

Student Name: _____ Report Date: _____
 Birth Date: _____ Grade: _____ School Building: _____
 School District: _____ Parent/Guardian: _____

PURPOSE

This form will be used by the Evaluation Team to recommend: (Choose one)

- Initial eligibility** for special education.
(Behind this page attach a copy of all referenced documents and a copy of the Consent for Initial Evaluation)
- Redetermination of eligibility** for special education.
(Behind this page attach a copy of all referenced documents and the REED)

EVALUATION SUMMARY

Include enough detail to determine a starting point for instruction

Area of Evaluation	Data Source	Performance Level	Name/Date of Attached Report/Document
• Communication			
• Educational Performance			
• Social Interactions			
• Behavioral			
• Achievement Level			
• Information from Parents			

DIAGNOSTIC ASSURANCE AND DOCUMENTATION

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student’s eligibility:

- The suspected disability is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior and shall include ALL of the following:
 - Evidence of qualitative impairments in reciprocal social interactions including **at least 2** of the following:
 - Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction Yes No
 - Failure to develop peer relationships appropriate to developmental level Yes No
 - Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest Yes No
 - Marked impairment in the areas of social or emotional reciprocity Yes No
 - Evidence of qualitative impairments in communication including **at least 1** of the following:
 - Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime Yes No
 - Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others Yes No
 - Stereotyped and repetitive use of language or idiosyncratic language Yes No
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level Yes No
 - Evidence of restricted, repetitive, and stereotyped behaviors including **at least 1** of the following:
 - Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus Yes No
 - Apparently inflexible adherence to specific, nonfunctional routines or rituals Yes No
 - Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements Yes No
 - Persistent preoccupation with parts of objects Yes No
- This student requires special education programs/services Yes No

EXCLUSIONARY CONSIDERATIONS

- Was the determinant factor for eligibility a result of:
 - Lack of instruction in reading and math? Yes No
 - Limited English proficiency? Yes No
- Does the student have a primary diagnosis of schizophrenia or emotional impairment? Yes No

ELIGIBILITY RECOMMENDATION

The Evaluation Team 1) finds all of the diagnostic assurance statements to be true and 2) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the Autism Spectrum Disorder Rule (R340.1715). Yes No

PARTICIPANT SIGNATURES

As a member of the Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: (Sign and check below. Attach more complete statement if a MET member checks no).

	Yes	No		Yes	No
*Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
*School Social Worker _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
*Speech & Language Provider _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Role _____	<input type="checkbox"/>	<input type="checkbox"/>

*Mandated