

Specialist Children’s Services

Autism Assessment Service

Autism Assessment Professional’s Questionnaire

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| **Name of Child/Young Person:** |  |
| **Date of Birth:** |  |
| **Name of professional completing form and job title:** |  |
| **Nursery/School/College:** |  |
| **Year group (if applicable):** |  |
| **What is your direct involvement with the child/young person?** |  |
| **Signature:** |  |
| **Date:** |  |

**Please note this questionnaire may be sent with the report and therefore be visible to the child/young person and their family.**

**If you want to talk to a clinician, please call us on 01423 557471**

**Please type into this questionnaire and email back to** **HDFT.autism1@nhs.net****. It is preferred that you type into this document and email it back to us in a Word file, please do not handwrite your answers.**

**For each of the sections, please give examples including positive comments or areas of concern wherever possible. Thank you for your support in completing this.**

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| What are the child/young person’s strengths / what is going well / what activities/subjects do they enjoy? |
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| Do they respond when others talk to them (e.g. turn to their name, respond to hello/questions)? |
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| How do they use eye contact? (Does it feel natural or is it brief, inconsistent, does it slide off to the side, or focus on the chin or shoulder)? |
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| Do they respond to other people’s facial expressions (e.g. smile in response to someone smiling at them)?  |
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| Do they use a varied range of facial expressions (e.g. looking happy, cross, frustrated, embarrassed)?  |
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| Do they nod their head for ‘yes’ and shake their head for ‘no’? |
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| Do they use gestures to describe what they are talking about? (E.g. describing how big something is; using their hands to support this.) |
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| Do they respond to your gestures (e.g. if you pointed at something, would they follow your point)? |
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| Can they initiate and sustain conversations with others? Do they listen to what others have to say? |
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| Do they show a preference for talking with adults or peers? |
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| Do they prefer to talk mainly about the topics of interest to them? Please give examples: |
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| Is there anything you notice about the way they sound when they talk? Is there are variation in pitch, stress, rate, rhythm and intonation of their speech? |
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| Have you heard the young person use any made-up words; lots of repetition or borrowed phrases from other sources (e.g. TV/computer games)? Please give examples: |
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| Do they gain other people’s attention in a developmentally appropriate way? (E.g. calling out for a 3-year-old is typical but wouldn’t be for an 8-year-old).Note: Consider how the young person gains the attention of staff AND peers. For example, do they smile as they approach, speak or use gesture to make suggestions with peers? Do they request help appropriately from staff? Would they seek adult support if they were struggling with a task? |
|  |
| Do they say or do things that are unexpected for their developmental level? If so, please give examples: |
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| Do they recognise if someone is upset or hurt? How would they respond? |
|  |
| Do they seek comfort from those around them when they are upset or hurt? |
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| Would they seek help or go to an adult if there was a challenging situation e.g. not knowing what to do in class or a disagreement with peers? |
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| Have parents/carers reported any difficulties their young person has told them about that school have been unaware of? E.g. has the young person waited to get home before telling/sharing about events that have upset them at school? Do parents/carers ever report a difference between how their young person is at home to how they are at school? |
|  |
| Do they demonstrate pleasure either when they achieve success or when engaged in a group activity?  |
|  |
| Would they tell favoured adults if they had good news/had been somewhere exciting, for example? Can they share this pleasure, if so how? |
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| Are they part of a social group? Please describe: Note: Consider if the young person shows interest in others. Can they share friends (allow friends to have other friends)? |
|  |
| Have they ever been bullied or teased, or have they bullied or teased others? Please describe: |
|  |
| Do they have particular friend(s) in their class?Note: Consider if they seek out children/young people of a similar age to themselves or if their friendships tend to be with older or younger children/young people. |
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| Do they successfully join in after school/ lunchtime clubs? How well do they take turns and listen to suggestions/ ideas from others in these settings? |
