**Additional information:**

 **Request to consider help for possible autism**
**(from 2 years 6 months to 4 years 11 months at the time of referral)**

This form should be completed by both the parent/carer and a member of staff in early years, school, or other educational setting who knows the child well. If the child is not yet in a nursery or educational setting please ask another professional who knows your child well to complete the form with you (eg health visitor, speech and language therapist, CAMHS clinician).

Please note that a GP referral is not required, and they will not know the child well enough to provide the information.

Children may be very different in different settings. Having information from families as well as the education setting gives us the best understanding of the child to help us to decide what might help the most. We ask that settings work in partnership with the family to complete the information even when there are few concerns from the early years setting or school.

Completing the form together helps everyone to develop a better understanding of the child, and to think more about what support can put in place right now to help. Support must be based on the needs of the child and should never wait for an assessment or rely on a diagnosis or referral.

Thank you for your time in completing this extra information as it is essential to help understand the child’s needs.

**What to do now**

1. Please complete this form and save it
2. Return to the Berkshire Healthcare online referral form, complete it and upload this document when prompted. The form can be found here: <https://forms.berkshirehealthcare.nhs.uk/cypf/>
3. At the same time upload a copy of the school support plan

**Please note, we will not be able to proceed with the request for help unless you have uploaded BOTH this additional information form and the school support plan.**

**Please do not use this form for a request to consider possible autism assessment in children aged 5 years or over. Please see link below for guidance.**

<https://cypf.berkshirehealthcare.nhs.uk/request-for-help-guidance/>

Please note you can also find guidance here for making a request to consider help for ADHD or ADHD medication.

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| **Details of child**  |
| **Name**  | **Date of birth and age**  |
| First Name:Last name:  | Date of birth: Age in years and months (eg 4y 6m): |

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| **Names of people completing this form**  |
| **Parent/carer** | **Early Years Setting/School/Professional**  |
| First Name:Last name: Relationship to child: Date completed:  | First Name:Last name: Job title: Place of work: Date completed:  |

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| **To be ready to refer you need to confirm the 2 statements below**  | **YES**  |
| 1. Is a support plan in place?

***(NB You will need to upload a copy of the support plan when you submit the online referral)***  | [ ]  |
| 1. Has this been fully implemented and reviewed for at least 6 months?
 | [ ]  |
| Date the support plan started  |  |
| **What key areas has the support plan targeted?** |
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| **What has the impact of the support plan been?** |
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| **Please tell us how an assessment would help****Please review the statements below and select one or more that apply to the young person.** |
| Child is in care **and** anassessment is required to inform placement support/planning including when risk of placement breakdown | [ ]  |
| There are significant safeguarding concerns **and** an assessment is likely to reduce these safeguarding risks. | [ ]  |
| Child is deemed unable to access mainstream nursery/education **and** an assessment is requiredto inform placement planning (i.e. it is likely a specialist autism placement/resource is needed which requires a diagnosis)  | [ ]  |
| Young person needs referral to a service which requires a diagnosis of autism in order to accept | [ ]  |
| Child displays behaviours which result in significant harm to self /or others **and** an assessment may help to reduce these risks | [ ]  |
| Another reason (please explain below)  | [ ]  |

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| **Please provide additional information below** |
| **Parent/carer response** | **School/Professional response** |
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| **How would an assessment help specifically with the needs/risks identified above?** |
| **Parent/carer response** | **School/Professional response** |
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| **How to choose your answers** |
| üTick **Past** | When this is something you have noticed in the past but is no longer something that you notice |
| üTick **Now** | When this is something you notice now but hasn’t been happening for very long  |
| üTick **Past** and **Now** | When this is something that you have noticed for a long period of time and you continue to notice it now |
| üTick N**ever**  | If this is not something you have ever noticed or seen the child do  |

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| 1. **Spoken language**
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| **Please select which best describes the child’s current use of language**  |
| [ ] No spoken language  | [ ] Uses single words  | [ ] Uses phrases/short sentences | [ ] Can hold short conversations  | [ ] Can speak fluently  |
| **Parent/carer** **response** |  | **EYS/School/****Professional response** |
| **Never** | **Past**  | **Now** |  | **Never** | **Past**  | **Now**  |
| [ ]  | [ ]  | [ ]  | Language delay  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Regression in speech or loss of use of speech  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Flat tone that that doesn’t change much/unusual tone | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Often repeats certain words or phrases  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Refers to self by name after the age of 3years e.g. saying “Amy do it” (select Never if child is under 3y)  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Little use of words to communicate although able to speak in phrases or sentences (select Never if child not yet able to talk in phrases or sentences)  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about spoken language** |
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| 1. **Responding to others**
 |
| **Parent/carer** **response** |  | **EYS/School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past**  | **Now** |
| [ ]  | [ ]  | [ ]  | Delayed response/no response to name being called  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Doesn’t smile/reduced smiling at other people  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | No response/reduced response to other people’s facial expressions or feelings  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Unusually negative response to everyday requests | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Doesn’t respond when others try to cuddle them (although may initiate cuddles themself)  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about responding to others** |
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| 1. **Interaction/getting on with others**
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| **Parent/carer** **response** |  | **EYS/School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Tends to get too close to others and/or finds it difficult when other people enter their personal space | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Does not show much social interest in people, including others of their own age  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Little or no copying others e.g. not joining in by doing/pretending to do what others are doing  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Tends to play alone rather than join in play with others | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Doesn’t seem to enjoy situations that most children like e.g. birthday parties  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Doesn’t seem to share excitement/enjoyment with others  | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about interacting/****getting on with on others** |
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| 1. **Non-verbal communication**
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| **Parent/carer** **response** |  | **EYS/School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Little or no use of gesture to communicate (although may place adult’s hand on toys/things they want) | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Difficult for others to know how they are feeling just by looking at their face/body language  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Prefers not to look at others when talking to them | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Doesn’t point to interesting things or bring them to show to others  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | If someone points to show them something, does not follow the point (i.e. doesn’t look in that direction)  | [ ]  | [ ]  | [ ]  |
|  |  |  | Doesn’t seem to follow your gaze/or delayed in doing this i.e. doesn’t look at what you are looking at  |  |  |  |
| **Please add any other information you would like to share about non-verbal communication**  |
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| 1. **Interests, imagination and flexibility in thinking**
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| **Parent/carer** **response** |  | **EYS/School/****Professional response** |
| **Never** | **Past** | **Now** |  | **Never** | **Past** | **Now** |
| [ ]  | [ ]  | [ ]  | Little or no imaginative play or creativity e.g. may act out things they have read, watched or experienced rather than make up new stories  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Seems to escape into fiction (reading or writing) or fantasy worlds  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Play tends to be repetitive and more focussed on objects/toys rather than people  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Strong preference for very specific/intense interests | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Marked insistence on following own agenda or plan, with difficulties arising from this  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Very strong emotional responses to changes or new situations, including things that might appear insignificant to others  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Strong preferences for familiar routines and things being 'just right' | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Over or under reaction to things such as textures, sounds, smells, light (may be drawn to or avoid certain things) | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Very strong preference for foods and/or difficulty with taste, smell, texture or appearance of food or eats an unusually limited range of foods | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | Spends time making repetitive actions such as hand flapping, rocking, spinning | [ ]  | [ ]  | [ ]  |
| **Please add any other information you would like to share about Interests,** **imagination and flexibility in thinking** |
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| **6. Development and Learning**  |
| **Does the child attend:**[ ]  Playgroup [ ]  Nursery/Early Years Setting [ ]  Mainstream primary [ ]  Specialist resource [ ]  Special school [ ]  Other **– please describe**:  | **If child is in a school setting are they** [ ]  Reception [ ]  Year 1 [ ]  **Not attending any educational setting school** **If they are not attending** **any setting please** **tell us about current/ future plans**  |
| **Parent/carer response** | **EYS/School/Professional response** |
| Please tell us if you have ever been told your child has:[ ]  Learning disability [ ]  Learning difficulty/learning difficulties [ ]  Global developmental delay [ ]  None of the above Did the 2 year health and development review identify any areas of need?[ ]  Yes [ ]  No [ ] If YES please describe below:  | [ ]  Broadly achieving above age related expectations [ ]  Broadly achieving at age related expectations[ ]  Broadly achieving below age related expectations- if so please tell us by how much: **Please tell us if there is a confirmed** [ ]  Learning disability [ ]  Learning difficulty/learning difficulties [ ]  Global developmental delay***Please comment on learning below:***  |
| **7. Strengths****Please tell us about strengths, what is going well and/or what the child enjoys**  |
| **Parent/carer response** | **EYS/School/Professional response** |
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| 1. **Additional needs/risks and significant life events**

**Please tell us if any of the following apply** |
| [ ]  | Possible seizures or blank/staring episodes  |
| [ ]  | Possible medical/genetic conditions e.g. family history of these  |
| [ ]  | Possible or confirmed loss of hearing  |
| [ ]  | Possible or confirmed loss of vision/sight |
| [ ]  | Loss of any skills at any age **If yes**, please add age this started here: |
| [ ]  | Child is in care |
| [ ]  | Child Protection Plan currently in place |
| [ ]  | Extremely high risk of imminent **permanent** exclusion – ***(this does not include fixed term exclusions)***  |
| [ ]  | Armed forces family **and likely to need to move -** If **YES** please add likely date here:  |
| [ ]  | Traveller family **and likely to move -** If **YES** please add likely date here: |
| [ ]  | Significant recent life events |
| **If you have ticked any of the above please provide additional information below** **Please provide information for each point you have answered yes to** |
| **Parent/carer response** | **EYS/School/Professional response** |
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| **9. Additional information** **Please tell us anything else you feel it is important for us to know**  |
| **Parent/carer response** | **EYS/School/Professional response** |
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| **10. Overall impact of the difficulties** |
| **Parent/carer response** |  | **EYS/School/****Professional response** |
| **Not at all**  | **Just a little**  | **Quite a bit**  | **Very much** |  | **Not at all**  | **Just a little**  | **Quite a bit**  | **Very much** |
| [ ]  | [ ]  | [ ]  | [ ]  | **How much do the difficulties affect day-to-day life?**  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Parent/carer response** |  | **EYS/School/****Professional response** |
|  | Please provide a few examples of the way in which you see the impact  |  |
| **Please add any other information you would like to share about** **Impact of difficulties**  |
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| **11. What concerns you most and what help are you hoping for?****Please do not answer ‘assessment’ – please tell what you hope an assessment****would change or lead to and why this is not possible now?** |
| **Parent/carer response** | **EYS/School/Professional response** |
| **I am most concerned by:** | **I am most concerned by:** |
|  |  |
| **I am hoping an assessment would help by:** | **I am hoping an assessment would help by:**  |
|  |  |

**Thank you for completing the form – this should provide all the information we need to decide on the best way to help child.**

**Either the family or school can now return this form by uploading it with the** [**online referral form**](https://forms.berkshirehealthcare.nhs.uk/cypf/)**.**

**We would love to hear from you**

We would be very grateful if you could spare a few minutes to tell us about your experience of the referral process. This helps us know where things are going well and where we might have more work to do.

Please fill in this short form to give us your feedback and ideas: <https://forms.office.com/e/zysA3fzpeu>