

School Report for the Children's Autism and ADHD Assessment Service

*The child named below has been referred for an assessment of his/her social communication skills and/or attention and we would be grateful to have your observations about them at school.
The parents have given their permission for us to obtain this information.*

Child's Name: Address: Postcode: Current School Setting: Position on the Graduated Pathway	D.O.B:
1) Is there a specific question that you are asking the health professional? <i>What outcomes do you hope will be achieved as a result of an assessment?</i> What do you feel would be helpful? (tick all that apply) -ADHD Assessment <input type="checkbox"/> -Autism assessment <input type="checkbox"/>	
2) Describe the child's strengths	
3) Describe the main difficulties/concerns/needs and how long these needs have been present? What is the impact of these needs (e.g. on relationships, attainments, emotional wellbeing)	
4) Describe the support that has been put in place and the impact of this support <i>Please include support offered within school, by specialist education services and by health professionals.</i>	
5) Please provide relevant family information (with consent)	

6) Describe family support services in place outside core school provision

Please give as much detail about the below as possible as this will help us to decide the right next steps for the child.

Attendance:

Please give current percentage attendance and any patterns or changes noted

Academic Ability:

Please give an indication of both their ability and both current and expected attainment

Please comment on their attitude toward learning and motivation to learn:

Relationship with teachers

E.g. Please describe how they initiate and sustain two-way conversations, make eye contact; respond to facial expressions

Relationship with other children

E.g. Reciprocal social interaction, playing, understanding others, reading emotions, picking up non-verbal cues, capacity for relatedness

Language and Social Communication

E.g. Unusual language (e.g. echolalia), literal understanding, ability to communicate thoughts/feelings and to ask for help. Please comment on their understanding of language and ability to follow instructions

and the content and complexity of their spoken and written language. Please comment on intonation/tone/volume of speech

Interests/Play

Are these similar to their peers? Do they have any intense or unusual interests?

Sensory or Repetitive behaviours

E.g. Adherence to routine, preoccupation with special interests, stimming behaviours e.g. rocking, hand flapping, tics, sensory issues e.g. hypo/hypersensitivity to noise, smell, touch, taste, pain

Behaviour:

Do they get in trouble at school? What for? Do you have any concerns about their behaviour? Have they been excluded in the past?

Attention and Concentration

Please comment on their attention and focus across different activities/subjects and during individual work, group work and whole class teaching.

Distractibility; Tell us how they get on when there are distractions around them.

Impulsivity: Tell us any concerns about them acting without thinking or being impulsive and when you first noticed this behaviour

Hyperactivity: Tell us about how active they are and any concerns about their ability to sit still.

Emotional Regulation: Please tell us about how they manage their emotions and what you notice at school in terms of their emotional wellbeing

Please also complete the following section:

Compared with their peers, does the child have difficulty with any of the following areas? (please tick and comment):

	ACTIVITY:	No	A little	A lot	Comments: (e.g. How? What? When? etc.) (List any strategies used)
1	Self care:				
A	Dressing and undressing				
b	Washing and drying hands				
c	Feeding				

d	Toileting				
2	Classroom skills:				
A	Using a pencil				
B	Drawing and Writing				
C	Using scissors				
D	Sitting still and staying on task				
E	Shouting out or doing things without thinking				
F	Completing tasks they are interested in				
G	Self organisation				

Compared with their peers, does your child have difficulty with any of the following areas? (please tick and comment):

	ACTIVITY:	No	A little	A lot	Comments: (e.g. How? What? When? etc.) (List any strategies used)
3	Gross motor activities:				
A	Balance				
b	Co-ordination – jumping, hopping, skipping				

c	Muscle strength and endurance, e.g. tires easily compared to peers				
d	PE activities				

Completed by:.....

Relationship to Child:

Date Completed:

Please attach to the Referral form