



Dear Parent or Guardian,

Your child has been referred for a one-time evaluation for possible autism spectrum disorder.

1. Parents/Caregivers, please complete and return to our office the following forms (enclosed)
 - **Authorization for Release of Records**
 - **Demographics Form**
 - **Autism Tool**
2. Give an Autism Tool to anyone familiar with your child such as the current **teacher, SLP, OT, and/or Daycare provider.**
 - It is your responsibility to ensure the school/providers return these forms to you prior to submitting the package for the Autism team to review.
3. Provide our office with copies (no originals please) of:
 - **Copies of 504 plan or IEPs** if applicable
 - **Report Cards** – past two years
 - Reports of **any testing** done by school developmental specialist in the school or medical setting
 - **Reports of any previous evaluations by physicians, psychologists, or psychiatrists**

(Ask school for copies of these, if needed)

Please bring the completed packet to Northwest Pediatric Center, 1911 Cooks Hill Road, Centralia WA 98531. If other arrangements need to be made please call 360-736-6778. Upon receipt of the information, our Autism Team will assess the data and contact you.