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

School Support for Health and Wellbeing Assessment: Years 9 to 13

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| Young person’s details  Name: 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.  Yes, the young person is **aware** of this referral, **understands**, and has **given their consent**.  Parent or caregiver’s details  Name, relationship to the young person, and contact (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. |

Young person’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 young person’s daily functioning (e.g. school attendance, self-care, eating, sleeping):  Click here to enter text.  Estimate of the young person’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](https://www.cdhb.health.nz/wp-content/uploads/f6035dbe-caddrasnap.pdf), one copy completed by the young person (by themselves or with their parents or caregiver) and one completed by a teacher.

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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 behaviour  Click 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 whānau or friends):  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 tried Click here to enter text. Guidance followed Click here to enter text. Any community-based or school-based services that have already been involved RTLB  Manu Ka Rere  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. |

# 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 young person'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.