

## EI/ECSE ASD Evaluation Teacher Information Form

This form can be completed by the child's teacher or the form can be used as an interview template.

Student's Name:	Date of Birth:	Date completed:	Teacher's Name:
			Service Coordinator's Name:

**Receptive/Expressive/Social Communication in the Classroom** (Identify the child's skills and amount and kind of support needed to be successful)

<b>How does the child:</b>	
Communicate his/her wants and needs?	
Follow routine and novel directions?	
Initiate and maintain interactions with peers?	
Solve problems when interacting with peers?	
Other Concerns or Comments regarding communication	

**Engagement in Classroom Routines and Activities** (Identify the child's skills and amount and kind of support needed to be successful)

<b>How does the child respond during:</b>	
Transitions	
Unstructured time (indoor and outdoor):	
Teacher directed (large group):	
Teacher directed (small group):	
Routines (arrival, snack, bathroom):	

