

**SOCIAL COMMUNICATION PATHWAY (SCP)**

**PARENT 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 your 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 your child. Try to fill in all sections of this form and give examples wherever possible. The information you provide is really helpful to us.

If you need any help with filling in this form, please ask someone who knows your child well to help you to complete it. (E.g. your health visitor, teacher)

Once your form and the one from school are received, the Social Communication Pathway team will consider all the information and let you know if they think the pathway is the right assessment for your child, or if something else is required (e.g. their learning needs or their language need more assessment first)

**Child/Young Person's Name:**

**Date of Birth:**

**Ethnicity:**

**Address:**

School/Nursery/Child Minder:

Year Group:

Your Name:      Address:

Relationship to child:

GP Name:      Address:

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

**I agree to refer my child for assessment of their social communication needs. YES/NO**

**I agree to this information being shared with health and education professionals in order to help in the assessment of my child** YES/NO

**I agree to professionals in the Social Communication Pathway sharing information that might be held on my child's health record** YES/NO

**I agree that information from any educational psychology assessments can be shared with health professionals on the pathway team** YES/NO

**I agree that child health records may be accessed by professionals in order to help in the assessment of my child** YES/NO

Parental signature :

Date:

**TELEPHONE NUMBER:**

Please note that older children and young people will also need to consent to an assessment

## **Frequently Asked Questions**

### **1. Does a referral to this team mean that my child has autism?**

No, it does not necessarily mean your child has autism. Children can have Social Communication difficulties for different reasons e.g. developmental trauma, ADHD, learning disabilities or global developmental delay; language or co-ordination disorders. This assessment will help you to find out why your child might be slower to develop their social communication skills than other children their age. The pathway is for children where there is a question mark about whether their difficulties fit the criteria for an autism diagnosis but referral here does not mean that they have this diagnosis.

### **2. Where do I send the forms to?**

You send the forms to the SCP, Carol Kendrick Centre, Stratus House, Southmoor Rd, Wythenshawe, Manchester, M23 9XD

### **3. What happens after I send in the forms?**

Once your information and the information from school or nursery is received, the multiagency Social Communication Pathway team will review this information. They will also look at any reports on your child's health record (e.g. those from Community Paediatricians, Speech and Language Therapists, Occupational Therapists etc) or reports that have been completed by One Education (but only if you have signed this form to say we have permission to look at these).

The team decides if the information it has does suggest that your child would benefit from a social communication assessment or if this does not seem a good fit. If it sounds as if your child has another condition not assessed by this team, we may refer your child to the service that can help them. Someone from the team will inform you by phone or in a letter what the outcome of this meeting is. The team meet every week.

Has your child or young person had any support from any of the following professionals? (tick as appropriate)

Please tell us the name of any professional you know who sees your child.

**Please send any reports from professionals with this referral form.**

Professional	Name	Contact details
Educational Psychology		
Children's Services (Children Families and Social Care)		
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		

Does your child receive any additional help in school/nursery? YES/NO

If YES, please give any details

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**DEVELOPMENT/MEDICAL:**

Please give a brief description about the Child or young person's early years and any medical information you think we need:

Any difficulties during pregnancy/birth? Was the child or young person premature? Did the child or young person reach their milestones on time (talking/sitting/walking)

Does your child have any diagnosed medical conditions(E.g. Down's Syndrome/Cerebral Palsy)

**SOCIAL INTERACTION** (Getting on with children and adults)

Give a description of any difficulties your Child or young person has with getting on with other children or with adults.

**COMMUNICATION** (Talking/understanding/use of gestures/listening)

Please give a description of any difficulties your Child and young person might have with communication

If English is your child's second language, please comment on communication in their first language



**PLAY AND INTERESTS**

Please tell us how your child spends they time?

What do they enjoy doing?

Do they have any special or intense interests?

**RIGIDITY AND ROUTINES**

How does your child manage unexpected changes in routine?

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

Please give a brief description if your 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?

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

**INDEPENDENCE AND WELLBEING**

Is your young person able to be as independent as others of their age? Tell us about their attendance at school and leisure activities and their independence skills.

Does your young person have any known mental health difficulties? (anxiety/self-harm/depression)

**BEHAVIOUR**

Please tell us about any issues with behaviour:

**ONSET**

**When did you first notice that your child had difficulties? Was there anything else important happening at school or home at this time?**

**What does your child or young person like?**

**What has helped to support your Child and young person?**

**What has not worked well to help your child and young person?**

**What is your main concern about your Child and Young person?**

**The Social Communication Pathway is for children and young people for whom the main concern is their social communication.**

**If we feel that their difficulties could be related to other conditions; for example developmental language disorder; learning difficulties; attention difficulties or developmental coordination difficulties; we may not be the right service for your child or young person.**

**We may refer your child or young person to another more appropriate service.**

**We will write to you and your GP to explain our decision.**