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| **LAKEVIEW ELEMENTARY ASD PROGRAM/ SUCCESS ROOM CRITERIA** |

Criteria for considering elementary building to building change:

* The current team needs to show evidence of change in programming and its results prior to completing the criteria for the proposed next setting. An example would be: altered learning center support, increased visual or environmental supports, FBA, consult with Region 10
* Prior to meeting on criteria, one team member from the proposed receiving school needs to observe the student in his/her current setting.
* A team member from the proposed next setting will be present at the meeting to go through criteria checklist.

Criteria may be completed with members from the receiving school present for…

* ECSE students transitions to elementary
* 3 year evaluations
* New students from out of district
* Annual IEP meetings

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| Student Name: | | |
| Primary Disability: | ASD(autism spectrum disorder) | YES NO |
| SMI (severely multiply impaired) with ASD included | YES NO |
| \*If YES to one or both, continue with criteria  \*If NO to both look at home schools and/or other learning center settings | | |

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| Developmental Milestones | | |
| * Shows social relatedness skills | YES NO | Comments: |
| * Imitation skills present or emerging | YES NO |
| * Joint attention for instruction | YES NO |
| * Responds to reinforcement (beyond biological level) ex. toys, stickers, computer | YES NO |
| * Performing academic tasks | YES NO |
| \*If two or more YES responses, continue with worksheet.  \*If not, look at home schools and/or other learning center settings. | | |

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| Safety Needs | | |
| * Staff needs to prep for food needs | YES NO | Comments: |
| * Unable to use utensils | YES NO |
| * Unable to eat with large group | YES NO |
| * Needs specialized diet | YES NO |
| * Uses special eating protocol routine | YES NO |
| * Leaves classroom/playground area/ gym | YES NO |
| * Unsafe exploration of environments (ex. climbs out windows) | YES NO |
| \*If any of the above are YES, complete the remainder of the criteria checklist.  \*If not, look at home schools and/or other learning center settings. | | |

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| 1. Environmental Needs (Structural and Visual Supports) | | | |
| * Needs independent work stations | YES NO | Strengths: | Needs: |
| * Needs sensory area | YES NO |
| * Needs 1:1 instructional area | YES NO |
| * Needs small group | YES NO |
| * Needs functional routine areas | YES NO |
| * Needs distinct boundaries for learning areas | YES NO |
| * Needs directional/behavioral visuals | YES NO |
| * Needs visual schedule (daily, mini) | YES NO |
| \*If five or more are marked YES, consideration for Success Room should continue  \*If fewer than five are marked YES, team should consider how home school can accommodate the student. Continue to fill out criteria. | | | |

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| 2. Communication Needs | | | |
| * Needs functional communication skills | YES NO | Strengths: | Needs: |
| * Is non-verbal | YES NO |
| * Potential need for augmentative communication | YES NO |
| * No/limited imitation skills   (verbal, motor, with objects) | YES NO |
| \*One or more YES marks means consideration for Success Room should continue. | | | |

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| 3. Social Needs | | | |
| * No/limited joint attention | YES NO | Strengths: | Needs: |
| * No/limited turn taking skills | YES NO |
| * Solitary /limited functional play skills | YES NO |
| * No/infrequent initiation with others | YES NO |
| * No/infrequent response to initiations from others | YES NO |
| \*One or more YES marks means consideration for Success Room should continue. | | | |

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| 4. Self-Help Needs | | | |
| * Needs toileting assistance | YES NO | Strengths: | Needs: |
| * Needs dressing assistance | YES NO |
| * Needs feeding assistance | YES NO |
| * Needs grooming assistance | YES NO |
| \*One or more YES marks means consideration for Success Room should continue. | | | |

Elementary ASD Settings

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| Halverson | Hawthorne | Lakeview | Sibley |
| Functional Skills I  Daily |  |  |  |