not have these types of records, you may request pre-adoption medical records from the adoption agency. It's the (federal) law –you are entitled to these records.

Physical Characteristics

1. Look for the “typical” facial features of FAS:

- ◆ narrow eye openings which may cause the eyes to appear to be wide-set
- ◆ a short nose with flat bridge
- ◆ long flat (or curved out) space between the bottom of the nose and upper lip (philtrum)
- ◆ thin upper lip
- ◆ flat mid-face

2. Think about your child's medical history. Has your child had:
 - ◆ ear infections/hearing problems
 - ◆ seeing/eye difficulties
 - ◆ teeth/jaw malformations and/or braces
 - ◆ seizures
3. Try to collect a sequence of your child's school photos (or face shots, not smiling if possible) between 5 and 10 years old.

Central Nervous System Damage (Behavioral Manifestations)

Does your child:

- ◆ Have difficulty concentrating or staying on task
- ◆ Experience problems connecting behavior to consequence
- ◆ Express odd logic or reasoning
- ◆ Think rules are only for other people
- ◆ Behave unpredictably and impulsively
- ◆ Exhibit the inability (as opposed to unwillingness) to accept responsibility
- ◆ Lie with a clear conscience
- ◆ Manipulate others frequently
- ◆ Have Attention Deficit/Hyperactivity Disorder
- ◆ Show excessive vulnerability to peer pressure
- ◆ Display multiple or pervasive developmental displays
- ◆ Present volatile behavior without predatory intent