**ASD Advisory Support**

**On Behalf of Central Bedfordshire Council**

**New Referral to Advisory Teacher for ASD**
*(For completion by Head Teacher or SENDCo)*

This referral has been agreed directly with the AT for ASD or those working on behalf of the AT for ASD.  Date agreed \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Pupil Name:** | **D.O.B:** |
| **Gender:** | **Ethnic Category:** |
| **Curriculum Year:** | **UPRN:** |

|  |
| --- |
| **Name of Parent/Carers:**(please indicate clearly if separate correspondence to individual parent/carer(s) is needed) |
| **Family Language:** |
| **Address:** |
| **Telephone Number:** | **Mobile Number:** |

|  |  |
| --- | --- |
| **School:** | **Telephone Number:** |
| **Curriculum Year:** | **UPRN:** |

**Involvement of Other Agencies**

**a) Please state name of contact if possible:**

Name of Agency                                Date last seen   Contact Person / Telephone No.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**b) Does this pupil have a Statement of Special Educational Need/EHCP?    Yes/No**

**c) Date of original Statement/EHCP:**

**Reason for Referral**:

1. **Does the pupil have a diagnosis of an Autistic Spectrum Condition?    Yes/No**
2. **Date of diagnosis:**
3. **Please outline reasons which led to this referral:**

1. **What outcome do you anticipate from this referral?**

**Attainment**Please include any relevant information regarding the child’s level of attainment:

**Ability to access the school environment and curriculum**

1. **Individual strengths:**

1. **Individual weaknesses:**

**ASD strategies checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not present | Work towards | In place | Not required |
| **School environment** |  |  |  |  |
| Areas in school environment labelled |  |  |  |  |
| Adaptations made to accommodate sensory issues within school environment |  |  |  |  |
| Security and safety issues |  |  |  |  |
| **Class environment** |  |  |  |  |
| Items in general class/school environment labelled |  |  |  |  |
| Identified areas for different types of work e.g. group etc. |  |  |  |  |
| Class seating reflects individual needs |  |  |  |  |
| Class / individual rules visible |  |  |  |  |
| Visual supports used to support understanding of school day e.g. Visual timetable, photographs of all teaching/support staff |  |  |  |  |
| Visual supports prioritise relevant information |  |  |  |  |
| Visual supports used to indicate when pupils need help |  |  |  |  |
| Visual supports used to indicate change |  |  |  |  |
| Regular scheduled individual/class movement breaks |  |  |  |  |
| Visual reward chart |  |  |  |  |
| Adaptations made to accommodate sensory issues within the class environment |  |  |  |  |
| Use of an individual workstation |  |  |  |  |
| **Curriculum** |  |  |  |  |
| Systems in place to support organisational and planning difficulties |  |  |  |  |
| Work adequately differentiated |  |  |  |  |
| Adequate support given to identify steps in tasks/activities |  |  |  |  |
| Underpinning concepts explained/understood |  |  |  |  |
| Visual prompts used to support understanding of activities |  |  |  |  |
| Individual targets |  |  |  |  |
| Social communication / emotional targets |  |  |  |  |
| **Individual** |  |  |  |  |
| Individual profile detailing strengths and support needs |  |  |  |  |
| Time allocated for rituals, repetitive actions, interests |  |  |  |  |
| Use of What’s in it for me to motivate (WIIFM) |  |  |  |  |
| Sensory/calming activities |  |  |  |  |
| Emotional strategies / supports |  |  |  |  |
| **Communication** |  |  |  |  |
| Communication adapted to individual needs in all environments |  |  |  |  |
| Portable communication system |  |  |  |  |
| Processes and supports to encourage social skills |  |  |  |  |
| Mentor / Peer support / Buddy system |  |  |  |  |
|  |  |  |  |  |
| **Behaviour** |  |  |  |  |
| Visual reward chart |  |  |  |  |
| Anxiety/anger indicator with identification of triggers, calmers and clear instructions for staff on what to do |  |  |  |  |
| Identified time out place |  |  |  |  |
| Identified and recorded time out process |  |  |  |  |
| Identified and recorded reflection process |  |  |  |  |
| Individual behaviour management plan  |  |  |  |  |

**What are the parents / carers’ views of the child’s difficulties?**

**Parent / Guardian Consent**

I give consent for my child to be referred to the Advisory Teacher for ASD.

Parent / Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Please enclose:**

* Proof of diagnosis (please note referrals cannot be processed without proof of diagnosis)
* Copy of the latest Statement/EHCP
* SEND Support Plan
* Any other relevant documentation

Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to:   The Chiltern School

 Kingsland Campus

 Parkside Drive

 Houghton Regis

 LU5 5PX

**DATA PROTECTION ACT 1998: ASSURANCE OF FAIR PROCESSING**

***Please note that the details supplied regarding this pupil will be held in a pupil file and / or computerised records.  These details may be disclosed to other agencies directly involved in the support of the pupil, for example Health, Social Services and other Education Services.   They will not be divulged to any other individuals or organisations for any other purposes.***