

Evidence Supporting Verification of Disability in the EAP Category of Autism Spectrum Disorder

Criterion 1: There is a medical diagnosis of **Autism Spectrum Disorder**

For the purposes of the Department of Education EAP category of Autism Spectrum Disorder, Criterion 1 requires the completion of this form, a diagnostic report or letter.

This form or the diagnostic report or letter must be signed by a registered Paediatrician, Psychiatrist, Neurologist or Psychologist with a practice endorsement in clinical, educational and developmental, or neuropsychology*.

STUDENT DETAILS

First Name

Date of Birth

Last Name

Sex

Other existing developmental/medical diagnoses

DIAGNOSTIC CONFIRMATION

This student has been assessed and with the information available, ***I confirm a diagnosis of an Autism Spectrum Disorder***, as described by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5, 2013) or International Classification of Diseases, tenth edition (ICD-10, 2016).

OR

This student has been assessed and with the information available, ***I do not confirm a diagnosis of an Autism Spectrum Disorder***, as described by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5, 2013) or International Classification of Diseases, tenth edition (ICD-10, 2016).

Clinician Name

Registration/AHPRA No.

Signature

Date

Registered Area of Specialisation:

Paediatrician

Clinical Psychologist

Psychiatrist

Educational and Developmental Psychologist

Neurologist

Neuropsychologist

Address

Telephone Contact

Email

Clinical Notes (optional)

* Aligns with A National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders in Australia, October 2018.