

TEACHER INTERVIEW

Student Name: _____ **Date:** _____

Teacher(s): _____ **Grade:** _____

Please use check marks to indicate your answers:

Social Interactions:

	Yes	No
When interacting with others, does the student initiate the contact?		
Does the student converse with peers between or before or after classes?		
When expected to work in a small group, does the student actively participate?		
Does the student offer to help peers?		
Does the student have a best friend or associate with a peer group?		
When observed in school, does the student “hang out” and socialize with others?		
Any concerns with the student being teased by peers or difficulties being accepted?		
Does he/she ever isolate him/herself?		
Does the student share his/her interests or enjoyment with peers or teachers?		
Is the student able to share humor (jokes, expressions) with others?		
Does the student’s facial expressions match the situation or their emotions?		
Is the student aware of the moods of others around him/her?		
Is the student vulnerable or socially naive?		

Does the student display any behaviors that interfere with developing same-age friendships (please provide examples)? _____

Communication:

	Yes	No
Does the student respond to direct questions from peers and adults?		
Does the student ask another question to keep the conversation going?		
Is the student able to talk about a variety of topics in conversation?		
Does the student ask for things he/she wants or needs?		
Is the student able to write a creative story or use imagination within an assignment?		
Is the student able to stay on topic during class discussions?		
Does the student miss cues to stop talking and need to be interrupted?		
Does the student understand and use nonverbal communication skills?		
Does the student display any odd production of speech (intonation, volume, rhythm, rate)?		
Does the student use any of the following speech and language patterns:		
Repetitive or idiosyncratic language		
Echolalia (exact repetition speech) or delayed echolalia (exact repetition speech at a later time)		
Use of formal speech or unusually advanced vocabulary		
Inconsistent or incorrect pronoun use		

Additional Comments: _____

Behavior, Interests, Activities:

	Yes	No
Does the student have any special hobbies or interests that are unusual in intensity or for age?		
Does he/she share this interest with others?		
Does it seem at all compulsive or does it interfere with his/her doing things?		
Are there things the student seems to have to do in a particular way or order?		
Are there things the student insists that you as the teacher do in a specific way or order?		
Any odd ways of moving hands or finger (flicking fingers)?		
Any complicated movements of his/her whole body (spinning, bouncing, arm flapping, rocking)?		
Does the student ever collect or gather certain objects?		
Does he/she ever line things up or do the same thing over and over with them?		
Does he/she seem particularly interested in the sight, feel, sound, taste, or smell of things/people?		

What does the student like to do in his/her free time: _____

School-Related Questions:

	Yes	No
Is the student able to transition successfully throughout the school day?		
Is the student distressed by changes during his/her school day?		
Is the student able to follow directions?		
Is the student able to complete tasks within the classroom (at skill level)?		
Is the student able to complete and return homework assignments at a passing grade level?		
Is the student able to independently use and follow organizational strategies for your class?		
Does the student manage materials required for class?		

What supports/cues are needed for the student to follow their daily schedule? _____

What are the student's strengths? _____

Additional Comments: _____

