

Parent/Carer Questionnaire for an Autism and/or ADHD assessment in Hertfordshire

Once complete – forms should be returned to the referrer for submission.

Parents/carers should ensure they take a copy for their records before the referral is submitted.

This parent/carers questionnaire is required to support referral for an autism and / or ADHD assessment in Hertfordshire. The information provided will determine the assessment(s) required. We require a lot of information for this form, but the more information you can provide the better we can triage your child into the right appointment. Please ensure you complete all parts of this form.

This document is an editable pdf, with text boxes, drop-down boxes or check boxes, for you to provide the information required. A fillable word document and printable version are also available. It is preferable that the forms are completed electronically however good quality scanned versions will be accepted.

If you need help filling out the form please talk with your school / educational setting, family support worker, or social worker.

For queries regarding specific terminology or questions on the form please contact the Neurodiversity Support Hub - <https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx>.

Hertfordshire based charities such as Angels ([Home - Angels Support Group](#)) and SPACE ([SPACE Hertfordshire – Supporting families in Hertfordshire | Autism | ADHD | Neurodiversity \(spaceherts.org.uk\)](#)), may also be able to offer assistance.

Please note, the organisation your referral is submitted to depends upon the location of your GP within Hertfordshire.

East & North Hertfordshire

Referrals for those registered with GPs in East & North Hertfordshire will be contacted by East and North Hertfordshire Community NHS Trust (ENHT). Further information about the referral process in East & North Hertfordshire can be found [here](#);

ADHD - [Referral information \(ADHD pathway\) – East and North Hertfordshire NHS Trust](#)

Autism - [Homepage – East and North Hertfordshire NHS Trust](#)

South & West Hertfordshire

Referrals for those registered with GPs in South & West Hertfordshire will be contacted by Hertfordshire Community NHS Trust (HCT) Community Paediatrics for autism referrals or by Step2 (HCT) for ADHD referrals. Further information about the referral process in South & West Hertfordshire can be found [here](#);

ADHD - [Service details | Hertfordshire Community NHS Trust](#)

Autism - [Autism spectrum disorder | Managing conditions | Hertfordshire Community NHS Trust](#)

PARENT / CARER QUESTIONNAIRE

CHILD / YOUNG PERSON'S DETAILS:

Name:		Date of Birth:	
Address:			
NHS No:			

PARENT / CARER CONSENT

Digital Communication									
<p>East and North Hertfordshire NHS Trust and Hertfordshire Community NHS Trust would like to send text (SMS) messages for appointment reminders and to share useful health information.</p> <p>I agree to receive text (SMS) messages</p> <p>Please confirm your mobile number: <input style="width: 300px;" type="text"/></p>	<input type="text" value="Please select"/>								
<p>East and North Hertfordshire NHS Trust and Hertfordshire Community NHS Trust would like to send text (SMS) messages for surveys and questionnaires.</p> <p>I agree to receive text (SMS) messages</p>	<input type="text" value="Please select"/>								
<p>We may offer appointments using video calling.</p> <p>I agree to having video call appointments</p>	<input type="text" value="Please select"/>								
<p>We would like to send your letters or reports by email, which could include personal, sensitive data. You may receive a verification email which you <u>must act on</u> as confirmation that we have the right details. We cannot email you any information without this verification.</p> <p>I agree to receive emails which could include personal information:</p> <p>Please confirm your email address: <input style="width: 300px;" type="text"/></p> <p>Once any information has left our secure NHS email accounts, the security of the information is your responsibility.</p>	<input type="text" value="Please select"/>								
What is your preferred method of communication? (Tick one) ✓									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Link by SMS</td> <td style="width: 5%; text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="width: 50%; border-bottom: 1px solid black;">Attachment by Email</td> <td style="width: 5%; text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Link by Email</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Copy by Post</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> </table>	Link by SMS	<input type="checkbox"/>	Attachment by Email	<input type="checkbox"/>	Link by Email	<input type="checkbox"/>	Copy by Post	<input type="checkbox"/>	
Link by SMS	<input type="checkbox"/>	Attachment by Email	<input type="checkbox"/>						
Link by Email	<input type="checkbox"/>	Copy by Post	<input type="checkbox"/>						
Sharing information									
<p>Are you happy for us to share your Child / Young Person's record with other health services who are involved with your Child / Young Person's care?</p>	<input type="text" value="Please select"/>								

Are you happy for us to have access to the records held by other health services involved in your Child / Young Person's care?	<input type="text" value="Please select"/>
Are you happy for us to share information with the child / young person's educational setting e.g. SENCO and the local authority?	<input type="text" value="Please select"/>
An onward referral may be made after your appointment please check the below:	
Do you consent to your Child / Young Person's shared care record (used by other organisations using the SystemOne electronic patient record system such as your GP) being accessed by East and North Hertfordshire NHS Trust / Hertfordshire Community NHS Trust / Hertfordshire Partnership Foundation Trust?	<input type="text" value="Please select"/>
Do you consent to us East and North Hertfordshire NHS Trust / Hertfordshire Community NHS Trust adding information relating to your Child / Young Person's care to their SystemOne shared care record which may be viewed by other NHS professionals such as your/their GP?	<input type="text" value="Please select"/>
Does the Child / Young Person (aged 13 and over) consent to their information being shared with East and North Hertfordshire NHS Trust / Hertfordshire Community NHS Trust / Hertfordshire Partnership Foundation Trust by parents / carers and their educational settings?	<input type="text" value="Please select"/>
CONSENT TO REFERRAL:	
Do you agree to this referral being made:	<input type="text" value="Please select"/>
Does the Child / Young Person agree to this referral being made:	<input type="text" value="Please select"/>
Please include further information on Child / Young Person's response:	
<i>Please ensure all consent questions are answered above to avoid delays.</i>	
If you are completing this form electronically, type your name in the signature box.	
SIGN:	<input type="text"/>
PRINT:	<input type="text"/>
RELATIONSHIP TO CHILD / YOUNG PERSON:	<input type="text"/>
DATE:	<input type="text"/>

Please see the ENHT privacy notice below;

[Privacy and Data Protection – East and North Hertfordshire NHS Trust](#)

Please see the HCT privacy notice below;

[Your information | Hertfordshire Community NHS Trust \(hct.nhs.uk\)](#)

MEDICAL HISTORY:

1. Were there any complications during pregnancy?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	
2. Were there any complications at the birth?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	
3. Was your child born before 37 weeks?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	
4. Did they meet their developmental milestones?	<input type="text" value="Please select"/>
If NO, please give brief detail of what the difficulties were/are:	
<input type="text"/>	
5. Does your child / young person have any physical or health difficulties or diagnoses?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	
6. Are there any concerns regarding your child / young person's diet and/or appetite?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	
7. Are there any concerns regarding your child / young person's sleep?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	
8. Are there any concerns regarding your child / young person's self-care skills e.g. getting dressed, washing, toileting?	<input type="text" value="Please select"/>
Please give details:	
<input type="text"/>	

9. Are there any concerns regarding the following:	Please select
<input type="checkbox"/> Gross motor skills (large muscle movements e.g. crawling, walking, jumping, climbing): <input type="checkbox"/> Fine motor skills (small muscle movements e.g. using buttons and zips, holding a pencil or fork, using scissors): <input type="checkbox"/> Balance and coordination:	
10. Do you have any concerns about the way your child/ young person understands language?	
Please select	
Please give details:	
11. Which best describes the way your child/young person speaks to you?	
<input type="checkbox"/> Not yet speaking <input type="checkbox"/> Single words and/ or short phrases <input type="checkbox"/> Full sentences <input type="checkbox"/> Full conversations	

FAMILY STRUCTURE AND SIGNIFICANT LIFE EVENTS

12. Please tell us who lives at home with your Child / Young Person, their age and relationship to the Child / Young Person (e.g. sibling, parent, stepparent, carer). Also tell us about other significant relationships with extended family who live locally to you.	
13. Have there been any relationship breakdowns, including separation and divorce?	Please select

