**Haringey Social Communication Team**
Tynemouth Rd Health Centre

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#  Social Communication & Autism Diagnostic Service

#  Referral Form: School Age Children

The Social Communication and Autism Diagnostic Service in Haringey is a specialist multidisciplinary team that conducts diagnostic assessment for Autism in children up to and including 11 years of age.

To refer a child for an assessment, the referrer should complete this form along with the parent/carer and enclose it with the referral.

The Social Communication and Autism Diagnostic Service are unable to process referrals without this completed form. You may be requested to provide additional information for partially completed forms, which will delay the referral.

|  |  |
| --- | --- |
| Name of child |  |
| Date of Birth |  |
| Address |  |
| Child’s Gender |  |
| NHS Number: |  |
| **Ethnicity:** |  |
| Child known to Children Services? | Yes □ | No □ | Not known □ |
| If ‘yes’ or possibly ‘yes’, please briefly describe: |
| Parent/Carer’s Name (s) |  |
| Parent/Carer’s Contact Details |  |
| Parent/Carer’s Spoken Language  |  |
| Is an Interpreter Required? | Yes □ | No □ | Not known □ |
| GP |  |
| School |  |
| Referrer Name |  |
| Referrer Designation/Role |  |
| Referrer Contact Details |  |
| Date Referral Form Completed |  |

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| **CONSENT -** Please note this referral will only be accepted if parents give consent1. D Does the parent/carer consent to this referral? Yes 🞎 No 🞎3. I Please have a discussion with the parent/carer about the assessment and the possibility of the child being given a diagnosis of autism. Please confirm that you have had a discussion with  the parent/carer and that they have consented to this assessment.Yes 🞎 No 🞎 |

**Professionals currently or previously involved:**

|  |  |
| --- | --- |
| **N Name, Profession** | **C Contact details** |
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1. What are the parents’ and/or referrer’s concerns? Please summarise:

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2. At what age or developmental stage did these concerns first become apparent?

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 ***For referrals from school****,*

1. What strategies and support have been put in place to address the above concerns?

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1. Are there any concerns about the child’s academic achievement? If so, please give details

 (eg: what areas are of concern and level of performance). (If the child has had a

 Educational Psychology assessment, please attach a copy of the report with this form)

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1. Does the child have a Education Health and Care plan (EHCP) or is it being considered? (If so, please attach a copy of the EHCP with this form)

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6. **Birth and medical history**: Please list any complications to the baby in pregnancy or after birth, previous significant illnesses or medical conditions, if known.

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**Family and Social History:**

 7.Who lives with the child? (Please note all adults and children in the household)

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8. Is there family history of autism, ADHD, learning difficulties/ disability or psychiatric

 disorders? Please describe:

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| --- | --- |
| Who? Relationship?  | Difficulty/Diagnoses |
| *e.g. child’s brother, ‘name’* | *e.g. Autism Spectrum Disorder* |
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**Early Development:**

 9. Was there a delay in attaining early developmental milestones (eg: crawling, walking,

 babbling, saying words, etc)? Please describe:

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1. Did he/she lose any skills (regression)? Please describe:

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**Current Functioning:**

**Please tick the appropriate answers to the questions below and describe your concerns**

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|  **11.** **Verbal and non-verbal communication:** | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Does the child use language to communicate with others?  |  |  |  |  |
| Is the child able to request things verbally or by pointing?  |  |  |  |  |
| Does or did the child place others’ hands on objects to get something done?  |  |  |  |  |
| Can the child have a to and fro conversation?  |  |  |  |  |
| Does he/she talk out of context during a conversation? |  |  |  |  |
| Does he/she give excessive information on topics of own interest? |  |  |  |  |
| Does he/she make inappropriate or rude comments at others? |  |  |  |  |
| Does or did he/she repeat what others say (echolalia)?  |  |  |  |  |
| Does or did he/she repeat sets of words or phrases (heard from others, media or stories)?  |  |  |  |  |
| Does he/she use appropriate facial expressions when communicating?  |  |  |  |  |
| Does he/she use gestures when communicating?  |  |  |  |  |
| Please describe your concerns: |

