**Supporting information from educational setting, daycare or childminders (ASC4)**

**Autism Spectrum Disorder**

**Assessment Team (ASDAT)**

Community Paediatrics

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| Dear SENDCoYou are being asked to complete this form to support a request for an autism assessment for a child in your setting. This information will be used in conjunction with the information provided by parent/carer and any other professional supporting this request to determine if an autism assessment is appropriate. Please read the following notes carefully prior to completing the form.1. Please type or print the information required using black ink – if the form is illegible, it may be rejected.
2. Please try to provide clear and to the point examples which are relevant to the topic header.
3. If a question is not relevant for the child, please mark with ‘n/a’ or ‘no concern’s so we know this hasn’t been missed.
4. It is best practice to share the information you are submitting with the family.
5. **This form should be returned to the professional coordinating the referral and should not be submitted without the other accompanying parts.**
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| **Child’s Details** |
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| **Child’s name** |  | **Home address *Inc. postcode.*** |
| **Date of birth** |  | **NHS number / UN** |  |  |
| **Gender at birth** |  | **Also known as***Do not use for adopted children.* |  |

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| **Is or has this child been supported by any of the following professionals.** |
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|  | ✓ | Name and Contact number |
| Community Speech & Language Therapist |  |  |
| Community Occupational Therapist |  |  |
| Educational or Clinical Psychologist |  |  |
| SCI Team |  |  |
| Portage |  |  |
| Family Support Worker |  |  |
| Health Visitor / School Nurse |  |  |
| Social Worker |  |  |
| Early Help Assessment (EHA) |  |  |
| Inc. Date last review, URN |  |  |
| Other |  |  |

**If you have any reports that would support this referral, please attach as this may avoid delays in seeking further information.** |

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| **Your details –** Please provide details of the person completing this form. |
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| **Full name** |  | **Business address & postcode*.*** |
| **Job Title** |  |  |
| **School** |  |
| **Telephone** |  |
| **Email address** |  |

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| **Nursery / School information** |
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| **Is this child currently in your setting?** | **YES / NO** | **Please give previous school details if child is new to your setting.** |
| **How long has this child attended your setting?** |  |  |
| **What year group is this child currently in?** |  |
| **Are there any current safeguarding concerns?** |  |

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| **Education and Learning** |
| **Is the child currently accessing main stream provision? YES / NO****Is the child currently accessing a full timetable? YES / NO****Does the child have a school focus plan? YES\* / NO****Does the child have an active EHCP plan? YES\* / NO / Application in progress**\*Please ensure a copy of the latest report/plan/minutes is included with this submission. |
| **Learning****How would you describe the child’s current level of learning compared to their age expected benchmark?**[ ]  **Working significantly below** [ ]  **Working towards** [ ]  **Working above**[ ]  **Working below** [ ]  **Working below****Comments** |
| **Have you noticed any regression in the child’s learning over the past 12 months? YES / NO***Please give details:* |
| **Please provide details of what support, strategies or interventions are in place for this young person for their learning needs?**  |

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| **Attention and concentration** |
| Do school have concerns around this child’s attention and concentration? YES / NO |
| **Does this child struggle to concentrate/focus in lessons? YES / NO****Does this child demonstrate impulsive behaviours? YES / NO****Does this child have a diagnosis of ADHD? YES / NO / Pending** |
| **If you have answered yes, please provide further details here.** |

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| **Social Communication and Interactions.** |
| **Do school have concerns around this child’s Social Communication & Interaction skills?** YES / NO |

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| Please describe this child’s **verbal communication and interactions** as observed in setting**.** Please provide clear and relevant examples. *Please consider both their use of language and their understanding of language.*  |
| **Strengths** | **Apparent difficulties** |
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| Please describe this child’s **non-verbal communication and interactions** as observed in setting**.** Please provide clear and relevant examples. *Please consider both their use of non-verbal skills and their understanding of gestures, expressions, eye-contact and emotions.* |
| **Strengths** | **Apparent difficulties** |
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| Please describe this child’s f**riendships** in school and **their interest in other people** as observed in setting**.** Please provide clear and relevant examples. *How easy is it for them to make and maintain friends? Do they play with or alongside? For older children, are they in a relationship?* |
| **Strengths** | **Apparent difficulties** |
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| **Routines and interests** |
| **Do school have concerns around this child’s routines or interests?** YES / NO |

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| Please describe any **repetitive or unusual speech, movement or use of objects** that your child displaysThings to think about when completing this:* **Speech:** Unusual phrases, repetitive sayings, repeating what others say.
* **Movement:** Tiptoe walking, spinning, hand flapping, rocking, facial grimacing.
* **Objects:** Doesn’t use toys for play, spinning wheels on toy cars/prams.
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| **Have school observed any repetitive or unusual speech? YES / NO****Have school observed any repetitive or unusual movements/behaviours? YES / NO***This may include flapping, spinning, tip toe walking, lining up objects, etc.***Have school observed any unusual use of toys or equipment? YES / NO***This may include struggling with pretend play, playing with the same thing over and over again, showing little interest inplay.* |
| **If you have answered yes, please provide further details here.** |

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| Please think about any **obsessive or restricted interests** which may pre-occupy their mind? |
| **When learning, does this child need to explore all the facts around a topic? YES / NO****Does this child display any restricted interests? YES / NO****Does this child show an interest in other people’s hobbies, enjoyments or interests? YES / NO** |
| **If you have answered yes, please provide further details here.** |

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| When thinking about **routines** in school**, have any of the following been observed? The need for routine and coping with changes to routine.**  |
| **Does this child need to know what is happening at each stage of the day? YES / NO****Does this child cope well with changes to ‘normal’ school routine? YES / NO / WITH SUPPORT** |
| **If you have answered yes, please provide further details here.** |

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| **Sensory**  |
| **Do school have concerns around sensory needs?** YES / NO |

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| Does this CYP appear to **seek or avoid sensory input** whilst in setting? Do they overreact or underreact to certain things? |
| **Does this child struggle to wear standard school uniform / are exceptions YES / NO****in place?** **Does this child seek sensory fulfilment? YES / NO****Does this child appear to avoid or over/under react to certain sensory input? YES / NO****Has this child ever been referred to OT for sensory difficulties or do they YES / NO****have a sensory profile?** |
| **If you have answered yes, please provide further details here.** |

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| **Mental health, wellbeing and resilience** |
| Please detail any concerns, diagnosis or difficulties observed around this child’s mental health and emotional resilience. |
| **Please provide further details here.** |

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| **Additional notes** |
| This is your space to provide any additional information you feel necessary and relevant.  |
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| **Impact on day to day school life** |
| Considering the information you have provided above, how would you rate the impact these difficulties have on the child’s day to day life.  |
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|  | **0****No impact on day to day school life** | **1****Minimal impact on day to day school life** | **2****Some impact on day to day school life** | **3****Most days are impacted** | **4****Every day is impacted** | **5****All day / every day** **is impacted** |
| **Impact on child’s learning** |  |  |  |  |  |  |
| **Impact on child’s ability to engage** |  |  |  |  |  |  |
| **Impact on child’s access to education** |  |  |  |  |  |  |
| **Comments:**  |

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| **PLEASE RETURN THIS FORM TO THE REFERRER** **(THE PERSON INITIATING THE REQUEST FOR ASSESSMENT)*** Please do not send this for 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 info will be securely destroyed – thank you.
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