Autism

Assessment Documentation

School System_____ School_____ Grade_____

Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
Student's characteristics evident before age three (3) include		
o difficulty relating to others or interacting in a socially appropriate manner	❑ Yes	❑ No
o absence, disorder, or delay in verbal and/or nonverbal communication	❑ Yes	❑ No
o insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change	❑ Yes	❑ No
o unusual or inconsistent responses to sensory stimuli	❑ Yes	❑ No
Student's characteristics evident after age three (3) include		
o significant affects in verbal and nonverbal communication and social interaction		
o engagement in repetitive activities and stereotyped movements		
o resistance to environmental change or change in daily routines		
o unusual responses to sensory experience		
▪ student meets criteria or has been diagnosed with an Autism Spectrum Disorder, including Autism, PDD-NOS, Asperger's Syndrome, PDD, Rett's, or Childhood Disintegrative Disorder	❑ Yes	❑ No
2. Evaluation Procedures		
▪ parental interview (including developmental history	❑ Yes	❑ No
▪ behavioral observations in 2 or more settings	❑ Yes	❑ No
▪ physical and neurological information from a licensed physician, pediatrician, or neurologist:	❑ Yes	❑ No
o Report provides general health history evaluating the possibility of other impacting health conditions	❑ Yes	❑ No
o Name of physician: _____ Date of report_____		
• evaluation of speech/language/communication skills	❑ Yes	❑ No
• evaluation of cognitive/developmental skills	❑ Yes	❑ No
▪ evaluation adaptive behavior and social skills	❑ Yes	❑ No
▪ documentation (observation and/or assessment) of how Autism Spectrum Disorder adversely impacts the child's educational performance	❑ Yes	❑ No

_____ _____/_____/_____

Signature of Speech/Language Therapist Date

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date