South Eastern Health and Social Care Trust

Outpatient Department
Scrabo Children's Centre
Ards Community Hospital
Church Street
Newtownards
BT23 4AS

CHILDREN & YOUNG PEOPLE
ASD/ADHD SERVICE

INFORMATION FROM SCHOOL/COLLEGE

Please ask someone who knows the child/young person well to complete and return the form to the above address

Name:	
DOB:	
School/College: **Tel No:** **E-mail:**	
School Year:	
Class/ Form Teacher:	
SENCO:	

Attendance:

Regular ☐ Irregular ☐ Very poor ☐ Non-existent ☐

Is the child/young person following a reduced or restricted timetable? YES/NO (Please circle)
If yes please state days and times_____

If school attendance is irregular, has the Education Welfare Service been informed? YES/NO (Please circle)

Name of EWO _____

How long has child/young person been at their current school? _____

If this has recently changed what school did they attend previously?

_____

Family Background – Please outline any family factors **you think maybe** of relevance e.g. parental engagement with school, sibling difficulties, etc.

Health - Do you have any concerns regarding young person's general health e.g. vision, hearing, appearance etc.?

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1. Please comment on the child's/young person's strengths? What is going well for them in school? Do they show any special abilities/talents?

2. Please outline any specific concerns:

3. Ability and Attainment

Please outline recent standardised assessment scores or examination results

	Standardised test used	Score	Date
Literacy			
Numeracy			

Do you feel that the child/young person is working to their level of ability? If not, what factors do you think might be impacting on their performance in class?

_____

_____

4. What other professionals are currently involved with this child/young person?

	Yes (please provide name)	No
SENCO		
Behaviour Support Team		
Autism Advisory & Intervention Service		
Educational Welfare Officer		
Educational Psychologist If yes, could we have a copy of their report?		
Other:		

5. Does this child/young person have any of the following: -

	Yes	No	Copy provided
Statement of Special Educational Needs			
Individual Education Plan			
Behaviour Plan			
Other			

6. Social relationships. Please comment on the following..

Friendships – Does the child/young person have friends? How do they manage in a group setting? Any concerns/issues of note?

Relationships with adults – How does the child/young person manage relationships with adults?

Empathy – Is the child/young person able to show empathy or awareness of feelings of others/impact of their behaviour on others?

Peer Differences - Does this child/young person stand out in any way socially from their peers

7. Communication

Understanding and expression of language – Do you feel that this child/young person has any difficulty in making themselves understood or in understanding language?

Non-verbal communication - Have you noticed anything unusual in the child/young person's non-verbal aspects of speech, for example, eye contact, turn taking, ability to hold a two way conversation, awareness of body space, etc.?

8. Behaviour

Behaviour – Do you have any concerns about the child/young person's behaviour? (e.g. defiant or oppositional behaviour, difficulty managing change/transitions, etc.)

Has this child/young person ever been suspended or excluded from school? (Please state the number of days/occasions and the circumstances)

9. Attention/Activity/Impulsivity

Concentration/focus – poor attention/concentration or possibly 'zones out' excessively at times. (Please comment on the ability to focus and sustain attention)

Distractibility - (Please comment on how easily distracted he/she is and how much of an impact this has on independent work)

Impulsivity – (Please comment on child's ability to control own behaviour, e.g. actions, speech etc.)

Disorganised – (Please comment on child's ability to organise e.g.: possessions and getting themselves from place to place, etc.)

Activity levels - (Please comment on child's ability to remain seated for longer periods)

10. Mood Problems

Emotional regulation - (Please comment on child's ability to manage their own feelings and emotions)

Sad or depressed mood (Please comment)

Anxiety (Please comment)

Threats to harm themselves or others (Please comment)

11. Sensory issues

Sensory sensitivities (Please comment on e.g. texture, smells, touch etc.)

12. Fine/Gross Motor skills

Fine motor skills e.g. writing, scissors, dressing etc

Gross motor skills e.g. balance, running, coordination etc

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Please add any further comments/concerns you have about this child: -

Name: (Please Print)_____ **Signature:** _____

Role in the School: _____

Date: _____

Thank you for taking the time to complete this questionnaire. Your information is invaluable in understanding the child's/ young person's needs more fully.
Please note that we do share information from school with parents.