



# Individual Student Record Review Form: Identification/Autism

THE FOLLOWING PAGES ARE REQUIRED FOR EACH STUDENT

**Student Identifier:**

**Reviewer:**

**Date:**

Randomly select five (5) student records for this review. To randomly select student files, begin with a comprehensive list of students in the defined category (e.g., Black students identified with autism). Use a random number generator (e.g., the RAND function in Excel) to select the desired number of files. If a selected file is inappropriate for some reason, document thoroughly why it is inappropriate – this becomes a part of the record. Replace any such files with a new randomly selected file.

## Autism Identification and Eligibility for Special Education

**Description:** Relevant records of students with disabilities will be reviewed to determine if the child was appropriately evaluated and met the criteria for the disabilities with which they were identified. For each child, complete the evaluation questions and then disability-specific questions.

### Autism Area 1: Comprehensive Evaluation

92 Neb. Admin. Code [§ 51-006.02C10](#); [006.04B](#); 34 C.F.R. [§ 300.304\(c\)\(4\)](#); [§ 300.305](#)

**Did the district assess the child in all areas related to the suspected disability, including the following:**

District Response

1a	§ 51-006.02C10	Behavioral observations	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b	§ 51-006.02C10; § 300.304	Developmental history	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c	§ 51-006.02C10; § 300.304	Autism screening or assessment tool	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d	§ 51-006.02C10; § 300.304	Teacher input	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Individual Student Record Review Form: Identification/Autism

92 Neb. Admin. Code § 51-006.02C10; 006.04B; 34 C.F.R. § 300.304(c)(4); § 300.305

**Did the district assess the child in all areas related to the suspected disability, including the following:**

District Response

1e	§ 51-006.02C10; § 300.304	Review of existing educational records	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f	§ 51-006.02C10; § 300.304	Direct play-based or semi-structured interaction to observe verbal or nonverbal behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g*	§ 51-006.02C10; § 300.304	All other referral concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
1h		Other assessments included:	
1i*	§ 51-006.02C10; § 300.304	Did the district ensure the child was assessed in all areas related to the suspected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Compliance item



# Individual Student Record Review Form: Identification/Autism

**District Response:** If you answered "No" to any items above, provide explanation or relevant information:

**State compliance review notes and items with potential findings of noncompliance:**



# Individual Student Record Review Form: Identification/Autism

## Autism Area 2: Multidisciplinary evaluation team (MDT).

92 Neb. Admin. Code § 51-003.41; § 51-006.03; 34 C.F.R. § 300.301(c); § 300.305(a)(2); § 300.306

District Response

2a*	§ 51-003.41; § 51-006.03B; § 300.306(a)(1)	<p><b>Did the MDT include all the following?</b></p> <p>Qualified professionals <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the child attends a nonpublic school, an administrator or designated representative of the nonpublic schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b*	§ 51-006.03C; § 300.306(b)(1)(i)	Did the MDT determine that the identification of the child with a disability was not primarily due to a lack of appropriate instruction in reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c*	§ 51-006.03C; § 300.306(b)	Did the MDT determine that the identification of the child with a disability was not primarily due to a lack of appropriate instruction in math?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2d*	§ 51-006.03C; § 300.306(b)(1)(iii)	Did the MDT determine that the identification of the child with a disability was not primarily due to limited English proficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2e*	§ 51-006.03E1; § 300.306(a)(2)	Was an MDT report prepared, that included documentation of determination of eligibility, and a copy provided to the parent at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f*	§ 51-006.03E2a; § 300.301(c)(2); § 300.306(a)(1)	Did the MDT report include a statement of whether the child met the disability definition based on the required criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2g*	§ 51-006.03E2b; § 300.306(a)(1)	Did the MDT report include a statement of the child's educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Compliance item



# Individual Student Record Review Form: Identification/Autism

92 Neb. Admin. Code § 51-003.41; § 51-006.03; 34 C.F.R. § 300.301(c); § 300.305(a)(2); § 300.306			District Response
2h*	§ 51-006.03E2c	Did the MDT report a statement of the basis for making the determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2i*	§ 51-006.03E2d	Did the MDT report include a listing of the team members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2j*	§ 51-006.03E3	Did each member certify in writing if the report reflects their conclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2k*	§ 51-006.03E4	If any member certified that the report did not reflect their conclusion, did that team member submit a separate statement presenting his or her conclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**District Response:** If you answered “No” to any items above, provide explanation or relevant information:

**State compliance review notes and items with potential findings of noncompliance:**

\*Compliance item



# Individual Student Record Review Form: Identification/Autism

## Autism Area 3: Eligibility Determination

92 Neb. Admin. Code § 51-006.04B; § 51-006.03D; 34 C.F.R. § 300.306; § 300.8(a), (c)

District Response

3a*	§ 51-006.04B; § 300.8(a), (c)(1)	Did the evaluation results demonstrate the presence of the disability of autism as defined by 92 Neb. Admin. Code § 51-006.04B and 34 C.F.R. § 300.8(c)(1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b*	§ 51-006.04B; § 300.8(c)(1); § 300.305(a)(2)(iii)	Is there documentation of adverse effect on educational performance and a need for special education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c*	§ 51-006.03D; § 300.306(c)(2)	Was an IEP developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**District Response:** If you answered “No” to any items above, provide explanation or relevant information:

**State compliance review notes and items with potential findings of noncompliance:**

\*Compliance item



**SPED**  
SPECIAL EDUCATION

# Individual Student Record Review Form: Identification/Autism

## General Notes

A large, empty rectangular area with a light blue gradient background, intended for entering general notes.