# **Appendix**

## Forms and Templates

This section presents six useful forms that are flexible enough to respond to many situations. We have provided multiple copies of each form, but you should make additional copies as needed so you always have one handy when you have a doctor's appointment or when you meet with teachers, providers, or parents.

The **Student Information Sheet** provides basic information and should be given to teachers and to any new provider, such as a speech-and-language pathologist, an occupational therapist or a psychologist, providing counseling. Whenever basic information changes, updated forms should be provided to all who need them.

**Team Meeting Notes** can be used to document meetings with providers, teachers, therapists, and other professionals.

The Autistic Spectrum Disorder Intake Summary can be used by a professional in a position to diagnose or by a school for

initial intake information. This gives a description of the student's baseline and developmental milestones. It can provide valuable information for physicians and treatment teams and can be used to provide additional information to receive an accurate diagnosis early on rather than having the child move from professional to professional before receiving a correct diagnosis.

The Behavior Tally Sheet is used to collect data on any targeted behavior. The tallies indicate how many times a behavior occurred during a particular time frame. This information provides not only frequency but patterns related to when the behavior occurs. It can be used by the parent, the classroom teacher, or the service provider. The information can then be used to create a behavior support plan or to give meaningful information to team members so they are able to revise their treatment plans.

The Antecedent—Behavior—Consequence (ABC) Data Sheet is specifically used to document patterns in behavior. It will enable you to recognize the time of the behavior, the antecedent (that is, what happened directly before the behavior), the actual behavior, and its consequence. The recommended time for use of this form is ten days. This time frame will give the user enough data to determine if there are any patterns of antecedents causing a particular behavior or consequences/responses that are effective or that make the behavior worse. Upon completion, you will determine by the child's response to the consequence whether the consequence you chose was effective. If it was, continue. If it was not, you need to revise your approach. This form is useful for all providers, professionals, and parents who are trying to document behavior.

Once an adequate amount of data has been collected, it will be used to complete the **Behavior Support Plan**. All teams members should agree to this plan and implement consistent strategies notated on the form.

5	Stud	ent Info	rmation	Sł	neet
Last name:	: First name: [		Date of birth:		Diagnosis/Eligibility:
Date annual Individ Education Plan is d			Transportation	on:	Classroom teacher:
Date 3-year Individended Education Plan is described by the control of the contro			Classroom #	<b>#</b> :	
Parent Contact In	nforma	tion			
		Mother		Fat	her
Name:					
Address:					
Phone:					
E-mail:					
Emergency number	r:				
Medical Informat	ion				
Current medication	s:	Current med administered school:		(Ple	ergies:  Yes  No ease describe any food medication allergies and the side effects for each n.)
Time of day medica are administered:	ations				

Student Information She		Additional information:
Triggers:	Calming strategies:	Additional information:
	T	
Summary of objectives:	Accommodations:	Related services/Minutes:
Medication Log		
Medication trials: How	Dose prescribed:	Side effects of
many times was it tried?	Dose prescribed.	medication trial:

5	Stud	ent Info	rmation	Sł	neet
Last name:	: First name: [		Date of birth:		Diagnosis/Eligibility:
Date annual Individ Education Plan is d			Transportation	on:	Classroom teacher:
Date 3-year Individended Education Plan is described by the control of the contro			Classroom #	<b>#</b> :	
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E-mail:					
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Time of day medica are administered:	ations				

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Triggers:	Calming strategies:	Additional information:
	T	
Summary of objectives:	Accommodations:	Related services/Minutes:
Medication Log		
Medication trials: How	Dose prescribed:	Side effects of
many times was it tried?	Dose prescribed.	medication trial:

Student Information Sheet					
Last name:	e: First name:		Date of birth:		Diagnosis/Eligibility:
Date annual Individualized Education Plan is due:		Transportation:		Classroom teacher:	
Date 3-year Individualized Education Plan is due:			Classroom #:		
Parent Contact In	nforma	tion			
		Mother		Fat	her
Name:					
Address:					
Phone:					
E-mail:					
Emergency number:					
Medical Informat	ion				
Current medication	s:	Current med administered school:		(Ple	ergies:  Yes  No ease describe any food medication allergies and the side effects for each n.)
Time of day medica are administered:	ations				

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Triggers:	Calming strategies:	Additional information:
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Summary of objectives:	Accommodations:	Related services/Minutes:
Medication Log		
Medication trials: How	Dose prescribed:	Side effects of
many times was it tried?	Dose prescribed.	medication trial:

Team Meeting	Notes
Team Meeting for:	Date:
Focus of Discussion: (Check all that app	ly)
☐ Attendance	
☐ Academics	
☐ Self-help	
☐ Medical concerns	
☐ Transportation	
☐ Behavior	
☐ Related services	
$\hfill \square$ Individualized Education Plan goals	
☐ Academics	
☐ Social skills	
☐ Communication	
☐ Other (Please explain.):	
Strengths/Improvements	
Areas of concern	
Actions to be taken	
Person responsible for monitoring follow-through	1

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Focus of Discussion: (Check all that app	ly)
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☐ Academics	
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☐ Communication	
☐ Other (Please explain.):	
Strengths/Improvements	
Areas of concern	
Actions to be taken	
Person responsible for monitoring follow-through	1

Autistic Spectrum Disorder Intake Summary
Date:
Name of student:
Address and contact number:
Birthdate:
School currently attending:
Grade:
Current placement (functional or academic):
Current diagnosis:
Names of parents:
Developmental Information
Did your child develop language before the age of three?
How many words does your child put together to convey a message?
How does your child indicate his wants and needs? (For example: pointing, screaming, grabbing)
Did your child meet other developmental milestones such as sitting, crawling, walking, and pointing to objects?
Is your child able to take care of his/her self-help skills such as putting on clothes, eating, going to the bathroom, brushing teeth, and washing hands, or does he/she need adult assistance?

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Behavior Tally Sheet					
	Behavior 1	Behavior 2	Activity	Adult with Child	
8:00–8:15					
8:15-8:30					
8:30-8:45					
8:45-9:00					
9:00-9:15					
9:15-9:30					
9:30-9:45					
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1:00-1:15					
1:15-1:30					
1:30-1:45					
1:45-2:00					
2:00-2:15					
2:15-2:30					

<sup>1</sup> Choose one or two target behaviors and identify them at the top of the chart.

<sup>2.</sup> Use tally marks to document a particular behavior at a particular time.

Document activity taking place during behavior.
 Document adult with the child when the behavior occurred.

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	Behavior 1	Behavior 2	Activity	Adult with Child	
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1:45-2:00					
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Document activity taking place during behavior.
 Document adult with the child when the behavior occurred.

### Student's Name:

Otauciit c	, italiic.	Targeted Benavior.			
Date	Time of Day	Antecedent	Behavior	Consequence	Adult's Initials
		(Describe what happened before the behavior occurred, including the activity and the setting.)	(What did the child do? Describe in detail. Example: Stamped feet, screamed, and ran around the room for five minutes.)	(Describe what happened after the behavior, including how staff responded to it.)	
		Activity:	☐ mild ☐ moderate ☐ severe	Staff's response:	
		Setting:		Child's response:  ignore escalate de-escalate	

#### Student's Name:

Ottadent	tauciit 3 Hailio.		Targeted Berlavior.		
Date	Time of Day	Antecedent	Behavior	Consequence	Adult's Initials
		(Describe what happened before the behavior occurred, including the activity and the setting.)	(What did the child do? Describe in detail. Example: Stamped feet, screamed, and ran around the room for five minutes.)	(Describe what happened after the behavior, including how staff responded to it.)	
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		Activity:	□ mild □ moderate □ severe	Staff's response:	
		Setting:		Child's response:  ignore escalate de-escalate	

Behavior Support Plan
Date:
Name of student:
Review plan by:
Describe the behavior, including frequency.
2. What occurred directly before the behavior?
3. What occurred after the behavior?
4. When does the behavior occur? (For example, during transitional periods such as before and after activities, during particular activities)
5. Where does the behavior occur? (Give location and activity.)

Behavior Support Plan (continued)
6. Who is present/absent when the behavior occurs?
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