

**ALTERNATIVE EDUCATION/ELECTIVELY HOME EDUCATED/NOT IN EDUCATION FORM PART 2
(PROFESSIONAL AND OTHERS INVOLVED)**

So that we are in the best position to understand a child or young person's needs, this form should be completed by yourself along with multiple sources of evidence to ensure that enough information is provided to process your Neuro-Developmental Disorder (NDD) Pathway referral.

Sources of evidence can be provided by:

- Paid carer
- Relative or friend
- Health care professional
- Social worker, or
- A teacher

You must include input from at least one professional

The evidence should be written by a professional with regular involvement in the child's care.

If there is not a professional who is regularly involved with the child/young person, it may be best to ask multiple individuals to complete a copy of this form to the best of their knowledge, so a comprehensive understanding of the child's needs can be gained. It is important that a professionals' views are submitted as part of your 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 the child or young person remains enrolled at a school, then the school have a **duty of care to the child**.
- If your child is no longer registered at 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

In order 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 refer to the parent/carers guidance 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 FORM 1 PARENT/CARER 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
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 age 5 years and up to the age of 11 years.**
- 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: REFERRER'S DETAILS

FOR PROFESSIONALS

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.

Phone Number: Click or tap here to enter text.

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

As the professional I understand that I and/or my service hold the primary responsibility for the young person's care and for actioning any onwards referrals and recommendations from this request, whether the young person is accepted for a Neuro-Developmental Disorders (NDD) assessment or not.

Referrer Signature: Click or tap here to enter text.

If referrer is not a professional:

Name: Click or tap here to enter text.

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

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

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

SECTION TWO: CHILD/YOUNG PERSON'S 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.

Name they prefer to be called if different:
Click or tap here to enter text.

Age: Click or tap here to enter text.

SECTION THREE: INVOLVEMENT

Please provide details in relation to your involvement with the child or young person below:

Click or tap here to enter text.

SECTION FOUR: RISK

RISK

FOR PROFESSIONALS: 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 young person and/or others? **Including subject to Child Protection Plan, Child in Need Plan or a Looked after Child**

YES

NO

If YES, please give brief details below, including dates and agencies involved: Click or tap here to enter text.

Do you have any concerns for the child's safety or feel that there are any current risks?


Risk may be from themselves (such as self-harming, suicidal thoughts, 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 they are current or historic risks.

Click or tap here to enter text.


SECTION FIVE: ASSESSMENT

Please provide information about the child or young person with reference to their strengths & difficulties within the identified areas. In each of the boxes, 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 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 the 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 understands 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 if the behaviours are reported or observed, and if they differ across different settings e.g., at home and outside the home environment:

Click or tap here to enter text.

Social Interaction

Please provide information from your own observations and experiences of how the 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 if the behaviours are reported or observed, and if they differ across different settings e.g., at home and outside the home environment:

Click or tap here to enter text.

Rigid Behaviours and Thinking

Please provide information from your own observations and experiences of the child/young person's areas of interest, as well as factors that could affect the child, such as strong preferences and ability to manage their emotions & change. Please consider:

- The child or young person's ability to cope with change.
- Have you observed the child or 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 if the behaviours are reported or observed, and if they differ across different settings e.g., at home and outside the home environment:

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 the 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 if the behaviours are reported or observed, and if they differ across different settings e.g., at home and outside the home environment:

Click or tap here to enter text.

Attention/Concentration

Please provide information from your own observations and experiences of the 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 concentrate on 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., they need 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 and timeframe for how long these behaviours have been present below:

Click or tap here to enter text.

Hyperactivity

Please provide information from your own observations and experiences of how the child or young person demonstrates a persistent pattern (e.g., at least 6 months) of hyperactivity and how this is impacting on their academic and social functioning. 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 and timeframe for how long these behaviours have been present below:

Click or tap here to enter text.

Impulsivity

Please provide information from your own observations and experiences of how the child or young person demonstrates a persistent pattern (e.g., at least 6 months) of impulsive behaviour and how this is impacting on their academic and social functioning. You may wish to consider:

- Is the child or young person overactive, restless, or constantly moving?
- Is the child or young person easily distracted and do they have difficulty concentrating?
- Is the child or young person excitable and impulsive?
- Does the child or young person 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 and timeframe for how long these behaviours have been present below:

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 how the child or young person presents in more detail, e.g., what are your main concerns (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 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 longevity of the difficulties/need. What is the frequency and intensity of these difficulties? What interventions have previously been tried e.g., accessed workshops, strategies or support services previously used? 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/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/dislikes, their social skills, routines, friends/attachments, sleep or eating patterns, what makes them happy/anxious/sad. Their strengths and aspirations.

Click or tap here to enter text.

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