

AUTISM SPECTRUM DISORDER CHECKLIST

Student Name: _____

Date: _____

For Student with an autism spectrum disorder, the IEP team considered the following factors during the course of this IEP meeting:

- The verbal and nonverbal communication needs of the child

Comments:

- The need to develop social interaction skills and proficiencies

Comments:

- The needs resulting from the child's unusual responses to sensory experiences

Comments:

- The needs resulting from resistance to environmental change or change in daily routines

Comments:

- The needs resulting from engagement in repetitive activities and stereotyped movements

Comments:

- The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and

Comments:

- Other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development.

Comments:

The IEP Team determined the outcome to be:

- No current changes to the IEP
- Any necessary changes were incorporated into the IEP as they relate to the above factors.
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