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

# About the Referral Process

**Who can refer?**

* Referrals are accepted from settings/school, allied health professionals and CAMHS. 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 or school nursing team.

If the child/young person is electively home educated – please contact us to discuss at: bchft.neurodevelopmentpathwayreferrals@nhs.net

* 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 are required to be registered with a Warrington GP.**

# Completed forms

All forms should be returned to: bchft.neurodevelopmentpathwayreferrals@nhs.net

**Only attach reports if related to the specific concern.**

**REFERRAL FORM FOR AN ASSESSMENT**

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

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

|  |  |
| --- | --- |
| **Preschool child** |  Yes: [ ]  No: [ ]  |
| 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 provide details otherwise we may be required to return the referral.Click or tap here to enter text.**Health Visitor**Have you completed an **Early Health Notification** to Warrington Borough Council?Yes: [ ]  No: [ ] If “No” please state why: Click or tap here to enter text.  |

|  |  |
| --- | --- |
| **School age child** | Yes: [ ]  No: [ ]  |

|  |
| --- |
| **Does this child/young person have a Warrington GP? If not, please direct this referral to services local to their registered GP’s area.** |

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** [ ]  **Female** [ ]  | **Is the gender of the child the same as it was at birth?**  | **Yes** [ ] **No** [ ]  |
| **Nationality:** |  | **Ethnicity:** | Choose an item. |
| **First language:** |  | **Interpreter:** |  **Yes** [ ]  **No** [ ]  |
| **NHS Number:** |  | **GP name/address:** |  |
| **Home address:** |  |
| **Home number:** |  | **Mobile number:** |  |
| **Emai**l: |  | **Preferred method of contact:** | Mobile [ ] Email [ ]  Post [ ]  |

**For ADHD referrals we expect that measures will have been put in place and evaluated.**

The referrer must include an evaluated graduated response plan (IBPS or equivalent).

The referral cannot proceed without this information

[https://www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Teaching-and-Managing-](https://www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Teaching-and-Managing-Students_FINAL.pdf) [Students\_FINAL.pdf](https://www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Teaching-and-Managing-Students_FINAL.pdf)

**ASD Referrals will also need the graduated response documents to be completed.**

The required documentation is included in the appendix.

**We would also recommend that parents have attended the ADDvanced solutions ‘Family Learning Program’**

<http://www.addvancedsolutions.co.uk/our-offers/family-learning-programmes-and-> [workshops.html](http://www.addvancedsolutions.co.uk/our-offers/family-learning-programmes-and-workshops.html)

|  |  |
| --- | --- |
| **Has parent/carer attended ADDvanced solutions ‘Family Learning Program’?** | **Yes** [ ]  |
| **No** [ ]  |
| **If “No” why not?** |
|  |

1. **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 [ ] Email [ ]  Post [ ]  | **Preferred method of contact:** | Mobile [ ] Email [ ]  Post [ ]  |
| **If the child/young person has more than one home, please detail the living/contact arrangements below:** |
| Click or tap here to enter text. |
| **Are all persons with parental responsibility aware of and in agreement with the referral?** |  **Yes** [ ]  **No** [ ]  |
| **If the child is not residing with one of their parents, should any/all correspondence be sent to the non-resident parent?** |  **Yes** [ ]  **No** [ ]  |
| **Parent(s)First language:** |  | **Interpreter:** |  **Yes** [ ]  **No** [ ]  |
| **Does the parent/carer have any disability or support needs?** |  **Yes** [ ]  **No** [ ]  |
|  **If “Yes” please provide details.**Click or tap here to enter text. |
| **Is the Parent/Carer in the Armed Forces / Ex-Armed Forces** | **Yes** [ ]  **No** [ ]  |

1. **SIBLINGS DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **First name(s)** | **DOB** | **Age** | **Relationship to child**  | **Living with child?** |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |

1. **EARLY HELP / CHILDREN’S SOCIAL CARE INVOLVEMENT**

|  |  |
| --- | --- |
| **Is the child known to early help?** |  **Yes** [ ]  **No** [ ]  |
| **Has an early help assessment been completed?** | **Yes** [ ]  **No** [ ]  |
| **Lead professional details** |
| **Name:** |  |
| **Telephone contact:** |  |
| **Is the child known to children’s social care?** | **Yes** [ ]  **No** [ ]  |
| **Child in Need** |  **Yes** [ ]  **No** [ ]  | **Child Protection Plan** |  **Yes** [ ]  **No** [ ]  |
| **Child in Care** |  **Yes** [ ]  **No** [ ]  |  |
| **Social worker details:**  |
| **Name:** |  |
| **Telephone contact:** |  |

|  |  |
| --- | --- |
| **Are there any safeguarding concerns?** |  |

1. **CHILD’S NURSERY / SCHOOL INFORMATION**

|  |
| --- |
|  **Is the child/young person enrolled in nursery/school?** **Yes** [ ]  **No** [ ]  |
| **School/Nursery:** |  |
| **SENCo:** |  | **Email:** |  |
| **Are there any attendance issues?**(detail below if applicable) |  **Yes** [ ]  **No** [ ]  |
|  |
| **Does the child meet age related expectations?** |  **Yes** [ ]  **No** [ ]  |
| **Does the child have an EHC Plan?** | **Yes** [ ]  **No** [ ]  |
| **Has an assessment been requested for an EHC Plan?** |  **Yes** [ ]  **No** [ ]  |
|  **Additional details:** |
|  |

1. **OTHER AGENCY INVOLVEMENT**

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

**In the case of referrals for an ASD assessment we will not accept the referral without evidence that this has been discussed with the school’s Speech and Language therapist.**

(provide Speech and Language therapist details below and the date of discussion)

|  |
| --- |
| **If speech and language therapy are involved, are they in agreement with this referral?** |
| **Yes** [ ]  **No** [ ]  |
| **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? |
|  |

1. **REFERRAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **School View** (Including the IMPACT of this) | **Home View**(Including the IMPACT of this) |
| **Main language**(E.g. English) |  |  |
| **Other languages spoken to them?** |  |  |
| **Any issues at birth?**(E.g. Prematurity) |  |  |
| **General health**(Any known diagnoses or conditions.) |  |  |
| **Current Medication** |  |  |
| **Were there any developmental delays?**(Speech/language, gross and fine motor skills, toileting) |  |  |
| **Did any of their skills regress** (go backwards) **before the age of three?** | . |  |
| **Any difficulty with gross or fine motor skills?** |  |  |
| **Any difficulties focusing and paying attention?**(Consider what would be average for their age.) |  |  |
| **Are they more impulsive than other children the same age?** |  |  |
| **Are they more active than other children the same age?** |  |  |
| **Any difficulty understanding what has been said?**(Including understanding humour or language not intended to be taken literally.) |  |  |
| **Any difficulty expressing themselves?**(Including using words and sentences or having unclear speech.) |  |  |
| **Are they already under the care of a speech and language therapist?**(If so, please state why.) |  |  |
| **Anything unusual about:*** **Gesture**
* **Facial Expression**
* **Eye Contact**
* **Tone of Voice**
* **Body Posture**

(This can include their understanding as well as their use of non-verbal behaviour.) |  |  |
| **Do they understand** (or seem interested in) **other people’s emotions, experiences and views?**(At a level you would expect for their age, e.g. showing sympathy, asking questions about them, being kind, sharing, turn taking, knowing how others would feel and react.) |  |  |
| **Is there anything unusual about their ability to make relationships with other people?**(Ability to make and keep friends, deal with conflict, interact at an age-appropriate level. This includes with adults as well as other children.) |  |  |
| **Do they have any repetitive behaviours that can be observed?**(Including making noises, repetitive speech, over-using phrases, repetitive motor mannerisms “stimming” or repetitive actions with an object) |  |  |
| **Do they show difficulties with flexibility?**(E.g. excessive need for routine, arranging objects into lines/patterns, making collections of items, being unable to think imaginatively or flexibly, struggling to cope with changes or unexpected events.) |  |  |
| **Do they have any interests that they like to focus on?**(This may include real or fictional people, tv shows, anything that they seem to know a lot about, have strong reactions to or research in detail. They key thing is the intensity or the interested, rather than the subject) |  |  |
| **Do they show any sensory differences?**Consider whether they may be seeking or avoiding:* Tastes/Smells
* Touch Sensation
* Noise
* Light/Colour
* Movements
* Heights

Do they seem clumsy or unaware of personal space?Do they have a reliable sense of when they:* Need the toilet
* Feel hot/cold
* Are in pain
* Are hungry
* Feel emotional
 |  |  |

|  |
| --- |
| **Referral outcome** |
| **What do you, the referrer 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** [ ]  **No** [ ]  | **Physical, vision and hearing impairment****Yes** [ ]  **No** [ ]  | **Social interaction and communication issues (includes ASD) \*****Yes** [ ]  **No** [ ]  |
| **Attention / hyperactivity difficulties** **(includes ADHD) \*****Yes** [ ]  **No** [ ]  | **Coordination difficulties (Includes DCD)****Yes** [ ]  **No** [ ]  | **Non-specific/not sure****Yes** [ ]  **No** [ ]  |
| **\*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, not to be completed by the parent).** |
| **Questionnaire** | **Completed** |
| Age 4-12yrs – CAST questionnaire (Appendix 1 only) | **Yes** [ ]  **No** [ ]  |
| Age 6 -12yrs – CAST and SNAP IV (Appendix 1 and 2) | **Yes** [ ]  **No** [ ]  |
| Child/young person questionnaire (Appendix 4) | **Yes** [ ]  **No** [ ]  |
| **What do parents / carers hope to gain from this referral?** |
|  |

1. **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-**](https://www.nhs.uk/conditions/consent-to-treatment/children/)[**treatment/children/**](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:** |  |

**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.**

**Please only use ‘Yes’ or ‘No’ on this form. Do not type context to your answers or put additional info here, include it in the referral information section. (Section 7.)**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Does s/he join in playing games with other children easily? | [ ]  | [ ]  |
| Does s/he come up to you spontaneously for a chat? | [ ]  | [ ]  |
| Was s/he speaking by two years old? | [ ]  | [ ]  |
| Does s/he enjoy sports? | [ ]  | [ ]  |
| Is it important to him/her to fit in with the peer group? | [ ]  | [ ]  |
| Does s/he appear to notice unusual details that others miss? | [ ]  | [ ]  |
| Does s/he tend to take things literally? | [ ]  | [ ]  |
| 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)? | [ ]  | [ ]  |
| Does s/he like to do things over and over again, in the same way all thetime? | [ ]  | [ ]  |
| Does s/he find it easy to interact with other children? | [ ]  | [ ]  |
| Can s/he keep a two-way conversation going? | [ ]  | [ ]  |
| Can s/he read appropriately for his/her age? | [ ]  | [ ]  |
| Does s/he mostly have the same interests as his/her peers? | [ ]  | [ ]  |
| Does s/he have an interest which takes up so much time that s/he doeslittle else? | [ ]  | [ ]  |
| Does s/he have friends, rather than just acquaintances? | [ ]  | [ ]  |
| Does s/he often bring you things s/he is interested in to show you? | [ ]  | [ ]  |
| Does s/he enjoy joking around? | [ ]  | [ ]  |
| Does s/he have difficulty understanding the rules for polite behaviour? | [ ]  | [ ]  |
| Does s/he appear to have an unusual memory for details? | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Is his/her voice unusual (e.g. overly adult, flat or very monotonous)? | [ ]  | [ ]  |
| Are people important to him/her? | [ ]  | [ ]  |
| Can s/he dress him/herself? | [ ]  | [ ]  |
| Is s/he good at turn taking in conversation? | [ ]  | [ ]  |
| Does s/he play imaginatively with other children, and engage in role-play? | [ ]  | [ ]  |
| Does s/he often do or say things that are tactless or sociallyinappropriate? | [ ]  | [ ]  |
| Can s/he count to 50 without leaving out any numbers? | [ ]  | [ ]  |
| Does s/he make normal eye-contact? | [ ]  | [ ]  |
| Does s/he have any unusual and repetitive movements? | [ ]  | [ ]  |
| Is his/her social behaviour very one sided and always on his/her ownterms? | [ ]  | [ ]  |
| Does s/he sometimes say “you” or “s/he” when s/he means “I”? | [ ]  | [ ]  |
| Does s/he prefer imaginative activities such as play-acting or storytelling,rather than numbers or lists of facts? | [ ]  | [ ]  |
| Does s/he sometimes lose the listener because of not explaining whats/he is talking about? | [ ]  | [ ]  |
| Can s/he ride a bicycle (even with stabilisers)? | [ ]  | [ ]  |
| Does s/he try to impose routines on him/herself or on others, in such away that it causes problems? | [ ]  | [ ]  |
| Does s/he care how s/he is perceived by the rest of the group? | [ ]  | [ ]  |
| Does s/he often turn conversations to his/her favourite subject rather thanfollowing what the other person wants to talk about? | [ ]  | [ ]  |
| Does s/he have odd or unusual phrases? | [ ]  | [ ]  |

