

# **Assessment of Behaviour and Learning in Epilepsy (ABLE)**

**A teacher and parent screening tool for all school-aged pupils with epilepsy**

# Introduction to the ABE screening tool

Many children with epilepsy, including those with well-controlled seizures, experience difficulties with specific aspects of learning and/or behaviour that may require additional assessment and support in the classroom.

This initial screening assessment tool is based on the latest research into the effects of epilepsy on a pupil's educational performance and achievements. It enables teachers and parents to work together to identify specific areas of cognition and behaviour that may be impacting on learning.

A detailed understanding of their performance profile will enable schools to provide appropriate interventions and support for children with epilepsy using existing programmes. However, for some children with the condition significant deficits in learning or behaviour may be identified and further assessment by an educational psychologist is recommended.

Where further assessment indicates that the pupil has significantly greater difficulty in learning and/or behaviour than the majority of others the same age, an Education Health Care (EHC) Assessment by the Local Authority should be requested.

## Instructions

Two identical copies of the ABE tool are included in this pack – one for the child's teacher and one for their parent/carer. It is important that both forms are completed and the results shared. Performance in school and home environments must be clearly understood to enable a detailed understanding of the impact of epilepsy on the pupil.

- Where **no concerns** are identified, no further action is needed. An annual review of performance is recommended, or sooner should any difficulties be observed.
- If **mild concerns** are identified, it is recommended that a detailed teacher-based investigation is carried out and further advice sought from the school's SENCO. The child's individual education plan must be tailored appropriately and interventions focussed on the specific area(s) of deficit as part of the school's approach to special education needs.
- Where **major concerns** are recorded then referral to an educational psychologist, or other appropriate professional, such as a speech and language therapist, for a comprehensive assessment is essential. It is recommended that the profile is repeated termly in line with the EHC Plan review process.

# To be completed by teacher(s) of school-aged pupils with epilepsy

Pupil's name: \_\_\_\_\_ Pupil's date of birth: \_\_\_\_\_ Gender: male/female

Name of teacher: \_\_\_\_\_ Today's date: \_\_\_\_\_

The following items will help identify if there are significant concerns regarding the pupil's learning and behaviour as well as areas where the pupil may need additional support.

Please complete the items by ticking the appropriate box in relation to the pupil's usual behaviour/ learning in the last three months. Please complete all items indicating 'No concern', 'Mild concern' or 'Major concern'.

\*A major concern is where the difficulties demonstrated have a significant impact on daily function or ability to successfully complete tasks.

	No concern	Mild concern	*Major concern
<b>Communication</b>			
1 Receptive communication (understanding what others say)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Expressive communication (speaking, word finding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cognition</b>			
3 General learning (progress at school, thinking skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Visual memory (remembering visual sequences/patterns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Auditory memory (remembering spoken instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Processing speed (completing tasks on time, response time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotions and behaviour</b>			
7 Mood (happiness, self-confidence, self-esteem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Anxiety (nervous, worries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Attention (concentration, distractibility, listening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Activity levels (overactive, restless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Impulse control (ability to wait and consider before responding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Social skills (relationships with peers, understanding social situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Aggression (arguments, anger, disruptive behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Motor skills</b>			
14 Fine motor skills (handwriting, drawing, using scissors, dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gross motor skills (sports, physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 General coordination (clumsiness, awkwardness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic achievement</b>			
17 Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Reading (recognising words, reading phrases/sentences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Reading comprehension (understanding what he/she reads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You

# To be completed by parents/carers of school-aged pupils with epilepsy

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_ Gender: male/female

Name of parent/carer: \_\_\_\_\_ Today's date: \_\_\_\_\_

The following items will help identify if there are significant concerns regarding the pupil's learning and behaviour as well as areas where the pupil may need additional support.

Please complete the items by ticking the appropriate box in relation to the pupil's usual behaviour/ learning in the last three months. Please complete all items indicating 'No concern', 'Mild concern' or 'Major concern'.

\*A major concern is where the difficulties demonstrated have a significant impact on daily function or ability to successfully complete tasks.

	No concern	Mild concern	*Major concern
<b>Communication</b>			
1 Receptive communication (understanding what others say)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Expressive communication (speaking, word finding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cognition</b>			
3 General learning (progress at school, thinking skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Visual memory (remembering visual sequences/patterns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Auditory memory (remembering spoken instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Processing speed (completing tasks on time, response time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotions and behaviour</b>			
7 Mood (happiness, self-confidence, self-esteem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Anxiety (nervous, worries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Attention (concentration, distractibility, listening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Activity levels (overactive, restless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Impulse control (ability to wait and consider before responding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Social skills (relationships with peers, understanding social situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Aggression (arguments, anger, disruptive behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Motor skills</b>			
14 Fine motor skills (handwriting, drawing, using scissors, dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gross motor skills (sports, physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 General coordination (clumsiness, awkwardness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic achievement</b>			
17 Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Reading (recognising words, reading phrases/sentences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Reading comprehension (understanding what he/she reads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You

# Additional information about your child

In order to understand the impact of epilepsy on your child's learning and behaviour, it is helpful to have information about their seizures, their current level of seizure control, any recent medication changes and any other conditions that your child may have.

## Your child's epilepsy

What type(s) of seizure does your child have?

- Generalised:
- tonic-clonic
  - absence
  - myoclonic
  - other

Focal:

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Epilepsy syndrome (if known): \_\_\_\_\_

When was your child's first seizure? \_\_\_\_\_

When was epilepsy diagnosed? \_\_\_\_\_

Current medication(s): \_\_\_\_\_

\_\_\_\_\_

Please provide details of any medication changes (within the last three months):

\_\_\_\_\_

\_\_\_\_\_

Any other conditions diagnosed or concerns regarding your child's development.

Please give details:

Is your child currently seen by any specialists or been referred to see any specialists within the last 12 months? (e.g. occupational therapist, speech and language therapist, psychiatrist, etc)

\_\_\_\_\_

\_\_\_\_\_

Does your child currently have:

Statement of SEN or EHCP

Review date: \_\_\_\_\_

Individual Healthcare Plan

Review date: \_\_\_\_\_

Any other information that may be relevant: \_\_\_\_\_

\_\_\_\_\_

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## Young Epilepsy Helpline

Young Epilepsy's helpline is available to provide information and support to families of children with epilepsy and the professionals who support them.

Call: 01342 831342

Text: 07860 023789

Email: [helpline@youngepilepsy.org.uk](mailto:helpline@youngepilepsy.org.uk)

Downloadable resources for teachers and pupils are available from [youngepilepsy.org.uk](http://youngepilepsy.org.uk)

[youngepilepsy.org.uk](http://youngepilepsy.org.uk)

## Young Epilepsy

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