**School Report for children with social communication concerns**

These questions are based on the criteria that are used to diagnose autism spectrum condition (ASC). Your answers will help us to work out whether the diagnosis is right for the child, and may be included in the report once assessment is complete.

**Name of Child: DOB:**

**Completed by: Role:**

**How long have you known the child?**

**School: Year group:**

**Date of report:**

Your comments provide a vital part of the picture of the child and will feed into their assessment. Please describe and provide examples wherever possible.

Please answer all questions based on the child’s age and developmental stage. If a question is not relevant based on their age, please skip it and add a comment if needed.

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| **In general, what are the child’s most noticeable strengths and needs?** |
| **Strengths** | **Needs** |
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| **How long have there been concerns?** |  |
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| **What do they need to have a good day at school?** |
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**What level of language do they use most of the time at school?**

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| No words/ single words /set phrases (e.g. ‘ready steady go’) [ ]  | Phrases or short sentences (joining words independently) [ ]  | Sentences and conversations (at least 4 turns total) [ ]  | Communicates another way e.g. signing/AAC system [ ]  |
| **Comments on communication skills:** |

**Social Interaction**

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| **Do they give eye contact to others, as expected for their age?** |
| As expected [ ]  | Reduced [ ]  | Very little [ ]  | Unable to comment [ ]  |
| **Do they use smiles socially e.g. to greet people or return a smile to someone?** |
| As expected [ ]  | Reduced [ ]  | Rarely or never [ ]  | Unable to comment [ ]  |

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| **What are they like with the following?**  |
| **Initiating contact – spontaneously approaching other people** |
| As expected [ ]  | Reduced [ ]  | Very little initiation [ ]  | Unable to comment [ ]  |
| **Responding to other people – when greeted or approached by others** |
| As expected [ ]  | Reduced [ ]  | Very little response [ ]  | Unable to comment [ ]  |
| **Following instructions**  |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Sharing e.g. food, toys, enjoyment**  |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Co-operating e.g. turn taking, interactive ball play, working with peers in small groups** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Making and keeping friends** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Comments on social interaction** |

**Communication**

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| **How well do they make their needs known?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Do they use gestures e.g. waving, pointing, showing sizes/actions with their hands?** |
| As expected [ ]  | Reduced [ ]  | Very little gesture [ ]  | Unable to comment [ ]  |
| **Do they use facial expressions, e.g. happy, frustrated, embarrassed, confused etc?** |
| As expected [ ]  | Reduced [ ]  | Neutral/fixed [ ]  | Unable to comment [ ]  |
| Further questions for children who speak in **sentences with at least 3 words:** |
| **Can they manage a 2-way conversation, and pay attention to what others have to say?**  |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **How well do they understand jokes, sarcasm and idioms?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Do they have tendency to keep on talking about particular topics repetitively?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |

**Emotional regulation and behaviour**

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| **Are there any specific behaviour management difficulties? What are these and what are the triggers (if known)?**[ ]  No specific management difficulties.[ ]  Possible or definite management difficulties with examples as follows: |
| **Do they cope in classroom as well as during unstructured time e.g. lunch time, play times?** |
| Just as well [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **How do they manage in group situations as compared to in 1:1?** |
| Just as well [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **How are they in assembly?**  |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Comments on emotional regulation and behaviour**  |

**Need for sameness and repetition**

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| **Tell us about any repetitive mannerisms i.e. repetitive movements such as rocking, spinning, hand flapping, etc** [ ]  No unusual mannerisms observed. [ ]  Possible or definite unusual mannerisms observed – specify: |
| **Tell us about any rigid or unusual behaviours/rituals**[ ] No rigid or unusual behaviours observed. [ ]  Possible or definite rigid or unusual behaviours – specify: |
| **If there is a change in the timetable, how well do they cope?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Do they need specific support with this e.g. warnings, now/next board?** |
| **Do they have intense or unusual interests or pre-occupations with certain toys or topics?**[ ]  No intense or unusual interests/pre-occupations observed. [ ]  Possible or definite unusual interests or pre-occupations – specify: |

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| **What are they like with listening, understanding and writing creative stories?**(Please tick ‘Unable to comment’ if they don’t have enough language skills for stories) |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |

**Sensory**

Tell us about any unusual response they have to the following:

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| **Noise**[ ] No unusual response observed. [ ]  Possible or definite unusual response, for example:  | **Touch**[ ] No unusual response observed. [ ]  Possible or definite unusual response, for example:  |
| **Smell**[ ] No unusual response observed. [ ]  Possible or definite unusual response, for example:  | **Any other (e.g. body awareness, lights/vision)**[ ] No unusual response observed. [ ]  Possible or definite unusual response, for example:  |
| **How do these differences impact their participation in daily routines/activities?** |

**Academic Ability**

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| **What are their strengths and difficulties with learning?**Strengths:Difficulties:**How have they progressed academically in the last year?**[ ]  As expected[ ]  Exceeded expectations[ ]  Not meeting expectationsComments:**How are they doing academically, across the board?**[ ]  Working well above age related expectations[ ]  Working above age related expectations[ ]  Working at age related expectations[ ]  Working below age related expectations[ ]  Working well below age related expectationsComments: |
| **Do they have any special skills?**[ ]  None observed[ ]  Yes – specify |

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| **Do they do the same classroom activities as the rest of the class?** |
| All the same [ ]  | Some individual activities[ ]  | Full individual programme [ ]  |
| **How much attention do they require in the classroom compared to peers?**  |
| Equal amount [ ]  | Some extra [ ]  | Intensive support [ ]  |
| **What are their organisational skills like?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **What is their concentration like?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **What is their self-esteem/confidence like?**  |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |

**Literacy Skills:**

Tell us about the following:

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|  | **How do these compare with other children of the same age?** | **Are these skills in keeping with the rest of the child’s skills?** |
| **Reading Skills (decoding)** | [ ]  Advanced[ ]  Age appropriate[ ]  Some difficulties[ ]  Severe difficulties [ ]  Unable to comment | [ ]  Advanced[ ]  Similar to other skills[ ]  Mild/Moderately behind other skills[ ]  Significantly behind other skills [ ]  Unable to comment |
| **Spelling Skills** | [ ]  Advanced[ ]  Age appropriate[ ]  Some difficulties[ ]  Severe difficulties [ ]  Unable to comment | [ ]  Advanced[ ]  Similar to other skills[ ]  Mild/Moderately behind other skills[ ]  Significantly behind other skills [ ]  Unable to comment |
| **Reading for meaning skills** | [ ]  Advanced[ ]  Age appropriate[ ]  Some difficulties[ ]  Severe difficulties [ ]  Unable to comment | [ ]  Advanced[ ]  Similar to other skills[ ]  Mild/Moderately behind other skills[ ]  Significantly behind other skills [ ]  Unable to comment |

**Co-ordination**

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| **How do they do at PE?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |
| **Do they seem more or less co-ordinated than other children of their age?** |
| As expected [ ]  | Some difficulties [ ]  | Severe difficulties [ ]  | Unable to comment [ ]  |

**Extra support**

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| **Is child on:**  | Special Education Needs (SEN) Register [ ]  | Individual Education Plan [ ]  | None[ ]   |
| **Educational Psychology (EP)** | Discussed with EP [ ]  | Seen by EP (include report) [ ]  | Not at this time[ ]  | Never [ ]  |

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| **Education Health and Care Plan (EHCP)** | None[ ]  | Plan in place[ ]  | Applied / in the process [ ]  |  Refused[ ]  |
| **Any additional support in place** | None[ ]  | Shared Support (some LSA/small groups) [ ]  | Shared support (consistently shared LSA) [ ]  | One-to-one  |
| Part time [ ]  | All day[ ]  |
| **What interventions, if any, are in place for this child at the moment?**  |
| **Any other comments on learning and support needs** |

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| **Anything we should know that was not covered in the form** |

Thank you for taking the time to complete this. This information is an important part of the full assessment of this child, and will hopefully assist in reaching an appropriate diagnosis, as well as informing the assessment of their needs.