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| Child or Young Person’s Details |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| School: |  |
| Stage: |  |

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| Consent |
| I consent to being referred for assessment and for relevant information about me to be shared with the East Renfrewshire Diagnostic Service. |
| Signature: |  |
| I consent for my child to be referred for assessment and for relevant information about them and our family to be shared with the East Renfrewshire Diagnostic Service: |
| Parent / Carers Name: |  |
| Signature: |  |

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| Education Establishment Details |
| Address: |  |
| Contact Number: |  |
| Referring Practitioner: |  |
| Role: |  |
| Signature: |  |
| Link Educational Psychologist: |  |
| Signature: |  |
| Date of Referral: |  |

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| Desired Outcomes of Referral(e.g. to help clarify additional support needs, to address parental questions) |
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To help the East Renfrewshire Autism Diagnostic Service with the process of determining the appropriateness of this referral, we would appreciate if the practitioner who knows the young person best could provide information in the following sections, with concrete examples. It is also helpful to have the views of the young person themselves, and parents / carers under each section, again with examples. Please also attach a copy of the Child Wellbeing Plan or ASN Profile if there is one available.

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| Do they require extra support for their social interactions? (e.g. balanced turn-taking, staying on topic, sharing, conversational recovery)  |
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| Do they require extra support for their learning? |
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| Do they require support for their language development? (e.g. alternative communication aids such as Boardmaker) |
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| Do they require support for their emotional regulation? |
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| Do they appear to have developmental differences in their fine or gross motor skills? |
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| How well do they manage transitions between activities and places? |
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| Do they appear to use non-verbal communication such as gesture, eye contact and facial expression in the way you would expect for their age and stage? |
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| Do they appear to understand non-verbal communication such as gesture, eye contact and facial expression? |
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| Is there anything about their general social communication that you would consider to be atypical? |
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| How well do they manage change (expected and unexpected)? |
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| Do they avoid or find it difficult to manage social activities and situations? |
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| Do they demonstrate rigidity of thought in social situations or in imaginative / creative contexts (e.g. play, creative writing, improvisation)  |
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| Do they have any special interests or topics that they are extremely enthusiastic about |
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| Is there any other relevant information that you feel will help us as we consider this referral? |
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| Does the child or young person have an ASN Profile, Wellbeing Plan or Coordinated Support Plan? (If yes please enclose a copy) |
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Thank you for completing this questionnaire.