



REFERRAL FORM FOR AN ASSESSMENT

**FOR CHILDREN & YOUNG PEOPLE WITH SUSPECTED
NEURODEVELOPMENTAL / NEURODISABILITY CONDITIONS**

**DETAILS ABOUT HOW TO COMPLETE THE FORM ARE
ATTACHED ON THE LAST PAGE**

This referral relates to a (please check the appropriate box)

Preschool child	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
As a referral to our service has been identified it will be necessary for a referral/ notification to education for preschool children to have been completed before this referral will be accepted. If the answer is No please detail otherwise we may be required to return the referral.		
Early years settings	Yes	<input type="checkbox"/>
Have you completed a referral to Early Years Inclusion Panel ?	No	<input type="checkbox"/>
Health Visitor	Yes	<input type="checkbox"/>
Have you completed an Early Health Notification to Warrington Borough Council? If No please state why:	No	<input type="checkbox"/>
School age child	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

1. CHILD'S / YOUNG PERSON'S DETAILS

First name(s):		Surname:	
Name that the child wishes to be known by:			
Date of birth:		Age:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Is the gender of the child the same as it was at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality:		Ethnicity:	
First language:		Interpreter:	Yes <input type="checkbox"/> No <input type="checkbox"/>
NHS Number:		GP name/address:	
Home address:			
Home number:		Mobile number:	
Email:	Preferred method of contact:		Mobile <input type="checkbox"/>



			Email <input type="checkbox"/>
			Post <input type="checkbox"/>

For children with behavioural issues – important information required

The referrer must include two evaluated graduated response plans (IBPS or equivalent) for any referrals that relate to behavioural issues particularly attention control / hyperactivity and the referral cannot proceed without this information

https://www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Teaching-and-Managing-Students_FINAL.pdf

Particularly for these referrals we would recommend that parent/carer(s) have attended the Advanced solutions ‘Family Learning Program’

<http://www.advancedsolutions.co.uk/our-offers/family-learning-programmes-and-workshops.html>

Has parent/carer attended ADDvanced solutions ‘Family Learning Program’?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

2. DETAILS OF PERSON(S) WITH PARENTAL RESPONSIBILITY

Full name:		FULL NAME:	
Relationship to the child:		Relationship to the child:	
Home address:		Home address:	
Postcode:		Postcode:	
Landline:		Landline:	
Mobile:		Mobile:	
Email:		Email:	
Preferred method of contact:	Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>	Preferred method of contact:	Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>
If the child/young person has more than one home please detail the living/contact arrangements below:			
Are all persons with parental responsibility aware of and in agreement with the referral:			Yes <input type="checkbox"/> No <input type="checkbox"/>
First language:		Interpreter:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the parent/carer have any disability or support needs?			Yes <input type="checkbox"/> No <input type="checkbox"/>



2. DETAILS OF PERSON(S) WITH PARENTAL RESPONSIBILITY

Please provide further information:

3. SIBLINGS DETAILS

Surname	First name(s)	DOB	Age	Relationship to the child referred

4. EARLY HELP / CHILDREN'S SOCIAL CARE INVOLVEMENT

Is the child known to early help?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has an early help assessment been completed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lead professional details:			
Name:			
Organisation:			
Telephone contact:			
Email contact:			
Is the child known to children's social care?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child in Need	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child Protection Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child in Care	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Social worker details:			
Name:			
Organisation:			
Telephone contact:			
Email contact:			

5. CHILD'S NURSERY / SCHOOL INFORMATION

School name:		School address:	
School telephone:		Postcode:	



5. CHILD'S NURSERY / SCHOOL INFORMATION

School SENCo:		SENCO email:	
Does the child regularly attend school?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the child meeting age related expectations?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the child have an EHC Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has an assessment been requested for an EHC Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

6. OTHER AGENCY INVOLVEMENT

Please list all agencies already involved /or that have been referred to

If speech and language therapy are involved are they in agreement with this referral?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Agency involved	Name of professional	Contact details
Agency referred to	Date of referral	Contact details
Is there anything else that professionals need to be aware of regarding this child/young person and family members e.g. any risks, mental health issues?		

