

EAST AND NORTH HERTS NHS TRUST

Patient Sticker or Details
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**ADHD NURSE SPECIALIST  
CHILD DEVELOPMENT CENTRE  
DANESTRETE  
STEVENAGE  
HERTS  
SG1 1HB**

**FAX: 01438 781470**

**For School Senco or Class Teacher**

School \_\_\_\_\_ Class Teacher/Form Tutor \_\_\_\_\_

Month in which report should be completed please \_\_\_\_\_

Completed by Name and Signature \_\_\_\_\_

Date form completed \_\_\_\_\_

Name of current medication and any alterations

\_\_\_\_\_  
\_\_\_\_\_

<b>BEHAVIOUR IN SCHOOL</b>	<b>GOOD</b>	<b>SATISFACTORY</b>	<b>POOR</b>	<b>COMMENTS</b>
Classroom				
Playground				
PE/Activities				
Meal times (please ask dining staff)				
School Transport (If applicable)				
School Trips (If applicable)				

**PLEASE COMPLETE THE ATTACHED DUNDEE DIFFICULT TIMES OF DAY SCALE D-DTODS** (University of Dundee April 2007). This will help us assess the areas of the day that the child could be experiencing particular difficulties.

**PLEASE TURN OVER**  
Yarney and Bacon August 2010

<b>IMPACT</b>	<b>GOOD</b>	<b>SATISFACTORY</b>	<b>POOR</b>	<b>COMMENTS</b>
Relationships with peers				
Relationships with teachers				
Academic Achievement				
Homework				
Organisational Ability				
Punctuality				
School Attendance				
Self esteem				
Others (please specify)				

### **SUPPORT**

Please tick any support the child/young person receives:

Teaching Assistant \_\_\_\_\_

Behaviour Support Outreach Teacher \_\_\_\_\_

Behaviour Support Team \_\_\_\_\_

Educational Psychologist \_\_\_\_\_

School Action/School Action Plus \_\_\_\_\_

IEP \_\_\_\_\_

CAF \_\_\_\_\_

Others (Please specify) \_\_\_\_\_

**Please attach any further additional information to this report if appropriate.**

Many Thanks for your time in completing this report form. Your comments are a very important area of the review process.

**ON COMPLETION PLEASE RETURN OR FAX TO THE ADDRESS OVERLEAF.**

Yarney and Bacon August 2010

