Appendix 1





ADHD Advice and Support Recommendations for Referrers

We hope to ensure that the correct support and intervention is identified for the child you are referring.

For **ADHD** referrals the following information is helpful in considering whether a neurodevelopmental assessment or alternative support or advice would be more suitable.

Prior to referral please consider the following points (and providing evidence for these)

(REQUIRED*)

		(REQUIRED*)
Hyperactivity, is the	acting before thinking of consequences	
child	having difficulty maintaining attention for any period on a task	
	jumping from one activity to another	
	having difficulty with organizing themselves or their time	
	tired due to poor sleep	
Impulsivity, is the	restlessness (inability to sit still, fidgeting, need to stand from seat)	
child	undertaking risky behaviours	
	have a tendency to interrupt others' conversations	
	unable to wait own tur	n/ queue/ put hand up prior to calling out
Inattention, is the	easily distracted	
child	observed day dreaming	
	unable to complete wo	
	demonstrates difficulty	<u> </u>
	clumsy/ accident prone	
Home Life (consider)		School Life(consider)
Who is at home		Is the child achieving well academically
How is home life		Does the child have friends
Are you aware of any trauma or bad experiences		Are there any bulling issues
<u>Severity of Difficulties</u> (consider)		<u>Frequency of Difficulties</u> (consider)
Please provide evidence the impact on		Please define whether difficulties are apparent
education/achievement/relationships/ daily		(and the same) in both school and home setting?
functioning		
Are there any identified risks or concerns		Time of Difficulties
		When were difficulties first noted and what
		possible events may have surrounded this

If School Referring

School to demonstrate that they have *observed the child for 10 weeks and recorded observations, including any changes and patterns in pupil's behaviour?

Has the child got an EHCP? Or has the EHCP process commenced?

Has an Educational Psychologist Report been *completed or *requested?

All Referrers

Has the parent/ Guardian or child *consented to a referral?

Has parent/carer been referred/completed a parent training programme?

Has Early Help been considered or referred to?

Have there been any recent significant events or changes the child's life, such as early adverse childhood experiences, death or family relationship difficulties?