Autism Spectrum Disorder: Evaluation, Eligibility, and Goal Development (Birth-21)

Technical Assistance Paper

Fall 2009 – revised March 2010
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PURPOSE

Under the Oregon Department of Education contract for Statewide Consultative and Resource Services for ASD this technical assistance paper has been developed. The overall goal of this technical assistance paper is to assist Oregon’s educational teams to appropriately identify and make eligible individuals who are suspected to have an Autism Spectrum Disorder (ASD). This document will assist teams to use evidence-based evaluation practices, to complete the eligibility determination, to identify the student’s current level of educational performance, to identify needs, and to link that information to the development of the Individual Family Service Plan/Individual Education Program (IFSP/IEP).

This Technical Assistance Paper (TAP) will serve as a guide for teams which may include autism specialists, school psychologists, speech and language pathologists, related service providers, and other educational evaluators to work step-by-step through the requirements determining eligibility for special education services as a student with Autism Spectrum Disorder. This paper will also identify evidence-based practices relative to assessment of an ASD. This TAP will guide evaluators statewide in an effort to provide consistency both within and across regions and districts in the evaluation process, the interpretation of evaluation data, and the determination of educational eligibility for ASD.

This paper may also assist medical personnel to understand the requirements of the educational evaluation and how the evaluation and eligibility criteria is different from and yet similar to the medical diagnosis. It will also provide information on the collaboration between medical providers and the educational team to assist in determining educational eligibility, as it relates to the medical statement, and particularly when sorting out other educational eligibilities and diagnoses which share similar behaviors and characteristics.

ACKNOWLEDGEMENTS

Many people contributed their time, energy, and expertise to develop this technical assistance paper. The Autism Spectrum Disorder Working Group (Susan Rodgers, Katherine Procter, Geni Moots-Plotnick, Agnes Wolfe, Scott Bradley, GeorgeAnn Harty, Annette Skowron-Gooch, Gretchen Ford, Gwen Loomis, Darby Croston, DiAnne Fentress-Rowe), experts from the medical community, the Oregon Department of Education, Higher Education, School District Administrators reviewed and revised the content in an effort to make the paper functional and relevant to the variety of users in the field.

Parents, medical providers, communication specialists, school psychologists, autism spectrum specialists, and other service providers and agencies offered critical guidance to help ensure each child suspected of having Autism Spectrum Disorder receives an appropriate assessment at the earliest possible age.
Through this cooperative effort and others like it, we help make a difference in the lives of children. Marilyn Gense, Project Director, Statewide Consultative and Resource Services for Autism Spectrum Disorder
SECTION I: OVERVIEW OF ASD

WHAT IS AN AUTISM SPECTRUM DISORDER

For educational purposes, IDEA and subsequently Oregon defines "Autism" as a developmental disability significantly affecting verbal and nonverbal communication and social interaction that adversely affects a child's educational performance. Other characteristics that may be 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. Essential features are typically but not necessarily manifested before age three. Autism is a spectrum disorder. For the purpose of educational eligibility, Oregon does not separately identify Autistic Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), or Asperger Disorder, rather, they are included in the terminology referred to as Autism Spectrum Disorders (ASDs) to reflect the broader spectrum of clinical characteristics used to define autism. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance. However, a child who qualifies for special education under the category of an autism spectrum disorder may also have an emotional disturbance as a secondary disability if the child meets the criteria under emotional disturbance.

Although an ASD is defined by a certain set of behaviors, children with ASD can exhibit any combination of the behaviors in any degree of severity. (e.g. Two children, both with the same diagnosis, can act very differently from one another and have varying skills. Conversely, two children, a preschooler and an elementary age child may demonstrate the same behaviors.)

It is the combination or pattern of behavior and the intensity and the persistence of the behavior that is significantly beyond normal development that are associated with ASD. The characteristics are present regardless of the child's level of functioning. Core characteristics include:

1. impairment in social interaction, as exhibited by the following:
   - 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
   - failure to develop peer relationships appropriate to developmental level
   - a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   - lack of social or emotional reciprocity
   - delay or abnormal functioning in symbolic or imaginative play

2. impairments in communication as exhibited by the following:
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)

in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

stereotyped and repetitive use of language or idiosyncratic language

lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3. restricted repetitive and stereotyped patterns of behavior, interests, and activities, as exhibited by the following:

- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- apparently inflexible adherence to specific, nonfunctional routines or rituals
- stereotyped and repetitive motor manners (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- persistent preoccupation with parts of objects

4. unusual response to sensory information (associated features not necessary for medical diagnosis but required for educational eligibility) exhibited by the following:

- responds in an unusual manner to sounds, taste, pain, light, color, touch, temperature, smells – hypersensitivity (over)
- responds in an unusual manner to sounds, taste, pain, light, color, touch, temperature, smells – hyposensitivity (under)
- seeks activities that provide touch, pressure, movement
- avoids activities that provide touch, pressure, movement

The behavioral features associated with ASD can vary considerably with age and across children. The specific manifestation of deficits characteristic of an autism spectrum disorder change as children grow older, but the deficits continue into and through adult life with a broadly similar pattern of problems in socialization, communication, and interest patterns.

Developmental irregularities (characteristic of ASD) typically have been present in the first three years of life for the eligibility to be made, but the disorder can be identified in all age groups.

As reported in the American Academy of Pediatrics Clinical Report of November 2009, “The American Academy of Neurology and Child Neurology Society practice parameters on screening and diagnosis of autism suggests that the following “red flags” are absolute indications for immediate evaluation:

- no babbling or pointing or other gesture by 12 months;
no single words by 16 months;
no 2-word spontaneous (not echolalic) phrases by 24 months, and
loss of language or social skills at any age.” (Johnson 2007)

It is critical that information be obtained concerning both historical (if older than age three) and current characteristics of the child. In order to accomplish this, information must be gathered concerning a child’s functional abilities across multiple tasks and multiple settings, and across time.

OREGON EDUCATIONAL ELIGIBILITY: AUTISM SPECTRUM DISORDER (ASD)

In Oregon, to be eligible for special education services as a child with an autism spectrum disorder (OAR 581-015-2130), the child must meet all of the following minimum criteria:

The team must have documented evidence that the child demonstrates all of the characteristics (Impairments in communication; Impairments in social interaction; Patterns of behavior, interests or activities that are restricted, repetitive, or stereotypic; and Unusual responses to sensory experiences. Each of these characteristics must be:

- Characteristic of an autism spectrum disorder;
- Inconsistent or discrepant with the child's development in other areas; and
- Documented over time and/or intensity.

For a child to be eligible for special education services as a child with an autism spectrum disorder, the eligibility team must also determine that:

(a) The child's disability has an adverse impact on the child's educational performance; [or has an adverse impact on the child’s developmental progress when the child is age three through kindergarten] and

(b) The child needs special education services as a result of the disability.

A child may not be eligible for special education services on the basis of an autism spectrum disorder if the child's primary disability is an emotional disturbance under OAR 581-015-2145. However, a child with autism spectrum disorder as a primary disability may also have an emotional disturbance as a secondary disability.

To be eligible for EI services, the child must meet the minimum criteria for subsection (a), below:

(a) Categorical:
(A) The child meets the minimum criteria for one of the following disability categories in OAR 581-015-2130 through 581-015-2180: autism spectrum disorder, deafblindness, hearing impairment, orthopedic impairment, traumatic brain injury or visual impairment.

(B) If the child meets the disability criteria for a categorical eligibility in subsection (A), the child's disability does not need to be presently adversely affecting the child's development for the child to be eligible for EI services.

