

## School Report for the Social Communication and Autism Assessment Service and CAMHS Neurodiversity Team

The child named below has been referred for an assessment of his/her social communication skills and/or attention and we would be grateful to have your observations about them at school.

The parents have given their permission for us to obtain this information.

**Child's name:**

**Date of birth:**

**Address:**

**Current school setting:**

**Position on the Graduated Pathway:**

**1) Is there a specific question that you are asking the health professional?**  
*What outcomes do you hope will be achieved as a result of health assessment?*

**2) Describe the main difficulties/concerns/problems and how long these have been concerns**

**3) Describe the child's strengths**

**4) Describe the support that has been put in place and the impact of this support**  
*Please include support offered within school, by specialist education services and by health professionals.*

**5) Please provide relevant family information (with consent)**

**6) Describe family support services in place outside core school provision**

Please give as much detail about the below as possible as this will help us to decide the right next steps for the child.

**Attendance:**

*Please give current percentage attendance and any patterns or changes noted*

**Academic Ability:**

*Please give an indication of both their ability and attainment*

**Effort / Attitude to Learning:**

**Relationship with teachers**

*E.g. Ability to initiate sustain two way conversation, making eye contact; sitting appropriately, responding to facial expressions*

**Relationship with other children**

*E.g. Reciprocal social interaction, playing, understanding others, reading emotions, picking up non-verbal clues, capacity for relatedness*

**Language**

*E.g. Unusual speech (e.g. echolalia, atypical intonation) literal understanding, ability to communicate thoughts/feelings*

**Interests/Play**

*Are these similar to their peers? Do they have any intense or unusual interests?*

**Sensory or Repetitive behaviours**

*E.g. Adherence to routine, preoccupation with special interests, stereotyped mannerisms e.g. rocking, hand flapping, tics, sensory issues e.g. hypo/hypersensitivity noise, smell, touch, taste, pain*

**Attention and Concentration**

*Do you have any concerns about their concentration, activity levels or attentiveness?*

**Behaviour:**

*Do they get in trouble at school? What for? Do you have any concerns about their behaviour*

**Completed by:**

**Relationship to Child:**

**Date Completed:**

**Next steps**

Once you have completed this form, save as copy and upload it to the online professionals referral form as a supporting document.