



## Who's this for?

Parents, caregivers, families and whānau of children aged 0-9 years with a recent diagnosis of autism.

#### Where is the programme available?

This programme is available throughout New Zealand. There is no cost to attend the programme.

#### Referral criteria:

• A child with an autism diagnosis.

For younger children under the age of 5 years, we can accept a provisional diagnosis where the child is undergoing assessment and it is understood that the diagnosis is highly likely to be confirmed. Children aged 5 and above need to have a confirmed diagnosis.

- Referral received prior to the child's 10th birthday.
- Referrals can be made by parents, ASD Coordinators, health professionals within child development services, early childhood services, NASC coordinators.

Exploring Autism is a group based programme, although in exceptional circumstances this can be delivered individually.

### Topics covered:

- Social communication
- Sensory processing

- Introduction to autismThinking and learning
- Supporting stress, anxiety and behaviour
- Next steps into the future
- **Client Details** Name of child DOB referred NHI Address Ethnicity lwi/Hapu Gender (please specify) Preferred language Interpreter needed (y/n) General Name **Diagnosis** (including practitioner secondary diagnosis) Practice Phone Legal Status -Person(s) with legal child status (if applicable) (e.g. 141, 145 order) Name Person who made **Diagnosis** date diagnosis Service (Paediatrician / Psychiatrist) Phone NASC Coordinator Other services involved (name and details)

Parent / Guardian Details			
Name (s)		Address (if different from above)	
Contact details	Phone		
	Mobile		
	Email		

Referrer Details (if different from above)			
Name		Date of referral	
Role with child		Contact details	Phone
			Email

**Referral Consent** 

This referral has been	discussed with	the person	and/or their	guardian a	nd agreement	gained for E	xplore
involvement.							

# Alerts

Identify any known risks (environmental, people, animals etc...)

Additional Information			
Other programmes or education workshops attended			
Other services involved now or previously			
Any other relevant information			
Please provide details of adult family/whānau members interested in participating in the Exploring Autism Programme e.g. parent, grandparent, aunt, support person, teacher etc.			
Name and relationship to child		Name and relationship to child	
Name and relationship to child		Name and relationship to child	
Name and relationship to child		Name and relationship to child	
If there are any days and times you are <b>not able</b> to participate in the programme, please indicate here			
Days		Times	

Please note:

- Where there is a presentation of behavioural challenges that are causing concern or presenting a risk to self or others, then a referral to Explore's behaviour support service would be more appropriate via the NASC.
- Where there is an identified need for more than one Explore service at the same time, please don't hesitate to contact us prior to referral to discuss the best referral outcomes. In most cases we would recommended that families are supported to access one service at a time.

Please attach relevant information regarding diagnosis or other specialist / psychological reports.