**TIMELINES**

**Birth -2 – Initial evaluation**
An evaluation must be completed in time to conduct the initial IFSP meeting within 45 calendar days from the date of referral;

**Birth-2 -Subsequent evaluation**
An evaluation must be in completed within 60 school days from the date of parent consent. (Note: a child from birth-5 may initially be determined eligible as Developmentally Delayed)

**Age 3-21**
*Initial*: An initial evaluation must be completed within 60 school days from written parent consent to the date of the meeting to consider eligibility.
*Reevaluation*: A reevaluation must be completed within 60 school days from written parent consent (or from the date the evaluation is initiated under OAR 581-015-2095(3)(c)) to the date of the meeting to consider eligibility, continuing eligibility or the student's educational needs.

**RELATIONSHIP OF EDUCATIONAL ELIGIBILITY AND MEDICAL DIAGNOSIS**

There currently is no medical test to determine the presence of an ASD. A medical diagnosis is based on criteria listed in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV TR). **School districts in Oregon are required to use educational criteria listed in the Oregon Administrative Rules to determine a child’s eligibility for special education services.** A medical diagnosis is not required for educational eligibility. Both a medical diagnosis and an educational eligibility are determined by the presence of specific behavioral characteristics associated with ASD. The presence or absence of the behavioral characteristics is determined by observational data. Refer to pages 2-3 for the core characteristics. Refer to Appendix B in Section VIII of this document for a comparison of educational vs. medical components of an autism evaluation.
Oregon school districts use the term Autism Spectrum Disorder (ASD) to include the medical terms of Autism Disorder and Asperger’s Disorder. Educational eligibility must determine that:

- A child exhibits characteristics of an ASD,
- demonstrates that the characteristics of ASD impact the learning of the child in the education setting or on development for the EI/ECSE child, and
- the child needs specially designed instruction.

Educational eligibility is made by a team of professionals, including the parent.

The evaluation process includes a number of different components conducted in multiple settings.

There are a number of additional components required as part of the educational evaluation and eligibility determination that differ from the medical diagnosis. One component, observations, must occur in multiple environments, on at least two different days. As a result of the evaluation of educational eligibility, the team must determine the impact of the suspected Autism Spectrum Disorder on either developmental progress (preschool) or educational performance (school age). The team must also determine the need for Early Intervention/Early Childhood Special Education (EI/ECSE) services or special education services. The impact of the characteristics on the development and educational performance of the individual and the need for specially designed instruction is the critical aspect of the educational eligibility that is different from a medical diagnosis. A medical or health assessment statement is required as part of the educational eligibility process. The medical or health assessment statement is completed by a medical provider. The purpose of the statement is to assist the team in determining if there are any physical or sensory factors that the team needs to consider that may be affecting the child’s performance. The medical or health assessment statement may or may not indicate the medical examiner has determined the child has autism and it is not the intended purpose of the medical or health assessment statement. Regardless, the information from the medical or health assessment statement should be taken into consideration when making the eligibility determination.

Another way in which the educational eligibility differs from medical diagnosis is in the determining the need for services. The eligibility team is required to consider whether the student requires special education services. Special education means specially designed instruction to meet the unique needs of the child. Specially designed instruction includes adapting the content, methodology, or delivery of instruction to address unique needs, and to ensure access to the general curriculum. A careful consideration of student functioning will provide the team information to make this decision. The team must document data used to meet each of the criteria areas for Autism Spectrum Disorder eligibility, including the data sources, date, and person(s) conducting the evaluations. The team completes the statement of eligibility together. The team members sign the statement signifying agreement/disagreement with the determination. The decision on eligibility is made by consensus. If consensus cannot be reached, the team may decide to gather additional assessment data to make the decision. If additional data is not warranted, the district is responsible for making a decision. If the child is not determined
eligible, the eligibility statement indicates the child is not eligible. Written notice of either action is then provided to the parent.

A medical diagnosis (e.g. completed by a medical provider, clinical psychologist) determines that the child exhibits the characteristics associated with an autistic disorder, Asperger disorder, or other related Pervasive Developmental Disorder. A medical diagnosis of autism or Asperger’s Syndrome, or other related Pervasive Developmental Disorder is not required to determine educational eligibility for ASD. A medical diagnosis may provide significant information about the characteristics the child demonstrates. A medical provider may participate as part of the educational team determining educational eligibility. Observations, assessments and direct interactions of the child by a medical provider (providing the provider meets the criteria identified in OAR 581-015-2130 1(b)) may be used by the team as part of the components of evaluation requirements, to determine educational eligibility.

The evaluation process differs between the medical diagnosis and the educational eligibility. A medical practitioner, experienced in diagnosing a Pervasive Developmental Disorder (Autistic Disorder, PDD-NOS, and Asperger Disorder) uses the requirements identified in the DSM-IV TR to complete the medical diagnosis. The child is typically evaluated in a clinical setting. The Diagnostic and Statistical Manual, 4th edition (DSM-IV) and the Diagnostic and Statistical Manual, 4th edition, Text Revision (DSM-IV, TR) published by the American Psychiatric Association (1994 and 2000) identify the current standards for the diagnosis and classification of ASD. In clinical practice, the DSM-IV is a tool to inform clinical judgment. Its use requires specialized training that provides a body of knowledge and clinical skills (American Psychiatric Association, 1994). Derivation of a differential diagnosis between the ASD and other alternative psychiatric or developmental disorders should employ the DSM-IV criteria for analysis and clarification of diagnostic impressions.

DIFFERENTIAL AND CO-EXISTING CONDITIONS

A number of disorders may mirror some of the characteristics associated with ASD. Autism Spectrum Disorder can also co-exist with other disorders. “Several different behaviors and characteristics typically seen in children with an ASD are frequently seen in other developmental or mental health disorders. These include the following: poor eye contact, hyperactivity, difficulty with focused attention and concentration, sensory distress, difficulty with transitions or changes in routine, poor peer relationships, repetitive behaviors, delayed language, and other developmental skills.” (Sikora, in Autism 2008)

Various conditions may be mistaken for Autism Spectrum Disorder and vice-versa. Some critical information for the team to consider is the age of onset of characteristics and the background concerning development. Significant characteristics that may be more closely associated with an ASD include delays in the developmental milestones associated with social and emotional reciprocity. Teams need to seek out the appropriate
resources to help sort the characteristics identified with other developmental, behavioral, and medical conditions. Resources may include both educators and medical providers specializing in, and experienced with, the various conditions. Accurate differential diagnosis is essential to avoid misleading assumptions in remediation plans and prognosis for the future. Differential diagnosis/eligibility requires experience with a wide range of childhood developmental disorders.

The following is a partial list of disorders, syndromes, and conditions that have characteristics that may mirror ASD or may co-exist with ASD:

- **Cognitive Disability (Mental Retardation)** is the pattern of cognitive and adaptive skills that significantly lag behind typical development. Most people with mental retardation show relatively even skill development, while individuals with autism typically show uneven skill development with deficits in certain areas - most frequently in their ability to communicate and relate to others - and distinct skills in other areas. It is important to distinguish autism from mental retardation or other disorders as diagnostic confusion may result in referral to inappropriate and ineffective treatment techniques. “One unique characteristic of ASDs is the “unevenness” of skills. Abilities may be significantly delayed in some areas of development yet “advanced” in others, often because of exceptional focusing, memory, calculation, music, or art abilities. They may be labeled as “splinter skills” when they serve no purpose in day-to-day life and do not improve functional outcomes. “ (Chris Plauche-Johnson, MD, Med, 2007)

- **Attention Deficit Hyperactivity Disorder (ADHD)** is characterized by the inability to sustain focused attention (distractibility or inattention). Behaviors that are present in most students with ADHD include: distractibility, inattention, free flight of ideas, impulsivity/moodiness, insatiability, burst of hot temper, and hyperactivity. These behaviors are generally noticed before age 7.

