



NHS Neurodevelopmental Services for Children and Young People

Information for schools and early years professionals in Norfolk & Waveney



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This document was co-produced with members of the Norfolk and Waveney stakeholder group.

Introduction

The aim of this information is to explain the NHS neurodevelopmental assessment process. The guide also signposts to further support and guidance available to you when planning appropriate educational provision for a child or young person (CYP) with conditions that may be associated with neurodiversity.

'Neurodiversity' is an umbrella term which is used to describe people who have brains and thinking styles which work in a slightly different way to 'neurotypical' people. It includes a wide range of differences, such as autism, ADHD, dyspraxia, OCD, Tourette's Syndrome and literacy and numeracy difficulties.

Schools and parents/carers should take actions to support a child regardless of if they have a diagnosis, are awaiting an assessment, or if they have been referred to health services. Schools should put in place support for children at the earliest opportunity rather than waiting for the outcome of a health assessment or diagnosis.

Supporting your neurodiverse child

The Essex Family Forum have kindly shared this useful guide on [Supporting Your Neurodiverse Child](#) written by parents for parents. It includes helpful information from a range of different sources and is a useful resource for signposting families to.

Paediatric Neurodevelopmental Assessment

If a parent or carer has concerns about their child, they should speak to the child's GP. The GP may decide that they would like the child to be seen for an assessment by a neurodevelopmental service. Depending on which GP Practice the child is registered at, the GP will make a referral to the local Neurodevelopmental Service.

[Norfolk Community Health and Care](#) (NCH&C) NHS Trust works with families in Norwich, North Norfolk, and West Norfolk.

[The James Paget University Hospital](#) (JPUH) Newberry Clinic works with families in the Great Yarmouth and Waveney area.

For families registered with a GP in Thetford the GP will refer to one of 3 possible services depending on the child's needs:

- [Community Paediatric Team](#) – see children with suspected autism (up to age 11 years)
- [Autism Diagnostic Service Suffolk](#) – see children with suspected autism (aged over 11 years)
- [Child and Adolescent Mental Health Services \(CAMHS\)](#) - see children with suspected ADHD

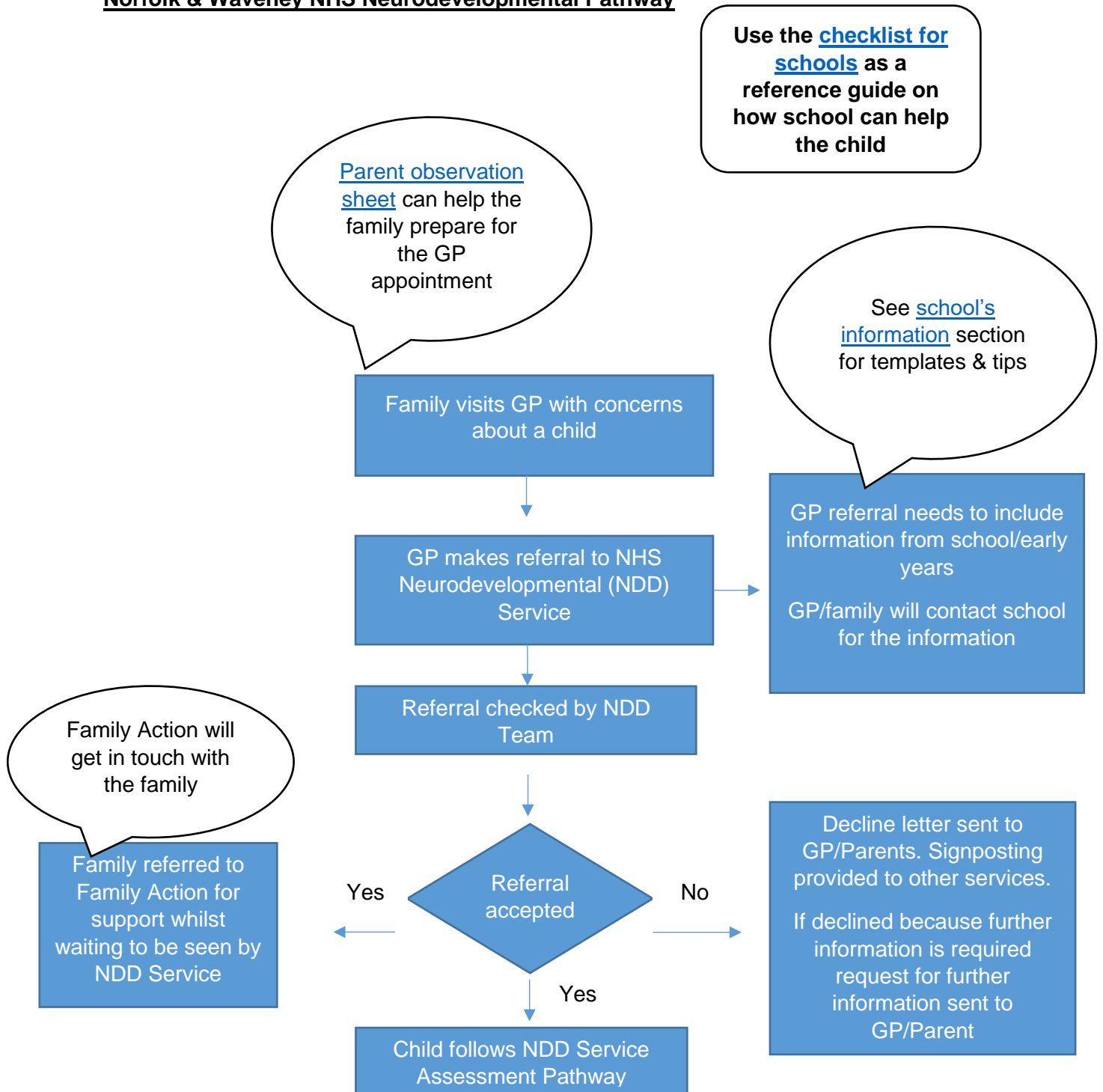
For all referrals a GP will need to provide evidence to support the referral. You might find it useful to suggest that parents/carers take notes with them to the GP appointment as a prompt to help explain what is causing concerns. The notes might include things school/parents or carers have observed about the child's:

- Behaviour and how they interact with other people

- Communication and language skills
- Ability to learn and understand new information

A [parent observation sheet](#) template has been designed as a tool that school/parents can work through together to help a family think about what they might want to tell a GP about a child. Families do not need to complete this form, it's a tool that schools/families may use if it is helpful.

Norfolk & Waveney NHS Neurodevelopmental Pathway



(Example NDD Assessment Pathway flowchart available in the appendices)

Paediatric Neurodevelopmental Assessment - Schools Information

When a professional (usually a GP) makes a referral for a neurodevelopmental assessment for a child aged 6 or above, the school will be contacted as all children must have an accompanying supporting assessment report ideally from either an Educational Psychologist, Specialist Learning Support Teacher (SLST) or Specialist Behaviour Support Teacher (based at one of the Short Stay School's for Norfolk). The GP may ask the parent to facilitate contacting the school for information or the request may come directly from the GP.

Reports from professionals with appropriate equivalent experience and knowledge (e.g. specially trained SENCOs, Speech and Language Therapists, Clinical Psychologists) will be accepted, but must contain the following:

- Detailed observations of behaviours which are suggestive of underlying neuro-developmental difficulties, to include examples of the child's social communication, interaction, and behaviour during structured and unstructured times.
- Details of the child's expressive language and comprehension ability.
- Details of the child's overall level of cognitive functioning and potential in comparison to their peers.

The multidisciplinary team will then carry out an assessment of neurodevelopmental conditions including ADHD combined type, ADHD inattentive type, ADHD predominantly inattentive type, ADHD predominantly hyperactive/impulsive type and Autism Spectrum Disorder concerns.

Neurodevelopmental Service	School information required for GP referral
Norfolk Community Health & Care (Covers Norwich, North Norfolk and West Norfolk)	Observations are accepted as a written report; there is not a template for schools to complete. It is not necessary for the Teacher Observation Questionnaire to be completed for a referral to be accepted but it can be helpful for the neurodevelopmental service to have so it may be submitted with the referral. If you choose not to complete it the team may ask you to complete it later in the process if they need more information.
James Paget Hospital Newberry Clinic (Covers Great Yarmouth & Waveney)	Complete School Report Template
Integrated Community Paediatric Services, Child Development Centre, Bury St Edmunds (covers children registered at a Thetford GP Practice) up to age 11	Observations are accepted as a written report; there is not a template for schools to complete.

Later in the process when the NDD Team are making assessments about the child further information may be gathered by visiting the child in school or asking the school to complete a questionnaire.

Paediatric Neurodevelopmental Assessment – Tips for providing school referral information

An example of a good school referral would include the following information:

- 1) Concerns about a neurodevelopmental condition across settings which are long standing
- 2) Information from school (either from a specialist learning support teacher or a SENCO or an Educational Psychologist). This information to include the following:
 - Insight into current academic levels
 - Information about any other known important information such as diagnoses or concerns such as early life stressors, mental health issues
 - Information to suggest that these difficulties are having a significant impact on social/emotional or academic functioning
 - Some evidence that support has been tried in school such as referral to Educational Psychologist, Specialist Learning Support Teacher, Emotional Help in school

If concerns are surrounding ASD information about:

- Social communication (use of language, quality of language, gestures, ability to participate in conversations)
- Social interaction (interaction with peers, adults, awareness of social norms, interaction in social situations in school)
- Any other issues such as issues with change, difficulties with imaginative play/creative activities, repetitive interests, sensory needs

If concerns are surrounding ADHD information about:

- Difficulties with inattention
- Difficulties with hyperactivity and impulsivity

The Neurodevelopmental Services are aware that children may have additional mental health issues or safeguarding concerns. The referral information should demonstrate that these are being dealt with, or that support is being sought, and therefore that the difficulties are felt to be above and beyond what can be explained by these mental health or safeguarding concerns. When reviewing referrals, the team want to ensure support is being sought from the most appropriate agency.

Referrals will be accepted from other professionals such as Speech and Language Therapists or Clinical Psychologists providing the main features outlined above are covered in the referral.

Every referral is reviewed in isolation but some of the main reasons that referrals get rejected are because:

- There is no information from school
- The information received does not cover the main aspects
- The difficulties could be explained by other aspects pertinent to the child which need to be explored first i.e., potential learning difficulties, mental health difficulties, other wider systemic factors
- There are active safeguarding concerns which could easily explain the current difficulties and need to take priority (such as child is at risk).

Children under 6 years where there is a concern of a neurodiversity

All children are ultimately seen by a Neurodevelopmental Team if there is a need for a neurodevelopmental assessment, but for children under 6 the pathway is slightly different depending on which area the child lives in. This is because all under 6's need input from a paediatrician and these pathways ensure that happens.

Referrals to Norfolk Community Health & Care

For Central and West Norfolk (referrals to Norfolk Community Health and Care NHS Trust) Children under the age of 6 need to be referred to the Community Paediatricians in the first instance. The GP will do this.

Concerns may include:

- Social communication problems e.g., suspected Autistic Spectrum Disorder in pre-school children
- Emotional and behavioural problems suggestive of underlying neuro-developmental condition

The GP will refer to the community paediatricians who will review the referral and if appropriate accept. They will then provide an initial appointment and refer to the neurodevelopmental service if further assessment is indicated.

