Fulton Autism Consult Team

Dear Parents/Guardians,

An aspect of our school's mission is to ensure that every child succeeds. We are concerned that _________ is having difficulty with ______________________. We want to help ________________ succeed in his or her classroom, and have referred him/her to the Fulton Autism Consult Team to develop a plan for success.

The consult team supports teachers in providing students with the help they need to do their best in their classroom. The team meets to discuss the student's strengths and abilities, and to design a support plan to help him or her succeed. Teachers, administrators and other school support personnel are members of our team. Together we will come up with interventions that can be implemented in the classroom to assist your child educationally.

It may be necessary to observe your child for the purpose of gaining information as to his or her current skill level to share with the members of the Autism Consult Team. You will be continually informed as to the interventions attempted as well as your child's progress. We may also ask for additional support at home. You play an important role in your child's success and the school welcomes and respects your input***. In order for us to gather additional information, please fill out and return the attached form regarding your child.***

If you have any questions or concerns regarding your child's educational difficulties or proposed referral, please do not hesitate to contact the Special Instructional Programs and Pupil Services office (SIPPS) at
593-5520.

Sincerely,

Director of Special Education

Fulton Autism Consult Team

Child's Name:		Grade:
Child's Strengths - Please check all that apply		
❑ Has positive attitude ❑ Is a hard worker ❑ Is trustworthy ❑ Works well in groups ❑ Works well by him or herself ❑ Is respectful ❑ Is motivated	❑ Finishes what he or she starts ❑ Is organized ❑ Has a good sense of humor ❑ Is cooperative ❑ Is responsible ❑ Is creative	❑ Handles conflict well ❑ Is athletic ❑ Takes pride in appearance ❑ Is musically talented ❑ Is artistically inclined ❑ Possesses leadership qualities
Other:		
Concerns about my child at school and home – Please check all that apply		
❑ Has poor grades ❑ Is disorganized ❑ Does not finish work ❑ Does not follow directions ❑ Does not remember things	❑ Has poor writing skills ❑ Has poor reading skills ❑ Has poor math skills ❑ Has poor study skills ❑ Gives up easily	❑ Does not work well with others ❑ Does not work well by him or herself
❑ Physically hurts people (e.g. hits, throws things) ❑ Is bullied ❑ Bullies others ❑ Destroys property ❑ Is Easily distracted ❑ Argues frequently	❑ Says mean things (e.g. makes threats, swears) ❑ Is shy and withdrawn ❑ Gets mad easily ❑ Annoys people ❑ Steals, cheats or lies ❑ Is avoided by peers	❑ Makes inappropriate comments ❑ Is late and/or skips school
Other:		
Personal concerns – Please check all that apply		
❑ Has body odor ❑ Resists bathing or showering ❑ Is overweight or underweight ❑ Often appears nervous ❑ Is often sick or appears sickly ❑ Sleeps a lot	❑ Has difficulty moving or is uncoordinated ❑ Complains frequently of nausea or vomiting ❑ Has bloodshot eyes ❑ Hurts him or herself	❑ Smells of smoke or alcohol ❑ Has been in possession of drugs, alcohol, or paraphernalia ❑ Health concerns____________ ______________________________
Other:		

Please list any medications your child takes: ____

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Tell us anything else you think we should know to help support your child: (use reverse side if more space is needed)

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Parent/Guardian Signature: ____