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|  | **Referral to Family Service Neurodevelopmental Support Team** |  |

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| **Instructions for completing this referral document:** |
| This referral document should be completed by the Parent/ Carer and the child’s school/Early Years setting where there is concern about possible social and communication difficulties and/or difficulties with attention/hyperactivity. This information provided will form the basis of the triage assessment and consideration of whether onward referral to a specialist service is required. Gathering this information will enable us to work with you to understand your child’s needs and the services that can best support them and your family. This means that there will be some outcome for your child and family regardless of whether further diagnostic assessment from a Community Paediatrician is indicated or not. COMPLETING THE QUESTIONNAIRE* The referral document should be completed jointly with input from the parents/carers and the school/ Early Years setting to provide a more holistic view of the child’s presenting behaviour needs.
* In order to complete elements of this referral form, Education and Early Years settings may need to complete observations of the child within both structured and unstructured times.
* School / Early Years setting information is a vitally important part of the holistic assessment of a child’s presentation.

**Where a child has significant developmental delay or regression, a direct referral should be made by the GP to Community Paediatrics for assessment rather than making a referral to the Family Service Autism and ADHD Team.** **Where the Speech and Language Team are involved, they can make direct referrals to Community Paediatrics for assessment.** **Referrals forms maybe returned and referrals declined if insufficient information is provided.**  |

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| **Child’s Name:**  |  |
| **DOB:**  |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **NHS Number:**  |  |
| **Address:**  |  |
| **Parent’s / Carer’s Name:**  |  |
| **Address (if different):**  |  |
| **Parent / Carer Email:** |  |
| **Parent / Carer Phone Number:** |  |
| **Relationship to Child:**  |  |
| **Education and Early Years setting:** |  |
| **GP Details** **(Address / Contact details)** |  |
| **Referrer’s Name:** |  |
| **Role:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Phone Number** |  |
| **Email:** |  |

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| **Part 1 – Family Background and Information about the Child:**To be Completed by the Parents / Carers with Input from Education and Early Years setting |
| 1. **What are your child’s strengths and what is going well?**

*What are their Hobbies and interests?* |
| **Parent / Carer’s View** | **Education and Early Years Setting Comments** |
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| 1. **Please tell us more about your child and your family.**

*Who does the child live with?**Please describe the family composition and structure.**Have there been any significant changes to the family circumstances during the child’s life? (ie changes of family composition, multiple house moves).* *Do any parents or significant carers live separately? What are the contact arrangements?**How would you describe the child’s relationships with other members of the household / family?* *Tell us about your child’s friendship groups.*  |
| **Parent / Carer’s View** |
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| **Please describe the behaviours the child is displaying that you are concerned about.***Please describe what concerns you have about the child’s behaviour (Please include examples. i.e. Shutdowns, meltdowns, running away, self-harm and self-injury)* *How frequently are these behaviours occurring?**How are these impacting on the child and other children?**How are these effecting the family and household functioning?**Have there been any marked changes to the child’s behaviours over time?**Does the behaviour you are concerned about happen in particular settings (i.e crowded shops) or in certain circumstances (i.e going to new or unfamiliar places)**What behaviours did you notice that caused you concern when the child was under 5?**What behaviours did you notice that caused you concern when the child was aged over 5?**How long have these concerns about the child’s behaviour been present?**Do the difficulties cause a significant impact on learning AND/OR social interaction?* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Please tell us about the pregnancy and the birth for the child being referred:***Were there any health concerns for baby during pregnancy?**Were there any health concerns for mother during pregnancy?**Were there any concerns during the period of development of the baby from conception to birth? (Gestation).**How was the birth?* *Were there any complications during birth?* *Were any medical interventions required during the birth? (Any instruments used? Was a C-Section required?)**Please outline any health concerns for the baby following birth.*  |
| **Parent / Carer’s View** |
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| **Has your child ever experienced any particular challenges with key development milestones?*** *Crawling When/How?*
* *Walking When/Any Concerns?*
* *Speech Development? Any Speech and language therapy (SLT)? Did SLT identify any concerning behaviours?*
* *Fine Motor/Gross Motor skills.*
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| **Parent / Carer’s View** | **Education and Early Years settings Comments** |
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| **Have you noticed if your child ever displayed any sensitivities to sensory stimulations?***Has your child ever appeared to be over and under sensitive to:* * *Sights*
* *Sounds*
* *Smells*
* *Tastes*
* *Diet/Food*
* *Touch*
* *Balance*
* *Awareness of body position and movement*
* *Awareness of internal body cues and sensations*

Please describe and provide examples of how your child reacts  |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
|  |  |
| **Please tell us about your child’s progress in education and learning (from nursery through to secondary education / College).** *How did your child cope when settling into nursery or school?**Have any concerns been flagged by your child’s nursery or education setting?**Please indicate what developmental level the child is working at compared to their chronological age (eg 10 yr working at level of 4 year old)**Please reference and attach any educational assessment reports – eg CAT Scores, Dyslexia testing**Please reference and attach any educational support reports – eg from educational psychology**Please tells us about any funding bids for additional support in Education and Early Years setting.**What is the School’s / Early Years setting’s understanding and interpretation of your child’s behavioural presentation* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
|  |  |
| **Please tell us about your child’s experience of education and learning (from nursery through to secondary education/College).** *How does your child cope with daily routines within their Education and Early Years setting?**Does your child describe any difficulties coping in a classroom?**Has your child encountered any difficulties transitioning between educational settings (nursery/primary/secondary/college)**Have any specific concerns about your child’s behaviour needs been raised by their education provider?**How anxious does your child feel about attending Education and Early Years setting and completing homework or undertaking exams and tests?**How well does your child socialise with their peers in Education and Early Years setting and in the community?* *Does your child have established friendship groups within Education and Early Years setting setting and in the community?**What is the Education and Early Years setting’s understanding and interpretation of your child’s behavioural presentation?* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Have there been any significant events in the child or family’s life that could have had an impact on their:*** **emotional well-being / mental health**
* **attachment / lasting connection to parents or primary caregivers?**

