

Checklist (File Review) for 3-year re-evaluation AUTISM SPECTRUM DISORDER (ASD)

Student's Name:

Re-eligibility Due Date:

Case Manager:

Team Members present:

The team has discussed the contents of the file & determined the following documents are present and accurately describe the student.	File Review: *Name of Evaluator *Name of Document *Date	Is additional information needed? YES NO If yes: *name of document *Evaluator/Person responsible
1. A developmental profile describing the child's historical and current characteristics associated with an (ASD).		
2. At least three observations of the child's behavior in multiple environments, on at least 2 different days.		
3. Direct interaction with the child/student		
4. An assessment of communication to address the communication characteristics of ASD (which includes but is not limited to measures of language, semantics & pragmatics). (Functional Communication)		
5. A medical or health assessment statement indicating whether there are any physical or sensory factors that may be affecting the child/student's educational performance.		
6. An assessment using appropriate behavior rating tool or alternative assessment instrument that identifies characteristics associated with ASD.		
7. Assessments to determine the impact of the suspected disability.		
8. Additional evaluations or assessments that are necessary to identify the child/student's educational needs.		