

Re-Evaluation Cover Sheet

Autism/Autism Spectrum Disorder

Student _____ School _____

TEACHER _____ Case Manager _____

Previous Intelligence (IQ) Tests: _____ / _____

Last Eligibility Date: _____

SETS Information (originated in SETS):

___ **Notice & Invitation to a Meeting (NIM)**

___ **Notice of IEP Team's Decision Regarding Reevaluation**

___ **Notice and Consent for Reevaluation**

Testing Information:

___ **Documentation of Appropriate Instruction, Prong 1**

___ **Current Grades & Work Samples**

___ **Vision/Hearing Screening**

___ **Behavior Rating Scales (BASC-3) OR Adaptive**

___ **Communication/Language Evaluation (done by speech therapist)**

___ **Structured Interview with Parent (pg 5 on GARS-2)**

___ **Autism Spectrum Disorder Rating Scale (GARS-2, CARS 2, ADOS, Asperger's)**

___ **2 Observations : 1) Structured**

___ **2) Unstructured**

___ **Report from medical, clinical, psychiatrist**

1/2019