**ASD Evaluation Planning Form/Checklist Mtg Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Child’s Name**  | **DOB** | **Consent signed:** **60-Day Timeline:**  |
| **Currently Eligibility & Date** | **Annual IFSP Date** | **Current IFSP Services**\_\_SDI \_\_Speech \_\_PT\_\_OT \_\_Nursing |
| **Location of Services** | **Service Coordinator** | Interpreter Needed \_\_Y \_\_NLanguage:  |
| **Current Regional Services**\_\_HI \_\_VI \_\_OI \_\_AC/AT | **Reasons for Considering ASD Evaluation**\_\_Medical Diagnosis \_\_Pre-referral Checklist findings \_\_Team Concerns \_\_Current Progress -response to intervention \_\_Parent Concerns\*Other Disabilities Categories Considered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_**Regional Referral Submitted**\_\_Need support with Eval\_\_No support needed with EvalDate Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROCEDURES/Activities**

|  |  |  |
| --- | --- | --- |
| **Evaluation Procedures/Activities****\*Required components/procedures** | **Who is Responsible****~Email SC when complete** | **Due to Service Coordinator by:** |
|  1.\_\_\*File Review 2.\_\_\*Medical Statement/Health Assessment 3.\_\_\*Developmental History 4.\_\_\*Parent Interview  5.\_\_\*Indirect Observation #1 6.\_\_\*Indirect Observation #2  7.\_\_\*Direct Observation #3 (Included in FCA) 8.\_\_\*Functional Communication Assessment (Speech Pathologist Only) 9-10.\_\_\*\*ASD Standardized Assessment (ASRS Parent & Teacher forms)11.\_\_Teacher Interview/Report (recommended)12.\_\_\*\*\*OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_13.\_\_\*\*\*OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_14.\_\_Input results into ECweb\_\_email service coordinator 15.\_\_Review and Revise Report16.\_\_Schedule pre-eligibility meeting if needed**17.\_\_Schedule & Hold Eligibility/IFSP meeting with parents to review results** | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8.SLP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_12.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_13.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_14.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_15.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_16.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**17**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| \*\*If a ASD Standardized Assessment other than the ASRS is thought to be needed, please consult Regional. \*\*\*OTHER: use these if additional assessments are needed to determine eligibility and impact (Sensory Profile, ABAS II, AEPS, etc)-consult with necessary specialist. (OT, School Psych, ASD Consultant) |