Pacific County

SMART TEAM

**Getting To Know Your Child**

Child’s Name: Date of Birth: \_\_\_\_

Today’s Date:

Name of person filling out form: Role:

Location: Relationship to child:

|  |  |  |
| --- | --- | --- |
| Social Communication & Interaction | True | False |
| Impairments in the use of eye contact during social interactions. *Example: Looks to the side**or at your mouth rather than your eyes when speaking to you.* | ☐ | ☐ |
| Lack of facial expressions to communicate *Example: Doesn’t frown, pout, look**surprised* | ☐ | ☐ |
| Lack or reduced use of gestures to communicate *Example: Doesn’t wave bye bye, nod yes or**no, blows a kiss* | ☐ | ☐ |
| Impairments in back and forth conversation (appropriate to language level)*Example: Won’t add something new or ask a question in response to a comment made to them.* | ☐ | ☐ |
| Lack of, reduced, or impaired responses to social initiations of others*Example: Doesn’t respond to his/her name or acknowledge others* | ☐ | ☐ |
| Lack of, or reduced interest in, peers (appropriate to developmental level) | ☐ | ☐ |
| Lack of, reduced, or impaired initiations of interactions with others | ☐ | ☐ |
| Reduced preference for some peers over others/impaired friendships | ☐ | ☐ |
| Delays in, or lack of, varied, age-appropriate play with peers | ☐ | ☐ |

|  |  |  |
| --- | --- | --- |
| Restricted, repetitive patterns of behavior, interests & activities | True | False |
| Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume) | ☐ | ☐ |
| Has repetitive body mannerisms | ☐ | ☐ |
| Reacts negatively to changes in schedule/insists on sameness | ☐ | ☐ |
| Has behavioral rituals | ☐ | ☐ |
| Has verbal rituals (e.g., must say things, or have others say things, in a particular way) | ☐ | ☐ |
| Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity) | ☐ | ☐ |
| Engages in a limited range of activities/Has a limited behavioral repertoire | ☐ | ☐ |
| Shows hyper-reactivity to sensory input | ☐ | ☐ |
| Shows hypo-reactivity to sensory input | ☐ | ☐ |
| Shows unusual sensory interests and preferences | ☐ | ☐ |

|  |  |  |
| --- | --- | --- |
| Disruptive behavior | True | False |
| Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction) | ☐ | ☐ |

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