

# COMPLIANCE VERIFICATION FORM

## Autism

### 11-2 AAC Criteria

Student's Name \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_

	Autism Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
		YES	NO	YES	NO		
	1. <b>Vision Screening</b> P____ F____ Follow-up_____						
	<b>Hearing Screening</b> P____ F____ Follow-up_____						
	2. Autism Spectrum Disorder rating scale						
	3. Comprehensive evaluation and report to be completed by a medical doctor, clinical psychiatrist, school psychologist or other qualified person (i.e., psychometrist) trained in the area of autism evaluation						
	4. Communication/language evaluation and a behavior rating scale and/or an adaptive behavior rating scale						
	Additional performance may include developmental, intellectual achievement (individual or group), motor, criterion-referenced tests, curriculum-based assessments, work samples, portfolios, and observation						
	5. Grades K-12						
	(a) Observation in a structured (academic) environment						
	(b) Observation in an unstructured (nonacademic [e.g. lunch/PE]) environment						
	(c) Structured interview with parent/primary caregiver						
	Preschoolers						
	(a) Observation in a natural setting						
	(b) Structured interview with the parent/primary caregiver						

**The following information must also be included on the eligibility report:**

**For Initial Evaluation**

**Prong 1**

Documentation that the child was provided appropriate instruction in regular education settings

**Yes**    **No**  
   

Documentation that instruction was delivered by qualified personnel

  

**Prong 2**

Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction

  

Documentation above was provided to the parent

  

**At Every Reevaluation**

Documentation that instruction was delivered by qualified personnel