

FOR COMPLETION BY SCHOOL/EDUCATIONAL ESTABLISHMENT	
Child's Name	Child's DOB
Child's Address	
Please state your name and your relationship to the child.	
Name:	
Job title:	
School:	

1. Please give examples of hyperactivity you have observed	
2. Please give examples of impulsivity you have observed	
3. Please give examples of inattention you have observed	
4. Please describe the child's peer interactions and any difficulties in relationships	
5. Please indicate to what extent you think the following applies to the child:	
Hyperactivity	Not at all   0   1   2   3   4   5   6   7   8   9   10   A lot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Impulsivity	Not at all   0   1   2   3   4   5   6   7   8   9   10   A lot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inattention	Not at all   0   1   2   3   4   5   6   7   8   9   10   A lot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Difficulties in peer interactions/friendships	Not at all   0   1   2   3   4   5   6   7   8   9   10   A lot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Is this child achieving their academic potential <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Interventions at school to date: Please state who, where, date and impact. For example: parenting and classroom support, Individual education plan, school action plus, SEND plan:	
8. Are there any current or previous Safeguarding / Child Protection concerns in relation to this family? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you selected yes please give details

9. Is the family currently open to Children's Services?

Yes  No

If you selected yes please give details, i.e. Child in Need / Child Protection:

**OTHER AGENCIES INVOLVED (provide details as appropriate)**

If you are aware of any other agencies involved with this young person, please provide details below.

PROFESSIONAL / AGENCY	TELEPHONE NUMBER	EMAIL ADDRESS
School Nurse		
Social Worker		
Paediatrician		
School		
Health Visitor		
Educational Psychologist		
Counsellor		
Family Support		

**NEXT STEPS**

Please note that this is a paper-based pre-screen and the child will not be seen by the ADHD specialist team. We will notify the referrer and the family of the outcome of our pre-screening exercise.

For Teacher to Complete

**SNAP-IV Teacher and Parent 18-Item Rating Scale**

James M. Swanson, PHD., University of California, Irvine, CA 92715

Patient/Client Name:

Date of Birth	Sex:
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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
19. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often has difficulty sustaining attention in tasks or play activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Often does not seem to listen when spoken to directly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Often does not follow through on instructions and fails to finish schoolwork, chores or duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Often has difficulty organising tasks and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort e.g. schoolwork or homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Often loses things necessary for tasks or activities, e.g. toys, school assignments, pencils, books or tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Often is distracted by extraneous stimuli.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Often is forgetful in daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Often fidgets with hands or feet or squirms in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Often leaves seat in classroom or in other situations, in which remaining seated is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Often runs about or climbs excessively in situations in which it is inappropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Often has difficulty playing or engaging in leisure activities quietly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Often 'on the go' or often acts as if 'driven by a motor'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Often talks excessively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Often blurts out answers before questions have been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Often has difficulty awaiting turn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Often interrupts or intrudes on others, e.g. butts into conversations/games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agreed and Finalised 29/4/20 SMcM/AMc/CM

**Accessible Information Needs (AIS):**

This document will be recorded in the patient record under the SNOMED-CT Preferred term of "Referral for mental health assessment" (Concept ID: 202291000000107)

HSV1590