14. Has there been any bereavement in the family?	Please select
15. Has there ever been domestic abuse / violence in the family?	Please select
16. Is the Child/Young Person a Child Looked After?	Please select
17. What is your Child / Young Person's view of their difficulties?	
18. How do the Child / Young Person's difficulties affect the family?	
19. Have you attended a course or workshop to understand your child / young person's needs, if so, how long ago and which course did you attend?	Please select
20. Have you accessed any relevant support e.g. helplines, groups, charities? If yes which ones?	Please select

21. Has the Child / Young Person had a private assessment for autism, ADHD, or similar / related conditions?	Please select
If yes, please provide the details below and attach the report:	
<p><i>We understand some families may seek a private diagnosis. We ask that reports are shared with our service to outline the best pathway and support for the Child / Young Person.</i></p>	

EDUCATION SETTING DETAILS, INCLUDING NURSERY, SCHOOL, COLLEGE

22. Does the child / young person attend an educational setting?	Please select	
If yes, please complete details below;		
Educational Setting Contact Details:	Name:	<input type="text"/>
	Address:	<input type="text"/>
	Phone Number:	<input type="text"/>
	Email:	<input type="text"/>
If no, when was the last time they attended an educational setting (please tick one option):		
<input type="checkbox"/> Less than six months ago <input type="checkbox"/> More than six months ago <input type="checkbox"/> Never		
If less than six months ago, please provide the educational setting contact details below;		
Educational Setting Contact Details:	Name	<input type="text"/>
	Address:	<input type="text"/>
	Phone Number:	<input type="text"/>
	Email:	<input type="text"/>

REASONABLE ADJUSTMENTS

23. Does the child / young person need any reasonable adjustments? E.g. appointments in person rather than virtual, etc.
24. Do the parents / carers need any reasonable adjustments? E.g. call rather than text messages, etc.

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CONCERNS / AREAS OF DIFFERENCE

Parental / Carer Concerns: Please highlight your level of concern and give details.	
25. Communication skills:	Please select <input type="text"/>
Please provide details:	
26. Social Interaction with peers and managing relationships:	Please select <input type="text"/>
Please provide details:	
27. Behaviour that concerns or challenges others:	Please select <input type="text"/>
Please provide details:	
28. Intense or specific interests/play:	Please select <input type="text"/>
Please provide details:	
29. Repetitive Behaviours:	Please select <input type="text"/>
Please provide details:	
30. Routines/challenges with changes:	Please select <input type="text"/>
Please provide details:	
31. Sensory seeking/avoidance:	Please select <input type="text"/>
Please provide details:	

32. Mental health:	<input type="text" value="Please select"/>
Please provide details:	
<div style="border: 1px solid black; height: 40px;"></div>	
33. Emotional responsiveness and well-being:	<input type="text" value="Please select"/>
Please provide details:	
<div style="border: 1px solid black; height: 40px;"></div>	
34. Does your Child / Young Person often find it difficult to give close attention to details; or makes careless mistakes with their homework?	<input type="text" value="Please select"/>
Please give examples:	
<div style="border: 1px solid black; height: 40px;"></div>	
35. Does your Child / Young Person often have difficulties sustaining attention with tasks and play activities?	<input type="text" value="Please select"/>
Please give examples:	
<div style="border: 1px solid black; height: 40px;"></div>	
36. Does your Child / Young Person often not seem to listen when spoken to directly, for example their mind seems elsewhere?	<input type="text" value="Please select"/>
Please give examples:	
<div style="border: 1px solid black; height: 40px;"></div>	
37. Does your Child / Young Person not follow through with instructions and does not to finish his/her schoolwork, chores, or duties? Starts tasks and then loses focus very quickly?	<input type="text" value="Please select"/>
Please give examples:	
<div style="border: 1px solid black; height: 40px;"></div>	
38. Does your Child / Young Person have difficulties organising tasks and activities, for example: difficulty keeping materials and belongings in order, messy and disorganised?	<input type="text" value="Please select"/>
Please give examples:	
<div style="border: 1px solid black; height: 40px;"></div>	

