

PART 2 PROFESSIONAL(S) FORM

This form is to be completed by a professional who is supporting a family of a child or young person in need of a Neurodevelopmental Disorders (NDD) Pathway referral. This referral form may be completed by one or more professionals (such as, a health care professional, family support worker, school nurse, or education staff).

Please note a referral for an ASD or ADHD assessment does not preclude input from other services if there are identified needs that warrant support.

In order for this referral to be processed, all sections **must** be completed or marked as non-applicable.

IF THE CHILD IS NOT IN EDUCATION AND IS ACCESSING ALTERNATIVE EDUCATION PROVISIONS OR IS ELECTIVELY HOME EDUCATED, PLEASE COMPLETE THE ALTERNATIVE EDUCATION REFERRAL FORM PART 2 (PROFESSIONAL AND OTHERS INVOLVED) WHICH IS ON THE SUFFOLK LOCAL OFFER WEBSITE (www.suffolklocaloffer.org.uk).

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)**.

Lead professional's name:Click or tap here to enter text.	
Job title:Click or tap here to enter text.	Organisation:Click or tap here to enter text.
Address:Click or tap here to enter text.	
Email address:Click or tap here to enter text.	Telephone number:Click or tap here to enter text.
Date of request:Click or tap here to enter text.	

As the lead professional I understand that I and/or my service hold the primary responsibility for the child or young person's care and for actioning any onward referrals and recommendations from this request, whether the young person is accepted for a neurodevelopmental disorder (NDD) assessment or not.

I understand that by signing this referral form, I am demonstrating that I have gained consent from the parent/carer/guardian, as well as the young person (if aged 16+), to refer the below child/young person for a neurodevelopmental disorder (NDD) assessment.

Referrer Signature:Click or tap here to enter text.

Other referrer's details (if applicable)	
Referrer's name:Click or tap here to enter text.	
Job Title:Click or tap here to enter text.	Organisation:Click or tap here to enter text.
Address:Click or tap here to enter text.	
Email Address:Click or tap here to enter text.	Contact Number:Click or tap here to enter text.

SECTION TWO: CHILD/YOUNG PERSON'S DETAILS	
Full Name:Click or tap here to enter text.	Date of birth: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.

SECTION THREE: EDUCATION	
SCHOOL/EDUCATION	

What academic year is the young person in: Year Click or tap here to enter text.	
Current education provider name and address (please include postcode): Click or tap here to enter text.	SENCo (Special Educational Needs Coordinator) contact details:Click or tap here to enter text. Name:Click or tap here to enter text. Telephone number:Click or tap here to enter text. Email:Click or tap here to enter text.

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 <input type="checkbox"/> Specialist Education <input type="checkbox"/>	
Alternative education provision (e.g., PRU, alternative therapeutic provision) <input type="checkbox"/>	
Enrolled at a school but not in education setting <input type="checkbox"/> Electively home educated <input type="checkbox"/> Not in education <input type="checkbox"/>	
Arrangements: Full-time Timetable <input type="checkbox"/> Reduced Timetable <input type="checkbox"/> Exclusion/suspension <input type="checkbox"/> Awaiting placement <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	

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

ACADEMIC ATTAINMENT

Estimated reading age: Click or tap here to enter text.	Estimated spelling age: Click or tap here to enter text.
Do you have the results of any educational tests or assessments the child/young person has recently undertaken? If available, please provide a copy of the assessment with this referral. Please also provide information of any pending educational assessments that the child/young person may be due to undertake or is currently awaiting results for. Click or tap here to enter text.	
Is the child/young person academically on target, which is in line with their peers?	Click or tap here to enter text.
Does the child/young person have any known learning difficulties or disabilities?	Click or tap here to enter text.
Does the child/young person require learning and/or behaviour support in school?	Click or tap here to enter text.
Does the child/young person have any language difficulties: <ul style="list-style-type: none"> ○ Difficulties understanding instructions or remembering what has been said? ○ Limited vocabulary or difficulties finding the right word? ○ Difficulty producing complex sentences/grammatically correct sentences? 	Click or tap here to enter text.
If the child/young person is not in education, what other services are involved with supporting the child/young person's education?	Click or tap here to enter text.
Has the child/young person got an Education, Health & Care Plan (EHCP) in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, when was it last reviewed?	Date:Click or tap here to enter text.
Has the young person got an Education, Health & Care Plan (EHCP) in progress?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please provide details of stage reached:Click or tap here to enter text.	
Has the child/young person got an Education, Health Care Needs Assessment (EHCNA) been requested or in progress?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please provide details of stage reached:	

SECTION FOUR: SAFEGUARDING & RISK

SAFEGUARDING & RISK

Please ensure to follow your own organisation's safeguarding policies and protocols. Please note a referral for an autism or ADHD assessment does not preclude input from other services if there are identified needs that warrant support.

Are there any or have there ever been any safeguarding concerns and/or risk in relation to the child/young person and/or others? Including subject to Child Protection Plan, Child in Need Plan, or a Looked after Child (LAC).	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give brief details below, including dates and agencies involved: Click or tap here to enter text.	
Has the child or young person historically or currently engaged in self-injurious behaviours? (e.g., banging their head on surfaces, biting themselves, pulling their hair)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the child or young person historically or currently engaged in self-harming behaviours? (e.g., intentionally causing physical pain or harm to themselves).	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the child or young person historically or currently experienced suicidal thoughts/behaviours?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, please give details below:	

(Please include information about the length of time, intensity, and frequency of the behaviour(s))

Click or tap here to enter text.

SECTION FIVE: ASSESSMENT

Please provide information about the 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 are able to 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 the child or young person use and understand non-verbal communication (eye contact, gestures, facial expressions, body language)
- Please describe the 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 the 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 the 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:

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

- The child or young person's ability to keep attention and concentration to tasks.
- The child or young person's ability to plan, manage and organise schoolwork, tasks, and other activities.
- Does the 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 the 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 the child or young person overactive, restless, or constantly moving and/or fidgeting?
- Is the child or young person always "on the go" e.g., excessive running, climbing, shouting, unable to sit still?
- Is the child or young person very talkative or boisterous?
- Does the child or young person prefer to play outdoors or enjoys more structured indoor activities?
- How long has the 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 the 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 the 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.

What benefits do you feel the 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 the child or young person requires a specialist assessment for autism and/or ADHD?

Click or tap here to enter text.

Current Concerns and Needs

Describe current difficulties/needs

It would be helpful to understand the how the child/young person presents in more detail, e.g., what are your current main worries/concerns (this may be at home, school or elsewhere)? When did these concerns start to occur and in what context? What impact do these concerns have on the child or young person'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 difficulties/needs. 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.

What is working well?

What is working well in understanding and supporting the child or young person 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 the child or young person?

Click or tap here to enter text.

Is there anymore that you can add to provide a picture of the 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? What are their strengths and aspirations.

Click or tap here to enter text.

ONCE COMPLETED, PLEASE RETURN THIS FORM, ALONG WITH ANY SUPPORTING EVIDENCE ALONGSIDE THE PART 1 PARENT/CARER 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

Please see below a checklist of supporting evidence that may assist with the referral. Please ensure that any supporting evidence is submitted withbothparts 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)

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