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| **12.** **Understanding Language:** | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Does the child respond to his/her name? |  |  |  |  |
| Can he/she follow instructions? |  |  |  |  |
| Can he/she follow group instructions in class? |  |  |  |  |
| Does he/ she take things literally? |  |  |  |  |
| Does the child understand humour and sarcasm in language? |  |  |  |  |
| Please describe your concerns: |

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| **13. Social Interaction:** | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Does the child smile back when others smile?  |  |  |  |  |
| Does he/she greet people and say goodbye without being told? |  |  |  |  |
|  | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Does he/ she point to show things of interest to him/ her?  |  |  |  |  |
| Does he/ she appear to be in a world of his/ her own?  |  |  |  |  |
| Does he/ she share enjoyment with others?  |  |  |  |  |
| Does he/ she initiate or join in play with other children? |  |  |  |  |
| Does he/ she share things (not just food) with others without being told?  |  |  |  |  |
| Does he/ she take turns while playing with others?  |  |  |  |  |
| Does he/ she accept others’ ideas while playing (playing co-operatively)? |  |  |  |  |
| Does he/ she find it difficult to form and maintain friendships? |  |  |  |  |
| Does the child’s interaction with others have to be on his/ her terms (excessively controlling or bossy)? |  |  |  |  |
| Does he/ she enjoy social situations like birthday parties?  |  |  |  |  |
| Does the child understand social rules? |  |  |  |  |
| Does he/she find it difficult to understand others’ perspective and intentions? |  |  |  |  |
| Does he/ she reject cuddles from family members? |  |  |  |  |
| Does he/ she show concern (empathy) for others?  |  |  |  |  |
| Does he/ she understand personal space?  |  |  |  |  |
| **PlPlease describe your concerns:** |

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| **14. Play and Imagination:** | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Does or did the child engage in pretend play (eg: feeding doll and putting it to bed, making cup of tea, pretending to cook, etc)?  |  |  |  |  |
|  s Does or did he/ she make up stories of his/ her own and play imaginatively? |  |  |  |  |
| Does or did the child have an interest in lining up toys/ objects, spinning wheels or examining certain parts of toys?  |  |  |  |  |
| Does or did the child tend to repeat the same play activities over and over again?  |  |  |  |  |
|  | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Does or did he/ she have any unusual or obsessive interests (eg: transport, street signs, automatic doors, dolls, animals, dressing up, Lego, computer games, science, etc)?  |  |  |  |  |
| **Please describe your concerns:** |

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| **15. Behaviour:** | **Always or most of the time** | **Sometimes** | **Rarely or never** | **Not known** |
| Is the child insistent on following their own agenda?  |  |  |  |  |
| Is the child particular about following any routines?  |  |  |  |  |
| Does he/she show emotional distress to change in routines, transitions or new experiences/ situations?  |  |  |  |  |
| Does he/ she have poor awareness of danger?  |  |  |  |  |
| Is he/ she overactive, impulsive or inattentive?  |  |  |  |  |
| Does he/ she have odd ways of moving hands, fingers or body (eg: hand flapping, rocking, spinning)?  |  |  |  |  |
| Does the child have any behaviour, which is difficult to handle?  |  |  |  |  |
| **Please describe your concerns:** |

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| --- | --- | --- | --- |
| **16. Sensory Responses:** | **Yes**  | **No** | **Not known** |
| Is the child oversensitive to noises, textures (of clothing, food etc) or smells?  |  |  |  |
| Does he/she ever seek out sensory experiences such as smelling things, chewing clothes, peering at things up close etc? |  |  |  |
| Does he/ she have any extreme food fads (eating only certain types of food)?  |  |  |  |
| **Please describe:** |

 **17. Have there been any concerns about the child’s vision?**

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| --- | --- |
| Yes / No | **Date of formal testing and outcome:**  |

**18. Have there been any concerns about the child’s hearing?**

|  |  |
| --- | --- |
| Yes / No | **Date of formal testing and outcome:** |

**19. Are there any concerns about his/ her physical skills (running, climbing, jumping, taking part in PE, etc) or hand skills (drawing, writing, building)?**

**Please describe your concerns:**

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| --- |
| **20. Self-Care Skills: Is the child toilet trained? Are there any concerns about his/her ability to eat or dress independently?** |

**Please describe your concerns:**

Thank you for completing this form. Once we receive the referral, it will be discussed in our multidisciplinary meeting following which we will let you know the course of action.