

Oxford CBT

## Neurodevelopmental Assessment Referral – Pre-Assessment Information

Name of Young Person

DOB

Home Address

Next of Kin

Next of Kin contact details

GP Practice

## Who lives at home with the young person?

Name	Relationship to young person	Age

Please briefly summarise what led you to seek the current assessment?

Please list your 3 main challenges and/or concerns.

1.
2.
3.

What would be a good outcome for your son/ daughter and the wider family, following the assessment?

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What are the young person's interests, strengths and qualities?

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What differences or challenges, if any, have you noticed in the following areas:	
	Comments
Peer relationships?	
Social communication skills (e.g. eye contact, use of gesture, voice, facial expression)?	
Sensory interests or differences?	
Managing changes to routines and transitions?	
Listening and concentration skills	
Energy or activity levels?	
Behavioural concerns at home or in school?	
Managing emotions?	
Learning at school?	

Education			
	Subjects	Grades	Difficulties, or areas of support
Nursery			
Primary			
Secondary			

Education		
Service	Currently	Previously
Speech and language therapy		
Child and Adolescent Mental Health Team		
Children's Services/ Social Care		
SENDSCO		
Other		

Does your son/ daughter have any previous medical, mental health or neurodevelopmental conditions (e.g. autism, ADHD, dyslexia, dyspraxia)?

Are there any members of their family with a mental health or neurodevelopmental condition (e.g. autism, ADHD, dyslexia, dyspraxia)?

Thank you for providing this preliminary information

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## SNAP-IV 26 - Teacher and Parent Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715



Name:			Gender:	Age:	
Grade:	Class size:	Completed by:	Teacher:	Parent:	

For each item, check the column which best describes this child.		Not at all	Just a little	Quite a bit	Very much
1.	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2.	Often has difficulty sustaining attention in tasks or play activities				
3.	Often does not seem to listen when spoken to directly				
4.	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5.	Often has difficulty organizing tasks and activities				
6.	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7.	Often loses things necessary for activities (e.g, toys, school assignments, pencils, or books)				
8.	Often is distracted by extraneous stimuli				
9.	Often is forgetful in daily activities				
10.	Often fidgets with hands or feet or squirms in seat				
11.	Often leaves seat in classroom or in other situations in which remaining seated is expected				
12.	Often runs about or climbs excessively in situations in which it is inappropriate				
13.	Often has difficulty playing or engaging in leisure activities quietly				
14.	Often is "on the go" or often acts as if "driven by a motor"				
15.	Often talks excessively				
16.	Often blurts out answers before questions have been completed				
17.	Often has difficulty awaiting turn				
18.	Often interrupts or intrudes on others (e.g. butts into conversations/ games)				
19.	Often loses temper				
20.	Often argues with adults				
21.	Often actively defies or refuses adult requests or rules				
22.	Often deliberately does things that annoy other people				
23.	Often blames others for his or her mistakes or misbehavior				
24.	Often touchy or easily annoyed by others				
25.	Often is angry and resentful				
26.	Often is spiteful or vindictive				