Livingston EDUCATIONAL SERVICE Agency

GUIDELINES TO DETERMINE THE EXISTENCE OF AN

AUTISM SPECTRUM DISORDER (ASD)

2016

ACKNOWLEDGEMENTS

This document reflects the effort of many professional staff members within the Livingston Educational Service Agency. These individuals worked tirelessly to sift through many examples of ASD guidelines from across Michigan and other states, pull content together, edit multiple drafts, and more.

The content of these guidelines is based largely on the efforts of our colleagues at Charlevoix-Emmet Intermediate School District and Kent Intermediate School District, who were kind enough to share their ASD guidelines with us. We wish to acknowledge and extend our appreciation to them for their willingness and generosity so that our team didn't have to start from scratch in our endeavor.

We also wish to thank Maureen Ziegler and Kelly Dunlap from the STatewide Autism Resources and Training (START) Project, both of whom reviewed guidelines drafts and provided invaluable suggestions for improvement. We also wish to thank them for their time to plan and execute our ASD Guidelines rollout to staff here at LESA.

TABLE OF CONTENTS

INTRODUCTION

In March 2014, a group comprised of 11 professional staff members and two administrators from LESA was selected to update the *Livingston ESA ASD Eligibility Guidelines* from 2005. The work group contained a representative sample of service providers from:

- Disciplines- School Social Work, School Psychology, Speech Language Pathology, ASD Program Consultant, and Occupational Therapy
- Each of our five local districts
- Birth through secondary education levels

This workgroup met many times between March 2014 and February 2015, reviewing many other ASD Eligibility Guidelines from across Michigan and other states to carefully compile this revision.

The workgroup's goal was to create a set of procedures that staff will implement with consistency and fidelity across the county. These guidelines establish the set of best practices around autism spectrum disorder eligibility to which our multidisciplinary evaluation teams will be accountable.

Autism Rates: A Comparison

During the 2014-15 school year, 8.7% of students with disabilities statewide in Michigan were eligible under the autism spectrum disorder category. In Livingston County during this same period, the ASD rate was 15.1%, *nearly twice the statewide incidence.* Nationwide, 7.7% of school-aged students in 2012 (the most recent year available at the time of this publication) were eligible with autism.

The rate for autism identification in Livingston County is significantly disproportionate to the rates at the state and federal levels. Data presented in Tables 1 and 2 demonstrate this.

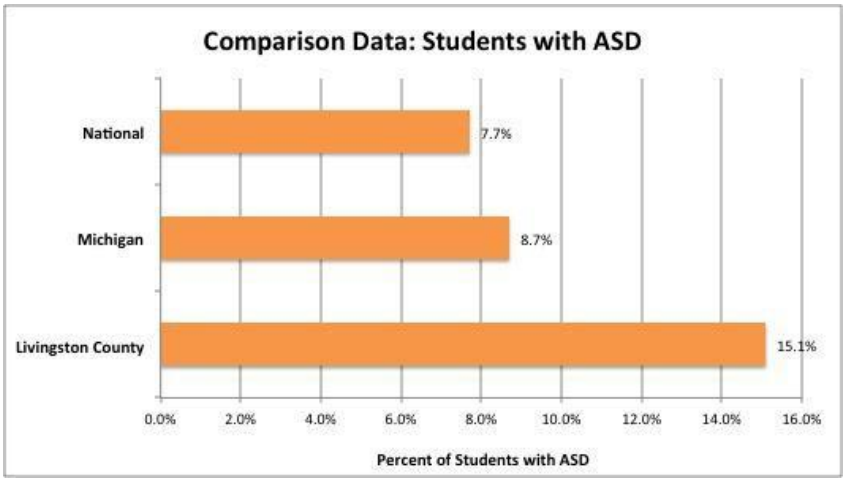

Table 1
Sources: MISchoolData, U.S. Department of Education

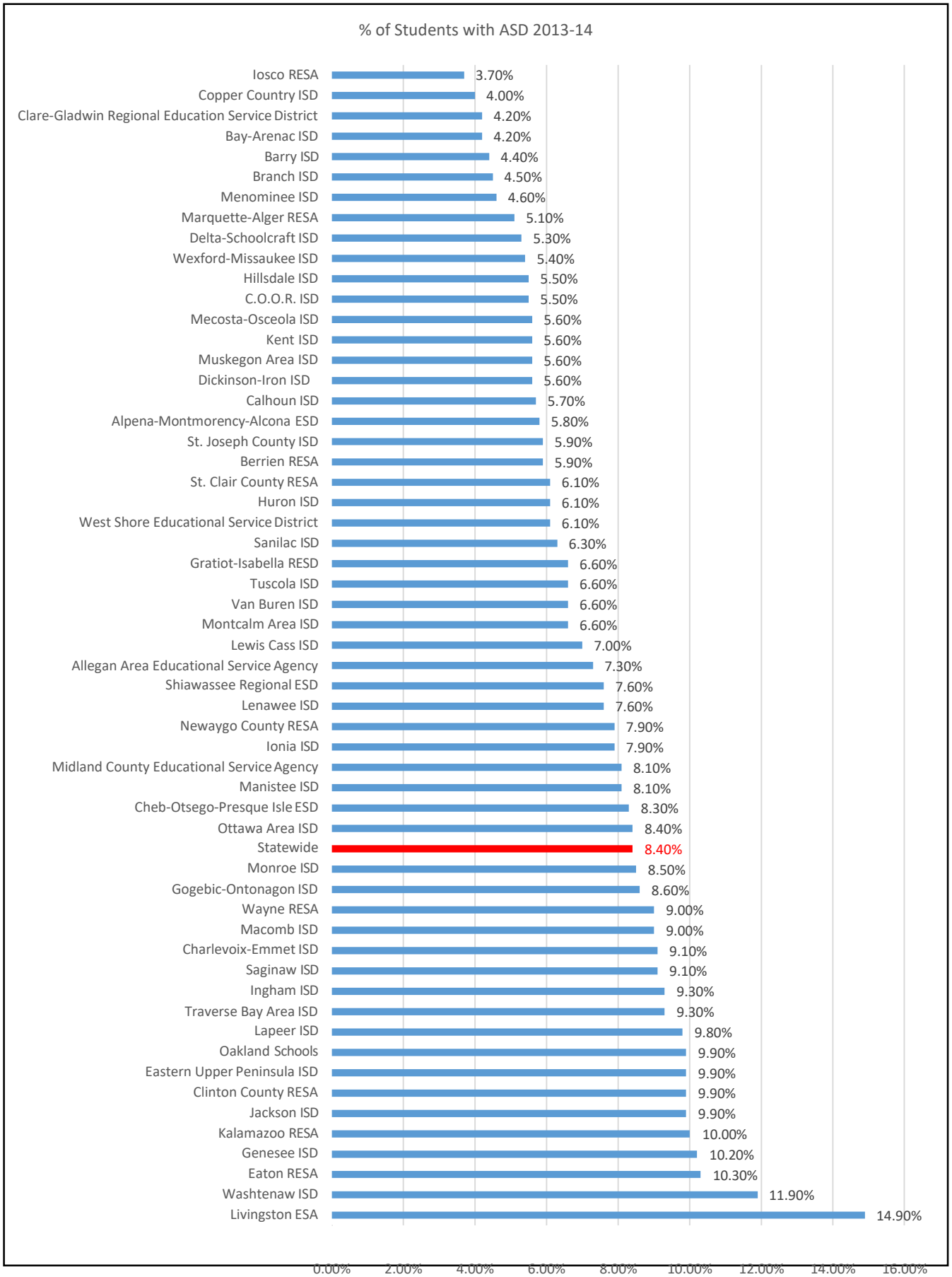
% of Students with ASD 2013-14
Iosco RESA 3.70%
Copper Country ISD 4.00%
Clare-Gladwin Regional Education Service District 4.20%
Bay-Arenac ISD 4.20%
Barry ISD 4.40%
Branch ISD 4.50%
Menominee ISD 4.60%
Marquette-Alger RESA 5.10%
Delta-Schoolcraft ISD 5.30%
Wexford-Missaukee ISD 5.40%
Hillsdale ISD 5.50%
C.O.O.R. ISD 5.50%
Mecosta-Osceola ISD 5.60%
Kent ISD 5.60%
Muskegon Area ISD 5.60%
Dickinson-Iron ISD 5.60%
Calhoun ISD 5.70%
Alpena-Montmorency-Alcona ESD 5.80%
St. Joseph County ISD 5.90%
Berrien RESA 5.90%
St. Clair County RESA 6.10%
Huron ISD 6.10%
West Shore Educational Service District 6.10%
Sanilac ISD 6.30%
Gratiot-Isabella RESD 6.60%
Tuscola ISD 6.60%
Van Buren ISD 6.60%
Montcalm Area ISD 6.60%
Lewis Cass ISD 7.00%
Allegan Area Educational Service Agency 7.30%
Shiawassee Regional ESD 7.60%
Lenawee ISD 7.60%
Newaygo County RESA 7.90%
Ionia ISD 7.90%
Midland County Educational Service Agency 8.10%
Manistee ISD 8.10%
Cheb-Otsego-Presque Isle ESD 8.30%
Ottawa Area ISD 8.40%
Statewide 8.40%
Monroe ISD 8.50%
Gogebic-Ontonagon ISD 8.60%
Wayne RESA 9.00%
Macomb ISD 9.00%
Charlevoix-Emmet ISD 9.10%
Saginaw ISD 9.10%
Ingham ISD 9.30%
Traverse Bay Area ISD 9.30%
Lapeer ISD 9.80%
Oakland Schools 9.90%
Eastern Upper Peninsula ISD 9.90%
Clinton County RESA 9.90%
Jackson ISD 9.90%
Kalamazoo RESA 10.00%
Genesee ISD 10.20%
Eaton RESA 10.30%
Washtenaw ISD 11.90%
Livingston ESA 14.90%
0.00% 2.00% 4.00% 6.00% 8.00% 10.00% 12.00% 14.00% 16.00%

Table 2

Source: MISchoolData

SECTION 1:

WHAT IS
AUTISM SPECTRUM DISORDER (ASD)?

WHAT IS AUTISM SPECTRUM DISORDER (ASD)?

ASD is a developmental disability that typically appears during the first three years of life. Within the past 30 years there have been numerous studies on the prevalence rates of autism. The Center for Disease Control's Autism and Developmental Disabilities Monitoring Network[1] estimates:

- The prevalence of autism in the United States is one in 68 children.
- ASD is five times more common in boys than girls.
- White children were more likely to be identified with autism than Black or Hispanic children.
- Nearly half of children with ASD had average or above average intellectual ability.

Additional studies have found that family income, lifestyle, and educational levels do not affect the occurrence of ASD (USDHHS-NIMH, 2004).

Common Characteristics of ASD

Although each person with ASD has a unique personality and combination of characteristics, ASD is often fundamentally described in terms of a triad of characteristics:

- Qualitative impairments in reciprocal social interaction
- Qualitative impairments in communication
- Stereotypic behavior/markedly restricted range of interests

These symptoms and characteristics can range, however, from mild to severe. Steven Shore, author of a number of books describing his personal journey as an individual with ASD, wrote, *"If you meet one person with autism, then you have met one person with autism."* This insightful quote illustrates just how difficult it is to understand the complexity and significant individual differences among individuals with autism spectrum disorder.

[1] CDC. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2010.

Federal Language from IDEA-2004, §300.8(C), states, in part:

"Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (C)(4) of [IDEA]. (iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (C)(1)(i) of this section [in IDEA] are satisfied."

Michigan Administrative Rules for Special Education (MARSE), Criteria to Determine ASD:

R 340.1715 Autism Spectrum Disorder; defined; determination.

(1) Autism spectrum disorder is considered a lifelong developmental disability that adversely affects a student's educational performance in 1 or more of the following performance areas:

- (a) Academic
- (b) Behavioral
- (c) Social

Autism spectrum disorder is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria. Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.

(2) Determination for eligibility shall include all of the following:

- (a) Qualitative impairments in reciprocal social interactions including at least 2 of the following areas:
  - (i) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
  - (ii) Failure to develop peer relationships appropriate to developmental level.
  - (iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest.
  - (iv) Marked impairment in the areas of social or emotional reciprocity.

- (b) Qualitative impairments in communication including at least 1 of the following:

(i) Delay in or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime.

(ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.

(iii) Stereotyped and repetitive use of language or idiosyncratic language.

(iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

(c) Restricted, repetitive, and stereotyped behaviors including at least 1 of the following:

(i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

(ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.

(iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements.

(iv) Persistent preoccupation with parts of objects.

(3) Determination may include unusual or inconsistent response to sensory stimuli, in combination with subdivisions (a), (b), and (c) of subrule 2 of this rule.

(4) While autism spectrum disorder may exist concurrently with other diagnoses or areas of disability, to be eligible under this rule, there shall not be a primary diagnosis of schizophrenia or emotional impairment.

(5) A determination of impairment shall be based upon a full individual evaluation by a multidisciplinary evaluation team including, at a minimum, a psychologist or psychiatrist, an authorized provider of speech and language under R 340.1745(d), and a school social worker.

Summary

The autism spectrum disorder evaluation is a process in which the child's communication, behavior, and social interaction are assessed. Autism spectrum disorder can be defined as both a medical disorder and an educational disability. This document provides guidance to measure the relationship of the evaluation data to the criteria for autism spectrum disorder set forth in the Michigan Administrative Rules for Special Education (MARSE).

