

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 you 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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