**Autism Team Request Prerequisites**

Prior to requesting assistance from the autism consultant, teams should take the following steps:

1. Formally discuss the student at a collaborative problem solving 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 initiate the referral process.

Additional Information:

Not all children who fall on the autism spectrum will require the services from the Autism Team. 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 ASD Team 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 and ASD Teams.

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

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

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

Exit Process

The ASD Team’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 ASD Team’s involvement will be discontinued.

**IEP Team Signatures:** **Date:**

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

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

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

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

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

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

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

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

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

**Autism Team Request Form**

Building Psychologists:

As a team, fill out as much information as possible AND include required documents. Forward the documents to the Autism Consultant.

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 (e.g. gen-ed, resource, self-contained): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Explain why assistance is being requested. |
| Describe concerns. What does it look like? Where does it happen/not happen? When would the concern most likely be observed? |
| How are you currently addressing the concern or behavior? |

|  |  |  |
| --- | --- | --- |
| **Interventions tried** | **Outcome** | **How long was intervention in place?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Any other helpful information? |

|  |
| --- |
| What result do you hope to achieve? |