



Planning form for Initial Evaluation for:
Autism (Preschool)

Student Name: _____ Date of Birth: _____
 Age: _____ Grade: _____ School: _____
 Parent Name and Address: _____
 Teacher: _____ Case Manager: _____

Date Received:	Evaluation Data:	Person Responsible:
	Screening Document _____ Brigance _____ PLS 5	Preschool Teacher/SLP
	_____ RTI Data OR First Steps Data (must include): _____ Initial Eval. Scores ___ Standard Deviations and/or ___ Age Equivalentents _____ Exit Eval Scores (If applicable) ___ Standard Deviations and/or ___ Age Equivalentents	Preschool Teacher/Parent/SLP
	Completed Referral Document	Preschool Teacher/SLP
	Doctor's Statement Indicating a Medical Diagnosis (if applicable, but not required)	Parent
Must include the following evaluations:		
	Communication Evaluation (if applicable)	SLP
	DAY-C - Cognitive	Preschool Teacher
	SIB-R (Adaptive)	Preschool Teacher/ARC Chair
	BASC 3 (Social)	Preschool Teacher/ARC Chair
	Three Behavior Observations (document areas of concern, including	Preschool Teacher/SLP/ARC Chairperson

	atypical behaviors if applicable)	
	Autism Rating Scale (CARS-2)	Teacher/Parent
	Social & Developmental History Form	Parent
	Other Evaluations (OT, PT, Etc.)	OT/PT/SLP/Teacher