[](https://www.bing.com/images/search?view=detailV2&ccid=BOTnEgS3&id=44D7AAE479C10F50B5B245A7E489AA5FCC739768&thid=OIP.BOTnEgS3dSPPfAxDtAOQLgDkDZ&mediaurl=http://www.lcautism.org/wp-content/uploads/2014/08/lcautism.jpg&exph=217&expw=228&q=lewis+county+autism+coalition+images&simid=608006537412673710&selectedIndex=0)

**School Medical Autism Review Team (SMART)**

**Referral Status Report**

**TO: Special Education Director/Building Administrator**

**District:**

**RE: SMART Team Status Report**

**Date:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The School Medical Autism Review Team (SMART) is responsible for reviewing data on students referred for autism testing and rendering a decision regarding the need for further medical testing. The information on the above named student has been reviewed by the School Medical Autism Review Team (SMART) and the team is recommending:

\_\_\_\_ The student be evaluated for a possible diagnosis of autism. The evaluation is

scheduled for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_Additional information is deemed necessary prior to the team rendering a

recommendation. After receipt of the necessary information, the student will be

reviewed again and a recommendation will be forthcoming.

\_\_\_\_After review of the information submitted, the team has concluded that an evaluation

for an autism diagnosis is not appropriate.

\*Additional Recommendations

\_\_\_\_ To refer the student to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_ To meet with the parents to discuss the decision and suggest

alternate resources/services.

\_\_\_\_ Other:

\_\_\_\_ No additional recommendations at this time.

\_\_\_\_Other:

If you have any questions or concerns please contact the School Autism Team Coordinator at 360-736-6778 or fax questions/concerns to 360-736-6552