Developmental Paediatric Department, ASD Assessment Referral					
Date:					
Patient Details	NHS No/ AH num known	ber if			
Name					
DOB		Age		Gender	
Address					
Postcode		Telepho	ne		
Language (if not English)		Translate	or Needed		
Parent/Carer Email Address					
Social Status	LAC	C	CPP		CIN
School/Nursery					

GP Name		
Address		
Postcode	Telephone	

Referrer Details if not GP

Name	Role	
Address		
Postcode	Telephone	

Alder Hey Autism Spectrum Pathway Referral

Please be aware that all children under 5 years of age should <u>IDEALLY</u> have an EHAT open and should have had two Team Around the Family (TAF) meetings before a referral to ASD Pathway is completed. If not please provide evidence of support/interventions and family engagement in services prior to referral such as Children's Centres; Children's Services.

Please provide as much information as you can and attach any relevant reports that will support the referral. Should you have any queries regarding this form, please contact the team on **0151 252 5252 or 0151 252 5759.** This information can be completed by any professional who knows the child well, but we will not be able to proceed with the referral unless this information is completed.

Child's Name DOB:

Social Interaction and F	Reciprocal Communication:	Please Tick
	Non-speech like vocalisation	
	Odd or flat intonation	
	Frequent repetition of set words and phrases (echolalia)	
Spoken Language	Reduced or infrequent use of language	
	Seen in children above 5 years: Monotonous tone	
	Talking 'at' others rather than two way conversation	
	Responses to others can seem rude or inappropriate	
	Absent or delayed response to name	
	Reduced or absent social smiling	
Decreading to	Unusually negative response to others' requests	
Responding to Others	Seen in children above 5 years: Subtle difficulty in understanding others intentions	
	Few close friends or reciprocal relationships	
	Social isolation	
	Reduced or absent awareness of personal space; unusually intolerant of others entering their personal space	
Interacting with Others	Reduced or absent social interest in others	
	Reduced or absent social play with others	

Seen in children above 5 years: Image: Contact and Gestures Reduced or absent awareness of socially expected behaviour Eye Contact and Gestures Absent or reduced use of social eye contact Image: Contact and Gestures Reduced or poorly integrated gestures and facial expressions Image: Contact and Gestures Image: Contact and Gestures Reduced or absent joint attention (i.e. following a point, using a point at or showing objects to share interests, gaze switching) Image: Contact and Gestures Ideas and Imagination Reduced or absent imagination and variety of pretend play Image: Contact and Gestures Reduced or absent imagination and variety of pretend play Image: Contact and Gestures Image: Contact and Gestures Ideas and Imagination Seen in children above 5 years: Reduced or absent flexible imaginative play or creativity, although scenes from media may be may be re-enacted Image: Contact and Gestures Image: Contact and Gestures Unusual/Restricted Repetitive 'stereotypical' movements (i.e. hand flapping, body rocking, spinning, finger flicking) Image: Contact and Gestures Image: Contact and Gestures Interests and/or Rigid and Repetitive Behaviours Repetitive or stereotyped play Image: Contact and Gestures Image: Contand and and and and and and and and and	Seen in children above 5 years: Image: Contact and Gestures Reduced or absent awareness of socially expected behaviour Image: Contact and Gestures Eye Contact and Gestures Absent or reduced use of social eye contact Image: Contact and Gestures Reduced or poorly integrated gestures and facial expressions Image: Contact and Gestures Image: Contact and Gestures Reduced or absent joint attention (i.e. following a point, using a point at or showing objects to share interests, gaze switching) Image: Contact and Bestures Ideas and Imagination Reduced or absent imagination and variety of pretend play Image: Contact and Section and Paper Section Adverses Image: Contact and Paper Section Adverses Unusual/Restricted Repetitive Section of Section and Paper Section and Paper Section Adverses Image: Contact Paper Section Paper Se			NHS Found
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poorly developed, while particular areas of knowledge, reading or		Other	poorly developed, while particular areas of knowledge, reading or	
		Please detail any f		

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Has an Early Help Assessment Tool (EHAT) been opened? (If YES please attached copies of EHAT and reviews. To check if an EHAT is in If NO please provide evidence of support/interventions offered)	YES D NO D place please contact 0151 233 5772.			
Has a Team around the Family meeting been organised? (If yes please attached copies of TAFs meetings or date of first meeting)	YES 🗆 NO 🗆			
Information and support provided by school (Graduated Approach) (If yes please attached information of last two review meetings)	YES 🗆 NO 🗆			
Please detail any concerns/information from school regarding the child/young person:				
Are you aware of any previous or current safeguarding concerns? If YES please provide more information below:				
Please be aware that all children under 5 years of age should <u>IDEALL</u> two TAFs meeting before a referral to ASD Path If not please provide evidence of support/interventions and family en such as Children's Centres; Children's S	way is completed. ngagement in services prior to referral			

	Spoken Language	YES 🗌 NO 🗌 N/A 🗌		
	Written Language	YES 🗌 NO 🗌 N/A 🗌		
What is the Child's/Young Person's	Signing (what type? e.g. Makaton)	YES 🗆 NO 🗆 N/A 🗆		
preferred form of communication?	Symbols	YES 🗌 NO 🗌 N/A 🗌		
	PECS	YES 🗌 NO 🗌 N/A 🗌		
	Photos/pictures	YES 🗌 NO 🗌 N/A 🗌		
	Other:			
Do Parent/Carers have any specific rec				
If YES, please describe them below.				
	YES 🗆 NO 🗆 N/A 🗆			

	NHS Founda	atio
Does the Child/Young Person have any specific requirements/needs that should be taken into consideration (e.g. sensory needs, behavioural difficulties). <i>If YES, please describe</i>		
them below.	YES 🗆 NO 🗆 N/A 🗆	

