# Request Form for Autism Spectrum Disorder and or ADHD assessment for school aged children

**Date:** Click or tap to enter a date.

This service is for children and young people who are aged 5-18 for an **autism spectrum disorder assessment request**, or who are aged 6 years (in North Lincolnshire) and 7 years (in Doncaster and Rotherham) through to college age (18 years old) for an ADHD assessment request.

All referral forms are to be completed electronically where possible and evidence of a handwritten signature from parent/carer and young person if aged 13 or over. The expectation is that this form is completed by school with parents, children and young people working together.

If you have any queries or require advice regarding the submission of a referral to the pathway, please contact the local team below to book in a telephone consultation slot.

## Crisis support

If the child/young person’s concern is primarily related to mental health, call:

* North Lincolnshire CAMHS Telephone: 03000 216460
* Doncaster CAMHS Telephone: 01302 796191
* Rotherham CAMHS Telephone: 03000 215984

If the child/young person requires crisis support out of hours, call the CAMHS Crisis Team on 03000 218996.

## Poverty proofing

**Do you require any support or reasonable adjustments in terms of accessing the service?** Choose an item.

If yes, we will be in contact to discuss how we can support you further.

**Name:** Click or tap here to enter text.

## Referrer’s details

**Please note we cannot accept parental, self or extended family member referrals**

**Contact telephone number:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Professional role:** Click or tap here to enter text.

## Section 1: The child or young person

**Name and details of the child or young person or student for whom this request is being made.**

**Name:** Click or tap here to enter text.

**Date of birth:** Click or tap here to enter text.

**GP details:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

### Personal details

We require the following information for the purpose of helping our teams use the most respectful language when addressing young people and to help us understand our population better.

**Preferred pronoun:** Choose an item.

**If ‘Other’ please state:** Click or tap here to enter text.

**Gender identity:** Click or tap here to enter text.

**Sex assigned at birth:** Choose an item.

**If ‘Other’ please state:** Click or tap here to enter text.

**Ethnicity and religion:** Click or tap here to enter text.

**Vulnerable groups (Tick those appropriate)**

**Care experience or Carer:** [ ]  **Youth justice involvement:** [ ]

**Child of military veteran:** [ ]  **Has special educational needs:** [ ]

**Address of child or young person:**

Click or tap here to enter text.

**Name, telephone number and email address of parents or carers:**

**Name:** Click or tap here to enter text.

**Telephone number:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Does the child or young person and (or) parent(s) live at the same address?**
Choose an item.

**If ‘no’, state the child or young person and (or) parent(s) alternative address and contact details below:**

**Alternative address:** Click or tap here to enter text.

**Contact telephone number:** Click or tap here to enter text.

**Who lives at home?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Other relevant people (biological parents, grandparents, siblings, carers):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Have all parents with PR been consulted with and are aware of the referral request?** Choose an item.

**If no, please give reasons why:**Click or tap here to enter text.

**Does the parent who is signing to give consent on the form have parental responsibility and had sight of the referral information gathered?**
Choose an item.

**If ‘no’, please give further details:**
Click or tap here to enter text.

**Have all persons with PR signed the form?** Choose an item.

**If ‘no’, please give reasons why:**

Click or tap here to enter text.

**Preferred parental communication contact details:**

**Email:** [ ]  **Mobile phone:** [ ]  **Home phone:** [ ]  **Post**: [ ]

**Is there any historic or current safeguarding child or adult protection information that we need to be aware of?** **Yes:** [ ]  **No:** [ ]

**If ‘yes’, please provide details below:**

Click or tap here to enter text.

**Are there any risks or concerns identified in relation to family dynamics that professionals need to be aware of?** **Yes:** [ ]  **No:** [ ]

**If ‘yes’, please provide details below:**

Click or tap here to enter text.

**Is the young person aware of the request?** **Yes:** [ ]  **No:** [ ]

(Children aged 13 and over should be consulted with in relation to a referral for assessment and give consent to the request)

**Is an interpreter or any alternative communication methods or aids required?** **Yes:** [ ]  **No:** [ ]

**Previous school or settings attended:**

### Medical details

**Please provide any relevant details.**

Click or tap here to enter text.

**Does the child have any medical conditions?** **Yes:** [ ]  **No:** [ ]

**If yes, please give details:**Click or tap here to enter text.

**Does the child take any medication?** **Yes:** [ ]  **No:** [ ]

**If yes, please give details:**

Click or tap here to enter text.

**Does the child have any known allergies or sensitivities? Yes:** [ ]  **No:** [ ]

**If yes, please give details:**

Click or tap here to enter text.

**Do you require an:**

## Section 2: Reasons for the request

**If you are concerned about Autism and ADHD, please complete both useful information sheets.**

**ASD assessment request**: **Yes:** [ ]  **No:** [ ]

**ADHD assessment request:** **Yes:** [ ]  **No:** [ ]

**ASD and ADHD assessment request:** **Yes:** [ ]  **No:** [ ]

**Please give brief details and the reason for the request:**

Click or tap here to enter text.

**How does the child/young person present at school and at home?**Please complete these in collaboration with the family

Click or tap here to enter text.