39. Does your Child / Young Person avoid, dislike, or is reluctant to engage in tasks that require sustained mental effort, for example: homework or schoolwork, easily distracted?	<input type="text" value="Please select"/>
Please give examples: <div style="border: 1px solid black; height: 75px;"></div>	
40. Does your Child / Young Person often lose things necessary for a task or activity, for example: pens, pencils, books, tools, paperwork, or PE kit?	<input type="text" value="Please select"/>
Please give examples: <div style="border: 1px solid black; height: 75px;"></div>	
41. Does your Child / Young Person become easily distracted by irrelevant or unrelated things that have no relation to what they are supposed to be doing, for example: when studying or concentrating on a task?	<input type="text" value="Please select"/>
Please give examples: <div style="border: 1px solid black; height: 75px;"></div>	
42. Does your Child / Young Person often forget daily activities, for example: doing chores, their school timetable, timings, when they are supposed to meet you or others?	<input type="text" value="Please select"/>
Please give examples: <div style="border: 1px solid black; height: 75px;"></div>	
43. Does your child fidget, squirm or leave their seat in situation when you would expect Child / Young Person remain seated or sit still?	<input type="text" value="Please select"/>
Please give examples: <div style="border: 1px solid black; height: 75px;"></div>	
44. Is your Child / Young Person often acting if driven by motor, always seen to be full of energy and have difficulty waiting their turn?	<input type="text" value="Please select"/>
Please give examples: <div style="border: 1px solid black; height: 75px;"></div>	

45. Does your Child / Young Person talk excessively, blurt out answers or interrupt conversations?	Please select
Please give examples:	

46. SNAP -IV Teacher and Parent / Carer 18-Item Rating Scale, James M. Swanson PhD

For each item, check the column which best describes this child/ young person:

	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Often has difficulty sustaining attention in tasks or play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Often is distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Often is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Often fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Often leaves seat in classroom or in other situations in which remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often runs about or climbs excessively in situations in which it is inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often has difficulty playing or engaging in leisure activities quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Often is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Often talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Often blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Often has difficulty awaiting turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often interrupts or intrudes on others (e.g., butts into conversations/ games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK

We are currently updating the referral process for these assessments and would appreciate your feedback on this form.

For example, is there any additional information that should be requested? Is there any wording you find confusing? Were you able to tell us everything you needed to about the child / young person? Do you have any other suggested improvements?

Thank you for taking the time to complete this referral.

Please email the completed questionnaire back to the referrer for submission.

For further information and support please see;

The Neurodiversity Support Hub is an advice service offering support, signposting and guidance about a whole range of things relating to ADHD and Autism. The phones are answered by a team of parents and carers of neurodivergent children and young people and your child doesn't need a diagnosis for you to use this service.

Website: <https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx>

You can call them on 01727 833963 (Open Monday to Friday 9am – 1pm, closed bank holidays) or email: supporthub@add-vance.org

Hertfordshire County Council – Local Offer

Whilst you are waiting for an assessment appointment, we suggest you review the information available from the Hertfordshire County Council Local Offer. The Local Offer includes a range of materials, bookable courses and workshops which can provide invaluable guidance on supporting your child or young person, both before and after their assessment. The Local Offer website is www.hertfordshire.gov.uk/localoffer.

There are an increased number of workshops for parents, carers and families awaiting autism assessment. You can find the dates and details for the workshops by accessing the Local Offer website link above.

School/Education Setting Questionnaire for an Autism and/or/ADHD assessment in Hertfordshire

Once complete – forms should be returned to the referrer for submission.

Parents/carers should ensure they take a copy for their records before the referral is submitted.

This school/educational setting questionnaire is required to support a referral for an autism and / or ADHD assessment in Hertfordshire. The information provided will determine the assessment(s) required. We require a lot of information for this form, but the more information you can provide the better we can triage the child / young person into the right appointment. Please ensure you complete all parts of this form.

This document is an editable pdf, with text boxes, drop-down boxes or check boxes, for you to provide the information required. It is preferable that the forms are completed electronically however good quality scanned versions will be accepted.

A guidance document is available on the Grid to support completion of this questionnaire.

Please note the location of the child or young person's GP determines where the referral is submitted. The GPs location in East & North Herts or South & West Herts can be found via the following links.

- <https://www.hertsandwestessex.ics.nhs.uk/primary-care-networks-enherts/>
- <https://www.hertsandwestessex.ics.nhs.uk/primary-care-networks-swherts/>

East & North Hertfordshire

Referrals for children / young people registered with GPs in East & North Hertfordshire will be contacted by East and North Hertfordshire Community NHS Trust (ENHT). Further information about the referral process in East & North Hertfordshire can be found here;

ADHD - [Referral information \(ADHD pathway\) – East and North Hertfordshire NHS Trust](#)

Autism – [Homepage – East and North Hertfordshire NHS Trust](#)

South & West Hertfordshire

Referrals for children / young people registered with GPs in South & West Hertfordshire will be contacted by Hertfordshire Community NHS Trust (HCT). Further information about the referral process in South & West Hertfordshire can be found here;

ADHD - [Service details | Hertfordshire Community NHS Trust](#)

Autism – [Autism spectrum disorder | Managing conditions | Hertfordshire Community NHS Trust](#)

EDUCATION SETTING QUESTIONNAIRE

CHILD / YOUNG PERSON'S DETAILS:

Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>		
NHS No:	<input style="width: 95%;" type="text"/>		

Name of person completing questionnaire:	<input style="width: 95%;" type="text"/>
Role of person completing questionnaire:	<input style="width: 95%;" type="text"/>
Education setting:	<input style="width: 95%;" type="text"/>
Date of Completion:	<input style="width: 95%;" type="text"/>
Current Year Group of Child / Young Person?	<input style="width: 95%;" type="text"/>
Are they out of year group? If yes, which year group should they be in?	<input style="width: 95%;" type="text"/>

Please provide the details of your SENCo/INCo/SEND Lead:	
Name/Role:	<input style="width: 95%;" type="text"/>
Tel:	<input style="width: 95%;" type="text"/>
Email:	<input style="width: 95%;" type="text"/>

1. Describe the Child / Young Person's strengths:
<input style="width: 95%; height: 95%;" type="text"/>
2. Challenges seen in school including how long they have been present:
<input style="width: 95%; height: 95%;" type="text"/>
3. If possible to obtain, what is the Child / Young Person's view on their potential differences?
<input style="width: 95%; height: 95%;" type="text"/>

ACADEMIC PROGRESS

Please complete the relevant section for the child based on their age / year group.

4. EARLY YEARS FOUNDATION STAGE

Communication and Language	Please select
Physical development	Please select
Personal, social and emotional development	Please select

5. PRIMARY

Reading	Please select
Writing	Please select
Maths	Please select

6. SECONDARY

	Current attainment	Key stage equivalent
English	Please select	Please select
Maths	Please select	Please select
Science	Please select	Please select

7. CAT scores (if available):

Verbal reasoning	
Non-verbal reasoning	
Quantitative reasoning	

ACADEMIC ATTAINMENT

8. Is this Child / Young Person's academic attainment in line with their peers:	Please select
If no please quantify the gap using school measures, including current level.	
9. Is this Child / Young Person's academic attainment in line with their ability:	Please select
If no, what do you see to be the barriers and provide evidence for your reasons:	

10. Is this Child / Young Person on a reduced timetable:	<input type="text" value="Please select"/>
If yes, please give details of the reduced timetable and reasons why:	
<div style="border: 1px solid black; height: 40px;"></div>	
11. Is the Child / Young Person spending time outside the classroom on a regular basis:	<input type="text" value="Please select"/>
If yes, please give details of where and why:	
<div style="border: 1px solid black; height: 40px;"></div>	
12. Is school attendance an issue:	<input type="text" value="Please select"/>
If yes, please specify with reasons why:	
<div style="border: 1px solid black; height: 40px;"></div>	
13. Is this Child / Young Person in receipt of an EHCP or has additional support in school:	<input type="text" value="Please select"/>
If yes, please give detail:	
<div style="border: 1px solid black; height: 40px;"></div>	
14. Are there any current or previous Safeguarding concerns in relation to this Child / Young Person and the family:	<input type="text" value="Please select"/>
If yes, please give detail:	
<div style="border: 1px solid black; height: 40px;"></div>	
15. Is this Child / Young Person open to Children's Services e.g. CP plan/ CIN plan:	<input type="text" value="Please select"/>
If yes, please give detail:	
<div style="border: 1px solid black; height: 40px;"></div>	

SUPPORT AND STRATEGIES

<p>16. Please list what support and strategies are currently being implemented at school. Consider what effect these interventions have had. If available, please attach relevant Valuing SEND (VSEND) report with this referral.</p>
<div style="border: 1px solid black; height: 100px;"></div>

17. Please list support and strategies that have been offered and / or taken up by the family, including input from local family support worker, with name and dates if available.

