**Intellectual Disability CAMHS referral screening Tool**

Please complete questions below with parents, referrer, or School Health Nurse at school.

**Intellectual Disability (also known as a Learning Disability)** - Affects multiple areas of the Child’s life, including their social functioning, their ability to retain information and communicate their needs effectively. The degree of learning disability that meets threshold for LD CAMHS often involves the Child requiring assistance to the degree of where he or she would struggle to do very much independently. For more information visit <https://camhs.rdash.nhs.uk/rotherham/intellectual-disabilities/>

**Learning difficulty** - Mostly affects the specific learning of the child within the school premises- such as dyslexia, dyspraxia, dyscalculia.

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| **Name** |  |
| **DOB****Age** |  |
| **NHS number** |  |
| **Does the young person have a diagnosed learning / intellectual disability?** *Please note this term is often used interchangeably but is different from a learning ‘difficulty’.* |  |
| **Does the young person have any additional diagnoses e.g. ASD, ADHD, Down’s syndrome, epilepsy, Fragile X syndrome? Including Physical disabilities?***If yes, please provide diagnostic reports* |  |
| **Which school do they attend?**  |  |
| **What educational level are they working at?** *School reports may help give detail on this. This may be useful if specific levels are not given.* *Please note down if levels significantly vary across different subjects* **P-Scales** – working below level one of the national curriculum. Common for those with ‘special needs’Graded at levels P1-P8. There is no specific age given to a particular P grade. **National Curriculum levels:****Early years (4-5 years)**Level 1- working towards level expected Level 2 – working at expected Level 3 – exceeding expected level**KS 1** Year 1 (5-6yrs) – level 1b Year 2 (6-7yrs) – level 2a-c (SATs)**KS2** Year 3 (7-8yrs) – level 2a-3bYear 4 (8-9yrs) – level 3Year 5 (9-10yrs) – level 3b-4cYear 6 (10-11yrs) – level 4 (SATs)**KS3**Year 7 to 9 (11-14yrs) – level 5 - 8 **KS4**Year 10 to 11 (14-16yrs) – GCSE/IGCSE level  |  |
| **If mainstream school, does the young person receive additional support**?*If yes, please provide details* |  |
| **Has the young person had Educational Psychology involvement?** *If yes, request assessment report* |  |
| **Which of these statements best describe their verbal ability?** 1. **They can speak fluently using meaningful sentences of at least 5 different words**
2. **They use meaningful phrased speech (<5 words per phrase)**
3. **They use repetitive phrased speech (<5 words per phrase)**
4. **They have only a few or no words/only make vocalisations**
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| **Does the young person require Picture Exchange Communication System (PECS) or other communication system?**  |  |
| **Can the young person use PECS to aid a two-way interaction?** |  |
| **What are you noticing about the young person’s behaviours, or what have they said, that makes you concerned that they have a mental health difficulty, which requires a referral to Learning Disability CAMHS?**  |  |
| **Does the young person display behaviours that challenge in the form of aggression to others, self-injury or damage to property?** *If yes, please provide details:* |  |
| **Does the young person display any other form of behaviour that challenges?** *If yes, please provide details* |  |
| **What is the impact of this mental health difficulty on the young person’s quality of life?** *Please consider home / placement / school breakdown* |  |
| **How often do these behaviours occur?**  |  |
| **Which of these statements best describes your child:****They are fully continent (both bowel & bladder)****They are continent during the day only****They are incontinent** |  |
| **Which of these statements best describes your child:****They can walk unaided****They require aids to walk/can walk unaided for a short time** **They require a wheelchair** |  |
| **Does the young person have any sensory impairment’s? For example visual impairment, hearing impairment, sensory processing disorder etc** *If yes, please provide details* |  |
| **Has the young person ever been open to the Children’s Disability Team in Social Care? Are they currently involved?** *If yes, please provide Social Worker details* |  |
| **Has the young person had a recent health check (i.e. from a paediatrician/GP/dentist etc.) to rule out possible underlying medical conditions and/or pain (e.g. tooth ache, head ache, stomach ache, ear infection, dietary deficiency)?** |  |