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|  | **NEURODEVELOPMENTAL SERVICE**St. JamesExtons RoadKing’s LynnNorfolkPE30 5NUEmail : NDS@nchc.nhs.uk |
|  | : 01553 668712Monday to Friday between 8.30am to 4.30pm www.norfolkcommunityhealthandcare.nhs.uk https://childrens.nchc.nhs.uk/neurodevelopmental-service/ |

***Community Paediatric Service /* Neurodevelopmental Service**

**(ASD, ADD & ADHD) Referral**

**School name and Logo**

**School Referral:**

*School address*

**Pupil Name:**

**Address:**

**Date of Birth:**

**Brief Outline of early development:**

*(see parental report)*

**School Performance:**

**Are there difficulties with concentration/fidgeting?**

**Are they distracted/distracting?**

**What are their organisational skills like?**

**Any hyperactivity/hyper kinetic behaviour?**

**Excessive impulsiveness/ perception of danger/risk?**

**How does child communicate needs to adults/peers?**

**Details on relationships with peers & ability to make friends**

**Any repetitive speech/ behaviour or restricted interests?**

**How do they manage transitions/ change (unstructured/ structured time)**

**Do they have any sensory needs?**

**Details on their self esteem/emotional well-being**

**How much do any or all the above interfere with everyday functioning?**

**Other support services previously involved?**

**What has previously been tried?**

**How has child/family engaged with this?**

**Referral completed by:**