

NCKSEC A.S.S.I.S.T. FORM

Referral Form

To be eligible for an A.S.S.I.S.T. Team referral, student must have the following:

- A current IEP. *Please submit current IEP with this form.*
- Active involvement from the local IEP team including SLP, OT, the ED Consultant, and the School Psychologist (i.e. social/communication, behavior plan, etc.) *Sign below.*
- After submission, referrals will be screened to determine whether all resources have been exhausted before the A.S.S.I.S.T. Team will be involved.

What service is your team interested in? Please check below.

Intervention

Diagnostic

Student: _____	Date Referral Sent Out: _____
Parents: _____	Person Making Referral: _____
Attending School: _____	Contact Number: _____
Parent's #: _____	Parents' Address _____
Date of Birth: _____	Classroom Teacher: _____
Age: _____	Grade: _____

Please have team members sign below:

Case Manager _____ Parent(s) _____

Speech Pathologist _____ Occupational Therapist _____

School Psychologist _____ Principal _____

Other _____

Please return this form and all supporting documentation to :

Janie Topel, Autism Team Coordinator
NCKSEC
P.O. Box 369
Phillipsburg, KS 67661

The following is a list of possible signs of Autism. Please check symptoms observed by team members:

- does not look at objects when another person points at them
- does not point at objects to show interest (for example, does not point at an airplane flying over)
- has trouble relating to others or not have an interest in other people at all
- avoids eye contact
- has trouble understanding other people's feelings or talking about their own feelings
- prefers not to be held or cuddled, or might cuddle only when they want to
- appears to be unaware when people talk to them, but respond to other sounds
- may be very interested in people, but does not know how to talk, play, or relate to them
- repeats or echos words or phrases said to them, or repeats words or phrases in place of normal language (phrases from movies or TV shows)
- has trouble expressing his/her needs using typical words or motions
- not able to play "pretend" games (for example, not able to pretend to "feed" a doll)
- repeats actions over and over again
- has trouble adapting when a routine changes
- has unusual reactions to the way things smell, taste, look, feel, or sound
- loses skills they once had (for example, stop saying words they were using)
- has obsessive interests (trains, Pokemon)
- flaps hands, rocks body, or spins in circles
- has delayed speech and language skills

Comments / Other Information: