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/Under Ax |
| Date diagnosed: | Name of diagnosing doctor: | |
| Any other known conditions: | | |
| What are the student’s strengths? Including times when the student is successful. | | |
| Describe the difficulties/challenges that the student is currently experiencing. | | |
| What level of support is the student currently receiving? | | |

# Training accessed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Class teacher | | TA | TA | TA |
| AET EY’s Making Sense of Autism |  | |  |  |  |
| AET EY’s Good Autism Practice |  | |  |  |  |
| AET Developing Toileting in the Early Years |  | |  |  |  |
| Early Years Developing and Building Positive Relationships |  | |  |  |  |
| Supporting Play with Autistic Pupils |  | |  |  |  |
| 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 |  | |  |  |  |
| Autism and EBSA |  | |  |  |  |
| Autism and Girls |  | |  |  |  |
| Other (please indicate) |  | |  |  |  |
| [AST Training offer 24-25](https://drive.google.com/file/d/1fjqwnOzlpJM-uqbzBQ7Acg5SWGAJgx5o/view?usp=drive_link) | |  | | | |

# Support requested

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| --- |
| What support are you seeking from the AST?  If behaviour is an area of concern, a minimum of one week’s ABC charts are required to be submitted with request for support |

|  |
| --- |
| 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:

SEN Consultant: 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 |

**The Autism Education Trust (AET) One Page Profile considers the strengths, interests and needs of each autistic child.**

**We strongly encourage that in partnership with the student’s parents, class teacher and class TA that you complete this document as it will provide valuable information that will be used to support the next steps in the development the most appropriate support for the student.**

Please complete and return at the time of submitting the Request for Support.

Early Years One Page Profile [Early Years OPP](https://drive.google.com/file/d/1ITojTHDImNAJF18uavtAy9Yr1hMqOfxQ/view?usp=drive_link)

School Age One Page Profile  [School OPP](https://drive.google.com/file/d/1GCbCpGrVynYQPpmNdJf5K0duvvhlmYJg/view?usp=drive_link)

# Other support available

|  |  |
| --- | --- |
| 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) |  |

We are unable to accept a Request for Support without signed parental consent.

Emailed completed form to:

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