**Neurodevelopmental Pathway**

**Early Intervention Record**

**Student name:**

**School:**

|  |
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| **Section 1: Information about Strengths and Needs** |

This section was completed at a meeting held on DATE by NAME. The following people were present at the meeting:

**NB. The information gathered should reflect how the young person presents at home and at school.**

**Strengths**

|  |  |
| --- | --- |
| What are the young person’s strengths? |  |

**Social Communication**

|  |  |
| --- | --- |
| How does the young person relate to adults?  e.g. their ability to ‘read’ and respond appropriately to the intentions and feelings of others |  |
| How does the young person relate to peers?  e.g. their ability to ‘read’ and respond appropriately to the intentions and feelings of others |  |
| How well is the young person able to work independently? |  |

**Flexibility**

|  |  |
| --- | --- |
| How well is the young person able to handle being in structured situations?  (e.g. in class: following class rules and routines, coping with chatter while working, ignoring distractions, coping with changes to the usual routines; in the community: going to group events) |  |
| How well is the young person able to handle being in unstructured situations?  (e.g. play and social time at home and school) |  |
| Does the young person show any repetitive patterns of behaviour and/or very intense interests? |  |

**Other concerns**

|  |  |
| --- | --- |
| Does the young person have any sensory needs? |  |
| Does the young person have any worries or anxieties? |  |
| Are there any concerns about self-help skills, and/or personal organisation? |  |

**Academic Progress**

|  |  |
| --- | --- |
| At what academic level is the young person currently working?  (above expected levels for age, at expected levels for age, below expected levels for age) |  |

**Intervention**

|  |  |
| --- | --- |
| What interventions have been tried with the young person? | **How did the young person respond to the intervention?** |
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|  |  |
|  |  |
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| **Section 2: Desired Outcomes** |

This section details the outcomes that were agreed as priorities for NAME OF YOUNG PERSON at the initial meeting.

|  |  |
| --- | --- |
| Outcome 1 |  |
| Outcome 2 |  |

|  |
| --- |
| **Section 3: Intervention Plan** |

This section details the support that has been provided to help NAME OF YOUNG PERSON reach the agreed outcomes.

|  |  |
| --- | --- |
| Support Provided |  |

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| --- |
| **Section 4: Progress toward outcomes** |

This section was completed at the Review meeting held on DATE. The following people attended this meeting:

The table below provides details of the progress that has been made and the areas of continuing concern.

|  |  |
| --- | --- |
| Progress towards outcome 1 |  |
| Progress towards outcome 2 |  |

|  |
| --- |
| **Section 5: Further Support** |

This section was completed at the Review meeting. It details the actions that will now be taken to support NAME OF STUDENT

[Please delete as appropriate]

|  |  |
| --- | --- |
| Ongoing support in school |  |

|  |  |
| --- | --- |
| Referral to other Agencies |  |

|  |  |
| --- | --- |
| Referral for Specialist ASD Assessment |  |