**Please complete and send in the ‘useful information’ form from both a home and school perspective:**

**School useful information attached:** **Yes:** [ ]  **No:** [ ]

**Parent useful information attached:** **Yes:** [ ]  **No:** [ ]

**Has the child / young person experienced any significant life experiences or trauma (e.g. bereavement, parental mental health concerns, parental drug misuse, witness to domestic violence etc)?** **Yes:** [ ]  **No:** [ ]

**If ‘yes’, please give details:**

Click or tap here to enter text.

**Have parents / carers accessed support from family workers, children’s centres, community hubs, voluntary or charitable organisations?**

 **Yes:** [ ]  **No:** [ ]

**If ‘yes’, please give details:**

Click or tap here to enter text.

**How are the family currently being supported e.g. Early Help, Child in Need plan, Child Protection plan?**

Early Help [ ]  Child in Need plan [ ]  Child Protection plan [ ]

**Please send details of any plans and impact reviews:**

**Minutes or plans attached: Yes:** [ ]  **No:** [ ]

**Is the child or young person working at age related expectations? If not, how far above or below?**

## Section 3: Supporting information

**Please provide further details about the child’s education.**

Please provide curriculum levels and if not at ARE, an indication of how far above or below:

Click or tap here to enter text.

**Has Educational Psychology had any involvement with the child or young person? Yes:** [ ]  **No:** [ ]  **Waiting to be seen:** [ ]

If yes, please provide details / copies of any reports.

Click or tap here to enter text.

**Does the child have a SEND support plan or EHCP?
 SEND support plan:** [ ]  **EHCP:** [ ]

If yes, please send details of plans (IEPs or equivalent) and their impact.

## Section 4: Supporting information checklist

**Please make sure that you have attached the following information. If not, we are unable to proceed with the referral request.**

|  |  |  |
| --- | --- | --- |
| **Information requested** | **Attached?** | **Comments** |
| **Useful information to support an ASD or ADHD assessment request - parents perspective** | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Useful information to support an ASD or ADHD assessment request - school perspective** | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Useful information to support an ASD or ADHD assessment request – young person’s perspective (secondary age only)** | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Curriculum levels (or EYFS Scores / 1-10 continuum for reception pupils) demonstrating rate of progress** | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Evidence of within school assessments, demonstrating progress, what the child is able to do and has difficulty with**.  | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Early Help meeting minutes or other assessments, e.g. CIN plan**  | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **School support plans (IEPs)**  | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Current Education Health and Care Plan**  | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **SENCO/Inclusion Manager/Mental Health Champion observations, recommendations and outcomes over 2 cycles of intervention**  | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |
| **Reports / records of involvement of any involved professionals**  | Yes: [ ]  No: [ ]  | Click or tap here to enter text. |

### Section A

## Section 5: Permissions

**Please complete sections A, B and C as appropriate**

**For completion by professional e.g. SENCO, mental health champion, MENTOR of the child, GP, paediatrician, social worker, family support worker, education inclusion officer etc.**

I have discussed this request with the parents or carers of
Click or tap here to enter text. and can confirm they have read a full copy of this paperwork. **Yes:** [ ]

They are fully aware that information will be shared between RDaSH children’s Neurodevelopmental Pathway. The parent/carers understand that an electronic file will be opened by RDaSH children’s Neurodevelopmental Pathway will be securely stored on the patient record. **Yes:** [ ]

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

### Section B

**For completion by parent or carer of the child or anyone with PR or legal guardianship to consent.**

I (or We) agree thatClick or tap here to enter text.(insert name of person requesting consultation) can discussClick or tap here to enter text.(insert name of child/young person) with staff from the RDaSH children’s Neurodevelopmental Pathway and local authority education and specialist services.

I (or We) agree with the request for a referral to the neurodevelopmental pathway within RDaSH children’s Neurodevelopmental Pathway for an ASD / ADHD (or both) assessment.

I (or We) understand that an electronic file will be opened and securely stored by both RDaSH Children’s Neurodevelopmental Pathway in keeping with statutory guidance. Details will be recorded on both organisations electronic systems.

I (or We) understand that this may lead to agreed work in partnership with myself and other carers, direct referral to other teams, discussions with school staff and other professionals seeking to support my child, meetings, work with my child and the sharing of information with other relevant agencies.

**I can confirm I have read a full copy of this paperwork and agree to the request being made.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

**Name:** Click or tap here to enter text.

**Relationship to child:** Click or tap here to enter text.

If you would like further details about how your data is stored please refer to the relevant pages on the RDaSH ([www.rdash.nhs.uk](http://www.rdash.nhs.uk)) website.

### Section C

**For completion by the young person of 13 years or older.**

I agree to meet with RDaSH children’s Neurodevelopmental Pathway and plan any work together.

I understand that records of our discussions and work we do will be kept in a confidential electronic file by RDaSH children’s Neurodevelopmental Pathway.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

## Submitting this form

Please return this form and associated documents to the relevant area email address below:

Rotherham:

* rdash.rotherham-childrens-neuro@nhs.net

Doncaster:

* rdash.doncaster-neuropathway@nhs.net

North Lincolnshire:

* rdash.north-lincs-neuropathway@nhs.net