

**SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT
MULTIDISCIPLINARY EVALUATION TEAM REPORT
AUTISM SPECTRUM DISORDER**

MET

Rule #340.1715

Student _____ B.D. _____ Date _____

1. Are there qualitative impairments in reciprocal social interactions including **at least 2** of the following (may include unusual or inconsistent response to sensory stimuli):

Yes _____ No _____	a.	Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
Yes _____ No _____	b.	Failure to develop peer relationships appropriate to developmental level
Yes _____ No _____	c.	Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. lack of showing, bringing, or pointing out objects of interest)
Yes _____ No _____	d.	Marked impairment in the areas of social or emotional reciprocity.

2. Are there qualitative impairments in communication including **at least 1** of the following (may include unusual or inconsistent response to sensory stimuli):

Yes _____ No _____	a.	Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime.
Yes _____ No _____	b.	Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.
Yes _____ No _____	c.	Stereotyped and repetitive use of language or idiosyncratic language.
Yes _____ No _____	d.	Lack of varied, spontaneous make-believe play or social imitative play appropriate of developmental level.

3. Are there restricted, repetitive and stereotyped behaviors including **at least 1** of the following (may include unusual or inconsistent response to sensory stimuli):

Yes _____ No _____	a.	Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
Yes _____ No _____	b.	Apparently inflexible adherence to specific, nonfunctional routines or rituals.
Yes _____ No _____	c.	Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements).
Yes _____ No _____	d.	Persistent preoccupation with parts of objects.

4. Is there evidence that the disability adversely affects the student's educational performance in one or more of the following areas: academic, behavioral, and/or social? Yes _____ No _____

5. Has the determination of impairment been based on a full and individual evaluation by a multidisciplinary evaluation team which includes a psychologist or psychiatrist, an authorized provider of speech and language services and a school social worker? Yes _____ No _____

6. Is there a primary diagnosis of schizophrenia or emotional impairment? Yes _____ No _____

7. Is the determinant factor for finding the student impaired a:

(a) Lack of instruction in reading or math?			Yes _____	No _____
(b) Limited English proficiency?			Yes _____	No _____

8. We recommend to the IEPT that this student:
 _____ A. Is eligible as a student with Autism Spectrum Disorder Rule #340.1715.
 _____ B. Is not eligible as a student with Autism Spectrum Disorder #340.1715.

Name	Title	Agree	Disagree**
------	-------	-------	------------

*School Psychologist or Psychiatrist

*School Social Worker

*Teacher of students with a Speech and Language Impairment/Speech and Language Pathologist

Teacher(s)

*Mandated persons. R340.1715(5) Minimum of two persons responsible to evaluate. R340.1701b(b).

**If not in agreement a minority report may be attached presenting the individual's conclusions.