Your School/District				SpEd 5a 04.08		
Your City _						
Tea	ım Evaluation Summary I	•	ritten Prior Notic	ce of Eligibility De	etermination:	
Student _			Date of meeting			
School			Grade	DOB _		
Definition: that adverse and stereoty does not ap disability. A meets the d	A developmental disability significantly ely affects the student's educational perfyped movements, resistance to environmently a student's educational performant a student who manifests the characterist lefinition of autism under Rule II.J.1. Augndrome, and pervasive developmental of	affecting verbal and informance. Other chain mental change or chaice is adversely affect ics of autism after agottism may include other.	nonverbal communication a racteristics often associate ange in daily routines, and used ted primarily because the see 3 could be identified as her conditions included in th	d with autism are engagem unusual responses to senso tudent has an emotional dis aving autism if the team de	ent in repetitive activities bry experiences. Autism sturbance or an intellectual etermines that the student	
All rec	quirements of Rule II.J.1 must	be documented	below or attached			
Medic	al and developmental history	from qualified h	ealth professional is	s attached.		
Assessmei	nt Information for Classification: Indic	ate evaluation (forma	al and informal), date, and i	results for each area asses	sed.	
1. A	Autism checklist/rating scale					
2. Ir	ntellectual assessment					
3. A	cademic assessment					
4. C	Communication assessment (verbal	and/or non-verbal)				
5. S	social interaction					
6. A	daptive functioning assessment					
7. lr	nformation from parents					
8. C	Other					
•	Is a lack of instruction in reading	or math the prima	ry factor in determining	eligibility? Yes	□ No	
•	Is limited English proficiency the	primary factor in d	letermining eligibility?	☐ Yes ☐ No		
Safegua	Prior Notice for Eligibility Determ The Procedural Safeguards you reduct from the special education teaches or the special education teaches	ceived previously a her. If you have ar	ny questions regarding t			
Based or	n the evaluation data, the eligibility t	team proposes the	following action:			
	☐ This student has Autism, as def educational performance and requi			, ,	adversely affects	
	☐ This student does <u>not</u> have Aut affects educational performance ar				DEA) that adversely	
Special Edu	ucation Teacher Signature	Date	Parent/Adult Studer		Date	
Signature/T	itle	Date	Signature/Title	and affects to the	Date	

*Note: If parent/adult student signature is missing, then parent/adult student: \Box Did not attend (document efforts to involve parent/adult student) OR \Box Participated via telephone, video conference or other means AND \Box Copy of this document was mailed to parent/adult student on (date)