

**Kearsarge Regional School District  
114 Cougar Court  
New London, NH 03257**

**AUTISM ELIGIBILITY CHECKLIST**

|                         |               |
|-------------------------|---------------|
| <b>Student's Name:</b>  | <b>Grade:</b> |
| <b>Date of Meeting:</b> | <b>DOB:</b>   |

**Autism (34 CFR 300.8 9c)(1)):**

- (A) A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences
- (B) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an Emotional Disturbance.
- (C) A child who manifests the characteristics of autism after age 3 could be identified as having autism if the criteria in Section A above are satisfied.

**ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.**

|  |  |     |  |    |
|--|--|-----|--|----|
| 1. The student has a developmental disability significantly affecting: |  |     |  |    |
| (a) verbal communication,  |  | YES |  | NO |
| (b) nonverbal communication,   |  | YES |  | NO |
| (c) <b>AND</b> social interaction.                                     |  | YES |  | NO |
| Check characteristics that apply:                                      |  |     |  |    |
|  | deficits in social-emotional reciprocity   |     |  |    |
|  | deficits in nonverbal communicative behaviors used for social interaction  |     |  |    |
|  | deficits in developing, maintaining and understanding relationships  |     |  |    |
|  | stereotyped or repetitive motor movements, use of objects or speech  |     |  |    |
|  | insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior |     |  |    |
|  | highly restricted, fixated interests that are abnormal in intensity or focus                                     |     |  |    |
|  | hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment             |     |  |    |
|  | Other (describe):  |     |  |    |

**(#1 continued)**

|                     |  |
|---------------------|--|
| Diagnosis           |  |
| Date of Evaluation  |  |
| Qualified Evaluator |  |

To be eligible, the answer to Questions 1a, 1b and 1c must be **yes**. Proceed to the next question.

|   |  |     |  |    |
|---|--|-----|--|----|
| 2. The student's deficits are <b>NOT</b> primarily related to identification of an Emotional Disturbance. |  | YES |  | NO |
|---|--|-----|--|----|

To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.

|  |  |     |  |    |
|--|--|-----|--|----|
| 3. Is there documentation of an adverse effect on educational performance, due to the developmental disability identified in Question 1? |  | YES |  | NO |
|  |  |     |  |    |
| Describe adverse effect:   |  |     |  |    |
|  |  |     |  |    |

To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.

|  |  |     |  |    |
|--|--|-----|--|----|
| 4. Evaluation confirms that limited English proficiency was <b>NOT</b> a determinant factor in the eligibility decision? |  | YES |  | NO |
|--|--|-----|--|----|

To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.

|   |  |     |  |    |
|---|--|-----|--|----|
| 5. Evaluation confirms that lack of appropriate instruction in reading and/or math was <b>NOT</b> a determinant factor in the eligibility decision? |  | YES |  | NO |
|---|--|-----|--|----|

To be eligible, the answer to Question 5 must be **yes**. Proceed to the next question.

|  |  |     |  |    |
|--|--|-----|--|----|
| 6. If there is a developmental disability of autism, does the child require specially designed instruction because of this disability? |  | YES |  | NO |
|  |  |     |  |    |

To be eligible, the answer to Question 6 must be **yes**. Proceed to Determination.

**DETERMINATION:** The Team used the above evaluation data to determine:

|  |  |     |  |    |
|--|--|-----|--|----|
| The student has been determined to have autism, and is eligible for special education services.  |  | YES |  | NO |
| The student has been determined to have autism, but is <b><u>not</u></b> eligible for special education services at this time.                       |  | YES |  | NO |
| The student <b><u>does not</u></b> meet requirements to be identified with autism, and is <b><u>not</u></b> eligible for special education services. |  | YES |  | NO |

**Team Member Signatures:**

**I am in agreement with the above conclusions:**

| Name | Title |
|------|-------|
|      |       |
|      |       |
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**I am NOT in agreement with the above conclusions.** (Dissenting team members shall submit a separate, written statement).

| Name | Title |
|------|-------|
|      |       |
|      |       |
|      |       |
|      |       |