# C:\Users\rrayos\Desktop\Logo.pngSchool 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
* SMART tools filled out by:
	+ Parent
	+ Gen Ed teacher
	+ Special Ed teacher
	+ Speech and language pathologist
	+ Occupational therapist/Physical therapist
	+ School psychologist
	+ Daycare provider
	+ Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

* 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
* Reports of previous evaluations by physicians, psychologists or psychiatrists.