Teacher Input Form for Autism Spectrum Disorder (ASD)

Student's Legal Name:		**Birth Date:**	**Age:**	**Date:**
District Student ID:	**Grade:**	**Gender:**	**Case Manager:**	
Attending School:		**Attending District:**		
Referring Teacher:		**Referring Teacher Phone:**		

Special Education Information			
Current IEP Date:	**Primary Eligibility Code:**	**Primary Eligibility Date:**	
Secondary Code 1:	**Secondary Code 2:**	**Secondary Code 3:**	**Secondary Code 4:**
Secondary Date 1:	**Secondary Date 2:**	**Secondary Date 3:**	**Secondary Date 4:**

Section 504 Information		
504 Eligibility Determination Meeting Date:	**Student Found Eligible: Yes No**	
Date of Initiation of Plan:	**Annual Review Meeting Date:**	**Exit Date:**
Parent Consent for Implementation: ☐ Yes ☐ No	**Implementation Consent Date:**	

School Team members completing this form:

Name	Position/Title	Date

This document is to be used in conjunction with other pre-referral paperwork and methods (e.g., interventions data, developmental history) before a student is referred for an evaluation for Special Education (SPED) services under the consideration of autism spectrum disorder (ASD). It should be completed by staff familiar with the student (e.g., teachers, specialists). Information from this form will be shared with parents as part of the evaluation planning process. If a student is referred, additional parent input will be gathered during the evaluation process.

Students with ASD often have characteristics in multiple areas that are seen across different environments. If multiple characteristics are not observed across different contents, the school team may want to explore other eligibilities.

When yes is selected below, examples or further explanation under each question or statement is required.

Background Information			
1.	Are there any previous medical diagnoses of evaluation reports from professional agencies?	☐ Yes	☐ No
List:			

2.	During the file review and when reviewing the developmental history, did the parent report drug/alcohol use during pregnancy?	☐ Yes	☐ No
Explain:			
3.	Has the student sustained any traumatic brain injuries (e.g., falls, concussions, high fever)?	☐ Yes	☐ No
Explain when (year) and if fever, how high:			
4.	Has the student ever been hospitalized?	☐ Yes	☐ No
What year(s) and reason:			
5.	Has the student ever been placed in foster care?	☐ Yes	☐ No
What year(s)?			
6.	Has the student ever been diagnosed with an intellectual disability?	☐ Yes	☐ No
What year?			
7.	Does the child have any other mental health diagnoses?	☐ Yes	☐ No
What year and explain:			

If the team has answered yes to one or more of the previous questions, the team should consider whether a referral for ASD is appropriate. ***Do you wish to continue:*** ☐ ***yes*** ☐ ***no***

Social Communication and Social Interaction

Deficits in Social-emotional reciprocity			
1.	Difficulty participating in back-and-forth conversations.	☐ Yes	☐ No
Explain:			
2.	Does not show interest in other people's topics.	☐ Yes	☐ No
Explain:			
3.	Does not enjoy being with or interacting with others.	☐ Yes	☐ No
Explain:			
4.	Struggles to demonstrate a variety of emotional responses that match given contexts (e.g., student has flat affect, laughs when someone is injured).	☐ Yes	☐ No
Explain:			

Deficits in nonverbal communicative behaviors used for social interaction			
1.	Uses poor, inappropriate, or fleeting eye contact.	☐ Yes	☐ No
Explain:			

2	Facial expressions and gestures do not match what they are saying or they do not use facial expressions and/or gestures.	☐ Yes	☐ No
Explain:			
3	Does not effectively read others' facial expressions or gestures.	☐ Yes	☐ No
Explain:			
4	Their pattern of speech does not have appropriate volume, rate, and/or tone.	☐ Yes	☐ No
Explain:			
5	Does not demonstrate an understanding of personal boundaries.	☐ Yes	☐ No
Explain:			

Deficits in developing, maintaining, and understanding relationships			
1.	Has limited ability to understand the perspective of others. May not understand the feelings and thoughts of others in a typical social situation.	☐ Yes	☐ No
Explain:			
2.	Unaware of social cues and social codes of conduct. May say something offensive, embarrassing or rude.	☐ Yes	☐ No
Explain:			

3.	Difficulty starting, continuing, or ending a conversation.	☐ Yes	☐ No
Explain:			
4.	Interprets words or conversations literally/has difficulty understanding figurative language.	☐ Yes	☐ No
Explain:			
5.	Has difficulty making or keeping friends.	☐ Yes	☐ No
Explain:			

Restricted, Repetitive Patterns of Behavior, Interests, or Activities

Stereotyped or repetitive motor movements, use of objects, or speech			
1.	Exhibits repetitive motor movements (e.g., hand-flapping, finger-flicking, walking on toes, etc.).	☐ Yes	☐ No
Explain:			
2.	Demonstrates repetitive speech (e.g., echoes words or phrases, rehearsed questions or answers).	☐ Yes	☐ No
Explain:			

Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior			
1.	Struggles with unexpected changes in routine.	☐ Yes	☐ No
Explain:			

2.	Insists on fairness, following rules, or exhibits literal black/white thinking.	☐ Yes	☐ No
Explain:			
3.	Insists on finishing an activity before transitioning (e.g., difficulty stopping an activity before completion).	☐ Yes	☐ No
Explain:			
4.	Compelled to follow specific rituals (e.g., touching door handles, inserting specific word or phrase into each verbal expression).	☐ Yes	☐ No
Explain:			
5.	Difficulty with problem-solving (e.g., rigid thinking, sees only one way to solve a problem).	☐ Yes	☐ No
Explain:			

Highly restricted, fixated interests that are abnormal in intensity or focus			
1.	Has eccentric knowledge about or a preoccupation with a preferred topic that may or may not interfere with daily learning (e.g., memorizes train schedules, knows specific facts about Civil War, etc.).	☐ Yes	☐ No
Explain:			
2.	More interest in preferred activities or objects rather than people or academic tasks.	☐ Yes	☐ No
Explain:			

3.	Presents with a limited or intense imagination (e.g., absorption in own unique interests).	☐ Yes	☐ No
Explain:			
4.	Student demonstrates perfectionism in school work (e.g., fear of making a mistake, constant erasing or over-correction).	☐ Yes	☐ No
Explain:			

Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment			
1.	Shows sensitivity to loud or unpredictable noises (e.g., covers ears, runs out after flushing toilet).	☐ Yes	☐ No
Explain:			
2.	Struggles in certain environments due to sensory overload (e.g., too many people, too loud, too bright).	☐ Yes	☐ No
Explain:			
3.	Avoids/seeks out touch or certain textures (e.g. dislikes dirty/sticky hands, overly sensitive to being touched by others, runs hand along wall, bumps into people/objects, picky eater).	☐ Yes	☐ No
Explain:			
4.	Has specific or restricted clothing preferences (e.g., wears a coat in hot weather, wears a hood for the majority of the day, loose-fitting clothing, no socks/shoes).	☐ Yes	☐ No
Explain:			