

**SCHOOL REPORT****DATE FILLED IN:****Child's name:****Date of Birth:****School name:****Telephone:****Address:****Head teacher:****Class teacher:**

1. What are the main difficulties (if any) as you see them?

2. In comparison with his/her peers how is the child at present in terms of:

	Well below average	Below average	Average	Above average	Well above average
1. General level of ability					
2. General level of attainment					
3. Ability in reading					
4. Ability in writing					
5. Ability in maths					
6. Ability in spelling					

3. **What are the child's most recent standardised scores? Please include** (if there are no scores available, please provide details of the child's level of learning).

4. Is the child receiving any extra help, if so what does this entail?

5. Compared to his/her peers how would you rate the child in terms of the level of the following?

	Major problem	Medium problem	Minor problem	No problem
Butting into other's conversations				
Leaving seat without permission				
Difficulty turn taking				
Forgetfulness				
Inability to listen to instructions				
Blurting answers out of turn				
Fidgeting or squirming				
Excessive or inappropriate running				
Inability to complete task				
Poor organisation				
Careless errors in work				
Excessively noisy in play				
Excessive and inappropriate talking				
Easily distracted				
Inability to sustain attention				
Dislike of tasks requiring concentration				
Losing things necessary for certain tasks e.g. books				
Excessive motor activity				

6. How would you rate the following?

	Well below average	Below average	Average	Above average	Well above average
1. Self-esteem confidence					
2. Response to rules and discipline					
3. Attendance record					

7. In term of peer relationship, how would you rate the following on a sale of 0 – 10.

		Interest in other children =	
None at all	0	_____	10 Very interested
		Response to other children's approaches=	
Withdrawn	0	_____	10 Responds eagerly
		Group play with peers=	
None/isolated	0	_____	10 Enjoys/participates
		Friendship with one or more children=	
Loner	0	_____	10 Several close friends

Please comment on any additional concerns regarding the child's ability to relate to others.

8. How would you rate the child's emotional state?

9. What strategies have been tried with the child? Has this worked?

10. Have you any additional concerns?

Date form completed:

Signed:

Thank you very much for your help

**Please return to:**

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Cross Street Clinic  
Cross Street  
Burton-on-Trent  
DE14 1EG  
Tel 01283 505160**

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