**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 \_\_N  Language: |
| **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 Eval  Date 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 Report  16.\_\_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) | | |