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Changing Minds

CHILDREN AND ADHD · 6.3

Paediatric ADHD Assessment: What Happens and What to Bring

A paediatric ADHD assessment is more structured than many parents expect. It is not a single test or a one-hour consultation. Here is what NICE NG87 sets out, what to bring, and what happens afterwards.

FOR
Parents preparing for a child's ADHD assessment

AUDIENCE AGE
6-17

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PART OF
The NeuroFX resource library

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IN SUMMARY

Paediatric ADHD Assessment: What Happens and What to Bring

What the assessment covers

- **A detailed clinical interview is the core.** The clinician takes a history covering current symptoms, developmental history from pregnancy through to school, educational history, family history of ADHD and related conditions, co-occurring difficulties, and the child's social and emotional functioning.
- **Parent and teacher rating scales support, not replace, the interview.** Conners 3 and the Strengths and Difficulties Questionnaire (SDQ) are the most commonly used in UK paediatric ADHD assessment. The teacher version is essential because school is where ADHD difficulties most clearly show up.
- **Differential diagnoses are considered.** Anxiety, depression, autism, dyslexia, dyspraxia, sleep disorders, sensory processing differences, hearing or vision difficulties, and trauma history all overlap with ADHD features. A good assessment looks at the whole picture.

What to bring and what to expect on the day

- **All available school reports, especially the early ones.** The single most useful thing a parent can bring. Reports from the early years often show the lifelong pattern more clearly than recent ones do.
- **Any previous professional reports.** Educational psychology, speech and language, occupational therapy. Hospital letters, GP records, EHCP if one is in place. Family medical history including ADHD, autism and cardiac history.
- **Completed parent and teacher rating scales.** Usually sent in advance. School cooperation in completing the teacher scales strengthens the assessment substantially.
- **Total clinical contact is usually two to three hours.** Across one or two appointments. Older children and adolescents are usually interviewed separately from the parent for part of the appointment. Baseline height, weight, blood pressure and heart rate are taken if medication is likely to be considered.
- **Feedback at the end and a written report within weeks.** The clinician explains the conclusion at the end of the assessment. A written report follows, usually within a few weeks. The report is the document that supports school adjustments, EHCP applications and any onward referrals.

What happens next

- **Diagnosis is the start of a process, not the end.** If ADHD is confirmed, the next conversation covers psychoeducation, school adjustments, whether medication is appropriate, and family-level support.
- **Sometimes the conclusion is not ADHD.** Real difficulty that does not meet ADHD criteria, or a picture that needs further information. The clinician explains what the picture is more likely to reflect and what next steps make sense.
- **NeuroFX provides paediatric ADHD assessment for ages 6 and upwards.** With the same NICE-aligned clinical standard as NHS assessment. Combined ADHD and autism assessment is available where both are clearly in the picture from the start.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you want to start the NHS paediatric ADHD assessment pathway. Speak to the school SENCo as a parallel conversation; school cooperation strengthens the assessment. Seek urgent help via 111, 999 or A&E for any acute mental health crisis or safety concern.

SOURCES

NICE NG87; DSM-5-TR; Royal College of Psychiatrists; Conners 3; SDQ

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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