**ASD Triage Screening Checklist**

Date of referral………………………...

This checklist is to be completed to support your request for a Specialist Autism Assessment, please also attach any relevant reports that will support the referral. This pack includes:

* Information about the young person
* Parent screening form (Part 1)
* Education screening from (Part 2)
* Education information

**Referrals received without completed information will not be processed and will be returned to referrer**

Please contact **the Front Door Service on 01482 692929 option 2, option 2** for further advice and support

**Information about the young person**

|  |  |
| --- | --- |
| **Name**  |  |
| **Date of Birth** |  |
| **Gender at birth** |  |
| **Home Address (Inc Postcode)** |  |
| **Diagnosis** |  |
| **Does anyone else in the family have ASD, ADHD, LD or Dyspraxia?**  |  |

|  |
| --- |
| **Are there any risk factors – i.e., suicidal thoughts/plans, active self-harm, violent behaviour? If yes, please consider also a referral to Contact Point 01482 303688 as this referral is routine and will not be prioritised for risk.** |
|  |

**What** **other agencies are involved with the child/young person and what support packages have been provided currently or in the recent past? Please attach copies of all reports**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick where applicable:** | **Current** | **Past****(Date)**  | **Never**  | **Describe involvement** | **Report attached (essential)** |
| CAMHS  |  |  |  |  |  |
| Portage |  |  |  |  |  |
| Educational Psychology |  |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |  |
| Early Help Support |  |  |  |  |  |
| Youth Offending Team |  |  |  |  |  |
| Speech & Language Therapy |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |
| Parenting/behaviour management classes |  |  |  |  |  |
| Child Protection Plan/ Child in need plan |  |  |  |  |  |
| Neurodevelopmental Disability i.e. Learning Disability/ADHD |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |

**Part 1**

**ASD TRIAGE SCREENING CHECKLIST**

**TO BE FILLED IN BY PARENTS/CARERS**

 **Please ensure additional information is provided Q10, 26, 39, 46, 55, 58, 62**

1. **Social communication and interaction**

 **A.1.) Social-emotional reciprocity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **1** | Does your child start a conversation with you? |  |  |  |  |
| **2** | Does your child respond to conversations from others? |  |  |  |  |
| **3** | Does your child take turns within a conversation? |  |  |  |  |
| **4** | Can your child stick to the topic during a conversation? |  |  |  |  |
| **5** | Does your child understand cues such as time to end a conversation or time for someone else to talk? |  |  |  |  |
| **6** | Does your child give the appropriate responses to the content of the conversation?  |  |  |  |  |
| **7** | Does your child include others in activities or conversation of their choosing?  |  |  |  |  |
| **8** | Does your child show interest in activities or conversation of others? |  |  |  |  |
| **9** | Does your child demonstrate shared enjoyment of shared activities? |  |  |  |  |
| **10** | Please provided additional information to describe further the above points |
|  |

 **A.2 Nonverbal communication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **11** | Does your child use eye contact to initiate interaction? |   |  |  |  |
| **12** | Does your child use eye contact in response to others interactions? |   |  |  |  |
| **13** | Is your child able to maintain eye contact throughout interaction? |   |  |  |  |
| **14** | Does your child look between objects of interest and people during interaction? |   |  |  |  |
| **15** | Does your child look between different people when talking to a group?  |   |  |  |  |
| **16** | Does your child use natural gestures such as waving and pointing during interaction?  |   |  |  |  |
| **17** | Does your child use descriptive gestures such as showing size, shape or direction during interaction?  |  |  |  |  |
| **18** | Does your child show an awareness of personal space? |  |  |  |  |
| **19** | Does your child show a good quantity and range of natural gestures?NB- Children at 16 months of age have a range of 16 natural gestures. |  |  |  |  |
| **20** | Does your child show understanding of gestures used by others? |  |  |  |  |
| **21** | Does your child use facial expressions when interacting?  |  |  |  |  |
| **22** | Are their facial expressions directed and shared with others?  |  |  |  |  |
| **23** | Does your child use a variety of facial expressions? |  |  |  |  |
| **24** | Does your child use gestures, eye contact and facial expressions at the same time as speaking/making sounds?  |  |  |  |  |
| **25** | Does your child use a range of intonation and volumes of sound appropriate to the interaction?  |  |  |  |  |
| **26** | Please provided additional information to describe further the above points |
|  |

 **A.3 Relationships and Play**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **27** | Does your child have friends? |  |  |  |  |
| **28** | Does your child take turns appropriately when managed by an adult? |  |  |  |  |
| **29** | Does your child manage turn taking within a group with no adult supervision?  |  |  |  |  |
| **30** | Does your child participate in group activities and actually join in? |  |  |  |  |
| **31** | Does your child know to behave differently in different settings? E.g. In class, in assembly, school trips. |  |  |  |  |
| **32** | Does your child show imagination in play, conversation or creative work? |  |  |  |  |
| **33** | Does your child show imagination in play, conversation or creative work across a range of activities/opportunities? |  |  |  |  |
| **34** | Can your child accept one item representing another?E.g., Using a banana as a telephone, algebra. |  |  |  |  |
| **35** | Does your child allow others to play alongside them?  |  |  |  |  |
| **36** | Does your child allow others to play with them? |  |  |  |  |
| **37** | Does your child accept and respond to others during play, conversation or creative work?  |  |  |  |  |
| **38** | Does your child respond differently to others depending on relationship or context? E.g., Talks differently to Mum, teacher, stranger |  |  |  |  |
| **39** | Please provided additional information to describe further the above points |
|  |

 **B) Patterns of behaviour**

 **B.1 Stereotyped or repetitive behaviour**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **40** | Does your child repeat what you say? |  |  |  |  |
| **41** | Does your child use repetitive speech or vocalisations? |  |  |  |  |
| **42** | Does your child speak with their local accent or dialect as you would expect? |  |  |  |  |
| **43** | Does your child display any repetitive movements?  |   |   |   |  |
| **44** | Does your child display any repetitive activities? |   |   |   |  |
| **45** | Does your child use any words/phrases that are unusual to the context?  |   |   |   |  |
| **46** | Please provided additional information to describe further the above points |
|  |

 **B.2 Routine behaviour**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **47** | Are there times when your child likes to do the same thing in the same way every day?  |  |  |  |  |
| **48** | Can your child cope with interruption or alteration of the above? |  |  |  |  |
| **49** | Does your child have routines that don’t seem necessary to others? |  |  |  |  |
| **50** | Does your child understand nonliteral phrases such as sayings?E.g., hit the roof, good as gold, been a monster.  |   |   |   |  |
| **51** | Does your child understand jokes they hear and tell? |   |   |   |  |
| **52** | Does your child eat a wide range of foods? |   |   |   |  |
| **53** | Does your child accept new foods offered? |  |  |  |  |
| **54** | Does your child need to eat in a particular way that would be unusual for the age/development? |  |  |  |  |
| **55** | Please provided additional information to describe further the above points |
|  |

 **B.3 Restricted interests**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **56** | Does your child have interests similar to those expected for their age or level of development? |  |  |  |  |
| **57** | Do those interests include other activities/conversations?  |  |  |  |  |
| **58** | Please provided additional information to describe further the above points |
|  |

**B.4 Sensory behaviours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **59** | Does your child excessively seek out or avoid experiences relating to: | Please say if seeks or avoids  |
| Sound |  |  |  |  |
| Taste |  |  |  |  |
| Smell |  |  |  |  |
| Touch |  |  |  |  |
| Vision |  |  |  |  |
| **60** | Does your child respond appropriately to experiencing? |  |
| Pain |  |  |  |  |
| Temperature |  |  |  |  |
| **61** | Does your child have any difficulties in core routines? E.g., Toileting, dressing. |  |  |  |  |
| **62** | Please provided additional information to describe further the above points |
|  |

Signed………………………………………… Relationship to child……………………………….

