

Own views and concerns

This form is to be completed by the child or young person with help from an adult (if needed). Please add detail where relevant rather than yes/no answers. This form includes codes and abbreviations before the questions, these are to allow the triage panel to process the information gathered into diagnostic criteria and identify potential needs.

Please describe your own concerns about ASD, ADHD or anything else.

Who do you live with?

OTHER Please tell us about any significant life events that have affected you (E.g. Bereavements, marital breakdown, parental mental health concerns, domestic violence, abuse, social care involvement, alcohol, addiction, SEN, bullying etc.)

OTHER Do you have any physical health concerns? (Diagnosed conditions, treatment, medications, hospital admissions, head injury, neurological disorders, sensory disorders, genetics)

MH Do you have any mental health concerns? Has this been discussed with someone? Who? (Diagnosed conditions, treatment, medications, hospital admissions)

ND Do you have a diagnosis of ASD, ADHD or a Learning Disability?

Do you have any allergies? (including to medications)

LD If you know, please provide us with an in-depth description of your developmental milestones (e.g. walking, talking, toilet training, interacting).
Was there anything you were worried about? Any delays or differences?
Did/Does anyone else have any concerns? (e.g. GP, health visitor)
Any issues around pregnancy and birth?

DCD What are your coordination skills like? eg using your hands for writing, eating, games controllers, phone, balance, overall coordination

OTHER What is your confidence or self-esteem like? Are you shy?

RISK Do you present with any thing that others may think of as risky? To yourself, to others or from others? If yes, please provide some examples

A1/LD	If you know, what was your development of language like before age 3? ie Production of speech and understanding.

A2/LD/OTHER	If you know, did you make selective attachments to adults and how did you interact with others before age 3?

A3/LD	If you know, what was your play like before age 3? Describe it.

B1a	How good is your use of eye contact, gestures, facial expressions and body postures when interacting with others?

B1b	What are your friendships like? How many friends do you have? Do you have joint interests, activities and emotions with your friends? How popular are you?

B1c	How do you respond to other's emotions or emotional situations? Please give examples.

B1c	Do you have any behavioural problems? Can you change your behaviour in different situations? How do you respond to authority or being told off? Please provide some examples.

ODD	Do you follow or obey rules? Please provide some examples

CD	Do you follow or obey laws? Please provide some examples

B1d	Does you share enjoyment, your interests or achievements with other people without being asked first eg talking about, showing, bringing or pointing out to other people objects of interest to you. Please provide some examples.

B2a	Does you have a delay in your language now? If yes, do you use gestures to compensate for your language difficulties? Please provide some examples.

B2b	Do you start conversations with others? Can you keep a conversation going? How do you respond to the other person? Eg if they want to talk about something else.

B2c	Is there anything different about your use of language or words, accent, how your voice sounds or repetitiveness that others may notice?

B2d	Did/do you child play without someone else asking you to play? Is/was your play varied? Did you imitate others in your play when younger eg kitchens, DIY, hoovering? What is your imagination or creativity like?

B3a	Do you have any interests that others might find unusual? Do they interfere with your everyday activities? Please give examples.

B3a	Do you have any intense interests? Do they interfere with your everyday activities? Please give examples.

B3b	Do you have any routines or rituals that you have to do? Why do you do them? What happens if you are not able to carry out the routine? Can you manage change? Do you need structure and routine? How adaptable are you?

B3c	Do you have any repetitive motor actions that are the same each time, that involve either hand or finger flapping, or twisting, or complex whole-body movements? Please give a description.

B3d	Are you interested with parts of objects or play materials? Do you have any sensory sensitivities or dislikes? Eg vision, smell, taste, touch, texture. Are there any sensory things that you really like? Please describe and likes or dislikes.

Masking	Do you deliberately hide any of your difficulties from others eg at school. So that you fit in better or look like other children or young people. Please describe what you do and how it makes you feel.

G1.1	Can you pay close attention to details when doing schoolwork, work or other activities eg play? Please give a description

G1.2	Can you maintain attention in tasks or play activities? Please give examples and how long you can pay attention for when it is an activity you like or dislike.

G1.3	Do you listen to what is being said to you?

G1.4	Do you follow through on instructions to finish schoolwork, chores or duties? Please describe if this is due to you not wanting to do a task, or if you have difficulties in understanding instructions.

G1.5	Are you organised when doing tasks or activities? Please give a description

G1.6	Do you avoid or strongly dislike tasks, such as homework, that require sustained effort?

G1.7	Do you often lose things necessary for certain tasks or activities, such as school work, pencils, books, toys or tools?

G1.8	Do you often get easily distracted by external stimuli eg noise?

G1.9	Are you often forgetful in the course of daily activities?

G2.1	Does your child fidget with their hands or feet, or squirm on their seat?

G2.2	Does your child often get out of their seat, when they are expected to stay in their seat?

G2.3	Does your child often run or climb excessively in situations in which it is inappropriate? If your child is an adolescent, do they describe feelings of restlessness?

G2.4	Is your child more noisy than other children when playing or has difficulty in engaging quietly in leisure activities?

G2.5	Does your child show excessive motor activity and movement across all settings?

G3.1	Does your child often blurt out answers to questions before questions have been completed?

G3.2	Can your child take turns in games or group situations? Are they able to wait in lines?

G3.3	Does your child often butt into others' conversations or games? Do they talk excessively without appropriate response to the social situation or rules?

G3.4	Does your child talk too much, even when asked not to?

G 4	How long have you had concerns around your child's needs/behaviours?

G 5	Does your child present with the same difficulties in all settings or does it change depending on the setting?

G 6	Does your child's attention, impulsivity or hyperactivity cause them significant distress or have an effect on their social, school or other functioning? Please describe the effects.

OTHER	Please detail anything else you would like to tell us.

Have you had any help? Has it worked?

NEEDS	Do you have any needs that you believe are not currently being met by health, education or social care? What would you like help with?

People involved in the completion of this section:

Child's name		Date	
Name of person who has offered support with the form		Date	