



# Additional Evidence



## CO-ORDINATION DIFFICULTIES ASSESSMENT AND ADDITIONAL EVIDENCE FORM

This form should be used by schools when referring a pupil to a Community Paediatrician because of concerns regarding co-ordination difficulties. It should be appended to the referral form.

Name : ..... Date of Referral : .....

D.O.B. : ..... Chronological Age : ..... Yrs ..... Mths

School : .....

**Summary of Recent Results** (Please include as many assessments as possible and date all tests)

### Using Aston Index Vocabulary Scale (instructions enclosed):

1. Vocabulary Score/Age (Aston Index)

Score

Voc. Age

Date:.....

### Using results of standardised tests:

2a. Reading Score/Age: .....

\*enclose text if possible

Test used: .....

Date: .....

#### Additional comments:

.....  
.....  
.....  
.....  
.....

2a. Spelling Score/Age: .....

\*enclose text if possible

Test used: .....

Date: .....

#### Additional comments:

.....  
.....  
.....  
.....  
.....

### Include a sample of pupil's writing :

3a. Independent Writing

\*Comment on sentence structure, punctuation, sequencing, use of adjectives, handwriting

text and comments enclosed

If support needed please attach checklist of assistance given.

### OR/AND

3b. Copying

\*sample of pupil's work and actual text enclosed

## Additional Information

### 4 School Attendance

- a. Please record all the schools attended by the child to date, with dates if possible

.....  
.....

- b. Since reception, has the child had any significant period of absence from school YES / NO

- c. If yes, please provide full details below, including the length of absence(s)

.....  
.....

### 5 Hearing Impairment

- a. Has the child shown any evidence of hearing difficulty, either now or in the past? YES / NO

- b. If yes, please give details below, including dates and results of any hearing assessments completed

.....  
.....

### 6 Visual Impairment

- a. Has the child shown any evidence of visual impairment, either now or in the past? YES / NO

- b. If yes, please give details below, including a specific description of the nature and extent of the visual impairment.

.....  
.....

### 7 Language

- a. Please indicate the child's first language

• English  • Welsh  • Other ( please specify)

### 8 Specific Medical Conditions

- a. Is it recorded that the child has any specific medical conditions? YES / NO

- b. If yes, please give details below

.....  
.....

### 9 Motor Control

- a. Does the child show any difficulty with fine motor skills e.g. handwriting, using scissors, dealing with clothes fastenings etc? YES / NO

- b. If yes, please give details below

.....  
.....

- c. Does the child show any difficulty with gross motor skills e.g. co-ordination for walking, running, games etc? YES / NO

- d. If yes, please give details below

.....  
.....

- e. Does the child show any difficulties with balance? YES / NO

- f. If yes, how does this rate in comparison with other children in the class?

e.g. better, worse or about the same

.....  
.....

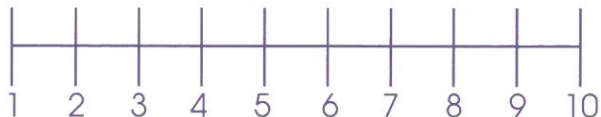
## Additional information on various aspects of performance

Consider the various lists of skills and attributes. Each is accompanied by a rating scale from 1-10. It is important that the class teacher is involved in using these rating scales, 1 = least 10 = best

For each scale consider all the children in the class. The child who would perform least well would be rated at 1, and the most able would be rated at 10.

Please rate the performance of the referred child by placing an **X** at a point on the line.

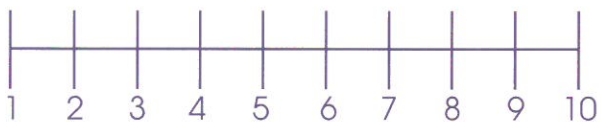
### 1. Reading Skills



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

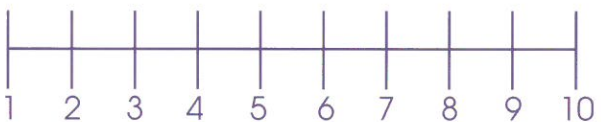
### 2. Spelling Skills



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

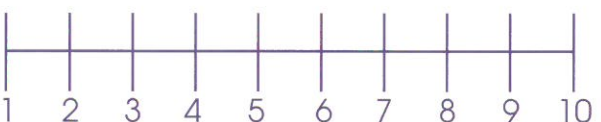
### 3. Numeracy Skills



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

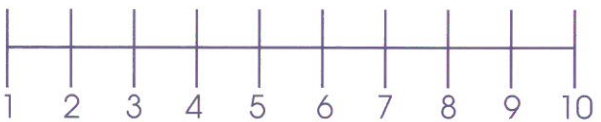
### 4. Listening Skills



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 5. Language Development



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

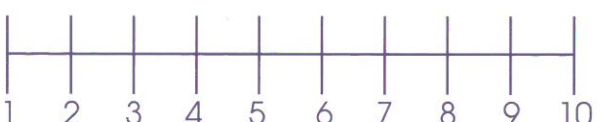
### 6. Oral Competency



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

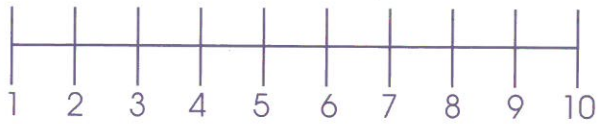
### 7. Fine Motor Skills



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

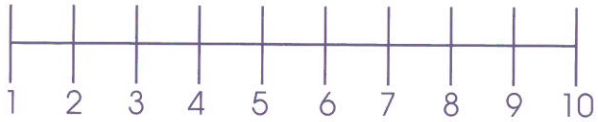
8. Handwriting (presentation)



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

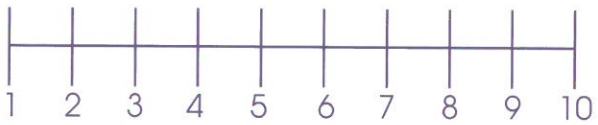
9. Handwriting (speed)



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

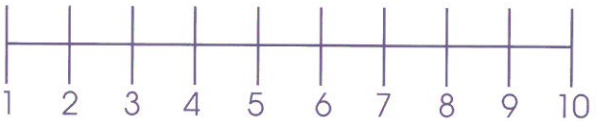
10. Gross Motor Skills



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

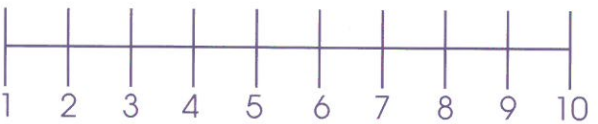
11. Self Help Skills (dressing, eating etc.)



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

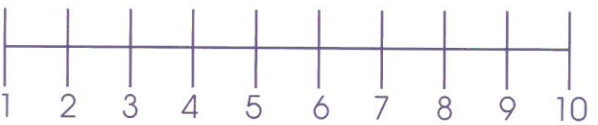
12. Ability to behave appropriately in class



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

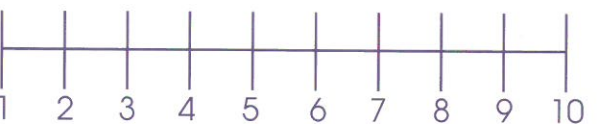
13. Ability to sit still when appropriate



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Ability to stay on task



Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Strengths and Needs**

Please indicate any particular strengths and needs and any other relevant information in support of the child's referral.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Recording Form Initial Observations

Date of Observation : .....

Name : ..... Year Group : .....

Date of Birth : ..... School : .....

	Activity	Has difficulty completing	Able to complete with help	Able to complete independently	Comments
<b>G R O S S  M O T O R</b>	<b>Jumping</b>				
	<b>Hopping</b>				
	<b>Skipping</b>				
	<b>Balance on one leg</b>				
	<b>Ball Skills</b>				
<b>F I N E  M O T O R</b>	<b>Threading beads on a lace</b>				
	<b>Pencil - Grip</b>				
	<b>Pencil - Pressure</b>				
	<b>Pencil - Hand preference</b>				
	<b>Scissor Skills</b>				
	<b>Dressing (Fastening)</b>				
<b>P E R C E P T I O N</b>	<b>Copying from the board</b> (age appropriate considerations)				
	<b>Organisation of work</b> (right order, right way around)				
	<b>Dressing</b>				
	<b>Copying from model</b> (along side / above)				

This sheet can be completed from class teachers' existing knowledge  
Tick relevant boxes and add comments

