



# Adult Service

## Third Party Questionnaire

To whom it may concern,

The above adult is undergoing an assessment and it is important that we gather information with regard to their social functioning within multiple environments.

This questionnaire looks at a range of areas and we would appreciate if you could complete this at your earliest convenience.

We really appreciate you taking the time to do this.

<b>Adult's Name:</b>	
<b>Adult's DOB:</b>	
<b>Current workplace:</b>	
<b>Your name:</b>	
<b>Your relationship to the named adult:</b>	

<b>Social Communication</b>	<b>Never Observed</b>	<b>Sometimes Observed</b>	<b>Frequently Observed</b>
Voice sounds unusual, e.g., due to volume, tone, high/low pitch, speed of speech.			
Unusual/absent/inconsistent facial expression; please describe:			
Unusual/absent/inconsistent eye contact with others; please describe:			
Can struggle to make needs known to others			
Can struggle to describe something that has happened			
Can be literal in understanding of language			
Tendency to use precise and pedantic speech			
Can struggle with conversation, e.g., poor listening, lack of response, talking over another person; please describe:			

<b>Social Interaction</b>	<b>Never Observed</b>	<b>Sometimes Observed</b>	<b>Frequently Observed</b>
Can have difficulty interacting with others:			
Has difficulty taking part in group tasks; please explain:			
Presents as unaware or insensitive to the needs of others			
Expresses anger or frustration in an inappropriate way; please describe:			
Seems unaware of social conventions/rules/norms within the work setting			
Can be inattentive to others			
Doesn't 'get' social humour, jokes, sarcasm or banter			
Tendency to treat adults and peers in the same way			

<b>Social Imagination, Creativity &amp; Flexibility of Thought</b>	<b>Never Observed</b>	<b>Sometimes Observed</b>	<b>Frequently Observed</b>
Has difficulty with Imagination			
Has difficulty with creating sentences or coming up with short stories			
Requires specific instructions before beginning tasks			
Requires extensive input and direction to complete tasks			
Needs an excessive amount of reassurance if routines change or something goes wrong			

<b>Other Behaviours</b>	<b>Never Observed</b>	<b>Sometimes Observed</b>	<b>Frequently Observed</b>
Demonstrates sensory behaviours (sensory-seeking or sensory-avoiding); please describe:			
Engages in mannerisms such as hand flapping, finger flicking/twisting or facial grimacing			
Can be clumsy or uncoordinated in relation to daily tasks			
Talks, writes or draws about a subject excessively; please describe:			
Displays advanced knowledge or skill in certain areas; please describe:			
Has difficulty organising self and belongings			

**Do you have any strategies currently in place to support this person? Please describe:**

**In your opinion, does this person present with any differences in their social communication skills? Please describe:**

**What would you describe as this person's strengths?**

**In your opinion, what are the named person's main challenges?**

**Please note any additional information which you feel might be relevant:**

--

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Date:</b>	