

Children's Autism Waiver (CAW)
Child Progress Summary Update

Child's Name:		AWACS #		Date:
Provider:		Child's Age:		Length of time in CAW:
AREA	RESULTS			
Toilet Trained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially			
Language	<input type="checkbox"/> No verbal language <input type="checkbox"/> Less than 10 words		<input type="checkbox"/> 10-50 words <input type="checkbox"/> 50 or more words	
Social Skills	<input type="checkbox"/> No verbal requests – if no , does child use AAC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Makes verbal requests		<input type="checkbox"/> Makes comments <input type="checkbox"/> Can sustain conversation for more than 2 turns <input type="checkbox"/> Can communicate with multiple people	
Play Skills	<input type="checkbox"/> Plays alone <input type="checkbox"/> Plays side by side <input type="checkbox"/> Participates in interactive play <input type="checkbox"/> Initiates interaction with others		<input type="checkbox"/> Does not initiate play with objects <input type="checkbox"/> Plays with multiple toys <input type="checkbox"/> Plays with several toys in multiple ways <input type="checkbox"/> Plays games with rules <input type="checkbox"/> Plays games with others	
Sleep Problems	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
Community Access (Can the child function in community settings, or are they overwhelmed with sensory stimulation?)		<input type="checkbox"/> Behavior prohibits community access – child stays at home <input type="checkbox"/> Limited community access <input type="checkbox"/> Moderate community access <input type="checkbox"/> Full community access		
Challenging Behavior (if not an issue, check NA)				
Tantrums		<input type="checkbox"/> NA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Self-Injury		<input type="checkbox"/> NA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Dangerous/Impulsive		<input type="checkbox"/> NA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Aggressive Toward Others		<input type="checkbox"/> NA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Screaming		<input type="checkbox"/> NA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Self-Stimulation		<input type="checkbox"/> NA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
School Supports (If school age, what level of support is needed at school?)	<input type="checkbox"/> Regular Ed alone <input type="checkbox"/> Regular Ed with paraprofessional		<input type="checkbox"/> Special Ed alone <input type="checkbox"/> Special Ed with an aide	
IEP Information	<input type="checkbox"/> Has an IEP <input type="checkbox"/> No IEP			
DDP Services after CAW	<input type="checkbox"/> Will not require/be eligible for DD Services <input type="checkbox"/> Placed on 0208 Waiting List <input type="checkbox"/> Was screened into 0208 Services			

Comments: (In 1 or 2 paragraphs, please describe the child's strengths and challenges, providing specific examples or scenarios. The idea is to provide an overall description of the child.)