

North Cumbria Childrens ADHD Service

**Education Information Request Pack**

**Referrals will only be accepted using the referral packs.**

It is expected that the referring practitioner will coordinate the completion of the pack, which includes various questionnaires for the school/education setting, parents/carers and in some instances, the young person to complete. If this is not received with the referral form, we will send a request for this information to be completed.

The completed referral pack will then need to be emailed to [CMB-ADHDNCumbria@cntw.nhs.uk](mailto:CMB-ADHDNCumbria@cntw.nhs.uk)

**Please be aware we only accept electronic referrals.**

On receipt of the fully completed referral pack, the multidisciplinary panel will screen these to assess whether further ADHD assessment is appropriate. If this is agreed, **this will be added to the waiting list for ADHD assessment.**

If we review all the information and decide that the evidence suggests that the young person does not need further ADHD assessment, then they **will not be added to the waiting list for this and their referral to the ADHD assessment service will be closed**. However, we will make recommendations of further support or assessment that may be helpful.



**EDUCATION INFORMATION REQUEST PACK**

**PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO**  [CMB-ADHDNCumbria@cntw.nhs.uk](mailto:CMB-ADHDNCumbria@cntw.nhs.uk)

**PLEASE NOTE: WE WILL CONTACT THE YOUNG PERSON OR GUARDIAN FOR INFORMATION SEPARATELY**

|  |  |  |  |
| --- | --- | --- | --- |
| Young Persons Details  Surname: |  | Forename: |  |
| Date of Birth |  | | |
| Name of School/College |  | | |
| School/College Telephone No |  | | |
| School Year |  | | |
| Name of Class Teacher/Tutor |  | | |
| Name of SENCo |  | | |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALS INVOLVED (please tick):** | | **NAME AND CONTACT DETAILS (if known):** |
| Clinical Psychologist/CAMHS | **☐** |  |
| Educational Psychologist | **☐** |  |
| Learning Disability Nurse | **☐** |  |
| Speech and Language Therapy | **☐** |  |
| Paediatrician | **☐** |  |
| SATS/Area SENDCo | **☐** |  |
| Social Worker | **☐** |  |
| Early Help Hub | **☐** |  |
| Other | **☐** |  |

Reason for Referral (what are you asking the ADHD team to do?)

What is the young person’s view of the referral to the ADHD team?

What changes would you like to see as a result of the referral to our service?

|  |  |  |
| --- | --- | --- |
| **DOCUMENTATION INCLUDED (please tick)** | | **OR REASON DOCUMENT NOT INCLUDED:** |
| IEP | **☐** |  |
| Early Help | **☐** |  |
| EHCP | **☐** |  |
| Speech and language report | **☐** |  |
| Education psychology report | **☐** |  |
| Other supporting information | **☐** |  |

**ATTENDANCE AT SCHOOL/COLLEGE**

Regular [ ] Irregular [ ] Very Poor [ ] Not Attending [ ]

If attendance is not regular, can you please provide more details?

How long has the young person been at your school/college?

How long have you known the young person?

When is the young person at their best?

What do they find most difficult?

Is the young person on the SEN register/ has an EHCP in place or do they have an individual education plan?

YES NO IN PROGRESS

If ‘YES’, what are the recommendations? Have they been put in place? How successful have they been?

Do you know if the young person has any additional needs other than learning needs?

Give examples for evidence of these symptoms.

1. With their attention and concentration
2. With their levels of hyperactivity

1. With their levels of impulsivity

What adaptations have been made to meet the young person’s needs and have these helped?

Give examples below

What impact do you think this has made in general? (With the young person’s learning, friendships, independent daily living skills)

If these adaptations were to be removed, how would the young person present, and what would the impact be?

What has been your experience of teaching this young person?

Does he/she stand out from his/ her peers in any way?

Is the young person educationally achieving?

At the level expected for their age [ ]

Below the level expected for their age [ ]

Above the level expected for their age [ ]

Have you screened for/considered a specific learning difficulty?

Yes [ ] No [ ]

If ‘Yes’, please provide further information: -

What additional support/strategies does this young person receive beyond what is available for all pupils? How long has this support been put in place? (Specify additional support provided and quantify how much) Did it help?

Does the young person appear tired in school? If so, are you aware of any disruptions to their normal sleep pattern?

Are you aware of any significant life changes for this young person (e.g., bereavement, family break-up or reconstitution, illness within family including mental health difficulties)?

Yes [ ] No [ ]

If ‘Yes’, please provide further information

Do you have any concerns regarding the young person’s general health, vision or hearing, etc.?

Yes [ ] No [ ]

If ‘Yes’, please provide further information

Do you have any concerns regarding the young person’s fine motor skills (e.g. writing)?

Yes [ ] No [ ]

If ‘Yes’, please provide further information

Do you have any concerns regarding the young person’s gross motor skills (e.g. balancing, running, carrying, etc.)?

Yes [ ] No [ ]

If ‘Yes’, please provide further information

Do you have any concerns regarding the young person having any sensory hypersensitivity (e.g. texture, smells, sounds, etc.)?

Yes [ ] No [ ]

If ‘Yes’, please provide further information

**NB: Please submit a SNAP & Concentration Chart for each core subject for secondary school pupils.**

**SNAP-IV**

In answering the following questions, please consider whether the behaviour has persisted **for at least 6 months** to a degree that **interferes significantly with normal functioning & learning** and is consistent with the child’s / young person’s general developmental level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, select the box that best describes this child Put only one check 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 |  |  |  |  |
| 1. Often has difficulty sustaining attention in tasks or play activities |  |  |  |  |
| 1. Often does not seem to listen when spoken to directly |  |  |  |  |
| 1. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties |  |  |  |  |
| 1. Often has difficulty organising tasks and activities |  |  |  |  |
| 1. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework) |  |  |  |  |
| 1. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools) |  |  |  |  |
| 1. Often is distracted by extraneous stimuli |  |  |  |  |
| 1. Often is forgetful in daily activities |  |  |  |  |
|  |  |  |  |  |
| 1. Often fidgets with hands or feet or squirms in seat |  |  |  |  |
| 1. Often leaves seat in classroom or in other situations in which remaining seated |  |  |  |  |
| 1. Often runs about or climbs excessively in situations in which it is inappropriate |  |  |  |  |
| 1. Often has difficulty playing or engaging in leisure activities quietly |  |  |  |  |
| 1. Often is “on the go” or often acts if “driven by a motor” |  |  |  |  |
| 1. Often talks excessively |  |  |  |  |
| 1. Often blurts out answers before questions have been completed |  |  |  |  |
| 1. Often has difficulty awaiting turn |  |  |  |  |
| 1. Often interrupts or intrudes on others (e.g., butts into conversations/games) |  |  |  |  |

### What is the young person’s behaviour like at school/college?

Please give specific examples:

Does the young person often find it difficult to give close attention to details; or makes careless mistakes with his/her homework, or struggles to understand tasks and instructions?

Please give specific examples:

Does the young person often have difficulties sustaining attention with tasks and play activities?

Please give specific examples:

Does the young person often not seem to listen when spoken to directly, for example their mind seems elsewhere?

Please give specific examples:

Does the young person follow through with instructions?

Please give specific examples:

Does the young person have difficulties organising tasks and activities?

Please give specific examples:

Does the young person get distracted easily and can they get organised for a task?

If yes give examples:

**Concentration Chart**

Mark the score on the basis of 0- no concern – 10- extreme concern and add additional information

|  |  |  |
| --- | --- | --- |
|  | **SCORE**  **0 10**  No concern Extreme concerns | **COMMENTS** |
| 1. **Concentration** |  |  |
| 1. **Keeping focussed** |  |  |
| 1. **Keeping on task** |  |  |
| 1. **Finishing work** |  |  |
| 1. **Staying seated** |  |  |
| 1. **Getting distracted** |  |  |
| 1. **Having to be reminded** |  |  |
| 1. **Forgetting things** |  |  |
| 1. **Day dreaming** |  |  |
| 1. **Not listening when being spoken to** |  |  |
| 1. **Interrupting others** |  |  |
| 1. **Disrupting the class** |  |  |
| 1. **Fidgeting** |  |  |
| 1. **Restless/unable to sit still** |  |  |
| 1. **Fiddling with things** |  |  |
| 1. **Acting before thinking** |  |  |
| 1. **Blurting out answers** |  |  |
| 1. **Being rough in his/her**   **interaction** |  |  |

If you have any other information about this young person that may be helpful, please provide details:

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**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB ROLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THANK YOU FOR COMPLETING THIS FORM. PLEASE RETURN TO** [CMB-ADHDNCumbria@cntw.nhs.uk](mailto:CMB-ADHDNCumbria@cntw.nhs.uk)