

**Neurodevelopmental Assessment Service (NDAS) for Children and Young People
Request Form**

This form should be used for all requests to the Neurodevelopmental Assessment Service (NDAS). It is essential that families and young people know that this is a request for diagnostic assessment. If support is required, families should continue to access community supports as appropriate.

The form can be completed by a young person or family directly or by an adult on behalf of a young person or family.

Please try not to miss out any questions.		Date completed	
Child's Name		Date of Birth	
Parent / carer name		Parent / carer name	
Relationship to child		Relationship to child	
Contact Number		Contact Number	
Contact Email (if you are happy to be contacted by email)		Contact Email (if you are happy to be contacted by email)	
If you named two parents/carers in the boxes above, do both parents live with the child at the same address?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, who lives with your child at their registered address?			

Correspondence about the child's assessment will be sent to the address the child is registered as living at with their family GP. Please share any of this information with other family members as appropriate. If the family would like a second copy of any appointments, requests for information or reports to be sent to a parent at another address, please let us know their name and address at the end of this form.

Who completed this form?	
Do you hold legal parental responsibility for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please name the person(s) who hold parental responsibility:	

Parental views on assessment

To help us understand what matters to you and your child, please identify which statement below is the best description of your current situation.

- We have a good understanding of how to manage our child's needs but are seeking an assessment for information/ future planning.
- We don't understand our child's needs and feel an assessment will help us with this.
- We are really struggling with day-to-day life because of our child's needs and hope the assessment will help us access support.
- We have involvement with the police/children's reporter/attendance team/inpatient hospital admission due to the impact of our child's unmet needs.

Child Care / Nursery / Education

Name of current education placement (early years, school, secondary or college)	
Name of preferred person to contact in school.	

Young Person's views on assessment (complete if the young person is 12 years old or over)

Please choose the statement which is the best description of your young person's current views.

- They are not aware of our concerns and have not / or are not able to share an opinion about assessments.
- They don't fully understand the process but we are confident they will go along with the assessments.
- They don't fully understand the process and are likely to need some support to engage with the assessments.
- They are fully involved in the process and have some understanding of themselves and Neurodevelopmental diagnosis.
- They have not agreed to being assessed but we feel this is important to progress.

Please note, we cannot assess and diagnose young people who are 12 or over without their consent but will discuss this with you and consider ways we can support your young person to make an informed choice.

To complete this assessment, we may need to access information about your child, their early development, the pregnancy and birth. Please tick anything we have your permission to request.

- Maternity/birth records
- Information from education
- Information from other Health Services who work with your child
- Information from Social Services if they work with your child

If there is anything you **do not** want us to do / anyone you **do not want** us to contact as part of the assessment, please let us know here.

NDAS is a diagnostic assessment service. Our first step is to offer screening to identify if a Neurodevelopmental assessment is recommended and if so, to identify the areas our assessment will include. We will send you a Developmental History form by email (if shared) or by post to gather this information. Please tell us below (in a few lines), the reason for requesting a Neurodevelopmental Assessment.

Reason for requesting an NDAS assessment

What have you noticed about your child's development that prompted you to request this assessment?

What diagnostic labels/words you have heard of that you think might be relevant for your child?

Is there anything you hope this assessment will help you or your child with?

Thank you for completing this request form.