

**Screening Questionnaire - Neurodevelopmental Assessment, Autism & ADHD**

**Education Setting Report**

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| **CHILD’S DETAILS** | |
| **Name** |  |
| **DOB** |  |
| **Preschool/nursery or education setting attended (state if the CYP is home educated)** |  |
| **Person Filling the Form:** |  |
| **Title/ Job Role:** |  |
| **Education Setting Email:** |  |
| **Please summarise your concerns:** | |
|  | |
| **Date of Completion** |  |

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| **1. COMMUNICATION** | | |
| **\*Please describe [Child]’s communication at school. Comment on who, how and why they communicate – for example: to express needs, to give information, to share experiences, to have a to and fro conversation.**  **If [Child] is non-speaking, please state what methods they do use.** | | |
|  | | |
| **\*Please describe how [Child] responds to instructions and if you have any concerns around their listening and understanding of language.** | | |
|  | | |
| **\*Please describe how [Child] uses non-verbal communication. For example – gestures, eye contact, facial expressions, tone of voice.** | | |
|  | | |
| **\*Describe how / if [Child] asks for help to seek comfort and problem solve.** | | |
|  | | |
| **\*Is [Child] able to initiate and engage in a sustained two-way conversation where there is an easy to and fro in the conversation?** | **Yes** | **No** |
|  | | |
| **With peers?** Please describe: | | |
| **With adults?** Please describe: | | |
| **Does [Child] have any unusual characteristics in their language? E.g. formal language, accent, tone, pitch, repetitive speech, learnt phrases** | | |
| Please describe: | | |
| **2 SOCIAL INTERACTION** | | |
| **\*Does [Child] respond to their name?** | | |
|  | | |
| **\*Can [Child] share with adults and/ or their peers about things that are happening in their life, and about their experiences, thoughts, and opinions with others?** | | |
| Please describe: | | |

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| **\*Does [Child] show sensitivity towards others’ needs, feelings, experiences and achievements?** | | **Yes** | | | **No** | |
| Please describe: | | | | | | |
| **\*Is [Child] able to cooperate with adults and peers in small groups/ large class settings?** | | **Yes** | | | **No** | |
|  | | | | | | |
| Please describe: | | | | | | |
| **\*Please describe how [Child] interacts with others and how they form and maintain friendships.** | | | | | | |
|  | | | | | | |
| **\*Does [Child] show bigger emotional reactions to situations than their peers?** | | **Yes** | | | **No** | |
|  | | | | | | |
| **How does [Child] cope with these emotions?** | | | | | | |
| **\*Does [Child] modify their behaviour to fit with expectations in different situations? E.g., in assembly/ in the playground/ with adults?** | | **Yes** | | | **No** | |
|  | |  | | |  | |
| Please describe: | | | | | | |
| **3. CREATIVITY/ IMAGINATION** | | | | | | |
| **\*Does [Child] demonstrate creativity/imagination in situations such as play, written work and art** | | | | | | |
| Please describe: | | | | | | |
| **\*Please give details of any focussed interests or specific play preferences that [Child] may have.** | | | | | | |
| Please describe: | | | | | | |
| **4. BEHAVIOUR** | | | | | | |
| **\*Does [Child] display any repetitive behaviours? (e.g. spinning objects, lining up toys, sorting)** | | | **Yes** | | | **No** |
|  | | | | | | |
| Please describe: | | | | | | |
| **\*Does [Child] display any hand flapping/ finger flicking/ vocal tics, smelling/licking objects?** | **Yes** | | | **No** | | |
|  | | | | | | |
| When and where? | | | | | | |
| **\*Does [Child] have any strong attachments to specific objects?** | **Yes** | | | **No** | | |
|  | | | | | | |
| Please describe: | | | | | | |
| **\*Does [Child] show interest in the parts of objects rather than the whole object?** | **Yes** | | | **No** | | |
|  | | | | | | |
| Please describe: | | | | | | |
| **\*Describe how [Child] copes with change to their routines and/or environment:** | | | | | | |
|  | | | | | | |
| **\*Are you aware of any routine/ rituals that [Child] must perform, such as always eating a snack in a particular order, or following the same routine every morning?** | **Yes** | | | **No** | | |
|  | | | | | | |
| Please describe: | | | | | | |
| **\*How does [Child] cope in structured versus unstructured environments? (e.g. assembly vs playground or free play vs classroom activity)** | | | | | | |
| Please describe: | | | | | | |
| **5. SENSORY** | | | | | | |

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| **\*Have you got concerns about how [Child] responds to noise?** | **Yes** | **No** |
| Please describe how [Child] responds to noise (E.g. covers ears; slow to respond when you speak to them; gets easily distracted; gets distressed, makes loud noises or hums) | | |
| **\*Have you got concerns about how [Child] responds to touch?** | **Yes** | **No** |
|  | | |
| Please describe how [Child] responds to touch (E.g. dislikes messy play; has difficulty touching or wearing certain materials; reacts in unexpected ways when someone touches them) | | |
| **\*Have you got concerns about how [Child] responds to movement?** | **Yes** | **No** |
|  | | |
| Please describe how [Child] responds to movement (E.g. flaps hands and enjoys it; dislikes swings and slides; difficulty climbing steps; often fidgets or bounces, walks on tiptoes) | | |
| **\*Have you got concerns about how [Child] responds to taste or smell?** | **Yes** | **No** |
|  | | |
| Please describe how [Child] responds to taste and smell (E.g. avoids certain tastes, textures or smells; eats a small range of food; prefers food with bold textures and flavours) | | |
| **\*Have you got concerns about how [Child] responds to light?** | **Yes** | **No** |
|  | | |
| Please describe how [Child] responds to light (E.g. enjoys looking at things move, enjoys moving or flickering light, avoids or is distressed by bright lights) | | |

