**No handwritten forms will be accepted - only this electronic form. Incomplete forms will be returned.**

|  |  |
| --- | --- |
| **Child’s Details** | |
| **Name:** |  |
| **DOB:** |  |
| **School/ Nursery:** |  |
| **Person completing form:** |  |
| **Title/ Job Role:** |  |
| **Date of Completion:** |  |
| **Please summarise your main concerns:** | |
|  | |

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| **1. RECIPROCAL SOCIAL INTERACTIONS** | | | | |
| **Describe the child’s use of eye contact in interaction with adults and peers:** | | | | |
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| **Please answer the following:** | | | | |
| Are they aware of personal boundaries? | YES |  | NO |  |
| Do they invade others personal space or get upset if others invade theirs? | YES |  | NO |  |
| Have they established appropriate friendships? | YES |  | NO |  |
| Are friendships truly reciprocal? | YES |  | NO |  |
| Does the child dominate interactions? | YES |  | NO |  |
| Is the child on the periphery of interactions? | YES |  | NO |  |
| Does their mood changes quickly and drastically? | YES |  | NO |  |
| Do they cry easily? | YES |  | NO |  |
| 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? | YES |  | NO |  |
| **Please describe:** | | | | |
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| **Are they able to initiate and engage in a sustained two-way conversation where there is an easy to-and-fro in the conversation?** | YES |  | NO |  |
| **With peers? With adults?** Please describe: | | | | |
|  | | | | |
| **Do they show sensitivity towards other’s needs, feelings, experiences and achievements?** | YES |  | NO |  |
| **Please describe:** | | | | |
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| **Are they able to cooperate with adults and peers in small groups/ large class settings?** | YES |  | NO |  |
| **Please describe:** | | | | |
|  | | | | |
| **Can they share possessions and activity materials easily?** | YES |  | NO |  |
| **Please describe any difficulties:** | | | | |
|  | | | | |
| **Are they able to seek help, comfort/ reassurance when upset?** | YES |  | NO |  |
| **Please describe:** | | | | |
|  | | | | |
| **Does the child know how to modify their behaviour to fit with expectations in different situations (eg in assembly/ in the playground/ with adults)?** | YES |  | NO |  |
| **Please describe:** | | | | |
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| **2. COMMUNICATION** | | | | |
| **Please comment on their ability to understand language in the classroom:** | | | | |
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| Are they able to express their *needs* effectively using verbal and non-verbal communication? | YES |  | NO |  |
| Is the child able to express their *emotions* effectively using verbal and non-verbal communication? | YES |  | NO |  |
| Can they ask for help? | YES |  | NO |  |
| **Describe how the child copes when there is a problem:** | | | | |
|  | | | | |
| **Facial expressions and gesture** | | | | |
| Are they an expressive child who uses facial expressions? | YES |  | NO |  |
| Do they tend to have ‘flat’ expressions? | YES |  | NO |  |
| Do they use gestures? | YES |  | NO |  |
| Do they use exaggerated facial expression/gesture? | YES |  | NO |  |
| Do they talk excessively about specific topics? | YES |  | NO |  |
| Do they talk excessively about *all* topics and are difficult to stop? | YES |  | NO |  |
| In a conversation, do they go off on a tangent? | YES |  | NO |  |

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| **Does the child have any unusual characteristics in their use of language?** | | | | |
| Do they have an unusual accent that does not fit with family accents? | YES |  | NO |  |
| Do they have a monotonous/flat tone? | YES |  | NO |  |
| Do they have problems with volume/ pitch? | YES |  | NO |  |
| Do they use Echolalia (repetition of words)? | YES |  | NO |  |
| Do they speak in a formal pedantic style (eg sounds like an adult, corrects what others say, is overly polite)? | YES |  | NO |  |
| Do they say unusual or self-created words or unusual phrases? | YES |  | NO |  |
| Do they have difficulties in understanding humour or sarcasm? | YES |  | NO |  |
| Do they have repetitive speech, ie repeating words or phrases from other/ tv? | YES |  | NO |  |
| Do they respond to their name being spoken? | YES |  | NO |  |

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| **3. CREATIVITY/ IMAGINATION** | | | | |
| **Does the child demonstrate a level of creativity/imagination similar to their peers in the following contexts?** | | | | |
| Play | YES |  | NO |  |
| Art | YES |  | NO |  |
| Written work | YES |  | NO |  |
| Reasoning and problem solving | YES |  | NO |  |
| **Does the child display any unusual behaviours/unusual interests or pre-occupations in play/free-time activities?** | YES |  | NO |  |
| **Please describe:** | | | | |
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| **4. BEHAVIOUR** | | | | |
| **Does the child display any repetitive behaviours? Please tick which applies:** | | | | |
| Collecting | YES |  | NO |  |
| Hoarding | YES |  | NO |  |
| Spinning objects | YES |  | NO |  |
| Lining up toys | YES |  | NO |  |
| Sorting by colour/ shape/ size | YES |  | NO |  |
| **Other:** | | | | |
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| **Does the child display any hand flapping/ finger flicking?** | YES |  | NO |  |
| **Does the child have any strong attachments to objects or carry unusual objects in their bags/ pockets?** | YES |  | NO |  |
| **Please Describe** | | | | |
|  | | | | |
| **Does the child show interest in the parts of objects rather than the whole object?** | YES |  | NO |  |
| Dismantles the object | YES |  | NO |  |
| Smells the object | YES |  | NO |  |
| Feels the object | YES |  | NO |  |
| **Other:** | | | | |
|  | | | | |
| **Describe how the child copes with change to their routines:** | | | | |
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| **Describe how the child copes with changes to their environment:** | | | | |
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| **Does the child insist on any particular routines/ rituals?** | YES |  | NO |  |
| **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?** | YES |  | NO |  |
| **Please describe:** | | | | |
|  | | | | |
| **How do they cope in structured versus structured environments (eg Assembly / playground / group work)?** | | | | |
|  | | | | |
| **5. SENSORY PROCESSING** | | | | |
| **Response to noise:** | | | | |
| Distracted by noises easily | YES |  | NO |  |
| Distressed by noise/ covers ears | YES |  | NO |  |
| Slow to respond when you speak to them | YES |  | NO |  |
| **Response to touch:** | | | | |
| Reacts emotionally or aggressively to touch | YES |  | NO |  |
| Difficulty standing in line | YES |  | NO |  |
| Dislikes messy play OR prefers dry messy play eg rice, sand, pasta | YES |  | NO |  |
| **Response to movement:** | | | | |
| Often fidgets/ bounces/ jumps/ flaps hands and seems to get joy from this | YES |  | NO |  |
| Often bumps into things, leans against surfaces, slouches and may not realise they are doing it | YES |  | NO |  |
| Cautious with movements – dislikes swings/ slides | YES |  | NO |  |
| Difficulty climbing stairs | YES |  | NO |  |
| **Response to taste/ smell** | | | | |
| Eats a small range foods that are similar in taste and texture e.g. bland and crunchy | YES |  | NO |  |
| Avoids certain tastes/ textures/ smells of food | YES |  | NO |  |
| Prefers foods with bold flavours and textures; has more of an adult palate | YES |  | NO |  |
| **Response to Light** | | | | |
| Enjoys watching things move, can become fixated on lights, | YES |  | NO |  |
| Avoids bright lights OR can become very distressed in bright light | YES |  | NO |  |
| **Other behaviours:** | | | | |
| Runs up and down repetitively | YES |  | NO |  |
| Walks on tiptoes | YES |  | NO |  |
| Makes or blurts out loud noises or hums | YES |  | NO |  |
| Interested in the texture of materials and toys | YES |  | NO |  |
| Body-focussed repetitive rubbing/ picking skin/ pulling hair | YES |  | NO |  |

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| **6. ATTENTION AND ACTIVITY LEVELS** | | | |
|  | **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 |  |  |  |

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| **Comment on the child’s ability to access t e curriculum and level:** | | | | |
| AREA | Comments | Below ARE | ARE | Above ARE |
| **Reading** |  |  |  |  |
| **Writing** |  |  |  |  |
| **Maths** |  |  |  |  |

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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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| **What are their organisational skills like? Do they any difficulties starting or finishing tasks, being on time?** |
|  |
| **What is their gross/fine motor skills and handwriting like?** |
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| **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 | | |  |  |
| **Do they have an EHCP?** | YES |  | NO |  |
|  | | | | |
| **What additional support is in place?** | | | | |
| **Do they receive outreach support?** | YES |  | NO |  |
| **If ‘yes’, from:** | | | | |
| **Have they been referred to your Educational Psychologist?** | YES |  | NO |  |
| **If yes, date of referral:** | | | | |
| **Are they known to an Educational Psychologist already? *(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**

Return completed referral form to:

BY EMAIL:

[**provide.ccc@nhs.net**](mailto:provide.ccc@nhs.net)

BY POST:

**Provide CIC, Care Co-ordination Centre, 900 The Crescent, Colchester Business Park, Colchester CO4 9YQ**