*(Examples may include: bullying, loss or bereavement of significant adults or relatives, experience of abusive relationships, domestic violence, illness)* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Please tell us about the child’s Physical Health needs:***Does the child have difficulties with sleep?* *Is the child seeing GP, hospital or health care professional for any assessment or treatment?**Does the child have any difficulties with their hearing or sight?**Does the child have problems with bowel control / toileting?**Does the child have any difficulties with food?* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **How would you describe your child’s language development?***Has your child had any support or assessment for their communication skills from Communication and Interaction services?* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Please describe your child’s self-care / adaptive behaviour and skills.** *Examples include washing, getting dressed, avoiding danger, safe food handling, following rules in school / Early Years setting, managing money, cleaning, and making friends**Does the child have problems with toileting?**Does the child need additional or specific support with their personal care? (Dressing, washing etc)* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Have you got any concerns regarding your Child’s Emotional Well Being / Mental Health?** *Is the child seeing counsellor or therapist regularly for anything?**Is Child and Adolescent Mental Health services (CAMHS) involved and support your child?**Has the child been referred to CAMHS? If so, who has been working with your child, what were the presenting concerns and what therapy/intervention work has been completed?**Has an Education Psychologist been involved with your child?* |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Please tell us about any relevant family history regarding neurodiversity, additional education needs or mental health needs?***Biological family or extended family diagnosed with ASD or ADHD?**Biological family or extended family experienced any mental health needs requiring support.**Biological family or extended family diagnosed with epilepsy?**Biological family or extended family diagnosed with a learning difficulty or attended Special school?* |
| **Parent / Carer’s View** |
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| **Has your child or family ever needed support or involvement from local authority children services (Social Services, Early Help Services, Youth Justice Services)?** |
| **Parent / Carer’s View** | **Education and Early Years setting Comments** |
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| **Please tells us about the help and assistance you have accessed from School / Early Years setting / Support Services:** **(To be completed by the Parent and Education / Early Years setting)** |
| **Service***i.e. School, Healthy Families Team, Speech and Language Therapy, Education Psychology, Children Centre, Schools and Families Specialist Services.* | **Described the Support Provided:***i.e. Sleep programmes, adjusted timetable, speech and language support, help with household routines, bespoke package of provision at school / Early Years setting, ASD/ADHD friendly classroom practice, Differentiation/adaptation of teaching, booster groups, general self-regulation strategies, parenting groups (NVR /123 Magic),*  | **Dates of Involvement** |
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| SCHOOL QUESTIONNAIRE – Primary School / Early Years setting |
| Neurodevelopment Behaviour Support Service (Family Service) – Senior/Specialist Practitioner is currently working with this family.Concerns have been raised about possible social and communication difficulties and/or difficulties with attention/hyperactivity. This information allows consideration of whether onward referral to a specialist service is required. COMPLETING THE QUESTIONNAIRE* Please complete the enclosed questionnaires – including comments and examples.

 (Forms maybe returned if insufficient information is given eg no comments or examples)* His or her parent(s) have given us permission to contact you and request information.
* Consider completing a specific observation of the child within both structured and unstructured times in order to complete this assessment.

PURPOSE OF THE SCHOOL INFORMATION* School / Early Years setting information is a vitally important part of the holistic assessment of a child’s presentation.
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| 1. DEMOGRAPHICS
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| Name of Pupil: | **DOB:** | **Yr Group:** |
| School / Early Years setting :(including contact details) |
| Form completed by: | **Role:** |
| Length of time pupil known: | **Date form completed:** |

