PREPARATION CHECKLIST

Integrated Systems Using Telemedicine (ISUT)

Scr	eening Process
	Determine if child is good fit for ISUT
	Age, time needed for diagnosis, agreement between educational team and family
	about symptoms
	If unsure, consult with Autism Diagnostic Team or provider
Info	rmation Needed from Autism Diagnostic Team
	Caregiver and/or educator report
	 Parent/guardian interview (e.g., CARS); student social behavior questionnaire
	Child-based assessments of social communication
	Play-based interactions (e.g., ADOS)
	 Observations with peers in natural settings (recess, classroom, lunch)
	Brief background
	Family history, development, education, health
	ISUT Telemedicine packet completed by family
	Supplemental information (if available)
	Eligibiilty or re-evaluation report
	Health/mental health records
	Behavior rating scales, score summaries
	Determine if child should have educational identification of Autism
	Summary and Impressions
Preparing for Telemedicine Session	
	Autism Diagnostic Team sends report to clinical team
	Coordinate appointment for interactive televideo interview



PREPARATION CHECKLIST

Integrated Systems Using Telemedicine (ISUT)

ISUT Telemedicine Packet

Completed by Family, Assembled by Autism Diagnostic Team (ADT)

Patient Intake Form
Physician Referral Form from Primary Care Provider
Patient Registration Form
Copy of Insurance Card (both sides)
Notice of Privacy Practice Acknowledgement Form
Consent for Medical Treatment Form
Financial Policy
Patient Permission to Communicate with Designated Individuals
Consent for Release of Confidential Information
ADT Report
Most Recent School Evaluation IEP, 504 Plan, IFSP
Student Social Behavior Questionnaire Select Appropriate Age Range • Completed by teacher, early intervention specialist, or educational professional familiar with child

ADT sends ISUT packet to the autism diagnostic clinical team at the university-based medical center



