BHSCT ADHD Referral -School information
To be returned with referral form from health care professional to communitypaediatrics2@belfasttrust.hscni.net

INFORMATION FROM SCHOOL

Please ask someone who knows the child/young person well (Class Teacher/SENCO) to complete and return the form with the completed Health Care Professional form

Name:	
DOB:	
School: **Tel No:** **E-mail (for further questionnaires to be sent to)**	
School Year:	
Class/ Form Teacher:	
SENCO:	

Attendance:

Regular ☐ Irregular ☐ Percentage school attendance:

Is the child/young person following a reduced or restricted timetable? YES/NO
If yes please state days and times:

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

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?

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

Does this child have a learning need? If so please detail

Is this child in receipt of additional supports within school eg: literacy, numeracy, outreach services?

Do they have a PLP/IEP?
Are they on the code of practice?

Is this child on the SEND register?

Do they have a statement of educational need? Please provide details

	Standardised test used	Score	Date
Literacy			
Numeracy			
Processing speed			
Working memory			
Overall ability			

4. 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)

5. Attention/Activity/Impulsivity

Concentration/focus – (Please comment on the ability to focus and sustain attention, do they require additional support or resources to maintain focus)

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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.)

Organisation – (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 activity levels in all school environments)

Are there **Social Communication Concerns** – Please consider referral for an Autism assessment

SNAP-IV Teacher Rating Scale

James M. Swanson, Ph.D.

Name of Child (Forename and Surname):	
Form completed by (name/role):	
How long have you known the child:	
Date Completed:	

For each item, select the box that best describes this child. Put only one check per item and add any comments/examples below.		**Not at all (0)**	**Just a Little (1)**	**Quite A Bit (2)**	**Very Much (3)**
1.	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	☐	☐	☐	☐
2.	Often has difficulty sustaining attention in tasks or play activities	☐	☐	☐	☐
3.	Often does not seem to listen when spoken to directly	☐	☐	☐	☐

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4.	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	☐	☐	☐	☐
5.	Often has difficulty organizing tasks and activities	☐	☐	☐	☐
6.	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)	☐	☐	☐	☐
7.	Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)	☐	☐	☐	☐
8.	Often is distracted by extraneous stimuli	☐	☐	☐	☐
9.	Often is forgetful in daily activities	☐	☐	☐	☐
10.	Often fidgets with hands or feet or squirms in seat	☐	☐	☐	☐
11.	Often leaves seat in classroom or in other situations in which remaining seated is expected	☐	☐	☐	☐
12.	Often runs about or climbs excessively in situations in which it is inappropriate	☐	☐	☐	☐
13.	Often has difficulty playing or engaging in leisure activities quietly	☐	☐	☐	☐
14.	Often is "on the go" or often acts as if "driven by a motor"	☐	☐	☐	☐
15.	Often talks excessively	☐	☐	☐	☐
16.	Often blurts out answers before questions have been completed	☐	☐	☐	☐
17.	Often has difficulty awaiting turn	☐	☐	☐	☐
18.	Often interrupts or intrudes on others (e.g., butts into conversations/games)	☐	☐	☐	☐

Please add any other information you feel is important for us to know.

Please ensure you have provided an email address for further correspondence (to receive questionnaires) regarding this child/young person.