ADHD Referral Form – Initial Checklist (February 2024)

If you decide to use the checklist below to see if it appears to "fit" the student, remember you are not making a diagnosis but simply trying to determine if it would be useful to refer the student onto professionals who are in a position to make an identification of ADHD and suggest appropriate responses (which may include medication). Ideally, the checklist should be completed collaboratively by two or more staff.

Once you have completed the Checklist, please send referral to send@bwsgirls.org

Student	Year / Form	Date	Staff

Has this been discussed with the student (please circle): YES / NO

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	The student	Always	Often	Rarely	Never
1	Appears to experience difficulty in paying attention during teacher-talk, resulting in mistakes when completing tasks.				
2	Fails to listen even when spoken to directly.				
3	Appears to experience difficulty in sustaining concentration when engaged in practical or play activities.				
4	Displays a dislike for and will actively avoid tasks which require sustained concentration and thought.				
5	Even when motivated and engaged, will struggle to complete a task.				
6	Struggles to organize their thoughts and follow a reasonable plan of action – despite understanding what is expected of them.				
7	Struggles to follow routine tasks – has to be constantly reminded about routines because they appear to have forgotten.				
8	Is over alert and easily distracted – has a tendency to turn towards any movement or loud noise.				
9	Is persistently active with little need for rest periods.				
10	Appears much more restless than their peers, will often squirm and swing on their chair.				
11	Will wander around the classroom for no apparent reason.				
12	Will take any opportunity to engage in running around, climbing, play fighting etc.				

	The student	Always	Often	Rarely	Never
13	Will say things that are not thought out, often inappropriate.				
14	Appears to be talking for the sake of it.				
15	Will blurt out responses before a question, instruction or piece of information has been fully given.				
16	Will use inappropriate strategies to join a conversation or game such as barging in, loud interrupting etc.				
17	Has problems with turn taking				
18	Appears to have little or no sense of danger				
19	Will lose things such as pens, pencils, bus fare etc.				

What is working well at home / in school – it is important to get the child's view here:

Vhat are your concerns and worries as a parent/teacher:	

What will happen now

SENDCO will start the "Assess, Plan, Do" Review cycle with assessing and observing the need you have highlighted. Within 3-4 weeks, Parents/Carers will be invited for a meeting to discuss the referral and the support that has been put in place.

<u>Diagnosis</u>

The school require time to be able to collate evidence and put strategies in place to support your child. The strategies implemented will always start off with 'in class support' through high quality teaching.

Over **two terms**, we look at whether additional support is needed outside of the classroom through teacher feedback/parent and pupil feedback and assessing end of term academic reports.

Once we have collated enough evidence this will be compiled and sent through the relevant avenue for a diagnosis. Please bear in mind that the wait in Bromley is roughly 18 months to 2 years for a final diagnosis, however the focus is ensuring that *the support is in place in the meantime*.