Tasmanian Autism Diagnostic Service (TADS)

Service Provider Questionnaire (4 pages)

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Please provide detailed information of your observations of the child, considering how they interact with you and peers (if applicable). Your observations and comments are a critical component of the assessment process.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Service Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and title of person completing this questionnaire:</td>
<td></td>
</tr>
<tr>
<td>[ ] Mr [ ] Mrs [ ] Ms [ ] Miss</td>
<td></td>
</tr>
<tr>
<td>Role (e.g. Teacher, Speech Therapist, Social Worker):</td>
<td></td>
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<td>How long have you worked with the child/young person?</td>
<td></td>
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<tr>
<td>Phone Number:</td>
<td>Email:</td>
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<tr>
<td>Name of School Psychologist (if applicable):</td>
<td>Date:</td>
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</tbody>
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Social Communication

1. Which of the following best describes this child’s or young person’s current speech/language abilities
   [ ] Non verbal
   [ ] Uses single words only
   [ ] Uses short phrases, e.g. “I want drink”, “Daddy go car”, “Mummy come here”
   [ ] Uses fluent speech and is able to talk about events that happened in the past or future e.g. “I went to the shop and bought a lolly”, “Last week I got an award for spelling”.

2. Does this child or young person have any particular friends or a best friend?
   [ ] YES – is the friendship mutual and reciprocal [ ] YES [ ] NO
   [ ] NO

3. Does this child or young person regularly show and share their interests and achievements with others?
   [ ] YES – do they monitor the other persons reaction [ ] YES [ ] NO
   [ ] NO

4. Does this child or young person spontaneously offer comfort to others if they are hurt, ill or distressed?
   [ ] YES
   [ ] NO

5. Does this child or young person have any difficulties with group work or cooperative play?
   [ ] NO
   [ ] YES please provide details
6. Does this child or young person prefer to play or be with others of a different age?  
☐ NO  
☐ YES

7. Does this child or young person consistently respond to the approaches of others?  
☐ YES  
☐ NO

8. Does this child or young person make appropriate eye contact?  
☐ YES  
☐ NO

9. Does the child or young person use gesture e.g. pointing, beckoning someone to come, using their hands to indicate size or direction?  
☐ YES – do they combine other types of non-verbal behaviour? For example gesturing to indicate the presence of a preferred person with an excited facial expression.  
☐ YES  
☐ NO  
☐ NO please provide details:

10. Does this child or young person show a range of subtle facial expressions? For example surprise, amusement and embarrassment  
☐ YES  
☐ NO

11. Can this child or young person read other people’s body language? For example if a person points in a certain direction can they follow, can they tell others may be bored or annoyed, do they understand when someone gives them a stern look.  
☐ YES  
☐ NO

**Interests, Behaviour and Skills**

1. Does this child or young person regularly repeat words, phrases or sentences exactly as they have heard in the past? For example, from other people or from the television. Does the child or young person ask repetitive questions?  
☐ NO  
☐ YES please provide details

2. Does this child or young person display any strong or unusual interests?  
☐ NO  
☐ YES please provide details
3. Does this child or young person have any special routines or things that they like to do in a particular way or order? For example pacing, a greeting ritual, an insistence on organizing items on their desk in a certain way?

☐ NO
☐ YES please provide details

4. Does this child or young person cope if their activities or routines are interrupted?

☐ YES
☐ NO please provide details:

5. Does this child or young person regularly display any unusual physical mannerisms or repetitive body movements, e.g. hand flapping or flicking, spinning?

☐ NO
☐ YES please provide details:

6. Does this child or young person display any unusual sensory interests or reactions, e.g. sniffing books, oversensitive to particular noises? Does the child or young person not react to differences in temperature (cold and heat) or to pain?

☐ NO
☐ YES please provide details:

7. Does the child or young person focus on particular parts of objects? For example spinning wheels or lining up items.

☐ NO
☐ YES please provide details:
### Academics

1. How is the child or young person doing academically in comparison to peers (e.g., previous numeracy/literacy results)
   - requires significant curriculum adaptation [ ]
   - below average [ ]
   - average [ ]
   - above average [ ]

2. Child’s or young person’s relative strengths academically?
   - [a]
   - [b]

3. Child’s or young person’s academic challenges?
   - [a]
   - [b]

4. What are your 2 main concerns regarding this child or young person?
   - [a]
   - [b]

5. Does the child or young person require additional supports within the classroom or playground?
   - [ ] NO
   - [ ] YES please provide details

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Please provide any additional concerns or comments you may have.

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**Please note information provided on this form may be used within the diagnostic report**

Please return the completed questionnaire to the child’s parents, or to:

Tasmanian Autism Diagnostic Service
GPO Box 125, HOBART 7001
Fax: 62307547

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