

CHILDREN & YOUNG PEOPLE'S DEPARTMENT

Appointments: 01932 722545

St Peter's Hospital
Guildford Road
Chertsey
Surrey
KT16 0PZ

Date form completed:

Patient name:

Date of birth:

Hospital number:

Name of person filling the form

Designation:

The above child has been referred for an assessment of social communication. We would be grateful if someone who knows them well could give us information on the following:

Educational Code of Practice status:

1 Extent of child's difficulties within the school setting (please circle one)

None Mild Moderate Severe

Main area(s) of difficulty (please circle as appropriate)

Social Communication Learning Language Behaviour

Emotional Concentration Hyperactivity Impulsivity

Other (please state)

2 Can you outline strengths?

3 How would you rate her/his: (Please tick where appropriate?)

Motivation	Below par	Average	Above average
Following instructions	Below average	Average	Above average
Organisation skills	Below average	Average	Above average
Effort/ Performance	Below average	Average	Above average
Outcome	Under-achieving	Achieving targets consistently	Over achieving

Strong subjects are:

Subjects in which help required are:

What level of help provided: (IEP, Statement, EHCP?)

- 4 The parents' relationship with the school would be described as:
- 5 Concerns about school attendance?
- 6 Knowledge of other children in the family & any concerns?
- 7 Information about any other agency involvement? (eg. Social services, behaviour support team etc)

Please tick if present and indicate severity on the scale of 1 – 3

1 for Mild
2 for Moderate
3 for Severe

A. Socio-emotional reciprocity: (Please elaborate in the space below if needed)

- Poor eye contact
- No smile *in return*
- Ignores you when you walk in/ when called or spoken to
- Lack of curiosity about environment (*'joining in'*)
- Lacks interest in other children (*if they approach him*)
- Unusual emotional responses (*sympathy/ empathy related*)
- Doesn't enjoy joining into group games
- Inappropriate crying or laughing (*disproportionate to context*)
- Abnormal joy/ lack of any response when parents turn up
- Doesn't share interests/achievements with others *to engage their attention*
- Doesn't want you to join *his/her excitement/or vice versa*
- Inappropriately anxious (Hates large groups/ crowds/ similar situations)

B. Non-verbal Communication: (Please elaborate in the space below if needed)

- Spontaneous initiation of a conversation: *'social chit chat'*
- No attempt to repair a conversation or sustain it (*'to & fro conversation'*)
- Difficulty expressing needs
- Pulls adults around if wants something
- Obsessed with certain topics
- No interest in other's side of conversation
- Says socially inappropriate questions/ statements
- Frequent gibberish/ jargon (*made up words or phrases*)
- Repeats words heard (learned phrases from environment: adults/ TV etc)

- Repetitive language (same word/ phrase over and over again)
- Monotonous speech/ unusual accents
- Voice louder than 'normal'
- Produces unusual noises/ infantile squeals
- Limited gestures (non-verbal communication): nodding, shaking head
- Limited or appropriate (*to the situation*) facial expressions
- Difficulty understanding *basic things* (*common sense/ humour/ sarcasm*)

C. Developing, maintaining and understanding relationships? (Please elaborate in the space below if needed)

- Cannot make friends or sustain them
- Cannot understand adult authority

D. Behaviour/ activity/ Interests (Please elaborate in the space below if needed)

- Hand/ finger flapping or other body mannerisms
- Toe walking/ unusual awkward body postures or actions/ 'clumsy'
- Arranging things/ toys in a sequence/ rows
- Spins objects, self or fascination with objects that spin
- Obsessed with certain objects/ topics
- Attached to unusual objects (sticks, stones, strings, hair etc)
- Stubborn about rituals & routines (*insists that you do it too*)
- Resistance to change of plans, routine, route taken etc
- Restricted interests: watching same video, reading same book over and over again
- Restricted repertoire of diet (by consistency/ flavour/ shape/ form)
- Difficulty stopping repetitive *uninteresting* activity/ conversation
- Doesn't engage in pretend play or understand that the other is pretending

Any unusual interest to sensory stimuli like noises, sights, taste, feel or smells? (Smelling, licking, banging toys: *unusual play with toys*)

Any unusual hyper-sensitivity/ hypo-sensitivity to sensory stimuli? (Shuts ears to loud noises/ Self-mutilation / picks on self/ inflicts injury: *head banging, biting self etc*)

Any particular strategies used/ proven useful for child (learning, behaviour, peer-relationships)?

Any unusually advanced talent/ gift or skill?

Any support for the family?

Any other information about child?

Thank you for your help.

Yours sincerely

Report completed by:-

Signature:

Title:

Date:

Clinic Team

Dr Wajdi Nackasha Consultant Paediatrician
Dr Meenakshi Tanwar Consultant Paediatrician
Dr Sethu Wariyar Consultant Paediatrician
Dr Bozhena Zoritch Consultant Paediatrician
Angela Hraib, ADHD Nurse Specialist

Specialist Clinics Include:

ADHD & Behaviour, Allergy, Cardiology, Diabetes, Eating Disorders, Endocrinology, Epilepsy, Gastroenterology, Genetic, Oncology, Renal, Paediatric Surgery, Respiratory & CF, Rheumatology.