

PARENT/CARER FORM **PART 1**

This form is to be completed by parents and carers who would like to refer their child or young person for a Neurodevelopmental Disorders (NDD) assessment.

So that we are in the best position to understand your child or young person's needs, please complete this form and submit it along with the '**Professional Form Part 2**', which can be found on the **Suffolk Local Offer website** (www.suffolklocaloffer.org.uk). The professional form Part 2 **must** be completed by one or more professionals (such as a health care professional, family support worker, school nurse, or education staff).

For this referral to be processed, all sections on the form **must be** completed or marked as non-applicable.

IF YOUR CHILD IS NOT IN EDUCATION, ACCESSING ALTERNATIVE EDUCATION PROVISIONS OR IS ELECTIVELY HOME EDUCATED, PLEASE USE THE 'ALTERNATIVE EDUCATION REFERRAL FORM', WHICH CAN BE FOUND ON THE LOCAL OFFER WEBSITE.

Observations and additional reports are encouraged to be provided as supporting evidence. Please refer to the parent and carer NDD referral guidance (which can also be found on the Local Offer website) for further details of what documents you may wish to include. **Please do not send photographs and/or videos as supporting evidence.**

ONCE COMPLETED, PLEASE RETURN THIS FORM TO THE LEAD PROFESSIONAL (REFERRER), ALONG WITH ANY SUPPORTING EVIDENCE FOR THEM TO SUBMIT IT ALONG WITH THEIR PART 2 PROFESSIONAL REFERRAL FORM TO THE RELEVANT SERVICE PROVIDER AS BELOW:

ASD 5-10: Suffolk.ccc@esneft.nhs.uk

ASD 11+: U18autismdiagnosticservice@nsft.nhs.uk

ADHD: ADHDReferrals@nsft.nhs.uk

REFERRAL REQUEST

Please select below which type of assessment you are requesting. Please only select one box.

- AUTISM (ASD) ASSESSMENT** for a child 5 years old and over, up to the age of 11 years old.
- AUTISM (ASD) ASSESSMENT** for a young person aged 11-18 years.
- ADHD ASSESSMENT 0-18**

If you are unsure which would be the most appropriate assessment for your child or young person, it is best to consider their **primary needs and/or differences**.

For example, if your child's primary needs are in relation to difficulties or differences in their communication, social interactions and rigidity, an autism assessment is likely to be the most appropriate request. However, if your concerns are more in relation to attention and concentration difficulties, hyperactivity and impulsive behaviours, an ADHD assessment would more likely be appropriate.

For more information of signs and symptoms of autism and ADHD, please see the NDD support pack on the following link [NDD Supporting Your Neurodivergent child \(suffolklocaloffer.org.uk\)](http://suffolklocaloffer.org.uk).

SECTION ONE: CHILD AND FAMILY DETAILS**CHILD/ YOUNG PERSON'S DETAILS**

Full name:Click or tap here to enter text.

Date of birth:Click or tap here to enter text.

Any other names your child or young person has been known by:Click or tap here to enter text.

Name the child/young person prefers to be called by, if different from above:Click or tap here to enter text.

Age:Click or tap here to enter text.

NHS number:Click or tap here to enter text.

Religion:Click or tap here to enter text.

Gender at birth:Click or tap here to enter text.

Ethnicity:Click or tap here to enter text.

Gender young person identifies as; if different from birth gender, and preferred pronouns (e.g., *he/his/him, she/her/hers, they/them/theirs*): Click or tap here to enter text.

Address:Click or tap here to enter text.

Postcode:Click or tap here to enter text.

First Language (if not English):Click or tap here to enter text.

Interpreter required?

 Yes No**PARENT/CARER INFORMATION**

Full name:Click or tap here to enter text.

Address:

Click or tap here to enter text.

Postcode:Click or tap here to enter text.

Relationship to child/young person:Click or tap here to enter text.

Telephone number:Click or tap here to enter text.

Email address:Click or tap here to enter text.

Preferred mode of contact (letter, telephone, email):Click or tap here to enter text.

Do you hold full parental responsibility?

 YES NO

If the named parent/carer above does not hold full parental responsibility, please provide details of the person who does or those with whom parental responsibility is shared with below:

Full name:Click or tap here to enter text.

Relationship to child/young person:Click or tap here to enter text.

Address:Click or tap here to enter text.

Telephone number:Click or tap here to enter text.