SECTION 2:

COMPONENTS OF ELIGIBILITY

COMPONENTS OF AUTISM SPECTRUM DISORDER ELIGIBILITY

Michigan Rule

Autism spectrum disorder is considered a lifelong developmental disability that adversely affects a student's educational performance in **1 or more** of the following performance areas:

(a) Academic.
(b) Behavioral.
(c) Social.

Autism spectrum disorder is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria. Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.

Adverse Impact

The three core characteristics of autism spectrum disorder include a restricted range of interests/repetitive behavior and qualitative impairments in **both** reciprocal social interaction and communication. When conducting a school-based evaluation for ASD, the three core characteristics are ***required to be present and pervasive across the educational environment***. Once this has been established, the multidisciplinary evaluation team must determine if an adverse impact exists in academic, behavioral, and/or social interaction.

(a) Academic

The child's ability to meaningfully participate and progress in the general curriculum must be considered. Determination of adverse impact for young children is noted through lack of initiation and quality of participation in developmentally appropriate learning activities. Adverse impact for school- age children is determined through consideration of factors such as grades, grade-level assessment, classroom participation, and contributions to group work.

(b) Behavioral

Children with autism spectrum disorder demonstrate atypical behaviors that may adversely impact educational performance. Behavioral difficulties displayed vary widely in both number and severity. The behaviors must be viewed in the overall context of autism spectrum disorder. Difficulties only in the behavioral domain may indicate that other eligibility criteria should be examined.

(c) Social

Children with autism spectrum disorder demonstrate some degree of delayed development in social and emotional response. Impaired social interactions due to autism spectrum disorder may adversely impact a child's ability to develop and maintain relationships/friendships. Emotional response to social situations is markedly different from same-age peers. Deficits in this area also make participation in groups and acceptance by others difficult.

Qualitative Impairments

A qualitative impairment is defined as atypical or significantly different from other individuals at the same age and developmental level. Children exhibiting marked qualitative impairment demonstrate behaviors that are found outside the typical sequence of development and across all environments.

The developmental rates and sequences of children with autism spectrum disorder are uneven. Some children with autism spectrum disorder exhibit advanced or precocious development in some skills while exhibiting typical or significantly delayed rates in other areas. The degree of qualitative differences varies widely, and is distinctive to each individual. The criteria for eligibility require a qualitative impairment in both reciprocal social interaction and communication.

Qualitative Impairments in Reciprocal Social Interactions

Michigan Rule

Qualitative impairments in reciprocal social interactions, including ***at least 2 of the 4 following*** areas:

(i) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
(ii) Failure to develop peer relationships appropriate to developmental level.
(iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest.
(iv) Marked impairment in the areas of social or emotional reciprocity.

(i) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.

Marked impairment indicates substantial and sustained difficulties using nonverbal behaviors to communicate intent that is observed in varying environments. Nonverbal behaviors may be characterized by, but not limited to, the following:

- **Eye-to-Eye Gaze** Lacks eye contact to initiate interaction, fleeting or inconsistent eye contact when interacting with others, looking "through" a person
- **Facial Expression** Lacks emotion or appropriate affect for the social situation (e.g., flat/mechanical affect)
- **Body Posture** Lack of awareness or inability to maintain appropriate body language and/or space
- **Gestures** Lacks communicative use and understanding of nonverbal cues (e.g. pointing, head nod, waving, communication partner signals end of conversation)

(ii) Failure to develop peer relationships appropriate to developmental level.

Failure to develop appropriate peer relationships may result from many factors: inability to relate to peers, lack of reciprocity (give and take) in interactions, lack of motivation to seek out others, inability to develop relationships when motivated, and/or preference for adult interaction. Children may lack the ability to understand the perspective of others or may consider the satisfaction of immediate needs a primary consideration rather than building a peer relationship. The development of peer relationships must be considered in reference to the child's overall developmental level.

Examples may include:

- Lacks understanding of age-appropriate humor and jokes
- Disrupts an ongoing activity when entering play
- Rarely initiates or sustains interaction with others and prefers to play alone
- Tolerates peers but is not engaged in conversation or activity

(iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest.

Marked impairment in spontaneity is a key feature in this element. The natural desire to share with others is lacking across environments. A limited number of attempts to share enjoyment, interests, or achievements with others is observed.

Examples may include:

- **Younger Child:** Does not bring objects to adults and/or peers for shared enjoyment
- **Older Child:** May attempt to share with adults and/or peers, but interactions are often rote, one-sided, scripted, or prompted

(iv) Marked impairment in the areas of social or emotional reciprocity.

Reciprocity indicates the mutual give and take of social interactions. Children with autism spectrum disorder may have difficulty recognizing or responding appropriately to the feelings of others. This may be observed through a noticeable disconnect between the emotion a child would be expected to display and the emotion that is expressed.

Examples may include:

- Lack of response when smiled at
- Lack of understanding of another's point of view
- Lack of interest in the ideas of others

Qualitative Impairments in Communication

Michigan Rule

Qualitative impairments in communication, including ***at least 1*** of the following:

(i) Delay in or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture/ mime.

(ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.

(iii) Stereotyped and repetitive use of language or idiosyncratic language.

(iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

(i) Delay in or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture/mime.

Typical development of language includes babbling by 9 months, single word use by 12 months and two-word phrases by 24 months of age. A child with a delay in language may effectively use gestures, facial expressions, and other nonverbal cues to effectively communicate. In contrast, a child with autism spectrum disorder fails to compensate for this lack of language using other modes of communication. Some children may be observed to be indifferent to communication efforts by others. In some instances, children with autism spectrum disorder begin to develop spoken language and then lose the language they have acquired.

(ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.

Pragmatics is a term used to explain how children use verbal and nonverbal language in social situations. Children with autism spectrum disorder have significant difficulty with the social aspects of language (e.g., understanding non-literal language used in conversation). Some children with autism spectrum disorder have oral language skills but have difficulty initiating, sustaining, and ending conversations with others. Some children may not use a verbal system to communicate. It cannot be assumed that a child who is nonverbal will also display a marked impairment in pragmatics. It is critical in these cases to assess how the nonverbal behavior is used to interact.

Examples may include:

- Limited use of joint attention, imitation, eye gaze, or gesture to communicate
- Talking for long periods of time about a subject of one's liking, regardless of listener's interest
- Limited conversation due to lack of concern for the interest and desires of others
- Talking "at" another person in a monologue rather than conversing
- Interpret what others say according to the most basic or literal meaning

(iii) Stereotyped and repetitive use of language or idiosyncratic language.

Children with autism spectrum disorder may exhibit an uncommon use of stereotypical, repetitive, or idiosyncratic language beyond what is expected.

- **Stereotypical** Language lacks originality, creativity, or individuality. It is delivered in a flat, emotionless voice with atypical rhythm, rate, and stress.
- **Repetitive** Repetitive language occurs with greater frequency and lasts for a longer period of time than it does in children with typically developing language. A child with autism spectrum disorder may repetitively quote words, phrases, and sounds from television shows, movies, and media that are used out of context and do not add value or meaning to the topic
- **Idiosyncratic** Use of words with private meaning that only makes sense to those who are familiar with the situation where the phrase originated. Children with autism spectrum disorder may use their idiosyncratic language across environments and with unfamiliar people.

(iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

Children with autism spectrum disorder may not engage in pretend play with toys or elaborate on learned routines. They may line up their cars or trains, or focus on a part of the toy rather than the enjoyment of actually playing with it. Young children with autism spectrum disorder do not generally engage in imitative interactions such as a finger play (e.g., "Itsy Bitsy Spider") without specific teaching and prompts. As children with autism spectrum disorder grow older, they may fail to recognize that the play repertoire of peers has advanced (e.g., Legos, cartoons, games).

Restricted, Repetitive, and Stereotyped Behaviors

Michigan Rule

Restricted, repetitive, and stereotyped behaviors, including ***at least 1*** of the following:

(i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
(ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.
(iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements.
(iv) Persistent preoccupation with parts of objects.

(i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

Individuals with ASD can display patterns of thought and behavior that are abnormal in focus and intensity. These preoccupations are intrusive, occur repeatedly, and interfere with participation in daily activities. While the preoccupation remains over time, the focus and topic may change. Persons with autism spectrum disorder may engage in preferred behaviors, interests, and activities in ways that are difficult to interrupt or manage. In a school setting, these interests present themselves in such a way that learning is impeded.

(ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.

Many children with autism spectrum disorder are so preoccupied with "sameness" in their home and school environment, or with routines, that little can be changed without prompting an extreme reaction. This need for unwavering adherence to schedules, routines, and/or the structure of home and school environments significantly interferes with daily living. Each individual is different, but the underlying common characteristic is an insistence on sameness and the inflexibility to change within and across environments.

Examples of inflexibility and insistence on sameness may include:

- One set of favorite sheets on the bed
- Eat food that is only one color
- Put clothes on in a specific order
- Unusual self-imposed rules (e.g., must pass 3 red cars before entering school)
- The daily school schedule
- Morning routine and/or bedtime rituals

(iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements.

Some individuals with autism spectrum disorder engage in repetitive motor mannerisms. The motor movements can include preoccupation with fingers, spinning and twirling objects or self, pacing, smelling objects, chewing or rubbing objects, or other unusual motor movements. The behaviors can range from being very noticeable to more subtle behaviors such as gentle rocking or fidgeting.

In some instances, stereotyped and repetitive motor mannerisms may lead to self-injury. Self-injurious behavior is exhibited by some children with autism spectrum disorder and other developmental disabilities. Common forms of these behaviors include: head-banging, hand-biting, and excessive self-rubbing and scratching.

(iv) Persistent preoccupation with parts of objects.

Individuals with autism spectrum disorder often become preoccupied with parts, objects, or processes. The fixation may appear to be more focused on how an object actually works instead of the function that it serves. The preoccupation with parts of objects can vary in intensity across settings.

Examples may include:

- A fascination with a specific part of the dishwasher or vacuum cleaner
- Spinning the wheels of a car
- Watching several seconds of a movie or cartoon over and over again, without having a desire to watch the complete movie

Unusual or Inconsistent Response to Sensory Stimuli

Michigan Rule

Determination ***may include*** unusual or inconsistent response to sensory stimuli, in combination with subdivisions (a), (b), and (c) of subrule 2 of this rule.

Children with autism spectrum disorder tend to seek or avoid sensory stimuli to a degree that it interferes with daily activities. Specific areas of sensation include:

- Sight (visual)
- Touch (tactile)
- Hearing (auditory)
- Smell (olfactory)
- Taste (oral, gustatory)
- Movement (vestibular)
- Input to joints and muscles (proprioceptive)

Responses to sensory stimuli can cause sensory avoidance or sensory seeking (Refer to Sensory Response, Appendix G).

The presence of unusual or inconsistent response to stimuli is considered but not required for eligibility under the autism spectrum disorder rule. The evaluation team must analyze the child's response to sensory stimuli as it impacts (a) reciprocal social interactions, (b) communication, and (c) restricted, repetitive, and stereotyped behaviors.

SECTION 3:

THE ASD EVALUATION

THE ASSESSMENT PROCESS

The evaluation of Autism Spectrum Disorder (ASD) is a process that requires a team of professionals that at a minimum must include a school psychologist, speech language pathologist and school social worker. Time must be taken to ensure that information regarding all aspects of a student's development and needs are gathered. The goal of a school-based evaluation for ASD is not to provide a clinical diagnosis for students, but to determine eligibility as well as the need for special education services based upon the characteristics manifested.

As discussed earlier in these guidelines, there is a triad of impairments that defines ASD. The significance of impairments affecting all 3 areas – social interaction and reciprocity, communication, and stereotypic behavior/restricted range of interests – is critical in distinguishing ASD from other potential impairments. In completing a comprehensive evaluation, however, there are additional areas that need to be assessed to acquire a complete picture of a specific student's strengths and needs. Symptomology of autism can change over the lifespan, so it is important to determine a student's level of present level of performance and current academic impact in these areas to best address issues of goals and programming. This section will detail the specific areas requiring assessment, and the information to collect in each area.

Early Intervention Process

Following this process helps to ensure that students are educated in the least restrictive environment as required by Act 451 of 1976 and the *Individuals with Disabilities Education Act* of 2004 (IDEA 2004), and it reduces the frequency of inappropriate referrals for special education. It is important that appropriate comprehensive educational interventions have been implemented and documented prior to referring a student for special education services.

The early intervention process is most effectively conducted by a team composed of general and special educators and related services staff. Depending on the student's age and building/district, students are often referred to what might be called a "child study team," an "Instructional Consultation (IC) Team," or another team with a similar function. Regardless of the name, these teams all engage in problem solving around the student. They work collaboratively to utilize evidence-based interventions that are

implemented with fidelity and progress monitored over a sufficient period of time.

Information generated during the implementation of this process provides a source of information for the IEP team to use in determining if special education services are necessary for an individual student. It is appropriate for all individuals working with the student to be involved in the documentation of his/her classroom performance and the educational alternatives utilized to increase his/her ability to function in general education and/or with typically developing peers.

Members of a student's team vary by district and building, but generally include diagnostic staff. Program consultants for ASD are sometimes not involved in these team meetings, but may be consulted for assistance in reviewing information collected, or requested to do an informal observation. This support will help the problem-solving team in determining whether there is reason to suspect that the student has an Autism Spectrum Disorder, what early intervention strategies might be attempted, and whether a referral for a special education evaluation is appropriate.

Screening

Screening has been defined as a "brief assessment procedure designed to identify children who, because of the risk of a possible learning problem or handicapping condition, should proceed to a more intensive level of diagnostic assessment" (Meisels & Atkins-Burnett, 1994). While screening instruments provide a convenient way to gain some insight into the unique characteristics of students, they are not a substitute for a comprehensive evaluation and will never be used to make eligibility decisions.

