

Autism Team Questions
Teacher Interview & Questionnaire
Elementary Students

Student Name: _____

Name of person completing form: _____

How long have you known this student? _____

Date: _____

Directions:

Please answer the following questions based on your observations. Feel free to give specific behavior examples. Thank you for taking the time to contribute to this student's evaluation.

Please tell us strengths about and what motivates your student:

Quantitative Impairments in Social Interaction:

Please use check marks to indicate your answers.

1. When interacting with other students his/her own age, does the student (check all that apply):

_____ Initiate contact with others
_____ Avoid the contact with others
_____ Avoid eye contact
_____ Offer to share objects with other children

What does the interaction look like?

2. Do they have a particular friend or best friend?

_____ Yes
_____ No

What does his/her behavior reflect when interacting with the friend (ie. are they empathetic, do they smile at the friend, are they showing interest in the friendship, etc.)?

3. When asked to work within a small group or in a small group on an assignment is the student able to actively participate with peers?

_____ Yes
_____ No

4. Does the student offer to help peers?
_____ Yes
_____ No
5. Are there any concerns with the student being teased by peers or difficulties with being accepted by his/her peer group?
_____ Yes
_____ No
6. Can you identify by observing the student's facial expressions and non-verbal behaviors when he/she is happy, angry, anxious?
_____ Yes
_____ No
7. From your observations, does he/she appear aware of the moods of others around him/her by reading the non-verbal cues of others (ie., inclusion/exclusion in friend groups)?
_____ Yes
_____ No

Qualitative Impairment in Communication:

1. Does the student demonstrate the following during conversation?
_____ Initiate the conversation
_____ Turn taking within the conversation
_____ Bringing up appropriate topics
_____ Staying on topic
2. Does the student ever talk with you just to participate in conversation?
_____ Yes
_____ No
3. How does the student let you know he/she wants help in the classroom? (Check all that apply)
_____ Raises hand
_____ Move to where the adult is to seek out help
_____ Sits passively and waits for the adult to address them
_____ Verbal request without raising hand
_____ Other (please describe)
4. Please CHECK the following non-verbal behaviors that you have observed the student to consistently use:
_____ Spontaneously points at items in the environment
_____ Shakes his head to indicate "yes" or "no"
_____ Establishes eye contact when speaking with others

_____ Uses hands while talking (gestures)
_____ Avoids looking at others when his/her name is called

5. Is there ever a need to interrupt the student from continuing to talk because they have missed the cue to stop?

_____ Yes
_____ No

6. Does the student use any of the following speech and language patterns (Please CHECK all that apply)?

_____ Tending to use odd phrases or saying the same thing over and over in almost the same way.
_____ Echolalia (exact repetition speech)
_____ Delayed echolalia (exact or partial repetition of speech that is produced at a significantly later time after originally heard; e.g., repetition of segments from videos or books)
_____ Idiosyncratic speech (e.g., indirect ways of saying things such as “hot rain” for “steam”)
_____ Use of formal speech or unusual advanced vocabulary that is discrepant from same-aged peers with similar cognitive profiles
_____ Inconsistent or incorrect pronoun use (e.g., “you want a drink” instead of “I want a drink”)

Restricted, Repetitive or Stereotyped Patterns of Behavior:

1. Does the student have any special hobbies or interests that are unusual in their intensity or unusual for his/her age?

_____ Yes
_____ No

If yes, please DESCRIBE the interest.

Does he/she share this interest with others?

_____ Yes
_____ No

Does it seem at all compulsive or does it interfere with his/her doing things? For example, reading a book about a favorite topic when he/she needs to complete work in class.

_____ Yes
_____ No

2. Are there things that the student seems to have to do in a very particular way or order, that is, rituals that he/she has to do (e.g., putting things in a special place or an order)?

_____ Yes

_____ No

If yes, please explain the pattern of behavior.

Are there things that he/she insists that YOU, as the teacher, do in a specific way or order?

_____ Yes

_____ No

How does the student react if he/she is UNABLE to complete the whole sequence or is disrupted during the course of his/her actions?

3. Any odd ways of moving hands or fingers? If yes, please describe.

_____ Yes

_____ No

4. Any complicated movements of his/her whole body (e.g., spinning, repeatedly bouncing, arm flapping while rocking)? If yes, please describe.

_____ Yes

_____ No

Are the movements, big or small, disruptive to the learning environment?

5. Does the student ever collect or gather certain objects? If yes describe and what do they do with them (ie., line them up, do the same thing over and over, etc)?

_____ Yes

_____ No

6. Does he/she seem particularly interested in the sight, feel, sound, taste or smell of things or people? (Check all that apply)

☐ Sniffing objects
☐ Feeling the texture of things
☐ Looking at things for long periods of time
☐ Licking or tasting objects to see how they feel or taste
☐ Hypersensitivities to the environment /clothing
☐ Comments on changes in the environment
☐ Dislike of being too close to others
☐ Frequently fidgeting
☐ Staring

School-Related Questions:

1. Check all that apply regarding the student's ability to handle TRANSITIONS throughout the school day:

☐ Same as peers
☐ Occasionally needs additional time
☐ Occasionally needs additional cues
☐ Consistently needs warning of upcoming transitions
☐ Needs SIGNIFICANT adult support

What happens if the transitions are not announced?

Can they follow a daily schedule?

2. Is the student distressed by changes during his/her school day?

☐ Yes
☐ No

If yes, check any of the following situations that might cause the student distress.

☐ Substitute Teacher
☐ Changes in room arrangement
☐ Working in new groups
☐ Unpredictable change in schedule
☐ Favorite items not available

3. Please check the statements that best describe the student's ability to follow directions.

☐ Same as peers
☐ Requires directions repeated
☐ Requires visual demonstrations
☐ Needs directions to be broken down
☐ Additional processing time needed
☐ Ability to shift attention

4. Is the child able to attend at the same level as their peers? If no, please describe.

☐ Yes
☐ No

5. Organizational Skills and Classroom Management skills:

Is student able to complete tasks within classroom (at skill level)

☐ Yes
☐ No

Able to complete homework assignments at a passing grade level?

☐ Yes
☐ No

Does the student manage materials required for class?

☐ Yes
☐ No