REPLENISH

The Whatcom County Child & Adolescent Mental and Behavioral Health Community Connection Project

Assessment Preparation Worksheet - Autism

1. What are your child's strengths?

2. When did you first start noticing concerns or wondering if your child was different from their peers? What did you notice?

3. What specifically are the things you are concerned about?

4. What have you tried to address the concerns?

5. Is your child a picky eater? If so what is their current repertoire of foods?

6. Do they have trouble making or keeping friends?

7. Do they have any routines that you HAVE to complete? If so give a few examples.

8. Do they have any areas of special interest? If so give a few examples.

9. Do they have any repetitive motor movements or things they say over and over again? If so give examples.

10. Do they have trouble understanding facial expressions or gestures? If so give some examples.

11. Do they have difficulty with understanding turn taking in conversation or in play? If so give some examples.

12. Has your child's school or teachers mentioned any observations or concerns?