## The Howard County Public School System Department of Special Education 10910 Route 108 Ellicott City, MD 21042

Evaluation Report - Autism Supplement			
The Autism Suppleme	nt shall be completed by qualified examiners for and shall be attached to the IEI		onal disability of Autism,
Student:	Student ID:	Date:	
o qualify for special e	ducation, all criteria in I and II must be met. For	each criterion indicate Yes or No.	
. Criteria			
A. The IEP Team, w	nen determining whether a child has an educat	ional disability of Autism, shall consider	the following criteria:
The child's condit	on does not include emotional disability as def	ined by COMAR:	☐ Yes ☐ No
The child's condit	on significantly affects verbal and nonverbal co	ommunication and social interaction:	☐ Yes ☐ No
The child's condit	on is generally evident before age three:		☐ Yes ☐ No*
(a) Enga (b) Resis	on may be characterized by: gement in repetitive activities and stereotyped tance to environmental change or change in d ual responses to sensory experiences.		Yes No
B. The child's condit impairments ident	on adversely affects educational performance ified in Section A.	due to the behavioral, communication ar	nd social  Yes  No
	ifests the characteristics of Autism after age the ctions A and B are satisfied.	ree could be identified as having Autism	if all
I. Determination of D	isability by IEP Team		
	ment reports that identified the conditions listed that requires special education and related so		onal Pes No

Student Folder (Assessments and Evaluations Folder)

Parent

(July 2010)

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