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| **Please describe any other sensory seeking behaviours that [Child] enjoys:** | | | | | | | | | |
|  | | | | | | | | | |
| **Please describe any other sensory avoiding behaviours [Child] shows:** | | | | | | | | | |
|  | | | | | | | | | |
| **6. ATTENTION AND ACTIVITY LEVELS. PLEASE TICK** | | | | | | | | | | | |
| **\*Does [Child]:** | | | **Never** | | **Sometimes** | | **Always** | | **N/A** | | |
| Is enthusiastic and keen to share their ideas before the speaker has finished asking a question | | |  | |  | |  | |  | | |
| Is overbearing and loud while playing with peers | | |  | |  | |  | |  | | |
| Takes actions without thinking of the consequences | | |  | |  | |  | |  | | |
| Acts then instantly says they didn’t mean to | | |  | |  | |  | |  | | |
| Difficulty staying on task in the class or in play | | |  | |  | |  | |  | | |
| Disturbs others when playing or working | | |  | |  | |  | |  | | |
| Has ‘careless mistakes’ or inaccuracies in work | | |  | |  | |  | |  | | |
| Gets out of their seat when not expected | | |  | |  | |  | |  | | |
| Climbs and jumps when being still is expected | | |  | |  | |  | |  | | |
| Fidgets and squirms | | |  | |  | |  | |  | | |
| Is always ‘on the go’ | | |  | |  | |  | |  | | |
| Difficulty listening to teaching part of lesson/ assembly | | |  | |  | |  | |  | | |
| Avoids or dislikes activities which require mental effort | | |  | |  | |  | |  | | |
| Doesn’t finish tasks | | |  | |  | |  | |  | | |
| Finds it difficult to start tasks (even ones they could easily do) | | |  | |  | |  | |  | | |
| Is forgetful during tasks | | |  | |  | |  | |  | | |
| Often loses items | | |  | |  | |  | |  | | |
| Can not get organised with equipment needed | | |  | |  | |  | |  | | |
| **Any comments you would like to add with respect to the attention and activity levels above?** | | | | | | | | | | |
| Please add information such as zoning out, experiencing difficulties with making a choice, finding it difficult to prioritise tasks, forgetting to eat/drink | | | | | | | | | | |
|  | | | | | | | | | | | |
| \***Comment on [Child]’s ability to access the curriculum:** | | | | | | | | | | |
| **AREA** | **LEVEL** | **Compared to class** | | | | | | | | |
| **<Average** | | **Average** | | **>Average** | | | | |
| **Reading** |  | Bottom:  2% / 10% / 25% | |  | | Top:  2% / 10% / 25% | | | | |
| **Writing** |  | Bottom:  2% / 10% / 25% | |  | | Top:  2% / 10% / 25% | | | | |
| **Maths** |  | Bottom:  2% / 10% / 25% | |  | | Top:  2% / 10% / 25% | | | | |
| **\*Describe [Child]’s ability to pay attention in a variety of learning situations.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **\*Can [Child] transition from one activity to another without difficulty?** | | | | | | | **Yes** | **No** | | |
|  | | | | | | | | | | |
| **Describe any difficulties:** | | | | | | | | | | |
| **\*Does [Child] have any difficulties starting or finishing tasks, being on time?** | | | | | | | **Yes** | **No** | | |
|  | | | | | | | | | | |
| **Comment on [Child]’s organisational skills.** | | | | | | | | | | |
| **\*Does [Child] have difficulties with gross/fine motor skills (e.g. handwriting)? Yes/No** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please describe:** | | | | | | | | | | |
| **Are there any Safeguarding concerns? Is [Child] known to social care (now or in the past, including family solutions)?** | | | | | | | | | | |
| Please describe | | | | | | | | | | |

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| **7. OTHER RELEVANT INFORMATION** | | | |
| **Does [Child] have a Classroom/Teaching Assistant that provides them with additional support in school?** | | | |
| Part time | | | |
| Full time | | | |
| No | | | |
| **Has [Child] got an EHCP?** | | YES | NO |
| **What additional support is in place (including skills training)?** | | | |
| **Is One Plan or Early Support Plan in place? *(If yes, please attach a copy of the plan. If not please attach a report that details relevant support in place)*** | | YES | NO |
| **Is [Child] known to any other support services?** | | YES | NO |
|  | | | |
| What other support services is [Child] known to | | | |
| **Is [Child] known to Educational Psychologist?** | | YES | NO |
|  | | | |
| **Date of referral:** | ***Please attach a copy of the report if available*** | | |