

Kyle Academy for Autism Student Interest Form

Child's Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

How did you hear about us?

What is your hope for your child's education?

Annual household income: (optional)

- under \$20,000
- \$20,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000 - \$100,000
- \$100,000+

General Behavior

Does your child have play skills? Yes No

What activities does your child enjoy?

Does your child interact with others? Yes No

What are your greatest behavior concerns?

Please check all behaviors your child exhibits:

____ Sensory sensitivity (smell, sound, touch, light, etc.)

 Please explain: _____

____ Stimming (continual rocking, flapping hands, stares at light, etc)

 Please explain: _____

____ Feeding struggles

 Please explain: _____

Communication History

Can your child seem to understand directions? Yes No

Is your child able to label objects? Yes No

Does your child have expressive language? Yes No

Is your child's speech understandable to you? Yes No

Is your child's speech understandable to close family and friends? Yes No

Is your child's speech understandable to strangers? Yes No

Does your child prefer to use speech or gestures when communicating? _____

Give examples of sentences your child uses independently (not sentences that are repeated):

At what age did your child begin to use three word sentences? _____

Self Help/Fine Motor History

Can your child complete the following tasks:

With Assistance

Independently

Put on socks

Take off socks

Put on shoes

Take off shoes

Pull up pants

Put on pants

Take off pants

Put on shirt

Take off shirt

Tie

Untie

Lace

Button

Unbutton

Zippers

Snaps

String beads

Stack blocks

Comb hair

Brush teeth

Feed self

Potty trained

Hold pencil

Trace

Write name

Use scissors

Does your child:

	Not At All	A Little	A Lot	Always
Have difficulty completing work independently				
Have difficulty keeping attention over 10 minutes				
Seem to not listen when spoken to				
Becomes easily distracted by extraneous stimuli				
Fidget with hands/squirm in seat				
Leave their seat when sitting still is required				
Run about or climb excessively				
Have difficulty waiting their turn				
Lose his/her temper				
Seem easily annoy others				
Actively defy requests or rules				
Deliberately annoy others				
Argue with adults				
Seem spiteful or vindictive				
Swear or use obscene language				
Demonstrate noncompliant behavior, with tantrums				
Escape behavior				
Lie				
Deliberately destroy another's property				
Initiate physical fights				
Seem afraid to try new things				
Have their feelings easily hurt				
Seem clingy. Needing constant reassurance				
Withdrawn, excessively shy				
Self-injurious				
Have no motor imitation skills				
Have no verbal imitation skills				
Does not initiate social interaction				
Does not take turns or share				
Ignores sounds/does not respond when name is called				
Responds inconsistently to voice or other sounds				
Appears to forget directions				
Inability to sit still/constantly exploring				
Clumsiness or misjudgment of distances				
Inappropriate emotional response				
Lack of eye contact				