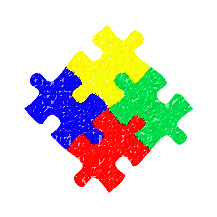
Pacific County

SMART TEAM



**Dear Parent or Guardian,**

Your child has been referred to the School Medical Autism Review Team (SMART) due to possible Autism Spectrum Disorder (ASD). Enclosed is a packet of information and forms that are needed to further address this issue. Please read this material and follow all instructions so we can be of utmost help to you and your child. We thank you for entrusting us with this delicate and valuable information in order to improve your child’s welfare.

**Patients needing a first evaluation for possible ASD will need the following:**

Our ASD screening process consists of gathering all relevant information concerning your child’s medical, academic, family, and social history.

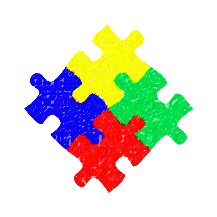
1. Parents/caregivers, please complete and return to our office the following forms (enclosed)
   1. SMART permission Form
   2. SMART demographics form
   3. Getting to Know Your Child form
2. Give a SMART tool to anyone familiar with your child such as current teacher, SLP, OT and/or Daycare provider.
   1. It is your responsibility to ensure the school /providers return these forms to you prior to submitting the package for the SMART to review.
3. Provide our office with copies ( no originals please) of:
   1. Report cards –past 2 years
   2. Reports of any testing done by school psychologist, occupational, language or physical therapists, child find, developmental screening or school district required testing.
   3. Ages & stages questionnaire (ASQ)
   4. Copies of 504 plan, IFSP or IEPs, Functional behavioral analysis (FBA), Behavioral intervention plan (BIP) if applicable
   5. Reports of any previous evaluations by physicians, psychologists or psychiatrists.

*Ask the school for copies if needed.*

**If you have any questions about filling out any of the forms contact Pacific County Family Navigator, Princess Klus – North County - 360.875.9343 ext. 2644 or 360.214.6022 - South County - 360.642.9349 ext. 2644**

Pacific County

SMART TEAM



**School Medical Autism Review Team Packet Checklist**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_/\_\_/\_\_\_\_

Primary Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Packet Forms:

* Authorization form for release of records
* Demographics information
* Getting To Know Your Child form filled out by:
  + Parent/Guardian
  + Relative
  + General Education teacher
  + Special Education teacher
  + Speech and language pathologist
  + Occupational therapist/Physical therapist
  + School psychologist
  + Daycare provider
  + Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

* Screening material
* Report cards past 2 years
* Reports of any testing done by school psychologists, occupational, language or physical therapists including any developmental screenings.
* Copies of 504 plans or IEPs or IFSPs, Functional Behavioral Analysis (FBA), Behavioral Intervention Plan (BIP), ASQ
* Reports of previous evaluations by physicians, psychologists or psychiatrists.
* *Please bring in or mail the completed packet* ***to PCHHD-P.O. Box 26 South Bend WA.98586****. Upon receipt of the packet, our SMART team will be able to assess the data at the next meeting.*

**Please include this information in the confidential envelope that is provided.**

**If an envelope is not provided please put all confidential information in a sealable envelope and mark: Attn: Princess Klus Pacific County Health and Human Services Department**