

## School Report

### To accompany a Referral to the James Paget University Hospital Community Paediatrics Service

The Community Paediatrics service is only able to consider assessment of school age children displaying signs of potential:

- Autistic Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)

where a comprehensive school report accompanies the GP referral letter.

Please provide as much detail as possible when completing this form.

Child's Details	
<b>Full name of child:</b>	
<b>Date of birth:</b>	
<b>Details of family history:</b>	
<b>Details of social background:</b>	
<b>Are there any safeguarding concerns in relation to this child?</b> <input type="checkbox"/> Yes / No <input type="checkbox"/>	
<b>If yes, please provide details including any social care involvement</b>	

Is the child's academic attainment in line with their peers?

Yes / No

If yes, please specify the gap using school measures, including current level

Current Level		Expected Level
Maths		
English		
Science		
Reading		
Writing		

**Additional comments:**

Is this child on a reduced timetable?

Yes / No

If yes, please specify:

Is the child spending time outside of the classroom on a regular basis?

Yes / No

If yes, please specify:

**Is school attendance a problem?**

Yes / No

**If yes, please specify:**

**Is this child in receipt of an EHCP or has additional support in school?**

Yes / No

**If yes please specify:**

**Please detail any incidents and behaviours displayed in school:**

**Please detail the child's difficulties in day-to-day school life:**

**Please detail what support measures the school has put in place to support the child and include Access, Plan, Do and Review cycle (if applicable).**

**Has the child been seen by Speech and Language therapy / Educational Psychologist (please attach reports). Consider what effect these interventions have had:**

**Are there any sensory issues?**

**Yes** / **No**

**If yes, please provide details including any measures in place to support the child**

**Do you have any concerns regarding the child's social interaction skill?**

**Yes** / **No**

**If yes, please provide details:**

<b>School Details</b>	
<b>Name and position of person completing this form</b>	
<b>Name:</b>	<b>Position:</b>
<b>Contact details:</b>	
<b>Name of school:</b>	
<b>Date completed:</b>	

Completed forms should be given back to the child's parent or guardian who can then return them to the child's GP surgery to enable referral to the community paediatrics service.