**Teacher Interview Form**

**Adapted from Seattle Children’s Autism Center**

**Complete and return by mail to Pediatric Department c/o Mason Clinic 1701 N 13th street Shelton Wa 98584; or fax: 888-985-0681**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Completing Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the child’s school program (if special class placement or service, please describe).

Please provide a brief description of this child’s academic functioning.

Please provide a brief description of the child’s communication skills (Both verbal and nonverbal including eye contact, gesture use, etc. as applicable).

Please provide a brief description of this child’s social functioning in structured social settings (e.g., classroom group work, etc.).

Please provide a brief description of this child’s social functioning in un-structured social settings (e.g., recess, lunch, school breaks etc.).

Please describe the quality of this student’s peer relationships (e.g., number or quality of friendships? Does he/she have mutual friendships?)

Please describe any concerns regarding restricted or repetitive behaviors (E.g., sensory seeking or sensitivities, repetitive or unusual language use, repetitive motor movements, intense interests, difficulties with transitions, change, or rule breaking, etc.)

Do you have concerns for autism spectrum disorder for this student? If yes, How did the concern arise? (e.g., social challenges, etc.). When did your concern arise?

Almost Never Almost Always

This child requires extra help with 1 2 3 4 5

Social problems.

This child requires extra help with 1 2 3 4 5

Academic problems.

This child requires extra help with 1 2 3 4 5

behavioral problems.

Please provide a brief description of any behavioral problems at school?

Additional Comments: