

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ County # \_\_\_\_\_ Meeting Date \_\_\_\_\_

A student with Autism Spectrum Disorder is eligible for Exceptional Student Education if all of the following criteria are met:

In addition to the provisions in Rule 6A.6.0331, F.A.C., regarding general education intervention procedures, the evaluation for determining eligibility shall include the following:

1. Documented and dated behavioral observations conducted by members of the evaluation team targeting social interaction, social communication skills and restricted or repetitive patterns of behavior, interests, or activities across settings. General Education interventions and activities conducted prior to referral may be used to meet this criterion, if the activities address the core features of autism spectrum disorder identified in this section.
2. A comprehensive social/developmental history based on an interview with the parent(s) or guardian(s) that addresses the core features of autism spectrum disorder
3. A comprehensive psychological evaluation that includes assessment of academic, intellectual, social-emotional, and behavioral functioning and must include at least one (1) standardized instrument specific to autism spectrum disorder  
\_\_\_\_\_
4. A language evaluation that includes assessment of the pragmatic (both verbal and nonverbal) and social interaction components of social communication \_\_\_\_\_
5. An observation of the student's social communication skills conducted by the speech language pathologist documenting concerns in the areas of social interaction components of social communication
6. A standardized assessment of adaptive behavior \_\_\_\_\_
7. If behavioral concerns are present, a functional behavioral assessment is conducted to inform behavioral interventions on the student's individual education plan.
8. Educationally relevant medical findings, if any: \_\_\_\_\_

The determination has been made in accordance with the requirements of eligibility as identified in Rule 6A.6.0331, F.A.C.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Parental involvement in general education intervention (K-12)   |
| <input type="checkbox"/> | Observations of the student in the educational environment to document the student's area of concerns (K-12)                                |
| <input type="checkbox"/> | Review of existing data, including anecdotal, social, psychological, medical, attendance, and achievement (PK-12)                           |
| <input type="checkbox"/> | Vision and hearing screening (PK-12)  |
| <input type="checkbox"/> | Evidence-based interventions addressing the identified areas of concern, to include pre-intervention and ongoing progress monitoring (K-12) |

Evidence of ALL of the following:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Impairment in social interaction as evidenced by delayed, absent or atypical ability to relate to individuals or the environment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Impairment in verbal or nonverbal language skills used for social communication  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Restricted or repetitive patterns of behavior, interests, or activities  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The core features identified in subparagraphs (4)(a)1., (4)(a)2., and (4)(a)2., of this rule occur across settings               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The student demonstrates a need for special education services   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The team agrees that the analysis of data supports consideration for eligibility for the Autism Spectrum Disorder Program        |

Eligibility Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_