

San Juan County Autism Collaborative Packet Checklist

Child's name: _____ DOB: ____ / ____ / ____

Primary Care Provider: _____ Clinic: _____

School District: _____

Packet Forms:

- Authorization form release of records
- Child Intake form
- Observation checklist/ teacher interview form, filled out by:
 - Parent/Caregiver
 - Gen Ed teacher
 - Special Ed teacher
 - Speech and language pathologist
 - Occupational Therapist / Physical Therapist
 - School Psychologist
 - Day Care Provider
 - Other: _____

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 IEP's and/ or behavior plans
- Reports of previous evaluations by physicians, psychologists, or psychiatrists