Print name……………………………………. Date…………………………………………………

**Part 2**

 **TO BE FILLED IN BY EDUCATION/NURSERY**

**Information about SENCO**

|  |  |
| --- | --- |
| **Name of SENCO** |  |
| **School**  |  |
| **Telephone number**  |  |
| **Email Address** |  |
| **How long have you known the child/young person** |  |

|  |
| --- |
| **Comparison with school peers** |
|  | **Better than peers** | **Similar to peers** | **Has more difficulty than peers** | **Has major difficulties**  |
| Expressive language (talking) |  |  |  |  |
| Receptive Language (understanding)  |  |  |  |  |
| Social Interaction (relating to people) |  |  |  |  |
| Friendships  |  |  |  |  |
| Play  |  |  |  |  |
| Flexibility (adapting to changes) |  |  |  |  |
| Cognition (thinking) & Learning  |  |  |  |  |
| Sensory (noise, light, smell, touch, taste) |  |  |  |  |
| Physical (balance, coordination, fine/gross motor skills) |  |  |  |  |

**ASD TRIAGE SCREENING CHECKLIST**

**TO BE FILLED IN BY EDUCATION/NURSERY**

Please tick the relevant box in answer to each question and provide examples for each section

 **A) Social communication and interaction**

 **A.1.) Social-emotional reciprocity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely**  | **Often** | **Always** |
| **1** | Does the child initiate interaction with you? |  |  |  |  |
| **2** | Does the child respond to interaction from others? |  |  |  |  |
| **3** | Does the child take turns within a conversation? |  |  |  |  |
| **4** | Can the child stick to the topic during a conversation? |  |  |  |  |
| **5** | Does the child understand cues such as time to end a conversation or time for someone else to talk? |  |  |  |  |
| **6** | Does the child give the appropriate responses to the content of the conversation?  |  |  |  |  |
| **7** | Does the child include others in activities or conversation of their choosing?  |  |  |  |  |
| **8** | Does the child show interest in activities or conversation of others? |  |  |  |  |
| **9** | Does the child demonstrate shared enjoyment of shared activities? |  |  |  |  |
| **10** | Please provide examples/additional information to describe further the above points |
|  |

 **A.2 Nonverbal communication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely**  | **Often** | **Always** |
| **11** | Does the child use eye contact to initiate interaction? |   |  |  |  |
| **12** | Does the child use eye contact in response to others interactions? |   |  |  |  |
| **13** | Is the child able to maintain eye contact throughout interaction? |   |  |  |  |
| **14** | Does the child look between objects of interest and people during interaction? |   |  |  |  |
| **15** | Does the child look between different people when talking to a group?  |   |  |  |  |
| **16** | Does the child use natural gestures such as waving and pointing during interaction?  |   |  |  |  |
| **17** | Does the child use descriptive gestures such as showing size, shape or direction during interaction?  |  |  |  |  |
| **18** | Does the child show an awareness of personal space? |  |  |  |  |
| **19** | Does the child show a good quantity and range of natural gestures appropriate to their developmental age? |  |  |  |  |
| **20** | Does the child show understanding of gestures used by others? |  |  |  |  |
| **21** | Does the child use facial expressions when interacting?  |  |  |  |  |
| **22** | Are their facial expressions directed and shared with others?  |  |  |  |  |
| **23** | Does the child use a variety of facial expressions? |  |  |  |  |
| **24** | Does the child use gestures, eye contact and facial expressions at the same time as vocalisations?  |  |  |  |  |
| **25** | Does the child use a range of intonation and volume appropriate to the interaction?  |  |  |  |  |
| **26** | Please provide examples/ additional information to describe further the above points |
|  |

