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 Young person** |  | | | | | | | | | **Young person’s DOB:** | | | | | |  | |
| **Name of School/ Nursery:** |  | | | | | | | | | **Year group:** | | | | | |  | |
| **School Address:** |  | | | | | | | | | **Male**  **Female** | | | | | | | |
| **School Tel no:** |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Part A: Academic Ability** | | | | | | | | | | | | | | | | | |
| 1. **In comparison with his/ her peers, how is the child/young person at present in terms of:** | | | | | | | | | | | | | | | | | |
|  | | **> 2 yrs. below average** | | **1-2 yrs. below average** | | | **1 yr. below**  **average** | | | | **Average** | | | | **Above average** | | **Well above average** |
| General level of ability | |  | |  | | |  | | | |  | | | |  | |  |
| General level of attainment | |  | |  | | |  | | | |  | | | |  | |  |
| Ability in reading | |  | |  | | |  | | | |  | | | |  | |  |
| Ability in writing | |  | |  | | |  | | | |  | | | |  | |  |
| Ability in spelling | |  | |  | | |  | | | |  | | | |  | |  |
| Ability in maths | |  | |  | | |  | | | |  | | | |  | |  |
| 1. **Is the child/young person receiving any extra help and if so, what does this entail:**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Compared with his/her peers, how would you rate your child/young person in terms of the level of the following:** | | | | | | | | | | | | | | | | | |
|  | | | | | **Not at all** | | | **Just a little** | **Quite a bit** | | | | **Very much** | **Please give details/examples** | | | |
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks | | | | |  | | |  |  | | | |  |  | | | |
| 2. Often has difficulty sustaining attention in tasks or play activities | | | | |  | | |  |  | | | |  |  | | | |
| 3. Often does not seem to listen when spoken to directly | | | | |  | | |  |  | | | |  |  | | | |
| 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties | | | | |  | | |  |  | | | |  |  | | | |
| 5. Often has difficulty organizing tasks and activities | | | | |  | | |  |  | | | |  |  | | | |
| 6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort | | | | |  | | |  |  | | | |  |  | | | |
| 7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books) | | | | |  | | |  |  | | | |  |  | | | |
| 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 is expected. | | | | |  | | |  |  | | | |  |  | | | |
| 12. Often runs about or climbs excessively in situations in which it is inappropriate | | | | |  | | |  |  | | | |  |  | | | |
| 13. Often has difficulty playing or engaging in leisure activities quietly | | | | |  | | |  |  | | | |  |  | | | |
| 14. Often is “on the go” or often acts as if “driven by a motor” | | | | |  | | |  |  | | | |  |  | | | |
| 15. Often talks excessively | | | | |  | | |  |  | | | |  |  | | | |
| 16. Often blurts out answers before questions have been completed | | | | |  | | |  |  | | | |  |  | | | |
| 17. Often has difficulty awaiting turn | | | | |  | | |  |  | | | |  |  | | | |
| 18. Often interrupts or intrudes on others (e.g., butts into conversations/ games) | | | | |  | | |  |  | | | |  |  | | | |
|  | | | | |  | | |  |  | | | |  |  | | | |
| 19. Often loses temper | | | | |  | | |  |  | | | |  |  | | | |
| 20. Often argues with adult | | | | |  | | |  |  | | | |  |  | | | |
| 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 or her mistakes or misbehavior | | | | |  | | |  |  | | | |  |  | | | |
| 24. Often touchy or easily annoyed by others | | | | |  | | |  |  | | | |  |  | | | |
| 25. Often is angry and resentful | | | | |  | | |  |  | | | |  |  | | | |
| 26. Often is spiteful or vindictive | | | | |  | | |  |  | | | |  |  | | | |
|  | | | | |  | | |  |  | | | |  |  | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. **Are there any concerns/issues with the child/young person’s attendance at school?**   *Please comment:* | | | | | | | | | | | | | | | | | |
| 1. **What are the child/young person’s:**   *Examples might include academic skills (E.g., reading, writing, math’s, grasp of abstract concepts), or other skills (E.g., organisation, social skills)*   * **Strengths**   *Please describe.* | | | | | | | | | | | | | | | | | |
| * **Difficulties**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **What strategies of teaching/ adaptations do you use to support the child/young person in the classroom?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| **Part B: Social Situations** | | | | | | | | | | | | | | | | | |
| 1. **In terms of peer relationships, how would you rate the following on a scale of 0 to 10?**     ***Group play/interactions with peers***   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   None at all Very interested  ***Friendship with one or more children***   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   Loner Several close | | | | | | | | | | | | | | | | | |
| 1. **Does the child/young person show interest in other young people?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Do they have particular friends?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **How easy is it for the young person to make friends?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **What is the young person like at sharing?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **How does the young person play with peers?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Does the child/young person differ in 1:1 vs group situation?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **What is the child/young person like at initiating contact:**      * **With Peers?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| * **With adults?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **How does the child/young person respond to other people’s approaches?**   **Have you noticed anything unusual about this?** *e.g., being awkward, aloof, indifferent, difficulties with personal boundaries.*   * **With Peers?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| * **With adults?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Do you think the child/young person is able to understand others’ perspectives, opinions and feelings?**   **Do they show empathy?**  *Please describe.* | | | | | | | | | | | | | | | | | |
| **Part C: Communication and Expressive Language** | | | | | | | | | | | | | | | | | |
| 1. **How does the child/young person make their needs known?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Is this verbally and/ or with gestures?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Do they use eye contact?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Does the child/young person use any Communication Aids/ Systems** *e.g., PECS, visual timetables, objects of reference, environmental cues, signing.*   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Are you able to have a two-way conversation with the child/young person or is it more on their terms?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **What is the quality of conversation and/ or are there preoccupations?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Do they expand answers or provide more details when requested?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Is there anything unusual about the way the young person communicates?** *(E.g., do they show echolalia, unusual or stereotyped phrases, or repetitive questioning or use age-appropriate grammar? Any inappropriate comments, difficulty turn-taking, irrelevant questions? Unusual intonation, tone, volume?)*   *Please describe.* | | | | | | | | | | | | | | | | | |
| **What is the child/young person like at:**   * **Listening?** (*E.g., do they respond to their name? Can they follow instructions?)*   *Please describe.* | | | | | | | | | | | | | | | | | |
| * **Understanding?** *(E.g., able to understand who, what, where? Jokes, sarcasm, metaphors, or take things literally?*   *Please describe.* | | | | | | | | | | | | | | | | | |
| **Part D: Imagination and Managing Change** | | | | | | | | | | | | | | | | | |
| 1. **How would you describe the child/young person’s imagination?** *(E.g., do they engage in pretend play, write creative stories? Have you noticed if this is novel or copying something they have seen?)*   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **How does the child/young person react to unexpected change or transition** *(E.g., cover teacher, fire alarm, timetable, needing to end favoured activity.*   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Does the child/young person differ in how they manage the class setting vs. unstructured times, such as break or lunch times?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| **Part E: Sensory** | | | | | | | | | | | | | | | | | |
| 1. **Has the child/young person an unusual response to any of the following?**   *Please describe:* | | | | | | | | | | | | | | | | | |
| **Noise** | | | | | | **Touch** | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |
| **Smell** | | | | | | **Anything else** | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |
| **Part F: Emotions and Behavior** | | | | | | | | | | | | | | | | | |
| 1. **Is the young person able to sit still during lessons or are they prone to fidgeting?**   *Please give examples.* | | | | | | | | | | | | | | | | | |
| 1. **Would you describe the young person as ‘always on the go’?**   *Please give examples.* | | | | | | | | | | | | | | | | | |
| 1. **What is the child/young person’s concentration like?**   **Is it worse any part of the day?**  *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Has the child/young person any unusual/ repetitive behaviours, mannerisms or specific interests?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **How would you describe the young person’s character and mood?** *(E.g., anxious, happy, prone to mood swings, eager to please, prone to extreme emotional reactions.*   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Any known triggers or changes in the child/young person’s emotional wellbeing?**   *Please describe.* | | | | | | | | | | | | | | | | | |
| 1. **Are there any other specific management difficulties?** *(E.g., aggressive behavior, self-injury, damage to property, other risk or safeguarding issues).*   *Please describe and detail any triggers if known.* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Person completing this form:** | | | | | | | | | | | | | | | | | |
| **Name:** | | | **Relationship:** | | | | | | | | | **Telephone:** | | | | | |
| **Address:** | | | | | | | | | | | | **Email:** | | | | | |
| **How long have you known the child:** | | | | | | | | | | | | **Date Completed:** | | | | | |

|  |
| --- |
| **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**](mailto: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**