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| 1. SUMMARY OF SCHOOL / EARLY YEARS SETTING CONCERNS
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| Summary of School / Early Years setting concerns: * please indicate how long these concerns have been present
* Do the difficulties cause a functional impact on learning AND/OR social interaction
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|  |
| Summary of Current learning level * Please indicate what developmental level the child is working at compared to their chronological age (eg 10 yr working at level of 4 year old)
* Please attach any educational assessment reports – eg CAT Scores, Dyslexia testing
* Please attach any educational support reports – eg from educational psychology
* Summary of Funding Bids
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| School Assessment of Presenting Behaviours* what is the school interpretation of the behavioural presentation
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| 3. LANGUAGE AND COMMUNICATION |
|  | **Yes, definite concern** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Spoken language eg limited social use, unusual or learnt phrases, made up words, grown up for age, pedantic |  |  |  |  |
| Unusual sounding speech eg in tone, volume, accent, rhythm, rate,  |  |  |  |  |
| Frequent repetition of a set of words, repeating back sentences/end of sentences or copying from the TV (echolalia) |  |  |  |  |
| Ability to have a two way conversation with adults and with children |  |  |  |  |
| Engagement in social chat |  |  |  |  |
| How they respond to others eg rude, inappropriate |  |  |  |  |
| Using pointing or showing objects to share interest |  |  |  |  |
| Use of eye contact |  |  |  |  |
| Understanding and use of gesture, body language |  |  |  |  |
| Appropriate use and understanding of facial expression  |  |  |  |  |
| Unusual topics or intensity of conversation |  |  |  |  |
| Understanding of metaphor, sarcasm (appropriate for age) |  |  |  |  |
| Taking things literally |  |  |  |  |
| Understanding and use of inference in written and spoken language |  |  |  |  |
| 4. SOCIAL SKILLS AND RELATIONSHIPS |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Turn taking skills and sharing |  |  |  |  |
| Co-operation in groups/team games |  |  |  |  |
| Initiating contact/play with other children – peers, younger or older children, siblings |  |  |  |  |
| Responding to others approaches |  |  |  |  |
| Interaction with peers |  |  |  |  |
| Interaction with adults |  |  |  |  |
| Making and keeping friends |  |  |  |  |
| Awareness of personal space |  |  |  |  |
| Enjoyment of group social activities eg Christmas parties, group singing, story time |  |  |  |  |
| Understanding of ‘unwritten’ social rules |  |  |  |  |
| Making inappropriate comments |  |  |  |  |
| How often the child shares his own enjoyment, excitement eg showing you a piece of work, picture etc |  |  |  |  |
| Showing concern when another child is hurt or upset |  |  |  |  |
| Recognising emotions in others |  |  |  |  |
| Understanding someone else’s point of view |  |  |  |  |
| Strong adherence to rules/fairness |  |  |  |  |
| Understanding of hierarchy / respect for authority |  |  |  |  |
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| 5. THINKING AND BEHAVING FLEXIBLY AND CREATIVELY |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Ability to cope with change or unexpected events |  |  |  |  |
| Dependency on routine and structure |  |  |  |  |
| Child’s ability to be moved on to another activity by an adult  |  |  |  |  |
| Routine, restricted or repetitive behaviour |  |  |  |  |
| Unusual mannerisms eg spinning, flapping |  |  |  |  |
| Creative use of objects in play (beyond their everyday purpose) |  |  |  |  |
| Sorting or arranging behaviour  |  |  |  |  |
| Not using a toy for its purpose eg just spinning the wheels of a car, opening and closing doors |  |  |  |  |
| Imaginative play – taking on roles,  |  |  |  |  |
| Copying play from TV programmes |  |  |  |  |
| Range of play |  |  |  |  |
| Persistent favourite topics |  |  |  |  |
| Preoccupation with facts |  |  |  |  |
| Ability to write imaginatively |  |  |  |  |
| Any other comments (including any special skills) |

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| 6. MOTOR SKILLS, CO-ORDINATION AND ATYPICAL SENSITIVITIES |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Fine Motor Skills eg manipulating small objects, use of equipment |  |  |  |  |
| Bilateral hand skills eg doing up buttons, threading, using knife and fork together |  |  |  |  |
| Pen/pencil grip/writing |  |  |  |  |
| Gross Motor skills – running, jumping, skipping |  |  |  |  |
| Balance and coordination eg riding a bike |  |  |  |  |
| Ball skills |  |  |  |  |
| Over or under reaction to noise, light, taste, smell, touch/texture and pain / unusual sensory responses |  |  |  |  |
| 7. ATTENTION & CONCENTRATION |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Difficulty paying attention to detail or sustaining attention |  |  |  |  |
| Easily distracted |  |  |  |  |
| Daydreams excessively |  |  |  |  |
| Doesn’t seem to listen to what is being said |  |  |  |  |
| Doesn’t follow through on instructions or fails to finish work |  |  |  |  |
| Forgetful in daily activities, concerns re memory, often loses things |  |  |  |  |
| Difficulty organising tasks, activities |  |  |  |  |
| 8. BEHAVIOUR |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Behaviour differences in structured and unstructured times |  |  |  |  |
| Response to rules and discipline |  |  |  |  |
| Overly fidgety/restless compared to peers |  |  |  |  |
| Always on the go, overactive |  |  |  |  |
| Acts impulsively, difficulty waiting turn or in line |  |  |  |  |
| Doesn’t think before speaking, interrupts, blurts out answers |  |  |  |  |
| Often disrupts class/activities |  |  |  |  |
| Often argues with adults |  |  |  |  |
| Often gets into fights with peers |  |  |  |  |
| Often loses temper |  |  |  |  |
| Often refuses requests or actively defies |  |  |  |  |
| Deliberately annoys others |  |  |  |  |
| 9. OTHER |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Motor or Vocal Tics |  |  |  |  |
| Organisational skills |  |  |  |  |
| Self-esteem / confidence |  |  |  |  |
| Attendance |  |  |  |  |
| Anxiety |  |  |  |  |
| Low mood |  |  |  |  |
| Safeguarding Issues |  |  |  | \*\*Please Note if you tick Safeguarding as a Concern – please provide us with Historic and Current concerns\*\* |
| Immature emotional responses eg OTT response to trivial issues |  |  |  |  |

