| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **EI/ECSE Program** | **County** | **School District** |
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**Comprehensive Evaluation**

If a child is suspected of having an autism spectrum disorder, a comprehensive evaluation must be conducted for early intervention services including the following assessments (attach evaluation report that describes and explains the results of the evaluation conducted):

1. The team has reviewed existing information, including information from the parent/guardian(s), the child’s cumulative records, and previous individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

| **Date Reviewed** |
| --- |
|  |

2. A developmental history as defined in OAR 581-015-2000.

| **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
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3. Information from parents and other knowledgeable individuals regarding the child’s historical and current characteristics that are associated with an autism spectrum disorder, including (a) deficits in social communication and social interaction across multiple contexts; and (b) restricted, repetitive patterns of behavior, interests, or activities.

| **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
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4. Three observations of the child’s behavior: at least one of which involves direct interactions with the child, and at least one of which involves direct observation or video of the child’s interactions with one or more peers in an unstructured environment when possible, or with a familiar adult. The observations must occur in multiple environments, on at least two different days, and be completed by one or more licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder.

| **Examiner**  **(observation of interaction in an unstructured environment)** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |
| **Examiner**  **(the direct interaction)** | **Date Conducted** | **Date Reviewed** |
|  |  |  |
| **Examiner** | **Date Conducted** | **Date Reviewed** |
|  |  |  |

5. A social communication assessment conducted by a speech and language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or the Teacher Standards and Practices Commission, in reference to developmental expectations and that address the characteristics of autism spectrum disorder to develop a profile of: (a) functional receptive and expressive communication encompassing both verbal and nonverbal skills; (b) pragmatics across natural contexts; and (c) social understanding and behavior including social-emotional reciprocity.

| **Speech-Language Pathologist** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
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6. Standardized autism spectrum disorder identification tool. One or more valid and reliable standardized rating scales, observation schedules, or other assessments that identify core characteristics of autism spectrum disorder.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
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7. A medical examination shall be completed for children age birth to three for initial eligibility determination. The purpose of a medical examination is to ensure consideration of other health and/or physical factors that may impact the child’s developmental performance. A medical diagnosis of autism spectrum disorder is not required to determine eligibility.

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
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8. Vision and Hearing Screening. Review existing screening, or if none conduct a new screening.

| **Examiner (if new) Screening** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
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9. Any additional assessments that may include: measures of cognitive, adaptive, academic, behavioral-emotional, executive function/self-regulation, or sensory processing necessary to determine the impact of the suspected disability on the child’s developmental progress.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
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10. Any additional evaluations or assessments necessary to identify the child’s developmental needs.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
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**Eligibility Criteria**

To be eligible as a child with an autism spectrum disorder for early intervention services , the child must meet all of the following minimum criteria: documented evidence that the child demonstrates a pattern of characteristics defined as all three social communication and social interaction deficits and at least two of the four restricted, repetitive patterns of behavior, interests, or activities.

| **Social Communication and Social Interaction**  **Must have all three social communication deficits currently or by history.**  (Examples are illustrative, not exhaustive) | **Demonstrates persistent deficits across multiple contexts** | |
| --- | --- | --- |
| **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 |
| **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 |
| **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 |

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| --- | --- | --- |
| **Restricted, Repetitive Patterns of Behavior, Interests, or Activities**  **Must have at least two of the four currently or by history.**  (Examples are illustrative, not exhaustive) | **Demonstrates persistent deficits across multiple contexts** | |
| **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 |
| **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, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day). | * Yes | * No |
| **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 interests). | * Yes | * No |
| **Hyper- or hypo-reactivity to sensory input or unusual interest 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 |

| **Eligibility Determinations**  The team has determined that: | | |
| --- | --- | --- |
| Characteristics of autism spectrum disorder are generally evident before age three but may not have become fully evident until social demands exceed limited capacities or may be masked by learned strategies; | * Yes | * No |
| The characteristics of autism spectrum disorder are not better described by another established or suspected eligibility for special education services; | * Yes | * No |
| The child does not have a primary disability of Emotional Behavior Disability. A student may not be eligible for special education services on the basis of an autism spectrum disorder if the student’s primary disability is an emotional behavior disability. However, a student with autism spectrum disorder as primary disability may also have an emotional behavior disability as a secondary disability. | * Yes | * No |
| The child has autism spectrum disorder as defined in this rule; | * Yes | * No |
| By reason thereof, the child requires early intervention services (OAR 581-015-2780). | * Yes | * No |

The team determined that this child:

* Does qualify for early intervention services with an eligibility of autism spectrum disorder.
* Does not qualify for early intervention services with an eligibility of autism spectrum disorder.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
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A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

**This form is used to:**

Document whether the child meets the eligibility criteria for autism spectrum disorder and the basis for that determination in accordance with 34 CFR §300.8, OAR 581-015-2780, and OAR 581-015-2130.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

OAR 581-015-2775 (EI Evaluations);

OAR 581-015-2780 (EI Eligibility);

Document the date the initial eligibility was established and/or re-established.

Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

**Directions:**

Enter the date the form was completed by the team.

Enter the date of initial eligibility and/or re-establish eligibility.

Enter the child’s name.

Enter the child’s date of birth.

Enter the child’s SSID number.

Enter the child’s school district.

Enter the child’s school.

Enter the child’s grade level at the time of completing the form.

Document the completion of the required evaluation elements.

Review and record responses for all components of the eligibility criteria.

Review and record responses for all components of the eligibility determination.

Indicate if the child meets or does not meet the eligibility criteria.

Have all team members sign and indicate title, date, and whether they agree or disagree that the child qualifies.

Place a copy of this form with all attachments into the child’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).

*Note:* If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid. Attach documentation of each evaluation.