



Kingsbridge ASD Rapid Referral Service

School Questionnaire

Please return your completed forms (Parental and School) to Kingsbridge Private Hospital prior to your appointment.
info@kingsbridgehealthcaregroup.com

RE:

Dear SENCO,

The above-named young person has been referred to us for an Autism Spectrum Disorder (ASD) assessment and it is important that we gather information with regard to their social functioning within the school environment.

This questionnaire looks at a range of areas and it is important that where possible, all questions are answered with examples by the professionals that know the pupil best e.g. class teacher, classroom assistant.

We really appreciate you taking the time to do this.

| | |
|---------------------------|--|
| Young person's name: | |
| Young person's DOB: | |
| Current class/year group: | |
| Name of school: | |
| Your name: | |
| Your role: | |

| Social Communication | Never Observed | Sometimes Observed | Frequently Observed |
|---|----------------|--------------------|---------------------|
| Voice sounds unusual, e.g., due to volume, tone, high/low pitch, speed of speech. | | | |
| Unusual/absent/inconsistent facial expression; please describe: | | | |
| Unusual/absent/inconsistent eye contact with adults and/or peers; please describe: | | | |
| Can struggle to make needs known to adults and peers | | | |
| Can struggle to describe something that has happened | | | |
| Can be literal in understanding of language | | | |
| Tendency to use precise and pedantic speech | | | |
| Can struggle with conversation, e.g., poor listening, lack of response, talking over another person; please describe: | | | |

| Social Interaction | Never Observed | Sometimes Observed | Frequently Observed |
|---|----------------|--------------------|---------------------|
| Can have difficulty playing/interacting with peers | | | |
| Unusual/absent/inconsistent facial expression; please describe: | | | |
| Presents as unaware or insensitive to the needs of others | | | |
| Expresses anger or frustration in an inappropriate way; please describe: | | | |
| Seems unaware of social conventions/rules/norms within the school setting | | | |
| Can be inattentive to adults and peers | | | |
| Doesn't 'get' social humour, jokes, sarcasm or banter | | | |
| Tendency to treat adults and peers in the same way | | | |

| Social Imagination, Creativity & Flexibility of Thought | Never Observed | Sometimes Observed | Frequently Observed |
|---|----------------|--------------------|---------------------|
| Has difficulty with pretend play | | | |
| Has difficulty with creating sentences or coming up with short stories | | | |
| Requires specific instructions before beginning tasks | | | |
| Requires extensive input and direction to complete tasks | | | |
| Needs an excessive amount of reassurance if routines change or something goes wrong | | | |

| Other Behaviours | Never Observed | Sometimes Observed | Frequently Observed |
|--|----------------|--------------------|---------------------|
| Demonstrates sensory behaviours (sensory-seeking or sensory-avoiding); please describe: | | | |
| Engages in mannerisms such as hand flapping, finger flicking/twisting or facial grimacing | | | |
| Can be clumsy or uncoordinated in relation to daily school tasks | | | |
| Talks, writes or draws about a subject excessively; please describe: | | | |
| Displays advanced knowledge or skill in certain areas in a way that is beyond their age or developmental stage; please describe: | | | |
| Has difficulty organising self and belongings | | | |

**Do you have any strategies currently in place to support this child/young person?
Please describe:**

**In your opinion, what behaviours does this child/young person present
with that would be most indicative of Autism Spectrum Disorder?**

What would you describe as being the child/young person's strengths?

In your opinion, what are the child/young person's main challenges?

| |
|--|
| |
|--|

Please note any additional information which you feel might be relevant:

| |
|--|
| |
|--|

| | |
|-------------|--|
| Signed: | |
| Print Name: | |
| Date: | |

Please return your completed forms (Parental and School)
to Kingsbridge Private Hospital prior to your appointment.
info@kingsbridgehealthcaregroup.com