 **A.3 Relationships and Play**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely**  | **Often** | **Always** |
| **27** | Does the child have preferred friends? |  |  |  |  |
| **28** | Does the child take turns appropriately when managed by an adult? |  |  |  |  |
| **29** | Does the child manage turn taking within a group with no adult supervision?  |  |  |  |  |
| **30** | Does the child actively participate in group activities? |  |  |  |  |
| **31** | Does the child know to behave differently in different settings? E.g. In class, in assembly, school trips. |  |  |  |  |
| **32** | Does the child show imagination in play, conversation or creative work? |  |  |  |  |
| **33** | Does the child show imagination in play, conversation or creative work across a range of activities/opportunities? |  |  |  |  |
| **34** | Can the child accept one item representing another?E.g. Using a banana as a telephone, algebra. |  |  |  |  |
| **35** | Does the child allow others to play alongside them?  |  |  |  |  |
| **36** | Does the child allow others to play with them? |  |  |  |  |
| **37** | Does the child accept and respond to others during play, conversation or creative work?  |  |  |  |  |
| **38** | Does the child respond differently to others depending on relationship or context? E.g. Talks differently to Mum, teacher, stranger |  |  |  |  |
| **39** | Please provide examples/ additional information to describe further the above points |
|  |

 **B) Patterns of behaviour**

 **B.1 Stereotyped or repetitive behaviour**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **40** | Does the child use echolalia? |  |  |  |  |
| **41** | Does the child use repetitive speech or vocalisations? |  |  |  |  |
| **42** | Does the child speak with their local accent or dialect as you would expect? |  |  |  |  |
| **43** | Does the child display any repetitive movements?  |   |   |   |  |
| **44** | Does the child display any repetitive activities? |   |   |   |  |
| **45** | Does the child use any words/phrases that are unusual to the context?  |   |   |   |  |
| **46** | Please provide examples/ additional information to describe further the above points |
|  |

 **B.2 Routine behaviour**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **47** | Are there times when the child likes to do the same thing in the same way every day?  |  |  |  |  |
| **48** | Can the child cope with interruption or alteration of the above? |  |  |  |  |
| **49** | Does the child have routines that don’t seem necessary to others? |  |  |  |  |
| **50** | Does the child understand non literal phrases such as sayings?E.g. hit the roof, good as gold, been a monster.  |   |   |   |  |
| **51** | Does the child understand jokes they hear and tell? |   |   |   |  |
| **52** | Does the child eat a wide range of foods? |   |   |   |  |
| **53** | Does the child accept new foods offered? |  |  |  |  |
| **54** | Does the child need to eat in a particular way that would be unusual for the age/development? |  |  |  |  |
| **55** | Please provide examples/ additional information to describe further the above points |
|  |

 **B.3 Restricted interests**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **56** | Does the child have interests similar to those expected to their age or level of development? |  |  |  |  |
| **57** | Do those interests include other activities/conversations?  |  |  |  |  |
| **58** | Please provided additional information to describe further the above points |
|  |

 **B.4 Sensory behaviours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For each item, please tick in the column which best describes this child.** | **Never** | **Rarely** | **Often**  | **Always** |
| **59** | Does the child excessively seek out or avoid experiences relating to : | Please say if seeks or avoids |
| Sound |  |  |  |  |
| Taste |  |  |  |  |
| Smell |  |  |  |  |
| Touch |  |  |  |  |
| Vision |  |  |  |  |
| **60** | Does the child respond appropriately to experiencing: |  |
| Pain |  |  |  |  |
| Temperature |  |  |  |  |
| **61** | Does the child have any difficulties in core routines? E.g. Toileting, dressing. |  |  |  |  |
| **62** | Please provide examples/ additional information to describe further the above points |
|   |

Other Comments

Signed………………………………………… Relationship to child……………………………….

Print name……………………………………. Date…………………………………………………