

AUTISM DIAGNOSTIC TEAM REFERRAL FORM

The mission of the SEK Autism Diagnostic Team (ADT) is to facilitate early medical identification of Autism Spectrum Disorder (ASD). The evaluation is *medical* in nature and is not the same as the psycho-educational evaluation that may be completed by a school district to determine eligibility for special education services. A medical diagnosis is not required to determine if a child has an educational identification of Autism. If a child is suspected to have ASD, a medical diagnosis is important since it is needed to access community resources and services. This diagnostic service is optional and each family will need to determine if it is appropriate for their child.

An autism referral can come from parents, doctors, teachers and other school staff members. The school psychologist should complete the following steps and fill out this form before contacting a member of the ADT:

Task	Date Completed	Initials
1. Contact parents/caregivers: --discuss concerns and red flags --discuss the benefits of early identification --talk about screening and evaluation process and emphasize process is voluntary --ask permission to complete the screening --clarify that screening/evaluation is for medical diagnosis and is not the same as evaluation for determining special education eligibility (children can be screened for autism as a part of child find but the intent of this screening is to determine if a medical evaluation is necessary).		
2. Screen student using a rating scale (e.g., Social Responsiveness Scale-2-[SRS2]) or another appropriate tool.		
3. Score the rating scales and make the determination whether to proceed with the referral. If rating scale scores show variable results within and/or across raters or high RRB scale, gather additional data through observations and/or interviews of teacher and/or parents to determine if referral is appropriate. <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Interview Completed: <input type="checkbox"/> </div> <div style="text-align: center;"> Observation Completed <input type="checkbox"/> </div> </div>		
4. Share screening results with parents. If rating scales are elevated and parents choose to proceed, provide information about our team and other local diagnostic centers (e.g., KU Center for Child Health & Development, Children's Mercy, Leffen Center for Autism). If negative screen, consider if any other referrals are necessary.		
5. If parents choose to use the ADT, give them a copy of the <i>FAQS</i> found on the SEK Interlocal website AND send the appropriate diagnostic team member a copy of this <i>referral form, rating scales, current IEP and any notes from observations or interviews</i> . → Shandi Morey (EC program referrals in Cherokee and Labette County, referrals from Greenbush) smorey@usd250.org → Dustin Westbay (All Head Start, EC programs in Crawford and Bourbon County, and Lakeside referrals) dwestbay@usd250.org → Kim Meyer (All other schools) kmeyer@sekconnection.com		

Student Name:	DOB:
Parent/Caregiver name(s):	School:
Home Address:	City & Zip Code:
Home Phone:	Cell Phone:
	Work Phone:
Circle the designated physician for the evaluation: Dr. Pence KU Telemed Family Physician (_____) <i>Write in name of family physician ONLY IF this is the designated physician.</i>	Parent email: