

# Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: AUTISM

Student: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

**Definition:** A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects the student’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a student’s educational performance is adversely affected primarily because the student has an emotional disturbance. If a student manifests characteristics of the disability category autism after age 3, that student could be diagnosed as having autism if the team determines that the student meets the definition of Autism under Rule II. J.1. Autism may include other conditions included in the autism spectrum such as high functioning autism, Asperger syndrome, and pervasive development disorder not otherwise specified.

**All requirements of Rule II.J.1 must be documented below or attached**

**Medical and Developmental history from qualified health professional is attached.**

1. Autism checklist/rating scale

\_\_\_\_\_  
\_\_\_\_\_

2. Intellectual Assessment (test, date, results)

\_\_\_\_\_  
\_\_\_\_\_

3. Academic Assessment (test, date, results)

\_\_\_\_\_  
\_\_\_\_\_

4. Communication Assessment (instrument used, date, results)

\_\_\_\_\_  
\_\_\_\_\_

5. Social Interaction (test, date, results)

\_\_\_\_\_  
\_\_\_\_\_

6. Adaptive functioning Assessment

\_\_\_\_\_  
\_\_\_\_\_

7. Information from parents / other \_\_\_\_\_

Is a lack of instruction in reading or math the primary factor in determining eligibility?  Yes  No

Is Limited English Proficiency the primary factor in determining eligibility?  Yes  No

**Written Prior Notice for Eligibility Determination**

The Procedural Safeguards you have received upon the student’s referral and/or annual IEP afford you protection. You may request another copy from the special education teacher at any time. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student’s school.

**Based on the data from the IEP team summary report, the eligibility team proposes the following action:**

This student has Autism, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.

This student does **not** have Autism, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely affects educational performance and does not require specialized instruction.

Parent Signature (signature acknowledges receipt of copy) \_\_\_\_\_ Date \_\_\_\_\_

Special Education Teacher \_\_\_\_\_ Date \_\_\_\_\_

LEA Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** If parent signature is missing, check:

Did not attend (efforts to involve parent documented)  Via telephone  Other \_\_\_\_\_