Neurodiversity Additional Information

Information for Referrers and Parent / Carers

* **Provision of support should be provided in response to need, not diagnosis**, and can be accessed through the Local Offer as part of the Graduated Response, and Early Help.

**Please find the Devon graduated response here:** <https://www.devon.gov.uk/support-schools-settings/send/devon-graduated-response/>

**Please find the Torbay graduated response here:** <https://www.torbay.gov.uk/schools-and-learning/send/improving-send/graduated-response/>

* Understanding a child’s unique profile, allows for promotion of the differences that have a positive impact on the child’s life and to mitigate those that result in difficulties for the child. Interventions to mitigate difficulties include supportive adaptations both to the environment and to the demands being placed on the child.
* This understanding and need led support may be sufficient in itself, or further assessment may still be required in some circumstances.

Following a Graduated Response and appropriate support accessed individualised to the Children and Young People needs, if those supporting a CYP have evidence that a further assessment would be helpful the Request for Assessment Form can be completed to make this request.

The form includes sections to be completed by Parent / Carers and Education Setting, along with the Young Person's views, if appropriate.

**Neurodiversity** is a trait of the whole population, not a specific individual. Diversity is naturally occurring, heterogeneity should be expected, and celebrated.

**Neurocognitive functions** are selective aspects of brain functions - the ability to learn and use language, the ability to regulate attention, emotions, impulses (including movements and spontaneous utterances), social behaviours, and process sensory stimuli. Like height, these traits may be significantly genetically influenced, and are present from birth. Like height, the statistical typical range changes, depending on age. What is typical is dependent upon the society, culture and community in which a person lives as part of.

**A Neurodevelopmental condition** is a term used in DSM 5 and reserved for those who present with a functional impairment in day to day life due to difference in one or more neurocognitive function which lie at the extreme of, or out of the typical range.

Neurodevelopmental Conditions can include;

**Autism Spectrum Condition (ASC)**

**Attention Deficit Hyperactivity Disorder (ADHD)**

**Tics / Tourette’s Syndrome (TS).**

**Assessments** will be individualised according to the child / young person’s need. They can include one or a number of professionals from the multidisciplinary team. Assessment components may include; parental interview (including birth, developmental, medical and family/social history), child observation, physical examination, standardised questionnaires, and condition specific standardised assessments tools.

## Request for Assessment Form

### Neurodiversity Pathway

**Please note:** This form includes sections to be completed by the Referrer, Education Setting, and Parent / Carers, along with the Young Person's views.

For Young Persons we recommend completing it if the young person is in secondary school or older. You may feel this is also appropriate for a younger child.

**It should be completed and returned together with relevant reports from health, education, social care or other professionals, previously, or currently, involved in supporting the child / young person, evidencing what support has already been accessed, the response to that support and need for additional assessment.**

**Provision of support should be according to need, not diagnosis**, and should be accessed through the local offer as part of the Graduated Response, and Early Help.

**Checklist to be completed prior to continuing the rest of the form:**

|  |  |
| --- | --- |
| Has a Graduated Response been followed? | YES/NO |
| Have these strategies been reviewedand impact assessed? | YES/NO |

## Part 1 to be completed by the referrer

### Details about the child / young person

We work in partnership with schools to keep children safe and arrange their appointments. We assume that we can discuss this request for support with school staff.

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| NHS Number (if known) |  |

|  |  |
| --- | --- |
|  |  |
| Child / young person’s strengths? |  |
| Child / young person’s differences,needs and impact? |  |

|  |  |
| --- | --- |
| Current support? |  |
| What need based support has already been put in place? |  |
| How has this been reviewed and what was the impact? |  |
| What question(s) do you need answeredto further support this young person? |  |

This form will be reviewed alongside any additional reports from health, education, social care or other professionals, previously, or currently, involved in supporting the child / young person, evidencing what support has already been accessed, the response to that support and need for additional assessment. It may be that the child / young person does not require a diagnostic assessment to receive more needs-led support that can be signposted to or provided more immediately by the professionals the child / young person is already known to.

## Part 2 to be completed by the Parent / Carers

Please tell us your views by completing the section below. We appreciate that some questions may be sensitive but the responses will support in ensuring the most appropriate pathway for your child.

|  |  |
| --- | --- |
| **Parent/Carers details** |  |
| Full name |  |
| Date of completion |  |
|  |  |

|  |  |
| --- | --- |
| **My child is good at** |  |
| 1. |
| 2.  |
| 3. |

|  |  |
| --- | --- |
| **What my child finds most difficult** |  |
| 1. |
| 2.  |
| 3. |

|  |  |
| --- | --- |
| Please describe how your child spends leisure time, what she/he enjoys and what she/he is like as a person? |  |
| Please write down what worries you have about your child, any questions you want to be answered and what help you feel they need? |  |
| Please describe your observations from the home setting of your child’s **differences, strengths and needs, what strategies you’ve tried, and if they’ve helped:** |
|  |

**Communication and Interaction Profile**

|  |
| --- |
| **Speech & Language:** (listening & attending, auditory skills, producing speech sounds, understanding language, using vocabulary and sentence structure) |
|  |
| **Social interaction & communication:** (social approach, two-way interaction, interest in others, quality of friendships, imaginative play, non-verbal communication, understandingof complex and non-literal language) |
|  |
| **Flexibility and adaptability:** (adherence to routines, preference for sameness, strong interests, reactions to change, repetitive use of objects or language) |
|  |
| **Impact on child and family:** |
|  |
|  |

|  |
| --- |
| **Thinking and Learning Profile** |
| **Academic attainment / Cognitive ability / Memory:** (working towards / at expected / exceeding year group expectations / specific learning needs) |
|  |
| **Attention:** (attention to detail, sustaining attention, listening skills, complete instructions, organising tasks, losing things, distractibility, forgetfulness) |
|  |
| **Impulsivity:** (talks excessively, blurts out, difficulty waiting for turn, interrupts) |
|  |
|  |
| **Impact on child and family:** |
|  |

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| --- |
| **Social, Emotional and Mental Health Profile** |
| **Understanding and managing emotions:** |
|  |
| **Emotional Well-being:** (self-esteem, low mood / anxiety) |
|  |
| **Behaviours of distress:** |
|  |
| **Relationships with adults and peer friendships:** |
|  |
| **Impact on child and family** |
|  |

|  |
| --- |
| **Sensory and / or Physical Profile** |
| **Motor skills:** (including coordination, handwriting, activities of daily living e.g. dressing) |
|  |
| **Vision / Hearing:** |
|  |
| **Sensory processing:** (Over or under reactive to sensory input, response to sounds, textures, taste, smell, visual information, fascination with sensory aspects of materials) |
| **Energy levels:** ("On the go", leaves seat, runs & climbs, fidgets, stamina, noisiness) |
|  |
| **Impact on child and family** |
|  |

|  |
| --- |
| **Family / Medical history** |
| **Who lives at home**  |
|  |

|  |
| --- |
| **Family background** |
| Do any family members have a diagnosed or suspected neurodevelopmental condition(e.g. Attention Deficit Hyperactivity Disorder (ADHD), Autism), physical, or mental health condition? |
|  |

