

Consent Form (ASC2b) – For young people aged 16 and over

Autism Spectrum Disorder Assessment Team (ASDAT) **Community Paediatrics**

This form is important. This is your chance to let us know if you would like to have an assessment or not. You can ask an adult to read through it with you if you need to.

What is this about?



People who care about you feel you may have something called autism.

They would like to see if this is true. To do this, they would like to ask for an assessment.



This is your choice!

What is autism and why might you need an assessment?



Your parents / carers can explain to you why they feel this assessment is important for you.

Professionals you know well such as your teacher may be able to help you learn more about what autism is.



You can also scan the QR code to the right for more information

Information about you



To help us get to know you better, we will need to speak to other adults who know you well. This may be your teacher, social worker, parents or someone else.

We will keep your data on computer systems at the hospital and on paper which only our staff can see or people we give permission to.









We may also share reports with other organisations who could be important to your future. This may be your GP or school.

Your choice

Assessments are not compulsary.



It is your choice to have an assessment for autism.

If you are worried about this, it may be good to speak with an adult who knows you well.

Date:

Please select one of the options below by entering your details



I would like to a request for an assessment for autism.

It is OK for my information to be shared to help this process.

Your name:

- or -

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I do <u>not</u> want an assessment for autism

-or-

It is <u>not</u> OK to share my information to help this process.

Your name:

Your signature:	Date:

Is there anything else you like to tell us?