GPs will be asked when referring to include (where possible) supporting evidence, this can include:

- Ages and Stages Questionnaire / Schedule of Growing Skills (These are assessments a health visitor will complete for a child)
- Early Years Foundation Stages Tracker (From Preschool, Nursery or Childminder)
- Observations (Home and Setting)
- Reports from other professionals (e.g., Speech & Language Therapy, Occupational Therapist, Physiotherapist etc.)

Please note there is not a particular template form to be completed and submitted with the GP referral.

Referrals to Newberry Clinic at James Paget University Hospital

For children in the Great Yarmouth and Waveney area (referrals to the James Paget University Hospital) the referral process is the same for 0-17 years. Please ensure that the [school report template](#) is completed by the early years setting. Information from a childminder or nursery staff would be accepted by the service. Any other supporting evidence e.g., reports from other professionals (e.g., Speech & Language Therapy, Occupational Therapist, Physiotherapist etc.) should be included if also available.

Referrals to the Child Development Centre, Bury St Edmunds

In Suffolk, the referral process is essentially the same for children 0-18 years. Typically children aged <4 years are referred by their GP or Health Visitor; and those of school age by their GP or school nurse. On occasions referrals are also received from hospital medical practitioners or allied health professionals. A supporting letter from school is required for school age children referred for neurodevelopmental assessment.

The community paediatricians will review the referral and if appropriate accept and provide an initial assessment. For school age children referred for autism assessment, further questionnaires will be requested from parents and school prior to the initial assessment.

What happens once the referral has been submitted?

Once the referral is received by the Neurodevelopmental Service team staff will review the information.

What happens if the referral is declined?

This happens when the team feels that there is not enough evidence pointing to the need for a neurodevelopmental assessment or when inadequate information has been given and they are unable to make a clinical judgement of whether an assessment is required.

- If the referral is declined because further information is required a letter requesting the additional information will be sent to the parents/carers and GP.
- If the referral is declined because there is no need for a neurodevelopmental assessment the parents will be written to and signposting to other more appropriate services will be included with the letter.

What happens if the referral is accepted?

If the referral is accepted the child is placed on the waiting list for assessment. This happens when there is enough evidence to support the belief that the child or young person may have a neurodiversity.

The family will have an initial consultation with a clinician to review the referral and agree a plan. It may be that this is all the input that the child needs from the neurodevelopmental team, or it may be decided that further assessment is required. If further assessment is required the clinician will decide what information is needed for example, speech and language assessment, school assessment, speaking to the child.

Once all the information has been considered the parents/carers will be contacted to discuss the outcome and next steps.

How long will it take for the child to be seen?

We want children to be seen quickly and there is a lot of work happening to try and make the waiting times as short as possible but unfortunately there are long waits to be seen by the service in the Norfolk area (Norwich, West Norfolk, South Norfolk). If the child lives in the Great Yarmouth and Waveney Area waiting times are approximately up to 18 weeks for the initial appointment.

Support will be made available to families whilst they are waiting for an assessment. All children, when placed on the waiting list for an NDD assessment in Norfolk and Waveney, are referred to Family Action who deliver a pre-diagnostic support service. Someone from Family Action will contact the family.

Family Action offers support to parents of children and young people waiting for an assessment by the Neurodevelopment Service in Norfolk and Waveney. It also offers

support to parents of children who have been diagnosed with ASD or ADHD. Parents can access workshops, support groups, courses and individual support and advice in matters relating to their child's needs.

What if the parents/carers would like the child to be seen privately?

There are several reasons parents/carers may wish for their child's assessment to be conducted privately rather than in the NHS; this choice will always be the family's decision to make. If they do choose to have the child's assessment completed privately, they will want to ensure that the provider is appropriately qualified. It will be useful for them to check whether the provider is:

- registered on Company House <https://www.gov.uk/get-information-about-a-company>, or
- with a registered body such as the HealthCare Professional Council (HCPC). <https://www.hcpc-uk.org/check-the-register/>

It is also useful for them to check the CQC website to ascertain when the provider was last inspected. <https://www.cqc.org.uk/>

For patient choice referrals, the provider must have an NHS contract for NDD/Autism/ADHD assessments CYP 0-18.

Assessments should be NICE compliant. NICE is the National Institute of Clinical Excellence and provides guidance to professionals and patients around what is expected from an evidence-based assessment and/or intervention. The guidance is readily available on the internet, for example the NICE guidance for ADHD is NG87 and the NICE clinical guidance for Autism in Under 19's is CG128. Whilst the guidance will give more details, you can check with the private service provider if they provide assessment and diagnosis, including an assessment report, which is based on NICE guidance. This will include the child being at the centre of the clinical assessment and having their voice heard, the assessment should also include information gathering from more than one setting (usually home information and school information) and will include a clinical observation, the use of rating scales (questionnaires) and / or specialist standardised assessments to reach a conclusion around whether the child meets diagnostic threshold for an NDD condition.

If a child is assessed and diagnosed by a private provider, however the family would like ongoing treatment from the NHS, the parents/carers can ask the child's GP to refer the child to the local NHS service. The local NHS Team will need to check that the assessment process has been completed in a NICE compliant way before they will be able to accept the child for intervention. The NHS team will want to see a copy of the diagnostic report and where possible (if not included in the report), information gathered from other settings, such as school.

If the private report is NICE compliant, the NHS team will be able to accept the child for intervention. If the private report is not NICE compliant, the NHS service will usually advise on what information is missing and ask for this to be retrieved from the private providers records or will offer the option of reassessment within the local NHS pathway. Further intervention will not be able to be provided in the NHS until it is confirmed that an assessment and diagnosis has been reached following NICE standards of assessment and care.