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| **Please tells us about any interventions the school/Early Years setting have implemented as part of a Graduated Approach and SEN support****What additional support or advice has the school had from the Education Psychology Service or from Specialist Family Support to School Service to meet the needs of this child?** **Tell us about any outcomes from the interventions the School / Early Years setting has implemented.** *When listing examples of any interventions the* ***School / Early Years setting*** *has introduced to support the pupil, please refer to the SEN Provision document. The framework was co-produced with Family SENCOs and is available through the link below:*[***Nottshelpyourself | Special Educational Needs and Disability (SEND) Support***](https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/site.page?id=mjHuZeCQAY4)*There is an expectation that* ***Schools / Early Years settings*** *will have implemented some of the strategies and interventions from the range of provision that is available at a universal level and at the more targeted SEN Support level before referring to the Family Service for Neurodevelopmental behaviour support.* |
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| SCHOOL QUESTIONNAIRE – Secondary |
| Small Steps – NBS Family Service - Specialist Practitioner is currently working with this family.Concerns have been raised about possible social and communication difficulties and/or difficulties with attention/hyperactivity. This information allows consideration of whether onward referral to a specialist service is required. COMPLETING THE QUESTIONNAIRE* Please complete the enclosed questionnaires – including comments and examples.

 (Forms maybe returned if insufficient information is given eg no comments or examples)* His or her parent(s) have given us permission to contact you and request information.
* Consider completing a specific observation of the child within both structured and unstructured times in order to complete this assessment.

PURPOSE OF THE SCHOOL INFORMATION* School information is a vitally important part of the holistic assessment of a child’s presentation.
* Please consider the learning level of the child – if the child is working below the level of a typically developing secondary school pupil – please consider requesting a School Questionnaire Primary School
 |
| PLEASE RETURN COMPLETED FORMS TO: spteamnbsfamilyservice@nottscc.gov.uk  |

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| 1. DEMOGRAPHICS
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| Name of Pupil: | **DOB:** | **Yr Group:** |
| School:(including contact details) |
| Form completed by: | **Role:** |
| Length of time pupil known: | **Date form completed:** |

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| 1. SUMMARY OF SCHOOL CONCERNS
 |
| Summary of School concerns: * please indicate how long these concerns have been present
* Do the difficulties cause a functional impact on learning AND/OR social interaction
 |
|  |
| Summary of Current learning level * Please indicate what developmental level the child is working at compared to their chronological age (eg 10 yr working at level of 4 year old)
* Please attach any educational assessment reports – eg CAT Scores, Dyslexia testing
* Please attach any educational support reports – eg from educational psychology
* Summary of Funding Bids
 |
|  |
| School Assessment of Presenting Behaviours* what is the school interpretation of the behavioural presentation
 |
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| 1. LANGUAGE AND COMMUNICATION
 |
|  | **Yes, definite concern** | **Some concern** | **No concern** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Spoken language eg too much, too little, limited social use, unusual or learnt phrases, made up words, overly precise, grown up for age |  |  |  |  |
| Unusual sounding speech eg in rhythm, tone, volume, accent, rate |  |  |  |  |
| Ability to vary style of communication to different situations/audiences |  |  |  |  |
| Repetitive questioning  |  |  |  |  |
| Echolalia – repeating back sentences/phrases, copying from the TV or ‘borrowing’ sentences from elsewhere |  |  |  |  |
| Ability to have two way conversations with adults/with peers  |  |  |  |  |
| Ability to turn take in conversation, keep to topic |  |  |  |  |
| Unusual topics or intensity of conversation |  |  |  |  |
| Engagement in social chat |  |  |  |  |
| Use of eye contact |  |  |  |  |
| Understanding and use of gesture, body language |  |  |  |  |
| Appropriate use and understanding of facial expression  |  |  |  |  |
| Integrating body language, facial expression and gesture with verbal expression |  |  |  |  |
| Understanding of metaphor, sarcasm (appropriate to age) |  |  |  |  |
| Taking things literally |  |  |  |  |
| Understanding and use of inference in written and verbal language |  |  |  |  |
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| 1. SOCIAL SKILLS AND RELATIONSHIPS
 |
|  | **Yes, definite concern** | **Some concern**  | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Turn taking skills and sharing |  |  |  |  |
| Co-operation in groups/team games |  |  |  |  |
| Initiating contact with others –peers /younger children /adults |  |  |  |  |
| Responding to others approaches |  |  |  |  |
| Interaction with peers |  |  |  |  |
| Interaction with adults |  |  |  |  |
| Making and keeping friends |  |  |  |  |
| Awareness of personal space |  |  |  |  |
| Enjoyment of group social activities, school trips |  |  |  |  |
| Understanding of ‘unwritten’ social rules |  |  |  |  |
| Making inappropriate comments |  |  |  |  |
| Understanding others’ intentions  |  |  |  |  |
| General social behaviour eg ‘seems to get things wrong’ socially awkward.  |  |  |  |  |
| Showing empathy |  |  |  |  |
| Understanding somebody else’s point of view |  |  |  |  |
| Understanding of hierarchy / appropriate respect for authority |  |  |  |  |
| Socially isolated |  |  |  |  |
| Level of independence compared to peers |  |  |  |  |
| Social naivety/ vulnerability |  |  |  |  |
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| 1. THINKING AND BEHAVING FLEXIBLY AND CREATIVELY
 |
|  | **Yes, definite concern** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Ability to cope with change or unexpected events |  |  |  |  |
| Dependency on routine and structure |  |  |  |  |
| Routines, restricted or repetitive behaviour |  |  |  |  |
| Preoccupation with facts/figures |  |  |  |  |
| Unusual mannerisms eg spinning, flapping |  |  |  |  |
| Strong adherence to rules/ strong sense of justice or fairness  |  |  |  |  |
| Persistent favourite topics/hobbies |  |  |  |  |
| Special Skills |  |  |  |  |
| Ability to write imaginatively |  |  |  |  |
| Lack of ‘common sense’ |  |  |  |  |
|  |
| 1. MOTOR SKILLS, CO-ORDINATION and ATYPICAL SENSITIVITIES
 |
|  | **Yes, definite concern** | **Some concerns**  | **No concerns** |  |
| Fine motor skills – eg use of equipment, manipulating objects |  |  |  |  |
| Handwriting |  |  |  |  |
| Balance and coordination |  |  |  |  |
| Ball skills |  |  |  |  |
| Over or under reaction to noise, light, taste, smell, touch/texture and pain or unusual sensory responses |  |  |  |  |

