

COMPLIANCE VERIFICATION FORM

Autism

11-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

	Autism Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
		YES	NO	YES	NO		
	1. Vision Screening P____ F____ Follow-up_____						
	Hearing Screening P____ F____ Follow-up_____						
	2. Autism Spectrum Disorder rating scale						
	3. Comprehensive evaluation and report to be completed by a medical doctor, clinical psychiatrist, school psychologist or other qualified person (i.e., psychometrist) trained in the area of autism evaluation						
	4. Communication/language evaluation and a behavior rating scale and/or an adaptive behavior rating scale						
	Additional performance may include developmental, intellectual achievement (individual or group), motor, criterion-referenced tests, curriculum-based assessments, work samples, portfolios, and observation						
	5. Grades K-12						
	(a) Observation in a structured (academic) environment						
	(b) Observation in an unstructured (nonacademic [e.g. lunch/PE]) environment						
	(c) Structured interview with parent/primary caregiver						
	6. Preschoolers						
	(a) Observation in a natural setting (<i>Natural Environment Survey</i> may be used)						
	(b) Structured interview with the parent/primary caregiver (<i>Family Focused Interview</i> may be used)						

The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

Documentation that the child was provided appropriate instruction in regular education settings Yes No

Documentation that instruction was delivered by qualified personnel Yes No

Prong 2

Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction Yes No

Documentation above was provided to the parent Yes No

At Every Reevaluation

Documentation that instruction was delivered by qualified personnel Yes No