In addition to screening, the student's team may seek parent input and/or complete curriculum-based measures, conduct observations, and review previous records. The team may also gather relevant information about other medical, genetic and/or behavioral conditions that may exist.

Components of the ASD Evaluation

Evaluation Areas

A full and individual evaluation of autism spectrum disorder addresses the following:

i. Developmental Rate and Sequence
ii. Reciprocal Social Interaction
iii. Communication
iv. Restricted, Repetitive, and Stereotyped Behaviors
v. Sensory Response
vi. Thinking and Reasoning Skills
vii. Adaptive Behavior
viii. Exclusionary Factors

i. Developmental Rate and Sequence

Diverse patterns of development are present in children with autism spectrum disorder. This includes development that may be precocious, typical, and/or delayed. Developmental history is also necessary when addressing issues of differential diagnosis and considering other potential areas for special education eligibility. Information considered includes:

- Parent concern, including age of onset
- Educationally relevant medical history, including developmental milestones
- Educational history
- Language acquisition
- Social development/play patterns
- Evidence of skill regression in any area
- Family history of developmental conditions

ii. Reciprocal Social Interaction

Reciprocal social behavior requires a child to be cognizant of the emotional and interpersonal cues of others, to appropriately interpret those cues, to respond appropriately to what s/he interprets, and to be motivated to engage in social interactions with others. Based on this conceptualization of social behavior, the following areas require assessment and observation in multiple settings:

- Use of multiple nonverbal behaviors to regulate social interaction and determine other people's

intentions, including eye-to-eye gaze, facial expression, body postures, and gestures

- Imitating actions of others
- Attachment to caregiver(s)
- Problems relating to other people
- Establishing joint attention through pointing and showing
- Social interactions with familiar and unfamiliar adults and peers in familiar and unfamiliar environments
- Presence of peer relationships appropriate to developmental level
- Spontaneous seeking to share enjoyment, interests, or achievements with others by exhibiting behaviors such as showing, bringing, or pointing out objects of interest
- Skills in the area of social and emotional reciprocity, such as turn taking and changing thoughts and actions based on verbal and nonverbal feedback of partner

iii. Communication

Thorough assessment of a student's communication is essential when determining the presence of ASD. Information on communication skills facilitates programming decisions and establishes a baseline for later assessments. While the verbal communication skills of most students with ASD improve over time, these students continue to struggle with using their communication skills for the purpose of regulating social interactions. It is generally the case that as students become more communicatively competent, their pragmatic deficiencies become more glaring (Starr et al., 2003). The following components of expressive, receptive, and pragmatic communication require consideration as well as observation in multiple settings:

- Nonverbal communication such as pointing to desired item or head shakes and nods
- Integration of nonverbal communication with spoken language
- Functional use of language such as requesting items or information and responding to requests
- Responses to the communication of others
- Hearing
- Atypical communication such as echolalia, use of others' hands as "tools" to request items, perseveration, pronoun reversals and idiosyncratic remarks
- Age-appropriate conversational exchanges

- Ability to initiate, respond to, and/or maintain social conversation
- Semantic and/or conceptual difficulties
- Idiosyncratic speech such as intensity, pitch, and intonation of voice

iv. Restricted, Repetitive, and Stereotyped Behaviors

Behaviors that have a restricted range, and are repetitive and/or stereotyped are risk factors for ASD and should be noted throughout the assessment process. The severity, frequency, and impact on educational performance of a student's behaviors must be evaluated. The following behaviors require observation and documentation:

- Demonstration of rigidity and perseveration in patterns of thinking that may be exhibited by a preoccupation with topics, themes, objects, events, or people *to the degree that it interferes with daily functions*
- Persistence in carrying out specific non-functional routines or rituals, including an inability or unwillingness to modify those routines or rituals (e.g. watching the same five-minute segment of a video, turning off lights when entering a room, displaying difficulty when transitioning between activities
- The function, duration and frequency of any stereotypical and repetitive motor mannerisms such as hand flapping, flicking fingers in front of eyes, and rocking torso back and forth
- Persistent preoccupation with parts of objects such as visually inspecting the wheels of a toy car while spinning them or poking at the eyes on a doll
- Self-injurious behaviors

v. Sensory Response

The basic sensory systems are: sight, touch, hearing, smell, taste, movement, and input to joints and muscles. The impact of sensory stimuli is considered a concern if it interferes with the child's ability to learn. Reactions to sensory stimuli for typically developing children often become stress responses for children with autism spectrum disorder. This can be manifested through behavior challenges, emotional outbursts or unwillingness to participate. The impact of sensory factors is always considered when observing a child's challenging behavior. The child may exhibit sensory avoidance or sensory seeking behavior. See *Sensory Response Chart*, Appendix E.

Some key sensory areas to assess, observe, and document include:

- Motor planning
- Tactile sensitivities such as rubbing surfaces, withdrawing from touch
- Proprioceptive sensitivities such as seeking deep pressure, violating personal space
- Visual issues such as sensitivity to light or self-stimulation in visual field
- Vestibular issues such as spinning or rocking, balance problems
- Olfactory or gustatory sensitivities such as smelling or licking objects, avoiding certain foods
- Auditory issues such as sensitivity to noise, making repetitive sounds

vi. Thinking and Reasoning Skills

A process-assessment approach is one in which qualitative behaviors during test administration are noted and assist in determining which strategies a child might use in problem solving. This approach helps evaluators better understand a child's use of cognitive skills including executive functions, related to traditional learning and output, at school and home. Key components to assess using multiple assessment tools, including curriculum-based assessments, may include:

Memory and Learning:	Long-term retrieval, working memory
Visual Processing:	Nonverbal reasoning, problem solving
Verbal Reasoning:	Concept development, social communication
Processing Speed & Efficiency:	Cognitive fluency, processing speed
Academic Achievement:	Reading, math, written and oral expression, listening comprehension
Theory of Mind:	Understanding that others have beliefs, desires and intentions that are different from one's own
Executive Functioning:	Shifting and sustained attention, cognitive flexibility, planning and goal setting, inhibition, self-monitoring, organization
Cognitive Traits Related to Processing:	Concrete vs. abstract notions, literal vs. inferential thinking, part to whole vs. whole to part comparisons

vii. Adaptive Behavior

Adaptive behavior is defined as the development and application of abilities required for the attainment of personal independence and social sufficiency (Stone et al., 1999). These skills are particularly important in individuals with ASD because it is these, rather than cognitive level, that contribute most to the individual's ability to function successfully and independently in the world (Paul et al., 2004). Adaptive behavior scores obtained on very young children may also prove more stable than cognitive

scores throughout childhood, and are better able to predict language acquisition in nonverbal children than performance IQ scores (Stone et al., 1999).

Research has shown that adaptive behavior is critical to assess when differentiating ASD from other developmental disorders. Adaptive behavior assessment is a process-assessment approach that assists with the development of goals and programming, and can serve to monitor a student's development over time and across settings. The following areas of adaptive behavior require assessment:

- Communication skills
- Social skills, including play skills
- Daily living/self-help skills – dressing, eating, job skills, money management
- Motor skills (if motor concerns are present)

viii. Consideration of Exclusionary Factors

Schizophrenia or Emotional Impairment

When gathering information for an evaluation it is necessary to determine that the child's behaviors are not primarily the result of emotional impairment or schizophrenia. If the child exhibits behaviors that are primarily the result of intellectual, emotional, sensory, or health factors, other areas of special education eligibility must be considered. Michigan Administrative Rules for Special Education indicate that autism spectrum disorder may exist concurrently with a medical diagnosis which may include: anxiety, attention deficit hyperactivity disorder, depression, obsessive compulsive disorder, and Tourette's syndrome.

Lack of Instruction or Limited English Proficiency

A final component of any eligibility determination is whether the educational difficulties are a result of a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of instruction in math; or limited English proficiency. If the child's deficits are a result of lack of instruction or limited English proficiency, s/he may not be determined to be a child with a disability.

DETERMINING and REDETERMINING ELIGIBILITY FOR SPECIAL EDUCATION: A THINKING PROCESS

To determine if a student initially meets or continues to meet eligibility requirements under the Federal Individuals with Disabilities Education Act (IDEA) and the Michigan Administrative Rules for Special Education (MARSE), we must ask **THREE** questions:

1. ***Does the student have an identified disability according to IDEA / MARSE eligibility definition?***
2. ***Does the disability adversely affect the student's educational performance in at least one of the following areas: academic, behavioral and/or social?***
3. ***Does the student require special education (specialized instruction) in order to make progress, or can his/her needs be met through educational accommodations?***

DISABILITY ELIGIBILITY QUESTIONS:

1. **Does the student have an identified disability according to IDEA definition or MARSE eligibility descriptions?**
   IDEA Section 300.8 Child with a disability.
   (a) General. (1) Child with a disability means a child evaluated in accordance with §§ 300.304 through 300.311 as having [intellectual disability], a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

2. **Does the disability <u>adversely affect the student's academic, behavioral, and/or social performance</u> in general education?**
   IDEA Section 300.8 (c) Definitions of disability terms. The terms used in this definition of a child with autism is defined as follows:

   Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance.

3. **Does the student require special education?**
   IDEA Section 300.8 Child with a disability.
   (a) General. (1) Child with a disability means a child evaluated in accordance with §§300.304 through §§300.311 as having [intellectual disability], a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

   IDEA Section 300.306(c)(2) Procedures for determining eligibility and educational need.
   (c)(2) If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the child in accordance with §§300.320 through §§300.324.

PROCESS FOR DETERMINING INITIAL ELIGIBILITY

The team must evaluate and document that the student meets the criteria based on current level of performance.

To determine initial ASD eligibility, the evaluation team includes a speech therapist (SLP), a school social worker (SSW), and a school psychologist.

No single assessment method is sufficient when determining initial educational eligibility for autism spectrum disorder. Therefore, the team will utilize a *variety* of comprehensive assessment tools to determine initial eligibility, focusing on the three educational eligibility areas: Social, Communication, and Behavior. It is important that all team members feel they have the necessary data and information to complete an eligibility recommendation before they begin to develop the IEP.

The required initial evaluation components are as follows:

- Teacher and Building Staff Interviews
- Ca-60/File Review
- Parent/Family Interview and Home Visit
- Observations Across Settings by all Team Members
- Standardized Assessments

When completing the REED, the team shall have an in-depth discussion about the student's disability-related needs, giving consideration to the previous evaluations and/or interventions attempted, to determine what additional information is needed to complete the process.

Each evaluation team member (SLP, SSW and Psychologist) shall also observe the student and complete the Documentation of Observation form (Appendix F) on his/her own. Once all assessments and observations are completed, the school team will meet and use the Quadrant Activity (Appendix F), to guide and document the data that each evaluator collected across the three domains. The discussion should culminate with an eligibility recommendation that considers the three adverse impact questions below. Refer to the Observation section for more specifics.

The three adverse impact questions the team must answer to determine initial eligibility are:

1. Does the student have an identified disability according to IDEA/MARSE eligibility definition?
2. Does the disability adversely affect the student's educational performance in at least one of the following areas: academic, behavioral and/or social?
3. Does the student require specialized instruction in order to make progress, or can his/her needs be met through educational accommodations or support available within the general education curriculum or setting?

PROCESS FOR REDETERMINING ELIGIBILITY

A challenge in determining ongoing needs is the "lifelong" nature of autism spectrum disorder. The question of continued eligibility may not be in question unless there is a concern about the validity of the original determination, or the adverse impact of the disability has diminished to the point that the student no longer requires specialized instruction. It is important to note that while a student may have autism spectrum disorder, s/he may no longer require special education under an Individualized Education Program (IEP). ***The team must evaluate and document that the student continues to meet the criteria based on current level of performance.***

For redetermination of ASD eligibility, the team includes a speech therapist, a school social worker, and a school psychologist.

No single assessment method is sufficient when determining educational eligibility for autism spectrum disorder. Therefore, the team will utilize a *variety* of comprehensive assessment tools to re-determine eligibility, focusing on the three educational eligibility areas: Social, Communication, and Behavior. It is important that all team members feel they have the necessary data and information to complete a new ER before proceeding to developing the IEP. The required re-determination components are as follows:

- Teacher and Building Staff Interviews
- Parent/Family Interview
- Observations Across Settings by all Team Members
- Ca-60/File Review
- Standardized Assessments

When completing the REED, the team shall have an in-depth discussion about the student's disability-related needs, giving consideration to the previous evaluations and/or interventions attempted, to determine what additional information is needed to complete the process.

Each evaluation team member (SLP, SSW and Psychologist) shall also observe the student and complete the Documentation of Observation form (Appendix F) on his/her own. Once all assessments and observations are completed, the school team will meet and use the Quadrant Activity (Appendix F), to guide and document the data that each evaluator collected across the three domains. The discussion should culminate with an eligibility recommendation that considers the three adverse impact questions below. Refer to the Observation section for more specifics.

The three adverse impact questions the team must answer during the redetermination process are:

1. Does the student have an identified disability according to IDEA / MARSE eligibility definition?
2. Does the disability adversely affect the student's educational performance in at least one of the following areas: academic, behavioral and/or social?
3. Does the student require specialized instruction in order to make progress, or can his/her needs be met through educational accommodations or support available within the general education curriculum or setting?

DATA COLLECTION & ANALYSIS

A school-based evaluation to assess for autism spectrum disorder is a complex process. Data must be gathered through a variety of methods and across a multiple of domains in order to represent the entire child. Once members of the multidisciplinary evaluation team have gathered the necessary data, the information is analyzed and compared to the definition of autism spectrum disorder set forth in the Michigan Administrative Rules for Special Education to determine if criteria have been met. The understanding of the evaluation process and training of its various components is essential to make eligibility recommendations that are accurate and lead to effective interventions, supports, and services.

