**Additional information:**
**Request to consider help for possible autism (from 5 years to 17 years 5 months at the time of referral)**
**and possible ADHD (from 6 to 17 years at the time of referral)**

This form should be completed by both the parent/carer and a member of staff in the school or educational setting who knows the child or young person well. If the child or young person is not in an educational setting, please ask another professional who knows them well to complete the form with you (eg CAMHS clinician, speech and language therapist).

Please note that a GP referral is not required, and they will not know the child or young person well enough to provide the information.

Children and young people may be very different in different settings. Having information from families as well as the education setting gives us the best understanding of the child or young person and helps us to decide what might help the most. We ask that education settings work in partnership with the family to complete the information even when there are few concerns from the setting.

Completing the form together helps everyone develop a better understanding of the child or young person together, and to think more about what support can put in place right now to help. Support must be based on the needs of the child or young person and should never wait for an assessment or rely on a diagnosis or referral.

Thank you for your time in completing this extra information as it is essential to help us understand the child or young person’s needs.

**What to do now**

1. Please complete this form and save it
2. Return to the Berkshire Healthcare online referral form, complete it and upload this document when prompted. The form can be found here: <https://forms.berkshirehealthcare.nhs.uk/cypf/>
3. At the same time upload a copy of the school support plan

**Please note, we will not be able to proceed with the request for help unless you have uploaded BOTH this additional information form and the school support plan.**

**Do not use this form for the following:**

* Requests to consider autism assessment for young people aged 17 ½ and older. This request should go to our Adult Autism Assessment Team: <https://www.berkshirehealthcare.nhs.uk/adult-autism>

**Please visit our guidance page for information on how to make a request for help with autism in a child under 5 or a request regarding ADHD medication:**

<https://cypf.berkshirehealthcare.nhs.uk/request-for-help-guidance/>

|  |
| --- |
| **Details of child/Young person**  |
| **Name**  | **Date of birth and age**  |
| First Name:Last name:  | Date of birth: Age:  |

|  |
| --- |
| **Names of people completing this form**  |
| **Parent/carer** | **School/Professional**  |
| First Name:Last name: Relationship to child/young person: Date completed:  | First Name:Last name: Job title: Place of work: Date completed:  |

|  |
| --- |
| **What are you requesting?**  |
| Autism assessment only  | [ ]  |
| ADHD assessment only  | [ ]  |
| Autism and ADHD assessment  | [ ]  |

|  |  |
| --- | --- |
| **To be ready to refer you need to confirm the 2 statements below**  | **YES**  |
| 1. Is a support plan in place?

***(NB You will need to upload a copy of the support plan when you submit the online referral)***  | [ ]  |
| 1. Has this been fully implemented and reviewed for at least 6 months?
 | [ ]  |
| Date the support plan started  | Date: |
| **What key areas has the support plan targeted?** |
|  |
| **What has the impact of the support plan been?** |
|  |
| **If the request is for Autism (5 to 17y 5m)– please tell us how an assessment would help****Please review the statements below and select one or more that apply to the young person.** |
| Young person is in care/adopted **and** there is a high risk of placement breakdown **and/or** an assessment is required to inform placement support/planning  | [ ]  |
| Young person is involved in the criminal justice system **and** a diagnosis (if made) would inform understanding and reasonable adjustments when facing criminal proceedings/potential custodial sentence   | [ ]  |
| Young person has not accessed education for the equivalent of a term or more, or is at high risk of imminent permanent exclusion **and** an assessment is required to inform placement planning (i.e. it is likely a specialist autism placement/resource is needed which requires a diagnosis)  | [ ]  |
| There are significant safeguarding concerns **and** an assessment is likely to reduce these risks | [ ]  |
| Young person is experiencing severe mental health difficulties **and**is likely to require specialist in-patient or day patient care **and** an assessment is necessary to plan their treatment/access a specific service  | [ ]  |
| Young person needs referral to a service which requires a diagnosis of autism in order to accept  | [ ]  |
| Young person is experiencing a high level of psychological distress, which has not been successfully addressed by therapeutic intervention **and** appears to be specifically related to uncertainty about autistic identity/potential diagnosis of autism  | [ ]  |
| Another reason (please explain below)  | [ ]  |

|  |
| --- |
| **Please provide additional information below** |
| **Parent/carer response** | **School/Professional response** |
|  |  |
| **How would an assessment help specifically with the needs/risks identified above?** |
| **Parent/carer response** | **School/Professional response** |
|  |  |

