



Information about My Son/Daughter on the Autism Spectrum

Student's Name: _____

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

My son/daughter has the following strengths, gifts, and special interests (fixations). I want you to know the following about my child:

Below are struggles or difficulties at home or in previous school settings:

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

These strategies don't work (e.g., create boredom, increase anxiety, lead to behavior, decrease learning):

Below is more information that is important for you to know (e.g., diet, eating habits, 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:

Additional thoughts:

Secretary share/articles/Family/ Information about my son-daughter form