- **Emotional Disturbance** is demonstrated by the child’s inability to develop or maintain satisfactory interpersonal relationships, inappropriate or behavioral response to what is considered a normal situation, general mood of unhappiness, depression or anxiety, or a tendency to develop physical symptoms or fears associated with personal or school problems. Characteristics may include: hyperactivity, aggressive/self injurious behavior, withdrawal, immaturity, and learning difficulties. Behaviors continue over a long period of time and “to a marked degree”.

- **Fetal Alcohol Spectrum Disorder (FASD)** is a term that describes the range of effects that can occur in a person whose mother drank alcohol while pregnant. These effects can include physical and mental disabilities and problems with behavior or learning. People with an FASD often have problems with learning, memory, attention span, problem solving, speech, and hearing. FASDs include fetal alcohol syndrome (FAS), which causes growth problems, abnormal facial features, and central nervous system problems.
**Fragile X Syndrome** is the most common genetically-inherited form of mental retardation currently known. In addition to intellectual disability, some individuals with Fragile X display common physical traits and characteristic facial features, such as prominent ears. Children with Fragile X often appear normal in infancy but develop Fragile X type physical characteristics during their lifetime. Mental impairment may range from mild learning disability and hyperactivity to severe mental retardation and autism.

**Obsessive Compulsive Disorder** is a pattern of repetitive thoughts and behaviors that is senseless and distressing but extremely difficult to overcome. Most of the time, individuals have considerable insight into their own problems but they are unable to break free. Symptoms begin during teenage years or young adulthood.

**Tourette’s Syndrome’s** onset is before age 18. Both multiple motor and one or more vocal tics have been present at some time. The tics occur many times a day, nearly every day.

Autism Spectrum Disorder may also co-exist with other disorders and sensory impairments. It is important for each team to carefully consider all information about the individual, including information about any other disorder that may impact the student’s functioning.

Some additional sources of information that may be useful in considering differential and co-existing conditions include Section 2, Figure 1 Behavioral Difficulties Commonly Seen in Young Children from the ECSE Behavior Cadre Technical Assistance Manual, [http://www.ode.state.or.us/gradelevel/pre_k/eiecse/pdfs/section2.pdf](http://www.ode.state.or.us/gradelevel/pre_k/eiecse/pdfs/section2.pdf); Kids in the Syndrome Mix; Misdiagnosis and Dual Diagnoses of Gifted Children and Adults: ADHD., Bipolar, OCD, Asperger’s, Depression , and Other Disorders; Autism: A Guide for Educators, Clinicians, and Parents; The Bipolar Child; and The Asperger Plus Child (refer to Section VIII, References).

**PREREFERRAL CONSIDERATIONS**

A referral for evaluation for ASD should not be used solely as an “information” gathering tool or “rule out” tool, but rather in response to indicators that predict ASD as a possibility. Follow your district or agency pre-referral process to consider information related to student needs in terms of asking “What are you seeing that causes consideration for ASD”. Contact your regional ASD program for specific considerations.

**Red Flags for ASD**

In clinical terms, there are a few “absolute indicators,” often referred to as “red flags,” that indicates that a child should be evaluated.

- No big smiles or other warm, joyful expressions by six months or thereafter
No back-and-forth sharing of sounds, smiles, or other facial expressions by nine months or thereafter

No babbling by 12 months

No back-and-forth gestures, such as pointing, showing, reaching, or waving by 12 months

No words by 16 months

No two-word meaningful phrases (without imitating or repeating) by 24 months

Any loss of speech or babbling or social skills at any age

What are Some of the Signs of ASDs?
People with ASDs may have problems with social, emotional, and communication skills. They might repeat certain behaviors and might not want change in their daily activities. Many people with ASDs also have different ways of learning, paying attention, or reacting to things. ASDs begin during early childhood and last throughout a person's life.

A child or adult with an ASD might:

- not play "pretend" games (pretend to "feed" a doll)
- not point at objects to show interest (point at an airplane flying over)
- not look at objects when another person points at them
- have trouble relating to others or not have an interest in other people at all
- avoid eye contact and want to be alone
- have trouble understanding other people's feelings or talking about their own feelings
- prefer not to be held or cuddled or might cuddle only when they want to
- appear to be unaware when other people talk to them but respond to other sounds
- be very interested in people, but not know how to talk, play, or relate to them
- repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- have trouble expressing their needs using typical words or motions
- repeat actions over and over again
- have trouble adapting when a routine changes
- have unusual reactions to the way things smell, taste, look, feel, or sound
- lose skills they once had (for instance, stop saying words they were once using)
SECTION II: GENERAL REQUIREMENTS TO DETERMINE EDUCATIONAL ELIGIBILITY:

REQUIREMENTS TO DETERMINE EDUCATIONAL ELIGIBILITY

The team must consider both the general evaluation and reevaluation requirements and procedures (OAR 581-015-2105 and 581-015-2110) as well as the specific requirements (OAR 581-015-2130) as part of the ASD evaluation and reevaluation. The following charts list the required general and reevaluation components and procedures.

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<th>Evaluation and Reevaluation Requirements</th>
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<td>*Most recently amended 4-25-07.</td>
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<tr>
<td>(1) General: A public agency must conduct an evaluation or reevaluation process in accordance with this rule and 581-015-2110 before:</td>
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<td>(a) Determining that a child is a child with a disability under OAR 581-015-2130 through 581-015-2180;</td>
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<td>(b) Determining that a child continues to have a disability under OAR 581-015-2130 through 581-015-2180;</td>
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<td>(c) Changing the child's eligibility, or</td>
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<td>(d) Terminating the child's eligibility as a child with a disability, unless the termination is due to graduation from high school with a regular diploma or exceeding the age of eligibility for a free appropriate public education under OAR 581-015-2045.</td>
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<td>(2) Request for initial evaluation: Consistent with the consent requirements in OAR 581-015-2090, a parent or public agency may initiate a request for an initial evaluation to determine if a child is a child with a disability.</td>
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<td>(3) When initial evaluation must be conducted:</td>
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<td>(a) An initial evaluation must be conducted to determine if a child is eligible for special education services when a public agency suspects or has reason to suspect that:</td>
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<td>(A) The child has a disability that has an adverse impact on the child's educational performance; and</td>
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Evaluation and Reevaluation Requirements

581-015-2105*

*Most recently amended 4-25-07.

(B) The child may need special education services as a result of the disability.

(b) The public agency must designate a team to determine whether an initial evaluation will be conducted.

(A) The team must include the parent and at least two professionals, at least one of whom is a specialist knowledgeable and experienced in the evaluation and education of children with disabilities.

(B) The team may make this decision without a meeting. If a meeting is held, parents must be invited to participate in accordance with OAR 581-015-2190.

(4) Reevaluation:

(a) The public agency must ensure that a reevaluation of each child with a disability is conducted in accordance with OAR 581-015-2115, subject to subsection (b) and OAR 581-015-2110(2):

(A) If the public agency determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or

(B) If the child's parents or teacher requests a reevaluation.

(b) A reevaluation for each child with a disability:

(A) May occur not more than once a year, unless the parent and public agency agree otherwise; and

(B) Must occur at least every three years, unless the parent and public agency agree that a reevaluation is unnecessary.

(5) Summary of Achievement and Performance: For a student whose eligibility terminates due to graduation with a regular diploma or exceeding the age of eligibility, a school district must provide the student with a summary of the student's academic achievement and functional performance, including recommendations on how to assist the student in meeting the student's postsecondary goals.
General Evaluation and Reevaluation Procedures

581-015-2110*

*Most recently amended 4-25-07.

(1) Evaluation planning. Before conducting any evaluation or reevaluation, the public agency must conduct evaluation planning in accordance with OAR 581-015-2115.

(2) Notice and consent.

(a) Before conducting any evaluation or reevaluation, the public agency must provide notice to the parent in accordance with OAR 581-015-2310 that describes any evaluation procedures the agency proposes to conduct as a result of the evaluation planning process.

(b) Before conducting any evaluation or reevaluation, the public agency must obtain informed written consent for evaluation in accordance with OAR 581-015-2090 and 581-015-2095.

(c) If the public agency refuses an evaluation or reevaluation requested by the parent, the public agency must provide the parent with prior written notice under OAR 581-015-2310.

(d) Parents may challenge the public agency's refusal to conduct a reevaluation under OAR 581-015-2345.

(3) Conduct of evaluation. In conducting the evaluation, the public agency must:

(a) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent that may assist in determining:

(A) Whether the child is a child with a disability under OAR 581-015-2130 through 581-015-2180; and

(B) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

(b) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and

(c) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
General Evaluation and Reevaluation Procedures

581-015-2110*

*Most recently amended 4-25-07.

(4) Other evaluation procedures. Each public agency must ensure that:

(a) Assessments and other evaluation materials used to assess a child under this part:

(A) Are selected and administered so as not to be discriminatory on a racial or cultural basis;

(B) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to do so;

(C) Are used for the purposes for which the assessments or measures are valid and reliable;

(D) Are administered by trained and knowledgeable personnel; and

(E) Are administered in accordance with any instructions provided by the producer of the assessments.

(b) Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

(c) Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

(d) The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(e) The evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified; and

(f) The evaluation includes assessment tools and strategies that provide relevant
General Evaluation and Reevaluation Procedures

581-015-2110*

*Most recently amended 4-25-07.

information that directly assists persons in determining the educational needs of the child.

(5) Evaluation timelines:

(a) Initial. An initial evaluation must be completed within 60 school days from written parent consent to the date of the meeting to consider eligibility.

(b) Reevaluation. A reevaluation must be completed within 60 school days from written parent consent (or from the date the evaluation is initiated under OAR 581-015-2095(3) (c)) to the date of the meeting to consider eligibility, continuing eligibility or the student's educational needs.

(c) Exceptions. An evaluation may be completed in more than 60 school days under the following circumstances documented in the child's educational record:

(A) The parents of a child repeatedly fail or refuse to produce the child for an evaluation, or for other circumstances outside the school district's control.

(B) The student is a transfer student in the process of reevaluation and the district and the parents agree in writing to a different length of time to complete the evaluation in accordance with subsection (d);

(C) The district and the parents agree in writing to extend the timeline for an evaluation to determine eligibility for specific learning disabilities in accordance with OAR 581-015-2170.

(d) Transfer students.

(A) When a child with disabilities transfers from one school district to another school district in the same school year, the previous and current school district must coordinate any pending assessments as necessary and as expeditiously as possible to ensure prompt completion of the evaluation.

(B) The exception under subsection (c) (B) only applies if the current school district is making sufficient progress to ensure a prompt completion of the evaluation and the parent and current school district agree to a specific time for completion of the evaluation.
EVIDENCE-BASED CONSIDERATIONS

Evidence-based education is a paradigm by which education stakeholders use empirical evidence to make informed decisions about education interventions (policies, practices, and programs). Using evidence-based assessments will promote informed decisions concerning the determination of educational eligibility. It is imperative the team has a solid foundation in identifying and using this information. Refer to Appendix A for a general overview and understanding of the common assessment terminology concerning evidence-based assessment tools.
SECTION III: ASD EVALUATION REQUIREMENTS

SPECIFIC REQUIREMENTS FOR THE AUTISM SPECTRUM DISORDER EVALUATION and AUTISM SPECTRUM DISORDER ELIGIBILITY CRITERIA

The team will identify the specific behaviors a student demonstrates and then determine if the behaviors are characteristic of individuals with an Autism Spectrum Disorder. The behaviors typically have a documented historical presence from early childhood years. Essential features of an Autism Spectrum Disorder are **typically manifested before age three**. Some children may develop typically for a period of time, followed by a loss of, or leveling off of skills (generally before 24 month) with the subsequent appearance of behavior and learning problems characteristic of Autism Spectrum Disorder. Some characteristics may look different over time, fading or becoming more prevalent as the child develops.

Educational staff and parents work together to review existing information, conduct assessments, and review the evaluation data. **The goal of the evaluation is to build a picture of the child that identifies behavior characteristics of ASD (or the lack of those characteristics) the child exhibits, the child's strengths, weaknesses, learning styles, needs, and the impact of the characteristics on the child's learning.**

Test scores alone do not determine educational eligibility for an Autism Spectrum Disorder nor does a medical statement indicating the child has been diagnosed with an ASD. Both provide data about the characteristics evidenced to be important in determining eligibility for special education services under the disability category of Autism Spectrum Disorder. The team will make the final determination about whether or not the child meets the educational criteria established in Oregon.

The following evaluation procedures must be completed prior to determining educational eligibility:

**Oregon Administrative Rule (OAR) 581-015-2130** – (Most recently updated April 25, 2007)

**Autism Spectrum Disorder**

(1) If a child is suspected of having an autism spectrum disorder, the following evaluation must be conducted:

(a) Developmental profile. A developmental profile that describes the child's historical and current characteristics that are associated with an autism spectrum disorder, including:

   (A) Impairments in communication;

   (B) Impairments in social interaction;

   (C) Patterns of behavior, interests or activities that are restricted, repetitive, or
stereotypic; and

(D) Unusual responses to sensory experiences.

(b) Observations. At least three observations of the child's behavior, at least one of which involves direct interactions with the child. The observations must occur in multiple environments, on at least two different days, and be completed by one or more licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder.

(c) Communication assessment. An assessment of communication to address the communication characteristics of autism spectrum disorder, including measures of language semantics and pragmatics completed by a speech-language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or the Teacher Standards and Practices Commission;

(d) Medical or health assessment statement. A medical statement or a health assessment statement indicating whether there are any physical factors that may be affecting the child's educational performance;

(e) Behavior rating tool. An assessment using an appropriate behavior rating tool or an alternative assessment instrument that identifies characteristics associated with an autism spectrum disorder.

(f) Other.

(A) Any additional assessments necessary to determine the impact of the suspected disability:

(i) On the child's educational performance for a school-age child; or

(ii) On the child's developmental progress for a preschool child; and

(B) Any additional evaluations or assessments necessary to identify the child's educational needs.

The checklist on the following page will help guide the team to track the components needed to complete the educational eligibility of a student suspected to have an Autism Spectrum Disorder.
PARTICIPANTS IN THE EVALUATION

It is critical to make sure the right people are on the team that conducts the evaluation and determines educational eligibility. The following chart provides requirements and recommendations concerning individuals qualified to conduct each required component of the evaluation. The required components are highlighted.

In addition, the following guidelines may assist in identifying skills and experience needed to identify the licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders:

- Coursework in typical development
- Significant experience working with children with autism spectrum disorders (across age, functioning levels and over time)
- Ability to recognize typical and atypical sequences of development across social, language, and restricted repertoire of interests, activities and imaginative abilities when assessing the student's past and current skill levels
- Knowledge of developmental norms that result in uneven profiles
- Completed training on the Educational Eligibility Criteria to determine an Autism Spectrum Disorder
- Knowledge of the DSM-IV TR criteria for Autistic Disorder, Asperger Disorder, and PDD-NOS
- Significant experience performing best evidence diagnostic assessments relating to ASD
- Skill and experience recognizing childhood disorders that mimic ASD
- Mentorship with professional highly experienced in completing ASD evaluations

*Refer to ASD Competencies Related to Assessment

***If a written description of the observation (that describes setting, participants, and the performance) is available from the clinician/physician and clinician/physician meets OAR requirements the team may consider using the information to complete one of the observation requirements.

