

03.04.01 Autism Spectrum Disorder (ASD)

Student Name: _____ DOB _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ___ Yes ___ No

Evaluation⇒ (Must meet initial criteria) Reevaluation⇒ (Must address criteria components)

Based on the information in the Evaluation Report and the student file, the student must meet requirements in **1, 2, and 3** to be eligible for this disability category. The determination must be made by a multidisciplinary team and supported by information collected from multiple settings and sources.

- 1. The student must exhibit at least TWO of the following indicators for the core feature of qualitative impairment of reciprocal social interactions.**

Qualitative impairment of social interaction (two or more indicators):

- _____ limited use of facial expressions towards others
- _____ gross impairment in ability to make and keep friends
- _____ misinterprets others' behaviors and social cues
- _____ significant vulnerability and safety issues due to social naiveté
- _____ does not show or bring things to others to indicate interest in the activity
- _____ limited joint attention
- _____ may appear to prefer isolated or solitary activities
- _____ demonstrates difficulty relating to people, objects, and events
- _____ other _____

- 2. The student must exhibit at least ONE indicator from either of the two groups of core features below (qualitative impairment in communication or restricted...patterns of behavior).**

Qualitative impairment in communication (one or more indicators):

- _____ not using finger to point or request
- _____ absence of delay of spoken language
- _____ limited understanding and use of nonverbal communication skills such as gestures, facial expressions, or voice tone
- _____ odd production of speech, including intonation, volume, rhythm, or rate
- _____ showing lack of spontaneous imitations or lack of varied imaginative play

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1325

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- repetitive or idiosyncratic language
- inability to initiate or maintain conversation when speech is present
- using other's hand or body as a tool
- other _____

Restricted, repetitive, or stereotyped patterns of behavior, interests, activities (one or more indicators):

- repetitive hand or finger mannerism
- lack of true imaginative play vs. reenactment
- over-reaction or under-reaction to sensory stimuli
- demonstrating distress or resistance to change in activity
- intense, focused preoccupation with a limited range of play, interests, or conversation topics
- rigid or rule-bound thinking
- insistence on following routines or rituals
- other _____

3. Verification

The student record must include documentation with supporting data in all four areas below show verification that ASD adversely affects the pupil's performance and that the pupil is in need of special education instruction and related services.

- Present levels of performance in each core feature identified in 1 and 2.
- Education needs in each core feature identified in 1 and 2.
- Observations of the pupil in two different settings, on two different days
- Historical summary of the pupil's developmental history and behavior patterns

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **MUST** be checked.

- The documentation supports the team decision.
- The documentation does not support the team decision.

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