

EDUCATION INFORMATION FORM

(To be completed by school personnel)

This letter is to notify you that a student in your class is being assessed for possible Autism Spectrum Disorder. The information required in this questionnaire is an integral part of the evaluation and therefore necessary to develop a comprehensive understanding of a child who is experiencing academic, social, emotional, developmental and/or behavioral difficulties.

The student's parent/guardian has consented to gathering information from school personnel.

Thank you for taking time to help us develop a better understanding of your student.

Name of student: _____

Date sent out: _____

A. CLASSROOM SETTING & PROGRAM MODIFICATIONS

Student's Name:	Date Completed:
School:	Grade:
Telephone:	Teacher:
Resource Person:	Name of Person(s) completing this form:
Primary School Contact:	

Please list the three top questions or concerns about this student:

1.
2.
3.

Alberta Learning Code _____ If multiple codes (59) please indicate codes: _____ & _____

Does the student have an IPP/ISP? Yes No If yes, please attach a copy.

Is the student receiving any supports
(e.g., universal strategies or classroom supports)? Yes No Comment:

Any concerns about the student's attention? Yes No Comment:

Any concerns about the student's mental health?
(e.g., anxiety) Yes No Comment:

B. SOCIAL COMMUNICATION AND BEHAVIOURAL CONCERNS

LANGUAGE & SOCIAL COMMUNICATION	Not Observed	Observed	Comment Please specify/describe
Difficulty understanding spoken language			
Difficulty using spoken language (e.g., telling about something that happened)			
Difficulty having back and forth conversations			
Unusual quality of conversation: A. Off-topic or random in conversation			
B. Talks "at" you rather than with you			
C. Talks only about specific or preferred topics			
D. Repetitive (says the same things or has the same conversation repeatedly)			
Is there anything unusual about the way the student talks (e.g., loud, fast, or monotone voice)?			
Difficulty using eye contact			

Difficulty using a range of gestures at appropriate times (e.g., pointing, shrugging, descriptive gestures to show the shape or size of something)			
Difficulty using a range of facial expressions at appropriate times (e.g., smiles, pouts or frowns, looks confused, annoyed, etc.)			
Inappropriate expressions of emotion (e.g., laughs when nothing is funny, gets upset for no reason)			
Appears to have difficulty understanding others' facial expressions and body language			
Is unaware of another person's disinterest			
Does the student have difficulty making friends?			
For younger students: Does the student have difficulty joining in physical activity with peers during non-structured time (e.g., at recess)?			
Does the student have difficulty engaging in unstructured conversation with peers?			
Anything unusual about peer interactions (e.g., student is overly bossy or passive with peers)?			

BEHAVIOURAL & SENSORY	Not observed	Observed	Comment Please specify/describe
Odd or repetitive language use (e.g., made-up words, repetitive or scripted phrases, overly formal language)			
Odd or repetitive body movements			
Odd or repetitive use of objects (e.g., sorting/arranging, focused on moving parts)			
Rigidity (e.g., becomes distressed with minor changes, black and white thinking, overly literal)			
Preoccupations with certain topics/objects/people			
Seeks out sensory stimulation (e.g., visual inspections)			
Has aversions to sounds, smells, textures, etc.			

What are the student's strengths?

Is there anything else you wish the clinic to be aware of about this student?

Thank you for taking the time to complete this form!