**SOCIAL COMMUNICATION PATHWAY**

**ASSESSMENT REQUEST: Health Professionals**

**Guidance notes**

* Parental consent is essential at the start of any social communication assessment request.
* Health Professionals to complete the social communication assessment form and ask parents/carers to complete the parent/ carer social communication assessment prior to a joint meeting.
* Please send reports from other professionals with this referral form

**Guidance for filling in the descriptor sections**

* Prompts are provided for guidance. Some prompts are general prompts, others more suited to children/young people at an early developmental level and some to those operating at a later developmental level. These are arranged hierarchically where possible, so not all prompts will be relevant for every child.
* We have provided plenty of space for you to record; there is no expectation that the space will be filled in every case.

**The referral information will be discussed at a weekly triage meeting; where it will be decided which professional will lead the assessment.**

**Some referrals may not be accepted if it is felt that the child would be best seen by another team.**

**All referrers will be informed of the outcome of the triage meeting.**

**SOCIAL COMMUNICATION ASSESSMENT REQUEST: Professionals Form**

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| Young Person’s Name: D.O.B.  Address:  School: Year:  Your Name: Your Contact Details:  Parents’ name(s): Parent’s contact details:  Who has requested this assessment?:  **I consent to requesting an assessment to identify whether my child may be on the autism spectrum, and I agree with this referral taking place.**  Parental signature : date:  ***NB: Forms without parental signature will be returned unprocessed.*** |

Has the child/young person had any support from any of the following professionals? (Tick as appropriate)

Please tell us the name of any professionals. (If yes please attach copies of any records)

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| **Professional** | **Name** | **Contact details** |
| Educational Psychology |  |  |
| Children’s Services (Children Families and Social Care)  Early Help? Child in Need? Child Protection? (please circle) |  |  |
| Child and Adolescent Mental Health Services (CAMHS) |  |  |
| Children and Parents Service  CAPS |  |  |
| Continence Team |  |  |
| Paediatrician |  |  |
| Rodney House Outreach Service (RHOSEY) |  |  |
| Health Visitor or School Nurse |  |  |
| Occupational Therapy |  |  |
| Physiotherapy |  |  |
| Speech and Language Therapy |  |  |
| Clinical Psychology Service |  |  |
| Other (please name) |  |  |

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| **DEVELOPMENT/MEDICAL:** Please give a brief description about the child/young person’s early years and any medical information:  Any difficulties during pregnancy/birth? Was the child/young person premature? Did the child/young person reach their milestones on time (talking/sitting/walking)  Does the child have any diagnosed medical conditions(E.g. Down’s Syndrome/Cerebral Palsy) |
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| **SOCIAL INTERACTION:** Please give a brief description of the child/young person including:  Early prompts: Do they respond to their name being called? Does the child smile when adults smile at them? Does the child mirror others facial expressions? Does the child copy what parents are doing? (E.g. doing housework)? Can they tolerate another person joining in with, or adapting, their play?  General prompts: Describe their use of facial expression, or eye gaze in a 1:1 situation. Their ability to follow social prompts with both adults and peers. Do they have reciprocal friendships appropriate to their age? Are they able to turn take or share an activity? What happens if they become frustrated? How do they respond to praise/criticism? How does the young person initiate, ask for help or communicate their needs? How do they manage family gatherings? Visitors at home? Parties? Shopping trips? Break and lunchtimes? Peer conflict? |
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| **COMMUNICATION:** Please give a brief description of the child/young person including:  Early prompts: Is the child/young person able to look at an item that an adult points to. Are they able to share their interests in events or items by looking at their caregiver? Does the child/young person point out items of interest or point to request items. Do they have shared enjoyment, for example enjoying social routines such as tickling, rough and tumble play, playing tricks, enjoying affectionate routines e.g. hugging? Do they recognise simple emotions in others, such as anger, sadness, from tone? Do they use babble? Single words? Echoed language? Is their language used to send messages to adults or children? Can you understand the words they say? Do they understand simple instructions?  General prompts: Describe their ability to initiate communication and take turns in conversation. Do they maintain appropriate topic of conversation and are they able to change the subject? Do they show awareness of the listener’s needs? Do they have an appropriate volume, pace and tone of voice? Any unusual accents? Can they recognise implied meaning and respond to non-verbal cues? Is the child able to respond flexibly and adaptively to the informality or inaccuracies of everyday conversation? |
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| **SOCIAL IMAGINATION AND FLEXIBILITY:** Please give a brief description of the child/young person including  Early prompts: Describe how the child likes to play; e.g. Do they explore toys with their senses (Licking/sniffing/throwing toys) Do they like cause and effect toys or using symbolic or pretend play? Do they often play with toys in an unusual or repetitive way, for example spinning car wheels, flicking dolls’ eyes? How do they cope with surprises, parties, birthdays, presents?  General prompts: Do they have varied or fixed interests? Can they accept changes in rules or routine? Are they able to accept other people’s points of view? Do they use inference and deduction? Are they ever rigid in their thinking or inflexible? Do they have any obsessions? Do particular lessons or parts of the day cause difficulties and why do you think this is? |
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| **SENSORY:** Please give a brief description:  General prompts: Does the child/young person have any difficulties or unusual aspects to their sensory processing? Do they struggle with smells, e.g. food or lunchtimes? Are they a fussy eater or with a restricted diet? If so, what patterns of foods are preferred or rejected (e.g. lumpy textures). Do they tolerate a variety of textures in play, e.g. gloop, paint, clay, playdoh? Do they find it difficult if they are in a crowded environment or walking down busy corridors? Do they ever complain about it being too noisy or cover their ears? Do they ever become distressed or have ‘meltdowns’? Do they ever challenge, appear rude or struggle with being disciplined? How do they react in these situations? Have you noticed any repetitive behaviours i.e. rocking, tapping or making noises? Do they have difficulty with certain items of clothing e.g. sleeves, or parts of clothing e.g. seams or tags? How do they tolerate being touched? Do they prefer light touch or deep pressure? How do you know? |
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| **Particularly for youngsters aged 11 or above:**  **INDEPENDENCE AND PARTICIPATION:** Please give a brief description of the young person’s development in comparison with typical peers. Describe their current behaviour and mental health presentation and the impact on learning and their social life. Do they have secure friendships in their setting and local community? Do they access enrichment activities in school/ community? Comment on their interest in and management of relationships, and functional skills/ self-help skills for everyday living. Can they ask for help in class? Order food, use the canteen, ask for things they need? Use a mobile phone, email, and social media appropriately? Manage their time, including unstructured time? Do they understand money and time? Can they manage independent travel? Are they safe to be left alone in the home? |
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**TO BE COMPLETED BY HEALTH PROFESSIONAL AND PARENT/CARERS JOINTLY**

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| **What is your PRIMARY concern regarding this young person’s presentation? What one thing is of the greatest concern?** |
| **SCHOOL**  **PARENT/CARER** |

**We confirm that our concerns have been discussed and information has been shared**

**Date of meeting:**

**Signatures:**