**ADHD Triage Screening Checklist**

Date of referral………………………...

This checklist will support your request for a Specialist ADHD Assessment, please also attach any relevant reports that will support the referral. This pack includes:

* Information about the young person.
* ADHD triage screening checklist for parents
* Education screening form
* Education information

**Referrals received without completed information will not be processed and returned to referrer.**

**Please contact The Front Door Service 01482 692929 - Option 2 Option 2 for further advice and support**

**Information about the young person**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Gender identified at birth** |  |
| **Home Address (Inc Postcode)** |  |
| **Diagnosis** |  |

|  |
| --- |
| **Are there any risk factors – i.e. suicidal thoughts/plans, active self-harm, violent behaviour?**  **If yes, please consider also a referral to Contact Point 01482 303688 as this referral is routine and will not be prioritised for risk.** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What other agencies are involved with the child/young person and what support packages have been provided currently or in the recent past? Please attach copies of all reports** | | | | | |
| **Please tick where applicable:** | **Current** | **Past**  **(Date)** | **Never** | **Describe involvement** | **Report attached (essential)** |
| CAMHS |  |  |  |  |  |
| Portage |  |  |  |  |  |
| Educational Psychology |  |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |  |
| Early Help Support |  |  |  |  |  |
| Youth Offending Team |  |  |  |  |  |
| Speech & Language Therapy |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |
| Parenting/behaviour management classes |  |  |  |  |  |
| Child Protection Plan/ Child in need plan |  |  |  |  |  |
| Neurodevelopmental Disability i.e. Learning Disability/ADHD |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |
|  | | | | | |

Signed…………………………….…………… Relationship to child……………………………………………

Print name……………………………………. Date……………………………………………………………………

**Part 1 ADHD TRIAGE SCREENING CHECKLIST TO BE FILLED IN BY PARENTS/CARERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SNAP-IV 26-Item Teacher and Parent Rating Scale**  James M. Swanson, Ph.D., University of California, Irvine, CA 92715  Patient/Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ Type of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_  Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For each item, check the column which best describes this child/adolescent: | | | | | |
|  |  | |  | | --- | | **Not at**  **all** | | |  | | --- | | **Just a**  **little** | | |  | | --- | | **Quite a**  **bit** | | |  | | --- | | **Very much** | |
| |  | | --- | | 1. | | Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks |  |  |  |  |
| |  | | --- | | 2. | | Often has difficulty sustaining attention in tasks or play activities |  |  |  |  |
| |  | | --- | | 3. | | Often does not seem to listen when spoken to directly |  |  |  |  |
| |  | | --- | | 4. | | Often does not follow through on instructions and fails to finish schoolwork, chores, or duties |  |  |  |  |
| |  | | --- | | 5. | | Often has difficulty organizing tasks and activities |  |  |  |  |
| |  | | --- | | 6. | | Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort |  |  |  |  |
| |  | | --- | | 7. | | Often loses things necessary for activities (e.g., toys, school assignments, pencils or books |  |  |  |  |
| |  | | --- | | 8. | | Often is distracted by extraneous stimuli |  |  |  |  |
| 9. | Often is forgetful in daily activities |  |  |  |  |
| |  | | --- | | 10. | | Often fidgets with hands or feet or squirms in seat |  |  |  |  |
| |  | | --- | | 11. | | Often leaves seat in classroom or in other situations in which remaining seated is expected |  |  |  |  |
| |  | | --- | | 12. | | Often runs about or climbs excessively in situations in which it is inappropriate |  |  |  |  |
| |  | | --- | | 13. | | Often has difficulty playing or engaging in leisure activities quietly |  |  |  |  |
| |  | | --- | | 14. | | Often is “on the go” or often acts as if “driven by a motor” |  |  |  |  |
| 15. | Often talks excessively |  |  |  |  |
| |  | | --- | | 16. | | Often blurts out answers before questions have been completed |  |  |  |  |
| 17. | Often has difficulty awaiting turn |  |  |  |  |
| |  | | --- | | 18. | | Often interrupts or intrudes on others (e.g., butts into conversations/ games |  |  |  |  |
| 19. | Often loses temper |  |  |  |  |
| 20. | Often argues with adults |  |  |  |  |
| |  | | --- | | 21. | | Often actively defies or refuses adult requests or rules |  |  |  |  |
| |  | | --- | | 22. | | Often deliberately does things that annoy other people |  |  |  |  |
| |  | | --- | | 23. | | Often blames others for his or her mistakes or misbehaviour |  |  |  |  |
| |  | | --- | | 24. | | Often is touchy or easily annoyed by others |  |  |  |  |
| 25. | Often is angry and resentful |  |  |  |  |
| 26. | Often is spiteful or vindictive |  |  |  |  |

|  |
| --- |
| **Are there any risk factors – i.e. suicidal thoughts/plans, active self-harm, violent behaviour?**  **If yes, please consider also a referral to Contact Point as this referral is routine and will not be prioritised for risk.** |
|  |

Signed……………………………………………………….

