**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** |

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|  |
| --- |
| **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 |  |  |  |  |
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|  |
| --- |
|  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 |  |  |  |  |
| 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 |  |  |  |  |

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

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

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