



Families of Autistic Children in Tidewater

Teacher/Provider Assessment Form –Camp Gonnawannagoagin’

Your responses will be used to appropriately staff and meet the needs of your student. These responses will not be shared with parents without your permission.

If you should have any questions please contact Edna Vega at edna4fact@gmail.com or 757-422-2040.

Student & Teacher Information

Student Name: _____

Name of Person Completing this form: _____

Relationship to the Student: _____

Please provide contact information in the case we should have any questions.

Phone Number: _____

Email Address: _____

If requested, do we have permission to share your responses with the student’s family?

Yes

No

Communication

How does the student communicate his or her needs? *Check all that apply*

Verbally

Gesture/Sign

Communication System/Writing

Does Not

How does the student ask for help? *Check all that apply*

Verbally

Gesture/Sign

Communication System/Writing

Does Not

Does the student follow simple directions?

Yes

No

Student Name: _____

Behavioral

How can we assist the child if they become upset? _____

What type of schedule system is used in the classroom? _____

What type of reward system is used with this student? _____

How can we best help the student transition from one activity to another? _____

Student Name: _____

Is the student prone to emotional upsets/tantrums?

Yes

No

Does the Student: *Check all that apply*

	Never	Rarely	Sometimes	Frequently
<i>Head Butt</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hit</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pinch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Scratch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Kick</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bite</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spit</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use Expletives</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Run</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Scream</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-Injure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Throw Objects</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Undress</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Refuse to walk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered sometime or frequently to any of the above please clarify:
