

**Child Development Team**  
The Wood Street Health Centre  
6 Linford Road  
Walthamstow, London  
E17 3LA  
DDI: 020 8430 7901

Dear Colleague,

<b>Child's Name</b>	XXXX
<b>DOB</b>	XXX
<b>Address</b>	XXX
<b>GP</b>	XXX
<b>Nursery/ School</b>	XXXXXX

The above has been referred to our Social and Communication Clinic (SACC) which as you will be aware is for assessment & /or differential diagnosis of Autistic Spectrum Disorder (ASD) / social communication disorder.

The enclosed SACC Questionnaire (SQ) is designed to support referrals to the SACC clinic by providing high quality information on the child's developmental history & environment.

The SQ aims to include information about the child's language, interaction with others and play skills. This information is vital for the SACC referral panel.

The SQ must be completed with the parent/carer by a professional who knows the child well (eg Health Visitor/Community Nursery Nurse /Early Years practitioner) but who *hasn't* already provided a full report as part of referral information.

Please kindly ensure all sections of the form are completed by circling the most appropriate answer & giving as much other information as possible in the comments section.

Please return to the above address as soon as possible.

Thank you for your co-operation.

Yours sincerely,

**Administration Support**

## Social and Communication Clinic Questionnaire (SQ)

Date completed	Name & job title	Parent name	Virtual vs face to face
xxxxxx	Xxx SENCo/Keyworker/teacher	Xxxx Mother/Father	Please let us know if F2F or over phone etc.

### Details of Observation:

<b>Setting (nursery name /home/other)</b>  Xxx
<b>How long has child been attending setting (if appropriate)</b>  (really important to know how long child has been in setting as a child who has just started or in first few weeks may still be trying to settle in or only there for short periods)  Also please put here if child is on a staggered placement so e.g. only goes for an hour a day etc. or if parent still staying in nursery with them etc.  Any other comment (eg lots of siblings present/ noisy environment / lack of space etc.)

### Section A: Social Interaction

	Yes	No	Sometimes
Does the child make eye contact when an adult /child is talking to them?			x
Does the child resist physical contact from others e.g. doesn't seem to like hugs, pats, being held or other close contact?			X sometimes especially if not familiar with the person
Does the child have any particular friends or attachment to others? Close to parents			X (with parents, immediate family and key worker)
Does the child join in with group activities?		x	
Does the child take turns appropriately?		x	
Does the child imitate others when playing?		x	
Does the child prefer to play alone?	x		
Does the child laugh, giggle or cry inappropriately?		x	

**please comment on your answers above with examples:**

**X makes only occasional eye contact and resists being close to an adult unless he is very tired, at which point he wants to be held, and will lift up his arms, but resists when adult tries to pick him up.**

**He appears unaware of his peers and prefers to stay alone with toys that he has chosen.**

**X does not join in with any group activity even with adult support**

## Section B: Communication

	Yes	No	Sometimes
Does the child respond to their name when called?		x	
Does the child understand gestures e.g. pointing or head shaking?		x	
Does the child use pointing to share attention?		X	
Does the child respond to facial expressions e.g. smiling or frowning?		X	
Does the child respond appropriately to simple commands e.g. sit down, stand up etc?		X	
Does the child use verbal communication?		X	
When the child speaks is it monotonous? <b>Not applicable</b>		X	
Does the child repeat words, phrases or unintelligible sounds over and over?		X	
Does the child give inappropriate answers to questions or say inappropriate things in the middle of conversations?		X	
Does the child use 'yes' and 'no' inappropriately e.g. says no when asked if he/she wants a favourite toy or treat then takes it?		X	
Does the child use 'I' when referring to themselves?		X	
Does the child initiate conversations with other children or adults?		X	
Does the child engage in conversations involving turn taking or building on what has been said?		X	
Does the child comment on their environment?		X	
Does the child comment on their environment?		x	

**please comment on your answers above with examples:**

**X does not respond to his name. he does not show much facial expressions either at home or in the nursery.**

**X is non verbal. He does not seem to understand or use much gesture to express himself, only when motivated eg. 'arms up' or pulling adult to what he wants. X does not seem to understand when the adult uses gestures to him, but we are not sure if he is not understanding or not interested. At home his mother feels he understands more gestures e.g. rubbing tummy to see if e is hungry.**

**X does not respond to requests or directions even when simplified or repeated at nursery. Mum feels he does respond more to everyday requests at home but this is very inconsistent e.g. 'let's go' when she is at the door to go out.**