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| 7.ATTENTION & CONCENTRATION |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Difficulty paying attention to detail, makes careless mistakes |  |  |  |  |
| Difficulty sustaining attention to tasks, activities  |  |  |  |  |
| Easily distracted |  |  |  |  |
| Day dreams excessively |  |  |  |  |
| Doesn’t seem to listen to what is being said |  |  |  |  |
| Doesn’t follow through on instructions or fails to finish work |  |  |  |  |
| Forgetful in daily activities |  |  |  |  |
| Often loses things |  |  |  |  |
| Difficulty organising tasks, activities |  |  |  |  |

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| 1. BEHAVIOUR
 |
|  | **Yes definite concerns** | **Some concerns**  | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Behaviour differences in structured and unstructured times |  |  |  |  |
| Response to rules and discipline |  |  |  |  |
| Overly fidgety/restless compared to peers |  |  |  |  |
| Always on the go, overactive,  |  |  |  |  |
| Acts impulsively |  |  |  |  |
| Often disrupts class / activities |  |  |  |  |
| Doesn’t think before speaking |  |  |  |  |
| Interrupts, blurts out answers  |  |  |  |  |
| Difficulty waiting turn/ waiting in line |  |  |  |  |
| Often argues with adults |  |  |  |  |
| Often loses temper |  |  |  |  |
| Often refuses requests or actively defies |  |  |  |  |
| Deliberately annoys others |  |  |  |  |

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| 1. OTHER
 |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Motor or Vocal Tics |  |  |  |  |
| Self-esteem / confidence |  |  |  |  |
| Organisational skills |  |  |  |  |
| Attendance |  |  |  |  |
| Anxiety |  |  |  |  |
| Low mood |  |  |  |  |
| Self-Harming Behaviours |  |  |  |  |
| Safeguarding Issues |  |  |  | \*\*Please Note if you tick Safeguarding as a Concern – please provide us with Historic and Current concerns\*\* |
| Alcohol/Drug Misuse |  |  |  |  |
| Anti Social Behaviour |  |  |  |  |
| Immature emotional response eg over the top response to trivial issues |  |  |  |  |
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| **Please tells us about any interventions the school/Early Years setting have implemented as part of a Graduated Approach and SEN support****What additional support or advice has the school had from the Education Psychology Service or from Specialist Family Support to School Service to meet the needs of this child?** **Tell us about any outcomes from the interventions the School / Early Years setting has implemented.** *When listing examples of any interventions the* ***School / Early Years setting*** *has introduced to support the pupil, please refer to the SEN Provision document. The framework was co-produced with Family SENCOs and is available through the link below:*[***Nottshelpyourself | Special Educational Needs and Disability (SEND) Support***](https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/site.page?id=mjHuZeCQAY4)*There is an expectation that* ***Schools / Early Years settings*** *will have implemented some of the strategies and interventions from the range of provision that is available at a universal level and at the more targeted SEN Support level before referring to the Family Service for Neurodevelopmental behaviour support.* |
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| Further Education/College QUESTIONNAIRE  |
| Neurodevelopmental Behaviour Support Service (Family Service) – Senior Practitioner is currently working with this family.Concerns have been raised about possible social and communication difficulties and/or difficulties with attention/hyperactivity. This information allows consideration of whether onward referral to a specialist service is required. COMPLETING THE QUESTIONNAIRE* Please complete the enclosed questionnaires – including as many comments and examples as possible.

 (Forms maybe returned if insufficient information is given eg no comments or examples)* His or her parent(s) have given us permission to contact you and request information.
* Consider completing a specific observation of the young person within both structured and unstructured times in order to complete this assessment.

