Autism Support Team

Request for support

# School details

|  |  |
| --- | --- |
| School name/address: | Date: |
| Telephone No: | Name of person making the request: |
| Email: | |
| Class teacher name: | TA name: |

# student details

|  |  |  |
| --- | --- | --- |
| Name of Student | Date of Birth: | Year group: |
| Looked after child: Yes/No | Gender: | EHCP Yes/No |
| Date diagnosed: | Name of diagnosing doctor: | |
| Any other known conditions: | | |
| What are the student’s strengths? | | |
| What level of support is the student currently receiving? | | |
| Describe the difficulties/challenges that the student is currently experiencing | | |

# Training accessed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Class teacher | TA | TA | TA |
| AET Making Sense of Autism |  |  |  |  |
| AET Good Autism Practice |  |  |  |  |
| AET Autism and Anxiety |  |  |  |  |
| Understanding Behaviour & Completing ABC charts |  |  |  |  |
| Using Visuals to support  students with ASD |  |  |  |  |
| Adapting the Curriculum |  |  |  |  |
| Social Narratives |  |  |  |  |
| TEACCH |  |  |  |  |
| TA drop – in |  |  |  |  |
| Other (please indicate) |  |  |  |  |
| AST training calendar 23-24 |  | | | |

# Support requested

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| What support are you seeking from the AST?  If behaviour is an area of concern one week of ABC charts are required to be submitted with referral |

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| Areas of support required  **Classroom Organisation**  Daily routine and structure € Accessing the curriculum €  **Social Understanding and Communication**  Peer relationships € Communication €  **Flexibility, information processing & understanding**  Attention € Transitions € |

|  |
| --- |
| What changes are you hoping to see? |

# Other agencies involved

SALT: CAMHS: FEH:

EP: OT: Social Care:

Other….

# Consent

|  |
| --- |
| Name of parent/carer who is giving consent: |
| Signature of parent/carer: |
| Date consent was obtained: |
| Parent email and phone number: |
| Do parents want their contact details added to the AST email list? Y/N |

# Other support available

|  |  |
| --- | --- |
| Monthly TA drop in |  |
| AST newsletters |  |
| Parent coffee morning |  |
| Next Steps for parents with children under 5 |  |
| Cygnet for parents with children over 5 |  |
| Cygnet Puberty, Sexual Wellbeing and Relationships(for parents with children over 9) |  |

Emailed completed form to:

[**AutismSupportTeam@southwark.gov.uk**](mailto:AutismSupportTeam@southwark.gov.uk)