

School Medical Autism Evaluation Form (SMART)

This is a tool that will be used to collect information for your child to better assess how to provide the best services for them. We would like for each person who works with your child to fill in the appropriate column. You can make as many copies of this form as you would like, or you can have each person fill out the original form.

Please complete the SMART Evaluation Form by choosing the column corresponding to your relationship to the child being evaluated.

Please choose **True** if the child exhibits the behavior described or **False** if the child does not exhibit the behavior described.

Please list any comments you may have in the **Comment** column on the right that may provide further description of the child's behavior.

Please complete the form by filling in your name on the last page, on the line corresponding to your relationship to the child.

Please return this completed form to _____

By _____.