*Clinician’s Toolkit*

**Child’s Profile Following Diagnosis of Autistic Spectrum Disorder**

**To be completed by the diagnosing clinician**

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| --- | --- |
| **Name of child:** | **Date of birth:** |
| **Address:** | **Telephone number:** |
| **Hospital number:** |
| **Please comment on the following aspects of the child’s development and functioning** |
| Intellectual ability and learning style |
|  |
| Academic skills |
|  |
| Speech language and communication |
|  |

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| --- |
| Fine and gross motor skills |
|  |
| Adaptive behaviour (includes self help skills) |
|  |
| Socialisation skills |
|  |
| Mental and emotional health including self-esteem, physical health and nutrition |
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| Sensory hyper- and hyposensitivities |
|  |
| Behaviour likely to affect participation in life experiences, future support and management |
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| Any information provided from a Special Educational Needs (SEN) assessment |
|  |
| Any risks identified to or from the child |
|  |
| Signed: | Date: |
| Name: | Job title: |