Portland Public Schools
Autism Spectrum Disorder
Parent Interview

Student _____ DOB _____ Date _____

Parent/
Guardian _____ Phone Number _____

UPDATE DEVELOPMENTAL HISTORY

Please write about relevant PAST and *RECENT events/experiences related to:*

Early History (For example: How was your child's temperament as a baby? When did your child say their first word? What was your child's experience like in pre-k?)
Medical diagnosis or medications (current)
Has your child ever experience significant injury or illnesses (e.g. falls, hospitalizations, accidents, prematurity, head injury, etc)?

CURRENT STRENGTHS

What does your child do well?

COMMUNICATION

What are your communication concerns?	
Past	Present

Did your child gaze Interpersonally? If so, do they now? ☐

Did your child focus using Joint Attention? (e.g. follows a point, follows gaze, vocalizes to establish JA, coordinates gaze, gesture, vocalizations, etc) If so, do they now? ☐

Did your child take turns with objects? If so, do they now? ☐

Did your child make references to objects? (e.g. shows object, gives object, points to object, etc) If so, do they now? ☐

Did your child regulate the behavior of others? (e.g. reaches for object, reaches for vocalizations, gestures to request help, gestures to request action) If so, do they now? ☐

Did your child protest & reject? If so, do they now? ☐

If your child is talking, Can he/she stay on topic? What if the topic is not his/her choice? Can others understand him?

Do you need to repeat directions and/or help him understand by using gestures?
Do you notice anything about your child's voice intonation, pitch or quality?
Does your child talk excessively and dominate the conversation?
Does your child respond to their name?
Does your child participate in conversations?
How does your child communicate with you?
How does your child communicate pain?
How does your child communicate enjoyment?
How does your child communicate anger/ frustration?
How does your child communicate fear?

Does your child talk to themselves or repeat things they have heard? Examples:

SOCIAL: RELATING TO PEOPLE, OBJECTS, EVENTS, AND ENVIRONMENTS

What are your social interaction concerns	
Past	Present
Does your child engage in parallel play? What age did they begin?	
Does your child engage in cooperative play? What age did they begin?	
What does your child choose to do with family members? (Individually or as a group)	
Does your child have a best friend? Close friends? Acquaintances?	
What does your child choose to do with others close to their own age?	
What does your child choose to do by themselves?	

How does your child relate to new events or objects or changes in routines?
What are your child's favorite possessions?
Does your child understand/ respond to others feelings? (if they hurt someone or take a belonging?)
How does your child react in the community? (e.g. in the store, at the park, in a restaurant)
How does your child respond to potentially dangerous situations (drugs, traffic, electricity, alcohol, fire, heights, strangers, etc)?
Does your child understand social rules? (waiting in line, not interrupting) Do you need to give additional support?

PATTERNS OF BEHAVIOR (restrictive or repetitive)

What are your behavior concerns?	
Past	Present
Does your child have trouble with transitions? (e.g. place to place, activity to activity)	

Does your child have trouble with changes in routines?
Does your child have any issues sleeping or getting to sleep?
Does your child exhibit behaviors that are disruptive or limits his/her interactions or participation in activities? What helps?
What are your child's favorite toys and what do they do with them?
Are there topics or activities your child is extremely focused on?
Does your child have any repetitive compulsive habits or movements?
Do you have concerns about your child's safety? (e.g. do they run or escape from your home, or climb on furniture, or not able to stop when you ask them to)
Does your child have any aggressive behaviors (e.g. pushing, biting, hitting, kicking)?
Is your child restless, impulsive, excitable and/or distractible?
Is your child easily frustrated?

Does your child seem withdrawn?
Does your child have tantrums? (how often? How long do they last? What do they look like?)
Can your child calm itself? (How long does it take to calm down?)

RESPONSES TO SENSORY INFORMATION

Please list responses which seem too extreme or not extreme enough (i.e. no response to fire sirens, an extreme response to the ceiling fan, etc)

What are your sensory (unusual responses) concerns?	
Past	Present

Movement and Balance (Vestibular)		
Past	Present	
☐	☐	Avoids activities that challenge balance/ movement (playground structure, swings, etc)
☐	☐	Seeks out activities that challenge balance/ movement (climbing very high outside or on furniture in the house)
☐	☐	Excessive craving for swinging, bouncing, slides, merry-go-rounds, rocking
☐	☐	Difficulty sitting still
☐	☐	Becomes overly excited after movement activity
☐	☐	Fear of falling when no real danger exists
☐	☐	Activity Level: busier than typical child their age
☐	☐	Activity Level: low energy

Tactile (Touch) Systems		
Past	Present	
☐	☐	Avoids touching messy projects getting dirty
☐	☐	Overreacts to touch or closeness of others/ tenses when patted affectionately
☐	☐	Not aware of touch or closeness of others
☐	☐	Has trouble keeping hands to self, may poke or push other children
☐	☐	Apt to touch everything he sees/ learns
☐	☐	Wants excessive touching/ cuddling/ holding
☐	☐	Stands too close to people
☐	☐	Likes clothing a certain way (e.g. if wearing long sleeves likes to keep them pulled down, tags may bother him/her)
☐	☐	Wears clothing not appropriate for weather (if cold, goes outside w/o coat, shoes, etc)
☐	☐	Removes clothes when at home
☐	☐	Examines objects by placing in mouth

Smell/ Taste		
Past	Present	
☐	☐	Frequently smells new food, objects
☐	☐	Notices smells others miss
☐	☐	Very sensitive to taste/texture/ temperature
☐	☐	Stuffs mouth full of food/ may pocket food
☐	☐	Extremely selective eater.
☐	☐	Eats non-food items

Auditory		
Past	Present	
☐	☐	Seems overly sensitive to sounds
☐	☐	Makes noises with body and/or mouth
☐	☐	Easily distracted by background noises and unable to pay attention
☐	☐	Covers ears to shut out auditory input
☐	☐	Hears sounds others don't hear or before others notice
☐	☐	Tunes out or ignores sounds or voices
☐	☐	Voice volume too soft or too loud
☐	☐	Slow or delayed responses

Visual

Past	Present	
☐	☐	Attracted to lights or other bright objects (flickering, flashing)
☐	☐	Overreacts to harmless object coming towards him/ her
☐	☐	Difficulty locating objects in the environment
☐	☐	Tilts head to side or positions head in certain posture when viewing/ playing with objects