Four data collection methods are recommended to collect information for the evaluation process:

1. Record review
2. Interview
3. Observation
4. Assessment

One method for collecting data may verify information from another method or may fill a gap where information was missing. Through careful planning and a coordinated effort among staff, data is collected that represents all aspects of the child.

A full and individual evaluation for autism spectrum disorder addresses the following domains: developmental rate and sequence, reciprocal social interaction, communication, restricted/ repetitive/ stereotyped behaviors, sensory response, thinking and reasoning skills, and exclusionary factors. Members of the evaluation team use the information gathered to analyze each of these areas, create a comprehensive picture of the child, and inform the instructional process.

Once information is gathered through various methods and in several areas, the multidisciplinary evaluation team carefully reviews the data in comparison to the Michigan rule. Each evaluator begins by processing collected data looking for patterns or evidence of marked impairment. Next, the team meets and organizes all of the various data using the One Voice Problem-Solving Model (Observation Probe Questions, Appendix F), including an examination of exclusionary factors. Then the team analyzes the relationship of information gathered to each area of the Michigan rule for autism spectrum disorder criteria. If criteria are met, adverse impact is determined, and a final recommendation of eligibility is made and presented to the individualized education program team.

The parent may have pertinent information from sources that contribute to the district's evaluation process and must be considered as part of the school's full and individual evaluation. A medical diagnosis of a condition (e.g., sensory processing disorder, executive function disorder, autism spectrum disorder) may be clinically meaningful but does not mandate educational eligibility without further assessment and considerations. The diagnosis of autism spectrum disorder in a clinical setting is made in accordance with the diagnostic criterion that follows to a medical definition. Schools must use the educational definition of autism spectrum disorder from federal regulation and state rule, which requires extensive documentation of performance across settings, which is often absent from outside agency reports.

1. Record Review

School records and available medical or outside service provider reports are thoroughly reviewed for information relevant to the criteria for autism spectrum disorder. School records, such as report cards or progress monitoring data, provide historical information. Behavioral records, such as disciplinary referrals, may provide data related to communication, social skills, or sensory factors. The existence of a functional behavior assessment and resulting behavior support plan can provide crucial information to the evaluation process.

A comprehensive record review may yield information regarding communication, reciprocal social interaction, restricted or stereotyped behavior and sensory issues. The information from the record review is used to complete the Review of Existing Evaluation Data (REED, Appendix C), which sets the direction for the evaluation. Evaluation team members should use the Records Review Protocol (Appendix D).

2. Interview

A structured interview is used with parents, teachers, and caregivers to obtain information about the child's developmental rate and sequence. A wide range of questions elicits information addressing the history of development, social skills, communication skills, behaviors, sensory factors, thinking and reasoning skills, and exclusionary factors.

Parent Interview

To reduce redundancy in similar questioning, the evaluation team shall select two members of the team to jointly interview the parent(s) using the Parent Interview Protocol (Appendix E).

Staff Interview

Whenever possible, staff should strive to reduce redundancy in the staff interview process. This can be achieved by selecting one member of the evaluation team to interview the staff member(s) using the Staff Interview Protocol (Appendix E-1), or scheduling a meeting where the evaluation team member(s) can meet with multiple staff members to conduct a group interview to gather the necessary data.
Note: For children transitioning out of Early On or Early Childhood Special Education (ECSE) settings, the "staff" to be interviewed shall be LESA staff servicing Early On or ECSE.

Student Interview

Evaluators should interview the student being evaluated directly. The student can provide firsthand information about peer relationships, attitudes toward school, hobbies and interests, strengths and challenges, sensory concerns, and activities outside of school. To reduce redundancy in similar questioning, the evaluation team shall select one member of the team to interview the student using the Student Interview Protocol (Appendix E-2).

3. Observation

Direct observation of a child's skills and characteristics is an essential method for collection of evaluation data. Observations of specific behaviors are recorded to reflect the child's social interaction, communication skills, behaviors, and the impact of sensory factors. Observations illustrate the contexts in which a child's strengths and challenges are presented. This provides a representative sample of the child's typical behaviors and use of materials in various settings. Each team members observes the child multiple times in a variety of settings in the school, home, and/or community (depending upon age/need) in order to establish the presence of behaviors in various environments. Observations are recorded, and analyzed with team members.

Observations clarify descriptions of the child reported during an interview or from other sources. The observation provides an opportunity to elicit the behavior described by the parent, community agency,

or teacher. Additionally, parents have deep knowledge of their child and the highest degree of adaptation to the child's pattern of communication and behavior. Parents may unknowingly compensate for subtle child skill deficits (e.g., anticipate a desired object based upon routine and imply the child communicated that request).

The observation data is not a transcription of events, but rather an assessment of the child's level of functioning as it compares to the expectations in the respective setting. Structured observations that require problem solving with increasingly complex tasks are specifically designed so evaluators can interpret how a child uses thinking and reasoning skills when approaching novel tasks. Some important behaviors to observe during assessment include: awareness of socially appropriate boundaries, reactions to feedback, inhibition of impulses, sensory responses, difficulties with control of speech, social judgment, tone of voice, coping strategies, sustained attention and effort, and self-monitoring skills.

A play-based approach to observation is often used with infants, toddlers, and preschool-aged children to assess verbal and nonverbal communication, social initiation and responsiveness, and play skills. Evaluators observe how the child typically approaches toys and people in the room, before observing how the child reacts to a higher level of support, such as a semi-structured game (e.g., rolling a ball back and forth). Evaluators observe for what appears to motivate the child to participate in these activities.

Observation Probe Questions and Documentation of Observation

As each member of the evaluation team completes his/her observations across multiple settings using the Observation Probe Questions (Appendix F-1) and recording his/her data on the Documentation of Observation form (Appendix F-2). The questions in each area provide a framework for the observation, but are NOT intended to be all-inclusive. The observer provides knowledge from his/her discipline when observing the child. The team of evaluators compiles their data by completing the Quadrant Activity for Data Review (Appendix F-3) to analyze the relationship of the collected information to the educational ASD criteria.

4. Assessment

A comprehensive assessment may include rating scales, direct individualized testing, and other normative measures. No single assessment method is sufficient when determining educational eligibility for autism spectrum disorder. An evaluator may deliberately choose selected portions of a standardized test to target a specific skill. An emphasis on qualitative information gathered from observation of how the child performs the task may prove more relevant than the scores used to describe performance. The manner in which the child performs a task can provide insight into the child's strengths, specific needs and unique abilities, as well as possible strategies and interventions.

When selecting assessment methods and tools, evaluators consider the task demands and understand what the task is measuring. A flexible approach is essential to provide a testing environment that accurately measures the child's capabilities. Evaluators must make deliberate choices when selecting and administering standardized tests, setting up the testing environment, and scheduling the length of the test session.

COMPREHENSIVE ASSESSMENT TOOLS

There are no conclusive tests that can determine the presence of ASD. However, there are numerous assessment tools, including standardized and non-standardized assessments, which can assist with determining the presence of characteristics along the autism spectrum. It is crucial to understand the appropriate role each may take in the assessment process, the benefits and limitations of each instrument, and the consideration of such limitations when making eligibility recommendations. A combination of valid and reliable measures should be selected to evaluate each child's unique strengths and needs, as well as characteristics that would indicate ASD. The following section covers specific evaluation tools that may be utilized in determining the presence of ASD.

Many students who are suspected of having an autism spectrum disorder exhibit communication, social, and behavioral difficulties, flexibility is often necessary when assessing these students. Special considerations related to time, environment, and motivation may be necessary to elicit a student's best performance. When these changes are made in the administration of standardized assessments, caution must be taken when interpreting results and making comparisons to peer groups. Performance of

students in formal testing situations should be analyzed based not only on the quantitative results, but also on other factors observed during the testing sessions such as:

- Communication style
- Ability to comprehend verbal and non-verbal communication
- Patterns of questions the student could or could not answer
- Sensory differences
- Level of distractibility
- Stereotypic behaviors or an insistence on approaching things in a certain way
- Willingness to persevere with more challenging items

The following guidelines are beneficial when planning and conducting an evaluation for a student with a suspected ASD:

1. Establish trust and rapport with the student prior to assessment.
2. Allow time for several observations.
3. Adapt communication to the student's level of understanding.
4. Utilize nonverbal communication to help convey meaning.
5. Avoid removing the student from preferred planned activities.
6. Determine motivators ahead of time through discussion with classroom staff and parents, and have these items readily available for use throughout the evaluation sessions.
7. Organize testing materials ahead of time to allow for the most efficient flow during the session.
8. Consider the importance of seeing the student at the same time each day versus a variety of times, depending on what is being assessed and the student's need for consistency.

The following section provides information on tools within each area requiring assessment.

Developmental History Instruments

A thorough developmental history is one of the most important components in the assessment of students with ASD. Understanding the individual student's early development is critical in making an eligibility determination. The evaluation team shall determine which team member will interview the parent(s) about the child's history using the Parent Interview Protocol. The Parent Interview Protocol (Appendix E) was developed using a broad representation of individual professional staff disciplines (refer

to Page 1) to ensure that the questions are comprehensive in nature. Rather than overwhelm parents with multiple practitioners asking the same or similar questions, the evaluation team will determine which one of the team members will conduct the parent interview and then share results.

Autism-Specific Instruments

Instruments have been designed specifically to assist in determining the presence of social, communication, and behavioral patterns that are consistent with ASD. The formats of these tests vary, and while some of these tools can be used in determining the extent of a student's difficulties, others may be useful for instructional planning. One tool that our evaluation teams may use for an initial ASD evaluation is the *Autism Diagnostic Observation Schedule* (ADOS-2), a semi-structured, standardized assessment of the characteristics associated with autism. It consists of standard activities that allow examiners to observe behaviors identified as important to the diagnosis of ASD at different developmental levels and chronological ages. If our evaluation teams utilize the ADOS-2, they will do so as a qualitative measure, rather than a quantitative measure, in order for team members to share a common observation of the child. This differs from how this tool is typically used in a clinical setting.

Additionally, evaluators may use other ASD-specific measures that are valid and reliable. These tools often compare the child's characteristics to those of children who have been formally diagnosed with ASD, provide information related to educational planning and monitoring of progress, and more.

Adaptive Behavior Instruments

In a comprehensive assessment, it is important for adaptive behavior to be examined to make a differential diagnosis and to provide helpful information for programming. Certain behavioral characteristics noted by parents, school staff, or others may be risk factors for ASD, while other patterns may suggest different developmental difficulties. Adaptive behavior instruments can provide information on developmental patterns critical to a complete evaluation for ASD.

Social/EmotionalInstruments

While all assessment instruments designed specifically to assess the presence of ASD explore social characteristics indicative of ASD, it is often important to assess more global aspects of social-emotional development in making a differential diagnosis. These tools look at a variety of feelings and abilities in the social-emotional domain essential to the differential diagnosis of ASD from other disorders. Social/emotional instruments have specific forms for parent and teacher ratings.

Communication/Language Instruments

Assessment tools specifically designed to assess characteristics of ASD provide an abundance of information relative to the determination of communication impairment associated with the disorder. In addition to this information, there are a variety of tools widely used by speech/language pathologists to assess expressive and receptive communication skills, and pragmatics. A review of research on assessment of communication skills in young children suspected of having ASD (Filipek et al., 1999), and those functioning at younger developmental levels, reveals that tests selected to assess communication with this population should:

- Focus on **functions** of communication
- Analyze preverbal communication (gestures, gaze, vocalizations)
- Assess social-affective signaling
- Profile social, communicative, and symbolic abilities
- Directly assess the child, not only rely on parental report
- Permit observation of initiated and spontaneous communication
- Directly involve caregivers during the assessment

Cognitive Abilities Instruments

There are many different assessment instruments used to evaluate cognitive abilities in preschool and school-aged children. An issue frequently raised in the assessment of students with ASD is the difficulty in obtaining reliable and valid scores for some students due to their constellation of communication and behavior deficits that may impair their ability to respond in testing situations. In their review of appropriate procedures for the screening and diagnosis of ASD, Filipek, et al. (1999) detail important

considerations when selecting cognitive assessment tools for younger, low-functioning, or non-verbal individuals with autism. Cognitive tests should be used that:

- Are appropriate for both mental age and chronological age
- Provide a full range (in the lower direction) of standard scores
- Sample both verbal and nonverbal skills
- Measure and score separately verbal and nonverbal skills
- Provide an overall index of ability
- Have norms which are current and relatively independent of social function

Sensory Motor Instruments

Sensory motor instruments are used in the assessment of sensory differences and sensory responsivity in students across various age ranges. Results on these measures can be beneficial for both differential diagnosis and educational planning.

DATA ANALYSIS

The team uses a data analysis process to facilitate the compilation and assessment of information gathered by each evaluator as part of the comprehensive ASD evaluation.

The process for team analysis of data is as follows:

1. Prior to the team meeting to compile and analyze data, each evaluator individually analyzes his/her collected data to prepare.
2. At the team quadrant meeting, evaluators select a facilitator and a recorder.
3. All data collected is displayed using the Quadrant Activity for Data Review (Appendix F-3).
4. Team discusses exclusionary factors and adverse impact and records them on the quadrant.
5. Team conducts data analysis to complete **ONE** ASD Eligibility Recommendation form (Appendix B).
6. Team generates recommendations (eligibility and instructional) to provide to IEP Team.

