

**SOCIAL COMMUNICATION PATHWAY**  
**SCHOOL INFORMATION TO REQUEST ASSESSMENT**

**Please return this form to the Carol Kendrick Centre, Stratus House, Southmoor Rd,  
Wythenshawe, Manchester M23 9XD**

The Social Communication Pathway is primarily for children with **significant** social communication needs, particularly those who might have autism.

Children can have Social Communication difficulties for different reasons. For example, children might struggle with social communication if they have a learning disability or a language disorder, have experienced some trauma or fit criteria for a diagnosis such as ADHD or Developmental Co-ordination Disorder. This form helps us decide whether a child's social communication difficulties might need an autism assessment.

The Social Communication Pathway is a virtual team made up of practitioners from Child and Adolescent Mental Health Services; Speech and Language Therapy; Occupational Therapy; Community Paediatrics and Community Child Health and Educational Psychology.

By filling in this form, you are helping this team decide if the Social Communication Pathway is the right pathway for this child. Try to fill in all sections of this form and give examples wherever possible. Please give your opinion and overall impression, please do not cut and paste other professional's reports. It is useful to have reports if they are available but they can be sent in addition to this form.

If you are the primary referrer, please make sure you have discussed your concerns with parents and asked them to complete the parent/carer form. It is only when BOTH forms are returned that a decision can be made as to whether the Social Communication Pathway is right for this child. Parents will be describing their child's presentation at home so it is important that this form is just about the child in school. Sometimes parents are the primary referrer, so you may also be asked to complete this form by them.

Before sending the forms back, please discuss what it contains with parents. There may be a difference in your viewpoints and it is good to talk this through in advance.

**This referral does not substitute school action pending any diagnostic outcome. Please continue to support the child and arrange any SEN processes, interventions and professional involvement that are necessary whilst this referral is in process.**

Education ref form V5

August 2018

Young Person's Name:	DOB:
Address:	
School:	Year:
Your Name:	Your Contact Details:
Parents' name(s):	Parent's contact details:

Has the child or young person had any support from any of the following professionals? (Tick as appropriate) Please tell us the name of any professionals. (If yes please attach copies of any records)

Professional	Name	Contact details
Educational Psychology		
Children's Services (Children Families and Social Care) Early Help? Child in Need? Child Protection? (please circle)		
Child and Adolescent Mental Health Services (CAMHS)		
Children and Parents Service CAPS		
Paediatrician		
Rodney House Outreach Service (RHOSEY)		
Health Visitor or School Nurse		
Occupational Therapy		
Physiotherapy		
Speech and Language Therapy		
Other (please name)		

**School information**

Is the young person registered as having SEND support needs? **YES/NO**  
If yes, which level? (please circle) Where possible please attach a copy of the provision map and Assess, Plan, Do and Review records.

SEN support – early stage  
SEN support – with external agency support  
Undergoing statutory assessment  
EHCP (please attach copy)

If you have completed the Matching Provision to Need tool for this young person, please attach relevant sections (e.g. communication and interaction) **YES/NO**

Does this child have English as an additional language? **YES/NO**

If yes, what is their first language?

If yes, please comment on their level of English acquisition

Chronology of schools attended

Fixed term exclusion **Yes/No** **Date/s**  
.....

Permanent exclusion **Yes/No** **Date/s**  
.....

Who is present and helping complete this form?

Date.....

Name

Role

.....  
 .....  
 .....  
 .....

Are there any other concerns e.g. safeguarding?

<b>ACADEMIC PERFORMANCE</b>	Well Below expected Level for year group	Somewhat Below expected Level for year group	At expected Level for year group	Above expected Level for year group	Well Above expected level for year group
English - writing					
English - reading					
English – speaking and listening					
Maths					
Science					
<b>ATTENDANCE</b>	%				
<b>CLASSROOM PERFORMANCE</b>	Severe cause for concern	Moderate cause for concern	Mild cause for concern	No cause for concern	Exemplary
Following directions/instructions					
Organizational skills					
Assignment completion					
Peer relationships					
Complying with rules					
Accepting boundaries					
Independence/ self help skills for age					
Fine Motor skills					
Gross Motor skills					

Please give examples, if you have specified there is moderate or severe cause for concern

Is the child/young person following the whole class curriculum? Please comment on any individual adjustments or refer the reader to the provision map.

Please describe any supportive measures in use in school, e.g. Whole school approach, TA support, time out pass, visual timetable, social skills groups, lunchtime clubs, etc. How has the child responded to these supports?

**SOCIAL INTERACTION:**

Describe the young person's social understanding and social interactions. Tell us about their friendships in school and their relationships with adults and other children:

**COMMUNICATION:**

Please give a description of any difficulties the child or young person might have with communication including talking, understanding, use of language, listening, misinterpreting what is said:

**FLEXIBILITY**

Younger children: How do they manage unexpected changes to routine?

Older Children/Young people: How does the young person manage routine, unexpected changes, creative and open ended tasks?



**PLAY**

Younger children: How does the child play?

Older Children/Young people: How does the young person spend their break and lunch time?

**BEHAVIOUR**

Please tell us about any issues with behaviour or mental health:

## **SENSORY DIFFERENCES AND CO-ORDINATION**

Please give a brief description if the child or young person has any differences in sensory processing. (hearing, touch, smell, taste, vision, movement)

Have you noticed any repetitive movements? E.g. Rocking, tapping or making noises?

Do they have any issues with co-ordination or handwriting?

**Particularly for youngsters aged 11 or above:**

**INDEPENDENCE AND PARTICIPATION:** Please tell us about this young person's attention

Compared with others of the same age, how does this young person manage with their independence, self-care and skills of daily living?

How do they manage personal relationships? (If relevant)

**What is your PRIMARY concern regarding this young person's presentation? What one thing is of the greatest concern for you at school?**

**SCHOOL**

**School**

**We confirm that our concerns have been discussed and information has been shared.**

**Date of meeting:**

**Signature and name of school staff:**

**Parents**

**I confirm that I am happy for my child to be referred to the Social Communication Pathway.**

**Signature and name of parent:**