

The Teen Life programme aims to empower parents and supporting professionals to understand more about how autism is experienced by autistic teenagers. It creates opportunities to discuss useful strategies and share ideas to support people with autism through their teen years. Parents/caregivers can elect to have a professional accompany them in the programme but this not compulsory and is restricted to one person.

The number of places in each programme are limited and will be allocated on a 'first received' basis. The programme is comprised of 6 sessions, typically held weekly. Can you please ensure that families have the capacity to attend all 6 sessions.

This programme covers the following areas:

Session 1

- Autism in teenagers
- Hidden presentation in women and girls
- The autistic perspective

Session 4

- Puberty
- Independence skills

Session 2

- Understanding your diagnosis
- Understanding intense interests
- Managing expectation

Session 5

- Stress and anxiety
- Understanding behaviour

Session 3

- Self-esteem
- Spending time with other people

Session 6

- Education
- Planning for the future

Referral criteria:

- Parents/caregivers of an autistic child aged between 10 and 15 (up to 16th birthday). Up to two family members and a supporting professional can attend (with parental permission)
- Referrals can be made by parents or by ASD coordinator (with the families permission)
- Availability to attend the programme on the dates specified below

Programme details referring to			
Location		Date commencing	
Session dates and times			

Client details			
Name of young person referred		DOB	
		NHI	
Address		Ethnicity	
		Iwi/Hapu	
		Gender (m/f)	
Preferred language		Interpreter (y/n)	
General practitioner	Name Practice Phone	Diagnosis (including secondary diagnosis)	
Legal Status – Child (e.g. 141, 145 order)		Person(s) with legal status (if applicable)	
Person who made diagnosis (Paediatrician / Psychiatrist)	Name Service Phone	Diagnosis date	
Other services involved (name and details)		NASC Coordinator	

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

Who will be attending the Teen Life programme?

Name of family member(s) attending and relationship to child	
Name professional (s) attending and role in young person's life	

Referral Consent

This referral has been discussed with the person and/or their parent/guardian and agreement gained to make this referral for participation in the Teen Life programme.	yes/no

Parent Education referral – additional Information

Other programmes or education workshops attended	
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