Lothian ASD Triage Checklist

Child or young person's name: DOB:
Date referred for ASD Diagnostic assessment:
Name and discipline of referrer:

	Ensure the following processes have been completed	Date
Before discussing at Triage	Parental and/ or young person consent for ASD assessment	
	Written report from general development assessment	
	Information leaflet shared with parents	
	Referral to SLT (if appropriate check guidance)	
	Referral for hearing test	
	DSM 5 completed	
	Other	

	Required Information	Available/ missing	Comments
Information Gathering	CCH +/or CAMHS Assessment with report		
	SLT assessment with report		
	Cognitive assessment with report		
	Report of ASD development history information?		
	Blood investigations for developmental delay		
	Report providing contextual information? (observations/reports-home/school)		
	Contextual Assessment- SRS/GARS or direct observation Note scores:		
	Report from GIRFEC planning meeting		
	Other therapy referrals eg OT, Physio		
	Other information?		

	Do any of the following apply to this individual?	Yes	No	Unknown	Details
High Risk Factors	Neurological disorder? (e.g. epilepsy)				
	Intellectual disability?				
	History of speech delay?				
	History of speech regression?				
	Born at 35 weeks or below?				
	Family history of ASD?				
	Parental history of mental health problems?				
	Other:				

	Do any of the following apply to this individual?	Yes	No	Unknown	Details
Complexity Factors	Additional concerns about possible co-morbid conditions e.g. ADHD, attachment disorder, FASD				
	Other diagnosis (physical, mental health)				
	Additional support needs, including additional vision or hearing impairment?				
	English additional language				
	Parent or young person factors (eg previously declined, apprehensive about assessment process)				
	Previous assessment for possible ASD				
	Second opinion				
	Child Protection involvement or LAC				
	Other				

		Comments:
Additional Information	Referrer's opinion:	
	Parental expectation:	

Date of triage discussion:

	Triage Decisions	Yes/No	Action Required
Triage	Appropriate referral for ASD assessment		
	Insufficient information to make a decision		
	Local Abbreviated: MDT Assessment/straight to feedback		
	Local Complex MDT Assessment (e.g. communication clinic and/or ADOS)		
	Area Complex MDT Assessment		
	Lead Clinician Identified		
	Person responsible for sharing triage outcome with family:		