

**Teacher Interview Form**  
**Please fax to Seattle Children's Autism Center: 206-987-8081**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

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.

	Never	Rarely	Sometimes	Often	Always
This child requires extra help in social situations.	1	2	3	4	5
This child requires extra help with behavioral problems.	1	2	3	4	5
This child requires extra help with academic problems.	1	2	3	4	5

Please describe the quality of this student's peer relationships (e.g., number or quality of friendships? Does the student have mutual friendships?). Please also comment on the quality of the student's social interactions with peers.

Continued on back.

What have you observed about this student's behavior in unstructured periods (e.g., recess, breaks, lunch, etc.)? If you do not directly observe these periods, any information you are able to obtain would be helpful.

Have you observed any repetitive behaviors (including repetitive motor behavior such as hand flapping, rocking, pacing, etc.), repetitive use of objects, and/or repetitive and overly focused interest on particular objects, topics or activities?

Are there any behavioral problems at school? If so, please provide the following details:

- 1) Identify problem behavior(s);
- 2) When or during which activities these behaviors occur;
- 3) How frequent the problem behavior is (hourly, daily, weekly (indicate approximate times per week)
- 4) How intense the behavior is when it does occur (please indicate 1 to 5, with 1 being low and 5 being high)
- 5) Interventions that have been attempted; and
- 6) If the interventions have been successful

Problem Behavior	When	Frequency	Intensity	Intervention	Successful?
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Additional Comments (Feel free to attach additional pages if necessary):