**ASC and ADHD – Observation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Observation taken by:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

|  |
| --- |
| **Child / Young Person’s Details** |
| First name: Click here to enter text. | Date of birth: Click here to enter a date. |
| Surname: Click here to enter text. | NHS number: Click here to enter text. |

# **School Setting**

**School:** Click or tap here to enter text.

**Average number of pupils in class:** Click or tap here to enter text.

**-Does the pupil have an IEP, statement etc?**

Click or tap here to enter text.

# **Social Interaction**

## With other children

|  |  |
| --- | --- |
| How does the child Interact with other children? |  |
| How does he initiate contact? |  |
| Take turns? |  |
| Respond to other children’s approaches? |  |
| Share and co-operate? |  |

## With adults

|  |  |
| --- | --- |
| How does the child initiate social contact? |  |
| Respond to familiar and less familiar adults? |  |
| Make his needs known/ask for help? |  |
| Follow instructions? |  |

|  |
| --- |
| **What are the main differences between how the child interacts with adults and children?** |

## Empathy

|  |  |
| --- | --- |
| Does the child show concerns for others? If so. How? |  |
| How does he respond to displays of emotion by others? |   |
| How does he seek/give comfort to others? |  |

# **Verbal communication (include language and vocalisations used)**

|  |  |
| --- | --- |
| How does the child communicate with others? |  |
| Can he hold a conversation with adults? |  |
| With children? |  |
| Are conversations reciprocal? |  |
| Are conversations sustained? |   |
| Do they use repetitive phrases or words? |  |
| Any echolalia? If so give examples? |  |
| How does child request help? |  |
| Does he ask questions? Are these repetitive? |  |
| What about his sense of humour? Does he make jokes? What has he found funny? |  |
| Does he give instructions to others? If yes. How? |  |

# **Non-Verbal communication**

## Eye Contact

|  |  |
| --- | --- |
| What is eye contact like with adults? |  |
| You, the observer? |  |
| Other children? |  |
| When is it given? |  |
| What about frequency? |  |
| Duration? |  |
| Timing? |  |
| Quality? |  |

## Facial Expression

|  |  |
| --- | --- |
| Describe the range of facial expressions used? |  |
| Are they appropriate to situation? |  |

## Body language

|  |  |
| --- | --- |
| What gestures does the child use? |  |
| Does he point? |  |
| What about observing appropriate personal space? |  |
| Does he get too close to others? |  |

# **Imagination and flexibility**

|  |  |
| --- | --- |
| Does the child engage in any rituals, repetitive behaviours, obsessions? Give examples. |  |
| Describe any imaginative or pretend play you see. |  |
| To what extent does he appear to be flexible in his thinking? |  |

# **Classroom Activities**

|  |  |
| --- | --- |
| What is the child’s concentration like? |  |
| How distractible is he? |  |
| Does this vary between tasks? |  |
| Is he restless or fidgety? |  |
| Does he take cues from other children? |  |
| How much verbal prompting is needed? |  |
| Who does he show his work to? |  |
| How different is the child during individual tasks/carpet time/group activities, assembly? |  |
| How does child respond to changes in timetable? Activity? |  |

# **Play Time**

|  |  |
| --- | --- |
| Does the child join in with one or more children? Is he solitary? |  |
| Who initiates contact in play? |  |
| What games does he play? |  |
| What is child like with sharing, turn taking, following rules of game? |  |
| Can he modify his behaviour when necessary? |  |

# **Other emotions and behaviours**

|  |  |
| --- | --- |
| Note any aggression, self injuring or self stimulation behaviour |  |
| Does the child appear anxious or depressed? |  |
| Describe any unusual mannerisms |  |
| Does he stand out from his peers? If so how? |  |
| Is he socially or academically avoidant? |  |

# **Motor Skills**

|  |  |
| --- | --- |
| Does the child have any co-ordination difficulties? |  |
| How does he manage in PE? |  |
| Is he clumsy, awkward? Agile? |  |

# **Sensory**

|  |  |
| --- | --- |
| Has the child shown any sensitivity to noise, light, touch? |  |
| Does he have any tactile defensiveness? |  |
| What about the child’s response to pain? |  |
| Does he mouth / fiddle excessively with objects? |  |

# **Other**

|  |  |
| --- | --- |
| What are the child’s strengths? |  |
| Any other comments. |  |

# **Cognitive functioning/Academic levels/SATS**