# Supporting information

Please use this document to provide useful information to support an **ASD** assessment request (over 5s)

**Date: Click or tap to enter a date.**

## Name of person providing the information:

**Professional:** Click or tap here to enter text.

**Role:** Click or tap here to enter text.

**Parent or carer:** Click or tap here to enter text.

**Relationship to child or young person:** Click or tap here to enter text.

## Current strengths and challenges

This document is intended to be completed collaboratively, with the school and parent or carer together. Please describe the child using the headings below identifying strengths and any differences.

### Play or free time

How does or did the child play? (e.g. creativity, imagination, flexibility, willingness to let others join in)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

How does the child manage unstructured time? (e.g. when they are left to play by themselves, free choice time, break / dinner times)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

What is the child interested in?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

How does the child respond to routines and rules? (e.g. do they like to have routines, how are they if routines change, how are they with following rules or others breaking rules)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

### Interaction with others

How does the child interact with peer group? (e.g. ability to approach others, join in, appropriateness of response, ability to allow others to take the lead, flexibility)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Describe the child’s friendships. (e.g. do they show an interest in others, respond to others, play constructively, number of friends, ability to maintain friendships)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

How is the child when working with others? (e.g. turn taking, accepting other’s point of view, cooperation)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Can the child wait / turn take / queue?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Do you have any concerns that the child possibly masks, camouflages or changes their behaviours to compensate in social situations?   
(e.g. Mimicking actions and gestures, people pleasing, withdrawing and appearing shy, withholding meltdowns, developing scripts, hiding stims, mirroring behaviours, copying accents or tones of voice and ignoring sensory needs.)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

What is the child’s empathy like?

(e.g. ability to understand other’s thought and feelings and respond appropriately.)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

### Conversation and language use

Describe the child’s own use of language. (e.g. verbal, non-verbal, selectively mute, formal sounding, accent, intonation)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Describe the child’s level of understanding of others language.   
(e.g. level of understanding – single word, phrases, complex language; understanding of non-literal language – idioms, sarcasm etc, literal interpretation)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

What is the child like when talking with others?   
(e.g. can they turn take in conversations, do they talk at, or over others, can they start conversations)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

### Attention and activity levels

Describe the child’s attention levels.

(e.g. concentration levels, distractibility, ability to stay on task)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Would you describe the child as impulsive?

(e.g. do they do things without thinking first, call out, get out of their seat etc.)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Describe the child’s ability to organise themselves.

(e.g. ability to organise possessions, sequence actions, follow instructions, begin tasks independently)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Describe the child’s activity levels.

(e.g. do they need to move a lot, ability to sit still, stay in place)

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

### Emotional wellbeing

How is the child’s self-esteem?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Does the child experience high levels of anxiety?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

What is the child’s understanding of their own emotions like?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

What is the child’s understanding of other people’s emotions like?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.

Any other key information you would like to share?

**Parent or carer’s view:**

Click or tap here to enter text.

**Key professional view:**

Click or tap here to enter text.