**Not in education or training (ASC00)**

**Autism Spectrum Disorder**

**Assessment Team (ASDAT)**

Community Paediatrics

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| **This form is to be used for children who are not in education or training – please see the guide below for when to complete.** |
| Scenario | Form to complete |
| **In education** (full time, part time or reduced timetable) | **Do not complete this form,** please complete ASC4 |
| **In education:** Attending Specialist Provision | **Do no complete this form,** please complete ASC4 |
| **Exclusion:** Permanent (12 months +) | **Complete this form**, also, if possible, ASC4 to be completed |
| **Exclusion:** Temporary | **Complete this form** and named school to complete ASC4 |
| **Home Educated:** Temporary situation (less than 12 months) | **Complete this form** and named school to complete ASC4 |
| **Home Educated:** Elective (Over 12 months) | **Complete this form** |
| **Awaiting placement:** Child under portage | **Complete this form** |
| **Recently moved school:** Been in new setting less than 6 months. | Where possible, please obtain ASC4 from previous school and new school |

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| **When did the child last attend nursery, school or college?** |
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| **What is the reason for the child not being in nursery, school or college?** |
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| **Is there a planned (or estimated) date for the child to return to nursery, school or college?** |
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| **Education and learning** |
| **Learning****How would you describe the child’s current level of learning compared to their age expected benchmarks?**[ ]  **Working significantly below** [ ]  **Working towards** [ ]  **Working above**[ ]  **Working below** [ ]  **Working at** [ ]  **Not assessed****Comments** |
| **Has there been any noted regression in this child’s learning over the past 12 months? YES / NO***Please give details:* |

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| **Additional notes/Comments** |
| This is your space to provide any additional information you may feel necessary and relevant.  |
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| **PLEASE RETURN THIS FORM TO THE REFERRER** **(THE PERSON INITIATING THE REQUEST FOR ASSESSMENT)*** Please do not send this form directly to the assessment team unless you are submitting all parts at this time.
* At this stage the child is not known to us therefore any part referrals/supporting information will be securely destroyed – thank you.
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