SECTION 5
Details of Observations

5a. Home

Name of child/young person:

Name of person(s) completing section:

Relationship to the child/young person:

Date(s) completed:

This section is to be completed from the perspective of those who live with/care for the child/young person. If the child/young person lives in more than one home (such as separated parents), this section can be completed more than once if preferred.

If you would like to add your child's voice or views to any of these sections, this is ok to do. For example, if your child has told you something they think or feel about any of the below areas (such as friendships, or sensory difficulties), you can put that in this section. Not all children and young people will want to, or be able to, complete the separate young person perspective section, it is optional. Please just make it clear to us what you notice as a parent/carer, and what your child may have told you. If there is another way you feel your child's voice or views could be heard, such as drawings for example, these can be submitted as documents with the referral; these are also optional.

Throughout the sections below, please include how the child/young person's difficulties impact on them and others.

What are your hopes for this referral? It is ok if the hopes you have are different to those of other people, such as your child or their educational setting. If you are hoping for a specific specialist assessment for your child, it is ok to tell us this.
Social Communication Please tell us about how the child/young person interacts with others, both adults and others of the same age. Consider the following: what it is like having a conversation with them, do they start conversations or offer information in conversations; how do they gain the attention of others and respond to others speaking to them; how do they share their achievements, feelings, and interests. If the child/young person does not use speech, please tell us about how they communicate with others and for what purposes.
Nonverbal Communication Please tell us about the child/young person's use, understanding, and appropriateness of nonverbal communication. Consider the following: eye contact, facial expressions (showing how they are thinking or feeling on their face), and gestures (such as nodding and shaking our head, pointing, describing things using their hands, or 'talking' with their hands). Please also think about whether they do these things together, and while talking; this might need some additional observation to comment on.
Relationships

Please tell us about the child/young person's relationships, such as friendships. Consider: their interest in others children/young people, and their abilities in making, developing, keeping, and understanding friendships; and how they adapt their behaviour/communication around different people (such as family, teachers, and friends).

Play (past or present)

Please tell us about the child/young person's play, either currently or when they were in their earlier childhood. Consider: their play style, what did/do they enjoy playing with, their imagination, if they liked or accepted others playing with them.

Speech and Language

Please tell us about the child/young person's speech and use of language. Consider the following: the tone, speed, volume, and inflection of their voice; overly formal speech; repetitive speech/phrases.

Motor Movement

Please describe if the child/young person shows any unusual or repetitive use of their hands or body.

Please describe if they use objects unusually or repetitively.

(There is a section further down to detail observations of excessive motor movement/activity)

Flexibility Of Thought and Behaviour

Please tell us about the child/young person's flexibility in their thoughts and behaviour. Please consider if they have any particular routines or rituals, or extreme difficulty with change to routine or their environment.

Interests

Please tell us about the child/young person's interests. Please highlight if these take up an excessive amount of their time or impact on other activities.

Sensory Avoiding and Seeking

Our senses include sight, hearing, smell, taste, touch, pain, heat, and movement. Please tell us about anything that the child/young person is over-reactive to, and so avoids or responds excessively to. Please also tell us about anything they are under-reactive to, so seeks excessively or does not to respond to.

Attention and Concentration

Please tell us about the child/young person's attention and concentration. Please consider: their attention

to detail, focusing and keeping their attention on tasks and chosen activities, distractibility, listening when being spoken to directly, processing and following instructions, their organisation, memory in daily activities, and how they keep track of their belongings.

Please give as much detail as possible, and examples where appropriate.

Please also explain the frequency the above occurs.

Please explain the impact this has at home and in the wider community, such as shops, restaurants, play centres, holidays, public transport etc.

Hyperactivity/Impulsivity

Please tell us about the child/young person's motor activity and behaviour. Please consider: their abilities to remain seated when expected, wait and turn take (such as in conversations, tasks, play, and leisure activities); their level of noise and activity (including fiddling, tapping, running, climbing); and any impulsivity: please consider shouting out inappropriately, acting safely (such as near roads and with equipment), whether they appear to act without thinking, and risk-taking behaviours.

Please give as much detail as possible, and examples where appropriate.

Please also explain the frequency the above occurs.

Please explain the impact this has at home and in the wider community, such as shops, restaurants, play centres, holidays, public transport etc.

When did you first notice your concerns?

Is there anything else you would like to share?