



Evaluation and Eligibility Checklist



Student: _____ ID# _____ Date: _____

School: _____ Case Manager: _____

Check when finished	Required Piece for Eligibility	Team Member Responsible	Dated Needed by:
<input type="checkbox"/>	Conduct an eval planning meeting to obtain signed consent for ASD evaluation and signed releases of information for appropriate agencies (reports and medical statement)		
<input type="checkbox"/>	Medical Statement indicating whether there are any physical or sensory factors that may be affecting the student's education performance. <i>Must have in by the eligibility meeting and must be within one year of meeting date.</i>		
<input type="checkbox"/>	Assessment of communication addressing communication characteristics of ASD (includes but not limited to measures of language, semantics & pragmatics.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2-3 Observations of the student's behavior in multiple environments on at least 2 different days 1 direct interaction observation with the student (can be included in the 2-3 observations)		
<input type="checkbox"/>	Developmental History (Parent Interview and/or portions of the ASD Rating Scale) that describes the student's historical and current characteristics associated with ASD.		
<input type="checkbox"/>	File Review		
<input type="checkbox"/>	Teacher/ Staff Interview (optional)		
<input type="checkbox"/>	ASD Rating Scale (specific scale that will be used should be designated on Permission to Evaluate form)		
<input type="checkbox"/>	Assessments to determine the impact of the suspected disability		
<input type="checkbox"/>	Additional evaluations/ assessments as necessary to identify students' education needs		
<input type="checkbox"/>	Ensure all components are/will be completed by due date, set up evaluation results meeting, BRING ALL NEEDED FORMS: eligibility statement, prior notice of sped action, procedural safeguards, reports, medical statement		