**Hearing has been checked and mum has no concerns with that.**

#### Section C: Play and Behaviour

	Yes	No	Sometimes
Does the child engage in seemingly aimless repetitive activities e.g. Running up and down, flicking things?	x		
Does the child engage in repetitive activities with some purpose e.g. Placing books in a set order, performing a routine? (but has his own routines and repetitive actions e.g spinning, watching washing machine)		X	
Does the child engage in imaginative play e.g. small world play?		X	
Does the child Line up objects in a precise, orderly fashion and becomes upset when the order is disturbed?		X	
Does the child become upset when routines are changed?	x		
Does the child flap their hands or fingers in front of their face or at their side?		X	
Does the child rock back and forth while seated or standing?		X	
Does the child walk on tip toes when moving or while standing in place?		x	
Does the child make high-pitched sounds or other vocalisations for seemingly no reason?			x
Does the child stare at their hands, objects or items for at least 5 seconds?	x		
Does the child eat specific foods or refuse to eat what other children usually eat?		x	

**please comment on your answers above with examples:**

**X loves a routine and becomes upset when change happens. Once upset he can be very hard to**

calm down again. X will throw himself backwards if something has gone wrong for him, but we or his mother may not know what that is.

X will often stare into space for up to 10 minutes at one time

	Yes	No	Sometimes
Is the child particularly underactive or overactive?		x	
Does the child react to sound in an unusual way?		x	
Is the child sensitive to different textures, tastes or smells?	x		
Is the child aware of pain, heat, cold, or other sensations? Mum unsure			
Is the child aware of danger?		x	
Does the child demonstrate age appropriate Motor skills?			x

**please comment on your answers above with examples:**

X is proficient at climbing and needs a lot of supervision at nursery as he will try and climb on top of a lot of areas and our furniture . His mum report that at home X is constantly climbing on the sofa, table etc.

#### Section E: Self-Care and Independence

	Yes	No	Sometimes
Does the child have self-care skills appropriate for her/his age?		X	
Is the child toilet trained?		X	
Is the child able to feed themselves?		X	
Could they be described as a fussy eater?		X	
Does the child have sleep difficulties?			x
Are there any difficulties with bath time/hair washing/nail cutting?		X	
Are their dressing/undressing skills ages appropriate?		X	

**please comment on your answers above with examples:**

X was born at 35 weeks. He needed to special care in hospital  
He is reported to be a healthy boy  
X makes no attempt to help with dressing or undressing

X does like to kick his shoes off and will do this independently  
In nursery X does not show awareness of his coat or bag in nursery. Mum is unsure if he knows his coat at home as she does this for him.

X is reported to sleep well at night most of the time, but when he does wake up he will 'play' for an hour or two before he will go back to sleep

## Section F: Learning /Development

Has the child's development followed a typical pattern and is their learning age appropriate?  
Please include details of their learning levels (where available).

X is significantly delayed in the 3 prime areas

X is receiving SENIF funding

Attached latest steps assessment from his Early Learning developmental Journal

Please consider the following and tick as appropriate:

Regression of language ☐ X has never had language

Family history of ASD ☐ Yes – older brother 9 years has Autism

Child has a known diagnosis of:

Developmental delay	<input type="checkbox"/>	not diagnosed but appears to have learning delay
Learning difficulty	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	
Genetic conditions	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Neurological conditions	<input type="checkbox"/>	

No other issues reported

## Section G: Family and Environment (Please comment on the following)

Family history (please tick and comment if any of the following is relevant)

ACES – History of abuse or neglect	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>
Divorce	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>
Incarceration	<input type="checkbox"/>
Parental mental illness	<input type="checkbox"/>

Parent reports no issues with the above

**Housing, employment and financial considerations** (comment on e.g. housing : limited space/ appropriate toys/temporary accommodation. Financial worries/constraints)

The family 2 adults and 3 children live in a 2 bedroom flat.

**Social and community elements** (comment on e.g. support networks/ supportive community opportunities eg mosque/church. Opportunities to socialise/friendships)

They socialise regularly with extended family

**Family and social relationships / wider family** (comment on eg family members/ household members eg extended family. Relationships/ siblings/ etc. )

X lives with his immediate family (both parents) and two older brothers, 9 years and 4 1/2 years. Older brother 9 years has Autism and has an EHCP in place.

The family are from Sri Lanka and speak Tamil at home. They see extended family regularly and feel supported.

**Safety/Care considerations** (comment on e.g. safety precautions needed & in place/protection/ parenting skills. Other agencies involved/support in place or needed – e.g. Early Help )

It is really important to know if there are social services input/Early Help involved with the family

X's parents appear very aware of keeping him safe as he is so active.  
He always appeared clean and well dressed for the weather.

**Emotional warmth and stability** (comment on e.g. factors affecting bonding/attachment/Post Natal Depression)

This can seem hard questions to ask, and

X's parents seem very emotionally warm towards him and are seeking the support to help him

**I confirm that this questionnaire was completed with the family/carer**

Signed xxxx

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Job Role xxxxx

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