PATIENT STICKER

EAST AND NORTH HERTS NHS TRUST

TEACHER (SCHOOL) FEEDBACK FORM FOR ADHD ASSESSMENT

DETAILS:

YOUNG PERSONS/CHILD NAME AND DOB:

NAME OF SCHOOL:

YEAR:

EHCP:

SCHOOL HEALTH ADVISOR/ HEALTH VISITOR/SCHOOL SENCO:

KEY PROBLEMS/ DIFFICULTIES AT SCHOOL:

HOW LONG HAVE DIFFICULTIES BEEN PRESENT:

YOUNG PERSONS/ CHILD'S PERSPECTIVE:

YOUNG PERSON'S/CHILD'S STRENGTHS:

EXPLORATION OF STRENGTHS AND DIFFICULTIES

INATTENTION:

a) Is the young person/child quick to lose focus/difficulty concentrating/drifts off/appears bored?

Comment:

b) Is the young person/child easily distracted/flits from task to task/work takes ages to complete with little completion?

EXAMPLES:

Does the young person/child show increased attention in new/novel environments?

EXAMPLES:

c) Does the young person/child have a good response to verbal instructions and visual prompts?

EXAMPLES:

d) Will the young person/child remember today but forget tomorrow/ disorganised and forgetful?

EXAMPLES:

e) Does the young person/child need for 1:1 supervision to hold attention?

EXAMPLES:

f) Does the young person/child have any problems with language, reading, writing and/or maths/ Learning Difficulties: general…specific/ Level of learning achievement?

EXAMPLES:

IMPULSIVITY

a) Does the young person/child respond with little thought before actions?

EXAMPLES:

b) Is the young person/child accident prone/ poor danger sense?

EXAMPLES:

c) Does the young person/child Interrupts/talks over others/blurts out answers before questions completed

EXAMPLES:

d) Is the young person/child invade others personal space/ 'over the top'/demanding and argumentative?

EXAMPLES:

e) Is the young person/child easily frustrated/impatient/ has a short-fuse?

EXAMPLES:

f) Does the young person/child rush tasks/ makes careless mistakes?

EXAMPLES:

g) Is the young person/child easily led/often left to get the blame/ taunt/ has bullying issues?

EXAMPLES:

h) Young person/child doesn't appear to learn from experience

EXAMPLES:

i) Does the young person/child have poor playground skills/ misreads social cues which leads to inappropriate responses

EXAMPLES:

HYPERACTIVITY

a) Does the young person/child have increased body movements-possibly worse as days progresses?

EXAMPLES:

b) Is the young person/child restless/fidgety?

EXAMPLES:

c) Does the young person/child have difficulty remaining seated?

EXAMPLES:

d) Does the young person/child display hyperactivity/tapping fingers/fiddling?

EXAMPLES:

e) Does the young person/child pace, touches everything, open and closes things/ enjoys the freedom of going out to play but finds it hard to settle after?

EXAMPLES:

f) Does the young person/child have difficulties with sleep?

COMMENT:

COMMUNICATION

g) Any difficulties with language comprehension?
COMMENT:

h) Does the young person/child have difficulties with expression and fluency?

COMMENT:

i) Does the young person/child have difficulties with non-verbal use of language and response to facial expression, gesture, body language and tone of voice/ ability to understand social cues?

EXAMPLES:

SENSORY ISSUES

j) Are there difficulties tolerating sound, visual things, touch, taste, food selectivity and if so, how does this show itself?

EXAMPLES:

k) Any toileting issues?

COMMENT:

l) Any motor mannerisms (e.g. flapping when excited, awkward movements/postures)?

COMMENT:

SOCIAL INTERACTION

m) Does the young person/child have difficulties with sharing and turn taking?

EXAMPLES:

n) Does the young person/child have difficulties with empathy and social skills?

EXAMPLES:

o) What is the young person's/child conversation style (literal, expressive etc.) /eye contact?

EXAMPLES:

p) Does the young person/child have difficulties with showing spontaneous affection?

EXAMPLES:

q) Does the young person/child have difficulties with rigidities (own personal agenda, difficulty seeing others point of view etc.)?

EXAMPLES:

r) Does the young person/child have difficulties with their ability to cope with routine changes?

EXAMPLES:

IMAGINATION AND PLAY

s) Ability to engage in imaginative play?

EXAMPLES:

t) Ability to play appropriately with age related materials/has interest in age related play activities?

EXAMPLES:

u) Any routines, rituals, special interests, fascinations or pre-occupations?

EXAMPLES:

INVOLUNTARY BEHAVIOUR

v) Does the young person/CHILD have difficulties with Tics (verbal/motor)?

EXAMPLES:

BEHAVIOURAL DIFFICULTIES

w) Does the young person/child have difficulties with Tantrums/ aggression/ violence/ defiance/attention seeking/disruptive behaviours?

EXAMPLES:

x) Does the young person/child have difficulties with conduct difficulties (Police involvement, theft, fire setting, cruelty etc.)?

EXAMPLES:

y) Does the young person/child have difficulties with risk taking behaviours (drugs, alcohol, smoking, sexual activity/teenage pregnancy)?

COMMENT:

EMOTIONAL AND MENTAL HEALTH

a) Does the young person/child have any behavioural, emotional or mental health difficulties?

EXAMPLES:

b) Has the young person been under the care or CAMHS (child and adolescent mental health services) or a similar Service?

COMMENTS:

DEVELOPMENT

a) Has the young person/child had any difficulties developing fine motor skills- eating/cutting/handwriting/catching balls?

EXAMPLES:

b) Has the young person/child had any difficulties developing gross motor skills?

EXAMPLES:

c) Has the young person/child had any difficulties developing speech skills or received input from speech and language therapists?

EXAMPLES:

d) Has the young person/child had any difficulties with hearing skills or received input from audiology or Ears/Nose and Throat (ENT) Specialist?

COMMENT:

e) Has the young person/child progressed normally through nursery, playgroup, infants, juniors and seniors (if applicable)?

COMMENT:

EDUCATION/ LEARNING

a) What has been the impact of the young person's/child's difficulties on their education?

COMMENT:

b) Does the young person have any learning difficulties? If so please give details:

COMMENT:

c) What support does the young person receive in school (IEP, Educational Psychologist consultation/interventions etc.)?

COMMENT:

SOCIAL CARE

a) Is there any social history (e.g. child protection issues/ looked after child) we need to be aware of?

COMMENT:

b) If the young person has a social worker what is their name and contact details?

COMMENT:

c) Has the young person/child receive input from any other professionals e.g. parenting organizations, counselling, parent liaison worker etc.? If so state/list them and kindly provide contact details if known?

COMMENT:

ANYTHING ELSE OF CONCERN/COMMENTS?

NAME OF PROFESSIONAL COMPLETING FORM:

SIGNATURE:

DATE:

FORM UPDATED BY ADHD TEAM -JUNE 2021

Please kindly return these forms to the address below:

Ms Kimberley Rice / Mrs Stephanie Dickinson-Williams, Paediatric Secretary, Howlands Clinic, QC262, New QEII Hospital, Welwyn Garden City, Herts, AL7 4HQ.