ISSUES OF ELIGIBILITY

Comparison with Other Special Education Eligibility Areas

The following is a review of various disability categories that share characteristics with Autism Spectrum Disorder (ASD) that the team must consider before recommending eligibility under Michigan's educational definition of ASD. Consideration must include eligibility categories that are associated with, but different from, autism. Students eligible under other special education labels may display autistic features without being eligible under the ASD category.

When considering eligibility, the discussion of the ASD definition (Page 3) serves as a foundation for making eligibility decisions concerning ASD. The definition includes the impairment triad of:

1) Qualitative impairments in reciprocal social interaction;
2) Qualitative impairments in communication; and
3) Stereotypic behavior/restricted range of interests.

COGNITIVE IMPAIRMENT (CI)		
	Cognitive Impairment (CI)	**Autism Spectrum Disorder (ASD)**
Developmental Rate	• Students with a CI have a development rate that is at or approximately two standard deviations below the mean on a test of intellectual ability. • Students with ASD tend to display an uneven profile of cognitive development, while students with CI tend to have more even developmental profiles.	
Academic Achievement	• Students with a CI score at or below the 6th percentile on academic achievement tests in reading and math.	• Not all students with ASD struggle academically.
Adaptive Behavior	• Adaptive behavior is impaired.	• Adaptive behavior is impaired. • Students with ASD tend to display an uneven profile of adaptive behavior.
Communication and Symbol Use	• Showing objects and integrating gaze with gestures are behaviors commonly seen in students with cognitive impairment, but not in students with ASD when comparing children of comparable mental age.	• Students with ASD demonstrate less verbal and physical imitation than students with CI. • Students with ASD show more ritualistic forms of play compared to students with cognitive impairment. • Students with ASD tend to engage in simple manipulation of toys instead of pretend play compared to mental age peers with CI.
Reciprocal Social Interaction/Joint Attention	• Difficulty understanding self versus other concepts and sharing emotions is more prevalent in a student with ASD than with CI. • Students with ASD have a greater degree of impairment in social interaction and awareness than students with CI of the same mental age. • A student of comparable mental age with ASD has greater difficulty with the development of joint attention than does a student with CI.	
Stereotypic Behavior/ Restricted Range of Interests	• Repetitive motor mannerisms are seen in both ASD and cognitive impairment, but the reasons for these mannerisms may be different. • The student with cognitive impairment may have a limited behavioral repertoire and be displaying behavior typical of a child at an earlier developmental age.	
Other Features	• Young children with ASD are more likely to ignore the human voice than children with CI of the same mental age. • Students with ASD are more likely to be sensitive to noise.	

EMOTIONAL IMPAIRMENT (EI)		
Characteristic	**Emotional Impairment (EI)**	**Autism Spectrum Disorder (ASD)**
Domains- Triad	• Students with an emotional impairment primarily have difficulty with emotional stability, interaction with and response to others, problem solving, and self-control. • Although students with an emotional impairment may have problems outside of the affective domain, no other major domain is a required part of EI eligibility.	• The ASD definition requires a **triad** of impairments in three domains – reciprocal social interaction, communication, and stereotypic behavior/restricted range of interests.
Inability to Build/Maintain Satisfactory Relationships in the School Environment	• Examples of this characteristic in students with EI include physical and/or verbal aggression, alienation of others, and excessive attention seeking. • In many instances, students with EI interact back and forth with others but in an inappropriate manner.	• Students with ASD *generally* lack skills for engaging in reciprocal exchanges.
Inappropriate Types of Behaviors/Feelings Under Normal Circumstances	Students with EI may exhibit: • Rage, extreme overreaction, or panic in response to everyday occurrences • Distorted or excessive affect • Delusions, hallucinations, paranoia, or thought disorders • Extreme mood swings • Inappropriate sexually-related behavior	• While some of the behaviors listed may be present in students with ASD, most would be considered secondary to the required **triad** of impairments (lack of reciprocal interaction, communication disorder, stereotypic behavior/restricted range of interests).
General Pervasive Mood of Unhappiness or Depression	• Students with EI who qualify under this characteristic exhibit depressive symptoms that typically involve changes in all of these four major areas: 1. *Affective Behavior* – May express feelings of worthlessness, excessive guilt, extreme sadness, and/or suicidal ideation 2. *Motivation* – May demonstrate loss of interest in familiar or new activities, decline in academic performance, and/or refusal to attempt tasks 3. *Physical/Motor Functioning* – May display loss of appetite, experience new problems sleeping, and/or display a deterioration in appearance 4. *Cognition* – May experience changes in attending, thinking, and concentration.	• Although students with ASD may have co-occurring depression, these 4 areas are insufficient for a diagnosis of ASD.
Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems	• Students with irrational fears tend to exhibit intense, disabling anxiety that often reaches panic proportions. • Physical symptoms may include frequent or severe somatic complaints including severe headaches, stomach problems, or racing heart. • Students with EI can describe their fears and feelings associated with them.	• Students with ASD may display some fear reactions but the nature, severity, and reporting of these symptoms is different because of the communication impairment. • Difficult for many students with ASD to identify their own internal states and describe them to others (Tsai, 2001).

SPEECH & LANGUAGE IMPAIRMENT (SLI)		
Characteristic	**Speech & Language Impairment (SLI)**	**Autism Spectrum Disorder (ASD)**
Domains- Triad	• A speech and language impairment (SLI) is a communication disorder that adversely affects educational performance in articulation, fluency, voice, and/or language. • An articulation impairment may include omissions, substitutions, or distortions of speech sounds (refer to LESA Articulation Eligibility Guidelines). • Fluency interferes with effective communication through abnormal rate, speech interruptions, and/or repetitions. • Voice impairments may involve pitch, loudness, and/or voice quality. • A language impairment interferes with the understanding and use of language in one or more of the following areas: phonology, morphology, syntax, semantics, or pragmatics.	• Students who only exhibit speech and language impairment do not exhibit qualitative impairments in reciprocal social interactions and stereotypic behavior/restricted range of interests. (In these cases the evaluation team should consider the more limited eligibility of speech and language impairment.) • If a student qualifies under the eligibility area of ASD it is unnecessary to consider SLI eligibility because the definition of ASD includes qualitative impairments in communication. • Students eligible as ASD may have additional articulation and/or fluency disorders, but these are not defining features of ASD. (In such cases, speech and language services would be designed and delivered based on the individual student's needs.)

Early Childhood Developmental Delay (ECDD)

The Early Childhood Developmental Delay (ECDD) eligibility may only be given to students until the age of eight whose primary delay cannot be differentiated through other existing special education criteria. This is a type of "rule out" category, and all other eligibility categories should be considered first.

When a Multidisciplinary Evaluation Team (MET) assesses young students and the results manifest a delay in one or more areas of development equal to or greater than one-half of the expected development, ECDD may be considered.

If a young child hasn't had prior intervention or exposure to typically developing peers, s/he may have ASD characteristics but may not clearly meet the full ASD criteria. In this case, ECDD would be an appropriate label. The diagnostic "picture" of a student may become clearer over time, and ASD or another specific eligibility area may be more evident at the age of seven years.

If a student requires special education, ECDD eligibility provides the opportunity for a student to receive appropriate interventions. Determining a student eligible as ECDD also allows professionals to obtain a longitudinal picture to determine whether s/he truly meets the criteria for ASD.

Medical Diagnosis vs. Educational Determination of Eligibility

It is important to note when evaluating a student for ASD within the educational setting, the team is evaluating the impact an individual's challenges to the educational environment in order to determine if, or and what, additional supports are needed to help the child be successful.

Finding a student eligible for special education supports and services under the category of autism spectrum disorder does NOT equate to a medical diagnosis. Only medical personnel have the ability to officially diagnosis according to the DSM-V criteria. Below is a brief comparison of the various components of evaluation across the school and clinical models:

	Education-Based Eligibility	Clinical/Medical Diagnosis
Purpose / Function	• Determine special education eligibility or ineligibility • Determine educational impact • Determine need for specially designed instruction • Inform IEP and special education services	• Make Clinical/Medical/ Behavioral Health Diagnosis • Determine insurance or Medicaid Autism benefit eligibility • Access non-educational agency services • Dictate medical/clinical treatment
Criteria / Tools to Make Determination	• MARSE ASD criteria • Use of tools individually determined based on what questions need to be answered	• Diagnostic and Statistical Manual for Mental Disorders Fifth Edition (DSM-5) • Clinical diagnostic assessment tools (e.g. Autism Diagnostic Observation Schedule (ADOS) • For additional information, see Medical Services Administration (MSA) Bulletin 13-09
Team Members	• Multidisciplinary team including a psychologist/ psychiatrist, authorized provider of speech and language services, and school social worker are required	• Practitioners can make independent diagnostic decisions
Plan for Evaluation*	• Review of Existing Evaluation Data (REED)	• No evaluation plan requirement
Observations**	• Multiple observations in varied environments over time	• Generally includes observations in an office or clinic setting

*Not required for initial evaluations, but recommended
**Not required, but considered a necessary component

Adapted from the Michigan Autism Council's 2015 *Education-Based Evals. For ASD*

Consideration of Outside Diagnoses Related to Autism Spectrum Disorder

Although school evaluation teams are unable to make medical diagnoses, students sometimes receive these diagnoses from outside evaluators. The team is then responsible for considering this information in its evaluation of the student. It is beneficial for each team member to have a basic understanding of clinical diagnoses, and the *Diagnostic and Statistical Manual-Fifth Edition* (DSM-V) criteria used to determine them.

Understanding these outside diagnoses can assist professionals to help parents understand how their child's outside diagnosis may or may not correlate with special education eligibility. The differences in medical and educational classification systems are often confusing for parents, as well as educational and medical professionals.

Other Disorders May Co-Occur with ASD

In establishing an accurate and reliable eligibility determination of ASD, potential overlapping symptoms and possible co-occurring conditions must be differentiated from each other. The multidisciplinary evaluation team must evaluate the specific characteristics of ASD, as well as features of other disorders that impact learning. Diagnostic criteria should be carefully followed for the purpose of making diagnostic decisions, and interpretation of behavioral differences should be evaluated objectively to avoid making differences "fit" a desired category.

Oppositional behavior might be interpreted as resistance to change, for example, but the intent of the behavior is different. Several clinical diagnoses share considerable overlap with Autism Spectrum Disorder, and some can co-occur. While educational interventions should always be based on a student's individual needs, having an accurate diagnostic picture can lead to greater understanding of a student's skills and challenges in different environments. For students with co-occurring conditions, educational support systems may require a unique combination of instruction, intervention, and support in varying degrees.

Examples of medical diagnoses that may present with overlapping characteristics of autism spectrum disorder include, but are not limited to:

- Fetal alcohol syndrome disorder (FASD)
- Attention deficit disorder (ADD/ADHD)
- Bipolar disorder
- Reactive attachment disorder
- Depression
- Oppositional defiant disorder

Additionally, children who have experienced trauma may also present with a number of symptoms that overlap with autism spectrum disorder. For more information, please refer to *Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children* (Appendix J).

ASD Guidelines: Appendices

A: Comparing State and Federal Definitions of Autism Spectrum Disorder

B: ASD Eligibility Recommendation Form and Cheat Sheet

C: Review of Existing Evaluation Data (REED) Form

D: Records Review Protocol

E: Parent Interview Protocol

F: Documentation of Observation

G: Sensory Response Chart

H: Glossary

I: Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children

K: ASD Evaluation Component Checklist / Tracking Form

COMPARING STATE AND FEDERAL DEFINITIONS OF AUTISM SPECTRUM DISORDER

Michigan Definition *(State)*	IDEA Definition *(Federal)*
Autism Spectrum Disorder is considered a lifelong developmental disability… Autism Spectrum Disorder is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria.	Autism means a developmental disability… generally evident before age 3. A child who manifests the characteristics of "autism" after age 3 could be diagnosed as having "autism" if the criteria… are satisfied.
…That adversely affects a student's educational performance in 1 or more of the following areas: a) Academic b) Behavioral c) Social	… That adversely affects a child's educationalperformance.
Autism Spectrum Disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication...	… Significantly affecting verbal and nonverbal communication and social interaction.
... And restricted range of interests/repetitive behavior.	Other characteristics… are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines...
Determination may include unusual or inconsistent response to sensory stimuli.	… Unusual responses to sensory experiences.
…To be eligible under this rule, there shall not be a primary diagnosis of schizophrenia or emotional impairment.	The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotionaldisturbance.
	… The term child with a disability means… who, by reason thereof, needs special education and related services…
	A child may not be determined eligible under this part if the determinant factor for that eligibility determination is (A) lack of instruction in reading including the essential components of reading instruction; (B) lack of instruction; or (C) limited English proficiency.
A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team including, at a minimum, a psychologist or psychiatrist, an authorized provider of speech and language… and a school social worker.	

LESA
Livingston Educational Service Agency

LIVINGSTON EDUCATIONAL SERVICE AGENCY

1425 W. Grand River Avenue Howell, MI 48843 Phone: (517) 546-5550

MULTIDISCIPLINARY EVALUATION TEAM REPORT AND ELIGIBILITY RECOMMENDATION AUTISM SPECTRUM DISORDER

Report Date:_____ Student Name: _____

Birthdate:_____ School_____ Grade/Teacher_____

Parent Name:_____ Phone:_____

Address: _____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: (Choose one)

☐ **Initial eligibility** for special education ☐ **Ongoing eligibility** for special education ☐ **Change of eligibility** for special education

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with autism spectrum disorder:

Required Information	Evaluator(s)	Date(s)
Ability / achievement level		
Communication functioning		
Relevant behavior observations		
Educationally relevant medical information (If none, write "None")		
Parent input including developmental history		

DIAGNOSTIC ASSURANCE STATEMENTS

(Statements checked were found to be true)

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

☐ This student may have one or more co-occurring diagnoses, but does not have a **primary** diagnosis of schizophrenia or emotional impairment.

