

# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Intelligence quotient is very good

**What types of things work best for your child in terms of rewards and motivation? \***

Favorite food plus toys

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☐ Spoken language

☐ Sign language

☒ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☐ Yes
- ☒ No

(From above question) **If yes, what type of sensitivity does the student have?** \*

☐ Visual

☐ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

.....

**What behaviors related to autism spectrum disorder am I most likely to see at school?** \*

Not social at all and have no friends

.....

**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? \***

Just to give him some time to hold himself

**Is there anything else you think I should know about your child? \***

No

**Does s/he join in playing games with other children easily? \***

☒ Yes

☐ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☐ Yes

☒ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

.....

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

IQ level high

**What types of things work best for your child in terms of rewards and motivation? \***

Special foods

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☒ Spoken language

☐ Sign language

☐ Written language

☐ Communication device

☐ Other: .....



**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☐ Yes
- ☒ No

(From above question) If yes, what type of sensitivity does the student have? \*

☐ Visual

☐ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

No .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

High IQ .....

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? \***

Special care

**Is there anything else you think I should know about your child? \***

High IQ

**Does s/he join in playing games with other children easily? \***

☐ Yes

☒ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☐ Yes

☒ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☒ Yes

☐ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Perceiving things early

**What types of things work best for your child in terms of rewards and motivation? \***

chocolates and candies

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

Yes ! He cannot walk properly. His legs is little bit weak .

**How does your child best communicate with others? \***

☐ Spoken language

☐ Sign language

☐ Written language

☒ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☐ Sometimes
- ☒ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☐ Yes
- ☒ No



(From above question) If yes, what type of sensitivity does the student have? \*

☐ Visual

☒ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

Playing old games .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

I see only few autism patients .....

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? \***

By giving rewards and give motivation

**Is there anything else you think I should know about your child? \***

No!

**Does s/he join in playing games with other children easily? \***

☒ Yes

☐ No

**Does s/he enjoy sports? \***

☐ Yes

☒ No

**Can s/he keep a two-way conversation going? \***

☒ Yes

☐ No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☐ Yes

☒ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☐ Yes

☒ No

**Enter Your Name? \***

Unknown

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Memory

**What types of things work best for your child in terms of rewards and motivation? \***

Travelling

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☐ Spoken language

☒ Sign language

☐ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☐ Never
- ☐ Sometimes
- ☒ Frequently

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

- ☐ Never
- ☐ Sometimes
- ☒ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No

(From above question) **If yes, what type of sensitivity does the student have? \***

☐ Visual

☐ Auditory

☐ Smells

☒ Touch

☐ Taste

☐ Other: .....

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

Touch .....

**What behaviors related to autism spectrum disorder am I most likely to see at school? \***

Social disturbed .....

**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? \***

Fulfil their requirments

**Is there anything else you think I should know about your child? \***

Highly sensitive

**Does s/he join in playing games with other children easily? \***

☐ Yes

☒ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☒ Yes

☐ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☒ Yes

☐ No

**Are people important to him/her? \***

☐ Yes

☒ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

Hira

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Calligraphy

**What types of things work best for your child in terms of rewards and motivation? \***

Appreciation and Love

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

To some extent

**How does your child best communicate with others? \***

☐ Spoken language

☐ Sign language

☐ Written language

☒ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☐ Sometimes
- ☒ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☐ Yes
- ☒ No

(From above question) **If yes, what type of sensitivity does the student have?** \*

☒ Visual

☐ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

Guidance .....

**What behaviors related to autism spectrum disorder am I most likely to see at school?** \*

Confused behaviour .....

**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? \***

Teaching with love

**Is there anything else you think I should know about your child? \***

Yes

**Does s/he join in playing games with other children easily? \***

☐ Yes

☒ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No



**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☐ Yes

☒ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

Usama Bin Tariq

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Perception

**What types of things work best for your child in terms of rewards and motivation? \***

Love

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☒ Spoken language

☒ Sign language

☐ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

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

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No

(From above question) If yes, what type of sensitivity does the student have? \*

☒ Visual

☒ Auditory

☒ Smells

☒ Touch

☐ Taste

☐ Other: .....

