Challenge Assessment Form

CHALLENGE ASSESSMENT					
Child's Name:					
Assessment Dat:					
Challenge Prioritization and Description:					
	Impact	Duration	Change	Difficulty	Contributing Factors
Challenge 1:					
Challenge 2:					
Challenge 3:					
OBSTACLE IMPACT: High (H), Moderate (M), Not Significant (NS) **DURATION:** (Long or Short) **CHANGE:** No Change (+) Worsened (-), Remained the Same (S) **DIFFICULTY:** High (H), Moderate (M), Low (L)					

If you have a child on the autism spectrum, fill this form and email it to saiconnections01@gmail.com . We will tell you how a consultant can help remediate these challenges.

Our aim is to empower you as a parent or guide, and that each individual on the autism spectrum lives independently and with the dignity that s/he deserves.