|  |
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| **SECTION B**SECTION **A**SECTION **A**Complete this section and Section A for a **Behavioural Concerns** referral. |
|  |
| **\*Child Details:** *- SENCO/Referrer or Parent/Carer to Complete* |
|

|  |  |
| --- | --- |
| \*Surname: | \*Address: |
| \*Forename: |
| \*DOB: |
|  | \*Postcode: |

 |
|  |
| **\*** **How many months have concerns been present for?** *- SENCO/Referrer to Complete –* ***Must Be Completed*** |
|  |
| **\*Behaviours at School** *- SENCO/Referrer to Complete* |
| Please go through each of the behaviours listed below and write an example of how this behaviour presents itself **at School.** *Please give as many examples as possible, or write N/A if not observed.*

|  |  |
| --- | --- |
| **Behaviour** | **Example** |
| *Listens when spoken to directly* |  |
| *Follows through on instructions* |  |
| *Knows where to start with a task* |  |
| *Remains on task without getting distracted*  |  |
| *Is organised and can find things when asked.* |  |
| *Can sit still when expected or required* |  |
| *Waits for question to be finished before answering* |  |
| *Engages with activities quietly* |  |
| *Can control their emotions* |  |
| *Talks at a reasonable speed* |  |
| *Does not interrupt or intrude on others* |  |
| *Appears attentive, rarely day dreaming* |  |
| *Can wait to take their turn* |  |
| *Can sustain attention in long tasks* |  |
| *Has an awareness of risk/danger* |  |

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| **Classroom behaviour** *- SENCO/Referrer to Complete –*SECTION **B** |
|

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| **\* Please describe any further concerns you have about how this child behaves in class,** *e.g. concentration, ability to sit still, oppositionality, organisation, waiting turns, etc* |
|  |

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| **\*Please indicate names of any professionals/organisations involved** *- SENCO/Referrer to Complete**e.g. Health Visitor, Paediatrician, Social Worker, therapists etc (with contact detail)* |
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| --- | --- | --- |
| Name | Profession | Tel No. |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| **\*Is the child supported through any of the following?** (Please tick) *- SENCO/Referrer to Complete* |
|

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| --- | --- | --- | --- |
| Enhanced quality first provision | [ ]  | Additional intervention | [ ]  |
| Individual SEND support plan | [ ]  | Support provided | [ ]  |
| Positive handling plan | [ ]  | High needs top up funding | [ ]  |
| EHC plan | [ ]  | None | [ ]  |

 |

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| **\*Does this child receive any other interventions or special help?  *-****SENCO/Referrer to Complete**Please fill in and tick box below specifying, e.g. small group work, pastoral programme,* *Speech & Language therapy etc, otherwise tick “No interventions in place”.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |
|  | [ ]  | No interventions in place | [ ]  |

 |
| **\*Child's positive qualities, strengths and interests** *- SENCO/Referrer to Complete* |
|  |

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| **\*** **Child’s attendance/punctuality**:*- SENCO/Referrer to Complete – Must be Completed* |
| Are there any concerns regarding school attendance? Yes [ ]  No [ ]  Is Punctuality a concern? Yes [ ]  No [ ]  Please share any relevant information you feel we should be informed of to support triage: |
| **Child’s Academic progress and academic area(s) of strength.** (If applicable) *- SENCO/Referrer to Complete* |
|

|  |  |
| --- | --- |
| Below age related expectations  | [ ]  |
| Age related expectations  | [ ]  |
| Above related expectations  | [ ]  |

**Please share any relevant information you feel we should be informed of to support triage:** |
| \***How would you describe this child’s relationships with the following?** *- SENCO/Referrer to Complete*(Please ✓appropriate box) |
|

|  |  |
| --- | --- |
|  | **Comment** |
| * With other children one 1-to-1
 |  |
| * With other children in a group
 |  |
| * With adults/teaching staff
 |  |
| * In response to rules and discipline:
 |  |

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| **\*What do you feel are the barriers for this child to achieve their learning goals?** |
| *Please be as descriptive as possible.* |

 |

SECTION **B**

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| **\*Social behaviour** *- SENCO/Referrer to Complete* |
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| **\*How does the child behave during uninstructed time?***e.g. break / dinner times? Please describe as much detail as possible.*  |
| SECTION **B** |
| **\*Please describe the quality of the child’s relationships with peers:** *Do they show interest in others, have friends, understand other’s feelings, take turns, play constructively?*  |
|  |

 |
| **Emotional Wellbeing** *- SENCO/Referrer to Complete* |
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| **\*Do you have any concerns regarding this child's emotional wellbeing?** *If yes, please describe these and the impact they have. Note N/A if none.* |
|  |

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| **\*ADHD Skills Course** – *Parent/Carer to Complete* |
| Have you previously attended the ADHD Skills Course with the ADHD Foundation?*This may have been part of a siblings ADHD Assessment. If unsure, tick “No”. If date unknown, approximate is acceptable.*Yes [ ]  No [ ]  If Yes: **Date Attended:**  |
| **\*Please give detailed description of your concerns of behaviours at home:** SECTION **B****- A detailed description is required or we cannot accept this referral.** - *Parent/Carer to Complete* |
|  |
| **\*Behaviours at Home** *– Parent/Carer to Complete* |
| Please go through each of the behaviours listed below and write an example of how this behaviour presents itself **at Home.** *Please give as much detail as you can, or write N/A if not observed.*

|  |  |
| --- | --- |
| **Behaviour** | **Example** |
| *Listens when spoken to directly* |  |
| *Follows through on instructions* |  |
| *Knowing where to start with a task* |  |
| *Remains on task without getting distracted*  |  |
| *Remembers daily activities like brushing teeth.* |  |
| *Is Organised and can find things when asked.* |  |
| *Can sit still when expected or required* |  |
| *Waits for question to be finished before answering* |  |
| *Engages with activities quietly* |  |
| *Can control their emotions* |  |
| *Can sit still at home.* |  |
| *Talks at a reasonable speed* |  |
| *Does not interrupts or intrude on others* |  |
| *Appears attentive, rarely day dreaming* |  |
| *Can wait to take their turn* |  |
| *Can sustain attention in long tasks* |  |
| *Has an awareness of risk/danger* |  |

 |
| **\*QB Test** - *Parent/Carer to Complete* |
| **As part of the ADHD assessment, this child may be invited to attend a QB test.**SECTION **B**The QB test is a clinical measure of a child’s activity, attention, and impulsivity.It is performed on a computer. The child watches a screen and clicks along with shapes on a screen for about 15-20 minutes. The child must be on their own in the QB test room, with any parents/carer waiting outside for the duration of the test.YouTube Link: <https://www.youtube.com/watch?v=02UqEGIOJO0>If this test is not appropriate for this child we will arrange an alternate assessment if your child is in primary. Secondary school children must attempt a QB test, even if test is unsuccessful.Do you feel this child would have great difficulty or experience great stress doing the QB test?

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |

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| **SECTION C**Complete this section and Section A for a **Social Communication Concerns** referral. |
| **\*Child Details:** *- SENCO/Referrer or Parent/Carer to Complete* |
|

|  |  |
| --- | --- |
| \*Surname: | \*Address: |
| \*Forename: |
| \*DOB: |
|  | \*Postcode: |

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| Please fill in all fields of this section providing as much detail as possible when filling out each section.This form MUST be signed by parent/carer and SENCO/referring professional (verbal consent from parent/carer will be accepted). |
| **Support for parent/carersSENCO: Please direct parents/carers to access Autism Together if they have not already, as parents/carers can access support without a diagnosis** [www.autismtogether.co.uk](http://www.autismtogether.co.uk). |
| Referrals can only be accepted if the following criteria have been met:* Completed referral form [ ]
* Concerns must be identified at home and by the class teacher (in more than one setting) [ ]
* If a SALT social communication report has already been completed, this should be attached to the referral (this could include a previous SALT report from NHS or a private provider) [ ]
* If the child is under 7, a full WellComm screen should be completed and attached to the referral [ ]
 |