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| **If the request is for ADHD (6-17y)– please tell us how an assessment would help****Please review the statements below and select one or more that apply to the young person.** |
| Young person is in care/adopted **and** there is a high risk of placement breakdown **and/or** an assessment/treatment is required to inform placement support/planning  | [ ]  |
| Young person is involved in the criminal justice system **and** a diagnosis (if made) would inform understanding and reasonable adjustments when facing criminal proceedings/potential custodial sentence   | [ ]  |
| Young person has not accessed education for the equivalent of a term or more due to permanent exclusion or has inconsistent attendance relating to suspected ADHD traits **and** an assessment/treatment is required to support attendance | [ ]  |
| There are significant safeguarding concerns **and** an assessment/treatment is likely to reduce these risks | [ ]  |
| Young person displays impulsive behaviours that frequently result in significant harm (including accidental) to self/others **and** an assessment/ADHD medication may help to reduce these risks | [ ]  |
| Another reason (please explain below)  | [ ]  |

|  |
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| **If you have ticked any of the above please provide additional information below** |
| **Parent/carer response** | **School/Professional response** |
|  |  |
| **How would an assessment help specifically with the needs/risks identified above?** |
| **Parent/carer response** | **School/Professional response** |
|  |  |

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| **Does the child/young person have a confirmed diagnosis of autism?**[ ]  **YES** [ ] **NO** **If YES or if you are not requesting autism assessment please go straight to Section 7**  |

|  |
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| **How to choose your answers**  |
| üTick **Past** | When this is something you have noticed in the past but is no longer something that you notice |
| üTick **Now** | When this is something you notice now but hasn’t been happening for very long  |
| üTick **Past and Now** | When this is something that you have noticed for a long period of time and you continue to notice it now |
| üTick Never  | If this is not something you have ever noticed  |

|  |
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| 1. **Spoken language**
 |
| **Please select which best describes the young person’s current use of language**  |
| [ ] No spoken language  | [ ] Uses single words  | [ ] Uses phrases/short sentences | [ ] Can hold short conversations  | [ ] Can speak fluently  |
| **Parent/carer** **response** |  | **School/****Professional response** |
| **Never** | **Past**  | **Now** |  | **Never** | **Past**  | **Now**  |
| [ ]  | [ ]  | [ ]  | Language delay  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Very limited use of language – in all situations  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Very limited use of language - in certain situations  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Flat tone that that doesn’t change much  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Repetitive speech, overuse of some phrases | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Conversation dominated by excessive talking about particular topics  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Limited responses e.g. gives very brief answers/speaks when spoken to but does not start conversations  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Talking 'at' others rather than sharing a two-way conversation | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Responses can seem blunt, rude or inappropriate to other people  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Using accents (e.g. American accent) without any obvious reason | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Unusually advanced, formal or adult sounding speech  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about spoken language** |
|  |  |

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| --- |
| 1. **Responding to others**
 |
| **Parent/carer** **response** |  | **School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past**  | **Now** |
| [ ]  | [ ]  | [ ]  | Does not seem to notice, understand or respond to other people's facial expression or feelings | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Difficult to get their attention or interrupt them when they are doing something they really enjoy | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Difficulties in understanding other's intentions e.g. may not recognise when others are being unkind or think others are being unkind when this is not the case  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | May take things literally and misunderstand jokes, humour or sarcasm  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Unusually extreme responses to the everyday requests of others  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about responding to others** |
|  |  |

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| --- |
| 1. **Interaction/getting on with others**
 |
| **Parent/carer** **response** |  | **School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Tends to get too close to others and/or finds it difficult when other people enter their personal space | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Does not show much social interest in people, including others of their own age  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Finds it difficult to make friends or keep friendships going with others around their own age  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Prefers friends who are significantly older or younger than themself  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Has just one or two very intense friendships  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Finds it difficult to understand friendships or what being a friend means  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Has problems with games e.g. turn taking, losing, changing the rules or when others don’t stick to the rules  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Seems to choose to be alone in social situations e.g. break times at school  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Unable to adapt communication style to different social situations, for example may be overly formal or inappropriately familiar e.g. talks to headteacher in same way as to a friend | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | May make comments without awareness of what might be expected or how others might feel  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Appears to have very different interests to others their age  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about interacting/****getting on with on others** |
|  |  |
| 1. **Non-verbal communication**
 |
| **Parent/carer** **response** |  | **School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Tends not to use their hands to help explain when they are talking e.g. to show how big something is | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Difficult for others to know how they are feeling just by looking at their face/body language  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Prefers not to look at others when talking to them | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about non-verbal communication**  |
|  |  |

