Autism Support Team

Request for support

# School details

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

# student details

|  |  |  |
| --- | --- | --- |
| Name of Student | Date of Birth:  | Year group: |
| Looked after child: Yes/NoCIN / CP specify: Yes/No  | Gender: | EHCP: Yes/No/Under Ax |
| Date of Autism diagnosis: | Name of diagnosing doctor: |
| Any other known conditions: |
| School attendance %: Ac  | Access to full time timetable : Y/NIf No, please specify days and hours of attendance: |
| 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? |

|  |
| --- |
| Support requested |
| 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? |

# Training accessed

Please specify what training the current class teacher and class support have already accessed from AST Training offer. The list below includes former training sessions as well as those offered currently,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Class teacher | TA | TA | TA |
| AET EY’s Making Sense of Autism |[ ] [ ] [ ] [ ]
| AET EY’s Good Autism Practice  |[ ] [ ] [ ] [ ]
| AET Developing Toileting for Autistic Pupils  |[ ] [ ] [ ] [ ]
| 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 |[ ] [ ] [ ] [ ]
| Behaviour Series - session 1Understanding Behaviour & Completing ABC charts |[ ] [ ] [ ] [ ]
| Behaviour Series - session 2Analysing ABC charts |[ ] [ ] [ ] [ ]
| Behaviour Series - session 3De-escalation |[ ] [ ] [ ] [ ]
| Behaviour Series - session 4Developing Behaviour Support Plans |[ ]   |  |  |
| Supporting Change and Transition with Autistic Pupils |[ ] [ ] [ ] [ ]
| Engagement Model  |[ ] [ ] [ ] [ ]
| Using Visuals to support students with ASD  |[ ] [ ] [ ] [ ]
| Social Narratives  |[ ] [ ] [ ] [ ]
| TEACCH  |[ ] [ ] [ ] [ ]
| Autism and EBSA |[ ] [ ] [ ] [ ]
| Autism and Girls  |[ ] [ ] [ ] [ ]
| Other (please indicate) |  |  |  |  |
| [AST Training offer 25-26](file:///C%3A%5CUsers%5CMNewman.LBS%5CDesktop%5CAST%20Training%5CAST%20training%2025-26%5C25-26%20Sch%20AST%20Training%20Offer%20.pdf) |  |

# Other agencies involved: pls Provide Name

SALT: CAMHS: FEH:

EP: OT: Social Care:

SEN Consultant: Cherry Garden : 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 |

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

Emailed completed form to:

**AutismSupportTeam@southwark.gov.uk**

**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

Please refer to Southwark Local Offer for updates of AST Service Offer, including full parent offer of courses.

|  |  |
| --- | --- |
| Parent coffee morning | [**AST Parent Coffee Morning 25-26**](file:///%5C%5Clbsjsh-edu-ns1%5CAccess%20Inc%5CAS%20Team%5CAST%5CTraining%5CTraining%20and%20Presentations%5CCoffee%20Morning%20Mr%20B%5CAutism%20Support%20Team%20Parent%20Coffee%20Morning%20%2025%20-%2026.docx) |