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| --- |
| **Early life experiences** |
| As part of our assessment it is helpful for us to consider any challenging early life experiences of a young person. Please tell us about any relevant experiences, for example, witnessing domestic abuse or inappropriate behaviour, difficulties with alcohol or drug use for parents, any hospitalisations? |
|  |

|  |
| --- |
| **Brief history of early development** |
| Any significant concerns during pregnancy / birth, any delays in meeting developmental milestones such as speech and walking? Anything usual about their play, interests or behaviours before the age of 5 years old? |
|  |

|  |
| --- |
| **Brief medical history** |
| Please write down any **diagnoses or conditions** your child has:  |
|  |
| Has your child been assessed for a neurodevelopmental condition in the past?  |
| YES/NO |
| If **yes**, please provide further details here: |
|  |
| Is your child on any regular **medications**? | YES/NO |
| Do they have any **allergies?** |  |
| Are your child’s **immunisations** up to date? | YES/NO |
| **Do you have any concerns with your child in the areas listed below:** |
| Eating / Diet |  |
| Toileting: |  |
| Sleep: |  |
| **Any other comments?** |
|  |

Thank you for all your time and thought completing this information form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Part 3 to be completed by the Education setting

|  |  |
| --- | --- |
| Completed by |  |
| Relationship to child / young person  |  |
| Date of completion |  |

Please describe your observations of the child/young person’s **differences, strengths and needs, what strategies you’ve tried, and if they’ve helped:****Communication and Interaction Profile** |
| **Speech & Language**: (listening & attending, auditory skills, producing speech sounds, understanding language, using vocabulary and sentence structure) |
| **Social interaction & communication**: (social approach, two-way interaction, interest in others, quality of friendships, imaginative play, non-verbal communication, understanding of complex and non-literal language) |
|  |
| **Flexibility and adaptability:** (adherence to routines, preference for sameness, strong interests, reactions to change, repetitive use of objects or language) |
|  |
| **Impact** |
|  |

|  |
| --- |
| **Cognition and Learning Profile** |
| **Academic attainment / Cognitive ability / Memory:** (working towards / at expected / exceeding year group expectations / specific learning needs / working below age related expectations) |
| **Attention:** (attention to detail, sustaining attention, listening skills, complete instructions, organising tasks, losing things, distractibility, forgetfulness) |
|  |
| **Impulsivity:** (talks excessively, blurts out, difficulty waiting for turn, interrupts |
|  |
| **Impact** |
|  |

|  |
| --- |
| **Social, Emotional and Mental Health Profile** |
| **Understanding and managing emotions:** |
| **Emotional Well-being:** (self-esteem, low mood / anxiety) |
|  |
| **Challenging behaviours** |
|  |
| **Relationships & attachment to adults / peers:** |
|  |
| **Impact** |
|  |

|  |
| --- |
| **Sensory and / or Physical Skills**  |
| **Motor skills:** (including coordination, handwriting, activities of daily living e.g. dressing) |
| **Vision / Hearing:** |
|  |
| **Sensory processing:** (Over or under reactive to sensory input, response to sounds, textures, taste, smell, visual information, fascination with sensory aspects of materials) |
|  |
| **Energy levels:** ("On the go", leaves seat, runs & climbs, fidgets, stamina, noisiness) |
|  |
| **Impact** |
|  |

|  |  |
| --- | --- |
| **Current support?** |  |
| What need based support has already been put in place? |  |
| How has this been reviewed and whatwas the impact? |  |
| What question(s) do you need answeredto further support this young person? |  |

|  |  |
| --- | --- |
| **Any additional comments** |  |
|  |

Thank you for all your time and thought completing this information form.

## Part 4 to be completed by theYoung Person

Everyone’s brain is unique. Some people call this “neurodiversity”. Everyone has their own qualities and skills, and certain things they find easier or more difficult. Knowing your own strengths and difficulties can be useful.

**Please tell us your views by completing the section below:**

We know that people express themselves differently so we have included boxes for you to write in as well as some questions where you should choose an answer on a scale.

|  |
| --- |
| I am good at and interested in? |
|  |

|  |
| --- |
| I find the following things most tricky. |
| (For example, Is there anything you find more difficult than others? How does this affect everyday life? What helps you at home and at school?) |
|  |
| What have you found that helps with this? |
| “What questions do you want to be answered and how would you like things to be different and / or improved? |
|  |
| Is there anything important for people to know about your life (for example at home, with your family, background, health needs)? |
|  |

|  |
| --- |
| What questions do you want to be answered and how would you like things to be different and / or be improved? |
|  |

|  |
| --- |
| **Communication** |
| (This can include, having conversations, understanding jokes, sharing interests, having strong interests) |
|  | **How does this affect you?**  |
|  | **Strong Disagree (1) to Strongly Agree (5)**1. Strongly Disagree
2. Disagree
3. Neutral or Neither Agree nor Disagree
4. Agree
5. Strongly Agree
 |
| Sometimes I struggle to followinstructions | 1 2 3 4 5  |
| I find it hard to start a conversation | 1 2 3 4 5 |
| I am good at talking to others | 1 2 3 4 5 |
| I know how to tell if someone isn’t getting my conversation and not listening to me | 1 2 3 4 5 |
| I’m often the last to get the point of jokes | 1 2 3 4 5 |
| Any additional comments? |  |
| How does this affect you? |  |

|  |
| --- |
| **Social interaction?** |
| (This can include making friends, understanding how others are feeling, how wetalk to people |
|  | **How does this affect you?** |
|  | **Strong Disagree (1) to Strongly Agree (5)**1. Strongly Disagree
2. Disagree
3. Neutral or Neither Agree nor Disagree
4. Agree
5. Strongly Agree
 |
| I prefer spending time researching and following my interest rather than spending time with others | 1 2 3 4 5 |
| Making eye contact can sometimes be uncomfortable or hard to do | 1 2 3 4 5 |
| Any additional comments? |  |
| How does this impact you? |  |

|  |
| --- |
| **Learning?** |
| (This can include, how you learn best, any specific learning needs, your focus, attention to detail, organisation, ability to think things through, to wait and complete tasks)  |
|  | **How does this affect you?** |
| I enjoy my learning at school |  |
| I struggle to organise myself, e.g. getting ready for school, changing for PE |  |
| I have difficulties finding my way around school or other familiar places |  |
| I have difficulties finding my way around school or other familiar places |  |
| I am easily distracted |  |
| I often get in trouble at school |  |
| Any additional comments? |  |
| How does this impact you? |  |

|  |
| --- |
| **Mood and Emotions?** |
| This can include, understanding your own emotions and the emotions of other people,how you respond to them, whether you feel low or anxious, your self-esteem)  |
|  | **How does this affect you?** |
| I can work out how a person is feeling by their facial expression, tone of voice or body language |  |
| New situations can make me anxious |  |
| I can feel overwhelmed with my emotions |  |
| I often feel angry |  |
| Any additional comments? |  |
| How does this impact you? |  |

|  |
| --- |
| **Sensory and Physical Skills** |
| (This can include, how you move, sports skills, handwriting, tasks like getting dressed, your hearing / vision, your energy levels and how you experience the sensory environment i.e. sound, textures, smells, taste, visual information) |
|  | **How does this affect you?** |
| I have lots of energy |  |
| My handwriting can be messy and hardto read |  |
| I don’t like wearing some clothes / textures |  |
| I don’t like noisy or crowded places |  |
| Many situations make me feel anxious |  |
| I only like certain foods |  |
| I experience involuntary movementssuch as tics and vocal noises |  |
| Any additional comments? |  |
| How does this impact you? |  |

|  |
| --- |
| **Behaviours** |
| This can include certain routines you may have, specific interests, any obsessive behaviours) |
|  | **How does this affect you?** |
| I enjoy having set routines and doing things in the same way |  |
| I can become anxious/ upset if these routines change or something unexpected happens |  |
| I like others to follow the rules |  |
| I struggle to go to sleep |  |
| I struggle with unusual movements  |  |
| Any additional comments? |  |
| How does this impact you? |  |

|  |
| --- |
| **Other** |
| Please tell us if you have any general health or well-being concerns e.g. sleep or diet |
|  |

Thank you for completing this information form and telling us about you.