

**Autism Social Communication Team**

**Referral Form**



**SECTION A**

**Teacher Signature**

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| --- | --- |
| **Family Name** | **Date of Birth** |
| **Forenames** | **Male** | **Female** |
| **Address** |  |  |
| **Post Code** | **Tel No** |  |

**REFERRAL FORM**

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| --- | --- |
| **Name(s) of Parent(s)/Primary Carer(s)** | **Address of Parent(s)/Primary Carer(s)****(If different from child’s address)** |
| **Mr/Mrs/Miss/Ms/other (please specify)** | **Address** |
| **Forenames (please include all names in full)** | **Email Address** |
| **Family Name** | **Post Code** |
| **Relationship to child** | **Tel:** |
| **Name(s) of other Carer(s)** | **Address of other Carer(s)** |
| **Mr/Mrs/Miss/Ms/Other (please specify)** | **Address** |
| **Forenames (please include all names in full)** | **Email Address** |
| **Family Name** | **Post Code** |
| **Relationship to child** | **Tel:** |
|  |  |

**SECTION B**

**Educational Setting Information**

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| **Name of Establishment Attended** | **Type (IR, Nursery, Playgroup etc)** | **Entry Date** **(At your establishment)** | **Looked After Child****Yes No** |

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| --- | --- |
| **Name and Role of Referrer:** | **Address of Educational Setting pupil is based:** |
| **Date referral returned from school:** | **Tel No:** |
| **Has the child received a medical diagnosis of Autism?** **YES/NO Date of diagnosis:****If NO – Please provide the date when the child was formally accepted onto the Neurodisability – Autism Assessment Waiting list:** | **Sheffield SEND Support Grid Levels:**

|  |  |
| --- | --- |
| **E.g.,** | **1B.3** |
| **Primary Need** |  |
| **Additional Need** |  |
| **Additional Need** |  |
| **Additional Need** |  |

**Does the child have:**1. **EHCP Y/N**
2. **My Plan/Extended Support Plan Y/N**
3. **E.P involvement Y/N**
4. **SaLT involvement Y/N**
 |

**SECTION C**

**Social Communication Skills Checklist**

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| 1. **Does the pupil lack an understanding of how to interact with others?**

**For example.*** *Is unaware of the unwritten rules of social interaction.*
* *Has difficulty joining in, keeping up with interactions unless they are structured.*
* *Likes to lead, control play/interactions.*
* *Is happier to interact with younger children.*
* *Has intense attachment to one friend or many casual friendships?*
* *Maybe flits between different friendship groups - a ‘social butterfly.*
 | **Comments:** |
| 1. **When free to interact with others**

 **e.g., at school lunchtime, does** **the pupil avoid social contact.****For example.*** *Finds a secluded place or goes to the library.*
 | **Comments:** |
| 1. **Does the pupil initiate interaction with pupils? Can they maintain interactions?**

**For example.*** *Do interactions break down regularly?*
* *Do peer interactions often require additional adult support to be successful?*
 | **Comments:** |
| 1. **Does the pupil engage in social imaginative play?**

**For example.*** *Has spontaneous, original ideas during play. Uses props during play e.g., dressing up clothes, home corner(Primary)*
* *Enjoys drama/role play.*
* *Imitates scripts from familiar stories/TV/YouTube clips etc.*
* *Has an imaginary friend*
 | **Comments:** |
| 1. **Does the pupil appear unaware of social conventions or social rules?**

**For example.*** *Struggles to understand why pupils have to follow social rules e.g., line up.*
* *Struggles to understand authority.*
* *Makes inappropriate actions and comments.*
 | **Comments:** |
| 1. **Does the pupil observe the actions of others closely?**

**For example.*** *Copies or models self on others*
* *Mimics behavior, interests, or speech patterns of others*
 | **Comments:** |
| 1. **Is the pupil able to share equipment and take turns? Can he/she work collaboratively with others in a group?**
 | **Comments**  |
| 1. **Does the pupil need an excessive amount of reassurance, especially if things are changed or go wrong?**

**For example.*** *Repeatedly asks questions/seeks clarification.*
* *Finds it difficult to ‘move on’ from a disagreement or holds a grudge.*
* *Experiences anxiety more intensely than others.*
* *Feels the need to be in control of situations.*
 | **Comments:** |
| 1. **What do staff report about the pupil’s behavior in school?**

**For example.*** *Likes to follow the rules and comply.*
* *Appears passive/shy.*
* *Eager to please.*
* *Under-reacts to some situations.*
 | **Comments:** |
| 1. **Do parents report anxiety and distress at home? Is the pupil sometimes reluctant to attend school?**

**For example.*** *A difference in behavior at home and school.*
* *Exhaustion at the end of the day*
* *Distressed behaviour within the home.*
 | **Comments:** |
| 1. **Does the pupil have literal interpretation of comments?**

**For example.*** *May be verbally able but interprets instructions quite literally. Can be confused by phrases e.g., “laugh your head off”.*
* *Difficulty interpreting street slang.*
* *Confused by sarcasm/jokes.*
 | **Comments:** |
| 1. **Does the pupil show an understanding of non-verbal expression and cues?**

**For example.*** *Facial expression, body language, gesture*
 | **Comments:** |
| 1. **Does the pupil follow whole class instructions? Does he/she need individual instructions?**
 | **Comments:** |
| 1. **Is the pupil slow to process verbal information?**

**For example.*** *Is overwhelmed if given more than one instruction at a time.*
* *Delay in answering a question, following an instruction.*
* *Sits at task time delaying starting the task.*
 | **Comments:** |
| 1. **Does the pupil strive for perfection?**

**For example.*** *May be reluctant to answer a question, rarely puts hand up, fear of saying the wrong answer.*
* *Anxiety regarding quality of work may destroy work if makes mistake.*
 | **Comments**: |
| 1. **Does the pupil request help from adults or peers if needed?**
 | **Comments:** |
| 1. **When given a choice, where does the pupil choose to sit in the classroom?**
 | **Comments:** |
| 1. **Does the child need support with….?**

**For example:*** Starting a task.
* Generating and organizing ideas.
* Structuring sentences.
* Writing.
* Understanding abstract concepts/ particular subjects.
* Alternative ways to record e.g., lap top.
 | **Comments:** |
| 1. **What are the pupils organizational skills like?**

**For example.*** Parents/carers report their child has difficulty getting ready and organized for school.
* Difficulty organizing self, equipment, getting to lessons on time.
 | **Comments:** |
| 1. **Is the pupil affected by changes in routine or expectations?**

**For example.*** Changes in timetable, classrooms, new baby, transitions, supply teacher, Christmas.
 | **Comments:** |
| 1. **Does the pupil have routines or rituals that must be completed?**

 **For example.*** Lining up toys before going to bed.
* Following certain routes.
 | **Comments:** |
| 1. **Does the pupil have a special interest / passion?**

**For example.*** YouTube videos, celebrities, bloggers, trains, hair/make up tutorials, unicorns, vacuum cleaners.
 | **Comments:** |

**SECTION D**

**Sensory Preference Checklist**



 Pupil or staff may complete.

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| --- | --- | --- |
| Please complete the questionnaire by making a tick to indicate how often the statements in each section apply to you. At the end of each section, you can add anything else that you feel will be important to know about. There are no right or wrong answers. This questionnaire is about how you experience your sensory environment in general at school. | **Never** | **0% of the time** |
| **Rarely** | **25% of the time** |
| **Sometimes** | **50% of the time** |
| **Often** | **75% of the time** |
| **Always** | **100% of the time** |

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| **Auditory system - noises in your environment** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **1** | I like to do things the same way |  |  |  |  |  |
| **2** | I miss verbal instructions |  |  |  |  |  |
| **3** | I work better when I listen to my music |  |  |  |  |  |
| **4** | I get distracted by sounds in my environment |  |  |  |  |  |
| **5** | I am bothered by the noise levels in assemblies, break times and lunch times |  |  |  |  |  |
| **6** | I easily get a fright at loud and unexpected noises |  |  |  |  |  |
| **7** | I struggle to keep a conversation going |  |  |  |  |  |
| **Anything else you would like to tell us?** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Visual system - everything you can see** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **8** | I miss written instructions |  |  |  |  |  |
| **9** | I struggle to keep myself organized |  |  |  |  |  |
| **10** | I am bothered by bright overhead lights/sunlight in the classroom |  |  |  |  |  |
| **11** | I enjoy being in places that are visually busy, e.g., dining hall |  |  |  |  |  |
| **12** | I find it difficult to make eye contact |  |  |  |  |  |
| **13** | I struggle to understand what someone is feeling just by looking at their face |  |  |  |  |  |
| **14** | I become frustrated when I read, because letters move around or blur |  |  |  |  |  |
| **15** | I am bothered and get distracted when there is movement/reflections of lights near me |  |  |  |  |  |
| **16** | I can easily recognize patterns in things |  |  |  |  |  |
| **Anything else you would like to tell us?** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tactile system - textures and touch experiences** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **17** | I am bothered by certain textures of clothing / materials / objects / temperature |  |  |  |  |  |
| **18** | When I read a story, I struggle to imagine what the characters might look like |  |  |  |  |  |
| **19** | I don’t notice when my hands or face are dirty |  |  |  |  |  |
| **20** | I fidget with objects, e.g., pencils, paperclips |  |  |  |  |  |
| **21** | I don’t like it if my hands get dirty |  |  |  |  |  |
| **22** | I dislike it when people touch me unexpectedly |  |  |  |  |  |
| **23** | I like being alone |  |  |  |  |  |
| **24** | I am unaware of temperature or pain |  |  |  |  |  |
| **25** | I prefer to spend time on activities that don’t involve people |  |  |  |  |  |
| **Anything else you would like to tell us?** |
| **Vestibular system - movement experiences** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **26** | I feel anxious in new situations |  |  |  |  |  |
| **27** | I become dizzy easily and often lose my balance |  |  |  |  |  |
| **28** | I like to move as much as possible and seek opportunities to do this |  |  |  |  |  |
| **29** | I struggle to keep still and need to rock or fidget |  |  |  |  |  |
| **30** | I have a fear of heights, lifts, escalators |  |  |  |  |  |
| **31** | I get lost easily |  |  |  |  |  |
| **32** | I prefer reading books on non-fiction subjects rather than fiction |  |  |  |  |  |
| **Anything else you would like to tell us?** |

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| --- | --- | --- | --- | --- | --- |
| **Proprioceptive system - muscle movements** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **33** | I struggle to understand sarcasm and hidden meanings |  |  |  |  |  |
| **34** | I am clumsy and tend to bump into or drop things |  |  |  |  |  |
| **35** | I like chewing on objects |  |  |  |  |  |
| **36** | I don’t like physical activities, for example I struggle to catch a ball |  |  |  |  |  |
| **37** | I feel physically tired |  |  |  |  |  |
| **38** | I move chairs roughly or open and close doors too hard |  |  |  |  |  |
| **39** | I don’t enjoy team sports |  |  |  |  |  |
| **40** | I find it difficult to imagine what it would be like to be someone else |  |  |  |  |  |
| **Anything else you would like to tell us?** |

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| **Taste/Smell systems - tastes & smells in your environment** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **41** | I enjoy talking and find it difficult to let othersspeak |  |  |  |  |  |
| **42** | I am bothered by smells that others don’t notice |  |  |  |  |  |
| **43** | I prefer to eat the same foods |  |  |  |  |  |
| **44** | I particularly like crunchy or chewy foods |  |  |  |  |  |
| **45** | I have often been told that what I say is impolite, even though I actually think it is polite |  |  |  |  |  |
| **46** | I am bothered by and avoid certain food textures |  |  |  |  |  |
| **47** | I don’t enjoy social situations and find social gatherings difficult |  |  |  |  |  |
| **Anything else you would like to tell us?** |

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| **Self-awareness - your everyday emotions** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **48** | I find it difficult to concentrate for the whole time in class |  |  |  |  |  |
| **49** | I feel frustrated |  |  |  |  |  |
| **50** | I find it difficult to manage unexpected changes to my day |  |  |  |  |  |
| **51** | I feel confused |  |  |  |  |  |
| **52** | I enjoy the challenge of solving problems |  |  |  |  |  |
| **53** | I feel embarrassed |  |  |  |  |  |
| **54** | I don’t like conflict and tend to avoid it |  |  |  |  |  |
| **55** | I feel nervous |  |  |  |  |  |
| **56** | I struggle to ask for help |  |  |  |  |  |
| **57** | I feel stressed |  |  |  |  |  |
| **58** | I have headaches during school time |  |  |  |  |  |
| **59** | I misunderstand what people say to me |  |  |  |  |  |
| **60** | I prefer to be in control and know what to expect |  |  |  |  |  |
| **61** | I struggle to deal with my emotions |  |  |  |  |  |
| **Anything else you would like to tell us?** |

**Outcomes and Impact Measures**

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| **Predicted Short Term Outcomes (What we want to achieve)** |
| **1.** |
| **2** |
| **3.** |

|  |
| --- |
| **Current Staff Confidence Rating Scale – against above outcomes (1 Low 10 High)** |
| **Outcome 1 1 2 3 4 5 6 7 8 9 10** |
| **Outcome 2 1 2 3 4 5 6 7 8 9 10** |
| **Outcome 3** |

**A review will take place after support is provided to measure impact, against the above outcomes.**

|  |  |
| --- | --- |
| **Signature of Parent/Carer** | **Date:** |
|  |  |

**I AGREE TO THIS REFERRAL TO THE AUTISM SOCIAL COMMUNICATION SERVICE AND CONFIRM THAT IT HAS BEEN FULLY DISCUSSED WITH ME.**