

**Parent/Carer Information to be submitted with the East Lothian Children and Young People Single Point of Access Request for Assistance Referral Form (RfA)**

As part of your child/young person's referral for Neurodevelopmental assessment we ask questions about their development and how they have grown and changed over time.

It will also give you a chance to tell us about any differences that you have observed or worries you have.

Please complete the below questions giving examples and sufficient detail of the differences and behaviours you have observed.

There will be further opportunities to discuss your child's development and differences in more detail if your child/young person's referral is accepted. You do not therefore need to include sensitive information at this stage if you would prefer not to.

Child Name:	Date of completion:
Date of Birth:	CHI Number (if known):
Home Address:	

Name of the person completing:	Relationship to child:
Contact number:	

<p>1. How old was your child when you first noticed differences in their development?</p>          <p>2. What were the differences that you/others (family/friends/professionals) noticed?</p>
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3. What are the main difficulties or differences that made you decide on this referral now? What would you most like support with?
4. Has anyone in your child's birth family (including cousins, grandparents, etc.) ever been diagnosed or suspected to have a neurodevelopmental condition? (e.g. ASD, ADHD, Intellectual Disability)
5. Have you observed differences in any of the following areas? (Please give examples and skip areas that do not apply)

<p><b>Language &amp; communication differences</b> e.g. Does your child have difficulty understanding what people have said/ following instructions? Do they initiate conversations and ask questions? Is there anything different about their tone of voice, accent, or use of volume? Do they have difficulty using or understanding gestures/ body language?</p>	
<p><b>Sensory differences</b> e.g. sight, noise, touch, taste, smell, balance, body awareness, temperature, pain</p>	
<p><b>Attention</b> e.g. Can they focus their attention on a task when they need to? Do they usually pay attention when you or others are speaking to them?</p>	
<p><b>Relationship/ Friendships</b> e.g. How do they get on with other adults? Are they interested in making friends?</p>	

<b>Interests/Behaviour</b> e.g. Can they cope with planned/ unplanned changes to routine? Do they have any repetitive behaviours? Do they have any strong and/ or different interests to their peers?	
<b>Activity levels</b> e.g. Do they seem to have more energy than other children their age? Are they always getting up from their seat? Do they do a lot of fidgeting?	
<b>Mood and Emotions</b> e.g. experiences of low mood, anxiety, elated mood, extreme irritability, crying spells, intense angry outbursts, overreactions to small problems, not feeling in control of their emotions	
<b>Eating</b> (e.g. avoiding certain foods, textures, eats a restrictive diet, doesn't seem interested in food, over eats, doesn't recognise when full	
<b>Fine and/or Gross Motor Skills</b> e.g. tying their shoes, holding a pencil, fastening buttons, catching or kicking a ball, poor posture, unusual way of walking	
<b>Repetitive physical movements</b> e.g. hand flapping, walking on their tiptoes, rocking	
5. Did your child/young person meet their developmental milestones (i.e. walking, talking toileting) Were there any delays or loss of general skills?	

6. Have you, or anybody else, identified any differences with your child's general development? E.g. awareness of sanger, memory, understanding, learning for mistakes, cleaning themselves. Is there anything you would expect them to be able to do that they seem unable to?

7. Has your child or young person experienced any difficult life events, trauma, stress, or unexpected separation from a caregiver?

8. Please provide any additional information that you think is important for us to know.

