

## AUTISM TEAM REPORT

\_\_\_\_\_ County Schools

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State/Zip _____	Telephone _____
<input type="checkbox"/> Initial <input type="checkbox"/> Reevaluation	<input type="checkbox"/> Other _____

When considering if a student may be eligible for special education and related services as a student with *Autism*, the Eligibility Committee must respond to each item below. The EC must answer “yes” to each yes/no statement to appropriately conclude a student is a student with autism, excluding Criterion 1: Section B wherein at least **2 of the 4 symptoms are required**. Please also note the exception under **Criterion 1: Section C** when applicable.

The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Criterion 1: Section A Persistent deficits in social communication and social interaction across multiple contexts</b> , as manifested by the following, currently <b>or by history</b> : <i>Mark YES when deficits are/were evident. All three eligibility criteria must be met.</i>	
1. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Criterion 1: Section B: Restricted repetitive and stereotyped patterns of behavior, interests, and activities</b> , as manifested by <b>at least two</b> of the following: <i>Mark YES when behavioral characteristics are/were evident. Two of the four eligibility criteria must be met.</i>	
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal and nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, need to take same route or eat same food everyday).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	<input type="checkbox"/> Yes <input type="checkbox"/> No



