

**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:**

**School: Year group:**

**Date: Length of time knowing child:**

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

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

**Social Interaction**

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| **Tell us how the child functions in group situations as compared to in 1:1?** |
| Just as well | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **How well does the child make and keep friends, as expected for his / her age?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Does the child give eye contact to others, as expected for his / her age?** |
| Age appropriate | Reduced but present | Very little eye contact | Unable to comment |
| [ ]   | [ ]   | [ ]   | [ ]   |
| **Does the child use smiles socially e.g. to greet people or return a smile to someone, as expected for his / her age?** |
| Age appropriate | Reduced but present | Very little eye contact | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **What is the child like with the following?** **Initiating contact e.g. spontaneously approaching other people** |
| Age appropriate | Reduced but present | Rarely initiates | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Co-operating e.g. turn taking, Interactive ball play, working with peers in small groups** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Responding to other people e.g. when greeted or approached by others** |
| Age appropriate | Inconsistent response | Very little response | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Sharing e.g. food, toys, enjoyment** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Following Instructions** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Comments on social functions and interactions (give examples and your observations):** |

**Communication**

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| **How well does the child make his / her needs known?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [x]  | [ ]  |
| **Does the child use non-verbal communication methods e.g. gestures, facial expressions, pointing etc.**  |
| Age appropriate | Reduced but present | Very little used | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Can the child manage a 2-way conversation, and pay attention to what others have to say?** (Please tick ‘Unable to comment’ if the child is unable to speak in sentences with at least 3 words) |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **How well dos the child understand jokes, sarcasm and idioms?**(Please tick ‘Unable to comment’ if the child is unable to speak in sentences with at least 3 words) |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Does the child have tendency to keep on talking about particular topics repetitively?**(Please tick ‘Unable to comment’ if the child is unable to speak in sentences with at least 3 words) |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Comments on communication (give examples of patterns of communication):** |

**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:** |
| **Does the child function 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 is the child in assembly?**  |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Tell us about any rigid or unusual behaviours**[ ]  **No rigid or unusual behaviours observed.**[ ]   **Possible or definite rigid or unusual behaviours, with examples as follows:** |
| **Tell us about any unusual mannerisms i.e. repetitive movements such as rocking, spinning, hand flapping, repetitive tapping of certain part of the body etc**[ ]  **No unusual mannerisms observed.**[ ]   **Possible or definite unusual mannerisms observed, with examples as follows:** |
| **Additional comments on behaviour (particular strengths, needs, and examples of unusual patterns of behaviour).**[ ]  **No additional comments**[ ]  **Additional comments as follows:** |

**Imagination and Rigidity**

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| **How well does the child participate in pretend play, as expected of his/her age?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **If there is a change in the timetable, how well does the child cope, as expected of his/her age?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **How does the child engage in using the home corner?**(Please tick ‘Unable to comment’ if the child is of an age that to pretend play is not expected) |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |

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| **What is the child like with listening, understanding and writing creative stories?**(Please tick ‘Unable to comment’ if the child does not have sufficient language skills to participate in story activities) |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Does the child have intense or unusual interests, or any pre-occupations with certain toys or topics?**[ ]  **No intense or unusual interests/pre-occupations observed.** [ ]  **There are possible or definite unusual interests or pre-occupations, with examples as follows:** |

**Sensory**

Tell us about any unusual response the child has to the following:

|  |  |
| --- | --- |
| **Noise**[ ]  **No unusual response observed.** [ ]  **Possible or definite unusual response observed, with examples as follows:**  | **Touch**[ ]  **No unusual response observed.** [ ]  **Possible or definite unusual response observed, with examples as follows:**  |
| **Smell**[ ]  **No unusual response observed.** [ ]  **Possible or definite unusual response observed, with examples as follows:**  | **Any other**[ ]  **No unusual response observed.** [ ]  **Possible or definite unusual response observed, with examples as follows:**  |

**Academic Ability**

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| **What are the child’s strengths/difficulties with learning?**Strengths:Difficulties:**How has the child progressed academically in the last year?** [ ]  As expected [ ]  Exceeded expectations [ ]  Not meeting expectations [ ]  Unable to commentExtra information:**How well is the child 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[ ]  Unable to commentExtra information: |
| **Does he/she have any special skills?**[ ] Yes, the child has the following special skills:[ ] None observed. |

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| **Is the child able to manage classroom activities as expected of his / her age, with little need for individual set of activities?** |
| Age appropriate | Some individual activities  | Full individual programme | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **What are his/her organisational skills like?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **What is the child’s concentration like?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **How much attention does he/she require in the classroom compared to peers?**  |
| Equal amount | Some extra | Intensive support | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **What is the child’s self-esteem/confidence like?**  |
| Age appropriate | 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** | [ ]  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 does the child do at PE?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **Does the child seem more or less co-ordinated than other children of his/her age?** |
| Age appropriate | Some difficulties | Severe difficulties | Unable to comment |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Extra support**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education Health and Care Plan (EHCP) in place?** | Yes[ ]  | No[ ]  | Applied / in the process[ ]  |  Refused[ ]  |
| **What level of additional support is currently provided?** | None[ ]  | Shared Support (some LSA/small groups)[ ]  | Shared support (consistently shared LSA)[ ]  | One-to-one support[ ]  | Unable to comment[ ]  |

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| **Any additional comments about the child that you would like to make, apart from the information already provided to the questionnaire so far?**[ ]  **No additional comments** [ ]  **Additional comments as follows:** |

**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**

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| 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*** ***either using nhs.net email addresses or via other secure domains such as gcsx.gov.uk or egress secure email***