

Manchester Public Schools

Student Name: _____ **DOB:** _____

GUIDELINES FOR THE IDENTIFICATION AND EDUCATION OF CHILDREN AND YOUTH WITH AUTISM

**Appendix II-A
Worksheet for Determination of Eligibility for Special Education Services under the
Classification of Autism**

The student should meet the criteria listed below (A-C) to be eligible for special education services due to autism:

The Child:

- A.** has been evaluated by a professional with appropriate training, using an autism-specific instrument, and must be found to be functioning in the range of autistic spectrum disorders.
- B.** demonstrates a disability that adversely affects educational performance as evidenced by professional judgment and/or scores that fall significantly below average (-1.5 SDs) in all of the following areas: social interaction (*at least two of the items listed below*), verbal/nonverbal communication and atypical behaviors (*at least one of the items from each category listed below*).
- C.** does not perform effectively in the social or academic area most of the time, despite the provision of general education accommodations and supports.

Results of the Evaluation

*Indicate Yes, No, or NA for each item in the area evaluated if regarding impairment and how it was evidenced. Please also respond to the question at the end of each section.

Social Interaction*

	Impairment That Adversely Affects Educational Performance	Evidenced by Observation (O), Clinical Judgment (CJ), and/or Formal Testing (FT)
Deficits in nonverbal communication (eye gaze, gesture)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Limited efforts to establish joint attention or share experience	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Significant deficits in social/emotional reciprocity	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Lack of developmentally appropriate peer relations	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Lack of developmentally appropriate symbolic play/imagination	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Inability to make functional adjustment to the social environment	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____

*Does the child meet the criteria of demonstrating at least two characteristics from this area? Yes No

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Communication*

	Impairment That Adversely Affects Educational Performance	Evidenced by Observation (O), Clinical Judgment (CJ), and/or Formal Testing (FT)
Significant deficits in receptive language (e.g., acts as though doesn't hear although hearing is normal, doesn't respond to name, doesn't respond to verbal cues, concrete and literal comprehension)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Significant deficits in expressive language (e.g., no babbling, pointing or use of gesture by 1 year of age, no single words by 16 months, doesn't combine words by 2 years, loss of language skills, echolalia, idiosyncratic use of words/phrases, pronoun reversals)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Significant deficits in pragmatic skills (e.g., inability to initiate or sustain conversation, perseveration on topic, stereotypic intonation, difficulty interpreting what others think and feel, difficulty taking others' perspective, difficulty relating emotion) (Strock, 2004)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____

Does the child demonstrate at least one characteristic from this area? Yes No

Atypical Behaviors*

	Impairment That Adversely Affects Educational Performance	Evidenced by Observation (O), Clinical Judgment (CJ), and/or Formal Testing (FT)
Restricted or repetitive interests	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Stereotyped, repetitive movements	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____
Adherence to nonfunctional routines	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	_____

(Note: Children under the age of 5 who have ASD may not exhibit atypical behaviors, so the requirement that they exhibit one of the behaviors listed under that category may be waived for children aged 3-5 years.)

*Does the child demonstrate at least one characteristic from this area? Yes No

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Ruling Out/Eliminating Other Factors

Have other causes/contributing factors such as medical problems, environmental or cultural factors, and emotional disturbance been ruled out as the primary cause of the student's educational difficulties?

Yes No

Based on the above, does the child meet the criteria for classification under the category of autism?

Yes No

Based on the above, does the child need special education and related services?

Yes No

The PPT has reviewed the information presented and has made the determination that the child meets the criteria for eligibility for special education services as defined in IDEA and Connecticut statutes.

Date: _____