**Bedfordshire and Luton Community Paediatrics Service**

**School Age Neurodevelopment Questionnaire**

**(for children aged 5 years and above)**

Completion of this questionnaire is required as part of the neurodevelopmental assessment for children referred to our service and should be completed after a period of observation by the teacher who knows the child best. Please complete the questionnaire in full and return to our service as soon as possible. This will allow us to progress with the child’s assessment or provide appropriate advice and support.

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| **Child’s Name:** |  |
| **Date of birth:** |  |
| **School:** |  |
| **Year Group:** |  |
| **Special Needs Co-ordinator:** |  |
| **How long has the child been known to member of staff completing the form:** |  |
| **Date of Completion:** |  |

**What are the child’s main strengths in school (or education setting)?**

**What are the child’s main difficulties in school (or education setting)?**

**Please describe the support currently in place in school and effectiveness of the measures:**

**In comparison with his/her peers how is the child at present in terms of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Well below average** | **Below**  **average** | **Average** | **Above**  **average** | **Well above**  **average** |
| 1. General level of ability |  |  |  |  |  |
| 2. General level of attainment |  |  |  |  |  |
| 3. Ability in reading |  |  |  |  |  |
| 4. Ability in writing |  |  |  |  |  |
| 5. Ability in maths |  |  |  |  |  |
| 6. Ability in spelling |  |  |  |  |  |
| 7. Interest in schoolwork |  |  |  |  |  |
| 8. Self-esteem/confidence |  |  |  |  |  |
| 9. Discipline/behaviour |  |  |  |  |  |

**Please tick if child has any of the following:**

**(Please attach any relevant documents with this questionnaire)**

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| Education Health and Care Plan (EHCP) |  |
| Individual Education Plan |  |
| Early Help Assessment (EHA) |  |
| Provision Map |  |
| Other (please specify): |  |

**Please complete the following in as much detail as possible:**

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| **1a. Language and Social Communication**  **Describe the child/young person’s understanding of language (receptive language):** |
| How does the child/young person respond to and/or follow verbal instructions? Please provide examples. |
| Does the pupil tend to interpret language literally or have difficulty with understanding humour? Please give examples. |
| **Describe the child/young person’s use of expressive language:** |
| How does the child/young person communicate and for what purpose e.g. social chit chat or just to get needs met? How do they respond to questions? |
| Can they take turns in conversation or are conversations one-sided? |
| **1b. Describe the child/young person’s use and response to non-verbal communication:** |
| Response to others’ non-verbal cues? For example, smiles, facial expressions and gestures? |
| Use of non-verbal cues, e.g. do they direct their communication towards the person? Does he/she have a social smile? |
| Does the child make eye contact, is it sustained or brief? |

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| **1c. Social Interaction**  **Describe the child/young person’s ability to relate to others:** |
| Ability to work with others, i.e. turn taking skills. |
| Tolerance of others in his/her personal space, level of awareness of others. |
| Desire for friends, interaction with peers, with mutual sharing of interests and activities. |
| How does the child/young person acknowledge the feelings of others and to what extent? |
| Describe the child/young person’s behaviour at play or break times. |

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| **2a. Repetitive or Stereotypical Behaviours** |
| Have you observed any unusual mannerisms? E.g. the child/young person hand flapping, spinning, rocking etc particularly when excited or stressed. |
| Does the child/young person use learnt phrases or speak in a stereotyped way? |

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| **2b. Insistence on Sameness** |
| How does the child/young person cope with changes of personnel or unexpected activities? Please provide information about range of interests/activities. |
| Describe the child/young person’s ability to see situations from others’ viewpoint? Is the child/young person aware that people see situations differently? |
| Describe the child/young person’s use of imagination in curriculum areas. |

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| **2c. Interests** |
| Does the child/young person have a range of interests/play behaviours? |
| Does the child/young person have any unusual Interests? |

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| **2d. Sensory Issues** |
| Describe any sensory aversions, e.g. sensitivities relating to sound, textures or smell |
| Describe any sensory seeking behaviours e.g. chewing on things or seeking pressure? |

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| **Emotions** |
| Describe the child/young person’s emotional state? |

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| **Coordination** |
| Please provide information about any concerns with the child/young person’s gross motor, fine motor or self-care skills. |

**Which of the following are applicable to this child/young person in school?**

***(Please double click to activate sheet)***

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| **Any additional observations / concerns:** |

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| --- | --- | --- | --- | --- |
| **Attendance:** | ☐ Good | ☐ Average | ☐ Poor |  |

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| --- | --- |
| **Signature**  **of professional:** |  |
| **Name of person completing this form (please print):** |  |
| **Job title or relationship to the child/young person:** |  |
| **Date:** |  |

**Thank you very much for your help.**