AUTISM TEAM REPORT

Local Educational Agency (LEA)

Student's Full Name	Date
School	Date of Birth
Parent(s)/Guardian(s)	Grade
Address	WVEIS#
City/State/Zip	Telephone
□ Initial □ Reevaluation	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> .					
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: Mark YES when deficits are/were evident. All					
three eligibility criteria must be met.					
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach	Yes				
and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or	No				
affect; to failure to initiate or respond to social interactions.					
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for	Yes				
example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye	No				
contact and body language or deficits in understanding and use of gestures; to a total lack of facial					
expressions and nonverbal communication.					
1	37				
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example,	Yes				
from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing	No				
imaginative play or in making friends; to absence of interest in peers.					
Criterion 1: Section B: Restricted repetitive and stereotyped patterns of behavior, interests, and a	ctivities, as				
manifested by at least two of the following: Mark YES when behavioral characteristics are/were eviden					
four eligibility criteria must be met.					
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor	Yes				
stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	No				
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or	Yes				
nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, need to	No				
	NO				
take same route or eat same food everyday).					
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong	Yes				
attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative	No				
interest).					
4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the	Yes				
environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds	No				
or textures, excessive smelling or touching of objects, visual fascination with lights or movement).					

<u>Criterion 1: Section C</u> Although symptoms for children with autism are typically present in the early developmental period, some symptoms may not become fully manifest until social demands exceed limited capacities. If this exception applies, please explain below:		
	Exception	
Also note the IDEA regulations state "A child who manifests the characteristics of autism after age three		
could be identified as having autism," if all other criteria are satisfied.		
<u>Criterion 1: Section D</u> Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.	Yes No	
<u>Criterion 1: Section E</u> These disturbances are not better explained by intellectual disability or global developmental delay.	Yes No	
<u>Criterion 2</u> The student is diagnosed as having autism by a psychiatrist, physician, advanced practice registered nurse (APRN), physician's assistant (PA), licensed psychologist or school psychologist and the evaluation report is attached.	☐ Yes ☐ No	
Criterion 3 The student's condition adversely affects educational performance.	☐ Yes ☐ No	
Criterion 4 The student needs special education.	☐ Yes ☐ No	
<u>Criterion 5</u> The student's educational performance is not adversely affected primarily because the student has an emotional/behavioral disorder as defined in Policy 2419.	☐ Yes ☐ No	
NOTE : Describe educationally relevant medical findings. (Write N/A if no relevant medical findings ap	ply.)	

The Eligibility Committee used the above evaluation data analysis and discussion to determine:

The student **DOES** meet the eligibility criteria for autism that adversely impacts his/her education and **is eligible** for special education and related services.

The student **DOES** meet the eligibility criteria for autism. However, the eligibility committee has determined the student's **primary exceptionality is not Autism**. The student **is eligible** for special education and related services.

The student **DOES NOT** meet the eligibility criteria for autism and **is not eligible** for special education and related services as a student with autism.

Eligibility Committee Members

Signature	Position	Agreement with EC Determination		
	_ Chairperson	Yes	No	Verbally Confirmed *
	_ Evaluator/Specialist	Yes	No	Verbally Confirmed *
	_ Teacher	Yes	No	Verbally Confirmed *
	_ Parent/Guardian/Adult Student	Yes	No	Verbally Confirmed *
	Student	Yes	No	Verbally Confirmed *
	_ Other	Yes	No	Verbally Confirmed *

NOTE: If a team member disagrees with the report, that team member may submit a separate statement presenting the member's conclusions.

Meeting Notes (optional)

* Used for virtual or phone meetings.