

School Report for the CAMHS Neurodiversity Team

Childs Name	
Date of Birth	
School	
Tel No:	

Gloucestershire Health and Care
NHS Foundation Trust
CAMHS
Neurodevelopmental Clinic
Evergreen House
Charlton Lane Centre
Cheltenham
Gloucestershire
GL53 9DZ

Attendance
Academic Ability
Effort / Attitude to Learning
Behaviour
Relationship with teachers <i>E.g. Ability to initiate sustain two way conversation, making eye contact; sitting appropriately, responding to facial expressions</i>
Relationship with other children <i>E.g. Reciprocal social interaction, playing, understanding others, reading emotions, picking up non-verbal clues, capacity for relatedness</i>
Language <i>E.g. Unusual speech (e.g. echolalia, atypical intonation) literal understanding, ability to communicate thoughts/feelings</i>
Interests <i>E.g. Adherence to routine, preoccupation with special interests, stereotyped mannerisms e.g. rocking, hand flapping, tics, sensory issues e.g. hypo/hypersensitivity noise, smell, touch, taste, pain</i>

Does the Child have an EHCP? YES/NO

Is the child receiving extra help? YES/NO

(if yes, e.g. from the Learning Team, Behaviour Team or Educational Psychology? Has a Speech and Language Therapist (SALT) or Occupational Therapist (OT) ever assessed this young person? Have Social Care ever been involved with this young person? Is there a CAF in place for this young person?)

Please attach any related reports to this questionnaire when you submit the referral

If yes, what is the child's response to extra help?

In your opinion do you or the school think that this child may have a problem with a developmental disorder?

E.g. Autistic Spectrum Disorder, ADHD, dyspraxia, dyslexia etc.

Additional Information:

Completed by:.....

Relationship to Child:

Date Completed:

Please return via email to: camhs.neuro@ghc.nhs.uk (or if you are not the referrer, please share this with them to submit with the referral)