**Overview of Needs form**

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| This form has been completed by: | ☐ School | ☐ Parents/ Carers |
| Name of person completing this form: |  | |
| Name of child/ pupil: |  | |
| Relationship to child/ pupil: |  | |
| Name (in capitals): |  | |
| Signature: |  | |
| Date: |  | |

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| **Behavioural, Emotional and Mental Health:** *e.g., forms of anxiety, self-harm, low mood, self-excluding, tense, unable to make decisions, food concerns, physical, verbal, passive* |  |
| **Birth history/ Early milestones:** *e.g., Pre-term (how many weeks?), medical interventions, difficulties during pregnancy/ crawling/ walking/ toileting* |  |
| **Communication:** *e.g., non-verbal, echolalic, unusual tone or pitch, difficulty understanding verbal directions, can the child initiate communication, literal interpretation* |  |
| **Compulsivity and Change:** *e.g., problems with change, compulsive or driven behaviours, obsessive thoughts, management of or need for routines and consistent strategies* |  |
| **Details and Concepts:***difficulties focusing on details, inability to identify relevant from irrelevant, concrete thinking, problems with abstract thinking* |  |
| **Organisation and life skills:** *problems with sequencing routines or tasks, following multi-step instructions, following a schedule, personal hygiene (toileting, brushing teeth, showering)* |  |
| **Sensory Processing difficulties:** *e.g., struggles with noises, certain smells or textures and/ or information overload* |  |
| **Social difficulties:** *e.g., prefers to be alone, difficulty with joint attention, difficulty in interpreting non-verbal cues, difficulties relating to others* |  |