<table>
<thead>
<tr>
<th>Required Eligibility Components</th>
<th>*Who Can Conduct/Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Profile</td>
<td>Licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders (i.e. Autism Specialist, School Psychologist)</td>
</tr>
<tr>
<td>Observations</td>
<td>Licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders (i.e. Autism Specialist, School Psychologist, Speech-Language Pathologist, Development Pediatrician***, Clinical Psychologist***))</td>
</tr>
<tr>
<td>Direct Interactions with the Child</td>
<td>Licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders (i.e. Autism Specialist, School Psychologist, Speech-</td>
</tr>
<tr>
<td><strong>Communication Assessment</strong></td>
<td>Speech and language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or the Teacher Standards and Practices Commission</td>
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</tr>
<tr>
<td><strong>Medical or Health Assessment Statement</strong></td>
<td>(1) a physician licensed by a State Board of Medical Examiners, or (2) a nurse practitioner licensed by a State Board of Nursing, specially certified as a nurse practitioner, or (3) a physician assistant licensed by a State Board of Medical Examiners. Both a nurse practitioner and a physician assistant must be practicing within his or her area of specialty.</td>
</tr>
<tr>
<td><strong>Behavior Rating Tool</strong></td>
<td>Licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders (i.e. Autism Specialist, School Psychologist)</td>
</tr>
<tr>
<td><strong>Assessment(s) to Determine Impact of Suspected Disability</strong></td>
<td>Licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders (i.e. Classroom Teacher, Special Education Teacher, Autism Specialist, School Psychologist, Speech-Language Pathologist).</td>
</tr>
<tr>
<td><strong>Assessment(s) to Determine Educational Need</strong></td>
<td>Licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorders (i.e. Classroom Teacher, Special Education Teacher, Autism Specialist, School Psychologist, and Speech-Language Pathologist).</td>
</tr>
</tbody>
</table>
QUALIFICATIONS OF EDUCATIONAL PROFESSIONAL COMPLETING THE EDUCATION EVALUATION FOR ASD

Qualifications for Eligibility Determination
To determine eligibility for an Autism Spectrum Disorder, a team, including the parents, must document whether the student exhibits behaviors characteristic of Autism Spectrum Disorder as identified by the eligibility criteria established in Oregon Administrative Rule (OAR 581-015-2130). Parents are part of the team making decisions about evaluation, identification, educational placement, and the provision of free appropriate public education (FAPE) for their child.

Qualifications for Conducting the Evaluation
A team is required to conduct the evaluation to determine educational eligibility, and at a minimum includes one or more licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder, a speech and language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or the Teacher Standards and Practices Commission, and the parent. All team members are familiar with and are able to recognize the child's developmental level and behaviors that correspond to the educational and diagnostic criteria for ASD in young children.

Professionals involved in the evaluation require specific training and experience evaluating and identifying students with ASD. It is up to each school district or agency to verify that the group of persons who evaluate students are appropriately trained and experienced. In Oregon a set of competencies have been established (as a part of competencies for Regional ASD specialists) identifying core skills needed to meet the criteria as the person(s) identified as knowledgeable about the behavioral characteristics of an ASD. The competencies are applicable for Regional Program ASD Specialists, District ASD Specialists, School Psychologists, and Speech-Language Pathologists. Evaluators evaluating children with suspected autism spectrum disorders must demonstrate the ability to interpret the child's impairment relative to the child's developmental level. Presently, the evaluation of autism is based on clinical judgment. Informed clinical judgment is a required element of a screening, diagnostic and assessment process that leads to accurate identification of and intervention planning for ASD. In the absence of a single biomedical marker, simple laboratory test or procedure for identifying children who meet the eligibility criteria for ASD, accurate identification of individuals with ASD is entirely dependent on the clinical competencies of the evaluator(s). In addition the evaluator(s) must have sufficient breadth and depth of experience with ASD to meet the administrator requirements of the behavior rating tools required as part of the evaluation process.

Table I identifies competencies targeted toward the educational evaluation of individuals suspected of ASD. The competencies are part of a more detailed set of competencies for ASD Specialists and are the result of two efforts. The first effort has occurred over the past twenty-five years as part of Oregon’s Regional Services for Students with ASD. The second effort was a collaborative project between Oregon’s Regional Services and Oregon’s University programs offering a certificate in ASD. The resulting competencies
are intended to provide guidance concerning critical skills needed by ASD Specialists, School Psychologists, Speech and Language Pathologists, and other related personnel currently licensed in the state of Oregon. Educational evaluators should consistently demonstrate the competencies with a variety of students performing at a variety of skill levels.

Table 1
Oregon ASD Specialist Competencies Related to Evaluation
Revised 2007

- Describe State (OAR) and Federal (IDEA) requirements for assessment, eligibility, and education of individuals with ASD.
- Differentiate between medical diagnosis (DSM-IV-TR) and educational eligibility.
- Identify behavioral characteristics of ASD from early age through adulthood.
- Differentiate ASD from other disabilities (differential diagnosis) and identify co-morbid occurrences.
- Describe theories of etiology for individuals with ASD.
- Describe health issues impacting ASD as well as relevant research.
- Describe typical development of individuals, birth – 21.
- Describe differences in development of individuals with ASD and how these differences change with age.
- Describe characteristics (e.g., communication, social, sensory, patterns of behavior) of individuals with ASD and the impact on learning.
- Describe discrepant patterns of development, e.g., in cognitive and social/emotional areas.
- Identify individual strengths and weaknesses and complete a learning profile indicating their impact on learning.
- Identify syndromes and/or additional disabilities associated with ASD and their impact on learning.
- Identify intervention strategies with children and families that affirm and respect family cultural and linguistic diversity.
- Select and/or assist in the selection of appropriate educational assessments and tools to determine academic and function needs for individuals with ASD. Administer and interpret assessment results.
- Guide related service providers in selection and administration of appropriate assessment instruments.
- Demonstrate an understanding of the impact ethnic, cultural, and linguistic diversity issues have on the assessment of individuals with ASD.
- Complete and/or assist in the completion of the required components of the assessment for determining initial and reevaluation of the ASD educational eligibility as required by the Oregon Administrative Rules (OARs).
- Interpret and report assessment results to diverse audiences.
- Write evaluation reports which integrate results of assessments for ASD. Present information in a systematic manner to the team that leads directly to programmatic recommendations for instruction.
As part of the evaluation process to determine educational eligibility for an ASD a communication evaluation must be completed by a speech and language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or the Teacher Standards and Practices Commission. The American Speech and Hearing Association (2006), Ad Hoc Committee on Autism Spectrum Disorders has identified the “Knowledge and Skills Needed by Speech-Language Pathologists for Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Lifespan. This document is available from http://www.asha.org/docs/pdf/KS2006-00075.pdf. The knowledge areas associated with assessment include Core Characteristics and Challenges of ASD; Working with Families; Screening; Diagnosis; Assessment for Program Planning.

Speech-Language Pathologists must be able to recognize the child's developmental level and behaviors that correspond to the educational and diagnostic criteria for ASD in young children as well as school age individuals. The American Speech and Hearing Association (2006), Ad Hoc Committee on Autism Spectrum Disorders has developed guidelines for SLPs derived from empirical research on the social communication characteristics associated with ASD. The guidelines can be found at http://www.asha.org/docs/html/GL2006-00049.html.

Medical practitioners may have an increasing role on the team determining educational eligibility. Pediatricians may be the first point of contact for parents and must be able to recognize the early signs of ASD. Pediatricians may have completed an observation of the child that may be used by the team as part of the evaluation required to determine educational eligibility, providing the Pediatrician meets the criteria indicated in OAR 581-015-2130 1(b) (...licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder).

The pediatrician should be familiar with educational and community resources. The American Academy of Pediatrics (2007) has developed a clinical report entitled “Identification and Evaluation of Children with Autism Spectrum Disorders” to assist medical providers in the early identification of children with ASD. The guidelines can be found at http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183. These guidelines recommend that pediatricians complete early screenings at 18 and 24 months. This screening information may assist the team in the determining educational eligibility (part of the developmental profile) although it is not a required component of the educational eligibility process.

