**Derby City Council – Specialist Teaching Service (STS) Referral Form**

**Part 2** – to be completed for referrals to the Social Communication and Autism Team

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| **A/ Diagnosis** | **Yes** | **No** |
| Does the child/young person have a diagnosis of Autism?  (If yes, please attach diagnosis letter) |  |  |
| If not, has a Single Point of Access (SPOA) been submitted? |  |  |
| If so, please provide the date of submission: |  | |

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| **B/ Reason for Referral (What type of support do you require?)** |
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| **C/ Current Strategies/Interventions used in school** (please tick) | | | |
| Visual supports (Now and Next Board, Task Plan, Visual Timetable etc) |  | Social Stories |  |
| Comic Strip Conversations |  | Attention Autism |  |
| PECS |  | Lego Therapy |  |
| Social Skills Programme |  | Anxiety |  |
| Sensory Circuits |  | Sensory Support |  |
| Intensive Interaction |  | Structured Teaching (TEACCH) |  |
| Zones of Regulation |  | Supporting the child to understanding their Autism |  |
| Other (please state) | | | |

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| **E/ External Agency Involvement** (has the child been seen by any of these agencies?) | | | |
|  | **No** | **Yes** | **Date** |
| Educational Psychologist\* |  |  |  |
| SALT |  |  |  |
| Occupational Therapist |  |  |  |
| Bridge the Gap |  |  |  |
| Clinical Psychology |  |  |  |
| CAMHS |  |  |  |
| Family HUB |  |  |  |
| Other: | | | |
| \*If an Educational Psychologist has seen the child within the last 3 months or is due to see the child within the next 6 weeks of our allocation panel, we may only be able to provide support to implement the recommendations from the Educational Psychologist Report. | | | |

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| **D/ Autism Education Trust – Autism Advocates** | **Yes** | **No** |
| Do you have an Autism Advocate in school |  |  |
| If yes, what is the name of your AET Autism Advocate |  | |
| If no, have you applied to attend the next Cohort of advocates |  |  |

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| **F/ Attachments – supporting evidence** |
| Please attach:   1. Reports from agencies (as per section D) 2. One Page Profile 3. I.E.P (or equivalent) 4. EHCP 5. Any additional supporting information that is relevant |