# ASC Team Contact Form

**ASC Team**

**Specialist Support Teams**

AutismSocComm@wirral.gov.uk

Children and Young People’s Department

Director: Simone White

 **Request for Involvement**

**SECTION 1**

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| **SENCO making this request:**Setting Name: *School/Nursery/Other* Setting contact details email: Phone: Date completed:  |

**SECTION 2**

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| **The Child/Young person**Name: Address : Postcode: D.o.B: How old is the child? Year Group if school age: Parent/Carer name and contact details: Phone number: Does the young person know about and agree to this request?  |

**SECTION 3**

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| **SEN STATUS**1. **SCHOOL SUPPORT / ASP / SCHOOL PLAN / PFA / EHCP** *(Please highlight)*

**OTHER** *(Please state)***\*Please include most recent of the above by email\*****Lack of supporting evidence might delay the Team’s involvement.**Diagnoses: Date: Medication: **b) Please state level of additional support that is over and above that which is ordinarily available** |

**SECTION 4**

**CORE CONCERN**

**□ Anxiety □Difficult to manage behaviours □Family Support □Friendships**

**□Non-attenders** **□Transitions □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 5**

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| **The Child/Young Person** |
| **When is most comfortable?** |
| **Parent/Carer** | **Setting/School** |
| **When is at his/her best?** |
| **Parent/Carer** | **Setting/School** |
| **What are strengths and interests?** |
| **Parent/Carer** | **Setting/School** |

**SECTION 6**

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| **Concerns**What concerns you ***most*** about the impact of social communication/ASD needs?**What is it that concerns you about ‘s communication and language skills?** |
| **Parent/Carer** | **Setting/School** |
| **What is it that concerns you about ‘s relationships/friendships?** |
| **Parent/Carer** | **Setting/School** |
| **What is it that concerns you ‘s play/interests?** |
| **Parent/Carer** | **Setting/School** |
| **What is it that concerns you ‘s capacity to manage change?** |
| **Parent/Carer** | **Setting/School** |

**SECTION 7**

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| **What concerns you most about the child/young person?** |
| **Parent/Carer** | **Setting/School** |
| **What changes or skills would you like to see to address these concerns?** |
| **Parent/Carer** | **Setting/School** |
| **What has helped in the past?** |
| **Parent/Carer** | **Setting/School** |
| **What do you expect from the team’s involvement? This should reflect the changes/skills you would like to see** |
| **Parent/Carer** | **Setting/School** |
| PARENT/CARERWhere would you put ….....................‘scurrent level of need, scaled from 1 – 5(l lowest – 5 highest) | SCHOOL/SETTINGWhere would you put ………………‘s current level of need, scaled 1 – 5 (l lowest – 5 highest) |

**SECTION 8**

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| **a) Has school/setting attended Wirral Hub Autism Education**  **Trust (AET) Training?** **Making Sense of Autism/Good Autism Practice/Other (Please highlight)****b) Who else is involved, e.g. SALT/CAMHS/OT/PAEDIATRICIAN/OUTREACH Service etc and current level of involvement. \*Please highlight and attach recent reports.****c) Do parents/carer give permission for the ASC Team to contact other agencies?** **Yes No**  |

Signed Parent/Carer:………………………………….… **(signed copy held on setting/school file)**

Verbal consent given on: (date)………………………………………………

Signed by Setting/School:………………………………. **(signed copy held on setting/school file)**

**PLEASE CHECK: IMPORTANT THINGS WE NEED**

1. **Parental details and a parental signature so that the team have parental consent to enable us to become involved**
2. **Supporting documentation that describes what is currently in place to address the area which causes most concern such as ASP, IEP, SCIP, timetable or other written plan**
3. **How additional support is being used to support the child/young person to make progress**
4. **Who else is involved in supporting the child and their current level of involvement**