**PROFESSIONAL PRACTICE**

To assure teams conducting evaluations are making appropriate determinations of educational eligibility for ASD, a system of continuing professional development and training must be in place. Evaluators must keep informed of current research concerning the evaluation of ASD from both DSM and IDEA perspectives. Ongoing collaboration between medical and educational providers to share current research and other resources regarding ASD evaluation will assist both parents and professionals.
SECTION IV: ASD EVALUATION PROCESS

ASD EVALUATION PROCESS (INCORPORATING THE USE OF EVIDENCE-BASED PRACTICE)*

*The review of and issues concerning evidence-based, standardized evaluation measures is ongoing and will continue to evolve as we learn more about the identification of ASD. The list of the most accurate evaluation tools may change over time. It will be important for each district and each evaluator to continue to identify the most appropriate tools. For the purposes of this document, a review was conducted of peer-reviewed journals and books addressing the evaluation of students suspected of having and Autism Spectrum Disorder.

BUILDING A PICTURE OF THE CHILD THROUGH THE EVALUATION PROCESS

Labels by themselves have no meaning. It is the goal throughout the evaluation process to focus on collecting information to help the team build a comprehensive picture of the child. The picture determines how the child communicates, how the child interacts socially, how the child engages with activities and objects, and how the child responds to sensory information. A comprehensive evaluation also includes information on the child’s academic, cognitive, and functional strengths and weaknesses, including information relating other disabilities (e.g., ADHD, learning disabilities) if the team has reason to suspect that co-morbid conditions might exist. Thus, the evaluation will inform the team about current levels of performance across critical skills areas (e.g. communication, social and emotional skills), as well as academic impact, interests and strengths. Once the information is collected, the team will determine if the characteristics the child demonstrates best describe an autism spectrum disorder. The specific information collected about the individual child will also be used to guide needed interventions and to plan an appropriate program of instruction. For students found eligible, current levels of performance may then be incorporated into the IEP and form the baseline for goals.

Identified below are components of the evaluation process and discussion of the process for completing each component, including a) review of existing data, b) developmental profile, c) observations, d) direct interaction, e) communication assessment, f) behavior rating, g) medical statement, and h) additional assessments.

It is important for teams to carefully design an evaluation plan that meets the required timelines and allows the team time to complete all the components of the evaluation. For any number of reasons, the child/student may not always be available or cooperative. For a young child, the team may need to consider how difficult it is for the family to be available and the need to build some flexibility into the planning. For example, a two or three year child may not be involved in any setting outside the home or the child may not tolerate settings outside the home. The team will need to work with the family to design observations in settings that cause the least impact on the child and family, perhaps involving extended family member settings. For an older child/student the child/student
may resist being involved in a direct interaction. The team will need to be creative and flexible, which may take more time, in order complete the direct interaction. It will also be critical to start early to obtain the medical or health assessment as it often is a part of the evaluation that can get held up. The team may need a Plan A and a Plan B to obtain this statement in order to meet the required timelines. Every child/student, every team, every family will have different considerations making it important that the team outline an evaluation plan and periodically review it in order to complete the evaluation.

**REVIEW OF EXISTING DATA:**

As part of the initial evaluation, if appropriate, and reevaluation, a team reviews the existing data on a child. The team, for the purposes of review, includes:

- One or both of the child's parents, except as provided in OAR 581-015-2195;
- The child where appropriate;
- At least one regular education teacher of the child, if the child is or may be participating in the regular education environment, consistent with section (4) of this rule;
- At least one special education teacher of the child or, if appropriate, at least one special education provider of the child;
- A representative of the school district, who may also be another member of the team, who is:
  - Qualified to provide, or supervise the provision of, specially designed instruction;
  - Knowledgeable about the general education curriculum;
  - Knowledgeable about district resources; and
  - Authorized to commit district resources and ensure that services set out in the IEP will be provided.
- An individual who can interpret the instructional implications of the evaluation results (who may also be another member of the team);
- Other individuals, including related services personnel as appropriate, invited by:
  - The parent, whom the parent determines to have knowledge or special expertise regarding the child; or
  - The school district, whom the school district determines to have knowledge or special expertise regarding the child; and
- Transition services participants, as described in section (2) of 581-015-2210 (IEP Team)

**Existing data** includes evaluations and information provided by the parents, current classroom-based assessments and observations, observations by teachers and related service providers, and information obtained from prior evaluations. This is one area where recently completed observations and evaluations from medical providers trained and experienced in the diagnosis of ASD may be used to meet various requirements of the evaluation. (For example, a parent may have recently completed an evaluation at an Autism Clinic. The parent presents the team with the evaluation report from the clinic.)
The report contains detailed information to allow the team to determine that the child was observed by a clinical diagnostician knowledgeable and experienced in the diagnosis of children with ASD. The report indicates how the child performed during the observation, under what conditions, and indicated the presence (or absence) of characteristics associated with an ASD. The team may decide to use this existing information to meet the criteria for one of the observations needed as part of the evaluation.

The team has the responsibility to review and identify what additional data, if any, is needed to determine:

- Whether the child is, or continues to be, a child with a disability;
  
  (i) For a school-age child, under OAR 581-015-2130; or
  
  (ii) For a preschool child, under OAR 581-015-2780 or 581-015-2795;

- The present levels of academic achievement and related developmental needs of the child;
- Whether the child needs, or continues to need, EI/ECSE or special education and related services; and
- For reevaluation, whether the child needs any additions or modifications to special education and related services or, for a preschool child, any additions or modifications to ECSE services:
  
  (i) To enable the child to meet the measurable annual goals in the child's IEP or IFSP; and
  
  (ii) To participate, as appropriate, in the general education curriculum or, for preschool children, appropriate activities.

*The team is not required to hold a meeting to review existing data.* The team can review the data through a variety of means. If a public agency holds a meeting for this purpose, parents must be invited to participate in conformance with OAR 581-015-2190 or, for parents of preschool children, with OAR 581-015-2750.

The public agency must administer tests and other evaluation materials as may be needed to produce the additional data.

If the team concludes that no additional data is needed to determine whether the child continues to be a child with a disability, the parent must be notified of the determination of the group and the reasons for it, and the rights of the parent to request an evaluation. The agency is not required to conduct any further assessments unless requested to do so by the child’s parents.

*If there is a need for additional data,* written consent for evaluation must be obtained from the parent before proceeding with the evaluation.
DEVELOPMENTAL PROFILE

The purpose of the developmental profile is first to establish the presence of characteristics that the child exhibits or exhibited related to ASD, prior to the age of three. When initial eligibility is being considered for a student older than three, the evaluation team gathers additional data concerning the continued presence of these characteristics.

A developmental profile identifies (or does not identify) the child's characteristics that are associated with an autism spectrum disorder, including:

(A) Impairments in communication;

(B) Impairments in social interaction;

(C) Patterns of behavior, interests or activities that are restricted, repetitive, or stereotypic; and

(D) Unusual responses to sensory experiences.

The evaluator(s) must establish that the child demonstrated characteristics of ASD in all of the above four areas, typically occurring in early childhood. Behaviors characteristic of children with ASD must be viewed relative to the child’s developmental level. However, it is critical that the evaluator(s) look at how the child is performing in the four areas and not just look for characteristics of ASD. The general rule should be first look at how the child performs and then look to see if the performance is best described by the characteristics of an ASD.

Possible sources of information for the developmental profile include:

1. An interview with the family or caretaker of the child. A critical question to ask parents that will help guide the team is “When did you first become concerned about your child?” This may help begin to sort out information for teams concerning autism spectrum from other disability areas as the characteristics of ASD are generally present prior to age 3. It will also be important to probe what, if any, medications or medical treatments the child is currently using or receiving. Remember it is the teams’ responsibility to collect information about how the child developed and is currently functioning in the areas of communication, social, sensory responding, and overall patterns of behavior. Once that information is collected, the team will then determine if the characteristics best describe an Autism Spectrum Disorder.

The interview should seek to elicit characteristics of development that the child has demonstrated in early years of life up to the present. Developmental milestones may be noted with information concerning the rate and sequence in which those occurred. Inconsistencies or discrepancies in development should be noted.

2. A review of the available records concerning the child. Note descriptions of the behavioral characteristics of communication development, social development, sensory responding, and patterns of behavior in reports of previous educational evaluations,
previous medical evaluations, current or previous IFSPs/IEPs, and any other relevant behavioral records and reports.

3. An interview with the teacher(s) or staff that work with the child on a regular basis. Information may be obtained concerning behavioral characteristics that are observed by these individuals as well as how the child functions in various settings. These individuals can provide additional information about strengths, weaknesses, and needs the student demonstrates.

**OBSERVATIONS**

At least three observations of the child's/student’s behavior, at least one of which involves direct interactions with the child/student must be completed. The observations must occur in multiple environments, on at least two different days, and be completed by one or more licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder.

Observations are a critical component of the evaluation process and one that requires skill to look at the environment, look at what is happening in the environment, identifying what is expected to happen in the environment, and determining how a particular student is performing in relation to the environmental expectations. Observations should occur over several days and in several settings. This is important so that the evaluator has a sense of how the child/student performs under different conditions and with different people. The evaluator is looking for patterns of behavior that exist. If a single evaluation is made, the child/student may be seen at his/her best in an ideal situation or at his/her worst under a very stressful situation. Either could lead the team to false positive or false negative determinations. When a child/student is seen in different settings and on different days, it increases the likelihood of observing the true picture of how the child/student communicates, interacts, and responds in regard to varying stimuli and demands. It provides a pattern of behavior that helps build a picture of the child/student. Behavioral observations yield data that is objective not subjective or interpretive.

The following suggestions offer situations and settings in which to conduct observations in order to obtain reliable observation data.

- Assess child/student across a variety of settings (e.g., at home alone, at home with siblings or other similar age peers, visiting other family members, preschool snack or play time, recess, music, social studies, and lunch). A series of brief assessments that represent child/students' environments is preferred to one lengthy observation in one environment.
- Observe child/student in the presence of different individuals (e.g., day care provider, teachers, peers, and parent).
- Examine child/student behavior under varied task demands (i.e., play time, small group, sharing, independent activities, written work, large group work, unstructured activities).
- Observe child/student at different times of the day (i.e., morning, afternoon, before or after lunch).
• Seek information from multiple respondents (i.e., teachers, parents, day care providers, preschool teachers, paraprofessionals, ancillary staff, and peers).

• If possible, assess child/student in a variety of potentially stress-invoking scenarios (i.e. lining up for new activity, changing from playing with favorite toy or activity, an unexpected change in routine, family or school outing, instruction with a high level of verbal content, academic demands above instructional level, presence of a substitute teacher, situations that may require additional problem solving).

• Consider the value of observation during other assessments. Observing the student during intelligence or achievement testing can provide valuable insights and assist in selecting the appropriate sensory assessment.

When observing a high functioning older student with Autism Spectrum Disorder, it is necessary to note the more subtle manifestations of Autism Spectrum Disorder. For example, some students attempt to hide stereotypic motor behaviors and usually do not display these behaviors in public settings. Other students may attempt to socialize but are extremely naive, inept, or rote in their conversational skills and abilities. Some high functioning students show imaginative play during observation but parents or teachers note that the same actions or play routines are repeated each time they use that specific material. While a one-to-one testing situation can elicit the behaviors associated with Autism Spectrum Disorder, some high functioning students are very comfortable in these situations and perform very well. For this reason, observe high functioning children in unstructured, highly stimulating situations, when they are bored and in new situations when expectations are not clearly defined. Also review the history of the behaviors, as they should be evident in some form since early childhood (generally prior to age 3).

Look for patterns as well as differences of performance across multiple variables. These can provide valuable information concerning the characteristics of the child as well as insights for developing interventions. Consider the environmental or assessment setting as a critical component for understanding the student's behavior (i.e., proximity of child/student to teacher, room arrangement, desk arrangement, lighting, noise levels).

**DIRECT INTERACTIONS**

At least one direct interaction with the child/student is required in order for the evaluator to probe reactions of the child/student, develop a greater understanding of the child/student, including the child’s/student’s learning style, to identify the strengths and weaknesses, and to have first hand knowledge of how the child/student interacts. This can be accomplished in a variety of ways. Standardized assessments, such as the Structured Interaction Assessment subtest of the Autism Screening Instrument for Educational Planning-3 (ASIEP-3), **The Psychoeducational Profile Revised (PEP-R)**, the Autism Diagnostic Observation Schedule (ADOS), or the **TEACCH Transition Assessment Profile (TTAP) Second Edition** (TTAP) can be completed. An additional option is to have the evaluator gather data during a play session with the student and a peer of the student. For older, high functioning students, a conversation with the student may be appropriate as many insights may be gleaned by just asking the right questions.
COMMUNICATION ASSESSMENT

An “impairment in communication is one of the core deficit areas historically associated with autism” (Prelock, p. 168). Children with ASD exhibit early and persistent communication challenges (Wetherby, Prizant & Schuler, 2000). In order to appropriately assess the communication skills of an individual suspected as having an ASD, the speech-language pathologist will need to work collaboratively with the family and other evaluation team members.

The speech-language pathologist, together with the evaluation team will develop a profile of the individual’s communication strengths and challenges. In order to accomplish this, the SLP must design and assess situations that will demonstrate an individual’s attempts to communicate. The assessment should focus on determining how the individual communicates:

- Verbally (including pragmatic strengths and weaknesses)
- Nonverbally (the ability to use and comprehend nonverbal language, including atypical or delayed nonverbal communicative behaviors)
- Joint attention (the process of sharing one’s experience of observing an object or event, by following gaze or pointing gestures)

The communication assessment should also identify critical social communication behaviors that include how the individual:

- Initiates interactions
- Responds to attempts at interaction
- Requests information from a communicative partner
- Comments on an activity or an event during an interaction
- Follows routines
- Provides or offers information
- Understands requests or expectations for performance (Prelock, p 203)

For students using spoken language “The communication assessment aims to obtain both quantitative and qualitative information regarding the various aspects of the child's communication skills. It should go beyond the testing of speech and formal language (e.g., articulation, vocabulary, sentence construction and comprehension), which are often areas of strength. The assessment should also examine nonverbal forms of communication (e.g., gaze, gestures), nonliteral language (e.g., metaphor, irony, absurdities, and humor), prosody of speech (melody, volume, stress and pitch), pragmatics (e.g., turn-taking, sensitivity to cues provided by the interlocutor, adherence to typical rules of conversation), and content, coherence, and contingency of conversation; these areas are typically one of the major difficulties for individuals with AS. Particular attention should be given to perseveration on circumscribed topics and social reciprocity.” (Asperger's Syndrome Guidelines for Assessment and Diagnosis by Ami Klin, Ph.D., and Fred R. Volkmar, M.D. Yale Child Study Center, New Haven, Connecticut Published by the Learning Disabilities Association of America, June 1995)

The individual should be observed across a variety of settings and include the following contexts:

- With familiar and unfamiliar adults
With familiar and unfamiliar peers
In structured and unstructured situations
In small and large groups
At school, and in the community (Prelock, 201)

The following is a list of communication assessment tools that have been reviewed in the literature and have shown effectiveness in determining communication strengths and challenges, as part of a comprehensive communication assessment for children suspected of having ASD. (This list is not inclusive of all assessment measures that may be available. Other tools may be available but may not have been thoroughly reviewed or may have been revised and need further review relative to the revisions). A good understanding of the strengths and weaknesses of all the methods used to develop the tool is necessary.