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| Do they engage in team games and sport? How do they manage with small group work?Note: Consider if the young person can cooperate within group work effectively. Can they accept if their ideas are not adopted by a group? Can they take turns and/or accept changes to rules? |
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| Do they appear overwhelmed/upset with changes to the environment (e.g. new classroom, changes to classroom layout, changing table/ seat)? |
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| Are they able to take part in activities outside of the normal school routine such as walks or trips out without distress/ requiring additional support?  |
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| Please describe any regular routines/ rituals they have. Would interrupting/ changing these lead to any distress? |
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| How are they affected by changes to routine/times when the setting is less structured? Note: Consider how they cope with changing environments throughout the day e.g. busier parts of the school, different classrooms, transitions, etc. |
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| Do they prefer classroom rules or the rules of a game to be precisely followed? |
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| Do they enjoy sorting and lining items up? Are they distressed if someone changes this order?  |
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| Please describe any hand/ finger movements such as wringing or twisting of the hand or fingers. |
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| Please describe any full body movements, e.g. spinning, rocking, tiptoe walking, jumping up and down on the spot. |
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| Do they have any particularly intense/ strong interests? |
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| Do any of their interests appear very different to those of their peers? |
|  |
| Do they have any fascination with parts of objects e.g. spinning the wheels of toy cars? Do they notice detail that others might not notice, e.g. finer detail of a picture/ artwork, tiny imperfections? |
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| Please give examples of any particular sensory interests such as the sight, feel, sound, taste or smell of things or people (e.g. touching surfaces, sniffing things, looking at light through hands, etc.) |
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| Are there any indications that they could be 'masking' at school? (Masking occurs when the autistic individual has learnt subconsciously to apply certain social behaviours whilst suppressing their needs, identity and sensory reactions to meet others’ expectations. This can occur in all genders.) Note: these can be subtle signs such as forcing eye contact, copying others, shy/quiet or ‘class clown’, ‘people pleasing’, not seeking help when needed, disguising a need to fidget/move, pushing through sensory discomfort (i.e. to noise, lights, smells, feel of their shoes/clothing, etc.) |
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| Are there aspects of their behaviour that are barriers to them achieving their academic potential or that impact on peers in the classroom? If yes, please describe. |
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| Please add any other reasons that you think contribute to difficulties in these areas e.g. delayed language development / learning difficulties / attachment / anxiety / attention / hearing difficulties, etc.  |
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| Please indicate current academic achievements against age-related expectations in the core areas of personal and social skills (PHSE), communication, literacy, English and Maths. |
|  |
| Do they have formal additional support in school, a ‘My Support Plan’ or Education Health & Care Plan? What adjustments have you already made to support this young person in school, and how successful have they been? |
|  |
| Thank you. Your comments and contribution are very much valued. Acknowledgement to Dr Chris Williams & Professor Barry Wright, York Child and Adolescent Mental Health Services, regarding the initial format for this questionnaire. |

**FRIENDSHIP SKILLS QUESTIONNAIRE**

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|  | *Mark as appropriate*  | *Please give examples or comments* |
| Demonstrates some difficulties with… | Not sure or N/A | Demonstrates no difficulties with…  |
| Changing their greeting based on who they are talking to e.g. a teacher or peers |  |  |  |  |
| Effectively navigating challenging conversations/ disagreements or debates with others |  |  |  |  |
| Complimenting others |  |  |  |  |
| Recognising (age appropriate) difference between positive/ negative friendships |  |  |  |  |
| Recognising when they might have upset a peer |  |  |  |  |
| Distinguishing ‘banter’ from teasing/ bullying |  |  |  |  |
| **Initiating** group activities |  |  |  |  |
| Initiating play with a **range** of other children |  |  |  |  |
| Playing different types of games |  |  |  |  |
| Being flexible and able to compromise in play |  |  |  |  |
| Playing a game not of their own choosing |  |  |  |  |
| Concentrating on fun over winning |  |  |  |  |
| Tolerating continuing a game even if losing |  |  |  |  |
| Being open to new ideas |  |  |  |  |
| Sharing in others’ success, not wanting just their achievements to be recognised |  |  |  |  |