

#### PRESCHOOL/SCHOOL QUESTIONNAIRE CASE HISTORY

| Child's Name:  |  | DOB:                              |  |  |  |  |
|--|--|-----------------------------------|--|--|--|--|
| School Name:   |  |                                   |  |  |  |  |
| School Address:  |  |                                   |  |  |  |  |
|  |  |                                   |  |  |  |  |
|  |  |                                   |  |  |  |  |
| Dear Parent or Guardian,   | ,                                      |                                   |  |  |  |  |
| Please sign below, then forward this form to your child's school for completion. |  |                                   |  |  |  |  |
| I authorize the school tea   | achers and other staff members to pro- | vide the information requested in |  |  |  |  |
| this form to Tulane Cente  | er for Autism and Related Disorders.   |                                   |  |  |  |  |
|  |  |                                   |  |  |  |  |
| Parent or Guardian Signa   | iture                                  | Date                              |  |  |  |  |

Dear Preschool Teacher,

The above individual has requested scheduling with the Tulane Center for Autism and Related Disorders (TCARD) for a developmental evaluation. Please help us provide the best evaluation possible by completing this form to the best of your knowledge. The completed form should be returned to the following address *as soon as possible*. Your information is very valuable to our evaluation and diagnostic process. THANK YOU!

Return to: TCARD Phone: (504) 988-3533

Department of Child Psychiatry Fax: (504) 988-0496 1430 Tulane Ave, Box # 8055

New Orleans, LA 70112

| Teacher's Name:   | Date:                         |
|---|-------------------------------|
| How long has the child been in your class?                                    |                               |
| Does the child attend class regularly? Yes No If no, please explain:          |                               |
| What do you consider to be this child's academic strengths?                   |                               |
| What do you consider to be this child's academic weaknesses?                  |                               |
| Any concerns or questions would you like to have answered by or               | ur evaluation?                |
|   |                               |
|   |                               |
| Please add any other information regarding this child which you f evaluation: | eel might be helpful with our |

#### **PROBLEM BEHAVIOR RATING SCALE – Teacher**

| Ch                   | ild's Name: Age: Biı  | rth Date:_       |                  |                  |                  |
|----------------------|---|------------------|------------------|------------------|------------------|
| Te                   | acher completing form:  | Date:            |                  |                  |                  |
| Но                   | w long teacher has known child:   |                  |                  |                  |                  |
|                      | Please use the following scale to indicate which of the follow problematic for this child:  | wing beh         | avic             | rs a             | re               |
|                      | 1 2 3 4  Not at all Very problematic problemati   | С                |                  |                  |                  |
| 1.<br>2.<br>3.<br>4. | Acting impulsively or carelessly, without regard for consequences Hitting or hurting others Teasing or bullying others Damaging or breaking things that belong to others  | 1<br>1<br>1      | 2<br>2<br>2<br>2 |                  |                  |
| 5.<br>6.<br>7.<br>8. | Screaming or yelling Having sudden mood changes; demonstrating mood swings Having temper tantrums or meltdowns Being overly bossy or stubborn; needing to have his/her own way  | 1 1 1            | 2                |                  | 4<br>4<br>4      |
| 9.<br>10.<br>11.     | Having a low frustration tolerance; becoming easily angered or upset Crying easily with minor provocation Making negative statements about him/herself Being overly quiet, shy, or withdrawn  | 1<br>1<br>1      | 2                |                  | 4<br>4<br>4      |
| 13.<br>14.<br>15.    | Acting sulky or sad Being underactive or lacking in energy; sedentary Expressing worry about many things  | 1<br>1<br>1      | 2<br>2<br>2      | 3<br>3<br>3      | 4<br>4<br>4      |
| 17.                  | Engaging in behaviors that may be distasteful to others, such as nose-picking or spitting Touching him/herself inappropriately Engaging in compulsive behaviors; repeating certain acts over and ov                                   | 1<br>er; 1       | 2 2 2            | 3 3              | 4 4              |
| 19.<br>20.           | having to do the same behavior in a specified way many times Being overly concerned with making mistakes; being a perfectionist Having toileting accidents  |                  |                  |                  |                  |
| 22.                  | Hitting or hurting him/herself Becoming overly upset when others touch or move his/her belongings Laughing or giggling at inappropriate times (e.g., when others are hurt or upset)   | 1                | 2 2              | 3                | 4 4              |
| 25.<br>26.           | Ignoring or walking away from others during interactions or play Becoming upset if routines are changed Touching others inappropriately   | 1<br>1<br>1      | 2 2 2            | 3 3 3            | 4 4              |
| 28.<br>29.           | Asking the same questions over and over Engaging in unusual mannerisms such as hand-flapping or spinning Having to play or do things in the same exact way each time Having difficulty calming him/herself down when upset or excited | 1<br>1<br>1<br>1 | 2<br>2<br>2<br>2 | 3<br>3<br>3<br>3 | 4<br>4<br>4<br>4 |