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| 1. **Interests, imagination and flexibility in thinking**
 |
| **Parent/carer** **response** |  | **School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Little or no imaginative play or creativity e.g. may act out things they have read, watched or experienced rather than make up new stories  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Seems to escape into fiction (reading or writing) or fantasy worlds  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Play tends to be repetitive and more focussed on objects/toys rather than people | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Preference for very specific/intense interests (including in celebrities)  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Marked insistence on following own agenda or plan, with difficulties arising from this  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Insistence on rules, focus on things being fair which leads to difficulties or arguments with others | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Very strong emotional responses to things that might appear insignificant to others  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Strong preferences for familiar routines and things being 'just right' | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Dislike of change, which often leads to anxiety or other forms of distress (including aggression) | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Over or under reaction to things such as textures, sounds, smells, light (may be drawn to or avoid certain things) | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Very strong preference for foods and/or difficulty with taste, smell, texture or appearance of food or eats an unusually limited range of foods | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Spends time making repetitive actions such as flapping, rocking, spinning | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about Interests,** **imagination and flexibility in thinking** |
|  |  |

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| --- |
| 1. **Other factors (possible autism)**
 |
| **Parent/carer response** |  | **School/Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Uneven profile of skills (to an unusual extent) i.e. some skills may not be as expected for their age while others are as expected/more advanced than expected | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Social/emotional development not in keeping with others of similar age e.g. excessive trusting (naivety), lack of common sense, less independent than others of same age | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Seems to work very hard to ‘fit in’, copy others and mask difficulties, to the point this becomes exhausting | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Seems to learn social skills (e.g. from TV, films, social media, copying others) rather than developing these without effort  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Seems to need time to recover after spending time in social situations  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about other factors** |
|  |  |

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| **Does the child/young person have a confirmed diagnosis of ADHD?**[ ]  **YES** [ ] **NO** **If YES or if you are not requesting ADHD assessment please go straight to Section 9**  |

|  |
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| 1. **Concentrating, focussing and activity**
 |
| **Parent/carer response** |  | **School/Professional response** |
| **Not at all** | **Just a little** | **Quite a bit** | **Very much** |  | **Not at all** | **Just a little** | **Quite a bit** | **Very much** |
| [ ]  | [ ]  | [ ]  | [ ]  | Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often has difficulty maintaining concentration in a range of different tasks or play activities | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often does not seem to listen to what is being said as if the mind is elsewhere  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often does not follow through on instructions and fails to finish tasks (not because of refusal or difficulty understanding)  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often has difficulty organizing tasks and activities | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often loses things necessary for activities (e.g., toys, schoolwork, mobile) | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often is distracted by extraneous stimuli (outside things)  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often forgetful in daily activities | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often fidgets with hands or feet or squirms in seat  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often leaves seat in classroom or in other situations in which remaining seated is expected | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often runs about or climbs excessively in situations in which it is inappropriate OR has extreme restlessness  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often has difficulty playing or engaging in leisure activities quietly | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often is “on the go” or often acts as if “driven by a motor” | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often talks excessively | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often blurts out answers before questions have been completed | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often has difficulty awaiting turn | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often interrupts or intrudes on others (e.g. conversations/ games) | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | Often acts without awareness of risk  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | How much impact do any difficulties in this area have on a daily basis? | [ ]  | [ ]  | [ ]  | [ ]  |
| **Parent/carer response** | **Onset of difficulties**  | **School/Professional response** |
|  | What age did the difficulties start?  |  |
| **Parent/carer response** | **Duration of difficulties**  | **School/Professional response** |
| [ ]  less than 6 months [ ]  more than 6 months | How long have the difficulties been present | [ ]  less than 6 months [ ]  more than 6 months |
| **Please add any other information you would like to share about** **Concentration, focussing and activity**  |
|  |  |

|  |
| --- |
| 1. **Other factors (possible ADHD)**
 |
| **Parent/carer response** |  | **School/Professional response** |
| **N/A** | **Past** | **Now** |  | **N/A** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Presents as a day dreamer and often described as needing to apply themselves more (doesn’t appear to be motivated or to be trying)  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Presents with low levels of fidgeting- often below the desk, fiddling with hair, biting fingernails and jewellery, constantly and always moving in the chair. Hyper talkative | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Takes time to process information and instructions and it seems as if she is not listening | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Verbally impulsive, blurts out, interrupts others, changes topics, blurts out without thinking of the impact on others. | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Takes time to process information and instructions and it seems as if she is not listening | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about other factors** |
|  |  |

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| --- |
| **9. Education and Learning**  |
| **Does the young person attend:**[ ] Special school[ ]  Specialist resource [ ]  Pupil referral unit [ ]  Mainstream school**/**college[ ]  Other **– please describe**:  | [ ]  Not attending school – **If they are not attending** **school, please** **tell us how their education is being managed:**  |
| **Parent/carer response** | **School/Professional response** |
| Please tell us if you have ever been told your child has:[ ]  Learning disability [ ]  Learning difficulty/learning difficulties [ ]  Global developmental delay [ ]  None of the above  | [ ]  Broadly achieving above age related expectations [ ]  Broadly achieving at age related expectations[ ]  Broadly achieving below age related expectations**If achieving below age related expectations what is the approximate delay** [ ]  up to 1 year behind[ ]  approx. 2 years behind [ ]  approx. 3 years behind [ ] more than 3 years behind Please tell us if there is a confirmed [ ]  Learning disability [ ]  Learning difficulty/learning difficulties [ ]  Global developmental delay***Please comment on learning below:***  |

|  |
| --- |
| **10. Strengths** **Please tell us about strengths, what is going well and/or what the young person enjoys**  |
| **Parent/carer response** | **School/Professional response** |
|  |  |

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| --- |
| **11. Additional needs/ significant life events****Please tell us if any of the following apply** |
| [ ]  | Child/young person is in care |
| [ ]  | Child Protection Plan currently in place |
| [ ]  | Charged/likely to be charged with serious criminal offence/due to appear in court |
| [ ]  | Current input from Youth Offending Services or Liaison and Diversion Services  |
| [ ]  | Permanently excluded from school  |
| [ ]  | Armed forces family **and likely to need to move -** If **YES** please add likely date here:  |
| [ ]  | Traveller family **and likely to move -** If **YES** please add likely date here: |
| [ ]  | High risk of imminent significant harm to self or others  |
| [ ]  | Significant recent life events |
| **If you have ticked any of the above please provide additional information below** |
| **Parent/carer response** | **School/Professional response** |
|  |  |

|  |
| --- |
| **12. Additional information** **Please tell us anything else you feel it is important for us to know** |
| **Parent/carer response** | **School/Professional response** |
|  |  |

|  |
| --- |
| **13. Overall impact of the difficulties** |
| **Parent/carer response** |  | **School/Professional response** |
| **Not at all**  | **Just a little**  | **Quite a bit**  | **Very much** |  | **Not at all**  | **Just a little**  | **Quite a bit**  | **Very much** |
| [ ]  | [ ]  | [ ]  | [ ]  | **What is the overall impact of the difficulties on day-to-day life?**  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Parent/carer response** |  | **School/Professional response** |
|  | Please provide a few examples of the way in which you see the impact  |  |
| **Please add any other information you would like to share about** **Impact of difficulties**  |
|  |  |

|  |
| --- |
| **14. What concerns you most and what help are you hoping for?****Please do not answer ‘assessment’ – please tell what you hope an assessment****would change or lead to and why this is not possible now** |
| **Parent/carer response** | **School/Professional response** |
| **I am most concerned by:** | **I am most concerned by:** |
|  |  |
| **I am hoping an assessment would help by:** | **I am hoping an assessment would help by:**  |
|  |  |

**Thank you for completing the form – this should provide all the information we need to decide on the best way to help child.**

**Either the family or school can now return this form by uploading it with the** [**online referral form**](https://forms.berkshirehealthcare.nhs.uk/cypf/)**.**

**We would love to hear from you**

We would be very grateful if you could spare a few minutes to tell us about your experience of the referral process. This helps us know where things are going well and where we might have more work to do.

Please fill in this short form to give us your feedback and ideas: <https://forms.office.com/e/zysA3fzpeu>