



School Autism Pre-assessment Questionnaire

Name of Child: (Initials only)

D.O.B

Name of School/preschool:

Date filled:

1.What are your main concerns about the child?

2. Reciprocal Social interactions-

a. Describe his/her use of eye contact in interactions with adults and peers:

b. Ability to use facial expression and gesture when communicating, please tick which applies:

Expressive child who uses both facial expression and gesture-

Rarely uses gesture	Yes	No
---------------------	-----	----

Limited facial expression	Yes	No
---------------------------	-----	----

Exaggerated/over-dramatic	Yes	No
---------------------------	-----	----

c. Is he/she aware of personal boundaries?	Yes	No
--	-----	----

Does he/she invade others' personal space?	Yes	No
--	-----	----

Does he/she get upset if others invade his/her space?	Yes	No
---	-----	----

d. Can he/she share with adults and/or his peers about things that are happening in his/her life and about his



DR J & COLLEAGUES

Psychologists and Private Psychiatrists UK

Dr J & Colleagues is the trading name of JAJAWI & ASKER LTD.

NHS
Right To Choose



experiences, thoughts and opinions with others? Yes No

e. Does he/she show interest in others' experiences, achievements, and happiness? Yes No

f. Does he/she show sensitivity towards others' needs and feelings? Yes No

g. Is he/she able to cooperate with adults and peers in small group/large class setting?

Yes No

Can he/she share possessions and activity material?

Yes No

Describe any difficulties:

h. Is he/she able to seek help/comfort/reassurance when upset?

Yes No

i. Does he/she show inappropriate or unexpected displays of emotion?

Laughs inappropriately: Yes No

Angry reaction when corrected: Yes No

Extreme anxiety: Yes No

Other

j. Does he/she know how to modify his/her behaviour in different situations in school? e.g. in assembly/play-ground/ with adults

Yes No

3. Communication Skills:

a. Please comment on his/her ability to understand language in the classroom:



DR J & COLLEAGUES

Psychologists and Private Psychiatrists UK

Dr J & Colleagues is the trading name of JAJAWI & ASKER LTD.

NHS

Right To Choose



b. Is he/she able to express his needs effectively using verbal and non-verbal communication?

Yes

No

c. Is he/she able to express his emotions effectively using verbal and non-verbal communication?

Yes

No

d. Can he/she ask for help?

Yes

No

e. Describe how he/she copes when there is a problem?

f. Is he/she able to initiate and engage in a sustained two way conversation where there is an easy to and fro in the conversation?

A. with his/her peers? Describe

B. with adults? Describe

C. Does the conversation go off at a tangent?

Yes

No

D. Are there obsessive topics?

Yes

No

g. Does he/she have any unusual characteristics in his/her use of language? please tick which applies:

A. Unusual accent ☐

B. Monotonous/flat tone

C. Problems with volume or pitch ☐

D. Echolalia (repetition of words); Repetitive phrases; ☐

E. Formal pedantic style (e.g. sounds like an adult, corrects what others say, is overly polite) ☐

F. Unusual words ☐



4. Creativity/Imagination

A. Does he/she demonstrate a level of creativity/imagination appropriate to peers in all contexts? in;

Play	Yes	No
Art	Yes	No
Written work	Yes	No
Reasoning and problem solving-	Yes	No

B. Does he/she display any unusual behaviours/unusual interests or preoccupations in play/free-time activities?

Yes No

Describe: Follows a single other student around, doesn't seem to have many other friends.

5. Behaviour

A. Does he/she display any repetitive behaviour? Please tick which applies:

Collecting ☐

Hoarding ☐

Spinning objects ☐

Lining up toys ☐

Sorting by colour/shape/size ☐

B. Does he/she display any hand flapping/finger flicking? Yes No

C. Does he/she have any strong attachments to objects or carry unusual objects in his/her bag or pockets?

Yes No

D. Does he/she show any unusual interest in

the parts of objects rather than the whole object?	Yes	No
Dismantles the object	Yes	No
Smells objects	Yes	No



DR J & COLLEAGUES

Psychologists and Private Psychiatrists UK

Dr J & Colleagues is the trading name of JAJAWI & ASKER LTD.

NHS

Right To Choose



Feels the object

Yes

No

E. Describe how he/she copes with change to routine?

Describe how he/she copes changes to the environment?

Does he/she insist on particular routines/rituals?

Yes

No

(e.g. Are you aware of any particular rituals/order that he/she must perform such as always eating snack in a particular order or following the same routine every morning?)

Describe:

6. Sensory Processing

Ability to cope with the sensory environment, please tick which applies:

Response to noise ☐

Distracted by noise or covers ears ☐

Slow to respond when you speak to them ☐

Response to touch ☐

Reacts emotionally or aggressively to touch ☐

Difficulty standing in a line ☐

Dislikes messy play ☐

Response to Movement ☐



DR J & COLLEAGUES

Psychologists and Private Psychiatrists UK

Dr J & Colleagues is the trading name of JAJAWI & ASKER LTD.

NHS
Right To Choose



Seeks movement: fidgets/bounces/jumps/bumps into things ☐

Cautious with movement dislikes swing/slides ☐

Difficulty climbing stairs ☐

Response to taste/smell ☐

Avoid certain tastes, textures or smells of food ☐

Runs up and down repetitively ☐

Walks on tip-toes ☐

7. Academic Progress

a. Comment on his/her ability to access the curriculum, are there learning difficulties?

b. Describe his/her ability to pay attention in a variety of learning situations

Is he/she easily distractible?

Does he/she call out in class often?

Can he/she wait for turn?

Is he/she impulsive?



DR J & COLLEAGUES

Psychologists and Private Psychiatrists UK

Dr J & Colleagues is the trading name of JAJAWI & ASKER LTD.

NHS

Right To Choose

CareQuality
Commission

Is his/her sense of danger age appropriate?

Comment on his/her organisational skills?

Is he/she forgetful or easily loses possessions?

Does he/she have any difficulties starting or finishing tasks?

c. Can he/she transition from one activity to another without difficulty? Describe any difficulties

d. Comment on his/her gross/fine motor skills and handwriting?

7. Other Relevant Information

Does he/she require additional support within school? Please tick which applies:

Has a Classroom Assistant?	No	part time	full time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

Has an EHCP? _____

What Additional support is in place (including social skills training)?

Receives outreach support from _____

Known to Educational Psychologist _____

(If Yes, please enclose a copy of the report)

Referred to Educational Psychologist date of referral _____

Please send relevant sample of school work (e.g. an essay)

Name of the person competing this form:

Thanks for completing this form