SCHOOL FOR AUTISTICALLY IMPAIRED LEARNERS, S.A.I.L.

CHILD'S NAME ________________________________ **DATE**________________________________

T.I.D.E.S. (Therapists Individual Documentation and Evaluation of Student)©

Skills are documented according to frequency of use. 1 = Skill not used 2 = Skilled used some 3 = Skill used

OCCUPATIONAL-PHYSICAL THERAPY	1	2	3	Comments:
1. Gross motor skills				
2. Fine motor skills				
				Therapist Signature:
SPEECH-LANGUAGE-COMMUNICATION	1	2	3	Comments:
1. Verbalizes wants and needs				
2. Indicates wants and needs				
3. Utilizes gestures/pictures to communicate				
4. Follows simple directions				
5. Approximates/imitates correct mouth and tongue positioning				
6. Attends/complete speech tasks				Therapists Signature:

SENSORY INTEGRATION	Comments
1. Vestibular	
2. Proprioception	
3. Tactile	
4. Auditory	
5. Visual	
6. Oral-Motor	
	Therapist Signature:

MUSIC THERAPY	Independently	With Assistance	Comments:
1. Able to pass instruments appropriately to others			
2. Able to focus & attend to music interventions			
3. Moves/dances to the beat of the music			
4. Plays instruments			
5. Vocalizes appropriately during music			Therapist Signature:

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