*Clinician’s Toolkit*



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

**To be completed by the diagnosing clinician**

|  |  |
| --- | --- |
| **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 | |
|  | |

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