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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 relationship to 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 | | |
| **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:** | |  |