Autism Assessment Referrals

**Jordan School District**

Student Name School

Grade DOB

Classification Placement

Parents Home Phone

Work Phone

Cell Phone

School Psychologist Phone Number

Date Consent to Evaluate was signed Referral Date

Is the child being referred to the LRE Committee for consideration of a more restrictive placement?

Yes No If yes, what kind of cluster setting are your requesting?

**PLEASE ATTACH COPIES OF ALL TEST RESULTS (i.e., SCORING PAGE FOR EACH MEASURE) AND A COPY OF STUDENT’S CURRENT AND PAST REPORTS. IF THE STUDENT HAS BEEN SEEN BY AN OUTSIDE AGENCY OR MENTAL HEALTH PROFESSIONAL, PLEASE INCLUDE THAT REPORT AS WELL.**

**Testing to be completed prior to referral:**

Put a **check mark** by the measures used and indicate dates administered. On autism/asperger specific measures, send a copy of the entire form including test items and scoring page.

Autism Spectrum Rating Scale (ASRS) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childhood Autism Rating Scale-2 \*(CARS-2) Date

Gilliam Autism Rating Scale, 2nd Edition (GARS-2)\* – Parent/Teacher Date

Autism Behavior Checklist (ABC) \*– Parent/Teacher Date

Asperger’s Syndrome Diagnostic Scale (ASDS)\*\* – Parent/Teacher Date

Gilliam Asperger’s Disorder Scale (GADS)\*\* – Parent/Teacher Date

Krug’s Asperger Disorder Index\*\* - Parent/Teacher Date

Socialization Communication Questionnaire (SCQ) Date

\*Measure more appropriate for classic autism

\*\*Measures more appropriate for HF autism/asperger

**Other Measures Used:**

**Social Skills Assessment**

Measure Used Date

Measure Used Date

**Social Skills Rating Scale (SSIS) is recommended.**

**Social Responsive Scale** (parent/teacher) **is required.**

**Intelligence**

Measure Used Date

Measure Used Date

**\*\*A Full IQ measure is required (e.g., WISC-V, SB5, Leiter-R, UNIT, DAS-2).**

**Achievement**

Measure Used Date

Measure Used Date

**\*\*A full achievement measure is required (e.g., WJ-IV).**

**Adaptive**

Measure Used Date

Measure Used Date

**Language**

Measure Used Date

Measure Used Date

**\*\* Comprehensive language testing is required.**

**\*\*Children’s Communication Checklist-2 (CCC-2) is required.**

**Fine-Motor**

Measure Used Date

Measure Used Date

**Other Measures Used**

Test Date

Test Date

Vision Test Results Date

Hearing Test Results Date

**Evaluators**

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