☐ The suspected disability is not due to lack of instruction in reading, math or limited English proficiency.

Determination of eligibility shall include characteristics in ALL of the following areas:

1. Qualitative impairments in reciprocal social interactions including **at least two** of the following: (Check all that apply)
   - ☐ Marked impairments in the use of multiple nonverbal behaviors (i.e. eye-to-eye gaze, expressions, body postures, gestures)
   - ☐ Failure to develop peer relationships appropriate to this student's developmental level
   - ☐ Marked impairment in spontaneous seeking to share enjoyment, interests or achievements with other people

☐ Marked impairment in the area of social or emotional reciprocity

2. Qualitative impairments in communication including **at least one** of the following: (Check all that apply)

☐ Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternate modes of communication

☐ Marked impairment in pragmatics or the ability to initiate, sustain or engage in conversations with others

☐ Stereotyped and repetitive use of language or idiosyncratic language

☐ Lack of varied, spontaneous make-believe play or social imitative play appropriate to this student's developmental level

3. Restricted, repetitive, and stereotyped behaviors including **at least one** of the following: (Check all that apply)

☐ Encompassing preoccupation with one or more stereotyped and restrictive patterns of interest that is abnormal in intensity or focus

☐ Apparently inflexible adherence to specific, nonfunctional routines or rituals

☐ Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements

☐ Persistent preoccupation with parts of objects

4. In combination with the three areas listed above, determination may include unusual or inconsistent response to sensory stimuli.

5. There is evidence of a lifelong developmental disability that affects this student's educational performance in at least one of the following areas:

☐ Academics

☐ Behavior

☐ Social Skills

☐ The student's impairment necessitates special education or related services, or both.

ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team recommends that this student:

☐ **is eligible** for special education programs/services as a student with autism spectrum disorder (complete remaining sections).

☐ **is not eligible** for special education program/services as a student with autism spectrum disorder (proceed to the participant signature section).

PRESENT LEVEL OF ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of educational performance and educational needs, including a description of how the disability affects his/her progress in the general curriculum (or participation in appropriate activities for preschool students).

PARTICIPANT SIGNATURES

Psychologist/Psychiatrist (required)_____ Speech Pathologist (required) _____

School Social Worker (required)_____ Other/Title_____

LIVINGSTON EDUCATIONAL SERVICE AGENCY

1425 W. Grand River Avenue Howell, MI 48843 Phone: (517) 546-5550

MULTIDISCIPLINARY EVALUATION TEAM REPORT AND ELIGIBILITY RECOMMENDATION
AUTISM SPECTRUM DISORDER

Report Date:_____ Student Name: _____

Birthdate_____ School _____ Grade/Teacher:_____

Parent Name:_____ Phone:_____

Address:_____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: (Choose one)

☐ **Initial eligibility** for special education ☐ **Ongoing eligibility** for special education ☐ **Change of eligibility** for special education

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with autism spectrum disorder:

Reason for Referral

Required Information	Evaluator	Date
Ability / achievement level (tests administered and scores)	Psych/TC	(test/date administered)
Communication functioning (tests administered and scores and/or information relating to pragmatic language)	SLP	(test/date administered) Date of pragmatic assessment
Relevant behavior observations (state observation settings with explanation in assurance statements and teacher input)	Psych/SW/SLP OT/TC are optional	Date of observations/teacher input
Educationally relevant medical information (If none, write "None") (state medication information)	SW	(date of medical report)
Parent input including developmental history	SW	(date of contact)

DIAGNOSTIC ASSURANCE STATEMENTS

(Statements checked were found to be true)

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

☐ This student may have one or more co-occurring diagnoses, but does not have a **primary** diagnosis of schizophrenia or emotional impairment.

☐ The suspected disability is not due to lack of instruction in reading, math or limited English proficiency.

☐ Determination of eligibility shall include characteristics in **ALL** of the following areas: (statements relating to areas below can be inputted by any member of the evaluation team based on teacher/student/parent reports, observations, file review, rating scales,etc.)

1. Qualitative impairments in reciprocal social interactions including **at least two** of the following: (Check all thatapply)

☐ Marked impairments in the use of multiple nonverbal behaviors (such as eye-to-eye gaze, expressions, body postures, gestures)

☐ Failure to develop peer relationships appropriate to this student's developmental level

☐ Marked impairment in spontaneous seeking to share enjoyment, interests or achievements with other people

☐ Marked impairment in the area of social or emotional reciprocity

2. Qualitative impairments in communication including **at least one** of the following: (Check all that apply)

☐ Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternate modes of communication

☐ Marked impairment in pragmatics or the ability to initiate, sustain or engage in conversations with others

☐ Stereotyped and repetitive use of language or idiosyncratic language

☐ Lack of varied, spontaneous make-believe play or social imitative play appropriate to this student's developmental level

3. Restricted, repetitive, and stereotyped behaviors including **at least one** of the following: (Check all that apply)

☐ Encompassing preoccupation with one or more stereotyped and restrictive patterns of interest that is abnormal in intensity or focus

☐ Apparently inflexible adherence to specific, nonfunctional routines or rituals

☐ Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements

☐ Persistent preoccupation with parts of objects

☐ In combination with the three areas listed above, determination may include unusual or inconsistent response to sensory stimuli.(OT input)
☐ There is evidence of a lifelong developmental disability that affects this student's educational performance in at least one of the following areas:
☐ Academics
☐ Behavior
☐ Social Skills
Statement of Impact in these areas
☐ The student's impairment necessitates special education or related services, or both.

ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team recommends that this student:

☐ **is eligible** for special education programs/services as a student with autism spectrum disorder (complete remaining sections).

☐ **is not eligible** for special education program/services as a student with autism spectrum disorder (proceed to the participant signature section).

LESA
Livingston Educational Service Agency

LIVINGSTON EDUCATIONAL SERVICE AGENCY

1425 W. Grand River Avenue Howell, MI 48843 Phone: (517) 546-5550

AUTISM SPECTRUM DISORDER – PAGE 2

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of academic achievement and functional performance. Include a description of how the disability affects progress in the general curriculum: *(For preschool age children, describe how the disability affects involvement in age-level activities).*

(explanation of standardized assessments as applies to students learning and performance within the school environment)

PARTICIPANT SIGNATURES

Psychologist/Psychiatrist (required)_____ Speech Pathologist (required) _____

School Social Worker (required)_____ Other/Title_____

REVIEW OF EXISTING EVALUATION DATA (REED) & EVALUATION PLAN

Date of Review _____

Student	Last:	First:	M:	Birth Date:	Gender:	Grade:	UIC:
ID:	Native Language or Other Communication Mode:						
Address:				City:		State: MI	Zip:
Resident District:		Operating District:			Attending Building:		
Parent	Last:	First:	M:	Relationship to Student:			
Native Language or Other Communication Mode:							
Address (if different):				City:		State:	Zip:
Home Phone:		Work Phone:			Pager/Cell:		
Email:							

PURPOSE OF MEETING	☐ Initial Evaluation	☐ Reevaluation	☐ Change of Eligibility

Participants: Check the box ☐ next to the member who can interpret the instructional implications of evaluation results. Also check the box ☐ under each member's name to indicate how the member participated.

Student
☐ Phone ☐ Personal Communication ☐ In Person

☐ District Representative/Designee
☐ Phone ☐ Personal Communication ☐ In Person

Parent/Guardian/Surrogate
☐ Phone ☐ Personal Communication ☐ In Person

☐ General Education Teacher
☐ Phone ☐ Personal Communication ☐ In Person

Parent/Guardian/Surrogate
☐ Phone ☐ Personal Communication ☐ In Person

☐ Special Education Teacher
☐ Phone ☐ Personal Communication ☐ In Person

☐ Other
☐ Phone ☐ Personal Communication ☐ In Person

☐ Other
☐ Phone ☐ Personal Communication ☐ In Person

REVIEW OF EXISTING EVALUATION DATA
Review, describe, and identify the data source for the following information:

Information	Data Source(s)	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments; and classroom-based observations.		
Review teacher and related service provider(s) observations.		
Review evaluations and information provided by parents.		
Other		

REVIEW OF INPUT FROM PARENT:

NOTICE OF SUFFICIENT DATA

☐ Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine:

- Whether the student has or continues to have a disability.
- The student's present level of academic performance and related developmental needs.
- Whether the student needs or continues to need special education and related services.
- Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.

State reason (required):

If you, the parent, do not agree with this plan, direct your request for an evaluation in writing to the district special education office.

~OR~

NOTICE OF ADDITIONAL DATA NEEDED AND EVALUATION PLAN

☐ *On the basis of the above review, the educational needs of the child, and input from the student's parent(s), identify additional data needed to determine the following:*

- Whether the student has or continues to have a disability.
- The student's present level of academic performance and related developmental needs.
- Whether the student needs or continues to need special education and related services.
- Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.

ASSESSMENT AREA	DATA AND ASSESSMENTS NEEDED (Note observations if required)
☐ Achievement	
☐ Adaptive Skills	
☐ Cognitive Ability	
☐ Social/Emotional/Behavior	
☐ Speech and Language	
☐ Other	
☐ Other	

CONSENT FOR ADDITIONAL ASSESSMENT

I as parent/guardian,

1. Have received a copy of the Special Education Procedural Safeguards.
2. Understand the contents of this plan, and: (Choose one)
   - ☐ I consent to the proposed evaluation plan.
   - ☐ I do not consent to the proposed evaluation plan.

Parent/Guardian Signature _____ Date of Consent _____

The results of the evaluation identified in this plan will be reviewed at an IEP team meeting to be held within 30 school days of the date parental consent is received, which is on or before: _____.

STUDENT RECORD REVIEW PROTOCOL

Date(s) of Review: _____

Student Name: _____ **DOB:** _____

Grade: _____ **Teacher(s):** _____

District: _____ **Building:** _____

CA60 Review of Educational History		
	Date(s) of Service	**Notes**
Title I		
Early Intervention Services		
Special Education		
Hearing Screening		☐ Normal ☐ Referred
Vision Screening		☐ Normal ☐ Referred
Report Card History		
Current medical condition(s) impacting education		
Other relevant information		

Attendance History:

☐ Child has always attended school in this district. ☐ Child has a history of school movement: _____

Attendance and Discipline by Year							
	Total # of:					**Briefly describe or attach documentation:**	
School Year	Absent	Tardy	New District Y/N	Office Referrals	# of Suspension(s)	Behavior	Type of instructional support, if any

(Additional notes on reverse side.)

Adapted from Charlevoix-Emmet ISD's Autism Spectrum Disorder Eligibility Guidelines, June 2013

Initial ASD Evaluation Interview Questions: PARENT

Health History

1. Does your child have any current medical diagnoses? ☐ No ☐ Yes If Yes, Describe:
2. Has your child had an evaluation (medical/educational)? ☐ Yes ☐ No
3. Has your pediatrician completed the M-CHAT? ☐ No ☐ Yes, at the following age(s):
   ☐ 18 months ☐ 24 Months
4. Is your child taking any medication? ☐ No ☐ Yes If Yes, Describe:
5. Are there any known side affects to the medication? ☐ No ☐ Yes If Yes, Describe:
6. Is there a family history of serious medical or psychological difficulties? ☐ No ☐ Yes If Yes, Describe:
7. Are there any concerns with your child's hearing or vision? ☐ No ☐ Yes If Yes, Describe:
8. Has your child had any hospitalizations/surgeries? ☐ No ☐ Yes If Yes, Describe:
9. Has your child ever had:
   ☐ Seizures
   ☐ Serious Accident
   ☐ Head Injury
   ☐ Allergies
   ☐ Chronic Ear Infections
10. Does your child eat well? ☐ Yes ☐ No
11. Does your child sleep well? ☐ Yes ☐ No How many hours per night?
12. Does your child have trouble with bladder or bowel control? ☐ Yes ☐ No

Strengths/Interests

1. What are some of your child's strengths, interests and/or favorite activities?
2. What does your child like best about school? Least?

Parent Concerns

1. What are your concerns for your child?
2. When did you first become aware of this concern?
3. When under 3 years of age, did your child:
   a. ☐ Imitate actions (e.g., playing pat---a---cake, peek---a---boo, waving goodbye, clapping hands)?
   b. ☐ Show pleasure or comfort when cuddled, hugged or held?
   c. ☐ Use words to communicate?
   d. ☐ Follow one---step directions? (come here, sit down, stand up)?
   e. ☐ Respond to their name by turning or looking toward the speaker?
   f. ☐ Appear to be in his/her "own world"?
   g. ☐ Reach out to be picked up or held
   h. ☐ Show dismay or distress when parent leaves
   i. ☐ Engage in pretend play (dolls, action heroes, stuffed animals) or pretend to be someone else (Mom, Dad, TV character)
4. What are your particular concerns pertaining to your child's education?

SECTION I. RECIPROCAL SOCIAL INTERACTIONS:

1. Describe how your child seeks comfort from others when sick, hurt, sad, etc.
2. Describe how your child offers affection to others.
3. What does it look like when your child plays with or interacts with friends?
4. Does your child prefer to play alone or choose to interact with adults?
5. Does your child turn his/her head towards the speaker in a social situation?
6. Does your child respond appropriately to other people when they try to interact with him/her?
7. Does your child understand social boundaries (e.g. personal space)?
8. Does your child participate in community activities? (e.g. sports, church, scouts, etc.)
9. Does your child participate in playgroup with peers?
10. Does your child change his/her behavior depending on environment? (e.g. shopping, family functions, library, etc.)
11. Does your child lack a fear of danger (e.g. going with strangers)?
12. How much does your child use television, video games/other technology devices daily? What is his/her favorite TV show/video game?
13. Does your child's behavior impact social family activities (dinnertime, eating out, parties, etc.)? Explain.
14. In what ways does your child engage in imitative or imaginative play (examples: pretend games by self or with others)? Does your child create new play scenarios or repeat the same play?
15. Does your child exhibit a strong attachment to an object?
16. How does your child interact with peers using parallel play, interactive games, turn---taking, and sharing?
17. How does your child respond when someone interferes or interrupts their play?
18. Do your child's likes/preferences interfere with his/her or the family's daily functioning? If so how?

SECTION II. COMMUNICATION

1. Does your child use words to communicate?
2. Does your child use an alternative mode of communication (e.g. pointing/gesture, sign, pictures, etc.)?

3. Does your child have a language of his/her own (e.g. jargon, babbling, etc.)?
4. Does your child respond accurately to directions, sentences, questions? Does s/he make comments related to the topic or activity at hand?
5. Does your child try to get other's attention to look at something in which s/he is interested? If yes, how does the child gain the other person's attention?
6. Does your child say words and phrases repeatedly? Does s/he repeat questions, dialogue or songs from media sources (movies, video games, TV shows)?
7. Does your child communicate back and forth with others (stay on topic of conversation, initiate greetings, ask and answer questions, retell events)?
8. Do your child's emotions match the situation at hand? Describe.

SECTION III. RESTRICTED, REPETITIVE, AND STEREOTYPED BEHAVIOR

1. Describe how your child plays with a variety of toys.
2. Does your child show a variety of emotions (happy, sad, excitement, sympathy)?
3. Describe your child's daily routine. What happens if there is an interruption in the daily routine?

4. Does your child persist or continue an activity when it is no longer appropriate? If yes, describe.
5. Engage in rocking behavior, head banging, hand flapping, spinning?
6. How long does it take to calm or comfort your child? What do you do to calm him/her?

SECTION IV. SENSORY RESPONSE

Does your child seek or avoid any of the following:

1. ☐ Clothing: tags, cloth textures?
2. ☐ Grooming? (e.g. nail trimming, hair cutting, brushing teeth)?
3. ☐ Loud noises (e.g. cover ears with hands)?
4. ☐ Environmental smells?
5. ☐ Food textures or food temperatures (e.g. restricted diet)?
6. ☐ Activities that involve certain movements (riding in car, swinging, merry go round)?
7. ☐ Spinning or rocking self?
8. ☐ Physical touch?
9. ☐ Touching items with specific textures?
10. ☐ Mouthing items?
11. ☐ Over- or under---reacting to pain?

ASD Evaluation Interview Questions: TEACHER/STAFF

Strengths/Interests

1. What are some of the child's strengths, interests and/or favorite activities?
2. What does s/he like best about school? Least?

Overall Teacher/Staff Concerns

1. What are your particular concerns pertaining to his/her education?
2. When did you first become aware of this concern?

SECTION I. RECIPROCAL SOCIAL INTERACTIONS:

1. Describe how s/he seeks comfort from others when sick, hurt, sad, etc.
2. Describe how s/he offers affection to others.
3. What does it look like when s/he plays with or interacts with friends?
4. Does s/he prefer to play alone or choose to interact with adults?
5. Does s/he turn his/her head towards the speaker in a social situation?
6. Does s/he respond appropriately to other people when they try to interact with him/her?
7. Does s/he understand social boundaries (e.g. personal space)?
8. Does s/he change their behavior depending on environment? (e.g. classroom, gym, library, etc.)
9. Does s/he lack a fear of danger (e.g. going with strangers)?
10. Does his/her behavior impact social class activities (recess, lunch, parties, etc.)? Explain.
11. Does s/he exhibit a strong attachment to an object?
12. How does s/he interact with peers using parallel play, interactive games, turn---taking, and sharing?
13. How does s/he respond when someone interferes or interrupts his/her play?
14. Do his/her likes and preferences interfere with daily functioning? If so how?

SECTION II. COMMUNICATION

1. Does s/he respond accurately to directions, sentences, questions?
2. Does s/he make comments related to the topic or activity at hand?
3. Does s/he try to get other's attention to look at something in which s/he is interested? If yes, how does the child gain the other person's attention?
4. Does s/he say words and phrases repeatedly? Does s/he repeat questions, dialog or songs from media sources (movies, video games, TV shows)?
5. Does s/he communicate back and forth with others (stay on topic of conversation, initiate greetings, ask and answer questions, retell events)?
6. Do his/her emotions match the situation at hand? Describe.

SECTION III. RESTRICTED, REPETITIVE, AND STEREOTYPED BEHAVIOR

1. Describe how s/he plays with a variety of toys.
2. Does s/he show a variety of emotions (happy, sad, excitement, sympathy)?
3. Describe his/her daily routine. What happens if there is an interruption in the daily routine?
4. Does s/he persist or continue an activity when it is no longer appropriate? If yes, describe.

5. Does s/he engage in rocking behavior, head banging, hand flapping, spinning?
6. How long does it take to calm or comfort him/her? What do you do to calm him/her?

SECTION IV. SENSORY RESPONSE

Does s/he seek or avoid any of the following:

1. ☐ Clothing: tags, cloth textures?
2. ☐ Grooming? (e.g. nail trimming, hair cutting, brushing teeth)?
3. ☐ Loud noises (e.g. cover ears with hands)?
4. ☐ Environmental smells?
5. ☐ Food textures or food temperatures (e.g. restricted diet)?
6. ☐ Activities that involve certain movements (riding in car, swinging, merry go round)?
7. ☐ Spinning or rocking self?
8. ☐ Physical touch?
9. ☐ Touching items with specific textures?
10. ☐ Mouthing items?
11. ☐ Over- or under---reacting to pain?

ACCOMMODATIONS

Please indicate whether you use any of the following accommodations to support this student:

- ☐ Adjust deadlines
- ☐ Print copy of directions/notes or study guides reduce paper/pencil tasks
- ☐ Adjust amount of work plan seating strategically
- ☐ Provide print copy of directions/notes or study guides reduce paper/pencil tasks
- ☐ Check often for understanding/review/request parent reinforcement
- ☐ Break larger assignments into smaller chunks verbal praise
- ☐ Use a peer buddy to provide breaks
- ☐ Other:

ASD Evaluation Interview Questions: STUDENT

Strengths/Interests

1. What are some of your strengths, interests and/or favorite activities?
2. What do you like best about school? Why? Least? Why?

SECTION I. RECIPROCAL SOCIAL INTERACTIONS:

1. When you are sick or hurt or sad, what do you do?
2. In what ways do you show someone else that you like them and care about them?
3. Describe a recent interaction you had with a friend:
4. Which of these three things would do you like to do best:
   - ☐ Play with a friend
   - ☐ Play by yourself
   - ☐ Talk to an adult
5. Is there a particular toy or item that you are really attached to?
6. What do you do when someone interferes or interrupts your play?

SECTION II. COMMUNICATION

1. Do you understand directions, sentences, questions? How do you know when you understand?
2. When you want someone to pay attention to you or look at something, what do you do to get their attention?
3. Do you like to talk? Why or why not?
4. Do you repeat questions, dialogue, or songs from movies, video games, or TV? If yes, do you repeat these out loud to yourself? To others?
5. Describe a recent conversation you had with someone:
6. Do people who listen to you ask questions about what you just said, or do they seem to understand your thoughts?

SECTION III. RESTRICTED, REPETITIVE, AND STEREOTYPED BEHAVIOR

1. Describe the toys you play with the most. How do you play with these toys?
2. Describe your daily routine. What happens if there is an interruption to your daily routine?
3. What do you do when you are upset?
4. What do you do when you are excited?
5. What do you do when you are happy?

SECTION IV. SENSORY RESPONSE

Does you seek or avoid any of the following:

1. ☐ Clothing: tags, cloth textures?
2. ☐ Grooming? (e.g. nail trimming, hair cutting, brushing teeth)?
3. ☐ Loud noises (e.g. cover ears with hands)?
4. ☐ Environmental smells?
5. ☐ Food textures or food temperatures (e.g. restricted diet)?
6. ☐ Activities that involve certain movements (riding in car, swinging, merry go round)?
7. ☐ Spinning or rocking self?
8. ☐ Physical touch?
9. ☐ Touching items with specific textures?
10. ☐ Mouthing items?
11. ☐ Over- or under-reacting to pain?

SECTION III. RESTRICTED, REPETITIVE, AND STEREOTYPED BEHAVIOR

1. Describe how your child plays with a variety of toys.
2. Does your child show a variety of emotions (happy, sad, excitement, sympathy)?
3. Describe your child's daily routine. What happens if there is an interruption in the daily routine?

4. Does your child persist or continue an activity when it is no longer appropriate? If yes, describe.
5. Engage in rocking behavior, head banging, hand flapping, spinning?
6. How long does it take to calm your child or to comfort? What do you do to calm him/her?

SECTION IV. SENSORY RESPONSE

Does your child seek or avoid any of the following:

1. ☐ Clothing: tags, cloth textures?
2. ☐ Grooming? (e.g. nail trimming, hair cutting, brushing teeth)?
3. ☐ Loud noises (e.g. cover ears with hands)?
4. ☐ Environmental smells?
5. ☐ Food textures or food temperatures (e.g. restricted diet)?
6. ☐ Activities that involve certain movements (riding in car, swinging, merry go round)?
7. ☐ Spinning or rocking self?
8. ☐ Physical touch?
9. ☐ Touching items with specific textures?
10. ☐ Mouthing items?
11. ☐ Over- or under---reacting to pain?

Observation Probe Questions

SOCIAL: Reciprocal Social Interactions – Does the child…

Nonverbal Behaviors

- Use eye contact to engage the conversational partner?
- Use facial expressions to match the situation?
- Gesture to engage and influence?
- Demonstrate consciousness of physical proximity?

Peer Relationships

- Interact with peers in activities appropriate to developmental level?
- Appear indifferent to peers?
- Engage in developmentally appropriate activities?
- Appear attuned to the subtleties of interactions with peers?

Spontaneous Sharing

- Approach or seek out another person?
- Approach another person to share something of interest?

Reciprocity

- Take turns during conversation?
- Show empathy to match the mood of peer?
- Exhibit tolerance of changes of topic?
- Show an awareness of the partner's interests during conversation or play?

COMMUNICATION: Does the child…

Communicative Intent

- Respond to other people? Communicate to request or protest?
- Gesture or take the hand of an adult to direct the adult to a wanted item?
- Use eye gaze, vocalizations, facial gestures, signing, or pictures to indicate wants?

Pragmatics

- Provide sufficient background or reference information to partner to understand and participate in conversation?
- Use and react to nonverbal cues exhibited by others?
- Use vocabulary and knowledge base to express emotions/feelings in a variety of situations?
- Understand and use non-literal language (e.g., idioms or slang)?
- Discuss at length a single topic that is of little or no interest to others?

Stereotyped/Repetitive Use of Language

- Display atypical communication such as echolalia, perseveration, and pronoun reversals?
- Speak with flat, emotionless voice or with exaggerated inflection?
- Repeatedly use a limited number of utterances?

Lack Varied Play

- Play with toys as intended?
- Recognize the play repertoire of peers may have changed?
- Participate in age appropriate play?

Observation Probe Questions

BEHAVIOR: Restricted, Repetitive, and Stereotyped Behaviors – Does the child…

Preoccupation

- Exhibit an all-consuming, high interest involving objects, topics, or themes beyond typical developmentally appropriate levels?
- Have a restricted or narrow range of interests including unusual interests compared to peers?
- Show difficulty letting go of perseverative thoughts, activities, actions or behaviors?

Inflexibility

- Use ritualistic actions or behaviors?
- Demonstrate rigidity in routine, difficulty with change and/or transitions?
- Display an insistence on sameness?

Stereotyped or Repetitive Motor Mannerisms

- Display repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, chewing?
- Use self-injurious behavior?

Preoccupation with Parts of Objects

- Twirl, spin, and/or bang objects in a hyper-focused manner?
- Fixate on how an object works rather than its function?

Sensory Response – Does the child:

Visual/Sight

- Close eyes, squint, avoid visual stimuli? Throw items, stare intensely at objects, move objects/fingers in front of eyes?

Tactile/Touch

- Have clothing/food sensitivity? Avoid certain textures?
- Overreact to unexpected touches? Desire to touch others or objects?
- Display poor hygiene? Have a need to fidget with objects?

Auditory/Hearing

- Cover ears? Avoid noisy environments? Overreact to unexpected sounds (e.g., fire alarms, barking dogs)? Prefer loud volume on electronics?
- Seek auditory input by creating noise (e.g., tap pencil, hum, vocalize)?
- Show no response or decreased awareness to auditory input (e.g., sounds, voices)?

Olfactory/Smell

- Plug nose? Smell things undetectable to others?
- Avoid certain odorous foods, people, and/or environments?
- Smell items-even those that typically do not have an odor? Sniff people?

Oral/Taste

- Gag? Vomit? Have an extremely limited diet? Refuse to try new foods?
- Prefer certain textures or temperatures of foods? Mouth and chew objects and clothing?
- Crave certain types or flavors of foods? Eat non-food items?

Movement

- Avoid playground/gym activities?
- Avoid head movement?
- Toe walk? Spin? Swing? Bounce? Run in atypical fashion? Fidget? Move constantly?

Proprioceptive/Input to Joints and Muscles

- Fall off chair? Stomp feet?
- Display excessive or weak force on objects or people? Bang into people or objects?
- Prefer heavy work activities such as carrying heavy items?
- Wrap self up tightly in blankets? Frequently hug with force?
- Lose grasp on pencil or writing/coloring tool?

Documentation of Observation

Child:_____Setting(s):_____Date(s): _____

Directions for each team member: Record observations of the child.

Reciprocal Social Interactions
Nonverbal Behaviors
Peer Relationships
Spontaneous Sharing
Reciprocity

Communication
Communicative Intent
Pragmatics
Stereotyped/Repetitive Use of Language
Lack Varied Play

Adapted from Charlevoix-Emmet ISD's ASD Guidelines, 2013

Restricted, Repetitive, and Stereotyped Behaviors
Preoccupation
Inflexibility
Stereotyped or Repetitive Motor Mannerisms
Preoccupation with Parts of Objects

Sensory Response
Visual/Sight
Tactile/Touch
Auditory/Hearing
Olfactory/Smell
Taste/Oral
Movement
Proprioceptive/Input to Joints and Muscles

Adapted from Charlevoix-Emmet ISD's ASD Guidelines, 2013

Quadrant Activity for Data Review

Child:_____ Date: _____

Directions for team: Record all collected data for analysis within social, communication, and behavior domains.

Social	Communication
Behavior	**Adverse Impact**
	Academic:
	Behavioral:
	Social:

Adapted from Charlevoix-Emmet ISD's ASD Guidelines, 2013

	Exclusionary Factors to Consider: ❑❑ **Student's needs can be met** via accommodations and/or supports available in general education setting/curriculum ❑❑ **Emotional Impairment** --- not primary impairment ❑❑ **Schizophrenia** --- not a primary diagnosis

Sensory Response

Sensory System	Examples of Sensory Avoidance	Examples of Sensory Seeking
Visual/Sight	Close eyes, squint, avoidance of visual stimuli	Throw items, stare intensely at object, move objects or fingers in front of eyes
Tactile/Touch	Clothing/food issues, avoid textures, difficulty in crowds, overreaction to unexpected touch, toe walking, poor hygiene	Fidget with objects, need to touch others or objects
Auditory/Hearing	Cover ears, avoid noisy environments, overreaction to unexpected sounds (e.g., fire alarms, barking dogs)	No response to auditory input (e.g., sounds, voices), turn volume loud on computers, radios, seek auditory input by creating noise (e.g., tap pencil, vocalize, hum)
Olfactory/Smell	Plug nose, verbalize discomfort, gag, vomit, ability to smell things undetectable to others, avoid certain odorous foods/people, environments	Smell items---even those that typically do not have an odor, sniff people
Taste/Oral	Gag, vomit, extremely limited diets, refusal to try new foods, preference to certain textures or temperatures of foods	Mouth and chew objects and clothing, crave certain types or flavors of foods, eat non---food items
Movement	Avoid playground/gym activities, avoid head movement	Toe walking, spinning, swinging, running, bouncing, fidgety behavior, constant movement
Proprioceptive/ Input to joints and muscles	Fall off chair, excessive or weak force on objects or people, stomp feet, bang into people or objects, bouncing, jumping, preferring heavy work activities such as carrying heavy items, wrap self tightly in blankets, frequent hugging with force, loose grasp on pencil	

GLOSSARY OF TERMS[1]

Cognitive	Conscious mental activity, including thinking, perceiving, reasoning, and learning.
Developmental delay	The delay of developmental milestones or emergence of skills beyond the normal timeframe, occurring in one or more areas (e.g. motor, language, social, cognition).
Echolalia	Repeating words or sounds without necessarily understanding their meaning.
Executive function	Executive functions guide cognitive processes involved in working memory, self-regulation, attention, planning, verbal reasoning, mental flexibility, task switching, changing/adapting to situations, and more.
Hypersensitivity	Sensitivity to external stimuli, which causes an overwhelming response in the individual's sensory system due to neurological deficits that affect the body's ability to appropriately process/perceive sensation.
Hyposensitivity	The sensory system fails to gain sufficient information from their senses, resulting in systems under responsive to sensory stimuli. This can be observed in children who seek self-stimulation and typically include high activity levels in an effort to gain strong sensory feedback that the body is able to register.
Idiosyncratic language	The language/phrase used by the speaker sounds abnormal to the listener. The relevance of the terminology used is obvious to the speaker (but not the listener) and usually related to an event in the past, which has developed into a form of word association.
Joint attention	The ability to follow another's gaze and to share the experience of looking at an object or activity.
Literal language	May also be referred to as concrete language. Uses words in the most basic sense and assigns meaning according to the most basic definition of the word.
Marked impairment	Clearly evident. Behaviors are distinctive and noticeably different than same-age peers.
Non-literal language	May also be referred to as abstract, figurative, or metaphorical. Meaning goes beyond basic definition of the word. Example: "It's raining cats and dogs."
Obsessive behaviors	An impulse to or engagement in an activity or interest to the exclusion of other activities or interests. Obsessive behaviors can have a self-calming or self-stimulatory effect and are not consciously controlled by the individual.
Pervasive	Characteristics of ASD are present across environments (home, school and community) and widespread.
Pragmatic language	Pragmatics involve three major communication skills: Using language for different purposes (e.g., greeting, promising, requesting); changing language according to the needs of a listener or situation (e.g., talking differently to a baby than an adult, giving background info to an unfamiliar listener); and following rules for conversations and storytelling (e.g., turn-taking in conversation, staying on topic, using eye contact, etc.).
Reciprocity	A mutual exchange of words, feelings, actions.
Repetitive behavior	Abnormally intense preoccupation with one activity; distress over disruption of that behavior, insistence on routine or ritual with no purpose; repetitive movements such as hand flapping.
Repetitive language	A child with autism spectrum disorder may repetitively quote words, phrases, and sounds from TV shows, movies and media that are used out of context and without adding value to communication (aka echolalia).
Ritualistic behavior	The use of a pattern of doing a task or engaging in an activity that often is reassuring to the individual. The break from the ritual can result in anxiety and feeling of loss of control.
Self-stimulation	A term for behaviors whose sole purpose appears to be to stimulate one's senses. May serve a regulatory function (e.g., calming, increasing concentration, shutting out an overwhelming sound).
Stereotypical language	Language that lacks originality, creativity, or individuality. The voice is a flat tone without emotion and with atypical rhythm, rate, and stress.
Stereotyped motor mannerisms	Repetitive, apparently non-functional behaviors that may provide sensory input (e.g. flapping, rocking). The behaviors range from obvious and persistent whole body movements to gentle and subtle (e.g. fidgeting).

[1] Adapted from Char-Em ISD ASD Guidelines; Resources Used: Autism Speaks, Irish Autism Action, Individuals with Disabilities Education Act Partnership-National Association of State Directors of Special Education, American Speech and Hearing Association

Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children

Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD/ ADHD	Sensory Int. Dys.	Autism	Bi-Polar	RAD	Depres-sion	ODD	Trauma	Poverty
	Organic	Organic	Organic	Organic	Mood	Mood	Mood	Mood	Environ	Environ
Easily distracted by extraneous stimuli	X	X								
Developmental Dysmaturity	X			X						
Feel Different from other people	X				X					
Often does not follow through on instructions	X	X					X	X	X	X
Often interrupts/intrudes	X	X	X	X	X		X			X
Often engages in activities without considering possible consequences	X	X	X	X	X					X
Often has difficulty organizing tasks & activities	X	X		X	X		X			X
Difficulty with transitions	X		X	X	X					
No impulse controls, acts hyperactive	X	X	X		X	X				
Sleep Disturbance	X				X		X		X	
Indiscriminately affectionate with strangers	X		X		X	X				
Lack of eye contact	X		X	X		X	X			
Not cuddly	X			X		X	X			
Lying about the obvious	X				X	X				
Learning lags: "Won't learn, some can't learn"	X		X			X			X	X
Incessant chatter, **or** abnormal speech patterns	X		X	X	X	X				
Increased startle response	X		X						X	
Emotionally volatile, often exhibit wide mood swings	X	X	X	X	X	X	X	X	X	
Depression develops, often in teen years	X	X				X			X	
Problems with social interactions	X			X	X		X			
Defect in speech and language, delays	X			X						
Over/under-responsive to stimuli	X	X	X	X						
Perseveration, inflexibility	X			X	X					
Escalation in response to stress	X		X	X	X		X		X	
Poor problem solving	X			X	X		X			
Difficulty seeing cause & effect	X			X						
Exceptional abilities in one area	X			X						
Guess at what "normal" is	X			X						
Lie when it would be easy to tell the truth	X				X	X				
Difficulty initiating, following through	X	X			X		X			
Difficulty with relationships	X		X	X	X	X	X			
Manage time poorly/lack of comprehension of time	X	X			X		X			X
Information processing difficulties speech/language: receptive vs. expressive	X			X						
Often loses temper	X		X		X		X	X	X	
Often argues with adults	X				X			X		
Often actively defies or refuses to comply	X				X			X		
Often blames others for his or her mistakes	X	X			X		X	X		
Is often touchy or easily annoyed by others	X				X		X	X		
Is often angry and resentful	X						X	X		

Cathy Bruer-Thompson, Adoption Training Coordinator, Hennepin County, MN 612-543-0014 cathy.bruer-thompson@co.hennepin.mn.us 3/23/10
With much appreciation to the many who edited and contributed

Measures for ASD Evaluations

EDUCATIONAL IMPACT

- Cognitive measures (e.g. Wechsler scales, DAS-II, RIAS, CTONI-2)
- Academic measures (e.g. WIAT-III, KTEA-II, TOWL-4)
- Structured school observations (See Appendices F-1 & F-2)
- Teacher Interview (See Appendix E-2)
- Developmental, Medical & Social History completed with the parents (See Appendix E-1)
- Student Interview (See Appendix E-3)

SOCIAL MEASURES

- Autism Diagnostic Observation Schedule (ADOS-2- *Note: to be used only as an observation tool only, not to derive quantitative scores*)
- NEPSY-II (Theory of Mind & Affect Recognition subtests)
- Social Skills Inventory (SSI)
- Social Skills Rating System

LANGUAGE MEASURES

Receptive and Expressive Language Evaluations:

- Clinical Evaluation of Language Fundamentals – Fifth Edition (CELF-V)
- Clinical Evaluation of Language Fundaments-Preschool Second Edition (CELF-P2)
- Test of Narrative Language (TNL)
- Structured Photographic Expressive Language Test –Third Edition (SPELT-3)
- Preschool Language Scale – Fifth Edition (PLS-5)
- Test of Problem Solving—Third Edition (TOPS-3)
- Test of Language Competence (TLC)

Pragmatic Assessments:

- Pragmatic Protocol by Prutting & Kirchner, 1987 (found in MSHA Guidelines)
- CELF-V Pragmatic Protocol/Profile
- Pragmatic Language Skills Inventory (PLSI)
- Comprehensive Assessment of Spoken Language (CASL)
- Comprehensive Assessment of Spoken Language (CASL, pragmatic judgment)
- Test of Pragmatic Language—Second Edition
- Preschool Language Scale-5

BEHAVIORAL MEASURES

- Behavior rating scales (e.g. Achenbach scales, Behavior Assessment Scale for Children—Third Edition)
- Adaptive rating scales (Vineland, Second Edition; Adaptive Behavior Inventory; Adaptive Behavior Assessment System—Second Edition)
- RCMAS: Revised Children's Manifested Anxiety Scale
- GARS-3 / CARS-3
- PKBS-2: Preschool and Kindergarten Behavioral Scales, Second Edition
- Asperger Syndrome Diagnostic Scale

Today's Date: _____

ASD EVALUATION COMPONENT CHECKLIST

Team Members *Team leader is denoted with **	**Psych:**	**SLP:**
	SSW:	**Other:**

Student Name:	**DOB:**
School:	**IEP Due Date:**

EVALUATION COMPONENTS

DATE(S)	INTERVIEWS:	BY WHOM:
	☐ Teacher(s)	
	☐ Staff	
	☐ Parent/Family Home Visit[1] and/or Interview	
DATE(S)	**EDUCATIONAL HISTORY:**	**BY WHOM:**
	☐ CA-60 Review	

DATE(S)	OBSERVATION BY:	OBSERVATION SETTINGS:	BY WHOM:
	☐ Psychologist		
	☐ SLP		
	☐ SSW		
	☐ Other (optional)		

DATE(S)	ADMINISTRATION OF STANDARDIZED TOOLS[2]	BY WHOM:

DATE(S)	EVALUATION RESULTS REVIEW	BY WHOM:
	One Voice Quadrant Activity (Facilitated BY ASD PC)	Psychologist, SLP, SSW
DATE(S)	**TEAM ELIGIBILITY REPORT**	**BY WHOM:**
	Single report written based ON 4 quadrants	
DATE(S)	**TEAM REPORT SENT TO PARENTS**	**BY WHOM:**
	Team report sent to parent(s) (48 hrs in advance)	

[1] A home visit and an interview are required for an initial evaluation. A home visit is optional when re-determining eligibility.
[2] All tools and are to assist in determining ASD eligibility under Michigan educational criteria

Public Schools Served by Livingston ESA:

Brighton Area Schools

Charyl Stockwell Academy

FlexTech High School

Fowlerville Community Schools

Hartland Consolidated Schools

Howell Public Schools

Kensington Woods High School

Light of the World Academy

Pinckney Community Schools

and non-public schools

Livingston Educational Service Agency

1425 W. Grand River Avenue

Howell, Ml 48843
517.546.5550 p
www.livingstonesa.org