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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** |
| |  | | --- | | **\* 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* | |  | |
|  |
| |  | | --- | | **\*Please indicate names of any professionals/organisations involved**  *- SENCO/Referrer to Complete*  *e.g. Health Visitor, Paediatrician, Social Worker, therapists etc (with contact detail)* | | |  |  |  | | --- | --- | --- | | Name | Profession | Tel No. | |  |  |  | |  |  |  | |  |  |  | | | **\*Is the child supported through any of the following?** (Please tick)  *- SENCO/Referrer to Complete* | | |  |  |  |  | | --- | --- | --- | --- | | Enhanced quality first provision |  | Additional intervention |  | | Individual SEND support plan |  | Support provided |  | | Positive handling plan |  | High needs top up funding |  | | EHC plan |  | None |  | |  |  | | --- | | **\*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* | |  | |
| |  | | --- | | **\*** **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: |  | |  |  | | --- | | **\*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* |
| |  | | --- | | **\*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* |
| |  | | --- | | **\*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/carers SENCO: 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**

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| 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.* |
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| **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* | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | 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.* | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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** |
| |  | | --- | | **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.* |  |  | | --- | |  | | **Please tell us what strategies / interventions are in place in school to support and manage difficulties and behaviours** |  |  | | --- | |  | |
| |  | | --- | | **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** | |  |  |  | | --- | |  | | **Have you attended any parent courses/workshops related to social communication development/autism/child development?**  *If yes, please give details.* | |  | |
| |  | | --- | | **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**   |  | | --- | |  | |
| **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 |