www.
NAAvoices
.com

ASD Pathway Supporting Evidence Template

For Primary Care (GP / ANP / ACP) and Health Professionals

This resource was created to make the referral process clearer, kinder, and easier for everyone involved.

How to Use This Document

This document provides a structured, trauma-informed framework for primary care to collate supporting evidence for ASD referrals alongside local neurodevelopmental referral forms. It summarises cross-setting functional impact, developmental history, communication and social reciprocity, restricted/repetitive behaviours, sensory differences, co-occurrence, risk screening and safeguarding. It is not a diagnostic assessment; diagnosis is made only by commissioned specialist services. It includes space to record consent and highlight any safeguarding or well-being concerns requiring escalation.

Purpose

This resource aims to clarify and streamline ASD referrals by presenting educational and health information in a structured and accessible format. By setting out the individual's functional impact, patterns of need, co-occurring difficulties, and adjustments already trialled, it helps reduce the likelihood of referrals being returned for additional information. It supports timely access to the appropriate pathway.

About This Resource

This template was developed to support professionals in contributing the information that forms a key part of a well-rounded ASD referral. It provides a consistent structure for documenting developmental, communication, social, sensory, behavioural and functional information, helping ensure that nothing essential is overlooked. It can be used alongside a parent/carer evidence workbook or young person self-report, where available, so that home-based examples complement school/clinical evidence.

Why This Resource Matters

Through both personal and professional experience, I have seen how often referrals are returned due to missing or incomplete information. This creates avoidable stress for families and adds pressure to already stretched education and health services. This resource was created to ease that burden, supporting schools to share clear, complete information the first time, and helping children and young people access the right support without unnecessary delays.

Developed by:
Laura Prince / Pseudonym
BSc (Hons),
PGCert Neuroscience & Psychology of Mental Health

Key evidence checklist (Autism pathway)

☐ Cross-setting evidence (home + education/setting)
☐ Early developmental history (speech/language, play, social communication, sensory)
☐ Social communication profile (reciprocity, conversation, understanding of non-verbal cues)
☐ Restricted/repetitive patterns (routines, interests, insistence on sameness)
☐ Sensory and interoceptive differences (noise/light/touch/food, pain, toileting)
☐ Flexibility/transitions (predictability needs, shutdowns, meltdowns)
☐ Masking profile (camouflaging, post-school exhaustion)
☐ Mental health / neurodevelopmental co-occurrence (anxiety, ADHD, tics, DCD, learning difficulties)
☐ Safeguarding/vulnerability (bullying, exploitation risk, self-harm, attendance refusal)
☐ Evidence attached (SEN plans/EHCP, reports, observations, attendance, behaviour logs)

Primary care prompts (triage-quality referral)

Ensure the referral includes:
☐ Presenting concerns and functional impairment in daily life
☐ Cross-setting corroboration (school/setting report attached)
☐ Early development and red flags (language delay, social reciprocity, sensory)
☐ Physical health/hearing/vision/sleep; current medication
☐ Mental health screening (anxiety, depression, trauma); risk (self-harm/suicidality)
☐ Safeguarding context and current support plan/lead professional
☐ Requested service (Welsh CAMHS / Community Paeds) and urgency rationale

ASD Pathway Supporting Evidence Template

Individual Information

Name (Legal):	
Known as:	
Date of Birth:	
Gender identity (current):	
Gender assigned at birth:	
Pronouns:	
NHS Number:	
Date Completed:	
Information provided By:	
Referral Completed By (Name/Role/Service):	

Referral Triage Essentials (Pathway Screening)

Complete where known. This section supports administrative and clinical triage.

Settings impacted (tick all that apply):	☐ Home ☐ School/College ☐ Work ☐ Community ☐ Other: _____
Primary presentation:	☐ Predominantly inattentive ☐ Social communication differences ☐ Restricted/repetitive behaviours ☐ Sensory differences ☐ Demand avoidance profile (if relevant) ☐ Predominantly hyperactive/impulsivity (if relevant) ☐ Combined ☐ Unclear
Functional impairment/severity:	☐ Mild ☐ Moderate ☐ Severe	Brief example(s): _____
Differences present in early childhood (typically from early development): _____	☐ Yes ☐ No ☐ Unsure	Evidence/notes: _____
Informants contributing:	☐ Parent/Carer ☐ School staff ☐ Young person ☐ Employer ☐ Clinician/Other: _____
Current risk / safeguarding red flags:	☐ None known ☐ Self-harm/suicidality ☐ Exploitation ☐ Severe aggression ☐ Safeguarding plan in place
If any risk is flagged, lead professional & plan:	Name/Role: _____ Contact: _____ Plan/date: _____
Consent for information sharing:	☐ Consent obtained to share with referral service(s) ☐ Not yet obtained	Signed: _____ Date: ____/____/_____
Reasonable adjustments already trialled:	☐ Visual supports/timetables ☐ Predictable routines ☐ Transition support ☐ Sensory adjustments ☐ Reduced language load ☐ Social communication support ☐ Homework/assessment adjustments ☐ Other: _____

Standardised Measures & Evidence

Tick if completed/available. Attach copies where possible (or state where held).

Rating scales/screening tools completed (if available):	☐ SCQ ☐ SRS-2 ☐ CAST ☐ AQ (adolescent/adult) ☐ CARS-2 ☐ SDQ ☐ Other: _____	Dates: _____
School evidence attached:	☐ Recent report(s) ☐ Attendance/punctuality ☐ Behaviour log ☐ SEN plan/EHCP ☐ Exclusions/sanctions data
Clinical/therapy evidence attached:	☐ OT ☐ SALT ☐ CAMHS/Paeds letters ☐ Educational psychology ☐ Other: _____
Examples/logs attached:	☐ Home examples (dated) ☐ School examples (dated) ☐ Work/college examples ☐ Incident/risk log
Previous assessments/diagnoses:	☐ Autism ☐ Dyslexia/DCD ☐ Anxiety/depression ☐ Trauma/PTSD ☐ Learning disability ☐ Language disorder ☐ Other: _____ Details: _____
Where evidence is stored (if not attached):	e.g., School file / GP record / CAMHS record / Parent-held: _____

NAAvoices.com

Survivor-led voices, advocacy and evidence-informed resources

Brief Physical Health & Differential Screen

Sleep:	☐ No concerns ☐ Difficulty initiating ☐ Night waking ☐ Daytime sleepiness ☐ Suspected sleep disorder | Notes: _____
Hearing/Vision:	☐ Up to date ☐ Concerns ☐ Awaiting review | Notes: _____
Medical history relevant to attention/behaviour:	☐ None known ☐ Epilepsy ☐ Thyroid ☐ Anaemia ☐ Head injury ☐ Other: _____
Current medication/supplements:	List: _____ Any recent changes: _____
Substances/caffeine (young people/adults):	☐ Not applicable ☐ High caffeine ☐ Nicotine ☐ Alcohol/drugs | Notes: _____
Other factors that may mimic/worsen autistic presentation or increase support needs:	☐ Anxiety ☐ Depression ☐ Trauma ☐ Sleep deprivation ☐ Sensory overwhelm ☐ Environment ☐ Masking burnout Notes:

Comprehensive Assessment Information

1. Developmental History - (Early milestones, language, motor development, play, sleep/feeding, early differences noticed, early nursery/school feedback.)	
2. Communication - (Verbal/non-verbal communication, pragmatic language, processing time, literal interpretation, prosody, use of gestures/facial expression.)	
3. Social Interaction & Reciprocity - (Peer relationships, turn-taking, understanding social rules/cues, initiating/maintaining interaction, masking/camouflaging.)	
4. Play, Imagination & Interests - (Play style, imagination, special interests, intensity/duration,	

sharing interests, age-appropriateness.)	
5. Restricted/Repetitive Behaviours & Routines - (Repetitive movements/speech, rituals, need for predictability, resistance to change, transition difficulties.)	
6. Sensory Processing & Interoception - (Sensitivities, sensory seeking/avoiding, food textures, pain/temperature awareness, sensory overload triggers.)	
7. Executive Functioning & Flexibility - (Organisation, planning, time management, working memory, shifting attention, cognitive flexibility.)	
8. Emotional Regulation - (Meltdowns/shutdowns, overwhelm patterns, recovery time, triggers, support needed during dysregulation.)	
9. Behavioural Profile & Risk - (Escalation patterns, self-injury, aggression, elopement, exploitation risk, safeguarding concerns, behaviour plans.)	
10. School/College/Work Functioning - (Attainment vs expected, engagement, EBSA, exclusions/sanctions, reasonable adjustments, SEND/EHCP status.)	
11. Daily Living Skills & Independence - (Self-care, hygiene, eating, sleep routines, independence, support required.)	

12. Strengths, Interests & Motivators - (Strengths, protective factors, what works well, motivators, environments where the person thrives.)	
13. Mental Health & Neurodevelopmental Co-occurrence - (Autism, anxiety, OCD, tics, learning differences, ARFID, sleep, demand avoidance, services involved.)	
14. Family/Environmental Context, Trauma & Safeguarding - (Family stressors, transitions, bullying/discrimination, adverse experiences, current/historic safeguarding, interaction with neurodevelopmental needs.)	

School Summary & Recommendations (evidence to support referral)

Clinical Summary & Recommendations	
Strengths & Abilities:	
Referral Recommendation: (e.g. ASD assessment via community paediatrics / CAMHS / neurodevelopmental service/adult autism service, where applicable.)	
Priority Level:	☒ Routine ☐ Urgent ☐ Emergency
Additional Information:	

Document control: NAAVoices.com | ASD Pathway Referral Template | Supportive referral evidence (not a diagnostic tool).

Consent & Information Sharing

Consent obtained to share this document and any attachments with the receiving service and relevant education partners:

☐ Yes   ☐ No   ☐ Not applicable

Receiving service (e.g., Welsh CAMHS / Shropshire Community Paediatrics / Local SPA):

_____

If consent is not obtained, specify lawful basis for sharing (e.g., safeguarding/child protection):

_____

Name: _____   Role: _____   Signature: _____   Date: ____ / ____ / _____

Data Protection:

Information must be handled and shared in line with the UK GDPR, the Data Protection Act 2018, and local safeguarding and information-sharing policies.

NAAVoices.com

Survivor-Led • Neurodiversity-Affirming • Evidence-Informed

Scope & Disclaimer

These materials are provided for informational and educational purposes only. They do not constitute nursing care, clinical assessment, diagnosis, treatment, legal advice, or professional decision-making. Although created by a registered nurse, they are not delivered within a nurse–patient relationship and do not establish a duty of care.

Users remain responsible for seeking appropriate clinical, educational, safeguarding, or legal guidance from qualified professionals or statutory services. All content should be used in conjunction with local policies, safeguarding procedures, and professional standards.

All NAAVoices.com documents are designed to support clear, consistent, trauma-informed documentation and evidence-gathering. They complement, rather than replace, statutory processes, formal assessment tools, and clinical pathways.

Laura Prince / Pseudonym
RN, BSc (Hons)
PGCert Neuroscience & Psychology of Mental Health

NAAvoices.com

Survivor-led voices, advocacy and evidence-informed resources