If the parent/carer is uncertain or disagrees with the outcome of the assessment, they should liaise with the independent provider within six weeks. If they request a second opinion it will mean joining the NHS waiting list in their local area.

If the child has been commenced on medication by a private provider, there are sometimes differences between what private providers prescribe and what NHS providers prescribe. This will be discussed with parents/carers at the time however it may not always be possible to continue with the same medication or same dose commenced in a private setting. If families are unsure and need further advice, they could contact their [local NHS NDD Team](#) to find out more about what they would expect to see in a private assessment and report unfortunately however they will be unable to advise which private services to utilise.

What can the school do?

It is the ambition in Norfolk and Suffolk that all children will have their needs appropriately met whether they have received a diagnosis or not. Whilst a CYP and their family are moving through the pathway, their needs must continue to be met in their educational setting.

If you need support with this, there are several tools and services that can help. See the [school's checklist](#) for a handy reference guide that includes all the tips below.

SUFFOLK ONLY

Suffolk education settings are supported in following their graduated approach to SEND via the SCC Inclusion Services offer – the [SEND Graduated Response](#).

<https://www.suffolk.gov.uk/children-families-and-learning/send-and-the-local-offer/an-overview-of-sen-support/>

<https://www.suffolk.gov.uk/assets/Children-families-and-learning/Psychology-and-Therapeutic-Services/Graduated-Response-to-SEND.pdf>

In Suffolk Inclusion Service colleagues have been working via the SENCo Network to share assessment and intervention planning. At present we are working with Judith Carter in order to see how we can develop the use of SEND Assessment and Intervention (the Essential SENCO Toolkit).

NORFOLK ONLY

- [What is Special Educational Needs \(SEN\) Support? - Norfolk County Council](#)
- Use Identification of Needs Descriptors in Education Settings (INDES) to help understand and illustrate the special educational needs of a child or young person [Identification of needs descriptors in educational settings \(INDES\) - Schools \(norfolk.gov.uk\)](#)

Questions to consider

Child/young person voice

Is the CYP able to communicate their needs and difficulties with you?

Whether the CYP can communicate verbally or not, it is the role of the professional to gain the views of CYP. In all cases, the professional should endeavour to find a way for a CYP to have their views represented and be part of the planning.

- Draw up a plan with some suggested support and strategies to trial and set regular review dates
- Capture CYP voice through another medium such as video
- Discuss with parent/carers how CYP communicates wants and needs at home
- Enable the CYP to communicate their thoughts and feelings with you in a way that is appropriate for their stage of development
- Observations are a good way to begin to understand what the CYP may be finding difficult in the education environment. Remember that this may present differently at home
- Make observations of the CYP throughout the day and consider how you are going to enable their views to be communicated

If you are struggling to gain the views of the CYP or are unsure how to interpret your observations, you could ask for support from:

NORFOLK ONLY

Inclusion and SEND Team:

inclusionandsend@norfolk.gov.uk or 01603 307736

For more information about the **Inclusion and SEND Team:**

[Inclusion and opportunity - Schools \(norfolk.gov.uk\)](http://www.norfolk.gov.uk/inclusion-and-opportunity-schools)

Norfolk Steps

Promoting positive behaviour through a whole school approach to inclusion

[Norfolk Steps | Norfolk Services for Schools](http://www.norfolk.gov.uk/norfolk-steps)

[Norfolk Steps - Schools](http://www.norfolk.gov.uk/norfolk-steps-schools)

School to School (S2S) support:

<http://www.s2ssupport.co.uk/>

Educational Psychologist and Specialist Support:

<https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/send-support-services/epss>

Autism spectrum disorder (ASD) specialist support assistant team:

<https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/send-support-services/autism-spectrum-disorder-support>

Dyslexia Outreach Service:

<https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/send-support-services/dyslexia-outreach-service>

SUFFOLK ONLY

Psychology & Therapeutic Services

<https://www.suffolk.gov.uk/children-families-and-learning/pts/>

Specialist Education Services

[Suffolk Infolink | Specialist Education Services \(SES\) Suffolk County Council](#)

Parent/carer collaboration

Parents and carers should be informed and involved in planning provision for their child. If their child is on the NDD pathway, they will have already identified that there is additional and/or different support that their child needs.

Do you regularly meet with the parents or carers of the CYP to collaborate on planning for their provision?

Give parents/carers time to discuss their thoughts and tell their story, this will help you to understand how to approach the support or adaptations that may be needed.

- Document discussions and share these with the parent, this ensures that they know what has been recorded and can respond to any inaccuracies
- Gain permission to share this information with relevant professionals, so that they don't have to keep telling their story.
- Set regular meeting dates and times that are convenient for the parent/carer to review plans and agree next steps

Identifying the needs of the CYP in the educational setting

Before you plan provision, you need to be clear of the needs that you are planning for.

NORFOLK ONLY

Have you completed the Identification of Needs Descriptors in Educational Settings (INDES)?

- Complete the INDES. The forms and guidance can be found here: [Identification of need and inclusive provision - Schools \(norfolk.gov.uk\)](#)
- If you have a query about the INDES, please email: INDESIPSEFsupport@norfolk.gov.uk

SUFFOLK ONLY

The local authority is currently supporting the use of:

- Essential SENCO Toolkit
- [AANT EP](#) Assessment & Intervention Planning as part of the core offer if recommended e.g. at Solution Circles (Part of the Suffolk Inclusion Service Graduated Response)
- High Needs Funding (HNF) descriptors support the allocation of HNF. [High Needs Funding – Suffolk Learning](#)

Planning provision

If you are clear about the needs of the CYP, are you and all the staff team clear about the Norfolk expectations about the minimum provision that should be available for all pupils with Special Educational Needs and/or Disabilities to ensure that their needs are met?

- Make sure that you have a [one-page profile](#) or similar document that describes the provision and adjustments that need to be made to ensure that the CYP is successful, independent, and thriving, wherever they are in the setting. Consider all parts of the day, including the movement around the school.

NORFOLK ONLY

- The Provision Expected at SEN Support (PEaSS) document outlines the provision that should be ordinarily available and signposts to further sources of information and support. The PEaSS document and other supporting information is available here: <https://www.norfolk.gov.uk/children-and-families/send-local-offer/education-and-training-0-25/special-educational-provision-we-expect>
- The PEaSS posters are excellent resources for whole staff teams. To request a set of posters, please email: inclusionandsend@norfolk.gov.uk

If staff do not have a good understanding of awareness of needs and support strategies, there is training available that can help:

- [Training programme - Autism Education Trust](#)
- Teaching for neurodiversity training [British Dyslexia Association \(bdadyslexia.org.uk\)](http://BritishDyslexiaAssociation.org.uk)

Transition planning

Children who have been identified with an NDD profile will often need additional support with transitions.

Are you aware of the transition documents available?

- Moving on (transition in education) resources
[Moving on \(transition in education\) Norfolk County Council](#)
[SEND Transitions – Suffolk Learning](#)
- [SEND transition resources - Schools \(norfolk.gov.uk\)](#)
- The AET transition toolkit is also a useful resource:
[The Autism Resource Suite | Autism Education Trust](#)

Other sources of information and support for SEND Professionals include:

Inclusion and SEND team:

[Inclusion and SEND team - Schools \(norfolk.gov.uk\)](#)
[Virtual School – Suffolk County Council](#)

SEND Forum for SEND Professionals:

Norfolk SEND Forums
[SEND forum for SEND professionals - Norfolk County Council](#)

Suffolk SENCo Forum

[Suffolk Teaching Assistant Network](#)
[Suffolk Mental Health Lead Network](#)

Norfolk County Council:

[People who can help in education and training - Norfolk County Council](#)

Whole School SEND:

<https://www.norfolk.gov.uk/-/media/norfolk/downloads/children-and-families/send/local-offer/deputy-regional-send-leaders-introduction-december-2020.pdf>

Support for families

If you're not part of the child's school, ensure that you have encouraged the family to discuss concerns with the school. Other sources of support for families are also available.

- [Family Action](#) provide a Norfolk and Waveney ASD/ADHD Support Service. The Family Action Autism Support service offers support to parents of children and young people waiting for an assessment by the Neurodevelopmental Service in Norfolk and Waveney. It also offers support to parents of children who have been diagnosed with ASD or ADHD. Parents can access workshops, support groups, courses and individual support and advice in matters relating to their child's needs.
- [Norfolk Positive Behaviour Strategies \(PBS\) \(justonenorfolk.nhs.uk\)](http://justonenorfolk.nhs.uk) Available free online.
PBS is a programme for families of children with additional needs produced by our partners in Norfolk Community Health and Care and Family Action. It was developed originally to give group support to families of children who had been referred for assessment by a specialist team. This course will help parents think about the messages a child is trying to communicate and provides some practical skills and strategies to help parents manage the child in a positive way.
- [Family Voice Norfolk](#)
- [Suffolk Parent Carer Forum](#)
- [SENSational Families](#)
- [Norfolk SENDIASS](#) (SEND information, advice and support service)
- [Suffolk SENDIASS](#)
- [Norfolk SEN Network](#)
- Suffolk SENCO Network
- [Suffolk Learning](#)
- [National Autistic Society](#)
- [ADHD Norfolk](#)
- Visit the [Just One Norfolk Website](#) for advice on parents' emotional health, supporting child's development and supporting child's needs. Or call the [Healthy Child Programme](#) parentline 0300 300 0123
- [Suffolk Emotional Wellbeing Hub](#)
- [Suffolk Wellbeing in Education](#)

Appendices

1. Parent observation sheet template
2. Neuro Developmental Pathway – Checklist for Schools
3. School information to support Neurodevelopmental Assessment (At James Paget Hospital Newberry Clinic Only)
4. Example NDD Pathway – Newberry Clinic, James Paget University Hospital
5. NCH&C Schools Questionnaire – **Please note this is for information only you do not need to fill this in for the referral process. The NDS service will contact the school if they would like the questionnaire to be completed.**

Parent Observation Sheet

Name of Child	
Date of Birth	
School	

Reasons why I have made a GP appointment
e.g., behaviours and observations that make you think your child might need additional support

What I am worried about
e.g., I am worried my child will not be able to attend school

4 words that best describe my child
1) 2) 3) 4)

My child's strengths

Have you discussed this with your child or young person and if so, is there anything they would like to say?

Form completed by:.....Date.....

Neuro Developmental Pathway – Checklist for Schools

This form is designed to be used by professionals who are working with children and young people (CYP) who are currently on the Neuro Developmental Disorder (NDD) pathway.

The aim of this form is to act as a prompt and to signpost to further support and guidance available to you when planning appropriate educational provision for a CYP with conditions that may be associated with NDD.

It is the ambition in Norfolk that all children will have their needs appropriately met whether they have received a diagnosis or not. Whilst a CYP and their family are moving through the pathway, their needs must continue to be met in their educational setting.

