

**CHAND Autism Assessment referral form 2-12 years**

**NEWHAM**

*The following referral form is for our autism pathway within child development services- The****CH****ildren with****A****utism in****N****ewham -****D****iagnosis Service (CHAND). It must be filled in by a healthcare professional or teacher with the parent/carer or young person. Based on the information provided, your case will be triaged and prioritized to the teams and specialists best suited to the child/young person’s needs.*

**Please confirm the service you require:**

🞏 Autism Assessment

Note: If you are primarily concerned about a child’s attention, hyperactivity and impulsivity and require an ADHD (Attention Deficit Hyperactivity Disorder) assessment, please refer to CAMHS (Child and Adolescent Mental Health Services). If you are unsure whether the child might have Autism or ADHD, fill in this form and our triage team will help decide the best pathway for the child/young person.

ADHD assessments are only completed for children aged six and above in accordance with NICE guidelines. If the child is under 6 the family may benefit from one of these courses: <https://families.newham.gov.uk/kb5/newham/directory/family.page?familychannel=1-1>

We recognise that parenting a child with additional needs can be challenging, and these courses are designed to give parents extra support and strategies.

**Requirements for an appropriate referral** *(without all referral is incomplete and rejected)*

🞏 Information from parents/carers (pages 1-4)

🞏 Information from school/nursery if attending (page 8/ page 5 respectively- only complete for current placement)

🞏 Opinion of referrer (pages 1, 2 and 14)

🞏 Consent from parents/carers, including a conversation naming and explaining Autism (page 14)

🞏 Impact of symptoms rating (page 3)

Note: providing more information in this referral form will result in the child receiving a better tailored support offer, focused on their individual needs.

**Details of child / young person** *(please fill in all details)*

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: Click here to enter text. | | Date of birth : | Male / Female *(circle)* |
| Forenames: Click here to enter text. | | Ethnicity: White - Any other background | NHS No: Click here to enter text. |
| Parent/carer email: | | GP details & borough (if not Newham)  Click here to enter text. | |
| Address: | | Parent / carer names | |
| Home Language: (if Bangla specify dialect Sylheti/Dacca)  Interpreter required for Parent / Child / neither *(circle)* | |
| School: | Year  Class: | Health Visitor  / School Nurse: | |
| Are there any current or previous safeguarding issues for the child / young person / family? Yes / No / Not sure *(circle, include details below)* | | | |
| **Main Concerns for parents / carers** *(filled in by parent / carer)*  1.  2.  3. | | | |
| **Main Concerns for referrer** *(be clear: what have you observed?)*  1.  2.  3. | | | |
| **Physical Health conditions**  Diagnoses/Problems…………………………………………………………….…………………………………………  Medications and any known allergies………………………………………………………………………………………….…  Other professionals the child/young person is known to in the Community or Hospital *(please provide details)* ………………………………………………………………………………………………………………………………………. | | | |
| **Birth, development, family** *(please select all that are relevant)* Additional comments:   * Problems in pregnancy or birth (please specify) * Born premature (<37 weeks – please specify) * First steps after 18 months (add details) * Was walking and then stopped (motor regression –give details) * Epilepsy/Seizures (give details) * Family history of autism or ADHD (give details) | | | |
| **Verbal Communication (tick all that are relevant)** Additional comments:   * Non verbal (has no words currently) * Makes other non speech noises (humming, squealing) * Has single words only (beyond mama/dada – list examples in comments) * Can speak in 2-3 word phrases (e.g “Mummy go park”) * Can speak in full sentences * Can ask questions (who, what, where?) * Understands and responds to simple questions * Enjoys echoing back words and phrases * Enjoys copying learnt phrases heard from other people/TV/Youtube * Can take turns in a conversation * Can have a two-way conversation * Likes to talk about their topic of interest intensely * Goes off topic or on a tangent while speaking * Frequently interrupts conversations / calls out in class * Started to use words and then stopped (language regression) | | | |
| **Non verbal Communication (tick all that are relevant)** Additional comments:   * Gives no eye contact * Gives eye contact only with familiar people * Has unusual quality of eye contact (brief glance/long stare) * Has one/limited facial expressions * Facial expressions are present but appear over expressive/larger than life * Takes parent/carer by the hand to show what they want * Points to things they want (with one finger) * Points to show you things of interest (a plane in the air, a tree far away) * Nod/shakes head for yes and no * Waves bye-bye * Uses gesture as part of conversation * Can come too close (unaware of personal space) | | | |
| **Interactions and Relationships (tick all relevant and specify if now or in the past)** Additional comments:   * Prefers playing alone * Can tolerate playing alongside another child * Plays with other children interactively (sharing toys) * Plays running/chasing games with other children * Will approach other children to play * Prefers to be with adults or older children * Prefers to be with younger or quieter children * Prefers children of their own age * Difficulty sharing or taking turns in play * Difficulty losing in games * Frequently falls out with friends * Has been teased or bullied | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Play (list favourite toys in comments)** Additional comments:   * Plays with mainly non-toy items (e.g. keys, spoons, bits of string) * Enjoys push button, light up and musical toys * Enjoys puzzles * Enjoys lining toys up, or putting them in a pattern * Plays pretend sequences (making a pretend cup of tea, feeding dolly/teddy - please specify) * Enjoys role play alone (being shopkeeper, teacher, police officer - please specify) * Enjoys role play with other children * Enjoys repetitive play (with same toys/same sequence) * Finds it difficult to move from one activity to another * Carries small toy/object in their hand continuously * Child has developed intense interest in an area/subject/topic (please specify) | | **Challenging emotions and behaviours** Additional comments:   * No sense of danger (might run into the road) * Always moving and on the go * Enjoys climbing on furniture/up high * Can’t concentrate on an activity for longer than 5 minutes * Can’t sit in a chair for meal times/at school * Fidgets * Daydreams * Loses and forget items easily (older children) * Has ‘tantrums or meltdowns’ (specify triggers and frequency) * Is physically aggressive to others (hits, kicks, spits, bites) * Gets anxious and worried easily (specify triggers) * Low mood/tearful every night * Obsessed with violent themes or death (please specify) * Other please specify | | | **Repetitive movements? (e.g. when excited/anxious – flapping, spinning, rocking, tip-toeing)** | | **Sensory symptoms? (e.g. covers ears to sounds, watches things spin, doesn’t like textures of certain foods or clothes)** | | | **Symptom impact on daily life:**  **Any difficulties with activities of daily living due to symptoms?**   * Eating * Sleeping * Toileting * Dressing * Access to education * Access to community * Other: | | | **Impact severity: How often do symptoms impact activities of daily living?**   * All of the time * Most of the time * Sometimes * Occasionally * Rarely * Never | | |
|  |

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| --- |
| **Other relevant information** (if available)  **Weight:**  **Height:**  **Head Circumference:**  **Date measurements were taken:** |
| **What early support has been put in place? What strategies are being used in the nursery/school environment?** |
| **Please attach to this form any other relevant letters (clinic letters, ASQ report from health visitor, educational psychology reports)** |
| **Any other comments:** |
| **If the child is under five, please complete an Early Notification to notify the local authority that this child has special educational needs.** |

**You will now see our nursery and school reports. Please only fill in the relevant form depending on the child’s age. This should be completed by a member of staff who knows the child well. If you wish to include additional information, there is space for this at the end of the report.**

**Nursery report**

Nursery Report to Support Autism Assessments for Children in Newham

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of nursery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date:\_\_\_\_\_\_\_\_\_\_\_

**About the child**

In general, what are the child’s most noticeable strengths and needs?

|  |  |
| --- | --- |
| Strengths: | Needs: |
|  |  |

What are your main concerns about this child?



What support is currently in place at nursery (if any)?

How does the child express their needs at nursery?  
*Can they show when they want to go outside? What about when they’re hurt? When they need help (e.g. pouring water)?*

How does the child respond to other people?  
*What do they do when another child tries to play with them? Is this different if it’s an adult? How would they react if another child was hurt? Do they understand any instructions?*

How is the child in a group situation?  
*Do they seem overwhelmed and move away? Are they interested in watching others? Are there activities they join in with? Do they hurt other children?*

How is the child’s non-verbal communication? This includes eye contact and using facial expression or gesture to communicate.

Has the child made any friendships? If so, what do they do together?

Has the child developed a trusting relationship with an adult in the setting?

Is there anything the child does in a repetitive way? Does this get in the way of doing other things? *e.g. lining up toys; running in a circle; making sounds*

How does the child cope with drop-off and pick-up or other transitions?

How does the child cope with changes to routine?

What does the child prefer to do at nursery? Can they be encouraged to explore other activities?

Has the child developed an intense interest in any area/subject/topic?

Does the child have any unusual responses to the following:

* Noise *e.g. upset by sudden sounds or making lots of sound*
* Touch*e.g. sand, water or messy play, being touched by others*
* Taste and texture*e.g. can they eat a range of snacks*
* Vision *e.g. bothered by bright lights or loves looking at things closely*
* Movement *e.g. excessively spins/rocks/jumps compared to peers*
* Any other sensory stimuli

What happens when the child is distressed?

Is their behaviour sometimes difficult to manage? What happens? What are the triggers for this?

What helps the child have a good day?

Is there anything else you think we should be aware of?

**School Report**

**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.

|  |  |
| --- | --- |
| **In general, what are the child’s most noticeable strengths and needs?** | |
| **Strengths** | **Needs** |
|  |  |
| **How long have there been concerns?** |  |
|  |  |

|  |
| --- |
| **What do they need to have a good day at school?** |
|  |

**What level of language do they use most of the time at school?**

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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 expectations  Comments:  **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 expectations  Comments: |
| **Do they have any special skills?**  None observed  Yes – specify |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:

|  |  |  |
| --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |

|  |
| --- |
| **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.

**Details of person making the referral**

|  |  |  |
| --- | --- | --- |
| Name *(print)* | Signature | Referral Date |
| Job Title | Base | Tel. No |

**Consent**

|  |  |
| --- | --- |
| Has the parent/carer given their consent for this referral? Yes / No *(circle)*  Have you discussed the possibility of an autism diagnosis with the parent/carer? Yes / No *(circle)* | |
| ***When a referral is made, written permission MUST be obtained from the child’s/young person’s parent/carer, as****:*   1. *Referrals may be discussed in a Multiagency meeting including Health, Education, Children’s Centres and Social Services.* 2. *The child/young person may be seen by a Therapist either in a Community clinic (with the parent / carer present) but also in a School clinic (without the parent / carer present).* | |
| **I confirm that I have parental responsibility for the child/young person being referred, and give permission for my child to be seen by the relevant health professionals.** | |
| **Name of Parent / Carer (*print):*** | **Signed:** |
| **Relationship to child:** | **Date:** |

***Referrals should be emailed securely to*** [***elft.ascreferral@nhs.net***](mailto:elft.ascreferral@nhs.net) ***either using nhs.net email addresses or via other secure domains such as gcsx.gov.uk or egress secure email***