

## **Birth-3 Team Input**

TODAY'S DATE:	DOD
CHILD'S NAME:	DOB:
NAME OF PERSON FILLING OUT FORM:	
ROLE/JOB OF PERSON FILLING OUT FORM:	
Check the services this child receive through Birth to 3?	
Speech OT Special Education PT	Infant Mental Health
Other: Has there been a change in services or intensity of services si	nce the child started Birth to 3?
Select the behaviors that your team is <i>currently</i> seeing	Details
(check boxes to select more than 1 per category):	(of those chosen or others not included)
Communication:  No attempts to communicate/Doesn't seem to understand they can do so Repetitive/unusual vocal (including echo/stereotyped)	
Lack of conversation skills Word approximations/no single words Simple words Simple phrases	
7 2	
Play:  Does not play with toys	
Lines up toys	
Plays with only parts of toys	
Closely examines things	
No pretend play	
Does not invite others to play	
Ignores the invitations of others	
Prefers to play alone	
Social:	
Limited response to name	
Limited eye contact Limited sharing interests (showing, pointing things out)	
Treats unfamiliar and familiar people similarly	
Difficult to engage	
Sensory:	
Explores new places and things with mouth	
Overly sensitive to textures/sounds	
Food aversions	
Seeks sensory input	
Other:	
Toe walking	
Hand flapping	
Other repetitive body movements Difficulty with transitions	
Resistance to change	·
Ritualistic	
Overly focused on topic/specific objects	

How is family approaching an autism evaluation and		
possible diagnosis?		
Hesitant		
Anxious/Nervous		
Only doing it because told to/not ready		
Couple is in conflict - one wants this and other does not		
They seem to know they have ASD and are ready		
Other (please explain)		
How do you anticipate this parent will respond to an ASD		
diagnosis?		
Denial/refusal to accept this		
Sadness		
Acceptance/positive thinking Anger		
Self-Blame		
Worry		
Other (please explain)		
Is there anything else that the team thinks would be		
important for us to know?		
Trauma		
Homelessness		
Language barriers		
Family culture		
Financial barriers		
Marital barriers		
CPS reports		
Other (please explain)		
Team's overall impression that child has ASD*		
Parent's overall level of concern about their child and ASD*		
i arent soveran level of concern about their child and ASD		
Family/Child strengths:		
How can we best support this family and your work with them?		
The state of the s		

\*Note: Likely/High cases considered "clear" and may qualify for expedited evaluations.

Please share any additional information below that you think would be helpful for us to know: