**Name of Child/Young Person: Date of Birth:**

**Name of School: School year:**

**Name of person completing form:**  **Relationship to child/young person:**

**Contact details should we need to get in touch:**

**Have you signed and returned an informed consent form authorising our involvement?**

**Please complete the information below:**

1. **Brief history and family background –**
2. Family composition/attachments/extended family and contact with them/ diagnosis of neurodevelopmental, mood, and/or learning difficulties in close family members (for example autism/ADHD/anxiety/depression/OCD/dyslexia/dyspraxia (DCD):
3. Health issues/early childhood illness and/or hospital stays/ information on developmental milestones and health checks – for example pregnancy/ labour/ delivery/ rolling, sitting, crawling, standing, walking, speech and language development, general mood, establishing waking/sleeping/feeding patterns/ weaning/toileting:
4. **Involvement from Professional and agencies/services – for example: Educational Psychology; Early Help Services; Speech and Language; Occupational Therapy Services) –**
5. Is this child/young person waiting for a clinical, educational or learning assessment? If yes, what is this for?
6. Is this child/young person currently being assessed for any clinical condition, educational or learning difficulty? If yes, who is this with?
7. Does this child/young person have a confirmed clinical diagnosis of any condition/s, educational, or learning difficulty? If yes, please give details – such as name of condition and date of diagnosis:
8. Please complete the table below regarding historic and/or current involvement of agencies and/or professionals and attach any reports you have when you return this referral:

|  |  |  |
| --- | --- | --- |
| Professional/Agency – E.g. Speech and Language/CAMHS | Date of last report/involvement | Reason for involvement |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Brief educational background –**
2. Details of type of setting child has attended, for how long/often – such as early years setting such as childminder/family carer/nursery; primary setting; secondary setting; post 16 setting; current setting:
3. Brief details of any concerns raised about the child in the setting/s noted above:
4. Brief details of the support the child has in school - for example why this is in place, how long this has been for, the impact this is having on the child’s progress and attainment:
5. What do you and/or the education setting consider to be the strengths and difficulties of this child with regards to academic skills, attainment, relationships, attitude, attendance?
6. **Your observations and experiences of the child within the home, family, and community settings:**

**Social and Emotional skills and relationships:**

1. What are the child’s strengths and difficulties in social settings? – for example friendships at school, within the family and the wider community/ working cooperatively with adults/peers/siblings in shared activities/ ability to adapt and alter social skills in different social settings and relationships/ understanding the needs of others/ displays of emotions/size of emotions in relation to a situation/event:
2. Briefly describe any specific concerns you or others have about the child’s social and emotional behaviours:
3. How does the child’s difficulties impact on day-to-day family life, including the child themselves?

**Routines and habits:**

1. How does the child cope with everyday routines at home and at school? – For example responsibilities/sleeping/eating/hygiene/self-care routines/ unconventional, noticeable or repetitive behaviours /fears/phobias/coping with transitions and changes in routine/managing unstructured parts of the day?
2. Does the child display any unusual/unexpected responses to sensory input – such as touch/sound/vision/hearing/balance/smell/taste/pain/temperature/hunger/thirst/illness/injury?
3. How does the child’s difficulties impact on day-to-day family life, including the child themselves?

**Language and communication:**

1. How does the child respond to verbal language? – for example following instructions/understanding jokes/ telling jokes/ understanding others/ taking things literally/ changes in voice tone, pitch, pace and/or volume/ ability to express needs, wants and desires/ expressing feelings:
2. How does the child respond to others use of non-verbal language? – such as body language/facial expression:
3. Briefly describe how the child uses verbal and non-verbal language? - for example to contribute to conversations/turn-taking/ express their ideas, wishes, wants, needs, emotions?
4. How does the child show their awareness of other people? – such as them being present/their emotions/being a familiar or unfamiliar peer/adult:

**Attitude, behaviour and sensitivities:**

1. What does this child/young person do well?
2. How do you view the child’s behaviour and attitude in different settings – such as their behaviour in the wider community/at home/ any socially challenging behaviour/ attitude towards animals/ special interests and/or hobbies/ attitude towards school or homework/any risk taking behaviours/awareness of danger:

**Attention, concentration, emotional and behavioural regulation:**

1. How does the child show their emotions? – for example when they are content, frustrated, annoyed:
2. How do the child’s behaviours differ between when they are concentrating and when they are distracted?
3. What patterns have you noticed about the child’s attention and distraction behaviours? – such as times of day/week/year; types of activities; where events or activities take place; who else is involved:
4. **What are your specific concerns about the child?** – such as relationships, mood, learning and academic progress, language and communication; organisation, attention and behavioural regulation:
5. Description of when these behaviours are typically shown, who might be involved and how long they may last for:
6. Strategies/interventions tried, and duration of time implemented:
7. What is the consequence for the child/young person after these behaviours are displayed? (for example do they feel calmer/have they avoided a social situation?)
8. What impact are the child/young person’s behaviours having on themselves and on others – such as peers/friends/adults?

**Please add any additional information from your observations and experiences which you feel may benefit this assessment:**

**Please tells us what is your understanding and expectation of Edvocation® Services involvement?**

Thank you for completing the information and questionnaire documents.

**Next steps:**

1. **Return of completed information form:** This questionnaire can be returned electronically via email to: angela.willis.consultant@outlook.com

If you would like to return documents in hardcopy format, please email as above.

1. **Book an assessment consultation appointment for you to discuss your responses with us further and for us to gather further understanding and information about your child:** We have an on-line booking service: [Assessment Consultation Appointment - Edvocationservices](https://www.edvocationservices.com/booking-calendar/assessment-consultation-appointment?category=7ec44376-278a-4bf8-ba33-1cfad61a4c62&referral=service_list_widget)

Should you experience any difficulties with our on-line service please email: angela.willis.consultant@outlook.com

----------------END PUPIL EDVOCATION® ASSESSMENT SERVICES HOME INFORMATION DOC--------------January 2023