

Exceptional Student Education Multidisciplinary Team Report for Students with Autism Spectrum Disorder

Student Name:		Date:			
Other ID:		School:		G	rade:
Date of Birth:	Sex:	Race: Primary Language at Home:			
Parent/Guardian Name:			Home Phon	e:	
Parent/Guardian Address:					
	Criteri	a		Home	School
Student displays impairment in social interaction as evidenced by delayed, absent or atypical ability to relate to individuals or the environment.				Yes 🗆 No 🗀	Yes 🗆 No 🗆
Assessment Tool:					
Results/Scores:					
Student displays impairment in verbal or non-verbal language skills used for social communication. Assessment Tool:				Yes No	Yes No
Results/Scores:					
Student displays restricted or repetitive patterns of behavior, interests or activities. Assessment Tool:				Yes No	Yes No
Results/Scores:					
Yes No No N/A	If behavioral concerns are present, a Functional Behavior Assessment (FBA) was conducted.				
Yes No	Student demonstrates a need for special education.				
Yes \(\sum \) No \(\sum \)		nnalysis of data, the s rum Disorder. (<u>All a</u> <u>ion</u>)			
Group member signatures: E assurance that this determina		Č ,	_		~ .
Any group member not in ag	reement must su	bmit a separate state	ment presenting the	e member's conclus	sion.
Parent/Guardian		Parent/Guardian		ESE Director/Designee	
School Psychologist		General Education Teacher		ESE Teacher	
Speech-Language Pathologist		Other: Name/Position		Other: Name/Position	

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