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AI-generated content may be incorrect.

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| **Annika Ballantyne- Certified Practising Speech Pathologist BSpch.Path| GradCertAutDiag**  HIC Provider Registration Number: 4806212K | **Michelle Rhyder – Registered Psychologist**  **Board Approved Supervisor**  ABN: 57 313 810 173  PSY0001619115 |

**School/ Childcare report   
(please type answers into the boxes provided)**

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| --- | --- |
| **Child’s details**  **Surname:**  **First name:**  **Preferred name:**  **Gender:**  **Date of Birth:**  **Home address:** | **Nominated School/ Childcare centre**  **Name of Facility:**  **Year level:**  **Days at placement:**  **Regular Attendee Y N**  **Length of time at this school/ day-care:** |
| **Person Completing the Form**  **Name:**  **Role:** |  |
| **Reason for Referral**  **Please provide a description of the current concerns or challenges that warrant an assessment for Autism:** |  |
| **Performance at School/ Childcare compared to Peers:** |  |
| **Developmental Information  a) How does the child approach other people to initiate interaction with them, e.g., do they greet and farewell people, do they go up to others and talk to them, or show them something? Please give specific examples.** |  |
| **b) How does the child respond to others? Please give specific examples.** |  |
| **c) Can you have a conversation with the child? If so are there a variety of topics? Are they one sided? Do they take an interest in your response? Please give specific examples.** |  |
| **d) Does the child appear to be aware of or interested in other people’s feelings e.g. will they comfort a person if they are upset? Please give specific examples.** |  |
| **e) Does the child use gesture to communicate? E.g., pointing, waving hello/goodbye, nodding/ shaking is/her head? Please give specific examples.** |  |
| **f) Does the child use facial expressions to show you how they are feeling? Are they usually appropriate to the situation? Do they have intense emotions? Please give specific examples.** |  |
| **g) .Tell us about the child’s eye contact e.g., doe the child look and reference others when they are talking, listening or playing with them? Please give specific examples.** |  |
| **h) Does the child show interest in other children e.g., by watching them, imitating their actions, talking to you about them and playing with them? Please give specific examples.** |  |
| **i) Does the child seem to have a preference playing on their own rather with others e.g., do they push you away if you try to join in their play? Please give specific examples.** |  |
| **j) Does the child appear to have friendships that are appropriate for their age, or friendships that are similar to those of their same aged peers? Please give specific examples.** |  |
| **k) Does the child regularly repeat words, phrase or sentences exactly as he/she has heard in the past, in a way that is different to his/her typically developing peers? Please give specific examples.** |  |
| **l) Does the child regularly demonstrate any unusual movements? E.g., flapping their hands, flicking their fingers, or walking on their toes? Please give specific examples.** |  |
| **m) Does the child play in a repetitive way or use objects repetitively? e.g., playing the same game each break time, sorting or lining up objects, collecting things?** |  |
| **n) Does the child have any special routines or things that he/she likes to do in a particular order? Please give specific examples.** |  |
| **o) How does the child cope if the routine is altered? E.g., a relief teacher is present, the morning routine is rearranged, carnivals and other out of routine events.** |  |
| **p) How does the child cope if his/her activities are interrupted? Please give examples** |  |
| **q) Does the child have strong interest in a particular object, topic, or activity? Please give specific examples.** |  |
| **r) Does the child appear to have any unusual sensory interests or sensitivities? E.g., smelling or licking objects or surfaces? Putting his/ her hands over their ears in response to loud noises, appearing to dislike touch? Please give specific examples** |  |
| **Additional Information.  Is there anything about the child that you have not yet included and would like us to know? Please detail below** |  |
| **Are you aware of or other services the child is accessing? If yes pleas detail.** |  |
| **Does the child access Learning Support? If yes please detail.** |  |