

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.

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 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

Qualitative Impairment in Communication:

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 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

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

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

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