Children's Integrated Services Notification of Autism Diagnosis or Suspected Diagnosis

Notification of Suspected Autism CONCERNS:

Child's name:	
Child's Date of Birth:	
Initial One Plan/ Active Date:	
Date of Failed MCHAT:	
# of items missed on the MCHAT:	
Date of Failed Follow-up MCHAT:	

Notification of Autism DIAGNOSIS:

Child's name:	
Child's Date of Birth	
Initial One Plan/ Active Date:	
Diagnosis: (ASD / Provisional Diagnosis)	
Date of Diagnosis:	
Diagnosed by	

VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION