



CYPAS Teacher Liaison Form

Name of Child:		Completed By:	
Date of Birth:		Position:	
School:			

Please complete in as much detail as possible, commenting on both strengths AND difficulties in all areas.

General Concerns

Communication skills (verbal)

Initiates conversation with peers/adults? Two way conversation? Turn take in conversation? Understand jokes/humour? Follow instructions/sequences?

Communication skills (non-verbal)

Do they use a range of gestures? Express themselves appropriately? Eye Contact? Understand facial expressions? Emotions? Chance of tone of voice?

Interaction with others (relationships with peers and adults)

Do they have friends? Stable friendships? Others perspectives? Understanding of who's a friend/stranger?

Understanding social rules

Personal Space? Contextual changes in social environments? Empathy/ Lack of empathy? Turn Taking/ Sharing?

Rigidity of behaviour (coping with change)

Frequent questioning? Repetitive Behaviours? Transitions in school? Unexpected change? Coping with mistakes?

Rigidity of thought (accepting opinions, special interests)

Obsessions? Talking about the same topic/interests?

Sensory Concerns

Smell? Sight? Sound? Taste? Touch?

Thank you for completing and returning this form, this is a vital part of the on-going assessment.
Please return to CYPautismservice@mpft.nhs.uk once completed.