7. REFERRAL INFORMATION

A. Please describe the child's strengths and challenges they face.

What is the impact on their daily lives in education and at home?

Give as much detail as possible.

Please complete with the parent/carer. Separate boxes are provided for home and education settings for where there are significant differences or additional



information. If there is no difference then please just indicate same presentation.

	Educational setting	Home setting
General health; Any existing diagnosis/medical conditions e.g. prematurity Medication		
Physical development; Gross and fine motor skills. Any Regression / Any asymmetry. Please comment on milestones/developmental stages		
Speech/language/communication; Understanding and expressive communication		
Social interaction; Social understanding and skills including friendships.		
Unusual behaviours; Fixations, repetitive behaviours, rigidity (extreme need for sameness)		
Attention/impulse control and hyperactivity;		
Play and learning; Understanding, reasoning and problem- solving, play (functional imaginative/ pretend/ exploratory)		
Emotional and behavioural development;		
Self-care skills and independence; Toileting, dressing and feeding		
Sensory seeking and avoiding behaviours; Please provide examples.		

B. What has the referrer/parent/carer already done to manage these difficulties and how successful was it?

Intervention	Outcome



C. Referral outcome		
What do you, the <u>referrer</u> hope to gain from this referral?		
What do you suspect is the child's current difficulty? If your concerns are non-specific then please indicate as such. Please highlight this as below.		
Delay in development Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical, vision and hearing impairment Yes <input type="checkbox"/> No <input type="checkbox"/>	Social interaction and communication issues (includes ASD)* Yes <input type="checkbox"/> No <input type="checkbox"/>
Attention / hyperactivity difficulties (includes ADHD)* Yes <input type="checkbox"/> No <input type="checkbox"/>	Coordination difficulties (Includes DCD) Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-specific/not sure Yes <input type="checkbox"/> No <input type="checkbox"/>
*If the concerns relate to social interaction or attention/ hyperactivity difficulties, please also complete the following questionnaires to this referral. These should be completed by a member of school staff who knows the child well, <u>not to be completed by the parent</u>).		
Questionnaire		Completed
Age 4-16yrs – CAST questionnaire (Appendix 1 only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Age over 6yrs – CAST and SNAP IV (Appendix 1 and 2)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Child/young person questionnaire (Appendix 3)		Yes <input type="checkbox"/> No <input type="checkbox"/>
What do <u>parents / carers</u> hope to gain from this referral?		



Where appropriate what does the child / young person hope to gain from this referral?

What do they understand about the referral?

8. CONSENT

Signed consent must be obtained from the child/young person or from the person with parental responsibility for the referral to be accepted.

A. CHILD / YOUNG PERSON'S CONSENT

Gillick competent

Children under the age of **16** can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent. Otherwise, someone with parental responsibility can consent for them.

Further information can be found here: <https://www.nhs.uk/conditions/consent-to-treatment/children/>)

Has the child / young person consented to the referral?

Yes No

If No please detail why:

B. PERSON WITH PARENTAL RESPONSIBILITY

Has the person with parental responsibility consented to the referral?

Yes No

If No has the child/young person given consent:

Yes No

- I had the reasons for the referral explained and I am happy for myself / my child to be considered for assessment.
- I understand that information gathering and sharing is beneficial for myself / my child and that information recorded about myself / my child and/or family may be shared with other agencies (including early help and education) and used for the purpose of providing services for my child.



- I understand that this referral will be discussed at a meeting of Professionals in order for them to work together to provide myself / my child with the support that is best suited to my / my child's needs.
- I am aware that I may limit the information shared and that I may withdraw my consent at any time. I do not want the information to be shared with .
- I understand that I am expected to attend appointments and to carry out recommendations at home as advised by the clinicians.
- I am aware that if another adult brings me / my child to sessions they will receive all information about me / my child unless I inform the services otherwise.
- I confirm that I understand if this referral is accepted I will be offered choice of appointment times with the relevant professional in the appropriate setting.
- I understand that if my / my child's needs are not best met via the panel this form will be returned to the referrer for them to provide future support.

Parent /carer name	Signature	Date

Child / young person	Signature	Date

REFERRER'S DETAILS			
Full name:		Job title:	
Organisation:		Base:	
Date:		Email address:	



About the Referral Process

Who can refer?

- Referrals are accepted from settings/school and allied health professionals. This includes Teachers, Health visitors, Speech and language therapists. Occupational therapists and Physio therapists.
- The best approach for a successful referral is for professional making the referral and parents to work together to complete the form.
- If a child or young person is not in school or nursery then a referral will be accepted from the child's health visitor.
- If the child/young person is electively home educated – please contact us to discuss earlyhelpfrontdoor@warrington.gov.uk.
- We no longer accept referrals from GP's. If you would like to refer a child, then please liaise with the school or the relevant health professional to make this referral.

Referral criteria

We assess and support children and young people with a wide range of needs such as:

- Delays in development
- Physical, vision and hearing impairments
- Social interaction and communication issues (includes autism spectrum disorder (ASD))
- Attention / hyperactivity difficulties (includes attention deficit hyperactivity disorder (ADHD)).
- Please note we would only commence an ADHD assessment from the age of 6 years.
- Coordination difficulties (include developmental coordination disorder (DCD))

Children should be a resident in Warrington. Schools should follow the child's local authority procedures.

Completed forms

All forms should be returned to: earlyhelpfrontdoor@warrington.gov.uk

Only attach reports if related to the specific concern.



Appendix 1 - CAST Questionnaire to be completed by Teacher (not parent) if concerns regarding Social Communication

Child's name		Gender	
DOB		Age	
Completed by		Date of completion	

Please read the following questions carefully and check the appropriate answer. All responses are confidential.

Question	Yes	No
Does s/he join in playing games with other children easily?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he come up to you spontaneously for a chat?	<input type="checkbox"/>	<input type="checkbox"/>
Was s/he speaking by two years old?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he enjoy sports?	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to him/her to fit in with the peer group?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he appear to notice unusual details that others miss?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he tend to take things literally?	<input type="checkbox"/>	<input type="checkbox"/>
When s/he was three years old did s/he spend a lot of time pretending (e.g. play-acting being a superhero, or holding teddies tea parties)?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he like to do things over and over again, in the same way all the time?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he find it easy to interact with other children?	<input type="checkbox"/>	<input type="checkbox"/>
Can s/he keep a two-way conversation going?	<input type="checkbox"/>	<input type="checkbox"/>
Can s/he read appropriately for his/her age?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he mostly have the same interests as his/her peers?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have an interest which takes up so much time that s/he does little else?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have friends, rather than just acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often bring you things s/he is interested in to show you?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he enjoy joking around?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have difficulty understanding the rules for polite behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he appear to have an unusual memory for details?	<input type="checkbox"/>	<input type="checkbox"/>



Is his/her voice unusual (e.g. overly adult, flat or very monotonous)?	<input type="checkbox"/>	<input type="checkbox"/>
Are people important to him/her?	<input type="checkbox"/>	<input type="checkbox"/>
Can s/he dress him/herself?	<input type="checkbox"/>	<input type="checkbox"/>
Is s/he good at turn taking in conversation?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he play imaginatively with other children, and engage in role-play?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often do or say things that are tactless or socially inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Can s/he count to 50 without leaving out any numbers?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he make normal eye-contact?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have any unusual and repetitive movements?	<input type="checkbox"/>	<input type="checkbox"/>
Is his/her social behaviour very one sided and always on his/her own terms?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he sometimes say "you" or "s/he" when s/he means "I"?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he sometimes lose the listener because of not explaining what s/he is talking about?	<input type="checkbox"/>	<input type="checkbox"/>
Can s/he ride a bicycle (even with stabilisers)?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he try to impose routines on him/herself or on others, in such a way that it causes problems?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he care how s/he is perceived by the rest of the group?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about?	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have odd or unusual phrases?	<input type="checkbox"/>	<input type="checkbox"/>



Appendix 2 - SNAP IV Questionnaire to be completed by Teacher (not parent) if concerns regarding Attention

Child's name		Gender	
DOB		Age	
Completed by		Date of completion	

Please read the following questions carefully and check the appropriate answer. All responses are confidential.

For each item, select the box that best describes this child. Put only one tick per item.		NOT AT ALL (0)	JUST A LITTLE (1)	QUITE A BIT (2)	VERY MUCH (3)
1.	Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Often has difficulty sustaining attention in tasks or play activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Often does not seem to listen when spoken to directly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Often has difficulty organising tasks and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g. schoolwork or homework).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books or tools).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Often is distracted by extraneous stimuli.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Often is forgetful in daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Often fidgets with hands or feet or squirms in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Often leaves seat in classroom or in other situations in which remaining seated is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Often runs about or climbs excessively in situations in which it is inappropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Often has difficulty playing or engaging in leisure activities quietly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Often is "on the go" or often acts as if "driven by a motor".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Often talks excessively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



16.	Often blurts out answers before questions have been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Often has difficulty waiting turn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Often interrupts or intrudes on others (e.g. butts into conversations/games).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each item, select the box that best describes this child. Put only one tick per item.		NOT AT ALL (0)	JUST A LITTLE (1)	QUITE A BIT (2)	VERY MUCH (3)
19.	Often loses temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Often argues with adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Often actively defies or refuses adult requests or rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Often deliberately does things that annoy other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Often blames others for his/her mistakes or misbehaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Often touchy or easily annoyed by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Often is angry or resentful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Often is spiteful or vindictive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Often is aggressive to other children (e.g. picks fights or bullies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Often is destructive with property of others (e.g. vandalism).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Often is deceitful (e.g. steals, lies, copies the work of others or "cons" others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Often and seriously violates rules (e.g. is truants, runs away or completely ignores class rules).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Has persistent pattern of violating the basic rights of others or major societal norms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Appendix 3 - Children and young people's views

- Children/young people's views are very important when considering their needs and how best to support them.
- Please take some time to complete the attached questionnaire with the child or young person.
- You may need to adapt it for younger or less able children. Children or young person can draw, write, take photos, etc.
- It is better to write for the child or young person, to enable him/her to have time to think about the answers.
- Seeing his/her, handwriting is not important but hearing his/her, voice is.
- Please take note of any advice the child or young person gives you, and incorporate into your planning and management.
- Please share the child or young person's views at the initial consultation meeting.

What is your name?		What are your preferred pronouns?			
What are your favourite things to do?					
1.					
2.					
3.					
What do you not like doing?					
1.					
2.					
3.					
How would you describe yourself:					
Easy going	<input type="checkbox"/>	Annoying	<input type="checkbox"/>	Sad	<input type="checkbox"/>
Confident	<input type="checkbox"/>	Dramatic	<input type="checkbox"/>	Happy	<input type="checkbox"/>
Clever	<input type="checkbox"/>	Organised	<input type="checkbox"/>	Sporty	<input type="checkbox"/>
Creative	<input type="checkbox"/>	Kind	<input type="checkbox"/>	Bossy	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Loud	<input type="checkbox"/>
Cheeky	<input type="checkbox"/>	Like to be alone	<input type="checkbox"/>	Funny	<input type="checkbox"/>



What are you good at (at home and school)?

- 1.
- 2.
- 3.

What do you need help with (at home and school)?

- 1.
- 2.
- 3.

Do you have any worries about anything at home or at school?

Yes No

Please describe below

Do have any worries about your health or wellbeing?

Yes No

Please describe below: