 

**MERTON AUTISM OUTREACH SERVICE (MAOS)**

**School Referral Form**

**Request for Merton Autism Outreach Service Involvement**

**Childs Name:** **School: ­­**

**Year Group: School Address:**

**Home Borough:**

**D.O.B:**

 **Class Teacher: School Tel No:**

 **SENCO: SENCo Email:**

 **Please tick boxes as appropriate**:

Previously referred to MAOS

ASD Diagnosis SEN Support

Social Communication Difficulties/Disorder EHCP/Statement

 **Referred by: Position:**  **Email:**

 EP Involved:

**Parents/Carers details**:

Name:

Address:

Home No: Mobile:

**Parent signature:**

*In signing the above I am indicating**consent for involvement**of**MAOS**and**give permission for MAOS to contact other involved agencies/professionals to discuss and share information about my child*

Is this a looked after child? YES NO

If YES who has parental responsibilty?

**Services working with this child or young person e.g. CAMHS, SALT**

**Name of Service: Name of Service:**

**Address: Address:**

**Tel No: Tel No:**

**Name of Service: Name of Service:**

**Address: Address:**

**Tel No: Tel No:**

**What strategies are already in place? What has been sucessful?**

**Aims of service involvement:**

Please outline specific objectives or areas requiring support

**Thank you for completing this form.**

Please retain a copy for the pupil’s file and return to:

Bonnie Brown (MAOS)

Cricket Green School

Lower Green West

Mitcham

CR4 3AF

Tel No: 020 8640 1177