B. Please star the behaviors above that interfere with this child's interactions with others.

# **SOCIAL SKILLS SURVEY – Teacher**

| Child's Name:                               |                    |                  |              | Age:                               |  |  |
|---|--------------------|------------------|--------------|------------------------------------|--|--|
| Teacher comp                                | leting form        | :                |              | Date:                              |  |  |
| School:                                     | School:            |                  |              | Grade:                             |  |  |
| Type of classr                              | oom:               |                  |              |                                    |  |  |
| How long teac                               | her has kn         | own child:       |              |                                    |  |  |
| 1) How much                                 | <u>interest in</u> | interacting w    | ith classmat | es does this child show?           |  |  |
| 1   | 2                  | 3                | 4            | 5                                  |  |  |
| Very little interest                        |                    |                  |              | Extremely interested               |  |  |
| 2) How <u>often</u> 1 As little as possible | does this o        | child interact v | vith classma | 5 As much as possible              |  |  |
| 3) How <u>well</u> d                        | oes this ch        | nild interact wi | th classmat  | es?                                |  |  |
| 1<br>Not<br>very well                       | 2                  | 3                | 4            | 5<br>Very<br>well                  |  |  |
|   |                    |                  |              | child have?ate in with classmates? |  |  |
|   | , or donvino       |                  |              | ato with diaddinated?              |  |  |

| 6) | Please list any special interests, skills, talents, or areas of expertise that this child has demonstrated: |
|----|---|
|    |   |
| 7) | How does this child usually spend his/her free time in the classroom?                                       |
| 8) | How does this child usually spend his/her time during recess?   |
| 9) | What are this child's favorite classroom activities?  |
|    |   |
| Co | ontinued on next page   |
|    |   |
|    |   |

Please use the following scale to indicate how well this child does each of the following:

| 1             | 2 | 3 | 4         |
|---------------|---|---|-----------|
| Not very well |   |   | Very well |

### Affective Understanding/ Perspective Taking

| How well does this child  |   |   |   |   |
|---|---|---|---|---|
| 10) Understand what other people's facial expressions mean?   | 1 | 2 | 3 | 4 |
| 11) Understand what other people's "body language" means?   | 1 | 2 | 3 | 4 |
| 12) Use a wide range of conventional facial expressions to express his/her feelings (for example, raised eyebrows to express surprise; a scowl to express anger)? | 1 | 2 | 3 | 4 |
| 13) Use a wide range of gestures or "body language" to communicate (for example, use an "OK" hand sign; cross arms when angry)?                                   | 1 | 2 | 3 | 4 |
| 14) Understand that other people can have thoughts and feelings that are different from his/her own?  | 1 | 2 | 3 | 4 |
| 15) Understand other people's perspectives in a variety of situations (i.e., put him/herself "in another person's shoes")?  | 1 | 2 | 3 | 4 |
| 16) Understand what makes other people feel basic emotions<br>such as happiness, sadness, or fear?  | 1 | 2 | 3 | 4 |
| 17) Understand what makes other people feel complex emotions such as surprise, guilt, or embarrassment?   | 1 | 2 | 3 | 4 |
| Initiating Interactions   |   |   |   |   |
| How well does this child  |   |   |   |   |
| 18) Initiate greetings to familiar people on his/her own?   | 1 | 2 | 3 | 4 |
| 19) Invite others to play with him/her?   | 1 | 2 | 3 | 4 |