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

Nil .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

Nil .....

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? \***

Social attention

**Is there anything else you think I should know about your child? \***

Escape a boring task

**Does s/he join in playing games with other children easily? \***

☒ Yes

☐ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☒ Yes

☐ No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☐ Yes

☒ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☒ Yes

☐ No



**Does s/he appear to have an unusual memory for details? \***

☐ Yes

☒ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☒ Yes

☐ No

**Are people important to him/her? \***

☐ Yes

☒ No

**Is s/he good at turn-taking in conversation? \***

☒ Yes

☐ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☐ Yes

☒ No

**Enter Your Name? \***

Talha

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

My child never lies ...and always gives her best.

**What types of things work best for your child in terms of rewards and motivation? \***

Surprise gifts

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

Nothing

**How does your child best communicate with others? \***

☒ Spoken language

☐ Sign language

☐ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☐ Yes
- ☒ No

(From above question) If yes, what type of sensitivity does the student have? \*

☐ Visual

☐ Auditory

☐ Smells

☐ Touch

☐ Taste

☒ Other: Nothing

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

Nil

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

Nil

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? \***

She is aware of her responsibilities and she work according yo need

**Is there anything else you think I should know about your child? \***

No

**Does s/he join in playing games with other children easily? \***

☒ Yes

☐ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No

**Does s/he mostly have the same interests as his/her peers? \***

☒ Yes

☐ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☐ Yes

☒ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☒ Yes

☐ No



**Does s/he have any unusual and repetitive movements? \***

☐ Yes

☒ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☐ Yes

☒ No

**Enter Your Name? \***

M Nounman Azam

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Almost 100 plus

**What types of things work best for your child in terms of rewards and motivation? \***

No

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☒ Spoken language

☒ Sign language

☐ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No

(From above question) **If yes, what type of sensitivity does the student have?** \*

☒ Visual

☐ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

No .....

**What behaviors related to autism spectrum disorder am I most likely to see at school?** \*

Ni .....

**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? \***

No

**Is there anything else you think I should know about your child? \***

Yes

**Does s/he join in playing games with other children easily? \***



Yes



No

**Does s/he enjoy sports? \***



Yes



No

**Can s/he keep a two-way conversation going? \***



Yes



No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☐ Yes

☒ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☒ Yes

☐ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☐ Yes

☒ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☐ Yes

☒ No

**Enter Your Name? \***

Syed Ali Naqvi

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

School

**What types of things work best for your child in terms of rewards and motivation? \***

Chocolate

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☒ Spoken language

☐ Sign language

☐ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No

(From above question) If yes, what type of sensitivity does the student have? \*

☐ Visual

☐ Auditory

☐ Smells

☐ Touch

☒ Taste

☐ Other: .....

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

Better food selection .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

Vomiting .....

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? \***

Escaping boring task

**Is there anything else you think I should know about your child? \***

No

**Does s/he join in playing games with other children easily? \***

☒ Yes

☐ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☒ Yes

☐ No

**Does s/he mostly have the same interests as his/her peers? \***

☒ Yes

☐ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☐ Yes

☒ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☒ Yes

☐ No

**Does s/he have any unusual and repetitive movements? \***

☐ Yes

☒ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

Areeba

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Communication

**What types of things work best for your child in terms of rewards and motivation? \***

Gifts

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☐ Spoken language

☒ Sign language

☐ Written language

☐ Communication device

☐ Other: .....



**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No

(From above question) If yes, what type of sensitivity does the student have? \*

☐ Visual

☒ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

Excessive hand movements .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

Language and Hand Movements .....

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? \***

Counselling

**Is there anything else you think I should know about your child? \***

No

**Does s/he join in playing games with other children easily? \***

☐ Yes

☒ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No

**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☒ Yes

☐ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☒ Yes

☐ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☐ Yes

☒ No

**Enter Your Name? \***

Faiqa Shabbir

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Sports

**What types of things work best for your child in terms of rewards and motivation? \***

Money

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

Yes

**How does your child best communicate with others? \***

☒ Spoken language

☐ Sign language

☐ Written language

☒ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No



(From above question) **If yes, what type of sensitivity does the student have? \***

☐ Visual

☒ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

Change in Sleep schedule .....

**What behaviors related to autism spectrum disorder am I most likely to see at school? \***

Difficulty in perception .....

**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? \***

Making him sleep

**Is there anything else you think I should know about your child? \***

No

**Does s/he join in playing games with other children easily? \***

☒ Yes

☐ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☒ Yes

☐ No

**Does s/he mostly have the same interests as his/her peers? \***

☒ Yes

☐ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☐ Yes

☒ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☒ Yes

☐ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☒ Yes

☐ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☒ Yes

☐ No

**Does s/he have any unusual and repetitive movements? \***

☐ Yes

☒ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

Farwa Arshad

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Friends circle, school

**What types of things work best for your child in terms of rewards and motivation? \***

Exams

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

No

**How does your child best communicate with others? \***

☒ Spoken language

☐ Sign language

☐ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☒ Never
- ☐ Sometimes
- ☐ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☐ Yes
- ☒ No

(From above question) If yes, what type of sensitivity does the student have? \*

☒ Visual

☐ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

Motivational quotas .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

Nothing .....

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? \***

Give him rewards for doing good work

**Is there anything else you think I should know about your child? \***

No

**Does s/he join in playing games with other children easily? \***

☐ Yes

☒ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☒ Yes

☐ No

**Does s/he mostly have the same interests as his/her peers? \***

☒ Yes

☐ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☐ Yes

☒ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☐ Yes

☒ No

**Does s/he appear to have an unusual memory for details? \***

☐ Yes

☒ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☒ Yes

☐ No

**Is s/he good at turn-taking in conversation? \***

☒ Yes

☐ No

**Does s/he have any unusual and repetitive movements? \***

☐ Yes

☒ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☒ Yes

☐ No

**Enter Your Name? \***

Rocky

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# Autism survey for parents

Autism survey form for parents and teachers

**What are your child's areas of strength? \***

Academics

**What types of things work best for your child in terms of rewards and motivation? \***

Digital gadgets

**Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class? If so, please describe: \***

At first, he has vestibular issues but gradually it become fine

**How does your child best communicate with others? \***

☒ Spoken language

☐ Sign language

☒ Written language

☐ Communication device

☐ Other: .....

**Does your child use echolalia (repeating words without regard for meaning)? \***

- ☐ Never
- ☐ Sometimes
- ☒ Frequently

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

- ☐ Never
- ☒ Sometimes
- ☐ Frequently

**Does your child have any sensory needs that I should be aware of? \***

- ☒ Yes
- ☐ No

(From above question) If yes, what type of sensitivity does the student have? \*

☒ Visual

☒ Auditory

☐ Smells

☐ Touch

☐ Taste

☐ Other: .....

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

Musical toys .....

What behaviors related to autism spectrum disorder am I most likely to see at school? \*

Aggressiveness .....

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? \***

Alternative reinforcers

**Is there anything else you think I should know about your child? \***

He is good at breaking passcodes

**Does s/he join in playing games with other children easily? \***

☐ Yes

☒ No

**Does s/he enjoy sports? \***

☒ Yes

☐ No

**Can s/he keep a two-way conversation going? \***

☐ Yes

☒ No



**Does s/he mostly have the same interests as his/her peers? \***

☐ Yes

☒ No

**Does s/he have an interest which takes up so much time that s/he does little else? \***

☒ Yes

☐ No

**Does s/he often bring you things s/he is interested in to show you? \***

☒ Yes

☐ No

**Does s/he have difficulty understanding the rules for polite behavior? \***

☒ Yes

☐ No

**Does s/he appear to have an unusual memory for details? \***

☒ Yes

☐ No

**Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? \***

☐ Yes

☒ No

**Are people important to him/her? \***

☐ Yes

☒ No

**Is s/he good at turn-taking in conversation? \***

☐ Yes

☒ No

**Does s/he have any unusual and repetitive movements? \***

☒ Yes

☐ No

**Does s/he care how s/he is perceived by the rest of the group? \***

☐ Yes

☒ No

**Enter Your Name? \***

Ismat

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