**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/ young person well.**

**Confidentiality.**

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

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| Name of Child/Young Person: |  |
| Date of birth: |  |
| Biological sex at birth (if now different please state): |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| School year: |  |
| School name: |  |
| School address: |  |
| Type of school (please tick) | Local Authority  |  |
| Independent  |  |
| Special School |  |
| Specialist Unit in Mainstream  |  |
| Other  |  |
| Please specify if other: |  |
| Name of person making the referral and completing this form: |  |
| Relationship to child/young person: |  |
| Address: |  |
| Telephone number: |  |
| Email: |  |
| Is this referral for assessment of Autism/ ADHD/ both? |  |
| What are your main concerns at present? |  |
| Why are you seeking assessment now? |  |
| Has the child/young person given consent to the assessment? If they are older than 12 years old, explicit consent must be gained. |  |
| Date: |  |
| Signature: |  |

**Record of Attendance.**

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**Behaviour in the Classroom.**

**Organisation, Concentration and Attention.**

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| 1. When is their attention better (e.g. specific subject, time of day)? |
| 2. When is their attention worse (e.g. introduction of lesson, time of day)? |
| 3. How long are they able to concentrate for? |
| 4.Are they able to organise themselves ready for learning? |
| 5. Do they ever lose focus or get side-tracked when completing activities/ tasks? |
| 6. Are there any tasks/activities they seem reluctant to complete or engage with? |
| 7. Do they ever lose items? |
| 8. Are they distractible? If so what usually distracts them? |
| 9. How is their time-keeping? |

**Activity Levels.**

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| 1. Are there larger signs of activity levels? Please elaborate (e.g. constantly on the go, bouncing off the walls). |
| 2. 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). |
| 3. Do their activity levels increase/decrease in certain situations (e.g. transitional times, when they’re feeling worried etc.)? |
| 4. Are they ever very still? |
| 5. Do they need movement breaks to cope with classroom tasks/ activities? |
| 6. How are their activity levels during unstructured time? |
| 7. Do they ever display any behaviour that challenges? If so, please give context. |

**Ability to Follow Instructions.**

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| 1.How is their ability to follow single-step instructions vs multi-step instructions? |
| 2. Do they struggle to follow instructions, if so why? Are they distracted? Unable to process verbal information? |
| 3. Are they compliant with instructions (e.g. defiant, accepting, eager to please)? |
| 4. How do they need to be supported to follow instructions effectively? |
| 5. How are they moving on from a task (e.g. insist on finishing, are they a perfectionist, do they rush through to finish)? |

**Response to Structure and School Rules.**

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| 1. How is their ability to follow routine and structure of school? |
| 2. Do they appear overly reliant on school routines and structure? |
| 3. How do they respond if the usual routine for the day is disrupted (e.g. supply teacher, run up to school holidays)? |
| 4. Do they ever display behaviour that challenges during non-typical school days and/ or is there any impact on their wellbeing? |
| 5. Do they ever act without thinking? |
| 6. Do they interrupt? |
| 7. Are they able to wait their turn (e.g. wait to answer a question)? |
| 8. Do they ever appear agitated, anxious or lost in unstructured/ unsupported time? |
| 9. Do they insist on others following rules? |

**Social Communication and Interactions with Others.**

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| 1. Are there any differences in eye contact, use of gesture and facial expressions? Please describe. |
| 2. Are there any differences in speech? Please describe. Please comment on tone, pitch and volume. |
| 3. Are they able to pick up on social cues from others? |
| 4. How is their understanding of sarcasm, jokes, non-literal language (e.g. its raining cats and dogs)? |
| 5. Please describe the quality of their friendships (e.g. they only have a specific set of friends, reliant on one friend, flit between friendship groups, friends with those older/ younger, share a specific interest)? |
| 6. Do they have any difficulties within their friendships? Difficulty making/ maintaining, frequently falling out? |
| 7. Do they ever appear to mirror the behaviour of others? |
| 8. Please describe their typical play/ how they spend break time? |
| 9. Are they able to share/ take turns? |
| 10. Any other observations on social ability (e.g. social reciprocity, do they initiate appropriately)? |
| 11. What do they like to talk about? |

**Repeated Movements and Behaviour.**

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| 1. Are there any body movements that you see repeated (e.g. rocking, spinning, bouncing on the spot, padding from foot to foot)? Please give context for movement. |
| 2. Are there any hand movements that you see repeated (e.g. hand-flapping, flicking fingers, posturing hand/fingers, clapping)? Please give context for movement. |
| 3. Do they repeatedly pick skin, bite nails? |
| 4. Any other movements that you feel may be related to sensory seeking or regulation? |
| 5. Any phrases, noises or speech that is repeated? |
| 6. Any repeated scenes during play or repeated choice of play/ activity? |
| 7. Do they have any movements that you would consider to be tics? Please describe: |

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| **Does the child/ young person have any differences in response to sensory input (e.g. seeking or aversion to)?** |
|  | **Yes** | **No** | **If yes, please give details here:** |
| Noise? |  |  |  |
| Light? |  |  |  |
| Taste? |  |  |  |
| Touch? |  |  |  |
| Smell? |  |  |  |

**Academic Ability.**

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| 1. Overall ability (please circle): | Very much below average | Below averageAverageAbove average | Very much above average |
| 2. 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. |  |
| 3. Are they achieving above, below or at their potential? |  |
| 4. What supports or strategies are in place if they are behind their potential? |  |
| 5. Child’s/ young person’s strengths: |  |
| 6. Child’s/ young person’s areas of difficulty: |  |
| 7. 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)? |  |

**Physical Presentation.**

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| 1. Are there any concerns about this child’s/young person’s physical care/self-care? |
| 2. Do they have any fine motor skills difficulties relative to age (e.g. scissor control, handwriting, tying laces, fastening buttons)? |
| 3. Do they have any gross motor skills difficulties relative to age (e.g. throwing/ catching a ball, balance)? |
| 4. Do they frequently fall, drop things, bump into things? |
| 5. Is there any suggestion of Developmental Co-ordination Disorder (dyspraxia), clumsiness, or co-ordination difficulties? |

**Speech and Language.**

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| 1. Are there any differences in speech and use of language? |
| 2. Are there any difficulties with expressive language skills? |
| 3. Are there any difficulties with receptive language skills? |
| 4. Is English their first language? |

**Health.**

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| 1. Do you have any concerns about their general health? |
| 2. Are there any emotional wellbeing concerns? If so please give context: |
| 3. Have they ever received support with their emotional wellbeing within the learning environment? |

**Support.**

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| 1. What strategies for support are currently in place? Please include if the child is on the ALN register/has an ALN/IDP review plan. Including specific reasons for this can also be helpful. |
| 2. What is working/has worked well in terms of supporting this child in an educational setting? |
| 3. What additional support do you feel is required? |

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| **Professionals involved**   | **Received support?**   | **Report available?**   |
|  | **Yes** | **No** | **Yes** | **No** |
| Does this child have an IDP?   |  |  |  |  |
| Educational Psychology: |  |  |  |  |
| Occupational Therapy: |  |  |  |  |
| Speech and Language Therapy: |  |  |  |  |
| Any other relevant support/assessments: |  |  |  |  |
| ***Important*: please attach all above reports.****Referrals with missing reports will not be accepted.****Where possible, we would appreciate these being sent as one document.** |

**SNAP IV – Teacher Rating Scale**

Name of child/young person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by (name and relationship to child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **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, work or other activities. |  |  |  |  |
| 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 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 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 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  |  |  |  |  |

**Thank you for your assistance.**