PURPOSE OF THE COLLEGE INFORMATION* College information is a vitally important part of the holistic assessment of a young person’s presentation.
* Please consider the learning level of the young person – if the young person is working below the level of a typically developing secondary college student – please consider requesting a College Questionnaire Primary College
 |

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| 1. DEMOGRAPHICS
 |  |  |
| Name of Student: | **DOB:** | **Yr Group:** |
| COLLEGE:(including contact details) |
| Form completed by: | **Role:** |
| Length of time student known: | **Date form completed:** |

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| 1. SUMMARY OF COLLEGE CONCERNS
 |
| Summary of COLLEGE concerns: * please indicate how long these concerns have been present
* Do the difficulties cause a functional impact on learning AND/OR social interaction
 |
|  |
| Summary of Current learning level * Please attach any educational assessment reports – eg Baseline testing, Dyslexia testing, GCSE results
* Please attach any educational support reports – eg from educational psychology, Teaching and Learning inclusion plan/IEP.
 |
| Which programme are they following? |
| College Assessment of Presenting Behaviours* what is the college interpretation of the behavioural presentation
 |
| How did they cope during their work experience/ non-qualifications activities?What is their career/progression plan? |

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| 1. LANGUAGE AND COMMUNICATION
 |
|  | **Yes, definite concern** | **Some concern** | **No concern** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Spoken language eg too much, too little, limited social use, unusual or learnt phrases, made up words, overly precise |  |  |  |  |
| Unusual sounding speech eg in rhythm, tone, volume, accent, rate |  |  |  |  |
| Ability to vary style of communication to different situations/audiences |  |  |  |  |
| Repetitive questioning  |  |  |  |  |
| Echolalia – repeating back sentences/phrases, copying from the TV or ‘borrowing’ sentences from elsewhere |  |  |  |  |
| Ability to have two-way conversations with adults/with peers  |  |  |  |  |
| Ability to turn take in conversation, keep to topic |  |  |  |  |
| Unusual topics or intensity of conversation |  |  |  |  |
| Engagement in social chat |  |  |  |  |
| Use of eye contact |  |  |  |  |
| Understanding and use of gesture, body language |  |  |  |  |
| Appropriate use and understanding of facial expression  |  |  |  |  |
| Integrating body language, facial expression and gesture with verbal expression |  |  |  |  |
| Understanding of metaphor, sarcasm |  |  |  |  |
| Taking things literally |  |  |  |  |
| Understanding and use of inference in written and verbal language |  |  |  |  |
|  |
| 1. SOCIAL SKILLS AND RELATIONSHIPS
 |
|  | **Yes, definite concern** | **Some concern**  | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Participation in Group and team work |  |  |  |  |
| Co-operation in groups/team |  |  |  |  |
| Initiating contact with others –peers /adults |  |  |  |  |
| Responding to others approaches |  |  |  |  |
| Interaction with peers |  |  |  |  |
| Interaction with adults |  |  |  |  |
| Making and keeping friendships |  |  |  |  |
| Awareness of personal space, of others and their own. |  |  |  |  |
| Enjoyment of group social activities |  |  |  |  |
| Understanding of ‘unwritten’ social rules and cues |  |  |  |  |
| Making inappropriate comments |  |  |  |  |
| Understanding others’ intentions  |  |  |  |  |
| General social behaviour eg ‘seems to get things wrong’ socially awkward.  |  |  |  |  |
| Showing empathy |  |  |  |  |
| Understanding somebody else’s point of view |  |  |  |  |
| Understanding of hierarchy / appropriate respect for authority |  |  |  |  |
| Socially isolated |  |  |  |  |
| Level of independence compared to peers |  |  |  |  |
| Social naivety/ vulnerability |  |  |  |  |
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| 1. THINKING AND BEHAVING FLEXIBLY AND CREATIVELY
 |
|  | **Yes, definite concern** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Ability to cope with change or unexpected events |  |  |  |  |
| Dependency on routine and structure |  |  |  |  |
| Routines, restricted or repetitive behaviour |  |  |  |  |
| Preoccupation with facts/figures |  |  |  |  |
| Unusual mannerisms eg spinning, flapping |  |  |  |  |
| Strong adherence to rules/ strong sense of justice or fairness  |  |  |  |  |
| Persistent favourite topics/hobbies |  |  |  |  |
| Special Skills |  |  |  |  |
| Ability to write imaginatively |  |  |  |  |
| Lack of ‘common sense’ |  |  |  |  |
| Understanding and awareness of consequences.  |  |  |  |  |
| Understanding and awareness of safety |  |  |  |  |
|  |
| 1. MOTOR SKILLS, CO-ORDINATION and ATYPICAL SENSITIVITIES
 |
|  | **Yes, definite concern** | **Some concerns**  | **No concerns** |  |
| Fine motor skills – eg use of equipment, manipulating objects |  |  |  |  |
| Handwriting |  |  |  |  |
| Balance and coordination |  |  |  |  |
| Over or under reaction to noise, light, taste, smell, touch/texture and pain or unusual sensory responses |  |  |  |  |

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| 7.ATTENTION & CONCENTRATION |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Difficulty paying attention to detail, makes careless mistakes |  |  |  |  |
| Difficulty sustaining attention to tasks, activities  |  |  |  |  |
| Easily distracted |  |  |  |  |
| Day dreams excessively |  |  |  |  |
| Doesn’t seem to listen to what is being said |  |  |  |  |
| Doesn’t follow through on instructions or fails to finish work |  |  |  |  |
| Forgetful in daily activities, i.e.: brings in the necessary equipment, can follow a timetable |  |  |  |  |
| Often loses things |  |  |  |  |
| Difficulty organising tasks, activities, i.e.: class notes resources and assignment work |  |  |  |  |

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| 1. BEHAVIOUR
 |
|  | **Yes definite concerns** | **Some concerns**  | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Behaviour differences in structured and unstructured times |  |  |  |  |
| Response to rules and discipline |  |  |  |  |
| Overly fidgety/restless compared to peers |  |  |  |  |
| Always on the go, overactive |  |  |  |  |
| Acts impulsively |  |  |  |  |
| Often disrupts class / activities |  |  |  |  |
| Doesn’t think before speaking |  |  |  |  |
| Interrupts, blurts out answers  |  |  |  |  |
| Difficulty waiting turn/waiting for activities to start |  |  |  |  |
| Often argues with adults |  |  |  |  |
| Often loses temper |  |  |  |  |
| Often refuses requests or actively defies |  |  |  |  |
| Deliberately annoys others |  |  |  |  |

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| 1. OTHER
 |
|  | **Yes definite concerns** | **Some concerns** | **No concerns** | **Comments:** **Please ensure when ticking Yes or Some Concern you provide further comment.** |
| Motor or Vocal Tics |  |  |  |  |
| Self-esteem / confidence |  |  |  |  |
| Organisational skills |  |  |  |  |
| Attendance |  |  |  |  |
| Anxiety |  |  |  |  |
| Low mood |  |  |  |  |
| Self-Harming Behaviours |  |  |  |  |
| Safeguarding Issues |  |  |  | \*\*Please Note if you tick Safeguarding as a Concern – please provide us with Historic and Current concerns\*\* |
| Alcohol/Drug Misuse |  |  |  |  |
| Anti-Social Behaviour |  |  |  |  |
| Immature emotional response eg over the top response to trivial issues |  |  |  |  |
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| **VANDERBILT ADHD RATING SCALE – To be Completed by the Parent/Carer** |

|  |  |
| --- | --- |
| Child’s name:  | Today’s date:  |
| Date of Birth:  | Child’s age:  |
| Completed by:  | Relationship to child:  |

**Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child’s behaviours in the past 6 months.**

**Please ensure all relevant sections are completed over the 3 pages.**

**Is this evaluation based on a time when the child**

* **was on medication**
* **was not on medication**
* **not sure?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms** | **Never** | **Occasionally** | **Often** | **Very Often** |
| **Questions 1-35 All Children** |
| 1.Does not pay attention to details or makes careless mistakes for example, homework | 0 | 1 | 2 | 3 |
| 2.Has difficulty keeping attention to what needs to be done | 0 | 1 | 2 | 3 |
| 3.Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4.Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by noises or other stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat when remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs too much when remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or beginning quiet play activities | 0 | 1 | 2 | 3 |
| 14. Is “on the go” or often acts as if “driven by a motor” | 0 | 1 | 2 | 3 |
| 15. Talks too much | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his or her turn | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes in on others’ conversations and/or activities | 0 | 1 | 2 | 3 |
| 19. Argues with adults | 0 | 1 | 2 | 3 |
| **Symptoms** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 20. Loses temper | 0 | 1 | 2 | 3 |
| 21. Actively defies or refuses to go along with adults’ requests or rules | 0 | 1 | 2 | 3 |
| 22. Deliberately annoys people | 0 | 1 | 2 | 3 |
| 23. Blames others for his or her mistakes or misbehaviours | 0 | 1 | 2 | 3 |
| 24. Is touchy or easily annoyed by others | 0 | 1 | 2 | 3 |
| 25. Is angry or resentful | 0 | 1 | 2 | 3 |
| 26. Is spiteful and wants to get even | 0 | 1 | 2 | 3 |
| 27. Bullies, threatens, or intimidates others | 0 | 1 | 2 | 3 |
| 28. Starts physical fights | 0 | 1 | 2 | 3 |
| 29. Lies to get out of trouble or to avoid obligations (ie,“cons” others) | 0 | 1 | 2 | 3 |
| 30. Is truant from school (skips school) without permission | 0 | 1 | 2 | 3 |
| 31. Is physically cruel to people | 0 | 1 | 2 | 3 |
| 32. Has stolen things that have value | 0 | 1 | 2 | 3 |
| 33. Deliberately destroys others’ property | 0 | 1 | 2 | 3 |
| 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) | 0 | 1 | 2 | 3 |
| 35. Is physically cruel to animals | 0 | 1 | 2 | 3 |
|  |  |  |  |  |
| **Questions 36-40 – *11 years plus*** |
| 36. Has deliberately set fires to cause damage | 0 | 1 | 2 | 3 |
| 37. Has broken into someone else’s home, business, or car | 0 | 1 | 2 | 3 |
| 38. Has stayed out at night without permission | 0 | 1 | 2 | 3 |
| 39. Has run away from home overnight | 0 | 1 | 2 | 3 |
| 40. Has forced someone into sexual activity | 0 | 1 | 2 | 3 |
|  |  |  |  |  |
| **Questions 41-47 – *All children*** |
| 41. Is fearful, anxious, or worried | 0 | 1 | 2 | 3 |
| 42. Is afraid to try new things for fear of making mistakes | 0 | 1 | 2 | 3 |
| 43. Feels worthless or inferior | 0 | 1 | 2 | 3 |
| 44. Blames self for problems, feels guilty | 0 | 1 | 2 | 3 |
| 45. Feels lonely, unwanted, or unloved; complains that “no one loves him or her” | 0 | 1 | 2 | 3 |
| 46. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 |
| 47. Is self-conscious or easily embarrassed | 0 | 1 | 2 | 3 |

**Performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent**  | **Above Average** | **Average** | **Somewhat of a Problem** | **Problematic** |
| 48. Overall School Performance  | 1 | 2 | 3 | 4 | 5 |
| 49. Reading  | 1 | 2 | 3 | 4 | 5 |
| 50. Writing | 1 | 2 | 3 | 4 | 5 |
| 51. Mathematics  | 1 | 2 | 3 | 4 | 5 |
| 52. Relationship with Parents | 1 | 2 | 3 | 4 | 5 |
| 53. Relationship with Siblings | 1 | 2 | 3 | 4 | 5 |
| 54. Relationship with Peers | 1 | 2 | 3 | 4 | 5 |
| 55. Participation in organized activities (eg, teams) | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| **VANDERBILT ADHD RATING SCALE – To be completed by the School / Teacher** |

|  |  |
| --- | --- |
| Child’s name:  | Today’s date:  |
| Date of Birth:  | Age: Year Group:  |
| Completed by:  | Role:  |

**Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child’s behaviour since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviours: \_\_\_\_\_\_\_\_\_\_\_**

**Is this evaluation based on a time when the child**

* **was on medication**
* **was not on medication**
* **not sure?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 1. Fails to give attention to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention to tasks or activities | 0 | 1 | 2 | 3 |
| 3.Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behaviour or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments, pencils or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 14. Is “on the go” or often acts as if “driven by a motor” | 0 | 1 | 2 | 3 |
| 15. Talks excessively  | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting in line | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (eg, butts into conversations/games) | 0 | 1 | 2 | 3 |
| 19. Loses temper | 0 | 1 | 2 | 3 |
| **Symptoms** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 20. Actively defies or refuses to go along with adults’ requests or rules | 0 | 1 | 2 | 3 |
| 21. Is angry or resentful | 0 | 1 | 2 | 3 |
| 22. Is spiteful and vindictive | 0 | 1 | 2 | 3 |
| 23. Bullies, threatens, or intimidates others | 0 | 1 | 2 | 3 |
| 24. Initiates physical fights | 0 | 1 | 2 | 3 |
| 25. Lies to obtain goods for favours or to avoid obligations (eg, “cons” others) | 0 | 1 | 2 | 3 |
| 26. Is physically cruel to people | 0 | 1 | 2 | 3 |
| 27. Has stolen items of nontrivial value | 0 | 1 | 2 | 3 |
| 28. Deliberately destroys others’ property | 0 | 1 | 2 | 3 |
| 29. Is fearful, anxious, or worried | 0 | 1 | 2 | 3 |
| 30. Is self-conscious or easily embarrassed | 0 | 1 | 2 | 3 |
| 31. Is afraid to try new things for fear of making mistakes | 0 | 1 | 2 | 3 |
| 32. Feels worthless or inferior | 0 | 1 | 2 | 3 |
| 33. Blames self for problems; feels guilty | 0 | 1 | 2 | 3 |
| 34. Feels lonely, unwanted, or unloved; complains that “no one loves him or her” | 0 | 1 | 2 | 3 |
| 35. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 |

**Performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Performance**  | **Excellent**  | **Above Average** | **Average** | **Somewhat of a Problem** | **Problematic** |
| 36. Reading  | 1 | 2 | 3 | 4 | 5 |
| 37. Mathematics  | 1 | 2 | 3 | 4 | 5 |
| 38. Written Expression | 1 | 2 | 3 | 4 | 5 |
| **Classroom Behavioural Performance**  | **Excellent** | **Above Average** | **Average** | **Somewhat of a Problem** | **Problematic** |
| 39. Relationship with Peers | 1 | 2 | 3 | 4 | 5 |
| 40. Following Direction | 1 | 2 | 3 | 4 | 5 |
| 41. Disrupting Class | 1 | 2 | 3 | 4 | 5 |
| 42. Assignment Completion | 1 | 2 | 3 | 4 | 5 |
| 43. Organisational Skills  | 1 | 2 | 3 | 4 | 5 |

**V**

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| **Privacy Statement and Consent. – To be Completed by the Parent/Carer** |

**ANDERBILT ADHD RATING SCALE – To be Completed by the Parent/Care**

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| I have been told that Family Service will hold information about me and other members of my household (unless stated below). I understand that it will be used to provide services to me / my family and will be stored electronically. My information will be held securely with Nottinghamshire County Council's Children, Families and Cultural Services Department and may be used anonymously for monitoring purposes.Further details about how we share your information can be found in our Privacy Notice at:Nottinghamshire County Council: [Privacy Statement](https://www.nottinghamshire.gov.uk/global-content/privacy) The Family Service: [Children and Family Services Privacy Notice](https://www.nottinghamshire.gov.uk/media/1731878/children-and-family-services-privacy-notice.pdf)  The Family Service will share information between the services that will contribute to the assessment for and delivery of an agreed plan of work for me and my family. This may include health, the police, probation, social care, education, district councils, registered social landlords, FUTURES, the Department for Work and Pensions (DWP) and Voluntary or 3rd party organisations.All adults with parental responsibility and children with be asked to make contributions to the assessment. The assessment will underpin an agreed plan of work for the family. All relevant information will be shared. The exception to this is if there was an overriding safeguarding justification to not disclose the data, then it can be withheld. Information will be shared between Nottinghamshire County Council and Jobcentre Plus.If you have any concerns about the information sharing and storage raise this with your Case Manager.Please note information will always be shared where there are risks of harm or safeguarding concerns. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of young person:** |  | **Date:** |  |
| **Signature of parent/carer:** |  | **Date:** |  |
| **Signature of FS Case Manager:** |  | **Date:** |  |