

# Comprehensive Autism Assessment (CAA) Planning Tool

Family Needs & Priorities	In relation to the individual, has the team considered:	Yes	No	List Needs:	List Priorities:	Is further assessment needed? Yes No	Tools and environments to be considered:	Who will complete the process?
	Family needs and priorities							
	School and other service agency needs and priorities							
	Neighborhood, community and friendship							

Preferences & Motivators	In relation to the individual, has the team considered:	Yes	No		Is further assessment needed? Yes No	Tools and environments to be considered:	Who will complete the process?
	Individual's preferences?			List some of the individual's preferences:			
	Potential motivators?			List items/events that the individual may be willing to work to obtain:			
	If there are sufficient motivators available to establish cooperative interactions?						

Interests & Strengths	In relation to the individual, has the team considered:	Yes	No		Is further assessment needed? Yes No	Tools and environments to be considered:	Who will complete the process?
	Any talents that the individual may possess that would be useful to the educational/therapeutic process?			List talents:			
	The interests of the individual?			List interests:			
	Skill strengths that the individual may present?						

Developmental	In relation to the individual, has the team considered:	Yes	No	List Specific Concerns:	Is further assessment needed?	Tools and environments to be considered:	Who will complete the process?

				<b>Yes</b>	<b>No</b>		
	Emotional development?						
	Physical development?						
	Social development?						
	Adaptive development?						
	Communication development?						
	Cognitive development?						

	<b>Components of communicative functioning:</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>		<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>		<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
		<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>		
<b>Communication</b>	Receptive vocabulary							
	Receptive language comprehension							
	Expressive vocabulary							
	Expressive syntax and grammar							
	Requests items							
	Requests actions							
	Requests clarification							
	Narrative language							
	Ask questions for information							
	Answer questions							
	Articulation/oral motor							
	Initiating communication							
	Terminating communication							
	Sustaining conversation							
	Topic maintenance							
	Reciprocity							
	Turn-taking							
Pausing								
Interrupting								
Use of facial expression								
Use of body language								
Use of eye gaze								

	<b>Components of alternative communicative needs</b>	<b>Has the team considered these aspects of alternative communicative?</b>		<b>Is further assessment needed?</b>		<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
<b>Communication</b>	Is alternative communication needed?						
	If alternative communication is needed, has accessibility been assessed?						

	If alternative communication is needed, has practicality/portability been assessed?				
	If alternative communication is needed, have the skills needed by the communication partner been assessed?				

<b>Social Competence</b>	<b>Areas of functioning related to social competence</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  Yes    No	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  Yes    No	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Social comfort					
	Social engagement					
	Social adaptability					
	Social cognition					
	Perspective taking					
	Social behaviors					

<b>Neurocognitive</b>	<b>Areas of functioning related to neurocognition</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  Yes    No	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  Yes    No	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Organizational skills					
	Planning skills					
	Sequencing					
	Problem solving					
	Flexibility					
	Memory					
	Attention					
Processing speed						
Cognitive ability profile						

  

<b>Sensory Processing</b>	<b>Areas of functioning related to sensory processing</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  Yes    No	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  Yes    No	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Sensory avoidant behaviors					
	Sensory seeking behaviors					
	Modulation					

<b>E m</b>	<b>Areas of functioning related to emotional</b>	<b>Does the Individual demonstrate</b>	<b>List Specific Concerns:</b>	<b>Is further assessment</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the</b>
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	<b>regulation</b>	<b>difficulty in these areas:</b>		<b>needed?</b>		<b>process?</b>
		<b>Yes No</b>		<b>Yes No</b>		
	Mood stability					
	Mutual regulation (using others)					
	Self regulation (self soothing, control)					
	Anxiety management					
	Coping skills					
Self awareness						

<b>Challenging Behaviors</b>	<b>Always assess these three areas related to challenging behaviors</b>	<b>Has the team assessed all aspects related to challenging behaviors</b>	<b>List Specific Findings:</b>	<b>Is further assessment needed?</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
		<b>Yes No</b>		<b>Yes No</b>		
	Function					
	Related skill deficit					
Environmental context						

<b>Adaptive/ Functional</b>	<b>Areas of functioning related to adaptive/functional skills</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
		<b>Yes No</b>		<b>Yes No</b>		
	Self help/Activities of Daily Living					
	Safety awareness/survival skills					
	Community functioning					
	Household management					
	Self awareness and advocacy skills					
	Leisure skills					
Participation skills across people, places, activities,						

	and items					
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<b>Perceptual Motor</b>	<b>Areas of functioning related to perceptual motor skills</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  <b>Yes No</b>	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  <b>Yes No</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Gross motor					
	Fine motor					
	Visual/perceptual motor					
	Grapho-motor					
	Oral motor					
	Motor planning					
	Ocular					

<b>Academic Learning</b>	<b>Areas of academic functioning</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  <b>Yes No</b>	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  <b>Yes No</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Reading					
	Math					
	Other content areas:					

<b>Post-Secondary</b>	<b>Areas of vocational assessment</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  <b>Yes No</b>	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  <b>Yes No</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Preference					
	Work behaviors					
	Job skills					
	Travel issues					

<b>Sexuality Awareness</b>	<b>Areas of sexuality awareness</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  <b>Yes No</b>	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  <b>Yes No</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Knowledge					
	Social					
	Safety					
	Values					

<b>Medical</b>	<b>Areas of medical concern related to daily functioning</b>	<b>Does the Individual demonstrate difficulty in these areas:</b>  <b>Yes No</b>	<b>List Specific Concerns:</b>	<b>Is further assessment needed?</b>  <b>Yes No</b>	<b>Tools and environments to be considered:</b>	<b>Who will complete the process?</b>
	Co-existing medical conditions					
	Medications					
	Hearing					
	Vision					
	Dental					
	Sleep					
	Nutrition/Eating Neurology					