

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:		Date of Birth:	
Address:			
NHS No:			

Name of person completing questionnaire:	
Role of person completing questionnaire:	
Education setting:	
Date of Completion:	
Current Year Group of Child / Young Person?	
Are they out of year group? If yes, which year group should they be in?	

Please provide the details of your SENCo/INCo/SEND Lead:	
Name/Role:	
Tel:	
Email:	

1. Describe the Child / Young Person's strengths:
2. Challenges seen in school including how long they have been present:
3. If possible to obtain, what is the Child / Young Person's view on their potential differences?

ACADEMIC PROGRESS

See school guidance for additional information.

4. EARLY YEARS FOUNDATION STAGE

Communication and Language	
Physical development	
Personal, social and emotional development	

5. PRIMARY

PRE - Pre-Curriculum Expectations

WTS - Working Towards the Curriculum Expectations

EXS - Working at the Expected Standard

GDS - Working at Greater Depth

Reading	
Writing	
Maths	

6. SECONDARY

	Current attainment	Key stage equivalent
English		
Maths		
Science		

7. CAT scores (if available):

Verbal reasoning	
Non-verbal reasoning	
Quantitative reasoning	

ACADEMIC ATTAINMENT

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

SUPPORT AND STRATEGIES

<p>16. 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.</p>
<p>17. 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.</p>

CONCERNS/AREAS OF DIFFERENCE

Please highlight your level of concern and give details.	
18. Communication skills:	
Please provide details:	
19. Social Interaction with peers and managing relationships:	
Please provide details:	
20. Behaviour that concerns or challenges others:	
Please provide details:	
21. Intense or specific interests/play:	
Please provide details:	
22. Repetitive Behaviours:	
Please provide details:	
23. Routines/challenges with changes:	
Please provide details:	
24. Sensory seeking/avoidance:	

Please provide details:	
25. Mental Health:	
Please provide details:	
26. Ability to recognise emotions and emotional responsiveness:	
Please provide details:	
27. Attention:	
Do they respond to their name or other prompts?	
Do they seem to be listening when spoken to?	
Do they flit between activities?	
<i>Please comment on their attention to detail and thoroughness of work:</i>	
28. Ability to concentrate and sustain focus:	
Is the Child / Young Person's ability to concentrate and sustain focus a concern on school?	
Please describe:	
29. Organisation skills, time management, ability to plan and start tasks, working memory and adaptable thinking:	
Please describe any strengths/concerns:	
30. Level of activity, in both large and small movements:	
Are they calm and still?	
Do they have difficulty remaining seated?	
Please describe:	
31. Impulse control:	
Do they think before speaking/acting?	
Are they accident prone?	
Please give examples:	

32. 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)				

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?

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](#) 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

Hertfordshire County Council – [SEND Local Offer](#)

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.