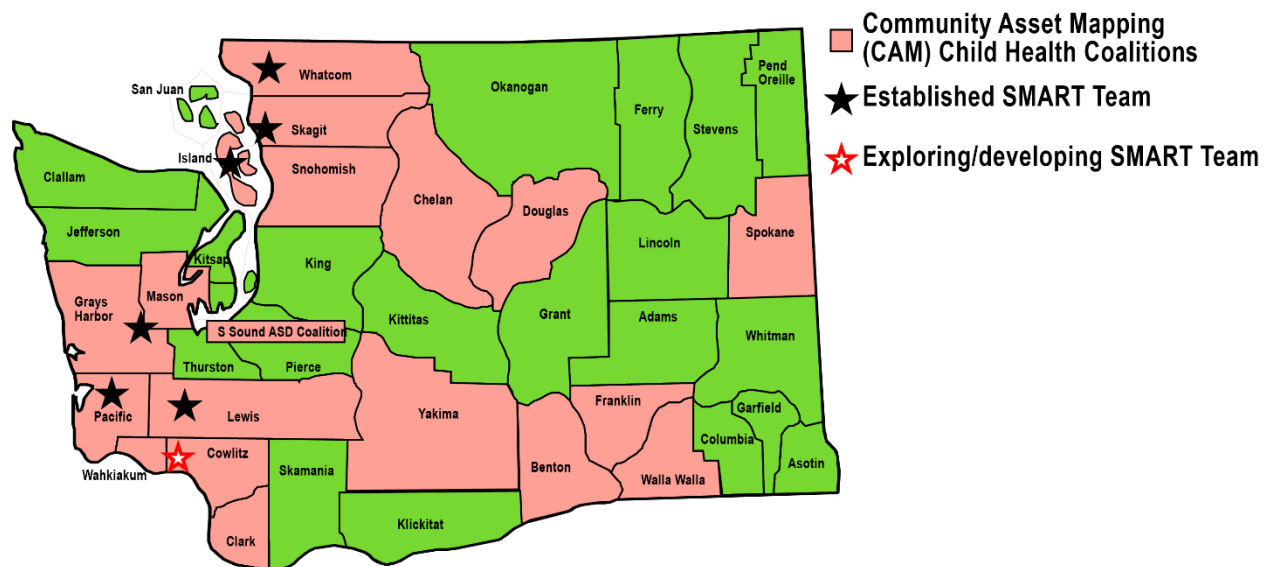


School Medical Autism Review Teams (SMART)

Children and families in many rural communities in Washington State are unable to access a timely assessment for autism or other developmental disabilities and get connected to helpful services. They may wait many months for an autism evaluation at a distant tertiary care center because there is no option closer to home. Transportation and language barriers are also issues for many families. School Medical Review Teams (SMART) were created in six rural Washington State communities to address this challenge. This project is one of the priorities that has come out of the work in CAM communities.

SMART is a model that builds on and expands community capacity in rural and underserved communities that do not have access to a local multidisciplinary diagnostic center. Using a shared document, the SMART tool*, families are able to collect records of evaluations from their school, early intervention agency, local providers, and pediatrician to inform an interdisciplinary evaluation and diagnosis of autism. In the SMART approach, experienced pediatric primary care providers, schools, early intervention agencies, and families come together and share their knowledge and evaluation results in order to facilitate a virtual, comprehensive assessment of a child. This process provides a close link between a child's primary care provider (PCP) and school team, who sees the child on a daily basis.

The Picture Statewide



In combination with [Autism Center of Excellence \(COE\)](#) training through the Washington State Health Care Authority (HCA), SMART is a mechanism that allows children to qualify for Applied Behavior Analysis (ABA) therapy covered by Medicaid.

Contact: Kate Orville, MPH, orville@uw.edu, University of WA, Medical Home Partnerships Project (MHPP). The Washington State Department of Health, Children and Youth with Special Health Care Needs Program provides funding for MHPP technical support to communities.

More information: <https://medicalhome.org/school-medical-autism-review-team-smart/>

**See sample SMART tool on other side.*

SAMPLE SMART TOOL

Child's Name: _____ DOB: _____ Today's Date: _____

Name of person filling out form: _____ Role: _____

Location: _____ Relationship to child: _____

Social Communication & Interaction	True	False
Impairments in the use of eye contact during social interactions. <i>Example: Looks to the side or at your mouth rather than your eyes when speaking to you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Deficits in the use of facial expressions to communicate <i>Example: Doesn't frown, pout, look surprised</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack or reduced use of gestures to communicate <i>Example: Doesn't wave bye bye, nod yes or no, blows a kiss</i>	<input type="checkbox"/>	<input type="checkbox"/>
Impairments in back and forth conversation (appropriate to language level) <i>Example: Won't add something new or ask a question in response to a comment made to them.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired responses to social initiations of others <i>Example: Doesn't respond to his/her name or acknowledge others</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, or reduced interest in, peers (appropriate to developmental level)	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired initiations of interactions with others	<input type="checkbox"/>	<input type="checkbox"/>
Reduced preference for some peers over others/impaired friendships	<input type="checkbox"/>	<input type="checkbox"/>
Delays in, or lack of, varied, age-appropriate play with peers	<input type="checkbox"/>	<input type="checkbox"/>
Restricted, repetitive patterns of behavior, interests & activities	True	False
Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume)	<input type="checkbox"/>	<input type="checkbox"/>
Has repetitive body mannerisms	<input type="checkbox"/>	<input type="checkbox"/>
Reacts negatively to changes in schedule/insists on sameness	<input type="checkbox"/>	<input type="checkbox"/>
Has behavioral rituals	<input type="checkbox"/>	<input type="checkbox"/>
Has verbal rituals (e.g., must say things, or have others say things, in a particular way)	<input type="checkbox"/>	<input type="checkbox"/>
Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	<input type="checkbox"/>	<input type="checkbox"/>
Engages in a limited range of activities/Has a limited behavioral repertoire	<input type="checkbox"/>	<input type="checkbox"/>
Shows hyper-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows hypo-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows unusual sensory interests and preferences	<input type="checkbox"/>	<input type="checkbox"/>
Disruptive behavior	True	False
Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction)	<input type="checkbox"/>	<input type="checkbox"/>

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