Behaviors That May Be Personal Challenges For A Student With An Autism Spectrum Disorder

These forms were adapted from the Technical Assistance Manual on Autism for Kentucky Schools, which is an excellent resource for parents, teachers, and special education personnel. For information on how to receive a copy of this manual, please contact:
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The cost, which will be nominal in order to cover copying costs, has not yet been determined.

Student’s Name: ______________________ Date: _______________ Evaluator: ____________________________

Please indicate with a check mark (✓) which of these statements describe this child's behavior.

Qualitative Impairments in Social Interaction: ____________________________ Comments: ____________________________

✓ wanting and needing to be left alone at times
✓ trouble with back and forth social interactions
✓ inability to respond to social cues
✓ inability to understand how someone else might feel
✓ inappropriate giggling or laughing
✓ impaired imitation - not engaging in simple games of childhood
✓ not accepting cuddling, hugging, touching unless self initiated
✓ lack of socially directed smiles when young
✓ little sense of other people’s boundaries
✓ engaging in stereotypic question asking as interaction pattern
✓ inappropriately intrusive in social situations
✓ mimicking actions from TV, but not in reciprocal manner
✓ inappropriate use of eye contact, avoidance or extended staring
✓ poor use of non-verbal gestures
✓ trouble with competition, i.e. winning, losing, being first

Qualitative Impairments in Communication:

✓ problems with pronouns
✓ problems getting the order of words in sentences correct
✓ problems answering questions
✓ problems responding to directions
✓ problems understanding jokes
✓ problems understanding multiple meaning of words
✓ problems understanding sarcasm, idioms, and figurative speech
✓ echoing what is said directly, later, or in a slightly changed way
✓ low spontaneously initiated communication
✓ difficulty understanding abstract concepts
✓ difficulty with concepts that are time bound or lack concreteness
✓ difficulty with long sentences
✓ difficulty when verbalizations are too fast
✓ problems with reciprocal conversations
✓ problems using speed, tone, volume appropriately
Restricted Repetitive & Stereotyped Patterns of Behavior, Interests & Activities:

_____ repeatedly watching videos or video segments
_____ lining up and/or ordering objects
_____ strong attachment to inanimate objects (springs, bottles)
_____ fascination with movement (spinning wheels, fans, door & drawers)
_____ pacing or running back and forth, round and round
_____ exploring environment through licking, smelling, touching
_____ very sensitive to sounds (May have acted as if deaf as baby)
_____ insistence on routines, resisting change
_____ negative reaction to change in environment
_____ perfectionist, problems with correction or “mistakes”
_____ difficulty with unstructured time
_____ difficulty waiting
_____ impaired response to temperature or pain
_____ staring at patterns, lights, or shiny surfaces
_____ lack of fear of real danger
_____ excessive fearfulness of some harmless objects or situations
_____ defensive to touch that isn’t self initiated
_____ history of eating problems
_____ history of sleeping problems

Learning Characteristics:

_____ uneven profile of skills
_____ well developed long term memory
_____ ability to manipulate items better than paper-pencil abilities
_____ over and under generalization of learning
_____ good visual skills
_____ hyperactivity
_____ short attention span to some activities and not to others
_____ impulsivity
_____ delayed response time
_____ problems organizing
_____ sequential learner
_____ needs help to problem solve

Observable Problem Behaviors:

_____ aggression - biting, hitting, kicking, pinching
_____ self-injurious behaviors - biting, hitting, pinching, banging parts of body
_____ temper tantrums
_____ screaming, yelling
_____ noncompliance and refusal to move, to do things
_____ eating problems
_____ sleeping problems
_____ toileting problems
_____ low motivation

Possible Motor Problems:

_____ clumsiness
_____ balance
_____ stiffness
_____ motor planning - can’t seem to make body do what it needs to do
_____ motor fatigue - tired easily
_____ strength
_____ perceptual motor, spacing, sequencing, printing, writing
_____ initiation - can’t seem to be started in motor acts
Possible Sensory Challenges: Risk Factors

Sound/Auditory
_____ has been diagnosed with hearing problems at some time
_____ reacts to unexpected sounds
_____ fears some noises
_____ distracted by certain sounds
_____ confused about direction of sounds
_____ making self-induced noises
_____ likes sounds that are constant and mask outside sounds
_____ other __________________________

Sight/Vision
_____ has been diagnosed with a visual problem
_____ is sensitive to light
_____ avoids eye contact
_____ is distracted by some or too much visual stimuli
_____ enjoys watching moving things/bright objects
_____ has difficulty tracking
_____ becomes excited when confronted with a variety of visual stimuli
_____ has trouble with stairs, heights
_____ enjoys patterns
_____ upset by things looking different
_____ makes decisions about food, clothing, objects by sight
_____ arranges environment in certain ways and can tell if out of order
_____ closely examines objects or hands
_____ likes TV, VCR
_____ other __________________________

Smell/Olfactory
_____ sensitive to smells
_____ smells objects, food, people
_____ explores environment by smelling
_____ reacts strongly to some smells
_____ ignores strong orders
_____ other __________________________

Touch/Tactile
_____ is defensive about being touched
_____ prefers deep touching rather than soft
_____ has to know someone is going to touch ahead of time
_____ initiates hugs, cuddling
_____ explores environment by touching
_____ becomes irritated if bumped or touched by peers
_____ dislikes the feel of certain clothing
_____ refuses to touch certain things
_____ is sensitive to certain clothing
_____ over or under dresses for temperature
_____ doesn't like showers
_____ likes to play in water
_____ mouths objects or clothing
_____ refuses to walk on certain surfaces
_____ appears to have depth perception problems
_____ dislikes having hair, face or mouth touched
_____ upset by sticky, gooey hands

Taste
_____ has an eating problem
_____ dislikes certain foods/textures
_____ will only eat a small variety of foods
_____ tastes non-edibles
_____ explores environment by tasting
_____ other ___________________________

Movement/Vestibular
_____ seems fearful in space
_____ arches back when held or moved
_____ spins or whirls self around
_____ moves parts of body a great deal
_____ likes rocking, swinging, spinning
_____ walks on toes
_____ appears clumsy, bumping into things
_____ climbs a lot and doesn’t fall
_____ avoids balancing activities
_____ other ___________________________

Perceptual/Perceptual Motor
_____ has trouble with paper/pencil activities
_____ has difficulty with time perception
_____ difficulty with body in space
_____ relies on knowing location of furniture
_____ problems with use of some tools
_____ problems organizing materials and moving them appropriately
_____ distracted by door, cupboards being open, holes or motion
_____ other ___________________________

Social Skills That May be Personal Challenges
_____ imitating
_____ sharing
_____ taking turns
_____ sitting and participating in group
_____ negotiating
_____ initiating social interactions
_____ gaining joint attention (point, look, talk)
_____ playing
_____ greeting
_____ complimenting
_____ offering help, comfort
_____ politeness
_____ kindness
_____ doing one’s best
_____ caring
_____ telling the truth
_____ showing humor