



46703

NURSERY/SCHOOL INFORMATION for Community Paediatrics and Neurodisability Service

Please complete and return to:
(delete as appropriate):

Name:

.....

Address:

Community Paediatrics, Centenary
House, 55 Albert Terrace Road,
Sheffield, S6 3BR.

Name:

.....

Address:

Ryegate Children's Centre, Tapton
Crescent Road, Sheffield, S10 5DD.

Affix patient label or complete

SCH Hospital Number.....

Surname.....

Forename.....

D.O.B.....

Sex..... Post Code.....

NHS Number.....

When completing this form please consider your expectations for children of the same age. Some sections may not be relevant for all children, eg nursery age or older children. Please use the spaces to provide as much information as you can about the areas listed. We have also asked you to rate whether you think there is a difficulty for the child in each area by placing a tick in the appropriate box. There is space on the final page for any additional information which you would like to provide.

Name of Nursery/School:

Social Interaction

Interest in social interaction. *Is this age appropriate? Does he/she seek out other children, approach children and adults?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty



Ability to share and take turns. *Is this age appropriate?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Relationships with Adults in school. *Is this appropriate for age? Does he/she acknowledge that adults are in charge? Is he/she distant or aloof or overfriendly and affectionate? Can he/she communicate clearly and engage in conversation?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Relationship with Peers. *Is this appropriate for age? Does he/she avoid peers or have difficulties joining in with others? Does he/she have a group of children he/she regularly plays with or particular "best" friends? Are peer relationships too intense and obsessional? Does he/she socialise predominantly with peers of the opposite sex or children with special needs?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Participation in group work. *Is this appropriate for age? Can he/she work with a group, share ideas and listen to others' contributions? Does he/she find it difficult to understand what is happening in group interactions?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Interaction during play. *Does this seem appropriate for age? Is he/she often solitary? Does he/she try to be in control in games or is he/she too easily dominated by others? Can he/she share and take turns appropriately?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Awareness of others' emotions. *Does he/she show awareness when others are becoming angry or upset? Does he/she show appropriate concern about others' distress?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Expression of emotions. *Eg appropriate demonstration of enjoyment, anticipation, distress.*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Language and Communication

Understanding of language *Can he/she understand and follow everyday instructions?
Does he/she show understanding of language used to the whole class?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Literal interpretation of language. *Can he show appreciation and use of verbal humour
and sarcasm at an age appropriate level? Can he/she be obviously literal in interpretation?
Please give examples.*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Use of language. *Does he/she demonstrate an age appropriate use of words and
sentences?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Two way conversation skills with adults. *Does he/she respond appropriately in conversations, even if shy? Is conversation very difficult to sustain? Does it only focus on his/her agenda? Do particular topics or interests intrude into conversations?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Use of non-verbal communication. *Does he/she maintain an appropriate distance from others or seem too close, invading others' space? Does he/she use facial expression appropriately to convey meaning? Does he/she use gestures such as pointing or shrugging shoulders or demonstrative gestures to communicate actions size or shape?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Ability to interpret non-verbal cues.

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Two way conversation with peers.

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Range of conversational topics.

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Use of intonation in speech *Does tone of speech go up and down appropriately or can it be monotone? Does voice pitch seem too high or too low? Is volume too loud or too quiet?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Eye contact. *Does he/she use eye contact appropriately when relaxed and comfortable in interactions? Does he/she turn away and fail to look during interactions? If eye contact is poor, is this only with some people or when he/she is angry or upset or in trouble?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Imagination and Flexibility

Ability to understand and follow school and classroom routine. *Does he/she follow the routine as part of his peer group or seem lost and need prompts from adults or not seem to appreciate that rules apply to her/him as well as others?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Ability to cope with changes. *Does he/she seem stressed or distressed by disruption to regular routine or an unexpected change? Is preparation necessary to reduce distress?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Ability to organise self.

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Ability to work creatively (Story writing, artwork or imaginative play). *Can he/she make up stories in play, draw creatively and flexibly and write imaginatively in a way appropriate to age? Does he/she tend to repeat themes, focus on own interests or seem very engrossed in a fantasy world?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Obsessional interests. *Does he/she have very strong interests which are expressed in the school environment? What are they? Are the interests unusual for a child of this age? Do they seem to get in the way of friendships or do they seem to prevent the child showing interest in topics and work in school?*

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Emotional and Behavioural Issues

Sensory difficulties Does he/she have difficulties with noise, smells or coping with touch or jostling in busy situations? Have there been problems coping in parts of the school routine or day, eg with assembly or lunch times?

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Anxiety. Does he/she show any anxiety in school? Does this have an impact on social relationships or learning?

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Anger Does he/she express anger or frustration in school in a way that is inappropriate for age and that causes a problem for others?

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Demand Avoidance Does he/she go to extraordinary lengths inappropriate to their age in order to avoid or reduce direct demands from adults?

No
Problems

Some Possible
Difficulty

Significant
Difficulty

Learning/Attainments

Reading

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

Reading comprehension

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

Maths

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

Physical activity in school/PE

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

Writing

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

General academic progress

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

Attitude/approach to learning *Does he/she work below their potential due to difficulties in their attitude or approach to learning?*

No Problems <input type="checkbox"/>	Some Possible Difficulty <input type="checkbox"/>	Significant Difficulty <input type="checkbox"/>
---	--	--

Further Comments

Signed

Name and Position of Person completing this form:

.....

Date