

Autism Team Report

_____ County

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State _____	Telephone _____

Initial
 Re-Evaluation
 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 3 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> , Chapter 3, Section 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 1: Section A Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:</p> <p style="text-align: center;"><i>Mark YES when deficits are/ were evident. Although examples are illustrative not exhaustive, all three components are required to be eligible in the area of autism.</i></p>	
Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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
<p>Criterion 1: Section B: Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:</p> <p style="text-align: center;"><i>Mark YES when behavioral characteristics are/were evident. Examples are illustrative not exhaustive.</i></p>	
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
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

take same route or eat same food everyday).	
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
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
<p>Criterion 1: Section C Although symptoms for children with autism are typically present in the early developmental period, the DSM-5 notes that some symptoms may not become fully manifest until social demands exceed limited capacities.</p> <p>If this exception applies, please explain below:</p>	
<p>Also note the IDEA regulations states “A child who manifests the characteristics of autism after age three could be identified as having autism,” if all other criteria are satisfied.</p>	
Criterion 1: Section D Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criterion 1: Section E These disturbances are not better explained by intellectual disability or global developmental delay DSM-5	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 2</p> <p>The student is diagnosed as having autism by a psychiatrist, physician, licensed psychologist or school psychologist and the evaluation report is attached.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 3</p> <p>The student’s condition adversely affects educational performance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 4</p> <p>The student needs special education.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 5</p> <p>The student’s educational performance is not adversely affected primarily because the student has an emotional/behavioral disorder as defined in this chapter.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note educationally relevant medical findings, if any (Write N/A if no relevant medical findings apply):</p>	

The Eligibility Committee used the above evaluation data analysis and discussion to determine:

- The student **DOES** meet the eligibility criteria for autism that adversely impacts his/her education and **is eligible** for special education and related services.
 - The student **DOES NOT** meet the eligibility criteria for autism and **is not eligible** for special education and related services.
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Eligibility Committee Members

Signature

Position

Chairperson

Evaluator/Specialist

Teacher

Parent

Student

Other

NOTE: If this report does not represent an individual team member's conclusions, that team member must submit a separate statement presenting the member's conclusions.

Meeting Notes (if applicable)