Thank you for completing this questionnaire. Feedback from school is incredibly helpful to us. Due to children’s differing ages, abilities and skills, some of the questions below may not be applicable. However, please complete these questions as fully as possible, giving examples where you can.

|  |
| --- |
| **Please complete the form even if you have no concerns about the child** |
| Name of child: | DOB:  |
| Form completed by:  | Role: |
| Setting attending: | Address: |
| Telephone no: | Date form completed:  |
| **If this child receives support from the Early Years SEN Service, please ask them to help complete this questionnaire.****Name of EYSEN: ………………………………………………….** |

|  |
| --- |
| **General Abilities**  |
| 1. **At what level is the child performing at present in terms of the following areas of learning and development?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Below 12 months | 12-18 months | 18-24 months | 24-36 months | 36-48 months | 48-60 months |
| Communication and Language |[ ] [ ] [ ] [ ] [ ] [ ]
| Personal, Social and Emotional Skills |[ ] [ ] [ ] [ ] [ ] [ ]
| Physical Development |[ ] [ ] [ ] [ ] [ ] [ ]

 |
| 1. **How long has the child been attending the setting?**

**Is this full-time/ part-time (mornings/ afternoons)?** *Please describe.* |
| 1. **Does the child approach other children or adults?**

*Please describe.* |
| 1. **Can the child tolerate others sharing their favourite activity?**

*Please describe.* |
| 1. **Does the child show their toys or other items to children or adults?**

*Please describe.* |
| 1. **Does the child have favourite activities? Please provide examples of these.**

*Please describe.* |

|  |
| --- |
| **Communication** |
| 1. **Can the child make a choice or request more with gestures, pointing and/or words?**

*Please describe.* |
| 1. **Does the child follow verbal instructions or copy other children?**

*Please describe.* |
| 1. **Does the child sit down with the other children or do they need leading.**

*Please describe.* |
| 1. **Does the child respond to instructions?**

*Please describe.* |
| 1. **Does the child look and listen during story time?**

 *Please describe.* |
| 1. **Does the child join in with familiar actions/sounds/noises in rhymes or routines?** *e.g., ‘good morning’*

*Please describe.* |
| 1. **Is there anything unusual about the way the child communicates?**

 *Please describe e.g., unusual intonation, tone or volume? Repeated speech, unusual or stereotyped phrases, or repetitive questioning?* |

|  |
| --- |
| **Sensory, Emotions and Behaviour** |
| 1. **Has the child an unusual response to any of the following?**

*Please describe.*1. **Noise**
 |
| 1. **Smell**
 |
| 1. **Touch**
 |
| 1. **Anything else**
 |
| 1. **How would you describe the child’s character and mood?**

*Please describe e.g., anxious, happy, eager to please, prone to extreme emotional reactions.* |
| 1. **Does the child have any unusual/ repetitive behaviours, mannerisms or specific interests?**

*Please describe.* |

|  |
| --- |
| **Is there any additional information that you would like to tell us about that was not covered in this questionnaire?****Please detail this here.** |

**Once completed, please return this questionnaire to the original referrer as soon as possible.**

**Or**

**Email:** **dhcft.SPOA@nhs.net**

**Post: Temple House Mill Hill Lane, Derby, DE23 6SA**

**Tel: If you need to discuss a new or existing referral the SPOA Administrator can be contacted on 0300 7900 264**

**Thank you once again for completing this questionnaire. All the information that you have provided is very important and will allow us to better assess the child/young person**