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| **AUTISM ASSESSMENT CONSENT****Parent/carer to complete if young person is under 16 years old** **Young person to complete if 16 and over** |
| **YOUR INFORMATION** |
| **Young person’s Name:** |  |
| **Young Person’s Date of Birth:** |  |
| **NHS No:** |  |
| **Your name and relationshipto young person:** |  |
| **Mobile Telephone**  | **THIS IS ESSENTIAL TO BE ABLE TO COMPLETE TELEPHONE ASSESSMENTS**Please be aware this may be used to send a SMS Message Reminder of your appointment.If you do not wish to receive reminders in this way please tick this box ☐ |
| **Email Address:** | **THIS IS ESSENTIAL TO BE ABLE TO COMPLETE ASSESSMENT BY VIDEO LINK** |
| **Please confirm that all adults with parent responsibility are aware of this assessment:**  | ☐ **Yes**  ☐ **No** |
| **Is there an absent parent?****If they have contact with your child please provide contact details:** | ☐ **Yes**  ☐ **No** |
| **If your child has seen a paediatrician please provide details:** |  |
| **We may share your assessment with the following** * Parents
* School/College
* G.P
* CAMHS
* Social Care
* Paediatrician
* CAMHS
* Education 0-25 Team
* Communication and Interaction Team
 | **Please write here anyone on this list that you do not want your assessment shared with.** |
| **When you sign this form you are giving consent for the Specialist Autism Assessment Service to complete an Autism Assessment. This may involve the following:*** Informing your child/young person that their social interaction and communication skills will be assessed as part of the Autism Spectrum Disorder assessment process
* ADOS (Autism Diagnostic Observation Schedule)
* Speech and Language Assessment.
* School visit
* Gathering information from other professionals
* Cognitive Assessment
* Developmental History
* Psychology Assessment
* Discussion with your parent/carer
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| **If you would like more information about Autism have a look at this link:** [www.sign.ac.uk/pdf/PAT145\_YOUNG\_PEOPLE.pdf](http://www.sign.ac.uk/pdf/PAT145_YOUNG_PEOPLE.pdf) |
| **If you have any questions or worries you can contact the Single Point of Access on 03300245321, you will then be contacted by a member of the team, alternatively there is information on our Website.** [www.childrenandfamilyhealthdevon.nhs.uk](http://www.childrenandfamilyhealthdevon.nhs.uk)**Alternatively there is information on our Website.** [www.childrenandfamilyhealthdevon.nhs.uk](http://www.childrenandfamilyhealthdevon.nhs.uk) |
| **Signature:** |  |
| **Date:** |  |