



MET ELIGIBILITY RECOMMENDATION – Autism Spectrum Disorder (ASD) Rule 340.1715

Student Information		
UIC Code: _____	Date: _____	Grade: _____
Student Name: _____		Birthdate: ____/____/____
Last	First	Middle
Resident Dist: _____	Attending School: _____	Oper. Dist: _____

This eligibility recommendation is a(n) : ___ Initial Determination ___ Re-Determination
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Attach reports to substantiate the following

Yes	No	Eligibility Requirement
—	—	The lifelong developmental disability adversely affects a student's educational performance in 1 or more of the following performance areas: (a) Academic (b) Behavioral (c) Social
—	—	There are qualitative impairments in reciprocal social interactions including at least 2 of the following areas: <ul style="list-style-type: none"> <input type="checkbox"/> Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze facial expression, body postures, and gestures to regulate social interaction. <input type="checkbox"/> Failure to develop peer relationships appropriate to developmental level. <input type="checkbox"/> Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest <input type="checkbox"/> Marked impairment in the areas of social or emotional reciprocity
—	—	There are qualitative impairments in communication including at least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Delay in or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime. <input type="checkbox"/> Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others. <input type="checkbox"/> Stereotyped and repetitive use of language or idiosyncratic language. <input type="checkbox"/> Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
—	—	There are restricted, repetitive, and stereotyped behaviors including at least 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal in either intensity or focus. <input type="checkbox"/> Apparently inflexible adherence to specific, nonfunctional routines or rituals. <input type="checkbox"/> Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements. <input type="checkbox"/> Persistent preoccupation with parts of objects.

This determination may include unusual or inconsistent response to sensory stimuli
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UIC Code: _____

Date: _____

Student Name: _____
Last
First
Middle

Yes —	No —	There is not a primary diagnosis of schizophrenia or emotional impairment.
—	—	This determination of impairment is based upon a full and individual evaluation by a multidisciplinary evaluation team including, at a minimum, a psychologist or psychiatrist, an authorized provider of speech and language under R 340.1745(d), and a school social worker.

Assurance Statements	
Tests used in the assessment process were administered in accordance with evaluation procedures outlined in IDEA 300.304 including, but not limited to, the following: assessments were administered by trained personnel using standardized instructions; validated for the specific purpose for which they are used; designed to assess specific areas of educational need, and not merely to provide a single general intelligence quotient; reflective of a person’s aptitude, achievement or whatever other factors the test purports to measure, rather than reflecting the person’s impairments, unless this is what the test is intended to measure; selected and administered so as not to be socially, racially or culturally discriminatory and; in the student’s native language where necessary.	
In accordance with IDEA 300.306, eligibility is not primarily due to a lack of instruction in reading, math or limited English proficiency. Procedures for determining eligibility and educational need. (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under § 300.8, and the educational needs of the child, each public agency must—(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child’s physical condition, social or cultural background, and adaptive behavior; and (ii) Ensure that information obtained from all of these sources is documented and carefully considered.	

Yes	No	Eligibility Recommendation
—	—	All eligibility requirements have been met.
—	—	The impairment necessitates special education or related services, or both

Therefore, we recommend to the IEP team, who will determine eligibility, that

_____ based on the data above, the MET team recommends to the IEP team that this student **does meet** eligibility criteria as a student with an **Autism Spectrum Disorder Rule 340.1715**

_____ based on the data above, the MET team recommends to the IEP team that this student **does not meet** eligibility criteria as a student with an **Autism Spectrum Disorder Rule 340.1715**

MET MEMBERS: Include name, identify title, and attach a statement of disagreement if necessary

Name	Title
_____	Psychologist/Psychiatrist
_____	Speech and Language Provider
_____	School Social Worker
_____	_____