My Child's Profile

This profile is designed as a means for parents to share information about their child.

Background Information

Date: _____

Child's Name: _____

Child's D.O.B: _____

Child's Current School Placement: _____

Parent's/Guardian's Name: _____

Address: _____

Phone Numbers: Cell:_____ Home: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Language spoken at home   English ☐   French ☐ Other (please specify) _____

Supports and Services

Please indicate any additional supports and service that your child is receiving:

☐   SLP: _____

☐   PT: _____

☐   OT: _____

☐   T.A/ERF_____

☐   _____

☐   _____

☐   _____

☐   CYW: _____

☐   Social Worker: _____

☐   Behaviour Therapist: _____

☐   _____

☐   _____

☐   _____

☐   _____

This Autism Spectrum Disorders resource is provided for informational purposes only and is not a substitute for professional advice, diagnosis or treatment, from a qualified health-care provider.

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Communication

Communication System	Check off System Used		Details (please list any attached appendices, e.g. SLP assessment, ABLLS-R or VB-MAPP)
	YES	**NO**	
Verbal			
Picture Exchange Communication System (PECS)			
Sign Language			
Assistive Technology			
Other			

1. Does your child respond to simple instructions? (e.g. "Sit down", "Turn the TV off") Yes ☐ No ☐

If not, describe strategies used to promote understanding:

_____

_____

_____

2. Does your child follow multiple step instructions? (e.g. "Take off your shoes and hang up your coat").
   Yes ☐ No ☐

Describe:

_____

_____

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3. Does your child respond to his/her name being called?   Yes ☐ No ☐

Describe:
_____
_____

4. What stage of visual recognition enhances your child's understanding? (please check all that apply)

objects ☐   photos ☐   representational drawings ☐   written text ☐

List phrases that your child may be familiar with and responds well to (e.g. "tidy up" vs. "clean up"):
_____
_____
_____

Social Interactions

1. Are there periods during the day when your child seems more socially interactive (e.g. in the morning, play, meal times etc.)?

a) Provide examples of times when your child is successful socially interacting with family members, peers and/or other adults:
_____
_____
b) Describe times when your child may have difficulty socially interacting with family members, peers and/or other adults:
_____
_____

2. Which of the following are currently being used to promote social interactions for your child?

☐ provide peer mentor/buddy   ☐ role plays to teach social skills

☐ allow for partial participation in group activities   ☐ educate peers about the child with ASD (with parental/guardian consent)

☐ structure activities to create opportunities for social interaction   ☐ other (describe below)

_____

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Interests

1. Does your child have specific areas/ subjects of interest?   Yes ☐ No ☐

Describe:

2. What are effective methods to motivate your child?

Describe:

3. Is a completed reinforcer survey attached?   Yes ☐ No ☐

	Favourite Items		Favourite Activities
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

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Behaviour

1. Are there any safety concerns?   Yes ☐ No ☐

If yes, please describe:
_____

_____

_____

_____

2. Does your child engage in any challenging behaviours that may interfere with their learning?
   Yes ☐ No ☐

If yes, please describe:
_____

_____

_____

3. If known, where and when do the most challenging behaviours occur?

Describe:
_____

_____

4. Can your child recognize their need for a break?   Yes ☐ No ☐
   If so, how does your child let you know?_____

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Considerations for Learning

1. Can your child work independently?   Yes ☐ No ☐

Describe: _____

_____

_____

2. Can your child transfer skills to new settings?   Yes ☐ No ☐

If yes, please indicate: frequently ☐   sometimes ☐   rarely ☐

Describe: _____

_____

_____

3. Can your child stay within boundaries of a designated area?   Yes ☐ No ☐

If yes, please indicate: independently ☐   with physical boundaries made visible ☐
                          with adult assistance ☐

Describe: _____

_____

_____

4. Does your child use any assistive technology devices/software?   Yes ☐ No ☐
   If yes, please indicate:

☐ Calculator   ☐ Co:Writer
☐ Computer or laptop   ☐ Smart Ideas
☐ Apple iPod/ iTouch   ☐ Clicker 5 or 6
☐ Write:Outloud   ☐ Kurzweil
☐ Alpha Smart   ☐ Intellitools Classroom Suite
☐ Dragon Naturally Speaking   ☐ other (describe below)

Describe: _____

_____

_____

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Self Help Skills

1. Is your child independent at mealtimes?   Yes ☐ No ☐

Describe:
_____

_____

2. Is your child toilet trained?   Yes ☐ No ☐

Describe:
_____

_____

3. Is your child independent with dressing/undressing?   Yes ☐ No ☐

Describe:
_____

_____

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Resources that may be sent to the Receiving Setting

This is a separate section that may be used to outline important resources for your child and may be sent to the receiving environment.

Please indicate the current resources that will be sent to support your child:

- ☐ task analysis or mini-schedule
- ☐ calendar
- ☐ social script
- ☐ Incredible 5 point scale
- ☐ break cards
- ☐ choice board
- ☐ video modeling of child /peer engaging in skill development

- ☐ first-then board
- ☐ power cards
- ☐ help cards
- ☐ daily visual schedule
- ☐ token system
- ☐ transition video
- ☐ independent work system/ bins

- ☐ checklist
- ☐ social narratives
- ☐ 54321 countdown board
- ☐ wait cards
- ☐ universal no card
- ☐ assistive technology devices
- ☐ file folder activities

Description of any other resources (if not identified above):

Please indicate the current resources that will be sent to the service provider:

- ☐ samples of work
- ☐ data sheets
- ☐ weekly/daily schedule
- ☐ reinforcement survey
- ☐ info about assistive technology devices

- ☐ information on ASD
- ☐ video of child
- ☐ behaviour plan
- ☐ SLP/OT/PT reports
- ☐ sample communication book page

- ☐ Individual Service Plane (ISP)
- ☐ ABLLS-R assessment
- ☐ VB MAPP assessment
- ☐ IBI discharge report
- ☐ other (please describe below)

Description of any other resources (if not identified above):

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