



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.

Children aged under 13 years of age are eligible for a Medicare rebate (approx. \$340.00) on our assessment fee (for autism assessments only), which is claimable after the assessment. In order to claim this rebate, the child must have been referred directly to our service by a private Paediatrician or Child Psychiatrist before the assessment date. In addition, the Paediatrician/Child Psychiatrist must trigger the appropriate Medicare item as part of the referral process.

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 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 - CHILD

Please indicate assessment required by ticking appropriate box in table below

| | ASSESSMENT TYPE | FOR AGES | COST WITH DIAGNOSTIC LETTER ¹ | COST WITH FULL DIAGNOSTIC REPORT ¹ |
|----------------------------|---|----------------------|--|---|
| 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 | N/A | <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 | |

* Medicare rebates may apply.

¹Diagnostic 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.

For school entry, it is highly recommended that a cognitive assessment is included in My Support Profile.

Checklist before submitting:

- Intake form and parent/teacher questionnaires completed (note: teacher questionnaire can be brought on the day of assessment)
- Assessment type selected
- Case worker details provided (if applicable)
- NDIS plan attached (if applicable)
- Referral attached (if applicable)

ASPECT ASSESSMENTS INTAKE FORM - CHILD

Full Name of Person (Client) to be assessed: _____

D.O.B.: ____/____/____ Country of birth: _____ Male Female

Is client of Aboriginal descent? Yes No Is client of Torres Strait Islander descent? Yes No

Is the client under the guardianship of Family and Community Services? Yes No **If yes, please provide current carer's contact details in the section below.**

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: _____

Name of preschool/school attending (if applicable): _____ Year: _____

Address: _____ P/C: _____

Contact person: _____ PH: _____

Email: _____

Is this child in a support class? Yes No

Referral Details

Referred by: Parent Self GP Paediatrician Psychologist Other: _____

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

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

Address: _____

Reason for referral: _____

Payment will be made by: Client Parent School FaCS/Agency NDIS*

Agency: _____

Contact name: _____

Phone number: _____

Email: _____



Please provide a contact

Please provide a copy of the plan

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 about our child;
- 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 confirm legal guardianship of this child.

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: _____

- Note: this consent form must be signed by a caseworker if the child is under the care of The Minister.

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

Aspect Assessments Parent/Carer Background Information Questionnaire

Name of Client: _____

*The following questions will provide Aspect Assessments with preliminary information about your child. Please answer these questions with **as much detail as possible**.*

Which of the following best describes your child's current speech/language abilities (please circle)

- Non-verbal or uses single words only
- Uses short phrases, e.g. "I want drink", "Daddy go car", "Mummy come here"
- Uses fluent speech, e.g. "I went to the shop and bought a lolly", "Last week I got an award for spelling".

1. Does your child regularly repeat words, phrases or sentences exactly as he/she has heard in the past, in an unusual way?

2. **For children with fluent speech only** - is it easy to have a conversation with your child?

3. Does your child look at people when talking/listening to them?

4. Does your child show interest in other children, e.g. watching them, talking to you about them, playing with them?

5. Does your child prefer to play on their own rather than with others?

6. Does your child ever approach other people inappropriately?

7. Does your child seem aware of or interested in the feelings of others?

8. Does your child spontaneously offer comfort to others if they are hurt, ill or distressed?

9. Does your child have any special routines or things that he/she likes to do in a particular way or order?

10. How does your child cope if his/her activities are interrupted?

11. Has your child become preoccupied or obsessive about a particular object/subject or activity?

12. Does your child regularly display any unusual physical mannerisms or repetitive body movements e.g. hand flapping or flicking, toe walking, spinning?

13. Does your child have any unusual sensory interests or activities e.g. sniffing books, over sensitivity to particular noises or touch?

14. What is most likeable about your child?

15. What does your child enjoy doing most?

16. What do you think are your child's strengths?

17. How does your family bring out the best in your child? For example, what do family members do that helps him/her?

18. What other places or people bring out the best in your child? For example: parks, organized activities, therapy services... Why do you think this is?

Aspect Assessments Teacher/Service Provider Questionnaire

To assist with our assessment, we would greatly appreciate you completing this questionnaire. Please answer these questions with **as much detail as possible** as your observations and comments are a critical component of the assessment process.

Name of Client: _____

School/Centre: _____

Name of person completing this questionnaire: _____

Role (e.g. Teacher, Director, Speech Therapist, etc): _____

Contact number: _____ Email Address: _____

Date questionnaire was completed: _____

Communication

1. Which of the following best describes this child's current speech/language abilities (please circle)

- Nonverbal or uses single words only
- Uses short phrases, e.g. "I want drink", "Daddy go car", "Mummy come here"
- Uses fluent speech, e.g. "I went to the shop and bought a lolly", "Last week I got an award for spelling".

2. Does this child regularly engage in reciprocal conversation with peers?

3. Does this child regularly repeat words, phrases, or sentences exactly as he/she has heard in the past?

4. Does this child play imaginatively with other children?

Social Skills

1. Does this child show interest in their classmates?

2. Does this child have any particular friends or a best friend?

3. Does this child regularly show and share their interests and achievements with others?

4. Does this child spontaneously offer comfort to others if they are hurt, ill, or distressed?

5. Does this child have any difficulties with group work or cooperative play?

6. Does this child consistently respond to the social approaches of others?

7. Does this child make appropriate eye-contact?

8. Does this child use gesture to communicate e.g. pointing, beckoning someone to come, using their hands to indicate size or direction?

Interests, Behaviours, & Skills

1. Does this child have any strong or unusual interests?

2. Does this child have difficulty with changes in routine or at times of transition?

3. Does this child regularly display any unusual physical mannerisms or repetitive body movements e.g. hand flapping or flicking, spinning?

4. Does this child regularly display any unusual sensory interests or sensitivities e.g. sniffing books, over-sensitivity to particular noises?

Academics

1. How is this child or young person doing academically in comparison to peers (e.g. previous numeracy/literacy results)?

Requires significant curriculum adaptation

Below average

Average

Above average

2. What are the child's academic challenges?

3. Does this child require additional supports in the classroom or playground?

No

Yes (please provide details):

Strengths

1. What do you think is most likeable about this child?

2. What are this child's favourite hobbies or activities?

3. What do you think are this child's strengths?

4. What aspects of school help to bring out the best in this child? For example: strategies, subjects, activities, peers/staff...
