QUESTIONNAIRE FOR STUDENTS WITH AUTISM SPECTRUM DISORDERS

In an effort to best assess and meet the needs of students with Asperger’s Syndrome and other Autism Spectrum Disorders at the Algonquin College, we ask that you fill out the following questionnaire prior to an appointment with a Disabilities Counsellor. Please have a parent, spouse, counsellor or someone who knows you well review this with you after filling it out. Please give as much information as possible. The questions are intended to give you an idea of what will be discussed during your appointment at the Centre for Students with Disabilities. The questions will also give you a picture of routine situations you may encounter at the College. Upon completion, mail or fax to:

Centre for Students with Disabilities
Algonquin College
1385 Woodroffe Avenue
Ottawa, Ontario
Fax: 613-727-7661

Upon receipt, the Centre for Students with Disabilities (CSD) will contact you to schedule a one hour appointment with you and a person who knows you well in order to review documentation, explain the role of the CSD and discuss a plan for support while attending the College.

A. Contact Information:

Name: _________________________________ Date: ______________________________

Phone: ______________________________________________________________________

Email: ______________________________________________________________________

Person assisting with Questionnaire: _____________________________________________

Relationship to student: _______________________________________________________

B. Disability/Assessment information:

What do you believe your disability/diagnosis to be?

When were you first diagnosed?

Date of last diagnostic assessment? By whom?
How would you describe your diagnosis and how it affects you to others?

What support services or accommodations have you used in the past?

What accommodations are you requesting at the College?

What medications are you currently taking?

How will you obtain your medications while at College?

C. Interests/Skills:

Do you have a particular hobby or specific area of interest? Please describe.

What are your career plans?

What do you consider your greatest strength or what you are good at?

What do you consider a weakness of yours or something that is very difficult for you?

D. Work Experience:

What jobs have you held in the past?
1.
2.
3.

What did you like and dislike about each?

E. Housing Needs:

Describe your current living arrangement (i.e. with parents, in residence, with roommate etc.)
Where do you plan to live while attending college?

With whom?

Describe your living habits (i.e. privacy, personal space needs, orderliness, etc.)

Do you have particular dietary needs/preferences? Please describe.

F. Transportation:

Do you drive?

Do you use public transportation?

How will you get to your classes?

Around campus?

G. Support Network:

Please identify the daily life management tasks that your support people currently assist you with. For example: doing your laundry, making your appointments, buying your groceries, etc. Beside each task, write the name of the person who provides this assistance. Write “self” if you manage the activity.

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Who will be the support persons available to you on an ongoing basis once you are at college? Examples: parent, spouse, therapist/counsellor, coach, etc.

H. Sensory Integration:

Are you sensitive to certain stimuli? If so, Please describe any difficulties with the following.

Lights or visual disturbance--

Noise--

Touch--

Odors--

Tastes/Textures--

I. Stress Tolerance:

What particular situations trigger a stress response in you? 

What do you do, or what do you do to cope when you get very:

Fearful--

Angry--

Frustrated--

Do you use manipulatives, comfort objects or repetitive behaviors to reduce your stress or anxiety? If so, please describe.

J. Fine Motor / Dexterity:

Do you use a computer?

Do you own a laptop?

Is your handwriting legible? Slow?

Do you take good notes during a lecture?
K. Spatial Issues:

Do you have trouble recognizing people’s faces?

Do you have difficulty remembering how to get to places or navigating different environments? If so, what strategies do you use to help you? (maps, photos, etc.)

L. Social Issues:

Do you enjoy spending time with your friends or do you prefer to spend time alone?

What activities do you like to do with others? (movies, computer games, baseball, etc)?

Yes or no: When interacting with others, do you have difficulty:

Monitoring your voice level?

Knowing when to start or stop talking?

Knowing how to begin, maintain or end a conversation?

Making eye contact with others while talking?

How do you prefer to communicate with others: (email, phone, in person)

Instructors or support persons--

Other peers/students--

Friends and/or family--

M. Time management/organization issues:

Do you have difficulty starting projects or papers?

Do you have trouble using or structuring free time?
Do you have difficulty making appointments, remembering them or getting to them? If so, describe.

Do you use a planner, palm pilot or other organizational system?

How do you decide on importance or priorities? (ie. studying different subjects)

Is your work/ study area organized/neat or disorganized/messy?

**N. Behaviors/Manifestations:**

Are there any behaviors that you are aware of that others (instructors, classmates, others) might interpret as:

A little bit odd or different?

Disruptive or intrusive?

Scary or threatening?

**O. Disclosure/Advocacy:**

Who do you plan to inform of your diagnosis at the College?

Will you be able to talk with an instructor, staff or teaching assistants about the impacts of your disability?

What do you think your greatest challenge or barrier to success at the College will be?

Anything else that you would like your Disabilities Counsellor to know about you: