

AUTISM TEAM REPORT
MORGAN COUNTY SCHOOLS

Local Educational Agency (LEA)

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State/Zip _____	Telephone _____
<input type="checkbox"/> Initial <input type="checkbox"/> Reevaluation	

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

<p>Criterion 1: Section C 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:</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exception
<p>Criterion 1: Section D Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 1: Section E These disturbances are not better explained by intellectual disability or global developmental delay.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 2 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 3 The student’s condition adversely affects educational performance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 4 The student needs special education.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 5 The student’s educational performance is not adversely affected primarily because the student has an emotional/behavioral disorder as defined in Policy 2419.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>NOTE: Describe educationally relevant medical findings. (Write N/A if no relevant medical findings apply.)</p>	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbally Confirmed *
_____	Evaluator/Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbally Confirmed *
_____	Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbally Confirmed *
_____	Parent/Guardian/Adult Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbally Confirmed *
_____	Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbally Confirmed *
_____	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.