

Autism East Midlands – Flexible Support Service

The information on this sheet will be held in the strictest confidence.

Please return the completed forms to
Northampton@autismeastmidlands.org.uk or Autism East Midlands, 40-42
 Burlington House, Wellingborough Road, Northampton, NN1 4EU.

Name of child			
Address			
Do you live in (delete as appropriate)	Northampton Daventry / South Northants Wellingborough / East Northants Kettering / Corby	Post Code	
Telephone Number		Date of Birth	
Mobile Number		Email	
Present School		Religion	
Ethnic Origin		Childs diagnosis	

Please give as much detail as possible about the following:
 Please attach further sheets if required.

Childs Behaviour- Tell us about the enjoyable and not so enjoyable parts of your child's behaviour.

Your child's need for additional support to attend the activities? (for example certain activities / constant 1:1 support / high risk situations)

What does your child like and dislike?

Like

Dislike

What does your child play with?

How does your child process information?

Does your child have a particular comfort object?

What situations does your child find difficult?

Does your child have any sensory likes / dislikes?

Does your child have any trigger words that can cause upset?

Is there anything that has a calming effect upon your child?

To what extent and by whom will your child accept physical contact? (for example other children / staff)

How does your child communicate, play and behave with other children?

Self Help Skills

Please provide as much information as possible on your child and the following activities

Going to the toilet

Dressing

Showering / Bathing

Please give details on your child's ability to sense danger

Does your child tend to wander off? (please give details)

What is your child like when outside? (for example in the park)

Food / Eating, Is there anything we need to be aware of (for example, intolerance, eating habits)

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Communication

How does your child communicate his / her needs?

What words / signs does your child use?

Sleeping, is there anything we need to know about your child's sleeping routine?

Please add any other information (apart from medical information) you think we should know. E.g. school exclusion, family circumstances

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