

Instructions for completing a Re-evaluation for ASD


ASD Information Is to be entered under the Social/Emotional/Behavioral section of the evaluation

crash dummy II > SpEd Forms > Evaluation Report Save Print Finalize

3-year Reevaluation ? New evaluation template

☐ Initial evaluation ☐ Reevaluation

Order	Section	
= 1	Reason for Evaluation	+ Section - Delete
= 2	Summary	- Delete
= 3	Special Education Needs and Adaptations (header only)	- Delete
= 4	-Special Education Needs That Derive From The Disability	- Delete
= 5	-Additions and Modifications	- Delete
= 6	Eligibility Determination	- Delete
= 7	Present Levels of Academic Achievement and Functional Performance (header only)	- Delete
= 8	Background Information	- Delete
= 9	Information, Strengths and Concerns Reported by Parent(s)	- Delete
= 10	Educationally Relevant Medical Information	- Delete
= 11	Testing Conditions	- Delete
= 12	-Intellectual Functioning	- Delete
= 13	-Academic Performance	- Delete
= 14	-Communication	- Delete
= 15	-Motor Ability	- Delete
= 16	-Sensory Status	- Delete
= 17	-Health/Physical Status	- Delete
= 18	-Social/Emotional/Behavioral	- Delete
= 19	-Sensory Processing	- Delete



Click on “Local Tests”

crash dummy II > SpEd Forms > Evaluation report > -Social/Emotional/Behavioral ← Save

SpEd tests SpEd criteria Insert from forms Local tests Local criteria

Section
-Social/Emotional/Behavioral ?

☐ Page break after

Paragraph B I U A 10.5pt Bold System Font

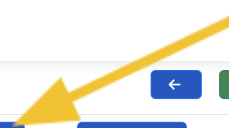
Review of Formal ASD testing:

A review of past Formal Autism Spectrum Disorder testing was completed on **(DATE)** by **(CASE MANAGER)**. Following is a summary of that review.

As part of **her/his** previous evaluation, dated **(DATE of previous eval)**, **crash** was administered the **(NAME OF FORMAL TEST(s) given.)** At that time, **crash** showed indicators of Qualitative Impairment in the core areas of **(LIST THE 2 or 3 AREAS IN WHICH THEY SHOWED INDICATORS ; Social Interaction, Communication and/or Behaviors, Interests and Activities)**

The evaluation team has considered **crash's** current level of performance in the Core Areas of **(STATE THE CORE AREAS OF CONTINUED NEED)** and determined that, due to **crash** having a continued needs in these areas, new formal testing was not necessary at this time.

P > SPAN > STRONG



Instructions for completing a Re-evaluation for ASD

Click on “Social/Emot/Behav”

Insert local test

- ✓
- ✓ Achievement
- ✓ Adaptive
- ✓ Communication
- ✓ Functional
- ✓ Intelligence
- ✓ Social/Emot/Behav
- ✓ Transition



Insert the following templates onto the evaluation:

Insert local test

- ✓
- ✓ Achievement
- ✓ Adaptive
- ✓ Communication
- ✓ Functional
- ✓ Intelligence
- ^ Social/Emot/Behav

ASD Observational Data Review

ASD Review of Developmental History and Behavior Patterns

ASD Review of Formal Testing

BASC-3 Narrative

Mental Health Screening

- ✓ Transition



Insert

Insert

Insert

Insert

Insert

Instructions for completing a Re-evaluation for ASD

Below is an example of what this will look like when inserted into the template: Change the information in parentheses to fit your student and add any additional information necessary to make eval complete.

Review of Formal ASD testing:

A review of past Formal Autism Spectrum Disorder testing was completed on **(DATE)** by **(CASE MANAGER)**. Following is a summary of that review.

As part of **her/his** previous evaluation, dated **(DATE of previous eval)**, **crash** was administered the **(NAME OF FORMAL TEST(s) given.)** At that time, **crash** showed indicators of Qualitative Impairment in the core areas of **(LIST THE 2 or 3 AREAS IN WHICH THEY SHOWED INDICATORS ; Social Interaction, Communication and/or Behaviors, Interests and Activities)**

The evaluation team has considered **crash's** current level of performance in the Core Areas of **(STATE THE CORE AREAS OF CONTINUED NEED)** and determined that, due to **crash** having a continued needs in these areas, new formal testing was not necessary at this time.

Taken into consideration for this determination were progress monitoring on current core area goals listed in the present level section of this evaluation, length of time since the last evaluation and age/ grade placement of **crash**.

Review of Developmental History and Behavior Patterns:

crash was previously evaluated on **(DATE of LAST EVAL)** in the area of Autism Spectrum Disorder. As part of that evaluation, **his/her** Developmental History and Behavior Patterns were reported through a systematic parent/guardian interview as summarized below.

In the Areas of Developmental History and Behavior Patterns in **Communication**, it was reported **(Brief Summary - Highlights).**

In the areas of Developmental History and Behavior Patterns in **Social Interaction**, it was reported **(Brief Summary highlights.)**

In the areas of Developmental History and Behavior Patterns in **Restricted, Repetitive, or Stereotyped Behavior**, it was reported **(Brief Summary - Highlights)**

Taken into consideration for the determination to review instead of gathering new data were no significant changes regarding past history of **crash**, and any newly developed core area patterns being reported in the present level section of this evaluation.

Review of previous ASD Observations:

A review of ASD observational data was completed on **[DATE]** by **[CASE MANAGER]**. Following is a summary of that review. As part of **his/her** previous evaluation, dated **[DATE of prior eval]** crash was observed **2** times in **(Locations).**

Key components in the following areas for ASD were noted:

Peer Social Interactions: **(Brief Summary of key items)**

Adult Interactions: **(Brief Summary of key items)**

Communication: **(Brief Summary of key items)**

Restricted interests or repetitive patterns: **(Brief Summary of key items)**

Sensory related: **(Brief Summary of key items)**