

AUTISM TEAM REPORT

Local Educational Agency (LEA)

Student's Full Name _____

School _____

Parent(s)/Guardian(s) _____

Address _____

City/State/Zip _____

☐ Initial

☐ Reevaluation

Date _____

Date of Birth _____

Grade _____

WVEIS# _____

Telephone _____

☐ Other _____

When considering if a student may be eligible for special education and related services as a student with **Autism**, the Eligibility Committee must respond to each item below. The EC must answer “yes” to each yes/no statement to appropriately conclude a student is a student with autism, excluding **Criterion 1: Section B** wherein at least 2 of the 4 symptoms are required. Please also note the exception under **Criterion 1: Section C** when applicable.

The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> .	☐ Yes ☐ No
Criterion 1: Section A: Persistent deficits in social communication and social interaction across multiple contexts , as manifested by all of the following, currently or by history : <i>Mark YES when deficits are/were evident. All three eligibility criteria must be met.</i>	
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect; to failure to initiate or respond to social interactions.	☐ Yes ☐ No
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	☐ Yes ☐ No
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	☐ Yes ☐ No
Criterion 1: Section B: Restricted repetitive and stereotyped patterns of behavior, interests, and activities , as manifested by at least two of the following: <i>Mark YES when behavioral characteristics are/were evident. Two of the four eligibility criteria must be met.</i>	
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	☐ Yes ☐ No
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, need to take same route or eat same food everyday).	☐ Yes ☐ No
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).	☐ Yes ☐ No
4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	☐ Yes ☐ No

Signature

Chairperson

☐ Yes ☐ No ☐ Verbally Confirmed *

☐ Yes ☐ No ☐ Verbally Confirmed *

☐ Yes ☐ No ☐ Verbally Confirmed *

☐ Yes ☐ No ☐ Verbally Confirmed *

☐ Yes ☐ No ☐ Verbally Confirmed *

☐ Yes ☐ No ☐ Verbally Confirmed *

<u>Meeting Notes</u> (optional)		

West Virginia Department of Education
September 2023