**Neurodiversity Referral Form for an Autism and/or Attention Deficit Hyperactivity Disorder (ADHD) Assessment for Children and Young People (CYP) in Hertfordshire**

**Referrals will only be accepted if all the required parts of this form are attached and complete. Where the CYP has not attended an educational setting in the past 6 months, “Part Three: Educational Setting Questionnaire” is not required.**

**Once complete – forms should be submitted by the referrer**

**Parents/carers should ensure they take a copy** **for their records before the referral is submitted.**

**PART THREE - EDUCATION SETTING QUESTIONNAIRE**

**CHILD / YOUNG PERSON’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Date of Birth:** | Click or tap to enter a date. |
| **Address:** | Click or tap here to enter text. | | |
| **NHS No:** | Click or tap here to enter text. | | |

|  |  |
| --- | --- |
| **Name of person completing questionnaire:** | Click or tap here to enter text. |
| **Role of person completing questionnaire:** | Click or tap here to enter text. |
| **Education setting:** | Click or tap here to enter text. |
| **Date of Completion:** | Click or tap to enter a date. |
| **Current Year Group of Child / Young Person?** | Click or tap here to enter text. |
| **Are they out of year group?**  **If yes, which year group should they be in?** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Please provide the details of your SENCo/INCo/SEND Lead:** | |
| Name/Role: | Click or tap here to enter text. |
| Tel: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

|  |
| --- |
| 1. **Describe the Child / Young Person’s strengths:** |
| Click or tap here to enter text. |
| 1. **Challenges seen in school including how long they have been present:** |
| Click or tap here to enter text. |
| 1. **If possible to obtain, what is the Child / Young Person’s view on their potential differences?** |
| Click or tap here to enter text. |

**ACADEMIC PROGRESS**

See school guidance for additional information.

1. **EARLY YEARS FOUNDATION STAGE**

|  |  |
| --- | --- |
| Communication and Language | Choose an item. |
| Physical development | Choose an item. |
| Personal, social and emotional development | Choose an item. |

1. **PRIMARY**

PRE - Pre-Curriculum Expectations

WTS - Working Towards the Curriculum Expectations

EXS - Working at the Expected Standard

GDS - Working at Greater Depth

|  |  |
| --- | --- |
| Reading | Choose an item. |
| Writing | Choose an item. |
| Maths | Choose an item. |

1. **SECONDARY**

|  |  |  |
| --- | --- | --- |
|  | Current attainment | Key stage equivalent |
| English | Choose an item. | Choose an item. |
| Maths | Choose an item. | Choose an item. |
| Science | Choose an item. | Choose an item. |

1. **CAT scores (if available):**

|  |  |
| --- | --- |
| Verbal reasoning | Click or tap here to enter text. |
| Non-verbal reasoning | Click or tap here to enter text. |
| Quantitative reasoning | Click or tap here to enter text. |

**ACADEMIC ATTAINMENT**

|  |  |
| --- | --- |
| 1. **Is this Child / Young Person’s academic attainment in line with their peers:** | Choose an item. |
| If no please quantify the gap using school measures, including current level.  Click or tap here to enter text. | |
| 1. **Is this Child / Young Person’s academic attainment in line with their ability:** | Choose an item. |
| If no, what do you see to be the barriers and provide evidence for your reasons:  Click or tap here to enter text. | |
| 1. **Is this Child / Young Person on a reduced timetable:** | Choose an item. |
| If yes, please give details of the reduced timetable and reasons why:  Click or tap here to enter text. | |
| 1. **Is the Child / Young Person spending time outside the classroom on a regular basis:** | Choose an item. |
| If yes, please give details of where and why:  Click or tap here to enter text. | |
| 1. **Is school attendance an issue:** | Choose an item. |
| If yes, please specify with reasons why:  Click or tap here to enter text. | |
| 1. **Is this Child / Young Person in receipt of an EHCP or has additional support in school:** | Choose an item. |
| If yes, please give detail:  Click or tap here to enter text. | |
| 1. **Are there any current or previous Safeguarding concerns in relation to this Child / Young Person and the family:** | Choose an item. |
| If yes, please give detail:  Click or tap here to enter text. | |
| 1. **Is this Child / Young Person open to Children’s Services e.g. CP plan/ CIN plan:** | Choose an item. |
| If yes, please give detail:  Click or tap here to enter text. | |

**SUPPORT AND STRATEGIES**

|  |
| --- |
| 1. **Please list what support and strategies are currently being implemented at school.**   Consider what effect these interventions have had.  **If available, please attach relevant Valuing SEND (VSEND) report with this referral.** |
| Click or tap here to enter text. |
| 1. **Please list support and strategies that have been offered and / or taken up by the family,**   **including input from local family support worker, with name and dates if available.** |
| Click or tap here to enter text. |

