

**NEURODEVELOPMENTAL PATHWAY
REFERRAL FORM ASD
(PART A PROFESSIONALS USE)**

Please complete this parental referral form electronically or in black ink, providing as much information as possible, **including any relevant letters / reports to enable this referral to be processed promptly.** If you wish to discuss a child prior to making a referral, please contact the ELHT 0-10 ASD pathway team on 01282 804393. **Email completed forms** 0-10asdpathway@elht.nhs.uk

Name of child/young person					
Date completed		Date of birth		NHS No.	
<u>Child / young person's main carers if under 18 years</u>					
Name		Relationship to Child / Young Person		Parental responsibility	
				Yes / No	
				Yes / No	
				Yes / No	
<u>Referrer details</u>					
Name of referrer (print):					
Designation of referrer (print):					
Address:					
Email:			Tel No:		
Signature of referrer:			Date:		
<u>Safeguarding the child / young person</u>					
	CAF	Child in Need	Child Protection Plan	Looked After Child	Adopted or Special Guardianship
Tick if in place for the child / young person					
Tick if in place for any other member of the family					
Please provide details:					

Other professionals involved with the child / young person

	Tick if involved	Contact name and number
Health Visitor or School Nurse		
Speech and Language Therapist		
Portage		
Nursery, School,		
Social Worker		
Specialist (Inclusion) Teacher		
Educational Psychologist		
Learning Disability Team		
Child and Adolescent Mental Health (CAMHS)/Child Psychology Integrated Service		
Community (Neurodevelopmental) Paediatrician		
Hospital Consultant		
Youth Offending Team		
Other service(s)		

Has the young person or parent (if under 16) consented to referral?

Yes []

No []

Has the young person or parent (if under 16) been given Part B to complete?

Yes []

No []

Please describe current concerns about the child/young person in relation to their:

Social communication (use of language for range of functions / maintenance of conversation /awareness of listener / vocabulary development / voice control, tone, volume, rate, expression / response to interaction / understanding of complex and non-literal language /understanding of gesture, tone and facial expression) **What does he/she look and sound like when they are talking to someone? Some young people move a lot whilst others are very still. Some young people may have a fixed stare or may look away. You could tell us about a time that social communication has been difficult for them.**

Language skills (level of understanding, speech clarity, selective mutism, stammer or stutter) **Give some examples of how they can understand or use their language to contribute to their environments. This can be given in written sentences they have used. Tell us what works well in their communication profile as well as any specific difficulties you have concerns about (for example, some young people may manage technical/ curriculum vocabulary differently to everyday vocabulary).**

Social interaction (awareness of others / interest in people / seeking comfort /empathy skills /awareness of feelings and emotions / building friendship / turn taking / eye contact / gesture / inappropriate behaviour). **How does this young person feel about interaction with others? Do they seek interaction? Does it ever work well or pose difficulties? Can you describe any friendships or relationships with key people (e.g. a familiar teaching assistant or teacher)? Can you tell us about conversations with the young person – which bits to they manage well and what challenges do they face?**

Flexibility of thought (pretend play / imagination / need for routine / resistance to change /repetitive or stereotyped behaviour / obsessions or movements / all consuming interests)

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Sensory behaviours (preferences for food, smell, clothing, noises etc.)
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Attention / concentration (attention and concentration / focus on task / forgetfulness / day dreaming / organisational skills) Is there any difference in the attention he/she can pay to a task of their own choosing – rather than an adults' choice of task? Can you tell us how they pay attention in a setting, when left to organise and focus by themselves?

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Hyperactivity & impulsive behaviours (excessive energy, fidgeting, frequent body movements / excessive talking / impatience / lack of sense of danger)

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Physical health (diagnosed conditions, treatment, hospital admissions, sleep difficulties, toileting issues)

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Learning and development (school performance, educational attainment, progress against EYFS or National Curriculum, attendance)
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Family circumstances (bereavements, marital breakdown, parental mental health, domestic violence, social care involvement, alcohol, addiction, etc. PLEASE STATE IF THERE ARE ANY SAFEGUARDING ISSUES)

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<u>What are your main concerns about this child / young person?</u>
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Professional Use

What has been put in place or tried? How effective was it?

Professional Use

Is there an Educational Health Care Plan (EHCP) currently in place?

**Please attach any appropriate reports / assessments in respect of the child/ young person.
The more information you can provide, the more efficient the assessment process**

Examples of documents and reports that you may want to include are listed below

	Available	Attached
Educational Health Care Plan (EHCP)	YES/NO	YES/NO
Parent screening questionnaire	YES/NO	YES/NO
School screening questionnaire	YES/NO	YES/NO
Completed ADHD-focussed questionnaires (ESSENTIAL if ADHD suspected)	YES/NO	YES/NO
CAF (Common Assessment Framework)	YES/NO	YES/NO
GP report (birth and early development history)	YES/NO	YES/NO
Speech and Language Therapist Report	YES/NO	YES/NO
Occupational Therapist Report	YES/NO	YES/NO
Community Paediatrician Assessment	YES/NO	YES/NO
School Nurse or Health Visitor Report	YES/NO	YES/NO
Portage report	YES/NO	YES/NO
School report	YES/NO	YES/NO
Educational Psychology/Clinical Psychology report	YES/NO	YES/NO
CAMHS	YES/NO	YES/NO

Return of Form

Ensure all relevant reports and screening tools are attached and return to the:

By E-mail: 0-10asdpathway@elht.nhs.uk

FAILURE TO FOLLOW THE ABOVE INSTRUCTIONS WILL RESULT IN DELAYS IN PROCESSING

**If you have any difficulty completing the request form, please phone 01282 804393
Lines are open between 8am–4.00pm on Monday– Friday**

Referrals can only be processed once Part A and Part B has been received