# 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.