



School Medical Autism Review Team (SMART) Final Report

TO: Special Education Director/Building Administrator
District:
RE: SMART Team Final Report
Date:

Name: _____ Birthdate: _____

The above named student has been reviewed by the medical staff from the School Medical Autism Review Team (SMART) and has resulted in the following conclusions:

- _____ The student has been evaluated and it has been concluded that he/she **meets the diagnostic criteria for autism.**
- _____ The student has been evaluated and it has been concluded that he/she **does not meet the diagnostic criteria for Autism.**
- _____ Other:

If you have any questions or concerns please contact the School Medical Autism Team Coordinator at 360-736-6778 or fax questions to 360-736-6552.