

**ALTERNATIVE EDUCATION/ELECTIVELY HOME EDUCATED/NOT IN EDUCATION  
PARENT/CARER FORM PART 1**

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 and others involved form part 2', which can be found here: <https://shorturl.at/ckA10> or via the [suffolklocaloffer.org.uk](http://suffolklocaloffer.org.uk) website. The 'Professional and others involved form part 2' **must be completed by at least one professional**, but you may wish to have multiple sources of evidence to ensure that enough information is provided to process your Neurodevelopmental Disorder (NDD) Pathway referral.

**Sources of evidence can be provided by:**

- a paid carer
- relative or friend
- health care professional
- social worker, or
- a teacher

**But must include input from at least one professional.**

Ideally it should be written by a professional with regular involvement in your child's care. If there is not a professional who is regularly involved with your child, it may be best to ask multiple individuals to complete a copy of the form to the best of their knowledge, so a comprehensive understanding of your child's needs can be gained. It is important that at least one or more professionals' views are submitted as part of the referral.

**Suggested professionals could include (but is not exclusive to):**

- School Nursing Team/School Nursing Alternative Provision Team
- Specialist Education Services (if accessing)
- Alternative Tuition Service (if accessing)
- Key adult from education provision.
  - If your child or young person remains on roll, the school continue to have a **duty of care to your child**.
  - If your child or young person is no longer registered with a school, information from their previous education placement may be considered as part of the support evidence.
- Elective Home Education Team
- Social Worker/Family Support Worker
- Health professional; GP, medical specialist, primary mental health worker, mental health professionals
- Therapeutic provision practitioner (e.g., P.L.O.T)
- Private Tutor

For this referral form to be processed all sections **must** be completed or marked as non- applicable. Observations and additional reports are encouraged to be provided as supporting evidence. Please download the parent and carer NDD referral form guidance (via the Suffolk 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 ENSURE BOTH THIS FORM AND THE PROFESSIONAL FORM ARE FULLY COMPLETED, ALONG WITH ALL SUPPORTING EVIDENCE AND SUBMITTED TOGETHER TO THE RELEVANT SERVICE PROVIDER AS BELOW:**

ASD 5-10: [Suffolk.ccc@esneft.nhs.uk](mailto:Suffolk.ccc@esneft.nhs.uk)

ASD 11+: [U18autismdiagnosticservice@nsft.nhs.uk](mailto:U18autismdiagnosticservice@nsft.nhs.uk)

ADHD: [ADHDReferrals@nsft.nhs.uk](mailto: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 OR 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.

Age: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.

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.

1<sup>st</sup> Language (if not English):Click or tap here to enter text.

Interpreter required?Click or tap here to enter text.

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/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 the NDD services from progressing your referral, as they may not have all the relevant information that they need.**

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 the 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 the process you have the right to withdraw your consent or any previous consent that you may have given in relation to this referral. 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:

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 details below:  Click or tap here to enter text.

Please provide details of last education provider:  
 Click or tap here to enter text.

Name:  Click or tap here to enter text.

Address:  Click or tap here to enter text.

Is your child or young person due to move education settings within the next calendar year? YES  NO

If YES, please state where and for what reason:  
(e.g., transitioning to secondary school)

Name:  Click or tap here to enter text.

Reason:  Click or tap here to enter text.

If your child is not in an education setting, what other services are involved with supporting their education? (e.g., tutor etc.)	Click or tap here to enter text.
--	----------------------------------

<b>Please provide details of the current education provision your child or young person is receiving.</b>	
<b>Please include details of:</b> <ul style="list-style-type: none"> <li>• Their current strengths and difficulties</li> <li>• Their learning ability and whether you feel this is in line with their chronological age, and</li> <li>• How many hours per week your child is approximately completing and by what means (e.g., online tuition and parent-led learning).</li> </ul> <b>If you have results from any recent educational test or assessments your child has completed, or previous school reports, you may wish to include these in your supporting evidence.</b>	

Does your child/young person have any known learning difficulties or disabilities?	Click or tap here to enter text.
--	----------------------------------

Does your child/young person require learning and/or behaviour support in their education setting?	Click or tap here to enter text.
--	----------------------------------

Does your child/young person have any language difficulties, such as: <ul style="list-style-type: none"> <li>○ Difficulties understanding instructions or remembering what has been said?</li> <li>○ Limited vocabulary or difficulties finding the right word?</li> <li>○ Difficulty producing complex sentences / grammatically correct sentences?</li> </ul>	Click or tap here to enter text.
---	----------------------------------

What; if any, other services are involved with supporting your child/young person's education? (e.g., private tutor, online tuition)	
--	--

Has your 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 <input type="text"/> Click or tap here to enter text.
------------------------------------	--

Has your child/young person got an Education & Health Care Plan in progress?	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--

If YES, please provide details of stage reached. <input type="text"/> Click or tap here to enter text.
--

Has the young person had an Education, Health Care Needs Assessment (EHCNA) requested or in progress? Please provide details of stage reached.	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--

If YES, please provide details of stage reached. <input type="text"/> Click or tap here to enter text.
--

## SECTION FOUR: SERVICE INVOLVEMENT

### THE PROFESSIONALS AND SUPPORT INVOLVED

Please tick below any of the following agencies that may have worked with your child/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/ADYSS)


- ADHD Service
- Speech & Language Therapy
- 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 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.**

**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/young person use and understands non-verbal communication (eye contact, gestures, facial expressions, body language)
- Please describe your child/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/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/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'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/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/young person's routines and/or rituals, and their responses if these are changed
- Your child/young person's current and past interests
- Your child/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/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/young person's ability to keep attention and concentration to tasks
- Your child/young person's ability to plan, manage and organise schoolwork, tasks, and other activities
- Does your child/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/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/young person overactive, restless, or constantly moving and/or fidgeting?
- Is your child/young person always "on the go" e.g., excessive running, climbing, shouting, unable to sit still?
- Is your child/young person very talkative or boisterous?
- Does your child/young person prefer to play outdoors or enjoys more structured indoor activities?
- How long has your child/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/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/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**

### 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 or young person 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/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/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 child/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.

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

### Current Concerns and Needs

#### Describe current difficulties/needs

It would be helpful to understand how your child/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/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'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 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 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/dislikes, their social skills, routines, friends/attachments, sleep or eating patterns, what makes them happy/anxious/sad, independence with personal care, (toileting, washing, dressing). Their strengths and aspiration.

Click or tap here to enter text.

**ONCE COMPLETED, PLEASE ENSURE BOTH THIS FORM AND THE PROFESSIONAL FORM ARE FULLY COMPLETED, ALONG WITH ALL SUPPORTING EVIDENCE AND SUBMITTED TOGETHER TO THE RELEVANT SERVICE PROVIDER AS BELOW:**

ASD 5-10: [Suffolk.ccc@esneft.nhs.uk](mailto:Suffolk.ccc@esneft.nhs.uk)

ASD 11+: [U18autismdiagnosticservice@nsft.nhs.uk](mailto:U18autismdiagnosticservice@nsft.nhs.uk)

ADHD: [ADHDReferrals@nsft.nhs.uk](mailto:ADHDReferrals@nsft.nhs.uk)

**SECTION EIGHT: CHILD/YOUNG PERSON'S VIEWS (if aged 11 or over)**

This section is optional and for the child or young person 11+ to complete or leave blank.

**This section is all about you the young person!**

**Below are some questions that will help us to understand what you like and don't 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.  
(Please leave blank if you do not wish to complete this section)**

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

Please see the below checklist of supporting evidence that may assist with your Neurodevelopmental Disorder (NDD) referral. Please ensure that any supporting evidence is submitted with both part 1 and 2 referral forms.

## 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