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| ***Language and Social Communication Needs in School*** *- SENCO/Referrer to Complete***Please comment on the child’s ability in all the sections below.**

|  |
| --- |
| **Attention and Listening skills (in 1:1 and group settings):**Is this an area of concern? Yes [ ]  No [ ]  If yes, please detail the support currently provided: |
| **Comprehension (understanding of what people say) / Expressive Language (sentences/grammar):**Is this an area of concern? Yes [ ]  No [ ]  If yes, please detail the support currently provided:(If child is under 7, please attach full Wellcomm screening result) |
| **Social Communication Skills (interactions with others):**Is this an area of concern?Yes[ ]  No[ ]  If yes, please detail the concerns: |
| **Other:** |

 |
| **Communication in School** *- SENCO/Referrer to Complete***Does the child use other methods of communication e.g. signing, gesture, haptic?** If yes, please describe: |
| **Additional Language** *- SENCO/Referrer to Complete***Is English an additional language Yes** [ ]   **No** [ ]  **Would an interpreter be required? Yes** [ ]   **No** [ ]  If yes, what is language and language level like in first language? |

SECTION **C**

SECTION **C**

|  |  |  |
| --- | --- | --- |
| Child’s Name: | NHS No: | D.o.B: |
| School: |
| Name of Person Completing Form: | Date Completed: |

**Observation Profile**

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| **Part 1:** *Teacher/SENCO to complete***Give a brief “word picture” of the child within the class.***Note positive points as well as difficulties and describe any ASD characteristics observed.* |
|  |
|  |
| **Part 2: Observed Behaviours in School** *Teacher/SENCO to complete*Key: 1 No cause for concern 2 Mild cause for concern 3 Moderate cause for concern 4 Serious cause for concern 5 Great cause for concern |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Social Interaction**
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ability to use gesture, body posture, facial expression and eye to eye gaze in 1:1 situations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to use gesture, body posture, facial expression and eye to eye gaze in group interaction.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to follow social cues in 1:1 – with adults.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to follow social cues in 1:1 – with other children.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to follow social cues in group interaction.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to share an activity with other children.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to share an activity with an adult.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to develop peer friendships.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to seek comfort/affection when upset.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to offer comfort/affection to others.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to share in others’ enjoyment/pleasure.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to imitate other children.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to imitate adults.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to show different responses to different people in different situations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to respond appropriately to social praise.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to respond appropriately to criticism.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Summary:** *Please summarise 1. Social Interaction comment boxes above* |

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| --- | --- | --- | --- | --- | --- |
| 1. **Social Communication**
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ability to respond when called by name.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to follow verbal instructions in 1:1 setting.

SECTION **C** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to follow instructions in a small group setting.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to follow verbal instructions in a whole class setting.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to take turns in conversations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to initiate conversation.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to change topic of conversation.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to maintain an appropriate conversation.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to show awareness of the listener’s needs.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to give appropriate non-verbal signals as a listener.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to change the topic or style of a conversation to suit the listener.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to appropriately change the tone and volume of their voice.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to recognise and respond to non-verbal cues e.g. a frown.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to understand implied meanings.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to tell or write an imaginative story.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to relate a sequence of events.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to give a simple sequence of instructions.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Summary:** *Please summarise 2. Social Communication comment boxes above* |

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| 1. **Social Imagination and Flexible Thinking**
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ability to have varied interests.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to share interests.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to change behaviour according to the situation.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to accept changes in rules, routines or procedures.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to play imaginatively when alone.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to play imaginatively together with others.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to accept others’ point of view.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to generalise learning.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to transfer skills across the curriculum.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to plan an event or a task.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to suggest possible explanations for events.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to use inference and deduction.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Summary:** *Please summarise 3. Social Imagination and Flexible Thinking.* |

