| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **School District** | **School**  | **Grade** |
|  |  |  |

**Comprehensive Evaluation**

If a student is suspected of having autism spectrum disorder, a comprehensive evaluation must be conducted for early childhood special education or school age special education 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 student’s cumulative records, and previous individualized education programs or 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** |
| --- | --- | --- |
|  |  |  |

3. Information from parents and other knowledgeable individuals regarding the student’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** |
| --- | --- | --- |
|  |  |  |

4. Three observations of the student’s behavior: at least one of which involves direct interactions with the student, and at least one of which involves direct observation or video of the student’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 characteristic 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: functional receptive and expressive communication encompassing both verbal and nonverbal skills; pragmatics across natural contexts; and social understanding and behavior including social-emotional reciprocity.

| **Speech-Language Pathologist** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

6. Standardized autism 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** |
| --- | --- | --- | --- |
|  |  |  |  |

7. Documentation of a medical examination as defined in OAR 581-015-2000 **shall** be completed for a student age 3 to 5 for initial eligibility determination. Documentation of a medical examination **may** be completed for a student above age five, as determined necessary by the team.

The purpose of a medical examination is to ensure consideration of other health and/or physical factors that may impact the student’s developmental performance for a student age 3 to 5 and educational performance for a student age 5 to 21. 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** |
| --- | --- | --- |
|  |  |  |

8. Vision and Hearing Screening. Review existing screening, or if none conduct a new screening.

| **Examiner (if new) Screening** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

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 student’s developmental progress for a student age 3 to 5 or the student’s educational performance for a student age 5 to 21.

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

10. Any additional evaluations or assessments necessary to identify the student’s educational needs.

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

**Eligibility Criteria**

To be eligible as a student with an autism spectrum disorder for early childhood special education or school age special education services, the student must meet all of the following minimum criteria: documented evidence that the student demonstrates a pattern of characteristics defined as all three social communication deficits, 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
 |

|  |  |  |
| --- | --- | --- |
| **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 student 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 disability has an adverse impact on the child’s educational performance when the child is age 5-21. [School Age Only] | * [ ]  Yes
 | * [ ]  No
 |
| The disability has an adverse impact on the child’s developmental progress when the child is age 3-5. [ECSE only] | * [ ]  Yes
 | * [ ]  No
 |
| The student has autism spectrum disorder as defined in this rule; | * [ ]  Yes
 | * [ ]  No
 |
| By reason thereof, the child requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services. | * [ ]  Yes
 | * [ ]  No
 |
| The team has considered the student’s special education eligibility, and determined that the eligibility is due to:  |
| a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies); | * [ ]  Yes
 | * [ ]  No
 |
| a lack of appropriate instruction in math; | * [ ]  Yes
 | * [ ]  No
 |
| limited English proficiency. | * [ ]  Yes
 | * [ ]  No
 |

The team agrees that this student:

* [ ]  Does qualify for Early Childhood Special Education services with an eligibility of Autism Spectrum Disorder.
* [ ]  Does not qualify for Early Childhood Special Education services with an eligibility of Autism Spectrum Disorder.
* [ ]  This section does not apply to this student.

The team determined that this student:

* [ ]  Does qualify for special education services with an eligibility of Autism Spectrum Disorder.
* [ ]  Does not qualify for special education services with an eligibility of Autism Spectrum Disorder.
* [ ]  This section does not apply to this student.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]

* [ ]  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 student meets the eligibility criteria for Autism Spectrum Disorder and the basis for that determination in accordance with OAR 581-015-2130 and 34 CFR §300.8.

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);

Document the date of the eligibility determination.

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 (meeting date).

Enter the student’s name.

Enter the student’s date of birth.

Enter the student’s SSID.

Enter School District and School information.

Enter student’s grade level at the time of meeting.

List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s) and the testing date(s). If data is being reviewed only (e.g., for reevaluation), indicate the review date. Attach documentation of each evaluation.

The team must determine that the student demonstrates a pattern of characteristics defined as:

All three social communication deficits; and

At least two of the four restricted, repetitive patterns of behavior, interests, or activities.

The team must make the following determinations:

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;

The characteristics of autism spectrum disorder are not better described by another established or suspected eligibility for special education services;

If the student is currently eligible as a student with emotional behavior disability (EBD) indicate whether Autism Spectrum Disorder is the primary disability.

The student’s disability has an adverse impact on the student’s developmental progress when the student is age 3 to 5; or

The student’s disability has an adverse impact on the student’s educational performance when the student is at the age 5 to 21 of eligibility for kindergarten through age 21.

The student has autism spectrum disorder as defined in this rule;

The student needs special education services as a result of the disability.

The team needs to document that the student’s special education eligibility:

Is not due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies);

Is not due to due a lack of appropriate instruction in math; or

Is not due to limited English proficiency.

Indicate if the student does or does not qualify for Early Childhood Special Education or School Age Special Education services with an eligibility in Autism Spectrum Disorder.

Have each team member (including the parent/guardian) sign the form, indicating their title and whether they agree or disagree with the eligibility determination.

Place a copy of this form with all attachments into the student’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.