



Referral Form For Autism Spectrum Disorder

Complex Evaluation or to begin Regional Services

Columbia Regional Program/ Portland Public Schools



Date of Request

Referring Person

Contact #

Email Address

Student Last Name Student First Name DOB Gender

Address City State Zip

Parent or Guardian #1 Parent or Guardian # 2

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Attending School Home School Grade District ID (eSIS)

SSID # Current IEP Date (if applicable) If District Translator is needed, specify the language

Mark the box of the service you need: **Complex Evaluation Support or to begin Regional Services**

Complex Evaluation for ASD Eligibility

Complex Evaluation: The assistance of an autism specialist may be requested if you answer yes to any of the following questions:

- Has the team completed all of the evaluation components, considered other suspected disabilities, and is still having difficulty making the eligibility determination?
- Is the student to be evaluation a safety risk to himself/ herself or others?
- Does the team need support sharing information related to autism with the family?

Complex Evaluation supports (please check all that apply)

- Observation
- Technical support for Behavior Checklists
- Assistance with determining characteristics of ASD for Mental Health Disorders

Fax Completed form to 503-916-3174

To Begin Regional Services for a Student Eligible for ASD

Fax completed form along with **current ASD Eligibility** to 503-916-3174.

If you have any questions or need assistance, please call the Special Education Office at 503-916-3152.