

## TEACCH Fundamentals Class Composition Form

Participant Name
District/Agency
Please provide the following demographic information about the students in your class:
Select Grade Level(s):
☐ Infant/Toddler ☐ Preschool ☐ Kindergarten ☐ Primary Elem Grades 1-3 ☐ Intermediate Elem Grades 4-6 ☐ Middle School Grades 7-8 ☐ High School ☐ Post High School/Adult Services
Please Indicate how many students in your class have autism:  100% 75% 50% 25%
Autism: (Check all that apply to your students' levels)  Mildly impaired  Moderately impaired  Severely impaired
Functioning Levels of students with Autism (Check all that apply):
Communication  Non-verbal/uses only 1 or 2 words  Non-Verbal, uses a communication device or  Non-Verbal but uses other communication (signing, written communication, etc.)  Verbal/speaks in at least 3-4 word sentences
Academics:  At or approaches age/grade level Below grade level but functional Pre-K
Cognitive:  Developmentally appropriate  Mildly impaired  Severely impaired  Comments: