

School District Name: Nashoba Regional School District
School District Address: 50 Mechanic Street, Bolton, MA 01740
School District Contact: TBD TEAM CHAIR

Student: IEP Blank _____ **Grade:** 02 **DOB:** 10/25/2012 **LASID#:** 123123123123 **SASID#:** _____

Autism Spectrum Disorder Checklist

On IEP Dated: _ to _

For students with an Autism Spectrum Disability, please check to verify that each of the needs listed below has been considered and specifically addressed by the IEP Team:

- The verbal and nonverbal communication needs of the student
- The need to develop social interaction skills and proficiencies
- The needs resulting from the student's unusual responses to sensory experiences
- The needs resulting from resistance to environmental change or change in daily routines
- The needs resulting from engagement in repetitive activities or stereotyped movements
- The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from Autism Spectrum Disorder
- Other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development