Keystone Learning Services
ASD Core Team Referral
(Autism Screening, Evaluation, and Intervention)

Student Name: ______________________ **Date of Referral:** ______________________

School: ______________________________ **DOB:** __________ **Grade:** __________

School Contact: ____________________ **Phone:** ______________ **e-mail:** ______________________

Parent/Caregiver Name: ________________________________ **Phone(s):** ___________________________

1. Check Area of Need for Student and Staff:

☐ Consultation
- ☐ behavior ☐ communication ☐ academic programming ☐ community resources
- ☐ transition ☐ sensory/motor ☐ daily living skills ☐ other:___________________________

☐ Assessment
- ☐ screening ☐ reevaluation ☐ clinical diagnosis ☐ Transition/TTAP

☐ Training
- ☐ school staff ☐ paraprofessionals ☐ caregiver(s)

2. Documentation Required – Mark the documentation sent

☐ referral form ☐ copy of IEP ☐ copy of most recent evaluation/reevaluation
☐ General Education Intervention Plan ☐ Demographics Page ☐ copy of daily schedule or classroom schedule

3. Check All Areas of Concern

Social Concerns:
- ☐ poor eye gaze/contact
- ☐ poor use/understanding of facial expressions
- ☐ poor use/understanding of gestures
- ☐ little or no spontaneous sharing of enjoyment, interests or achievements
- ☐ lack of social reciprocity

Communication Concerns:
- ☐ delay or lack of spoken language (with no use of compensatory gestures)
- ☐ doesn't initiate or sustain conversation
- ☐ exhibits stereotyped/repetitive language & idiosyncratic language
- ☐ lack of varied, spontaneous pretend play (relative to age/developmental level)
- ☐ lack of social imitative play (relative to age/developmental level)

Behavioral Concerns:
- ☐ abnormal preoccupation with items, topics or ideas
- ☐ Inflexible, nonfunctional routines or rituals
- ☐ repetitive motor mannerisms (e.g. hand or finger flapping)
- ☐ persistent preoccupation with parts of objects
- ☐ aggressive behavior (describe below)

☐ Other Areas of Concern: ____

____

4. Referring Team Members (school staff/parents)

Name:	Title/Position:	Name:	Title/Position:

____ ____________________________

Signature of Parent/Caregiver Date

____ ____________________________

Signature of Building Administrator Date

Send completed form to Betsy Schmelzle, bschmelzle@keystonelearning.org