Questions to consider

Child/young person (CYP) voice	Y	N	Comments/actions
Is the CYP able to communicate their needs and difficulties with you?			
Have you discussed communication strategies that work well with parent/carers			
Is there a plan in place with support and strategies identified?			
Are regular dates set to meet in order to review the support and strategies?			
Are observations used to understand how the CYP is experiencing the school environment?			
Parent/carer collaboration	Y	N	Comments/actions
Have parent/carers been offered a meeting to discuss their thoughts and tell their story?			
Have any communication barriers been identified and accommodated to enable parent/carers to contribute meaningfully to discussions? E.g., translator			
Do you keep notes of meetings and actions agreed and share these with parent/carers, allowing them to comment?			

Do you have permission from parent/carers to share relevant information with other professionals			
Are regular meeting dates and times agreed with parent/carers well in advance?			
Identifying Needs			
	Y	N	Comments/actions
Have the Identification of Needs Descriptors in Educational Settings been completed?			
Planning Provision			
	Y	N	Comments/actions
Is a one-page profile (or similar) in place?			
Are the setting staff familiar with the Provision Expected at SEN Support (PEaSS) document and tools and are they being used effectively?			
Are transitions well planned and communicated?			



School information to support Neurodevelopmental Assessment (At James Paget Hospital Newberry Clinic Only)

This form should be completed by someone who knows the child or young person the best in order to complete the form thoroughly. We appreciate the time you dedicate to complete this form. You will receive a follow up phone call from a member of the Neurodevelopmental Team to discuss this further.

Child's Name		D.O.B	
School		Year group	
Date of entry into setting		Date form completed	

Name of person completing form		Job role	
Contact details		Length of time pupil known	

Details of family history:

Details of social background:

Is school attendance a problem?

Is the child/young person regularly spending time outside the classroom? If yes, why?

Is the child's academic attainment in line with their peers?
If no, please specify the gap using school measures, including current level

	Current level	Expected level
Maths		
English		
Science		
Reading		
Writing		

Is the child/young person gifted or talented in any particular areas?

Please detail any incidents or behaviours displayed in school and their response to discipline:

Please detail the child/young person's difficulties in day to day school life (organisational skills, self-help skills, identified learning needs):

Is the child/young person in receipt of any additional support in school? If yes, please detail. (e.g. EHCP, plan, do review, small interventions, nurture provision.)

Please comment on any knowledge of child/young person's behaviour at home:

Please detail any concerns regarding the child/young person's social interaction skills (difficulty maintaining friendships, seeks or avoids friendships):

Are there any safeguarding concerns for the child/young person or any pertinent information you feel impacts the child/young person's life? (neglect, bereavement, caring responsibilities, life events)

Is the child's work (please circle)

careless

average in appearance

perfectionistic

How would you describe this child's self-image (please circle)

low (tends to put self down)

average

high

Language and Communication

	Not observed	Sometimes observed	Frequently observed	Examples/comments
Literal in terms of understanding				
Talks over people – tends to hog conversation				
Has difficulty 'repairing' conversations when confused e.g. finds it hard to clarify so changes the subject				
Has monotonous, formal or robot voice				
Demonstrates poor eye contact				
Has twitches, mannerisms, tics of face/body				
Lack of body/facial expression				
Expects others to know their thought/experiences without being told				
Needs more explanation than peers in terms of instructions/slow on the uptake				
Lack of awareness socially – speaks too loudly, stands too close, makes inappropriate comments				

Additional Observations:

Social skills and relationships				
	Not observed	Sometimes observed	Frequently observed	Examples/comments
Gets on better with adults than peers				
Is a loner/avoids others				
Not much liked by peers				
Frequently fights with other children				
Lack of understanding of concept of friendship				
Poor understanding of own and others' emotions/lacks empathy				
Is part of social gang				
Invades other' body space				
Lacks awareness of impact of own behaviour on others				
Kind to younger children				
Bullies other children				
Has little interest in/awareness of others' point of view				
Is indifferent to peer pressure e.g. crazes and fashions				
Lacks competitiveness				

Additional observations:

Thinking and behaving flexibly and creatively				
	Not observed	Sometimes observed	Frequently observed	Examples/comments
Rigid or over particular child, pedantic				
Tends to be fearful or afraid of new things or situations – needs a lot of reassurance				
Has rituals or routines that must be completed				
Is upset or agitated if there is an unforeseen change to day or timetable				
Collects information and facts often about an 'unusual' subject but without understanding them fully				

Is fascinated by a specific topic lacking wide interests				
Often worries about many things				
Additional Observations:				

Motor skills, co-ordination and atypical sensitivities				
	Not observed	Sometimes observed	Frequently observed	Examples/comments
Often appears miserable, unhappy, tearful, or depressed				
Often complains of aches or pains				
Dislikes others touching them/being brushed up against				
Has an odd running style – ungainly or stiff				
Has poor co-ordination or is lacking in dexterity e.g. with ball skills				
Has very poor handwriting				
Additional Observations:				

Attention and concentration				
	Not observed	Sometimes observed	Frequently observed	Examples/comments

Very restless, often runs about, hardly ever keeps still				
Squirmy fidgety child				
Has poor concentration or attention span				
Fails to finish tasks				
Shouts out, interrupts, can not wait turn.				
Sees things through to the end				
Fails to think before acting				
Additional Observations:				

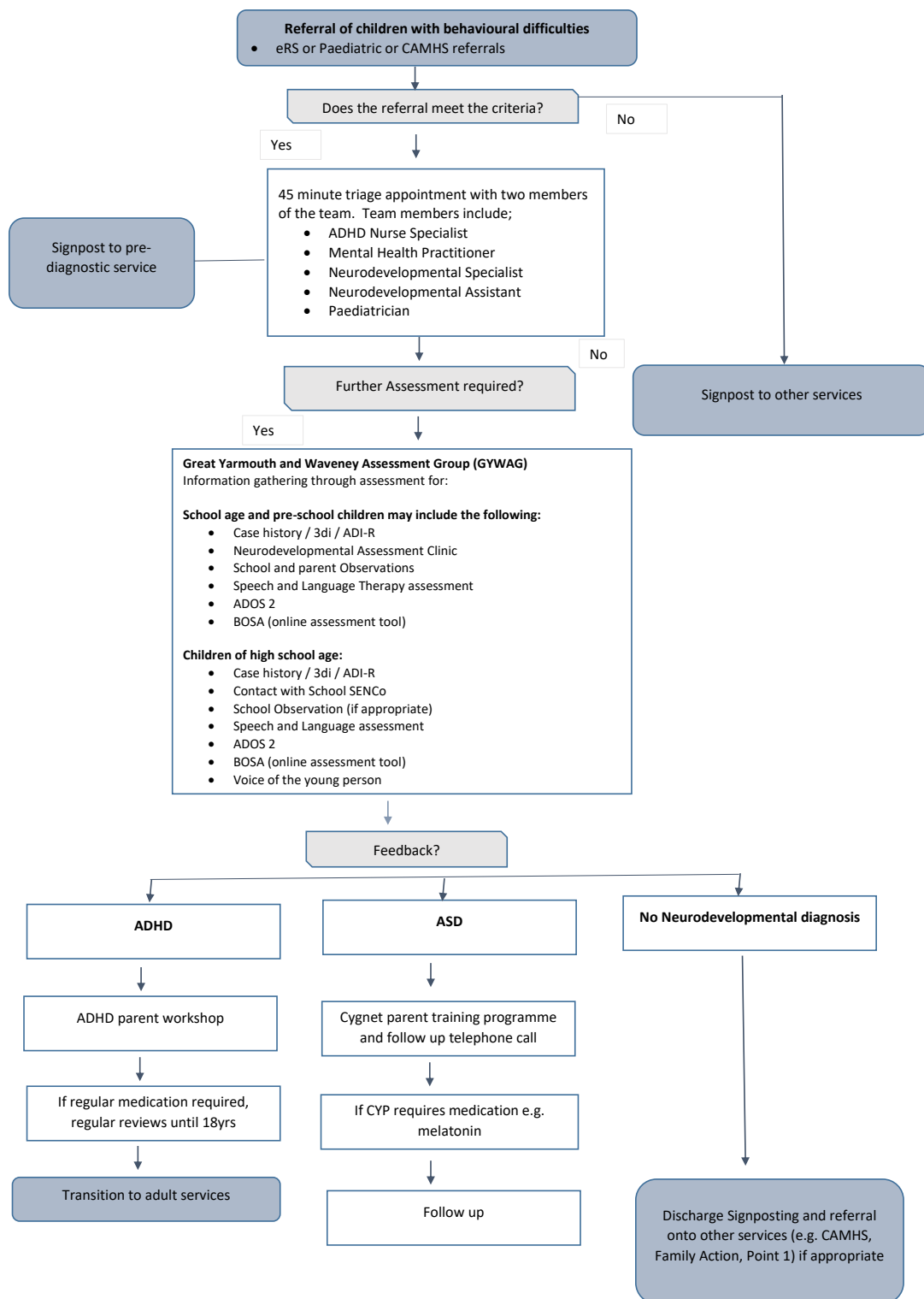
General behaviour				
	Not observed	Sometimes observed	Frequently observed	Examples/comments
Truants from school				
Is often disobedient				
Often destroys own or others belongings				
Tells lies				
Has stolen things in the past				
Irritable – ‘flies off the handle’.				

Additional Observations:

Are there any other specific problems that you are aware of that have not been raised in this report?

Name	
Signature	
Date	

Example NDD Pathway – Newberry Clinic, James Paget University Hospital



**Teacher observations Questionnaire (Older child or young child with developed language skills)
 adapted from SIGN guidelines**

Name of child:

Date of birth:

Address:

School :

Year group:

How long have you known this child?

Academic attainment (which specific age range are they working towards?):

English:

Maths:

Other subjects:

SOCIAL COMMUNICATION SKILLS - (the tools the child uses to communicate with others including attention, listening, speech, language and non-verbal communication skills such as eye contact, facial expression and gesture)

1. Does the child/young person have any language difficulties (including difficulties with understanding, putting ideas together in a logical, sequenced way, not talking at all in certain situations etc.)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

2. Does the child/young person have unusual use of intonation (including high or unusual pitch, unusual stress patterns etc.)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

3. Does the child/young person use any echolalic (copied language). This may include language directly copied or language that has the quality of being learnt in chunks from TV etc.)? Please ✓ :

No echolalia	Mild echolalia	Moderate echolalia	Severe echolalia

Examples / comments:

4. Does the child/young person refer to him/herself as “you”, “she” or “he “or have any other difficulties with personal pronouns including referring to themselves by their name)? Please ✓ :

No difficulties with pronouns	Mild difficulties with pronouns	Moderate difficulties with pronouns	Severe difficulties with pronouns

Examples / comments:

5. Does the child/young person use any unusual vocabulary for his/her age or social group that may make his/her output sound unusual such as too formal etc.? Please ✓ :

No difficulties with unusual vocabulary	Mild difficulties with unusual vocabulary	Moderate difficulties with unusual vocabulary	Severe difficulties with unusual vocabulary

Examples / comments:

6. Does the child/young person have any difficulties using language to communicate their needs including when they are frustrated, when you have introduced the topic etc.? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

7. Does the child/young person talk mainly about his/her own specific topics of interest etc.? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

ADDITIONAL COMMENTS RE: COMMUNICATION SKILLS

SOCIAL INTERACTION-(Child's relationships with other people to include staff and peers, and skills in interacting with them)

1. Does the child/young person have any difficulties with joining in with the play/activity of other children or inappropriate attempts at joint play (including aggressive or disruptive behaviour and difficulties with collaborative activities in the class room)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

2. Does the child/young person have a lack of awareness of the classroom norms (e.g. criticising teachers, unwillingness to co-operate in classroom activities, not following peer group related interests etc)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

3. Does the child/young person become over-whelmed in social situations (possibly withdraw etc.)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

4. Does the child/young person have any unusual characteristics about their interaction with adults (include intense relationships, relationships much more developed than with peers, difficulties in forming relationships in this area)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

5. Does the child/young person get upset by people being in his/her personal space or being rushed to complete something or when a task has to be left unfinished? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

6. Does the child use any unusual non-verbal communication (e.g. poor eye contact and/or lack of a range of facial expressions and use of gestures)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

ADDITIONAL COMMENTS RE: SOCIAL INTERACTION SKILLS

FLEXIBLE BEHAVIOUR (to include repetitive behaviours, need for routines and obsessions and imagination)

1. Does the child/young person have difficulties with imagination/ creativity (this may be evident in a lack of flexibility of play or in creative writing etc.)? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

2. Does the child/young person have difficulties managing unstructured places such as the hall at PE, walking around the perimeter of the playground etc.? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

3. Does the child/young person have any difficulties with managing 'change' or unstructured situations such as supply teachers, school celebrations or trips? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

ADDITIONAL COMMENTS RE: FLEXIBLE BEHAVIOUR/OBSESSIVE BEHAVIOUR AND IMAGINATION

HYPERACTIVE / IMPULSIVE BEHAVIOUR (the child's level of activity and ability to manage in a classroom setting)

- 1) Is the child / young person able to remain in their seat for the duration of the lesson? (please consider whether they frequently get up for toilet breaks, make excuses to move, swing their legs excessively under the table). Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

- 2) Does the child / young person engage in fiddling or fidgeting behaviour during lessons? (this may include needing to use blue tac to roll between fingers or frequently picking up things to fiddle or play with). Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

- 3) Does the child / young person put their hand up to answer questions or wait their turn during class room activities? (please consider whether the child / young person frequently calls out in class). Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

4) How does the child/ young person manage during quiet classroom activities such as reading, completing work in silence etc?

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

5) Is the child / young person able to queue up for example, in the playground, when going into assembly, in the lunch queue? (if they struggle with queuing, please give details of the behaviour you notice). Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

INATTENTIVE BEHAVIOUR (the child's ability to maintain focus in a classroom setting)

1) Is the child / young person able to concentrate in class at an age expected level? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

2) Does the child / young person engage in mind wandering / day dreaming type behaviour in class? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

3) Does the child/ young person attend the lesson with the equipment they require or prone to frequently losing their belongings or P.E kit? Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

4) If homework is given, does the child / young person hand it in on time on most occasions? (please also comment if they frequently forget to write it down) Please ✓ :

No difficulties	Mild difficulties	Moderate difficulties	Severe difficulties

Examples / comments:

ADDITIONAL COMMENTS REGARDING HYPERACTIVE / IMPULSIVE / INATTENTIVE BEHAVIOUR:

GENERAL BEHAVIOUR

1) Please comment on general behaviour of the child/young person within the classroom:

2) Are their emotional responses appropriate to the context? (E.g. being asked to do a small job, please give examples)

ADHD RS-IV: Teacher Version

The following outcome measure can help us better understand the needs of your pupil in a classroom setting.

Circle the number that best describes the child / young person's classroom behaviour over the past 6 months.	Never or rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
5. Does not seem to listen when spoken to directly	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
7. Does not follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
9. Has difficulty organising tasks and activities	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
11. Avoids tasks (e.g. schoolwork, homework) that require sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3

13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

For office use only (for healthcare provider interpretation)

IA subscale raw score		Corresponding IA percentile score	
HI subscale raw score		Corresponding HI percentile score	
Total (IA+HI subscale) score		Total (corresponding IA +HI percentile)score	

OTHER FACTORS

- 1. Please describe the child's recent progress at school. Consider, does the child have an unusual profile of strengths and weaknesses (please specify)?**

- 2. Does the child/young person have any unusual responses to sensory stimuli e.g. loud noises, smells, light and reflections etc.? Please give examples.**

- 3. Does the child/young person have any co-ordination difficulties? Please give examples**

- 4. Please describe the child/young person's apparent level of self-esteem:**

- 5. Does the child / young person present as having tics? (Involuntary movements which can occur in the face or throughout the body which the child / young person does not have control of)**

6. Does the child / young person experience any health related needs which you feel may impact on classroom learning? Please describe.

7. Are there any other factors which you are aware of (e.g. at school or home) which may impact on the child / young person's classroom learning and interactions?

Please provide us with the child's latest educational attainments. If the child has been seen by an Educational Psychologist please attach report to this form

ANY OTHER INFORMATION YOU WOULD LIKE TO ADD THAT WOULD HELP IN UNDERSTANDING THE CHILD/YOUNG PERSON'S NEEDS: (include any additional support the child/young person may receive within the classroom, have the school behaviour support team been involved, is there an IEP in place or statement of EN in place?)

OTHER PROFESSIONAL INVOLVEMENT

1. Does the child/young person have any other professional involved with him/her?

TYPE OF PROFESSIONAL	NAME	CONTACT DETAILS
EDUCATIONAL PSYCHOLOGIST		

OCCUPATIONAL THERAPIST		
CAMHS		
OTHER/S		

Thank you for completing this checklist which will be used as an integral part of the assessment

Name of Person completing form	
Designation	
Date completed	