



Please complete the following questionnaire giving as much information as you can.

<b>Child's Name:</b>
<b>Address:</b>
<b>DOB:</b>

Teacher's Name:	
Year:	
Head Teacher:	
School Name:	
School Address:	
Tel No:	
E-mail:	

If applicable, please state what level of the Code of Practice the child is on:

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1. Describe how the child copes with their school day.

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2. Are they able to use eye contact, facial expressions, gesture (including pointing) and posture to support their communication?

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3. How does the child interact with their peers? Do they find it easy?

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4. Does the child have specific friend(s) who they share similar interests with? Do they initiate interaction with others i.e. peers/staff? Does the child show things to others?

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5. Can the child recognise how they and others are feeling?

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6. Does the child change their behaviour appropriately in accordance to the situation/environment?

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7. Does the child spontaneously approach you to initiate conversation? To what extent is the child able to engage in two-way conversation with peers/staff?

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8. Does the child ever use any unusual or repetitive language?

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9. Please describe the child's play skills e.g. favourite toys, imaginative play (e.g. role play), repetitive play, solitary/joint/parallel play?

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10. Does the child find it easy to join in play with others? If so, please specify games.

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11. Is the child preoccupied with a particular interest or activity? Do they feel compelled to adhere to any non-functional routines/rituals e.g. flicking lights on/off, open/closing doors?

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12. Has the child been observed to engage in unusual motor mannerisms e.g. hand flapping, spinning, rocking, hand/finger movements?

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13. Does the child show any interest in part-objects e.g. wheels of cars?

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14. What strategies do you currently have in place to support the child?

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Please note any additional information which you feel is relevant

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*Please sign below:*

Signed	
Name	
Date	

**Thank you for completing this questionnaire. Please return to:**

**Autism Diagnostic & Intervention Service  
Autism Team  
The Oaks  
St Luke's Hospital Site  
Armagh  
BT61 7PR  
Or email  
autism.services@southerntrust.hscni.net**