**Specialist Autism Assessment Service pre assessment Team around the Family Meeting Request**

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| **Name of child/young person**  **NHS number** |  | |
| **Date of Birth/Year Group** |  | |
| **Name of carer/s (& relationship)** |  | |
| **Address** |  | |
| **Contact details** |  | |
| **DATE of Team around the Family**  **(the team will require at least 4 weeks’ notice)** | |  |
| **Do you have Consent to invite a member of the**  **team to attend the meeting? Please discuss the contents of this request prior to sending, as the information may be used and shared.** | | **Parent/guardian: yes/no**  **Child/young person: yes/no** |

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| **Name of SENDCO/school** |  |
| **Have you completed the DEAP Training,** |  |
| **Contact details** |  |
| **List all professionals attending the Meeting ?** |  |

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| **Please provide some background to the request :**  *(Outline of presenting needs and history of intervention /supports)*  *What works/ what has not worked.*  *Why are you requesting a Team member to attend the meeting and what are your expectation?*    Return via e-mail using egress to mail box TSDFT.DevonSPA@nhs.net  Or post to ICS, ASD Assessment team, Unit 1 Capital Court, Bittern Road, Sowton Industrial Estate EX2 7FW |

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| **Signature** |  | **Dated** |  |

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| **Matters discussed (continued):**  **Actions agreed:** |