



## AUTISM TEAM CONSULTATION REQUEST

### IDENTIFYING INFORMATION

<b>Student Name:</b>	<b>Date:</b>
<b>School of Attendance:</b>	<b>D.O.B:</b>
<b>School of Residence:</b>	<b>Grade:</b>
<b>Site Psychologist:</b>	<b>Site Speech:</b>
<b>Case Carrier:</b>	<b>Other Service Providers:</b>
<b>Current Placement:</b>	
<input type="checkbox"/> General Education <input type="checkbox"/> Collab/Co-Teach <input type="checkbox"/> Fundamentals <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate/Severe <input type="checkbox"/> Other: _____	

### ATTACH THE FOLLOWING

- Current IEP     
  Psychoeducational Report     
  Behavior Plan  
 Current Schedule     
  Other: \_\_\_\_\_

### REASON FOR REQUEST

<b>Description of Concerns:</b>
<b>Interventions Attempted:</b>

### TO BE COMPLETED BY AUTISM TEAM

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date \_\_\_\_\_

**Fill out referral form and email to [Colleen.Finn@Sweetwaterschools.org](mailto:Colleen.Finn@Sweetwaterschools.org) and mail or fax complete packet to Colleen Finn at Special Services. Fax # 619-796-7547.**

(Revised: 7/8/15)