Use this form to communicate information to support assessment for a child’s development or emotional or behavioural wellbeing concerns. **Complete all sections**.

School Support for Health and Wellbeing Assessment – Years 1 to 8

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| Child’s detailsName: Click or tap here to enter text. D.O.B Click or tap to enter a date.Contact (e.g. if they have a mobile phone number): Click here to enter text.Parent or caregiver’s details Name, relationship to the child, and contact details (email and phone numbers): Click here to enter text.[ ]  Yes, the parents or caregivers **have been informed of the concern** and **consent** to the referral.School details School name and contact (e.g. email and phone number): Click here to enter text.General practice details GP name, practice name, address, and contact number:Click here to enter text.Details of person completing this form Name: Click here to enter text. Role: Click here to enter text.Contact details (if different to school contact above): Click here to enter text.Date: Click or tap to enter a date. |

Child’s strengths (what they do well, interests, groups or clubs):

Click here to enter text.

# Main concern

[ ]  Development [ ]  Emotional wellbeing [ ]  Behaviour [ ]  Learning

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| Describe the concern and how it impacts on the child’s daily functioning (e.g. school attendance, self-care, eating, sleeping): Click here to enter text.Estimate of the child’s general level of functioning (estimate age level if functioning is below chronological age): Click here to enter text. |

# Development

Any suspected developmental condition (e.g. autism, ADHD, dyspraxia): Click here to enter text.

[ ]  If suspected ADHD, attach the SNAP-IV 26: Teacher and Parent Rating Scale (see [Kete Tautoko Tamariki](https://canterbury.strongerschools.org/259.htm)).

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| Level of activity and concentration (e.g. challenges with sustaining attention, becoming distracted, shifting between activities, organisational skills): Click here to enter text.Communication (e.g. challenges with starting interactions, back-and-forth conversation, sharing interests and emotions, unusual or repetitive speech patterns, being understood, using non-verbal communication, i.e. gestures, eye contact, facial expression):Click here to enter text.Behaviours (e.g. challenges with sensory sensitivities, responding to unexpected changes, any unusual or intense interests or routines, repetitive or avoiding behaviours):Click here to enter text.Motor skills (fine and/or gross, sensory seeking), if relevant:Click here to enter text. |

# Emotional or Behavioural Wellbeing

Any suspected underlying mood or anxiety disorder: Click here to enter text.

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| Anxiety or low mood symptoms(e.g. things that trigger anxiety, quality of baseline mood): Click here to enter text.Participation (e.g. complying with instructions, joining in with the class): Click here to enter text.Regulating emotions (e.g. significant difficulties, frequency, intensity, and duration of behaviour or emotional dysregulation):Click here to enter text.Relationships (e.g. if they have friendships, significant difficulties with peers or teachers, concerns about bullying): Click here to enter text.Any recent changes in behaviourClick here to enter text.Any significant risk issues(e.g. behaviours, self-harm, suicidal ideation):Click here to enter text.Any other concerns or relevant information (e.g. any possible contributing factors, background, cultural connectedness, recent events, family or social situation, or information provided by family/whānau):Click here to enter text. |

# Learning

Any suspected learning disabilities: Click here to enter text.

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| Academic performance (what learning they engage with and what they avoid):Click here to enter text.**Attachments**Learner Profile [ ]  Standardised test data [ ]  Most recent IEP [ ]  Pastoral care notes [ ]  Safety Plan [ ]  School Wellbeing Plan [ ]  Behaviour Plan [ ]  Incident data [ ]  |

# Interventions

What has been tried and who has been involved in support, prior to seeking this health and wellbeing assessment?

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| Support strategies triedClick here to enter text.Kete Tautoko Tamariki pathways followedClick here to enter text.Any community-based or school-based services that have already been involvedRTLB [ ]  Mana Ake [ ]  Social Workers in Schools [ ]  Ministry of Education [ ]  Other provider: Click here to enter text.**Service reports or plans attached** RTLB report/plan [ ]  Ministry of Education report/plan [ ]  Other provider [ ]  Any current requests for support made elsewhere? If so, provide details:Click here to enter text. |

## **Attachments:**

RTLB report/plan [ ]  Ministry of Education report/plan [ ]  Other provider [ ]

Any current requests for support made elsewhere (if so, where):

Click here to enter text.

# What happens next?

What you think is needed from this request for support:

Click here to enter text.

Send the completed form and supporting attachments to the child’s general practice team via ERMS Online (preferred) or your usual communication process. A general practice team member or other health professional may contact you for further information. Where appropriate, and with consent, the general practice team may share information and advice with the school.