Are they aware of this referral:

 YES NO**GP Surgery**

Name and address:

Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

SECTION TWO: CONSENT

If the young person is over the age of sixteen, do they consent to this referral? **16+ ONLY**

YES NO

If the referral does not meet NDD services criteria, are you happy for your information to be shared with other relevant support agencies?

YES NO

Consent to Review and Share Records

In order to consider the referral, your child or young person's records may be reviewed by NDD services. This may include records held across multiple agencies, such as health, social care, and education. Only information relevant to this referral will be reviewed.

Please note, without access to these records, it may prevent us from progressing your referral, as we may not have all the relevant information that we need to carry out an NDD assessment.

Please indicate your consent below:

I **give consent** for NDD services to access my child or young person's records and review information that is relevant to this referral.

In order to be considered for access to support services, the information gathered from this referral form and potential review of records, may be shared with support service providers to determine what support can be offered.

Please indicate consent below:

I **give consent** for information relevant to this referral to be shared with appropriate support service providers.

Please note that at any stage of your referral you have the right to withdraw your consent or any previous consent that you may have given. If you do wish to withdraw your consent, please speak with the lead professional for this referral or directly to the appropriate service provider.

SECTION THREE: EDUCATION

EDUCATION PROVISION

What school year is your child or young person in: Year Click or tap here to enter text.

What education provision does your child access (please tick all appropriate boxes below):

Setting:

Mainstream Education Specialist Education

Alternative education provision (e.g., PRU, alternative therapeutic provision)

Enrolled at a school but not in education setting Electively home educated Not in education

Arrangements:

Full-time Timetable Reduced Timetable Exclusion/suspension Awaiting placement

Other:

Please provide further details below: Click or tap here to enter text.

Current education provider name and address (please include postcode): Click or tap here to enter text.

If your child has attended multiple education providers (e.g., more than one primary setting and one secondary setting), please provide the number of settings attended:	<small>Click or tap here to enter text.</small>
--	---

Please provide details of last education provider name and address:	<small>Click or tap here to enter text.</small>
---	---

Is your child or young person education provision due change in the next calendar year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

If YES, please state where and for what reason: (e.g., transitioning to secondary school)	Name of provider: <small>Click or tap here to enter text.</small>
	Reason: <small>Click or tap here to enter text.</small>

What, if any, other services are involved with supporting your child/young person's education? (e.g., private tutor, online tuition etc.)	<small>Click or tap here to enter text.</small>
---	---

For a complete picture of your child, it is critical that education attainment information is provided. Please ensure to ask your education provider to supply any assessment reports along with this referral.

SECTION FOUR: SERVICE INVOLVEMENT

OTHER PROFESSIONALS AND SUPPORT INVOLVED

Please tick below any of the following agencies that may have worked with your child or young person and family. This could either be historically or currently and/or include any ongoing referrals.

- 0-19 Service (health visitor/ school nursing)
- CAF/TAF
- Social Care
- Paediatrics (acute or community)
- ASD Service (Integrated Community Paediatric Service/Autism Diagnostic Youth Service for Suffolk) ADHD Service
- Speech & Language Therapist
- Audiology
- Educational Psychologist
- Learning and/or behaviour support services in school
- Occupational Therapy
- Dietitian
- Child and Adolescent Mental Health Service (CAMHS)
- Specialist Education Services (SES)
- Analysis of Additional Needs Tool (AANT)
- Youth Offending Service
- Other, please indicate: [Click or tap here](#) to enter text.

Please provide details of involvement below and include any reports that you feel are relevant to this referral:
[Click or tap here](#) to enter text.

SECTION FIVE: ASSESSMENT

Please provide information about your child or young person with reference to their strengths and difficulties within the identified areas. In each of the boxes, please include descriptions of the difficulties themselves, with clear examples. This information is important to ensure that we can accept and process your referral. For example:

A clear example of a difficulty:



“Thomas frequently finds it difficult to look at people when he is talking to them or when they are talking to him. He will often not look directly at them but appear to look sideways or sometimes in a different direction. This is more noticeable when he is talking to people he does not know or is in an unfamiliar environment. Thomas does make eye contact with those he is comfortable around.”

A poor example of a difficulty:



“Thomas does not make eye contact.”

