



Eligibility Worksheet – Autism Spectrum Disorder

Student:	Student UID#	DOB:
School:	Grade:	Age:

ELIGIBILITY WORKSHEET – AUTISM SPECTRUM DISORDER

The required screenings and formal evaluations required to determine eligibility are as follows:

Date	Evaluation/Screening	Summary of Evaluations/Screening
	Hearing	Pass Fail ____dB ____Hz Comment: _____
	Vision	Pass Fail Far: R 20/___ L 20/___ Near: R 20/___ L 20/___ Comment: _____
	Observations of Academic/Functional Skills across settings	
	Parent Conference(s)	
	Social/Developmental History	



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	Educational	
	Adaptive Behavior	
	Psychological	
	Speech/Language (including measures of language, semantics, and pragmatics)	
	Behavior (related to Autism)	
	Other:	



As a result of the required screenings, evaluations and review of existing information, what do we now know about the student?

Strengths

Needs

To be determined eligible in the disability category of Autism, a child must demonstrate at least three of the four characteristics listed below: (check all that apply)

Characteristic		Documentation/Summary
<input type="checkbox"/>	Impairment in communication	
<input type="checkbox"/>	Impairment in social interaction	
<input type="checkbox"/>	Unusual response to sensory experiences	



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	Restrictive, repetitive, or stereotypic patterns of behavior, interests, and/or activities	
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What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

After completing the Eligibility Worksheet, the IEP Team must determine eligibility. (Complete the Eligibility Report)