**School Report Form**

*Information from school is vital to our ability to make an accurate diagnosis. Therefore, please ensure that the information below is as accurate as possible and is from staff who know the child well.*

*Confidentiality*

*We have permission from the family to request a report from you. We may wish to discuss the report with the family.*

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| School year |  |
| Home address |  |
| School name |  |
| School address |  |
| Type of School (please circle) | Local Authority  Independent  Special School  Specialist Unit in Mainstream  Other |
| Please specify if other |  |

|  |  |
| --- | --- |
| Name(s) and position(s) of the person(s) completing this form |  |
| Date |  |

Record of Attendance

**Behaviour in the Classroom**

*Organisation and Concentration*

*When is their attention better? (e.g. specific subjects)*

*When is their attention worse?*

*How long are they able to concentrate for? (e.g. attention span of 5 minutes)*

*Specific examples including context (e.g. John really struggles to focus on self-organise. He often loses his items and will become distracted in the middle of a task/activity.)*

*Activity Level*

*Are they unusually still?*

*Do they need movement breaks to cope with classroom activities?*

*Is hyperactivity observed to be linked to sensory seeking concerns? (e.g. repetitive movement, sensory soothing activity)*

*Are there larger signs of activity levels? Please elaborate (e.g. constantly on the go, bouncing off the walls)*

*Are there smaller signs of activity levels? Please elaborate (e.g. fiddling with things constantly, fidgeting, shaking legs all the time, shifting constantly in their seat)*

*Do their activity levels increase/decrease in certain situations? Please elaborate (e.g. when they’re at home vs at school, when they’re feeling worried about something, in social situations vs when they’re at home)*

*Ability to follow instructions*

*How is their ability to follow single-step instructions vs multi-step instructions?*

*Do they struggle to follow instructions, if so why? Are they distracted? Unable to process verbal information?*

*Are they compliant with instructions? (e.g. defiant, accepting, eager to please)*

*How do they need to be supported to follow instructions effectively?*

*Compliance with / Response to structure and school rules e.g. response to consequences for behaviour*

*How is their ability to follow routine and structure of school?*

*How is their reliance on school rules/routines? (e.g. not coping well with changes to school routine like on multi-days or when the timetable has been altered)*

*What is their response to consequences?*

*Does the child appear agitated, anxious or lost in an unstructured/unsupported time?*

*Are they able to initiate and engage in appropriate social interaction with peers?*

*What are the child’s activity levels during unstructured play?*

*Does the child show any challenging behaviour during these times?*

**Behaviour Outside the Classroom**

**Academic Ability**

*Overall ability (circle)*

*Very much below average | Below average*

*Average | Above average*

*Very much above average |*

*If academic ability is below or very much below average – how many years are they behind? (Please answer in years, kindly refrain from more school-specific terms, e.g. in 4B but working at 2A level).*

*Are they achieving above, below or at their potential?*

*If below potential, please include understood reasons for this.*

*Please include diagnosed or assessed educational or cognitive difficulties that account for reason behind in their learning.*

*What supports or strategies are in place if they are behind their potential?*

*Strengths:*

*Areas of difficulty:*

*Does this child/young person have known learning difficulties? (Please specify if diagnosed or suspected. If diagnosed, please make sure to include diagnostic report/letter – e.g. dyslexia, dyscalculia, sensory processing difficulties, etc).*

**Relationships with Peers and Adults in the Classroom and Playground**

*Does this child/young person have difficulty making or keeping friends?*

*Are they able to make friends but often fall out?*

*Do they only have a specific set of friends? (e.g. friends with 2 children who have known them since nursery, friends only with children who share specific interest, friends only with peers who have SEN, friends only with younger kids)*

*Context for difficulties? (e.g. struggles to make friends as has a reputation for lashing out over perceived injustices, struggles to keep friends as they find conflict hard to cope with without the support of an adult)*

*Please comment on: closeness of friendships, quality of play, ability to share and take turns, behaviour, imagination, fighting/aggression, etc. (You can also include observations on things like their social ability, social cues, pick up on social nuances, understand double meanings or sarcasm)*

**Physical Presentation**

*Are there any concerns about this child/young person’s physical care/self-care?*

*Are there any concerns about gross or fine motor control relative to age?*

*Is there any suggestion of dyspraxia or clumsiness? (Please be mindful that assessments into functional issues and dyspraxia/developmental coordination disorder (DCD) are through Occupational Therapy and cannot be accessed through the Neurodevelopmental Service).*

*Does this child/young person have any unusual motor tics, mannerisms or unusual movements? (Consider context for movements – are these uncontrolled? Do they only occur in certain situations like when they are excited)*

*Does this child/young person seem to be disturbed by noise or disruption more than other children? (You can include observations such as ‘they appear to be more distracted by their environment compared to peers’ or ‘they often cover their ears when in crowds’)*

**Speech and Language Difficulties**

*Does this child/young person have any language delay or difficulties?*

*Is English this child/young person’s first language?*

**Health**

***Please describe any concerns about:***

*General Health*

*Mood and Anxiety*

*What support has the child received for the above (if relevant)?*

**Support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professionals involved** | **Received support?** | | **Report available?** | |
|  | **Yes** | **No** | **Yes** | **No** |
| **Does this child have an EHCP?** |  |  |  |  |
| **Educational Psychology** |  |  |  |  |
| **Occupational Therapy** |  |  |  |  |
| **Speech and Language Therapy** |  |  |  |  |
| **ANY OTHER SUPPORT/ASSESSMENTS:** |  |  |  |  |
| ***Important*: please attach all above reports**  **Referrals with missing reports will not be accepted.** | | | | |

*What strategies have been tried by the school to help this child? (Please include if the child is on the ALN register/has a ALN/IDP review plan. Including specific reasons for this can also be helpful).*

*What is working/has worked well in terms of supporting this child in an educational setting?*

*What is the relationship of the school with the child’s parents?*

*What additional support do you think this child needs?*

***Any other relevant information*** *(e.g. safeguarding concerns, family issues)*