**CONCERNS/AREAS OF DIFFERENCE**

|  |  |
| --- | --- |
| **Please highlight your level of concern and give details.** | |
| 1. **Communication skills:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Social Interaction with peers and managing relationships:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Behaviour that concerns or challenges others:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Intense or specific interests/play:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Repetitive Behaviours:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Routines/challenges with changes:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Sensory seeking/avoidance:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Mental Health:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Ability to recognise emotions and emotional responsiveness:** | Choose an item. |
| Please provide details:  Click or tap here to enter text. | |
| 1. **Attention:** | |
| Do they respond to their name or other prompts? | Choose an item. |
| Do they seem to be listening when spoken to? | Choose an item. |
| Do they flit between activities? | Choose an item. |
| *Please comment on their attention to detail and thoroughness of work:*  Click or tap here to enter text. | |
| 1. **Ability to concentrate and sustain focus:** | |
| Is the Child / Young Person’s ability to concentrate and sustain focus a concern on school? | Choose an item. |
| Please describe:  Click or tap here to enter text. | |
| 1. **Organisation skills, time management, ability to plan and start tasks, working memory and adaptable thinking:** | |
| Please describe any strengths/concerns:  Click or tap here to enter text. | |
| 1. **Level of activity, in both large and small movements:** | |
| Are they calm and still? | Choose an item. |
| Do they have difficulty remaining seated? | Choose an item. |
| Please describe**:**  Click or tap here to enter text. | |
| 1. **Impulse control:** | |
| Do they think before speaking/acting? | Choose an item. |
| Are they accident prone? | Choose an item. |
| Please give examples:  Click or tap here to enter text. | |

1. **SNAP -IV Teacher 18-Item Rating Scale, James M. Swanson PhD**

For each item, check the column which best describes this child/ young person:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Just a little** | **Quite a bit** | **Very much** |
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks |  |  |  |  |
| 2. Often has difficulty sustaining attention in tasks or play activities |  |  |  |  |
| 3. Often does not seem to listen when spoken to directly |  |  |  |  |
| 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties |  |  |  |  |
| 5. Often has difficulty organizing tasks and activities |  |  |  |  |
| 6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort |  |  |  |  |
| 7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books |  |  |  |  |
| 8. Often is distracted by extraneous stimuli |  |  |  |  |
| 9. Often is forgetful in daily activities |  |  |  |  |
| 10. Often fidgets with hands or feet or squirms in seat |  |  |  |  |
| 11. Often leaves seat in classroom or in other situations in which remaining seated is expected |  |  |  |  |
| 12. Often runs about or climbs excessively in situations in which it is inappropriate |  |  |  |  |
| 13. Often has difficulty playing or engaging in leisure activities quietly |  |  |  |  |
| 14. Often is “on the go” or often acts as if “driven by a motor” |  |  |  |  |
| 15. Often talks excessively |  |  |  |  |
| 16. Often blurts out answers before questions have been completed |  |  |  |  |
| 17. Often has difficulty awaiting turn |  |  |  |  |
| 18. Often interrupts or intrudes on others (e.g., butts into conversations/ games |  |  |  |  |

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| --- |
| We are currently updating the referral process for these assessments and would appreciate your feedback on this form. for example, is there any additional information that should be requested? |
| *E.g. – is there any wording you find confusing? Were you able to tell us everything you needed to about your child / young person? Do you have any other suggested improvements?*  Click or tap here to enter text. |

Thank you for taking the time to complete this referral.

Please email this completed form with any supporting documents to the GP or healthcare professional submitting this referral.

For further information and support please see;

[**The Neurodiversity Support Hub**](https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx) is an advice service offering support, signposting and guidance about a whole range of things relating to ADHD and Autism. The phones are answered by a team of parents and carers of neurodivergent children and young people and your child doesn't need a diagnosis for you to use this service.

You can call them on 01727 833963 (Open Monday to Friday 9am – 1pm, closed bank holidays) or email:[supporthub@add-vance.org](mailto:supporthub@add-vance.org)

**Hertfordshire County Council –** [**SEND Local Offer**](http://www.hertfordshire.gov.uk/localoffer)

Whilst you are waiting for an assessment appointment, we suggest you review the information available from the Hertfordshire County Council Local Offer. The Local Offer includes a range of materials, bookable courses and workshops which can provide invaluable guidance on supporting your child or young person, both before and after their assessment.