



Aspect Assessments provide assessments for individuals with autism across the lifespan. A comprehensive assessment can identify developmental difficulties and determine the interventions, strategies and supports that will assist someone to reach their potential. Our assessments also include information about an individual's strengths, talents and interests so that support plans can be tailored to their particular goals and aspirations.

**Autism assessments (diagnostic assessments)** are conducted by our specialist staff who are trained in the use of gold standard assessment instruments (Autism Diagnostic Observation Schedule and Autism Diagnostic Interview). An autism assessment will determine whether someone has autism and provide detailed information about their strengths and support needs. For very young children (under 2) My Early Development assessment identifies any developmental delays and/or early signs of autism. We are able to provide cognitive (IQ) tests. Cognitive assessments or intelligence tests are used to determine learning capability by identifying cognitive strengths and weaknesses, and can assist with the development of individualised intervention and learning plans. Cognitive assessments help assist in the examination of giftedness, learning difficulties, and intellectual disability.

**My Support Profile** is a comprehensive assessment that can support people on the autism spectrum at times of transition (starting primary school or high school, preparing to leave school) or assist in accessing appropriate funding and supports (Helping Children with Autism Package, the National Disability Insurance Scheme, Disability Allowance). These assessments provide current information about social skills, behaviour, everyday living skills and current support needs.

Payment is on the day of the assessment and can be made using bank cheque, money order, credit card or EFTPOS. Please note that we cannot accept CASH payments. Enclosed is an intake form, consent form and background information questionnaires. If you would like to proceed with an assessment, please complete and return the applicable forms as soon as possible. Please include copies of any reports that have been previously completed (e.g. Paediatrician's report, psychometric assessment, speech and language assessment, school report). Once we have received the completed forms, we will be in contact with you to organise a suitable time for the assessment.

Please send all information to: Aspect Assessments, Autism Spectrum Australia (Aspect), PO Box 361, Forestville, NSW 2087 or email to: [assessments@autismspectrum.org.au](mailto:assessments@autismspectrum.org.au) or Fax: (02) 8977 8350.

Should you have any further questions, please do not hesitate to contact Customer Service on 1800 277 328.

## ASPECT ASSESSMENTS INTAKE FORM – ADULT

**Please indicate assessment required by ticking appropriate box in table below**

	ASSESSMENT TYPE	FOR AGES	COST WITH DIAGNOSTIC LETTER <sup>1</sup>	COST WITH FULL DIAGNOSTIC REPORT <sup>1</sup>
INITIAL ASSESSMENTS	<i>My Early Development</i>	12 months to 2 years	<input type="checkbox"/> 1340	<input type="checkbox"/> 1880
	<i>Autism assessment</i>	2 years onwards	<input type="checkbox"/> 1340	<input type="checkbox"/> 1880
	<i>Autism assessment with cognitive assessment</i>	2 years onwards	<b>N/A</b>	<input type="checkbox"/> 2595
REVIEW ASSESSMENTS (CHILD)	<i>My Support Profile</i>	4-18 years	<input type="checkbox"/> 1160	
	<i>My Support Profile with Cognitive assessment</i>	4-18 years	<input type="checkbox"/> 1790	
REVIEW ASSESSMENT (ADULT)	<i>My Support Profile</i>	18 years onwards	<input type="checkbox"/> 1160	
	<i>Plus IQ</i>	18 years onwards	<input type="checkbox"/> +630	
	<i>Plus Executive Functioning</i>	18 years onwards	<input type="checkbox"/> +350	
	<i>Cognitive assessment</i>	18 years onwards	<input type="checkbox"/> 1160	

<sup>1</sup>Diagnostic letter includes:

- Diagnostic conclusion
- Severity level
- General recommendations

Additional information in full report:

- Summary of family, medical, and developmental history
- Summary of previous interventions
- Full record of information obtained from assessment instruments
- Appendix outlining tailored recommendations i.e. strengths and support needs across functional areas for NDIS planning purposes.

### Checklist before submitting:

- Intake form and questionnaires completed
- Assessment type selected
- Case worker details provided (if applicable)
- NDIS plan attached (if applicable)
- Referral attached (if applicable)

## ASPECT ASSESSMENTS INTAKE FORM – ADULT

Name of client: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of birth: \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_ P/C: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is client of Aboriginal descent?  Yes  No

Is client of Torres Strait Islander descent?  Yes  No

Is this report required for a legal matter (e.g. Family Court)?  Yes  No

Client's Parent/Carer Details (if applicable):

Marital status of Parents (if applicable): \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C: \_\_\_\_\_

\_\_\_\_\_ P/C: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact person:  Client  Mother  Father

Will a family member be able to participate in the assessment?  Yes  No

Relationship to client: \_\_\_\_\_

Attending on the day/available for phone interview:  Yes  No

Contact number: \_\_\_\_\_

Payment will be made by:  Client  Parent

FaCS/Agency

NDIS\*



Name: \_\_\_\_\_ PH: \_\_\_\_\_

Email: \_\_\_\_\_



**Please provide  
contact details**

**Please provide a  
copy of the plan**

### Referral Details

Referred by:  Parent  Self  GP  Psychologist  Other: \_\_\_\_\_

*(Please attach/send copy of referral, if applicable)*

Name of Referrer (if other than parent/self): \_\_\_\_\_

Address: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

# Aspect Assessments Assessment Consent Form

Name of Client: \_\_\_\_\_

## Part A - Permission for Consultancy

I give permission for a professional from Autism Spectrum Australia (Aspect) to act as a consultant:

- to seek all relevant information as required from schools, clinics, and other educational and health services;
- to undertake any appropriate and relevant psychological assessments;
- to provide us/me and any other professionals/services involved, with advice and assistance with educational/behavioural programs that are appropriate and relevant;
- We/I understand that the service will provide us/me with any reports and assessments and that we/I as parent/s or guardian/s will be full participants in any and all decisions which might be made;
- We/I understand that all material will be treated with respect for our rights to privacy and confidentiality;
- We/I will advise Autism Spectrum Australia if this assessment has been requested as a result of any current legal proceedings, e.g. Family Court matter;
- We/I understand that fees for consultancy and assessment services will apply, as per attached Fee Schedule. Fees are payable at the time of the appointment.

Fees are negotiable in cases of financial difficulties, according to Autism Spectrum Australia policies.

## Part B – Consent to Maintain Records/Information

I hereby consent to Autism Spectrum Australia (Aspect) maintaining records (either paper or electronic format) about the services provided.

I understand that:

- these records are owned by Aspect;
- information within these records will be shared with other staff within Aspect on a 'need to know' basis, if and only when the staff require the information to carry out their duties;
- my consent will be obtained if any records need to be released to another agency or if another agency is contacted to provide information;
- I can ask to see records and receive a copy;
- records are archived by Aspect for a set period of time according to policy and will eventually be destroyed;
- photos/video footage may be kept in records but will not be used for any other purpose without consent;
- I understand that all information obtained will be kept confidential.

Name of Client/Parent/Guardian: \_\_\_\_\_

I acknowledge that I have read, understand and agree to the above information.

# Aspect Assessments Background Information

*For client to complete with assistance/input from carer if required*

1. Which of the following best describes your current speech/language abilities? (Please tick.)

- Nonverbal or uses single words only
- Uses short phrases e.g. "I want drink"
- Uses fluent speech i.e. talks in sentences

2. Please list up to 3 main current concerns or areas that you need assistance in.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

3. What supports, if any, are you currently receiving? e.g. psychology services, employment support, government funding (Disability Pension)?

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4. What do you think are your strengths? e.g. good memory, athletic, creative, math, reading.

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5. What do you think others like about you? e.g. kindness, honesty, reliability.

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6. What do you enjoy doing the most?

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7. What places or people bring out the best in you? Why do you think this is?



# Aspect Assessments ADULT INTAKE FORM

**Parent/family member to complete if possible**

**Name of client:** \_\_\_\_\_

**Relationship to client (e.g. parent, spouse, sibling):** \_\_\_\_\_

*The following questions will provide Aspect Assessments with preliminary information regarding the client's early years.*

	Yes	No
1. Did s/he enjoy playing games with other children easily?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did s/he come up to you spontaneously for a chat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was s/he speaking by 2 years old?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did s/he enjoy sports?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was it important to him/her to fit in with the peer group?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did s/he appear to notice unusual details that others miss?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did s/he tend to take things literally?	<input type="checkbox"/>	<input type="checkbox"/>
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g. play-acting being a superhero, or holding teddy's tea parties)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did s/he like to do things over and over again, in the same way, all the time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did s/he find it easy to interact with other children?	<input type="checkbox"/>	<input type="checkbox"/>
11. Could s/he keep a two-way conversation going?	<input type="checkbox"/>	<input type="checkbox"/>
12. Could s/he read appropriately for his/her age?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did s/he mostly have the same interests as his/her peers?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did s/he have an interest which took up so much time that s/he did little else?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did s/he have friends, rather than just acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did s/he often bring you things s/he was interested in to show you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did s/he enjoy joking around?	<input type="checkbox"/>	<input type="checkbox"/>
18. Did s/he have difficulty understanding the rules for polite behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
19. Did s/he appear to have an unusual memory for details?	<input type="checkbox"/>	<input type="checkbox"/>
20. Was his/her voice unusual (e.g. overly adult, flat or very monotone)?	<input type="checkbox"/>	<input type="checkbox"/>
21. Were people important to him/her?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
22. Could s/he dress him/herself?	<input type="checkbox"/>	<input type="checkbox"/>
23. Was s/he good at turn-taking in conversation?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did s/he play imaginatively with other children and engage in role-play?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did s/he often do or say things that are tactless or socially inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>
26. Could s/he count to 50 without leaving out any numbers?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did s/he make normal eye-contact?	<input type="checkbox"/>	<input type="checkbox"/>
28. Did s/he have any unusual and repetitive movements?	<input type="checkbox"/>	<input type="checkbox"/>
29. Was his/her social behavior very one-sided and always on his/her own terms?	<input type="checkbox"/>	<input type="checkbox"/>
30. Did s/he sometimes say "you" or "s/he" when s/he meant "I"?	<input type="checkbox"/>	<input type="checkbox"/>
31. Did s/he sometimes prefer imaginative activities such as playing-acting or story-telling, rather than numbers or lists of facts?	<input type="checkbox"/>	<input type="checkbox"/>
32. Did s/he sometimes lose the listener because of not explaining what s/he was talking about?	<input type="checkbox"/>	<input type="checkbox"/>
33. Could s/he ride a bicycle (even if with stabilisers)?	<input type="checkbox"/>	<input type="checkbox"/>
34. Did s/he try to impose routines on him/herself, or on others, in such a way that it causes problems?	<input type="checkbox"/>	<input type="checkbox"/>
35. Did s/he care how s/he was perceived by the rest of the group?	<input type="checkbox"/>	<input type="checkbox"/>
36. Did s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about?	<input type="checkbox"/>	<input type="checkbox"/>
37. Did s/he have odd or unusual phrases?	<input type="checkbox"/>	<input type="checkbox"/>

38. What is most likeable about this person?

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39. What does this person enjoy most?

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40. What are the strengths and/or talents of this person?

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41. How do you help to bring out the best in this person? For example, what do you do that helps him/her?



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42. What other places or people bring out the best in this person? For example: parks, workplace, organized activities, therapy services, education settings... Why do you think this is?

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