

South East Essex Children’s Services Lighthouse Child Development Centre

Please return by email to: **epunft.seechs.singlepointofaccess@nhs.net**

 Telephone: 0344 257 3952

Screening Assessment Questionnaire Autism & ADHD Assessment:

**SCHOOLS/ PRE-SCHOOL USE**

 Incomplete forms will be returned.

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| **CHILD’S DETAILS** |
| **Name** |  |
| **DOB** |  |
| **School/ Nursery** |  |
| **Person Referring** |  |
| **Title/ Job Role:** |  |
| **Date of Completion** |  |
| **Please summarise your concerns:** |
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| **1. RECIPROCAL SOCIAL INTERACTIONS** |
| **Describe their use of eye contact in interaction with adults and peers** |
|  |
| **Ability to use facial expression and gesture when communicating.**  |
| Please describe: |
| **Can they share with adults and/ or their peers about things that are happening in their life, and about their experiences, thoughts, and opinions with others?** |
| Please describe: |

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| **Do they show sensitivity towards other’s needs, feelings, experiences and achievements?** |
| Please describe: |
| **Is the child able to cooperate with adults and peers in small groups/ large class settings?** |
| Please describe: |
| **Can the child share possessions and activity materials easily?** |
| Please describe any difficulties: |
| **Is the child able to seek help, comfort/ reassurance when upset?** |
| Please describe: |
| **Does the child show unexpected or inappropriate displays of emotion:** |
| Please describe: |
| **Does the child know how to modify their behaviour to fit with expectations in different situations? E.g., in assembly/ in the playground/ with adults?** |
| Please describe: |
| **2. COMMUNICATION** |
| **Please comment on their ability to understand language in the classroom** |
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| **Describe how the child copes when there is a problem:** |
|  |
| **Is the child able to initiate and engage in a sustained two-way conversation where there is an easy to and fro in the conversation?** |
| **With peers?** Please describe: |
| **With adults?** Please describe: |
| **Does the child have any unusual characteristics in their use of language?** |
| Please describe: |
| **3. CREATIVITY/ IMAGINATION** |
| **Does the child demonstrate a level of creativity/imagination appropriate to peers in the following contexts?** |
| Please describe: |
| **Does the child display any unusual behaviours/unusual interests or preoccupations in play/free-time activities?** |
| Please describe: |
| **4. BEHAVIOUR** |
| **Does the child display any repetitive behaviours?**  |
| Please describe: |
| **Does the child display any hand flapping/ finger flicking?** |
| Please describe: |
| **Does the child have any strong attachments or carry unusual objects in their bags/ pockets?** |
| Please describe: |
| **Does the child show interest in the parts of objects rather than the whole object?** |
| Please describe: |
| **Describe how the child copes with change to their routines:** |
|  |
| **Describe how the child copes with changes to their environment:** |
|  |
| **Does the child insist on any particular routines/ rituals?** |
| Please describe: |
| **Are you aware of any routine/ rituals that they must perform, such as always eating a snack in a particular order, or following the same routine every morning?** |
| Please describe: |
| **How do they cope in structured versus structured environments? Assembly? Playground? Group work?**  |
| Please describe: |
| **5. SENSORY PROCESSING** |
| **Ability to cope with sensory environment.**  |
| **Response to noise:** |
| Please describe: |
| **Response to touch:** |
| Please describe: |
| **Response to movement:** |
| Please describe: |
| **Response to taste/ smell** |
| Please describe: |
| **Response to Light** |
| Please describe: |
| **Other behaviours:** |
| Please describe: |
| **6. ATTENTION AND ACTIVITY LEVELS. PLEASE TICK (OR STRIKE THROUGH IF NOT APPROPRIATE FOR AGE)** |
|  | **Never** | **Sometimes** | **Always** |
| Blurts answers/ doesn’t wait for question to be asked  |  |  |  |
| Is overbearing and loud while playing with peers |  |  |  |
| Takes actions without thinking of the consequences  |  |  |  |
| Acts then instantly says they didn’t mean to  |  |  |  |
| Difficulty staying on task in the class or in play |  |  |  |
| Disturbs others when playing or working  |  |  |  |
| Has ‘careless mistakes’ or inaccuracies in work |  |  |  |
| Gets out of their seat when not expected  |  |  |  |
| Climbs and jumps when being still is expected |  |  |  |
| Fidgets and squirms  |  |  |  |
| Is always ‘on the go’ |  |  |  |
| Difficulty listening to teaching part of lesson/ assembly |  |  |  |
| Avoids or dislikes activities which require mental effort |  |  |  |
| Doesn’t finish tasks |  |  |  |
| Finds it difficult to start tasks (even ones they could easily do) |  |  |  |
| Is forgetful during tasks |  |  |  |
| Often loses items  |  |  |  |
| Cannot get organised with equipment needed |  |  |  |
| **Comment on the child’s ability to access the curriculum:** |
| **AREA** | **LEVEL** | **Compared to class** |
| **<Average** | **Average** | **>Average** |
| **Reading** |  | Bottom:2% / 10% / 25% |  | Top:2% / 10% / 25% |
| **Writing** |  | Bottom:2% / 10% / 25% |  | Top:2% / 10% / 25% |
| **Maths** |  | Bottom:2% / 10% / 25% |  | Top:2% / 10% / 25% |

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| **Describe their ability to pay attention in a variety of learning situations.**  |
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| **Can they transition from one activity to another without difficulty?** **Describe any difficulties.**  |
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| **Comment on the child’s organisational skills. Does the child have any difficulties starting or finishing tasks, being on time?**  |
|  |
| **Comment on their gross/fine motor skills and handwriting.**  |
|   |
| **Are there any Safeguarding concerns? Is the child known to children’s services (now or in the past)?**  |
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| **7. OTHER RELEVANT INFORMATION** |
| **DO they require additional support in schools?**  |
| **Classroom Assistant:** |
| [ ]  Part time |
| [ ]  Full time |
| [ ]  No |
| **Has an EHCP?** | YES | NO |
| **What additional support is in place (**[ ] **including skills training)?** |
| **Receives outreach support?** | YES | NO |
| **If yes, from:** |
| **Referred to Educational Psychologist?** | YES | NO |
| **If yes, date of referral:** |
| **Known to Educational Psychologist?*(If yes, please attach a copy of the report)*** | YES | NO |
| **Is One Plan or Early Support Plan in place?*(If yes, please attach a copy of the plan. If not please attach a report that details relevant support in place)*** | YES | NO |

**THANK YOU FOR COMPLETING THIS FORM**