

Autism

Assessment Documentation

School District _____
 Student _____

School _____
 Date of Birth ___/___/___

Grade _____
 Age _____

1. Definition		
Student's characteristics evident in early childhood (as social demands increase)		
Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following:		
• deficits in social-emotional reciprocity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• deficits in nonverbal communicative behaviors used for social interaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• deficits in developing and maintaining relationships appropriate to developmental level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two (2) of the following:		
• stereotyped or repetitive speech, motor movements, or use of objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• highly restricted, fixated interests that are abnormal in intensity or focus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• parental interview (including developmental history)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• behavioral observations in two (2) or more settings addressing characteristics related to Autism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of health history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of pragmatic communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o further language evaluation if identified as an area of concern	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o at least one (1) standardized or normed instrument specific to autism and	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o one (1) normative measure of general behavior/social-emotional functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of sensory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of cognitive/developmental skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of academic skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation, including observation and/or assessment, of how Autism adversely affects the child's educational	<input type="checkbox"/> Yes	<input type="checkbox"/> No

performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or non-academic areas)		
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		/ / Date
Signature of Assessment Team Member	Role	

		/ / Date
Signature of Assessment Team Member	Role	

		/ / Date
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		/ / Date
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