**Islington CAMHS / SEMH School Questionnaire**

**Child’s Name/Initials:**

**DoB:**

**School:**

**Teacher:**

**Date and time period:**

Dear colleague,

Islington CAMHS/SEMH has recently received a referral for the above-named young person. To support us in finding the best pathway for the young person, we would appreciate the completion of the below questions:

1. What is currently going well for this young person. What are their strengths and positives?
2. What are your current areas of concern for this young person?
3. Are any other Health professionals involved (e.g. SALT, OT, Community Paeds)?
4. Are children’s social services involved in this young person’s care, Early Help, Targeted Youth Support or Social Care?
5. Do you have specific concerns around this young person’s emotional wellbeing / mental health? I.e., are you concerned around anxiety, low mood, self-esteem etc…? Are you aware of any potentially traumatic events for this young person?
6. How is this young person performing academically?

* *how are they performing? any SEN needs? any formal cognitive assessment?*
* *Is there Educational Psychology involvement? Do they have a support plan?*
* *Strengths/ needs in learning?*

***Please answer the following questions as thoroughly as possible to aid in the young person’s screening:***

1. Are there concerns around this young person’s social communication?

*- Do they have friends? What is the quality of these friendships like? Do you think they are liked by peers? Do they seek out friendships? Do they tease others? Have they been a victim of bullying?*

*Can they understand things from another person’s perspective? How do they share their emotions/ recognise emotions of others?*

1. Does this young person display any repetitive, restricted, and stereotyped behaviour?

*-     Do they share their interests with others? How do they cope with changes – unpredicted/predicted?*

*-     Do they have a special/intense interest? Any ritualised behaviour? (e.g. ordering things, counting, listing) Attachments to unusual objects? Do you think the child/YP has any unusual fears or becomes easily upset?*

1. How does this young person use language and communication with staff and peers?

*-Do they have back and forth conversations? How are conversations with peers/ adults/ new people?      Do they understand and follow group instructions?*

*-     Can they express themselves age appropriately? (Including use of gesture and facial expression, eye contact) Do they have any speech and language needs? Do they use any overly formal speech or unusual words/phrases? Do they misunderstand sarcasm/literal speech? (e.g., ‘pull your socks up’):*

1. Does this young person appear to have any particularly Sensory needs?

*- Have you noticed any sensory differences (e.g. increased sensitivity or reduced sensitivity to light/noises/ touch/ smell/ taste).*

1. Consider the child’s levels of attention and concentration, hyperactivity, or impulsivity (see explanation below).

***Inattention***

* *Struggle to give close attention to details in schoolwork – or careless mistakes.*
* *Difficulty sustaining attention in tasks or play*
* *Often not listening when spoken to directly*
* *Often does not follow through on instructions (or fails to complete tasks such as homework)*
* *Difficulty with organisation and planning*
* *Loses things easily*
* *Easily distracted by environmental stimuli*
* *Forgetful - even in routine activities.*

***Hyperactivity***

* *Often fidgets with hands or feet*
* *Often gets up from seat in class*
* *May run or climb excessively in inappropriate situations*
* *Often ‘on the go’ as if ‘driven by a motor’*
* *Often talks excessively.*

***Impulsivity***

* *Often blurts out answers before questions have been completed*
* *May have difficulty awaiting turn*
* *Often interrupts or intrudes on others (e.g. butts into conversations or games)*

1. Comments on areas above:
2. Any other comments from school?