ADHD SCHOOL REPORT FORM

Please scan and email your completed questionnaire to bromh.cypqueries@nhs.net

Child's name: **Date of Birth:**

Name and Address of School:

Class/ Year: **Class/ contact Teacher:**

Head Teacher: **School contact number:**

Date report completed: _____
(Please note we cannot accept this form without a completion date)

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1. What are the main difficulties (if any) as you see them?

2. How long have these been of concern?

3. In comparison with their peers, how is the child at present in terms of:

	Well Below Average	Below Average	Average	Above Average	Well Above Average
General Level of Ability					
General Level of Attainment					
Ability of Reading					
Ability of Writing					
Ability in Maths					
Ability in Spelling					

4. Give a description of the child's behaviour at times when:
   a. The class is expected to listen to the teacher.

   b. The children are expected to organise themselves to complete some work.

   c. They are in a 1:1 situation with the teacher or other adult.

5. Is the child receiving any extra help and if so, what does this entail?

6. Has the child been seen by an Educational Psychologist before? Yes/No
   If yes, please give details of date and outcome and enclose report

7. How would you rate the following?

	Well Below Average	Below Average	Average	Above Average	Well Above Average
Self-esteem/confidence					
Response to rules and discipline					
Attendance record					

8. Any concerns about the child's emotional state?

9. Does the child have a Pastoral Support Plan?

10. In school, how many friends does the child have? Many/Few/None

11. Has the child ever had disciplinary action taken against him/her, such as being suspended or expelled? Yes/ No Has the Behaviour Support Team been involved? Yes/ No

    If yes, please give details:

12. Have you any concerns about the child's social relationships? Yes/ No

    If yes, please give details:

13. Have they attended a Social Skills Group Yes/No

14. Describe the child's behaviour during free times such as lunchtime and when out in the playground.

15. What are the child's strengths?

16. Additional comments (including parental perceptions of difficulties)

Completed by: **Signed:** **Date:**

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