|                                | 1<br>Not very well                        | 2            | 3              | <b>4</b><br>Very v | vell |   |   |   |
|--------------------------------|---|--------------|----------------|--------------------|------|---|---|---|
| How well does                  | this child                                |              |                |                    |      |   |   |   |
| 20) Join a group               | of children who are                       | already p    | laying?        |                    | 1    | 2 | 3 | 4 |
| 21) Ask others in              | n a direct manner for                     | somethir     | ng he/she wa   | nts?               | 1    | 2 | 3 | 4 |
| 22) Ask others for             | or help when he/she                       | needs it?    | ,              |                    | 1    | 2 | 3 | 4 |
| 23) Start convers              | sations with others?                      |              |                |                    | 1    | 2 | 3 | 4 |
| 24) Get the atter              | ntion of others before                    | e talking to | o them?        |                    | 1    | 2 | 3 | 4 |
| 25) Offer to assis             | st others when they                       | need help    | ?              |                    | 1    | 2 | 3 | 4 |
| 26) Offer comfor               | t to others when the                      | y are ups    | et or hurt?    |                    | 1    | 2 | 3 | 4 |
| 27) Apologize in being remind  | a sincere way for holed?                  | urting som   | neone, withou  | ut                 | 1    | 2 | 3 | 4 |
| , .                            | or congratulate othenents or good fortune | • •          | for their      |                    | 1    | 2 | 3 | 4 |
| Responding to Ir               | <u>nitiations</u>                         |              |                |                    |      |   |   |   |
| How well does                  | this child                                |              |                |                    |      |   |   |   |
| 29) Respond in a others?       | a friendly manner wh                      | nen he/sh    | e is greeted t | ру                 | 1    | 2 | 3 | 4 |
| 30) Respond in a him/her to pl | a friendly manner wh<br>ay?               | nen others   | s invite       |                    | 1    | 2 | 3 | 4 |
| 31) Respond in a from others?  | a friendly manner to                      | questions    | s or requests  |                    | 1    | 2 | 3 | 4 |
| , .                            | a friendly manner wh<br>ns with him/her?  | nen others   | s try to start |                    | 1    | 2 | 3 | 4 |
| 33) Respond in a               | a positive way to cor                     | npliments    | ?              |                    | 1    | 2 | 3 | 4 |

| 1             | 2 | 3 | 4         |
|---------------|---|---|-----------|
| Not very well |   |   | Very well |

## Maintaining Interactions

#### How well does this child...

| 34) Play cooperatively with other children (e.g., sharing,   |   |   |   |   |
|--|---|---|---|---|
| taking turns, following rules?   | 1 | 2 | 3 | 4 |
| 35) Have conversations about a wide range of topics?   | 1 | 2 | 3 | 4 |
| 36) Talk about things that interest the other person?  | 1 | 2 | 3 | 4 |
| 37) Keep a conversation going by sharing information and asking the other person questions?                          | 1 | 2 | 3 | 4 |
| 38) Stay on the topic during conversations?  | 1 | 2 | 3 | 4 |
| 39) Listen to what others say and use this information<br>during conversations?                                      | 1 | 2 | 3 | 4 |
| 40) Share a conversation by talking and listening for about the<br>same amount of time?                              | 1 | 2 | 3 | 4 |
| 41) Maintain eye contact with others during interactions?  | 1 | 2 | 3 | 4 |
| 42) Speak in an appropriate tone of voice during interactions (e.g., not too loud, soft, mechanical, or sing-songy)? | 1 | 2 | 3 | 4 |
| 43) Smile to be friendly or to indicate to others that he/she likes something?                                       | 1 | 2 | 3 | 4 |
| 44) Respect the personal space of others during interactions (i.e., not stand too close or too far away)?            | 1 | 2 | 3 | 4 |

# Please use the following scale to rate this child's ability in each of the following areas:

|   | 1<br>Not very<br>competent      | 2              | 3    | <b>4</b><br>Very<br>competent | • |   |   |
|---|---------------------------------|----------------|------|-------------------------------|---|---|---|
| 45) Ability to  | understand and                  | d express feel | ings | 1                             | 2 | 3 | 4 |
| 46) Ability to understand the perspective of another person 1 |                                 |                |      | 2                             | 3 | 4 |   |
| 47) Ability to initiate social interactions 1                 |                                 |                |      | 2                             | 3 | 4 |   |
| 48) Ability to respond to the initiations of others           |                                 |                |      | 2                             | 3 | 4 |   |
| 49) Ability to  | maintain social                 | interactions   |      | 1                             | 2 | 3 | 4 |
| ,   | understand and ately (e.g., eye |                |      | age) 1                        | 2 | 3 | 4 |

51) Which aspects of this child's social skills development are you most concerned about?

52) What would you like this child to learn in a social skills intervention program?

Other comments:

Thank you!