Additional information	NHS Foundation
Have the family been involved with or signposted to ADDvanced Solution Community Network?	YES 🗌 NO 🗆
If YES have appointments been kept? What strategies have been used and how have they impacted? happened?	What changes have
Have the family been involved with or signposted to the Liverpool ASD Training Team for <u>pre-referral support?</u>	YES 🗌 NO 🗆
If YES have appointments been kept? What strategies have been used and how have they impacted? happened?	What changes have
Have the family been involved with or signposted to the Isabella Trust?	YES 🗌 NO 🗆
If YES have appointments been kept? What strategies have been used and how have they impacted? happened?	What changes have
Has the Child / Young Person been referred to/known to the Speech and Language Therapy Service?	YES 🗌 NO 🗆
If YES have appointments been kept? What strategies have been used and how have they impacted?	What changes have
happened? Please attach any reports if you have them available.	
Has the Child / Young Person been referred to/known to the Occupational Therapy or Physiotherapy Service?	YES 🗌 NO 🗌
If YES have appointments been kept? What strategies have been used and how have they impacted? happened? Please attach any reports if you have them available.	What changes have
Has the Child / Young Person/ Family been referred to/known to Mental Health or Psychotherapy Service? (e.g. CAMHS, YPAS)	YES 🗆 NO 🗆
If YES have appointments been kept? What strategies have been used and how have they impacted? happened? Please attach any reports if you have them available.	What changes have
Has <u>any other support</u> been offered to the Child/Young Person/Family in relation to behaviour(s) causing concern from other services If YES please list the services involved. Have appointments been kept? What strategies have been use impacted? What changes have happened?	YES D NO D
Please return to: the Department of Developmental Paediatrics, Catkin Building, Alder He	y Children's NHS

Foundation Trust, Alder Road, Liverpool, L12 2AP

Alder Hey Autism Spectrum Pathway

Parent/Carer Consent Form

I/We (print parent's name)

Parent/carer of (print child's name)

I understand that my/our child has been referred to the Alder Hey Autism Spectrum Pathway and this referral has been fully explained to me/us.

I/We give permission for the Alder Hey Autism Spectrum Pathway to undertake assessments as appropriate. Permission is also given to gather, discuss & share applicable information in respect to my/our child's Autism Spectrum Disorder assessment within the team & appropriate outside agencies. Where applicable, this may include:

School and SENCO; including	Speech and Language
School observations	Therapy Service
Clinical Psychology	Health Visitor
Paediatrician	Social Worker, Social Services
Educational Psychology Service	Child and Adolescent Mental Health Services
GP	Learning Disability Team
Alder Hey/Hospital Contact	ASD Training Team
Occupational Therapy Service	Other e.g. Children's Centre, Children's Services

Once all assessments are completed I/We may be invited to a feedback session. **I/We understand** <u>attending</u> <u>the feedback session is strongly advised</u> as the outcome of the assessment will be discussed. I/We agree it is in the child's best interest that the feedback session is attended.

If I/We do not attend the feedback session as advised or make any contact with the ASD Team to discuss this matter **a copy of the report containing the outcome of the assessment will be sent to my/our address & GP.**

I/We understand that information concerning risk of harm to a child or young person must always be shared for safeguarding reasons.

This form has been fully explained to me.

I can confirm I have read the above and give my consent as legal guardian.

Signed:

Dated:

Before sending the referral to the Alder Hey ASD Pathway please ensure that you are submitting the correct information as listed below:

Check list

•	The ASD section has been completed	YES 🗆	NO 🗆
•	The Child has Liverpool or Sefton GP	YES 🗆	NO 🗆
•	Copies of EHAT, TAF meetings, SEND Graduated Approach or any evidence of support /interventions offered and family engagement have been attached	YES 🗆	NO 🗌
•	The referral includes information from school	YES 🗆	NO 🗆
•	The Additional Information section has been completed	YES 🗆	NO 🗆
•	The consent form has been signed and attached to this referral	YES 🗆	NO 🗆

Please be aware that the Alder Hey ASD Pathway is not able to accept incomplete referral forms. If insufficient information is submitted or there is lack of evidence of engagement with local support services, the referral will be rejected and returned back to the referrer.

We will try to accommodate any additional needs for the child or the parents/ carers where possible.

Please be aware that the ASD Pathway is a diagnostic service and hence evidence of support needs to be provided prior to the acceptance of the referral to support the process.

Support Agencies

Liverpool Specific	Sefton Specific
Liverpool ASD Training Team	SENDIASS
Tel. 0151 233 5988	Tel. 0151 934 3334
The Isabella Trust	Autism and Social Communication Team
Tel. 07956 749 774	Tel. 0151 934 2347
LivPaC (Parent Carer Forum)	The Isabella Trust
Tel. 0151 7275271, 07504 544638	Tel. 07956 749 774
YPAS	Sefton Parent Carer Forum
Tel. 0151 707 1025	Tel. 07541 326860
	ADHD/ASD Community Service
	Tel. 01704 395720
SEND local offer	SEND local offer
https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/localoffer.page	https://www.seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0
CAMHS - Tel. 0151 293 3	l 662 (Mon-Fri 9am – 5pm)

Please return to: the Department of Developmental Paediatrics, Catkin Building, Alder Hey Children's NHS Foundation Trust, Alder Road, Liverpool, L12 2AP

ADDvanced Solutions Community Network - Tel. 0151 486 1788

CAMHS Crisis Line - Tel. 0151 293 3577 (Mon-Fri 8am to 8pm and on weekends/Bank Holidays from 10am – 4pm)