

Required: ASD Evaluation Planning Form/Checklist
Mtg Date:

Child's Name ID#	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:_____		

*Required Component	To be completed by	Done	Due Dates:
Obtain *Medical Statement/ Health Assessment	SC:		Information due to the Service Coordinator by: Tentative Eligibility Meeting date:
*Vision Screening	SC:		
*Hearing Screening	SLP:		
*Developmental History (includes: *File Review & *Parent Interview)	SC/Other:		
*Direct Interaction #1	SLP:		
*Observation #2 (Interaction with Peers in Unstructured Setting)	SC/Other:		
*Observation #3 (Additional information)	SC/Other:		
*Social Communication Assessment (includes Direct Interaction)	SLP:		
Standardized Autism Identification Tool	SC/Other:		
Additional Assessments: 1. _____ 2. _____ 3. _____ 4. _____	1. 2. 3. 4.		
Summarize information and write final report. * "Current Developmental Profile"	SC:		
Schedule & hold Elig/ Meeting/IFSP with parents to review results	SC:		

***Coordinator Review-Date/initials:** _____

Recommendations:

Optional: File Review Organizer

Use this form to complete the file review to determine what information is available and what additional information or procedures will be needed to determine eligibility. You are not required to complete this form, it is optional, but it could help teams in organizing the evaluation. ASD eligibility considerations are listed below.

Required Procedures/ ASD Report Components	Current Information	Additional Information or Procedures needed?
Developmental History 1. File Review 2. Parent Interview/information (Consider early development in regard to ASD criteria listed below)		
Vision and Hearing Screening		
Medical Statement/Health Assessment		
Social Communication Assessment (completed by SLP)		
1 Direct Interaction (Observation #1)		
Indirect Observation #2 (Unstructured setting with Peers)		
Indirect Observation #3 (Additional Information)		
Standardized ASD Identification Tool		
*Additional assessment to determine developmental impacts (Sensory, Behavior, Adaptive, etc.)		
*Additional assessments to determine educational/learning needs (Teacher/Provider interview/report, AEPS, etc.)		

***Not required, but best practice to determine educational/developmental impacts & learning needs.**

ASD Eligibility Considerations

- Deficits in Social-emotional reciprocity
- Deficits in Nonverbal communicative behaviors used for social interaction
- Deficits in Developing, maintaining, and understanding relationships
- Stereotyped or repetitive motor movements, use of objects, or speech
- Insistence on sameness, inflexible adherence to routines, ritualized patterns verbal and nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment