

Student's Name _____

AUTISM

VI. ELIGIBILITY CRITERIA AND EVALUATION

	JSD Evaluation Requirements	NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment				
1a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
1b	Psychological Report in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD2	Academic Assessment				
2a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD3	Adaptive Behavior Assessment				
3a	School Assessment Complete - Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
3b	Home Assessment Complete - Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD4	Social Behavior Assessment				
4a	School Assessment Complete - Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
4b	Home Assessment Complete - Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD5	Language/Communication Assessment				
5a	Multisource Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
5b	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD6	Autism Behavior Rating Scale (rating scale appropriate to cognitive functioning)				
6a	School Assessment Complete – Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
6b	Home Assessment Complete - Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
	AUSTIM: Eligibility Criteria				
AU.A2	Impairments in verbal and/or nonverbal interactions: Student exhibits significant impairments in verbal and/or nonverbal interaction. Mark <u>No</u> if not addressed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
AU.A3	Impairments in social interactions: Student exhibits significant impairments in social interaction. Mark <u>No</u> if not addressed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
	AUTISM: Evaluation				
AU.B1	Multiple measures used: Multiple measures (formal and informal) including an autism checklist/rating scale were used to assess intellectual, academic, communicative, social AND adaptive functioning. Check all that apply: <input type="checkbox"/> Yes, multiple measures including autism checklist/rating scale were used <input type="checkbox"/> No autism checklist/rating scale <input type="checkbox"/> No multiple measures <input type="checkbox"/> Comment:		Correctable		
AU.B2	Prior medical history: Student's prior medical and developmental history from a qualified health professional are on record regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's education program. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