# 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.**

**Please only use the designated tick boxes in this form. Do not type context to your answers or put additional info here, include it in the referral information section. (Section 7.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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, workor other activities | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. | Often has difficulty sustaining attention in tasks or play activities. | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. | Often does not seem to listen when spoken todirectly. | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. | Often does not follow through on instructionsand fails to finish schoolwork, chores, or duties. | [ ]  | [ ]  | [ ]  | [ ]  |
| 5. | Often has difficulty organising tasks and activities. | [ ]  | [ ]  | [ ]  | [ ]  |
| 6. | Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g. schoolwork or homework). | [ ]  | [ ]  | [ ]  | [ ]  |
| 7. | Often loses things necessary for tasks or activities (e.g. toys, school assignments,pencils, books or tools). | [ ]  | [ ]  | [ ]  | [ ]  |
| 8. | Often is distracted by extraneous stimuli. | [ ]  | [ ]  | [ ]  | [ ]  |
| 9. | Often is forgetful in daily activities. | [ ]  | [ ]  | [ ]  | [ ]  |
| 10. | Often fidgets with hands or feet or squirms in seat. | [ ]  | [ ]  | [ ]  | [ ]  |
| 11. | Often leaves seat in classroom or in other situations in which remaining seated isexpected. | [ ]  | [ ]  | [ ]  | [ ]  |
| 12. | Often runs about or climbs excessively in situations in which it is inappropriate. | [ ]  | [ ]  | [ ]  | [ ]  |
| 13. | Often has difficulty playing or engaging inleisure activities quietly. | [ ]  | [ ]  | [ ]  | [ ]  |
| 14. | Often is “on the go” or often acts as if “driven by a motor”. | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **NOT AT ALL (0)** | **JUST A LITTLE** **(1)** | **QUITE A BIT (2)** | **VERY MUCH** **(3)** |
| 15. | Often talks excessively. | [ ]  | [ ]  | [ ]  | [ ]  |
| 16. | Often blurts out answers before questions have been completed. | [ ]  | [ ]  | [ ]  | [ ]  |
| 17. | Often has difficulty waiting turn. | [ ]  | [ ]  | [ ]  | [ ]  |
| 18. | Often interrupts or intrudes on others (e.g. butts into conversations/games). | [ ]  | [ ]  | [ ]  | [ ]  |
| 19. | Often loses temper. | [ ]  | [ ]  | [ ]  | [ ]  |
| 20. | Often argues with adults. | [ ]  | [ ]  | [ ]  | [ ]  |
| 21. | Often actively defies or refuses adult requests or rules. | [ ]  | [ ]  | [ ]  | [ ]  |
| 22. | Often deliberately does things that annoy other people. | [ ]  | [ ]  | [ ]  | [ ]  |
| 23. | Often blames others for his/her mistakes or misbehaviour. | [ ]  | [ ]  | [ ]  | [ ]  |
| 24. | Often touchy or easily annoyed by others. | [ ]  | [ ]  | [ ]  | [ ]  |
| 25. | Often is angry or resentful. | [ ]  | [ ]  | [ ]  | [ ]  |
| 26. | Often is spiteful or vindictive. | [ ]  | [ ]  | [ ]  | [ ]  |
| 27. | Often is aggressive to other children (e.g. picks fights or bullies). | [ ]  | [ ]  | [ ]  | [ ]  |
| 28. | Often is destructive with property of others(e.g. vandalism). | [ ]  | [ ]  | [ ]  | [ ]  |
| 29. | Often is deceitful (e.g. steals, lies, copies the work of others or “cons” others). | [ ]  | [ ]  | [ ]  | [ ]  |
| 30. | Often and seriously violates rules (e.g. istruants, runs away or completely ignores class rules). | [ ]  | [ ]  | [ ]  | [ ]  |
| 31. | Has persistent pattern of violating the basic rights of others or major societal norms. | [ ]  | [ ]  | [ ]  | [ ]  |

**Appendix 3 – Graduated Response Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name** |  | **Gender** |  |
| **DOB** |  | **Age** |  |
| **Completed by** |  | **Date of completion** |  |

To aid the referral we would appreciate if you can advise on the strategies you have used and their associated impact. Please return this document along with the referral form to bchft.neurodevelopmentpathwayreferrals@nhs.net or post to the Child Development Centre, Sandy Lane, Orford, Warrington, WA2 9HY.

|  |  |  |
| --- | --- | --- |
| **Strategies Used** (some suggestions below) Please add further strategies used in the boxes below. | **Length of time strategies utilized for?** | **Impact of the strategies you have used on behaviour.** **Did behaviour reduce?** |
| Provided structure through lists, visual timetables, timescales and regular reminders. |  |  |
| Allow ‘time out’ move/destress/breathing/relax. |  |  |
| Facilitate a quiet space in school that is accessible (chill out zone/tent). |  |  |
| Support smooth transitions between lessons (minutes earlier to/from lessons with a reliable buddy) |  |  |
| Use of learning mentor/buddies. |  |  |
| Allow de-stress, tactile or fiddle toys: tangle toys, stress shapes. |  |  |
| Allow to doodle/make notes/mind maps when listening. |  |  |
| Sit near you; near the blackboard; at the front of the room; away from windows; away from bright, colourful displays. |  |  |
| When taking turns in a group, use a timer to set limits. |  |  |
| Use visible reward/motivations systems |  |  |
| Breakdown tasks into smaller parts. |  |  |
| Count downs prior to transitions. |  |  |

# Appendix 4 - 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 you describe yourself?** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Easy going** | [ ]  | **Annoying** | [ ]  | **Sad** | [ ]  |
| **Confident** | [ ]  | **Dramatic** | [ ]  | **Happy** | [ ]  |
| **Clever** | [ ]  | **Organised** | [ ]  | **Sporty** | [ ]  |
| **Creative** | [ ]  | **Kind** | [ ]  | **Bossy** | [ ]  |
| **Emotional** | [ ]  | **Quiet** | [ ]  | **Loud** | [ ]  |
| **Cheeky** | [ ]  | **Like to be alone** | [ ]  | **Funny** | [ ]  |

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| **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: |
|  |