

Eval checklist meeting:



ASD EVALUATION TEAM CHECKLIST

Team Members: Psych _____ SLP _____
SSW _____ OT _____

Name of Child	
District/School	
DOB	
Due Date or Last IEP	
Team Leader	

All of the following pieces are required:

<u>Dates</u>		<u>Who</u>
	Intake with Building Team: Teacher SLP SSW OT	
	Other:	
	Educational History/CA-60 Review	
	Parent Interview/Home Visit	

	Observations (across settings) PSY SSW SLP OT	
	ADOS Administration (Psy, SSW, SLP, OT) Module # _____ Administered by:	
	Schedule with school and team:	
	Diagnostic Testing/Rating Scales:	

<u>Dates</u>		<u>Who</u>
	Results Review Meeting with Evaluation Team (including recommendations/draft PLAAFP/goals)	
	Report Written	
	Parent Interpretation of Results	
	Results Shared with Building Team: Building Coach Teacher SLP SSW	