Autism Team Questions
Teacher Report Form
Elementary Students

Student's Name:_____ Date: _____ Evaluator:_____

Qualitative Impairments in Social Interaction:

1. How does _____ interact/play with other students his own age when there are more than two together? What does the interaction look like? Imitative play present? Would he/she ever initiate the contact?

2. When others approach him/her how does she/he react? Does he/she ever actively avoid other children?

3. Does he/she have any particular friends or a best friend?

4. Does he/she ever show you things that interest him/her? Offer to share things with you or other children? Does _____ever seem to want you to share in his/her enjoyment of something (smile to show pleasure)?

5. Does his/her facial expressions/emotional reactions usually seem appropriate to the particular situation as far as you can tell? How does he/she show feelings? Does _____ever try to comfort others if they are sad, hurt, or ill?

6. How does _____ let you know he/she wants help or to gain your attention? Does he/she look directly at a person when someone is trying to attract his/her attention?

Qualitative Impairment in Communication:

1. Does _____spontaneously point at things around him/her? How about other common gestures (to elicit help or attention)? Shakes head yes or no? Does he/she avoid looking at others when his/her name is called? How does _____ask for things he/she wants (or does he/she avoid doing this?)?

2. Does _____ engage in pretend games or play? How about imaginative play or his/her ability to make up stories?

3. Would _____ever talk with you just to participate in some form of conversation? Does initiate conversation with peers or adults? If not asked a direct question will he/she build on the conversation?

4. Can _____ bring up appropriate/variety of topics in conversation? Are there times when _____ uses socially inappropriate questions or statements (e.g. asking personal questions or making comments at awkward times)?

5. Has _____ ever tended to use rather odd phrases or say the same thing over and over in almost the same way? If yes, what happens if you interrupt him/her or refuse to comply? Any examples of echolalia or delayed echolalia?

6. Does he/she ever use words that he/she seems to have invented or made up by himself/herself? Does _____ ever put things in odd, indirect ways or have "idiosyncratic" ways of saying things such as "hot rain" for "steam"?

7. Has _____ ever got his personal pronouns the wrong way around (e.g. "you want a drink" instead of "I want a drink")?

Restricted, Repetitive or Stereotyped Patterns of Behavior:

1. Does _____ have any special hobbies/interests that are unusual in their intensity? Does he/she share this interest with others? Does it seem at all compulsive? Does it interfere with his/her doing things?

2. Are thing that _____ seems to have to do in a very particular way or order, that is, rituals that he/she has to do or has to have you do (e.g. putting things in special places/order)? How does he/she react if unable to complete whole sequence or is disrupted during the course of his/her actions?

3. Does _____ have any odd ways of moving his/her hands or fingers (e.g. flicking fingers in front of eyes)? Do they interfere with getting things done and what happens if you try to get him/her to stop? Any circumstances in which this behavior increases (e.g. stress)?

4. Any complicated movements of his/her whole body (e.g. spinning, repeatedly bouncing, and arm flapping while rocking)? Interfere with other activities and what happens if you attempt to stop him/her?

5. How does he/she play with his/her toys or objects around him? Are objects used as they are intended or is the focus on parts of the object? Does he/she ever collect or gather together certain sorts of objects and if yes what does he/she do with them? Does he/she ever line things up or do the same thing over and over with them?

6. Does he/she seem particularly interested in the sight, feel, sound, taste or smell of thing or people? Examples may include: 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. Any hypersensitivity to the environment/clothing?

School-Related Questions:

1. How does ____handle transitions throughout the school day (e.g. activity to activity, room to room)? What if transitions are not announced? Can he/she follow the daily schedule (i.e. is a visual needed)?

2. How does ____handle changes in the daily routine? What if you give them warning of the change ahead of time? What if the environment is changed or imperfect (e.g. overhead crooked, materials moved)?

3. How does _____follow verbal directions? Do you need to often repeat directions and visually show him/her what needs to be done? How is his/her ability to attend during school? Is he/she able to quickly shift attention to a new task?

4. What is motivating to the child? Any particular likes and dislikes?

5. Is the child able to complete tasks (i.e. at skill level) independently?

Adapted from Lord & Rutter, Autism Diagnostic Interview – R. Third Edition-Short Form