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# Information About My Son/Daughter on the Autism Spectrum

The information below is to help those involved with my child better support him or her. As always, if you have questions, do not hesitate to contact me at:

## **Student's Name:**

**My son/daughter has the following strengths, gifts, and special interests. I want you to know the following about my son/daughter and their positive qualities:**

**Below are struggles or difficulties at home or in previous school settings.**

**These strategies work best with my son/daughter (e.g., increases motivation, interest, learning, and success).**

**These strategies do not work (e.g., creates boredom, increases anxiety, leads to behavior, decreases learning).**

**Below is more information that is important for you to know (e.g., diet, eating habits, medications, toilet training, sensory issues)?**

**My child communicates in the following way.**

**These are my top three priority goals for my son/daughter on the autism spectrum.**

**The following are outside activities in which my child participates. (For example, clubs, sports, camps, and so on.)**

**My son/daughter receives programming from these professionals outside the school district (e.g., counselors, ABA providers, etc.).**

**Additional thoughts.**