

ADDITIONAL NOTES

Communicating with Teachers

Use this worksheet as a template to share important information with your child's teachers. 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 yes, describe:

4. How does your child best communicate with others?

- | | |
|--|---|
| <input type="checkbox"/> Spoken language | <input type="checkbox"/> Communication device |
| <input type="checkbox"/> Written language | <input type="checkbox"/> Sign language |
| <input type="checkbox"/> Combination of the above: | |

5. Does your child demonstrate echolalia (repeating last words used without regard for meaning)?

- | | | |
|--------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
|--------------------------------|------------------------------------|-------------------------------------|

6. Do changes in routine or transitions to new activities affect your child's behavior?

- | | | |
|--------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> 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 issues that could be an issue in class or at schools?

- Yes No

If yes, what type of sensitivity does the student have?

- Visual
 Auditory
 Smells
 Touch
 Taste
 Other: _____

Describe in more detail: _____

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

8. What behaviors related to autism 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: _____

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 number: _____
- E-mails – Address: _____
- Audiotape exchange
- Other: _____

Daily/Weekly Journal for Teacher Communication

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