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CONCERNS/AREAS OF DIFFERENCE

Please highlight your level of concern and give details.

18. Communication skills:

Please select

Please provide details:

--

19. Social Interaction with peers and managing relationships:

Please select

Please provide details:

--

20. Behaviour that concerns or challenges others:

Please select

Please describe:

--

21. Intense or specific interests/play:

Please select

Please provide details:

--

22. Repetitive Behaviours:

Please select

Please provide details:

--

23. Routines/challenges with changes:

Please select

Please provide details:

--

24. Sensory seeking/avoidance:	<input type="text" value="Please select"/>
Please provide details:	
25. Mental Health:	<input type="text" value="Please select"/>
Please provide details:	
26. Ability to recognise emotions and emotional responsiveness:	<input type="text" value="Please select"/>
Please describe:	
27. Attention:	
Do they respond to their name or other prompts?	<input type="text" value="Please select"/>
Do they seem to be listening when spoken to?	<input type="text" value="Please select"/>
Do they flit between activities?	<input type="text" value="Please select"/>
Please comment on their attention to detail and thoroughness of work:	
28. Ability to concentrate and sustain focus:	
Is the Child / Young Person's ability to concentrate and sustain focus a concern on school?	<input type="text" value="Please select"/>
Please describe:	
29. Organisation skills, time management, ability to plan and start tasks, working memory and adaptable thinking:	
Please describe any strengths/concerns:	
30. Level of activity, in both large and small movements:	
Are they calm and still?	<input type="text" value="Please select"/>
Do they have difficulty remaining seated?	<input type="text" value="Please select"/>

Please describe:	
31. Impulse control:	
Do they think before speaking/acting?	<input type="text" value="Please select"/>
Are they accident prone?	<input type="text" value="Please select"/>
Please give examples:	

32. SNAP -IV Teacher 18-Item Rating Scale, James M. Swanson PhD

For each item, check the column which best describes this child/ young person:

	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Often has difficulty sustaining attention in tasks or play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Often is distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Often is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Often fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Often leaves seat in classroom or in other situations in which remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often runs about or climbs excessively in situations in which it is inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often has difficulty playing or engaging in leisure activities quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Often is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Often talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Often blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Often has difficulty awaiting turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often interrupts or intrudes on others (e.g., butts into conversations/ games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK

We are currently updating the referral process for these assessments and would appreciate your feedback on this form.

For example, is there any additional information that should be requested? Is there any wording you find confusing? Were you able to tell us everything you needed to about the child / young person? Do you have any other suggested improvements?

Thank you for taking the time to complete this referral.
Please email this completed form with any supporting documents to the referrer.

For further information and support for parents and carers please see;

The Neurodiversity Support Hub is an advice service offering support, signposting and guidance about a whole range of things relating to ADHD and Autism. The phones are answered by a team of parents and carers of neurodivergent children and young people and your child doesn't need a diagnosis for you to use this service.

Website: <https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx>

You can call them on 01727 833963 (Open Monday to Friday 9am – 1pm, closed bank holidays) or email: supporthub@add-vance.org

Hertfordshire County Council – Local Offer

Whilst you are waiting for an assessment appointment, we suggest you review the information available from the Hertfordshire County Council Local Offer. The Local Offer includes a range of materials, bookable courses and workshops which can provide invaluable guidance on supporting your child or young person, both before and after their assessment. The Local Offer website is www.hertfordshire.gov.uk/localoffer.

There are an increased number of workshops for parents, carers and families awaiting autism assessment. You can find the dates and details for the workshops by accessing the Local Offer website link above.