

The Regents' Center for Learning Disorders
University of Georgia

Asperger's Syndrome Documentation Checklist

Name _____ DOB _____ Status _____

Planned Enrollment Term _____ Referring School _____

Y N Documentation within 3 years? Date _____ If no, do not go any further.
Y N Diagnosis Clearly Stated? What is Diagnosis? _____ If no, do not go any further.
Y N Examiner Credentials: Licensed Psychologist, Other _____

Areas of Documentation

Y N Broad Cognitive Ability (e.g., IQ, Composite Score) _____
Y N Language Functioning _____
Y N Emotional/Personality _____
Y N Evidence of symptoms of Asperger's in childhood _____
Y N Current Social Functioning _____
Y N Evidence of current restricted, repetitive, and stereotyped patterns of behavior, interests, and activities _____
Y N Academic Achievement _____
Y N Other disorders considered _____
Y N Documentation Accepted? If no, _____

Strengths

Cognitive _____

Academic _____

Other _____

Deficits

Language/Communication _____

Social Interactions _____

Functional Limitations

Academic _____

Other _____

Y N Are functional limitations reasonably caused by the identified language or cognitive deficits?

Areas to be addressed _____

Accommodation Notes _____