

## 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\*

Area	Impairment That Adversely Affects Educational Performance	Evidence 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"/>	

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

Inability to make functional adjustment to the social environment

Yes  No  NA

\*Does the child meet the criteria of demonstrating at least two characteristics from this area?

Yes  No

**Communication\***

Area

---

**Impairment That Adversely Affects Educational Performance**

**Evidence by Observation (O), Clinical Judgment (CJ) and/or Formal Testing (FT)**

Significant deficits in receptive language (e.g., acts as though does not hear although hearing is normal, does not respond to name, does not respond to verbal cues, concrete and literal comprehension)

Yes  No  NA

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, does not combine words by 2 years, loss of language skills, echolalia, idiosyncratic use of words/phrases, pronoun reversals)

Yes  No  NA

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  No  NA

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

**Atypical Behaviors\***

Area

---

	<b>Impairment That Adversely Affects Educational Performance</b>	<b>Evidence by Observation (O), Clinical Judgment (CJ) and/or Formal Testing (FT)</b>
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

***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: \_\_\_\_\_