**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.netOr 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:** |