# Group Evaluation Summary Report and Prior Written Notice of Eligibility Determination: Autism

(USBE Rules II.J.2.; and IV.C.)

District/School: Date of Meeting:

Student Name: DOB: Grade:

**Definition:** A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects the student’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a student’s educational performance is adversely affected primarily because the student has an emotional-behavioral disability or an intellectual disability as defined in Rules II.J. A student who manifests the characteristics of autism after age three could be identified as having autism if the team determines that the student meets the definition of autism under Rules II.J.2.

## All Requirements of USBE Rules II.J.2. Must be Documented Below or Attached

[ ] Student’s prior medical history from a qualified health professional (USBE Rules I.E.41.) regarding any specific syndromes, health concerns, and/or medication deemed necessary for planning the student’s educational program was considered and is on record (USBE Rules II.J.2.c.(2)).

Date of the medical history:

Data from the medical history used to determine eligibility:

[ ]  Developmental history from ***either*** a qualified health professional (USBE Rules I.E.41.) ***or*** qualified mental health professional (USBE Rules I.E.42.) regarding any information deemed necessary for planning the student’s educational program was considered and is on record (USBE Rules II.J.2.c.(2)).

Date of the developmental history:

Data from the developmental history used to determine eligibility:

### Areas of Assessment for Evaluation and Eligibility

Indicate measurement (formal and informal), date, and results for each area below.

| **Area** | **Date** | **Measurement Tool/Method** | **Results** |
| --- | --- | --- | --- |
| Academic |  |  |  |
| Adaptive functioning |  |  |  |
| Autism checklist/rating scale |  |  |  |
| Communicative (verbal and/or nonverbal) |  |  | *(Specify what data demonstrate significant impairment)* |
| Intellectual |  |  |  |
| Social |  |  | *(Specify what data demonstrate significant impairment)* |
| Other |  |  |  |

Parent input:

## Prior Written Notice of Autism Eligibility Determination

1. Did the group determine the student meets the criteria for autism (USBE Rules II.J.2.b.(1))?

Yes No

1. Did the group determine the autism adversely affect the student’s educational performance (USBE Rules II.J.2.b.(2))? Yes No
2. Did the group determine the student requires special education and related services (USBE Rules II.J.2.b.(3))? Yes No
3. Did the group determine that autism is the student’s primary disability (USBE Rules II.J.2.b.(4))?
4. Did the group determine a lack of appropriate instruction in reading is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(1))? Yes No
5. Did the group determine a lack of appropriate instruction in mathematics is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(2))? Yes No
6. Did the group determine limited English proficiency is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(3))? Yes No

All the above are “Yes.” The group determines the student ***is eligible*** for special education and related services under the categorical classification of autism.

At least one of the above is “No.” The group determines the student ***is not eligible*** for special education and related services under the categorical classification of autism.

The following options were considered and rejected for the following reasons:

Other factors that are relevant to this eligibility proposal:

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (USBE Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

Was a translator/interpreter provided to enable the parent(s)/student who is an adult to participate in the eligibility meeting?

No, translator/interpreter not needed

Yes (translator/interpreter should sign below as a participant)

[ ]  Your native language or other mode of communication is ***not*** a written language.

**Therefore:**

[ ]  The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

[ ]  You verified with the translator/interpreter that you understand the content of this notice.

[ ]  The student is not currently enrolled in the district/charter school. Under Child Find requirements this student’s eligibility determination entitles the student to a free appropriate public education (FAPE) if the student is enrolled in an LEA. Under Utah Special Education Rules VI.B., if the student is enrolled in a nonprofit private school, the student is eligible to receive equitable services, as determined through consultation between the district and the private school. The student may also be eligible for the Carson Smith Scholarship or the Special Needs Opportunity Scholarship Program. If the student receives a scholarship, the student continues to be eligible for equitable services.

## Signatures Below Denote Participation in Eligibility Determination and Acknowledge Receipt of Copy

Special Education Professional Date Parent/Student who is an Adult Date

Signature/Title Date Signature/Title Date

Signature/Title Date Signature/Title Date

**Note:** If signature of parent or student who is an adult is missing, then parent or student who is an adult:

Did not attend (document efforts to involve); **OR**

Participated via telephone, video conference, or other means; **AND**

[ ]  Copy of this document was mailed to parent/student who is an adult on[date]: