**Autism Interdisciplinary Team (AIT) Referral Process**

The mission of the AIT is to increase the autonomy of the IEP team to successfully maximize educational outcomes for all students with autism.

Prior to requesting assistance from the autism team, please make sure the following has been completed:

1. Formally discuss the student at a collaborative problem solving meeting.  This does not have to be a formal IEP meeting.

2. Brainstorm possible interventions, replacement behavior, and/or solutions.

3. Consult with the other team members, including SLP, OT and School Psychologist.

4. If the student currently has positive behavior support plan or behavior intervention plan, review and update as necessary.  Begin collecting 3-4 weeks of ABC data.

5. After collecting the data and if deemed appropriate, the School Psychologist will initiate the referral by assisting the team to complete the referral form (it is a part of this document).  The completed form and supporting documents would then be sent to the Autism Consultant.

Additional Information:

Not all children who fall on the autism spectrum will require the services from the AIT. The level of involvement will be determined on an individualized basis.  Based upon a review of the request packet, the IEP team may be given further steps for problem solving before the AIT becomes involved.

The Requesting Team agrees to:

1. Meet on a regular basis to collaborate and problem solve student needs.

2. Demonstrate a good faith effort in implementing action plans developed by the IEP team and AIT.

3. Record data and maintain documentation of action plan implementation to determine effectiveness of recommended interventions.

4. Actively communicate with members of the AIT regarding progress/areas of concern with the implementation of the action plan.

Exit Process

The AIT’s involvement will gradually decrease as the targeted action plan is developed and subsequent program development/modifications are identified.  Data collection to document the student’s progress toward critical skill development is an expectation of the IEP team. If the action plan and data collection are not being consistently implemented, the AIT’s involvement will be discontinued.

**IEP Team Members and email addresses:**

Resource Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Psych: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All team members listed above must be aware of the referral and have had the opportunity to provide input.  Check the box to indicate this communication and collaboration has taken place.

**Autism Interdisciplinary Team (AIT) Referral Form**

Building Psychologists:

As a team, fill out as much information as possible AND include required documents.  Please be aware that some questions may not be applicable to your situation.  Forward the documents to the Autism Consultant.

If you have questions about filling out the form, please contact one of the AIT members.

* Abbey Vieux-Revell, ECKE Autism Consultant   abbeyvieuxrevell@eudoraschools.org
* Dee Steinbach, Baldwin City Occupational Therapist   dsteinbach@usd348.com
* Courtney Chacon, Eudora Speech Language Pathologist   courtneychacon@eudoraschools.org
* Lori Markley, Baldwin City Speech Language Pathologist   lmarkley@usd348.com
* Linda Normile, Wellsville School Psychologist   lnormile@usd289.org
* Becky Florance, Baldwin City Resource Teacher bflorance@usd348.com

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) Completing Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Grade: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Mode of Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medications or relevant Medical Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside or Related Services Receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement and who provides instruction in those settings (e.g. gen-ed, resource, self-contained): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Attach the student’s daily schedule\*\*

PBIP or BIP: \_\_\_\_\_\_\_\_\_\_\_\_ If yes, how long has data been collected?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Attach updated PBIS/BIP and data\*\*

Number of ESI incidents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is CPI being utilized?: \_\_\_\_\_\_\_\_\_\_\_\_\_   If yes, how frequently?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Explain why assistance is being requested.  What is your team most concerned about?      |
| In which environments is the student most successful?   (e.g. gen-ed, lunch, specials, speech, etc.)       |
| Describe concerns.  What does it look like?  Where does it happen/not happen?  When would the concern most likely be observed?      |
| What factors contribute to student success?           |
| What are the student strengths in the following areas:Social?     Emotional?     Behavioral?       Academic?         |
| What are the special interests of the student?  How have you gathered this information?              |
| What motivates or reinforces the student?  How have you gathered this information?             |
| How are you currently addressing the concern and/or behavior?       |

|  |  |  |
| --- | --- | --- |
| **Interventions tried** | **Outcome** | **How long was intervention in place?** |
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| In thinking about the current needs of the student, are there any trainings and/or resources that would be helpful?             |
| Do you communicate consistently with the family?  How often and in what form?        |
| Are you aware of any significant events in the student’s life that could be impacting him/her (e.g., family history; natural disasters; illness; death; move; deployments; home/school environments, relationships, homelessness, etc.)           |
| Any other helpful information?       |
| What result do you hope to achieve?  What will success look like for this student?  |