QUESTIONS TO ASK PARENTS

This worksheet may be used as a template to communicate with families of students with autism spectrum disorders. It should not be viewed as an endpoint in itself. It is meant to begin the discussion of classroom issues and challenges between educators and families.

1. What are your child’s areas of strength?
   ________________________________
   ________________________________
   ________________________________

2. What types of things work best for your child in terms of rewards and motivation?
   ________________________________
   ________________________________
   ________________________________

3. Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe:
   ________________________________
   ________________________________
   ________________________________

4. How does your child best communicate with others?
   □ Spoken language    □ Written language
   □ Sign language      □ Communication device
   □ Combination of the above (please describe): ____________________________

5. Does your child use echolalia (repeating words without regard for meaning)?
   □ Never        □ Sometimes        □ Frequently

6. Do changes in routine or transitions to new activities affect your child’s behavior?
   □ Never        □ Sometimes        □ Frequently
   If yes, what types of classroom accommodations can I make to help your child adapt to change and transitions? ____________________________

7. Does your child have any sensory needs that I should be aware of?
   □ Yes        □ No
If yes, what type of sensitivity does the student have?

☐ Visual  ☐ Auditory  ☐ Smells  ☐ Touch  ☐ Taste

☐ Other (please describe): ____________________________

What kinds of adaptations have helped with these sensitivities in the past?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

8. What behaviors related to autism spectrum disorder am I most likely to see at school?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Are there triggers for these behaviors?

☐ Sensory sensitivity  ☐ Change in schedule or routine

☐ Social attention  ☐ Escape a boring task

☐ Other (please describe): ____________________________

In your experience, what are the best ways to cope with these challenges and get your child back on task? ______________________________

________________________________________________________________________________________
________________________________________________________________________________________

9. Is there anything else you think I should know about your child? ______________

________________________________________________________________________________________

10. What is the best approach for us to use in communication with one another about your child’s progress and challenges?

☐ Telephone calls – Phone numbers: ______________________________

☐ E-mails – Addresses: ______________________________

☐ Audiotape exchange

☐ Other: ___________________________________________
The following reproducible worksheet provides a daily or weekly template that teachers and parents can use to communicate about a child with Asperger Syndrome and his or her performance and progress.
Date: _________________________

Student’s Name: ________________________________________________________

Overall rating of the day/week (please circle): 1 2 3 4 5
Poor → Excellent

Things that went well in class this day/week:
1. ____________________________________________________________________
2. ________________________________________________ ____________________
3. ________________________________________________ ____________________
4. ________________________________________________ ____________________

Things that could have gone better:
1. ____________________________________________________________________
2. ________________________________________________ ____________________
3. ________________________________________________ ____________________
4. _________________________________________________ ___________________

______________________________________
Teacher’s Signature

Parent’s suggestions and advice about things that could have gone better:
___________________________________________________ ___________________
___________________________________________________ ___________________
___________________________________________________ ___________________
___________________________________________________ ___________________
___________________________________________________ ___________________

______________________________________
Parent’s Signature