Rotherham Doncaster and South Humber NHS Foundation Trust

Children's Neurodevelopmental Pathway

Request Form for Autism Spectrum Disorder and / or ADHD assessment for school aged children

Date:

This service is for children and young people who are in Reception through to College age (18 years) for an Autism Spectrum Disorder assessment request, or who are aged 6 years (in North Lincolnshire) and 7 years (in Doncaster and Rotherham) through to college age (18 years old) for an ADHD assessment request.

All referral forms are to be completed electronically and not hand written. The expectation is that this form is completed by school with parents, children and young people working together.

If you have any queries or require advice regarding the submission of a referral to the pathway please contact the local team below to book in a telephone consultation slot.

If the child/young person's concern is primarily related to mental health, call:

North Lincolnshire CAMHS Telephone: 03000 216460
Doncaster CAMHS Telephone: 01302 796191
Rotherham CAMHS Telephone: 03000 215984

If the child/young person requires crisis support out of hours, call **the CAMHS Crisis Team. Telephone: 03000 218996.**

Section 1 - Name and details of the Child/Young Person or Student for whom this request is made:-	
Name	
Date Of Birth	
GP details	
SCHOOL	
We require the following information for the purpose of helping our Teams use the most respectful language when addressing young people and to help us understand our population better.	
Preferred pronoun	He ☐ She ☐ Other (please state) ☐
Gender identity	(please state)
Sex assigned at birth	Male ☐ Female ☐ Other (please state) ☐ Decline to answer ☐
Ethnicity and religion	
Vulnerable Groups (Tick those appropriate)	Care Experience/Carer ☐ Youth Justice Involvement ☐ Child of Military Veteran ☐ Has Special Educational Needs ☐ Part of the Gypsy/Roma Community ☐

Address of Child/ Young Person		
Name and Telephone number and email address of Parents/Carers	Name	
	Telephone	
	Email	
Does the child/young person/parent(s) live at the same address?	yes no If no state the child/young person and/or parent(s) alternative address and contact details below:	
Alternative address: Contact Tel No:		
Does the parent who is signing to give consent on the form have parental responsibility and had sight of the referral information gathered?	yes no If no please provide further details below:	
Have all persons with PR signed the form?	yes no If no please give reasons why	
Preferred parental communication contact details	email mobile phone home phone post/letter	
Have all parents with PR been consulted with and are aware of the referral request?	yes no If no please give reasons why	
If there any historic or current safeguarding child or adult protection information that we need to be aware of?	yes no If no please give reasons why	
Are there any risks or concerns identified in relation to family dynamics that professionals need to be aware of?	yes no If no please give reasons why	
Is the young person aware of the request?	yes no (Children aged 13 and over should be consulted with in relation to a referral for assessment and give consent to the request)	

Who lives at home?	**Name** / **Age** / **Relationship** (4 empty rows)
Other relevant people (biological parents, grandparents, siblings, carers)	**Name** / **Age** / **Relationship**
Is an interpreter or any alternative communication methods or aids required?	yes no If yes, please state which:
Previous school / settings attended	
Medical details	
Does the child have any medical conditions?	yes no If yes, please give details:
Does the child take any medication?	yes no If yes, please give details:
Does the child have any known allergies or sensitivities?	yes no If yes, please give details:
Referrer's details - please note we cannot accept parental, self or extended family member referrals	
Name	
Contact Telephone number & email	
Professional Role:	

Section 2 - reasons for the request		
ASD assessment request yes no	**ADHD assessment request** yes no	**ASD and ADHD assessment request** yes no

Please give brief details and the reason for the request.	
How does the child/young person present at school / at home? **Please complete and send in the 'useful information' form from both a home and school perspective**	**Brief summary: Please complete these in collaboration with the family** School useful information attached yes no Parent useful information attached yes no
Has the child / young person experienced any significant life experiences / trauma (e.g. bereavement, parental mental health concerns, parental drug misuse, witness to domestic violence etc)?	yes no **If yes, please give details:**
Have parents / carers accessed support from family workers / Children's Centres / Community Hubs, voluntary or charitable organisations?	yes no **If yes, please give details:**
Have parents / carers accessed any parent courses?	yes no **If yes, please give details:**
How are the family currently being supported e.g. Early Help, Child in Need plan, Child Protection plan. Please send details of any plans and impact reviews	Early Help Child in Need plan Child Protection plan Minutes / plans attached yes no

Section 3 - Supporting Information

Education	
Is the child / young person working at age related expectations? If not, how far above or below?	**Please provide curriculum levels and if not at ARE, an indication of how far above or below**
Has Educational Psychology had any involvement with the child / young person?	yes no waiting to be seen **If yes, please provide details / copies of any reports.**
Does the child have a SEND support plan or EHCP?	SEND support plan ☐ EHCP ☐ **If yes, please send details of plans (IEPs or equivalent) and their impact**

Section 4 - Supporting information checklist			
HAVE YOU ATTACHED THE FOLLOWING? If not, we are unable to proceed with the referral request			
	Yes	**No**	Comments
Useful information to support an ASD or ADHD assessment request - parents perspective	☐	☐	
Useful information to support an ASD or ADHD assessment request - school perspective	☐	☐	
Useful information to support an ASD or ADHD assessment request – young person's perspective (secondary age only)	☐	☐	
Curriculum levels (or EYFS Scores / 1-10 continuum for reception pupils) demonstrating rate of progress	☐	☐	
Evidence of within school assessments, demonstrating progress, what the child is able to do and has difficulty with.	☐	☐	
Early Help meeting minutes or other assessments, e.g. CIN plan	☐	☐	
School support plans (IEPs)	☐	☐	
Current Education Health and Care Plan	☐	☐	
SENCO/Inclusion Manager/Mental Health Champion observations, recommendations and outcomes over 2 cycles of intervention	☐	☐	
Reports / records of involvement of any involved professionals	☐	☐	

Section 5 - Permissions. Please complete SECTIONS A, B and C as appropriate
SECTION A – For completion by Professional eg; SENCO / Mental Health Champion / MENTOR of the child / GP / Paediatrician / Social Worker / Family Support Worker / Education Inclusion Officer etc

☐ I have discussed this request with the parents/carers of and can confirm they have read a full copy of this paperwork.

☐ They are fully aware that information will be shared between RDaSH children's Neurodevelopmental Pathway. The parent/carers understand that an electronic file will be opened by RDaSH children's Neurodevelopmental Pathway will be securely stored on the patient record.

Signature _____ Date _____

SECTION B - For completion by parent/carer of the child or anyone with PR or legal guardianship to consent

I/We agree that (insert name of person requesting consultation)

can discuss (insert name of child/young person)

with staff from the RDaSH children's Neurodevelopmental Pathway and local authority education and specialist services.

I / we agree with the request for a referral to the neurodevelopmental pathway within RDaSH children's Neurodevelopmental Pathway for an ASD / ADHD (or both) assessment.

I / we understand that an electronic file will be opened and securely stored by both RDaSH Children's Neurodevelopmental Pathway in keeping with statutory guidance. Details will be recorded on both organisations electronic systems.

I / we understand that this may lead to agreed work in partnership with myself and other carers, direct referral to other teams, discussions with school staff and other professionals seeking to support my child, meetings, work with my child and the sharing of information with other relevant agencies.

I can confirm I have read a full copy of this paperwork and agree to the request being made.

Signed _____ Date _____

Name (Please Print)

Relationship to child

If you would like further details about how your data is stored please refer to the relevant pages on the RDaSH (www.rdash.nhs.uk) website.

Signed _____ Date _____

Name (Please Print)

Relationship to child

If you would like further details about how your data is stored please refer to the relevant pages on the RDaSH (www.rdash.nhs.uk) website.

SECTION C – For completion by the young person of 13 years or older

I agree to meet with RDaSH children's Neurodevelopmental Pathway and plan any work together

I understand that records of our discussions and work we do will be kept in a confidential electronic file by RDaSH children's Neurodevelopmental Pathway.

Signed _____ Date _____

Please return the form to the email address below:

rdash.north-lincs-neuropathway@nhs.net

rdash.rotherham-camhs-neuro@nhs.net

rdash.doncaster-neuropathway@nhs.net