Relationship to child………………………………………………….

Print name…………………………………………………

Date…………………………………………………………………………...

**Part 2**

This checklist can be completed by a SENCO or Class teacher. **Referrals received without completed information will not be processed and returned to referrer.**

**Information about SENCO**

|  |  |
| --- | --- |
| **Name of SENCO** |  |
| **School** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **How long have you known the child/young person** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison with school peers** | | | | |
|  | **Better than peers** | **Similar to peers** | **Has more difficulty than peers** | **Has major difficulties** |
| Expressive language (talking) |  |  |  |  |
| Receptive Language (understanding) |  |  |  |  |
| Social Interaction (relating to people) |  |  |  |  |
| Friendships |  |  |  |  |
| Play |  |  |  |  |
| Flexibility (adapting to changes) |  |  |  |  |
| Cognition (thinking) & Learning |  |  |  |  |
| Sensory (noise, light, smell, touch, taste) |  |  |  |  |
| Physical (balance, coordination, fine/gross motor skills) |  |  |  |  |
| Does the child receive additional help with their learning |  |  |  |  |
| What are the child’s organisational skills like |  |  |  |  |
| What is the child’s concentration like |  |  |  |  |
| Does the child need help to settle and stay on task |  |  |  |  |
| How much attention does the child demand in the classroom |  |  |  |  |
| How is the child in assembly |  |  |  |  |

**ADHD TRIAGE SCREENING CHECKLIST**

**TO BE FILLED IN BY EDUCATION/NURSERY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SNAP-IV 26-Item Teacher and Parent Rating Scale**  **James M. Swanson, Ph.D., University of California, Irvine, CA 92715**  **Patient/Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_\_\_\_**  **Grade: \_\_\_\_\_\_\_\_ Type of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**  **Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For each item, check the column which best describes this child/adolescent:** | | | | | |
|  |  | **Not at all** | **Just a little** | **Quite a bit** | **Very much** |
| 1. | Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks |  |  |  |  |
| 2. | Often has difficulty sustaining attention in tasks or play activities |  |  |  |  |
| 3. | Often does not seem to listen when spoken to directly |  |  |  |  |
| 4. | Often does not follow through on instructions and fails to finish schoolwork, chores, or duties |  |  |  |  |
| 5. | Often has difficulty organizing tasks and activities |  |  |  |  |
| 6. | Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort |  |  |  |  |
| 7. | Often loses things necessary for activities (e.g., toys, school assignments, pencils or books |  |  |  |  |
| 8. | Often is distracted by extraneous stimuli |  |  |  |  |
| 9. | Often is forgetful in daily activities |  |  |  |  |
| 10. | Often fidgets with hands or feet or squirms in seat |  |  |  |  |
| 11. | Often leaves seat in classroom or in other situations in which remaining seated is expected |  |  |  |  |
| 12. | Often runs about or climbs excessively in situations in which it is inappropriate |  |  |  |  |
| 13. | Often has difficulty playing or engaging in leisure activities quietly |  |  |  |  |
| 14. | Often is “on the go” or often acts as if “driven by a motor” |  |  |  |  |
| 15. | Often talks excessively |  |  |  |  |
| 16. | Often blurts out answers before questions have been completed |  |  |  |  |
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| 21. | Often actively defies or refuses adult requests or rules |  |  |  |  |
| 22. | Often deliberately does things that annoy other people |  |  |  |  |
| 23. | Often blames others for his or her mistakes or misbehaviour |  |  |  |  |
| 24. | Often is touchy or easily annoyed by others |  |  |  |  |
| 25. | Often is angry and resentful |  |  |  |  |
| 26. | Often is spiteful or vindictive |  |  |  |  |

|  |
| --- |
| **Please tell us the child’s academic levels for:**  **Reading**  **Spelling**  **Numeracy**  **Handwriting** |
|  |
| **Other difficulties** |
|  |

Signed………………………………………………………. Relationship to child……………………………………………….

Print name………………………………………………. Date……………………………………………………………….………