

**Please state your name and your relationship to the child**

**Name:**

**Job title:**

**1. Please give examples of impulsivity you have observed**

**2. Please give examples of hyperactivity you have observed**

**3. Please give examples of inattention you have observed**

**4. Are there times when these behaviours not seen**

**5. Please describe the child's peer interactions and any difficulties in relationships**

**5. Please indicate to what extent you think the following applies to the child**

Hyperactivity:	Not at all	0	1	2	3	4	5	6	7	8	9	10	A lot
Impulsivity:	Not at all	0	1	2	3	4	5	6	7	8	9	10	A lot
Inattention:	Not at all	0	1	2	3	4	5	6	7	8	9	10	A lot
Difficulties in peer interactions/friendships	Not at all	0	1	2	3	4	5	6	7	8	9	10	A lot

**6. Is this child achieving their academic potential**  Yes  No

**7. Interventions at school to date:** Please state who, where, date and impact.  
For example: parenting and classroom support, Individual education plan, school action plus, SEND plan:

**8. Are there any current or previous Safeguarding / Child Protection concerns in relation to this family?**  
 Yes    No

**If you ticked yes please give details.**

**9. Is the family currently open to Children’s Services?**  
 Yes    No

**If you ticked yes please give details, ie. Child in Need/Child Protection:**

<b>OTHER AGENCIES INVOLVED (provide details as appropriate)</b>		
<b>If you are aware of any other agencies involved with this young person, please provide details below.</b>		
<b>PROFESSIONAL / AGENCY</b>	<b>TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
School Nurse		
Social Worker		
Paediatrician		
School		
Health Visitor		
Educational Psychologist		
Counsellor		
Family Support		

<b>NEXT STEPS</b>
<b>Paper based pre screen</b>

**Please ensure a SNAP IV is completed and include the Staff details of who completes the form (see end of form)**

## SNAP-IV Teacher and Parent 18-Item Rating Scale

James M. Swanson, PhD., University of California, Irvine, CA 92715

Patient / Client Name: \_\_\_\_\_

Date of birth _____	Gender: _____
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Grade: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class Size: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

For each item, check the column which best describes this child/adolescent:

	Not at All	Just A Little	Quite a bit	Very Much
19. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
20. Often has difficulty sustaining attention in tasks or play activities				
21. Often does not seem to listen when spoken to directly				
22. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
23. Often has difficulty organising tasks and activities				
24. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
25. Often loses things necessary for activities (e.g. toys, school assignments, pencils, books)				
26. Often is distracted by extraneous detail				
27. Often is forgetful in daily activities				
28. Often fidgets with hands or feet or squirms in seat				
29. Often leaves seat in classroom or in other situations in which it is inappropriate				
30. Often runs about or climbs excessively in situations in which remaining seated is expected				
31. Often has difficulty playing or engaging in leisure activities quietly				
32. Often is 'on the go' or acts as if 'driven by a motor'				
33. Often talks excessively				
34. Often blurts out the answer before questions have been completed				
35. Often has difficulty waiting their turn				
36. Often interrupts or intrudes on others (e.g. butts into conversations/games)				