Exploring Autism REFERRAL



Who's this for?

Parents, caregivers, families and whānau of children aged 0-9 years with a recent diagnosis of autism.

Where is the programme available?

This programme is available throughout New Zealand. There is no cost to attend the programme.

Referral criteria:

A child with an autism diagnosis.

For younger children under the age of 5 years, we can accept a provisional diagnosis where the child is undergoing assessment and it is understood that the diagnosis is highly likely to be confirmed. Children aged 5 and above need to have a confirmed diagnosis.

- Referral received prior to the child's 10th birthday.
- Referrals can be made by parents, ASD Coordinators, health professionals within child development services, early childhood services, NASC coordinators.

Exploring Autism is a group based programme, although in exceptional circumstances this can be delivered individually.

Topics covered:

- Introduction to autism
- Social communication
- Sensory processing

- Thinking and learning
- Supporting stress, anxiety and behaviour
- Next steps into the future

Client Details					
Name of child referred		DOB			
		NHI			
Address		Ethnicity			
		lwi/Hapu			
		Gender (please specify)			
Preferred language		Interpreter needed (y/n)			
General practitioner	Name	Diagnosis (including			
	Practice	secondary diagnosis)			
	Phone				
Legal Status –		Person(s) with legal			
child (e.g. 141, 145 order)		status (if applicable)			
Person who made diagnosis (Paediatrician / Psychiatrist)	Name	Diagnosis date			
	Service				
	Phone				
Other services involved (name and details)		NASC Coordinator			

Parent / Guardian Details				
Name (s)		Address (if different from above)		
Contact details	Phone			
	Mobile			
	Email			

Referrer Details (if different from above)				
Name		Date of referral		
Role with child		Contact details	Phone	
			Email	

Referral Consent

involvement.	nvolvement.				
Alerts					
Identify any known risks (environmental, people, animals etc)					
Additional Informa	ation				
Other programmes or education workshops attended					
Other services involved now or previously					
Any other relevant information					
Please provide details of adult family/whānau members interested in participating in the Exploring Autism Programme e.g. parent, grandparent, aunt, support person, teacher etc.					
Name and relationship to child		Name and relationship to child			
Name and relationship to child		Name and relationship to child			
Name and relationship to child		Name and relationship to child			
If there are any days and times you are not able to participate in the programme, please indicate here					

Please note:

Days

• Where there is a presentation of behavioural challenges that are causing concern or presenting a risk to self or others, then a referral to Explore's behaviour support service would be more appropriate via the NASC.

Times

• Where there is an identified need for more than one Explore service at the same time, please don't hesitate to contact us prior to referral to discuss the best referral outcomes. In most cases we would recommended that families are supported to access one service at a time.

Please attach relevant information regarding diagnosis or other specialist / psychological reports.