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| 1. **Motor and Organisational Skills**
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ability to find their way around the classroom.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to find their way around the school.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to sit still.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to sit amongst a small group.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to sit amongst a large group e.g. In assembly.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to find and organise the equipment they needs for a given task.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to write legibly and draw accurately.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to get changed without help e.g. For P.E.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ability to organise their movements in P.E and Games.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Summary:** *Please summarise 4. Motor and Organisational Skills* |

SECTION **C** |
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| **Part 3:Prioritise the 3 Difficulties Which Cause you the Greatest Concern:***Teacher/SENCO to complete* |
| 1) |
| 2) |
| 3) |
| **Note the settings or situations in which the Child Shows** **Anxiety, Stress or Frustration:***E.g. P.E. in the hall at transition times/sitting amongst a large group.* |

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|  |
| **Please tell us what strategies / interventions are in place in school to support and manage difficulties and behaviours** |

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| **Part 4:** *Parent/Carers to complete***Prioritise the 3 Difficulties Which Cause you the Greatest Concern:** |
| 1) |
| 2) |
| 3) |

 |

SECTION **C**

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| **Please tell us what strategies you use at home to support and manage your child’s difficulties and behaviours** |
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|  |
| **Have you attended any parent courses/workshops related to social communication development/autism/child development?** *If yes, please give details.* |
|  |

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| **Do you access support from any other agencies?***e.g. Autism Together? If yes, please give details.* |
|  |

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| **SECTION D**Complete this section and Section A for a **Dyspraxia** referral. |
| **\*Child Details:** *- SENCO/Referrer or Parent/Carer to Complete* |
|

|  |  |
| --- | --- |
| \*Surname: | \*Address: |
| \*Forename: |
| \*DOB: |
|  | \*Postcode: |

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| --- |
| **Development Co-ordination Disorder (DCD)**Referrals can only be accepted if the following criteria have been completed/met:* Child is between 5 years and 12 years old. [ ]

*(If child is under 5 years old, please advise parent/carer to their Health Visitor/School Nurse)**(If child is 12 years old or over, please advise parent/carer to contact GP)** Please complete this referral, including parent/carer views [ ]
* Please complete a Movement ABC checklist and attach to this form – Total the scores from A + B sections and only refer if child is in high amber or red zone [ ]
 |
| **Details of concerns at home -** *Parent/Carer to Complete* |
| Please go through each of the traits listed below and ✓ the box at the level that most closely represent this child provide details or examples.

|  |  |  |
| --- | --- | --- |
|  | Tick ✓ | Comments |
| Family History of ASD/ADHD/DCD  | [ ]  |  |
| Difficulties in adapting to a structured school routine | [ ]  |  |
| Difficulties in Physical Education lessons | [ ]  |  |
| Slow at dressing. Unable to tie shoe laces  | [ ]  |  |
| Barely legible handwriting  | [ ]  |  |
| Immature drawing and copying skills | [ ]  |  |
| Limited concentration and listening skills  | [ ]  |  |
| Literal use of language | [ ]  |  |
| Inability to remember more than two or three instructions at once  | [ ]  |  |
| Slow completion of class work | [ ]  |  |
| Tendency to become easily distressed and emotional | [ ]  |  |
| Problems with coordinating a knife and fork | [ ]  |  |

Any other concerns:

|  |
| --- |
|  |

 |
| **Details of concerns at school:** *- SENCO/Referrer to Complete* |
| Please give a detailed description of how this child presents in a school setting, ensuring a description of any DCD charactistics observed.SECTION **D**

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 |
| **Movement ABC Checklist: -** *For SENCO/Referrer to Complete*A DCD referral requires a completed Movement Assessment Battery Checklist form |
| [ ]  Please complete a Movement ABC checklist and attach to this form * Please total the scores from A + B sections and only refer if child is in high amber or red zone
 |