Autism Team Questions
Teacher Interview & Questionnaire
Middle School & High School Students

Student Name: _____

Name of person completing form: _____

What is your role with this student?_____

How long have you known this student? _____

Date of completion: _____

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.

<u>Quantitative Impairments in Social Interaction</u>:

Please use check marks to indicate your answers.

1. When interacting with other students his/her own age does the student initiate the contact?
   _____ Yes
   _____ No

2. During passing times between classes or before class starts, does the student converse with peers?
   _____ Yes
   _____ No

   What does his/her behavior look like during this time? (Examples)

3. When asked to work within 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. Does the student have a best friend or does he/she associate with a peer group?
   _____ Yes
   _____ No

When observed at lunch, in the hallways, after school, or during class does the student typically "hang-out" and socialize with others?
   _____ Yes
   _____ No

6. Are there any concerns with the student being teased by peers or difficulties with being accepted by his/her peer group?
   _____ Yes
   _____ No

Is the student typically observed alone or with peers?
   _____ With Peers
   _____ Alone

Any behaviors that interfere with developing same-aged friendships? (Please provide examples)

7. Does the student share his/her interests with others or share enjoyment (i.e., smiling, laughing, remaining engaged in the interaction) with peers or teachers?
   _____ Yes
   _____ No

Have you observed the student to be able to share humor with others (i.e., jokes, expressions)?
   _____ Yes
   _____ No

8. When interacting with others do the student's facial expressions match the social situation he/she is in? For example, laughing during a serious conversation.
   _____ Yes
   _____ No

9. Can you identify by observing the student's facial expressions and non-verbal behaviors when he/she is happy, angry, anxious?
   _____ Yes
   _____ No

10. From your observations does he/she appear aware of the moods of others around him/her by reading the non-verbal cues of others?
   _____ Yes

_____ No

<u>Qualitative Impairment in Communication</u>:

1. When approached by peers and adults does the student respond to direct questions?
   _____ Yes
   _____ No

   Does the student ask another question to keep the conversation going?
   _____ Yes
   _____ No

2. 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)

3. 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)

4. When asked to write a creative story or to use imagination within an assignment is the student successful?
   _____ Yes
   _____ No

5. Does the student demonstrate understanding of the following (Check all that apply).
   _____ Figurative language
   _____ Idioms
   _____ Inferences
   _____ Have not observed/not enough information

6. Is the student able to talk about a variety of topics in conversation?
   _____ Yes
   _____ No

7. Is the student able to stay on topic during class discussions?
   _____ Yes
   _____ No

8. Is there ever a need to interrupt the student from continuing to talk because they have missed the cue to stop?
   _____ Yes
   _____ No

9. 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 repletion 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

5. Does the student ever collect or gather certain objects? If yes describe.

   _____ Yes

   _____ No

   Does he/she ever line things up or do the same thing over and over with them?

   _____ 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

<u>School-Related Questions</u>:

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

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.
_____ Pop quiz
_____ 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

4. 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

Any differences between the student's performance on:
_____ tests versus _____ on written assignments? (indicate strength)

Is the student able to independently use and follow organizational strategies for your class? (e.g., assignment planner)
_____ Yes
_____ No

Does the student manage materials required for class?
_____ Yes
_____ No