

Request for Paediatric Autism Assessment

To be completed by person(s) with parental responsibility.



Barnsley Hospital

NHS Foundation Trust

Consent Form (ASC2a)

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

General Data Protection Regulation (GDPR) Statement

Sharing of information

As part of the assessment process, additional information will be sourced from other agencies and professionals such as Paediatric Therapy Teams (SALT, OT, Physio), CAMHS, Education (School, EP, EWO), Health (CAMHS, GP, 0-19) and support services (Family support, Social Care). As this is a multi-agency assessment, information gathered will be exchanged as necessary. A copy of your child's assessment may be sent to your GP, Social Worker or school for their future records.

What is the information used for?

The information is used solely for the purpose of this assessment. By collating such information, we hope to be able to secure evidence needed to conclude the assessment process.

What will we do with your information?

Information collected during this process will be stored in your child's hospital notes. Information will be relevant, factual and appropriate for the purpose of assessment. Other services involved in the assessment process may also keep their own records, please contact them directly for further information.

Without obtaining and sharing this information, we will not be able to undertake the assessment.

Details of child who this assessment is being requested for

Child's
name

Date of
birth

Consent to refer, assess and share information - Please select one of the sections below.

CHILDREN <16 years old

Parental consent is required for all children under the age of 16.

My child is under 16 years of age and I/we are consenting on their behalf. ☐

I/we consent for information to be obtained and shared as required for the purpose of this assessment. ☐

Children 11+ have been made aware they are being referred for assessment and why. ☐

I/we consent to our child being observed in school where necessary to gather further evidence. ☐

All parties with Parental Responsibility (PR) consent to this assessment. ☐

Signature

Print Name

Relationship to child

Young people age 16 or over

Young people aged 16 or over must provide consent for their own assessment.

I understand how an assessment could help me. ☐

I am 16 years of age or over and I consent to this assessment. ☐

I consent for information to be obtained and shared with professionals as required for the purpose of this assessment. ☐

I consent to my parents being involved with the assessment. ☐

I will attend all my appointments to ensure the assessment can be completed. ☐

Signature

Print Name

If a young person does not consent for this assessment, we will be unable to accept the referral. If you still feel this is needed, please discuss further with the refer.

An easy read version of this document is available on our referral hub for young people 16+ who would find it helpful

Request for paediatric autism assessment: Consent form ASC2a

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V2.0 – 24/07/25

PROUD
to care