Social Communication

Please provide information from your own observations and experiences of your child or young person’s ability to communicate with others, both verbally and non-verbally. You may wish to consider:

- How does your child or young person use and understand non-verbal communication (eye contact, gestures, facial expressions, body language)
- Please describe your child or young person’s ability to initiate and sustain a two-way conversation about a range of topics with a range of people (family/peers/teachers/unfamiliar people)

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Social Interaction

Please provide information from your own observations and experiences of how your child or young person interacts with others, such as children/adults/family/professionals. You may wish to consider:

- How would you describe your child or young person’s friendships, how do they interact with other people (children and adults) at home, school, and other environments?
- How would you describe your child or young person’s ability to notice and respond to the emotions of others?

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Rigid Behaviours and Thinking

Please provide information from your own observations and experiences of your child or young person’s interests, as well as factors that could affect your child/young person, such as strong preferences and ability to manage their emotions and change. You may wish to consider:

- Your child or young person’s ability to cope with change.
- Have you observed your child/young person doing repetitive movements? (e.g., hand-flapping, spinning, rocking, repetitive hand or finger movement)
- Your child or young person’s routines and/or rituals, and their responses if these are changed.
- Your child or young person’s current and past interests

- Your child or young person's ability to manage their emotions or behaviours in different situations

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Sensory

Please provide information from your own observations and experiences of areas of sensory interest or sensitivity that your child or young person may have e.g., taste, smell, texture, visual, hearing. You may wish to consider:

- How your child or young person responds to sensory stimuli, this may include actual or anticipated sounds, lights, textures (clothing and/or food), odours and tastes, heat and cold, and pain

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Attention/Concentration

Please provide information from your own observations and experiences of your child or young person's ability to concentrate and maintain attention. You may wish to consider:

- Your child or young person's ability to keep attention and concentration to tasks
- Your child or young person's ability to plan, manage and organise schoolwork, tasks, and other activities
- Does your child or young person require additional support to focus e.g., individual, or written instructions, prompts, someone working with them
- Are these behaviours seen across a range of situations or settings (e.g., home, school, with friends or relatives)?
- How long has your child or young person demonstrated these behaviours (e.g., over 6 months) and how do they impact on their ability to function in school and in social situations?

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Hyperactivity

Please provide information from your own observations and experiences of how your child or young person demonstrates a persistent pattern (e.g., at least 6 months) of hyperactivity and how this is impacting on their ability to function in school and in social situations. You may wish to consider:

- Is your child or young person overactive, restless, or constantly moving and/or fidgeting?
- Is your child or young person always "on the go" e.g., excessive running, climbing, shouting, unable to sit still?
- Is your child or young person very talkative or boisterous?
- Does your child or young person prefer to play outdoors or enjoys more structured indoor activities?
- How long has your child or young person demonstrated these behaviours (e.g., over 6 months) and how do they impact on their academic and social functioning?

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Impulsivity

Please provide information from your own observations and experiences of how your child or young person demonstrates a persistent pattern (e.g., at least 6 months) of impulsivity and how this is impacting on their ability to function in school and in social situations. You may wish to consider:

- Is your child or young person overactive, restless, or constantly moving?
- Are they easily distracted and have difficulty concentrating?
- Are they excitable/impulsive?
- Do they frequently put themselves at risk?
- How long has your child or young person demonstrated these behaviours (e.g., over 6 months) and how do they impact on their ability to function in school and in social situations?

Please give your specific examples below and highlight how long the behaviours have occurred for, if the behaviours are reported or observed, and if they differ across different settings e.g., home/school:

Click or tap here to enter text.

Other Information - Please provide details of any other diagnoses, support plans etc. Please include dates of diagnosis and any actions taken to date

Click or tap here to enter text.

Developmental History

Were there any known pregnancy or birth complications?

For example, prematurity born (<37 weeks), preeclampsia, gestational diabetes, infection, low birth weight, birth trauma or injury.

Click or tap here to enter text.

As part of exploring your child or young person's difficulties it is helpful to understand any life experiences that may have affected them during their childhood.

Has your child experienced any adverse life experiences? If so, what was the frequency and duration of their experiences? This may include significant bereavements, bullying, exposure to domestic violence, parental mental health difficulties, parental addiction, marital/family breakdown, parent in prison, physical, sexual, emotional abuse, or neglect?

Click or tap here to enter text.

Medical History

Has your child or young person experienced any significant illnesses or injuries?

If so, please provide details and timeframe.

Click or tap here to enter text.

Does your child or young person have, or have they ever been prescribed any long-standing medication?

If so, please include any previous and/or current medications, dosages and when it was started/stopped. Please also include any side effects or reasons why a medication was discontinued. As well as details of current prescriber e.g., GP.

Click or tap here to enter text.

Is there a history of neurodevelopmental disorders within the family?

Please state what relation they are to the young person and if they have received a formal diagnosis.

Click or tap here to enter text.

What benefits do you feel your child or young person would gain from a specialist autism and/or ADHD assessment?

Click or tap here to enter text.

Why do you feel your child or young person requires a specialist assessment for autism and/or

ADHD?

Click or tap here to enter text.

Main Concerns

Describe current difficulties/needs

It would be helpful to understand how your child or young person presents in more detail, e.g., what are your current main worries (this may be at home, school or elsewhere)? When and at what age did these concerns start and in what context? What impact do these concerns have on your child's ability to carry out activities in their daily lives?

Click or tap here to enter text.

Timeframe of current difficulties

Please provide information around the longevity of the difficulty and need. What is the frequency and intensity of these difficulties? What interventions have previously been tried e.g., accessed workshops, strategies, support services? What difficulties have not improved despite the use of appropriate interventions and strategies?

Click or tap here to enter text.

Risk

Do you have any concerns for your child or young person's safety and/or feel that there are any current risks? Risk may be from themselves (such as self-harming, suicidality, and/or self-injurious behaviours, such as banging their head, biting themselves). It is worth considering risks to and/or from others. Please provide information about the frequency, how long the risks have been present and if these are current or historic risks.

Click or tap here to enter text.

What is working well?

What is working well in understanding and supporting your child and their needs?

Click or tap here to enter text.

What could be better?

At present, what do you feel would be the most helpful areas of need to address to best help your child or young person?

Click or tap here to enter text.

Is there anymore that you can add to provide a picture of your child or young person?

For example, likes and dislikes, their social skills, routines, friends and attachments, sleep and eating patterns, What makes them happy, anxious or sad. Independence with personal care, (toileting, washing, dressing). Their strengths and aspirations.

Click or tap here to enter text.

If you are completing this form on behalf of a young person aged 11+, please continue to **section eight** whereby the young person will have the opportunity to share their views and feelings.

This section is optional and will not be looked at negatively if it is not completed.

**ONCE COMPLETED, PLEASE RETURN THIS FORM TO THE LEAD PROFESSIONAL (REFERRER), ALONG WITH ANY SUPPORTING EVIDENCE FOR THEM TO SUBMIT IT ALONG WITH THEIR PART 2 PROFESSIONAL REFERRAL FORM TO THE RELEVANT SERVICE PROVIDER AS BELOW:
ASD 5-10: Suffolk.ccc@esneft.nhs.uk
ASD 11+: U18autismdiagnosticservice@nsft.nhs.uk
ADHD: ADHDReferrals@nsft.nhs.uk**

SECTION EIGHT: CHILD OR YOUNG PERSON'S VIEWS

This section is optional and for young people 11+ to complete.

This form is all about you!

Below are some questions that will help us understand what you like and do not like, and how you are feeling.

You can draw or write your answers and can share as little or as much as you would like.

What is important to me e.g., hobbies, friends, family, every day?
Click or tap here to enter text.
Do I feel safe? This may be at home, at school or elsewhere.
Click or tap here to enter text.
What is good now? This may be at home, at school or elsewhere.
Click or tap here to enter text.
What could be better? This may be at home, at school or elsewhere.
Click or tap here to enter text.
What are my main worries? This may be at home, at school or elsewhere.
Click or tap here to enter text.
What would I like help and support with?
Click or tap here to enter text.

Please see below a checklist of supporting evidence that may assist with the referral. Please ensure that any supporting evidence is submitted with both parts of the referral form.

Supporting Evidence Checklist

- Parent/carer views and concerns including in referral form
ESSENTIAL
- Professionals / education's views /concerns including in referral form
ESSENTIAL
- School observations

- Child/Young person's own views

- Medical report (birth and early development, medical history, GP/hospital letter, diagnostic assessment)
- Speech and language therapist report

- Occupational therapist report

- Community paediatrician assessment

- School Nurse or Health Visitor Report

- Educational psychologist report

- CAMHS/LDCAMHS/Other specialist CAMHS

- EHCP / provision agreement / support plan

- Individual Education/ behaviour Plan (or equivalent)

- Early help assessment

- Personal Education Plan for LAC Child

- Behaviour intervention/youth offending team report

- Children's social care report