

## ASD Checklist (February 2024)

Autistic Spectrum Disorder is complex and encompasses a significant array of difference between individual cases. This checklist only provides a 'first step' in the identification process. The indicators listed would normally be expected to be present across social contexts and not simply confined to the school setting. Formal identification will require the involvement of the student's family / carers and specialist professionals. Ideally, the checklist should be completed collaboratively by two or more staff.

Once you have completed the Checklist, please send referral to [send@bwsgirls.org](mailto:send@bwsgirls.org)

Student	Year / Form	Date	Staff

**Has this been discussed with the student (please circle):** YES / NO

	The student	Always	Often	Rarely	Never
1	Shows little interest in mixing with other students – prefers their own company.				
2	Will shut off and not respond to verbal/communicative situations.				
3	Repeats phrases that they have heard, often in an inappropriate context – may repeat rude jokes/phrases.				
4	Will laugh at inappropriate times, sometimes when people are upset or hurt				
5	Struggles to understand idioms, metaphors, non- literal type language – “I’m dying for a drink!”				
6	Will attempt to correct a speaker on seemingly trivial, irrelevant points.				
7	Speaks in a way that could be described a peculiar, monosyllabic, repetitive etc.				
8	Avoids or makes only fleeting eye contact during conversations				
9	Fails to recognise or misreads body language, facial expression, tone and volume of voice etc.				
10	Becomes agitated when ‘the norm’ is disrupted (changes to timetable, unfamiliar people etc)				

	The student	Always	Often	Rarely	Never
11	Engages in 'odd' games / play such as watching stacked blocks fall, spinning objects, using a vacuum cleaner etc.				
12	May become attached to unusual objects, or be over attached to items such as lighters, toy cars etc.				
13	Is noticeably sensitive to and/or fascinated with patterns of moving light.				
14	Will become agitated and have emotional outbursts / tantrums for no apparent reason.				
15	Displays great difficulty in expressing their wants, needs and feelings – will tend to be more reliant on gesture than on words.				
16	Will display more pronounced physical movements than those of their peers.				
17	Displays discrepancies between large and fine motor skill development – such as being able to thread beads with great skill whilst finding riding a bike very difficult.				
18	Experiences difficulty when completing tasks that require a significant amount of creativity / imagination				
19	Will become seemingly fixated with specific topics or activities.				



### **What will happen now**

SENDCO will start the "Assess, Plan, Do" Review cycle with assessing and observing the need you have highlighted. Within 3-4 weeks, Parents/Carers will be invited for a meeting to discuss the referral and the support that has been put in place.

### **Diagnosis**

The school require time to be able to collate evidence and put strategies in place to support your child. The strategies implemented will always start off with *'in class support'* through *high quality teaching*.

Over **two terms**, we look at whether additional support is needed outside of the classroom through teacher feedback/parent and pupil feedback and assessing end of term academic reports.

Once we have collated enough evidence this will be compiled and sent through the relevant avenue for a diagnosis. Please bear in mind that the wait in Bromley is roughly 18 months to 2 years for a final diagnosis, however the focus is ensuring that *the support is in place in the meantime*.

<b>For Office Use Only Further Action:</b>	
	<b>This student requires continuous support with their additional needs</b>
	<b>This student requires occasional support with their additional needs</b>
	<b>This student is not a cause for concern</b>

