**Needs Led Neurodevelopmental Pathway Referral Pack**

**Referrals will only be accepted using the referral packs**. It is expected that the referring practitioner will coordinate the completion of the pack, which includes various supporting information from the school/setting, parents/carer. The completed referral pack will then need to be emailed to **dbth.DoncasterGDAreferrals@nhs.net** **. Please note incomplete sections of the referral form will not be permitted and will be returned to you. There is also now a Young Person form to be completed by the Young Person themselves if aged 11 or over.**

The pathway and support services in Doncaster are working together to provide a robust service. Advice and support are most effective when everyone involved works closely together. A multi-disciplinary panel will review all the information and should the evidence suggest that the Child/Young Person does not need further neurodevelopmental assessment they **will not be added to the waiting list for this and their referral to the neurodevelopmental assessment pathway will be closed**, **however, we will make recommendations of further support or assessment that may be helpful.**

**Any incomplete referrals will be declined and returned to the referrer**.

All referrals are subject to triage process, failure to complete all elements of the form may result in your referral being rejected. Please ensure before sending the referral that consent has been gained within the parent/carer section and that any Child/Young Person aged 11 or over with capacity, understands what they are being referred for. Parents/Carers should discuss and seek their agreement.

\*\*All sections must be completed\*\*

**School/ Referrer/ Teacher to complete- please use setting/*your views, not that of the parent/carer.***

|  |
| --- |
| **Child/Young Person’s (C/YP) details** |
| Surname |  |
| First name |  |
| D-O-B |  |
| Gender |  |
| Ethnic Origin |  |
| Address |  |
| Telephone Number  |  |
| Name of Childminder, Nursery or Education Setting |  |
| How long has the C/YP attended the setting? |  |
| Interpreter required Yes/No |  |
| Looked after child Yes/No |  |
| **Referrer details- please complete**  |
| Name of referrer |  |
| Referrer’s job title |  |
| Referrer’s address  |  |
| Referrer’s email address |  |
| Contact Tel no |  |
| Date of request |  |
| **Who has contributed to the completion of this referral (include all professionals)** |
| Name | Job title  | Organisation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

We appreciate in some cases it may be difficult to answer some of the questions. Please try to give as much details as possible. Some examples and comparison with peers would be very helpful.

***For information- Child/Young person will be referred to as C/YP***

|  |
| --- |
| Please include views of teachers / other practitioners working with the child only and not the view of parents. Parental view is completed separately. **What** **other agencies are involved with the C/YP and/or what support packages/training have been provided for the C/YP and/or parents, currently or in the recent past? Please attach copies of all reports/meeting minutes/ documents/ plans etc.**  |
| **Please tick where applicable:** | **Date of involvement**  | **Date ceased**  | **N/A** | **Describe involvement** | **Professionals name if known** | **Report/docs attached**  |
| CAMHS |  |  |  |  |  |  |
| Social Care incl CP Plan/ CIN plan |  |  |  |  |  |  |
| Early Help |  |  |  |  |  |  |
| Portage |  |  |  |  |  |  |
| Educational Psychology |  |  |  |  |  |  |
| ASCETS |  |  |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |  |  |
| School Nursing |  |  |  |  |  |  |
| **Please tick where applicable:** | **Date of involvement**  | **Date ceased**  | **N/A** | **Describe involvement** | **Professionals name if known** | **Report/docs attached**  |
| Behaviour support |  |  |  |  |  |  |
| Health Visiting (ages and stages completed) |  |  |  |  |  |  |
| Early Years Inclusion Team/Portage |  |  |  |  |  |  |
| Talking Together |  |  |  |  |  |  |
| Family Hub |  |  |  |  |  |  |
| Youth Offending Team |  |  |  |  |  |  |
| Speech & Language Therapy |  |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |  |
| Community Nursing Team- Learning Disability  |  |  |  |  |  |  |
| Parenting/behaviour management classes |  |  |  |  |  |  |
| Sleep Charity |  |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |  |

Please provide descriptive information in answer to the questions below and provide examples in as many sections as possible

|  |
| --- |
| Has the graduated approach been followed? Yes/No* Please provide details

Can you confirm that a minimum of 2 rounds of APDR have taken place? If not why not?* What additional support is being provided?
* For younger children- Ages and Stages (ASQ), Integrated progress check
 |
| Is the child making progress with support in place? |
| What are the main reasons for this referral? What are your concerns about the child? How long have you had these concerns? |
| How are they performing academically? Well/Average/Below Average/Significantly below average. If significantly below average, please give more detail |
| Is their ability comparable to their peers? What lessons are their strengths/areas for development? Is this consistent across all areas? Please give as much information as possible.  |
| Is the child know to have some form of learning disability? Primary SEN Need? (One type only from this DfE list) SpLD/ SLCN/ ASD/ SEMH/ PMLD/ MLD/SLD/ HI/ VI/ MSI/PD My other if appropriate (SEN) need: SpLD/ SLCN/ ASD/ SEMH/ PMLD/ MLD/SLD/ HI/ VI/ MSI/PD |
| Please describe how the C/YP responds to other peers/pupils and how other peers/pupils responds to this C/YP both within class and at break time. |
| Please describe any visual, hearing, physical or medical conditions? |

Non- Academic / extra-curricular:

What are the C/YP’s non-academic strengths and needs? Please include their favourite activities / hobbies, behavioural issues etc.

|  |  |
| --- | --- |
| Strengths | Areas for development |
| What non-academic support strategies have been tried in the past or being offered currently? What impact has this support had? |

Communication, social interaction and imagination:

|  |
| --- |
| Is the C/YP non/pre-verbal? Yes/No |
| Any concerns about social communication skills (use of language / topic selection / selection and maintenance of conversation /listening skills / vocabulary development / voice control, tone, volume, rate, facial expression use of gesture ). Is it possible to have a two way conversation with this C/YP? |
| Please describe the C/YP’s friendships. How easy is it for them to make and keep friends? Do they have particular friends? |
| Please comment on their imagination and creativity (e.g. pretend play, creative writing, making predictions about others behaviours, predicting consequences etc.) |

Flexibility and behaviour

|  |
| --- |
| Please describe any obsessions, rigid behaviours or unusual mannerisms you have noticed |
| How does the C/YP react if there is a change (e.g. a different practitioner/teacher or a change in routine/timetable)? |

Sensory concerns

|  |
| --- |
| Please describe any unusual responses to noise, smell, touch, bright lights or any other sensory concerns you have noticed |

Fine/gross motor, coordination and balance

|  |
| --- |
| Please comment on any co-ordination difficulties compared to peers (e.g. using a pen, scissors, getting changed, PE) |

Attention and concentration

|  |
| --- |
| When is the C/YP’s attention and concentration at its best? How long can they concentrate in their favourite activities (may be non-academic) and in academic work? |
| When does the C/YP struggle most to pay attention and concentrate? How long can they concentrate in this situation? |
| Is the C/YP able to sustain to attention during conversations and follow instructions?  |
| Please comment on the C/YP’s organisational skills as compared to peers– e.g. preparation for lessons. |
| Please comment on the C/YP’s functioning skills – e.g. starting tasks, shifting between tasks, planning tasks |

Hyperactivity and Impulsivity

|  |
| --- |
| Is the C/YP often moving / fidgeting? What do they do (e.g. get out of seat and wander round, chew things, fiddle with things, etc.)  |
| Is the C/YP able to wait their turn to speak, in play etc?  |

Emotional wellbeing

|  |
| --- |
| Please comment on the C/YP’s self-esteem and confidence |
| Are there any emotional needs you have noticed e.g. anxiety or low mood? What assessment/evidence have been collated which has considered the triggers and strategies that have worked well to support? |

Any other comments or observations

|  |
| --- |
| Please use this space to tell us about anything else you feel is relevant.  |

**\*\*The next section is for parent/carer to complete and needs sending together with this form when making the referral. There is also a form to capture the Young person’s voice for those over the age of 11\*\***