**Standardized Assessment Tools for Communication**

<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
</table>
| Children’s Communication Checklist (CCC-2)              | 5-17 years    | The CCC-2 was developed as a parent or caregiver rating scale. The 70-item questionnaire:  
- Rates aspects of communication such as speech, vocabulary, sentence structure, and social language skills of children and adolescents who speak in sentences  
- Screens for general language impairments confidently  
- Identifies children with pragmatic language impairment  
- Identifies children who may benefit from further assessment for autism spectrum disorder. |
<p>| Clinical Evaluation of Language Fundamentals (CELF-4)    | 3-21 years    | The CELF-4 evaluates the relationships among semantics, syntax/morphology, and pragmatics (form, content and use) and the interrelated domains of receptive and expressive language. |
| Expressive One-Word Picture Vocabulary Test (EOWPVT)     | 2-18 years    | The EOWPVT assesses a student’s English-speaking vocabulary by asking the individual to name objects, actions, and concepts pictured in illustrations.                                                                 |
| Test of Language Competence Expanded Edition (TLC -Expanded) | Level1: 5 to 9 years; Level 2: 9 to 18+ years | The TLC –Expanded evaluates delays in the emergence of linguistic competence and in the use of semantic, syntactic and pragmatic strategies. Emphasis is placed on assessing a child's ability to perceive, interpret and respond to the contextual and situational demands of conversation in addition to basic semantic and syntactic abilities. |
| Peabody Picture Vocabulary Test (PPVT-III)               | 2.5 years to adult | The PPVT-III to measures receptive vocabulary.                                                                                                                                                             |
| Test of Problem-Solving (TOPS)                          | 6-11 years    | The Test of Problem Solving uses pictures of...                                                                                                                                                            |</p>
<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solving –Revised Elementary</td>
<td></td>
<td>familiar contexts and probing questions to assess a child’s ability to explain inferences, determine causes, understand and respond to “why” questions, determine solutions, and consider ways to avoid problems (Prelock)</td>
</tr>
<tr>
<td>Test of Problem Solving - Adolescent</td>
<td>12.0-17 years</td>
<td>This tool uses assesses an adolescent’s critical thinking, including clarifying, analyzing, generalizing solutions, evaluating, and affective thinking. (Prelock)</td>
</tr>
</tbody>
</table>

**Informal Assessment Tools for Communication**

<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Assessment of Social and Communication Skills for Children with Autism</td>
<td>Geared toward young children, has application to all children with autism</td>
<td>Available in the book DO-WATCH-LISTEN-SAY by Kathleen Quill. This tool creates a profile of the child’s social and communicative behavior. (Simpson and Myles)</td>
</tr>
<tr>
<td>The Assessment of Basic Language and Learning Skills</td>
<td>3 to 9 years of age</td>
<td>The ABLLS ascertains a student’s ability to respond, attend to environmental stimuli, generalize information, and spontaneously use language and learning skills. (Simpson and Myles)</td>
</tr>
<tr>
<td>Language Sample</td>
<td>Any Age</td>
<td>The SLP records the child's language in the form of a written-down list of separate “utterances. The words in the utterances are recorded verbatim. The SLP takes samples in different settings (e.g., in the child's home, at pre-school, and in the clinic) and with different communicative partners (e.g., the child talking to his/her parent(s), sibling(s), peer(s), teacher or SLP).</td>
</tr>
</tbody>
</table>

For additional information on the role of the SLP in identifying students with ASD, refer to: [http://www.asha.org/docs/html/GL2006-00049.html](http://www.asha.org/docs/html/GL2006-00049.html).

**MEDICAL STATEMENT OR HEALTH ASSESSMENT STATEMENT**

Oregon law requires that a medical statement or health assessment statement be obtained as part of the information collected for the educational evaluation team to assist in determining eligibility for special education services as a child with an Autism Spectrum Disorder. There are three primary reasons for requiring medical or health assessment statement of children with a suspected autism spectrum disorder. They are:

- to provide the status of the child’s general health
- to identify other conditions (such as hearing loss) that may be confused with an ASD in a child who does not have an ASD
to identify medical conditions or genetic syndromes that may (or may not) be associated with an ASD

Who May Complete This Form?
A physician licensed by a State Board of Medical Examiners, or a nurse practitioner licensed by a State Board of Nursing, specially certified as a nurse practitioner, or a physician assistant licensed by a State Board of Medical Examiners may complete the medical statement. Both a nurse practitioner and a physician assistant must be practicing within his or her area of specialty. The completed medical or health statement *alone does not determine eligibility for Autism Spectrum Disorder*. The medical related information gained from completing the form will provide valuable information to the team when making the eligibility determination. This information is used by the Eligibility Team, as well as all other evaluation data, when making a determination of educational eligibility.

The Oregon Department of Education provides a sample form that can be used to obtain the medical or health assessment statement and is available at: [http://www.ode.state.or.us/search/page/?=2439](http://www.ode.state.or.us/search/page/?=2439) for EI and [http://www.ode.state.or.us/search/page/?=817](http://www.ode.state.or.us/search/page/?=817) for school age. The following is another sample form that may assist teams to obtain more relevant information concerning any medical factors that may be impacting the child. This form may not be used for EI/ECSE programs. This form may be used for school age eligibilities. It is up to each individual School District to decide the form they will use to obtain the information required concerning the medical statement or health assessment statement.
Sample
MEDICAL STATEMENT OR HEALTH ASSESSMENT STATEMENT

Child’s Name: ___________________________ Date: __________
Child’s Date of Birth: ___________________________

The above named child is being evaluated by an educational evaluation team to determine if the child is eligible for special education services with an autism spectrum disorder. This medical statement is required by law and will be used by the educational team to assist in making a determination of eligibility. The information you provide is based on your most currently available records.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Please answer all of the following questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. There are physical/medical factors that may affect the child’s educational performance. If yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The child has a vision problem. If yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. The child has a hearing problem. If yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. The child has communication difficulties. If yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There are physical factors that contribute to the communication difficulties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. The child has a neurological problem? If yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. The child has a birth defect, genetic problem, or chronic illness. If Yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. The child has an acquired injury to the brain, caused by external force. If yes, please describe:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. You suspect this child may have an autism spectrum disorder. If Yes, please describe:</td>
</tr>
</tbody>
</table>

Physician’s Signature/Title: ___________________________ Date: __________

Please Return to: ____________________________________________
**ASD BEHAVIOR RATING TOOL**

Each student must be assessed using a behavior rating tool to identify whether the student has characteristics associated with ASD. The tools are used to help determine if the individual child demonstrates characteristics of ASD. *The score on a behavior rating tool alone does not determine eligibility for Autism Spectrum Disorder.* The score and related information gained from completing the tool will provide valuable information to the team when making the eligibility determination. No one piece of information is used to determine eligibility. A number of different tools exist and it is important to select evidence-based assessment tools to assist in the accuracy and reliability of the evaluation. It is critical that the practitioner administering any of the tools is trained and experienced with ASD and is trained on the use of the tool.

**Evidence-Based Behavior Rating Tools**

“In all areas of science, what we discover depends upon the quality of the instruments we use and the information they provide. Better instruments yield more accurate and reliable information…The tools we use for diagnosis have a substantial impact on the reliability and validity of the information we obtain and the decisions we make. “(Naglieri and Goldstein, p. 55).

The following tools are indicated in the research and literature* to demonstrate adequate psychometric properties to assist in the evaluation of students suspected of having an autism spectrum disorder. These tools are not designed to provide an ultimate determination of eligibility, rather they are a piece of information the team considers in making a decision and are part of the required component in the evaluation process. *It is critical that the evaluators are trained and experienced at using the tools and interpreting the results.* This list is not inclusive of all assessment measures that may be available. Other tools may be available but may not have been thoroughly reviewed or may have been revised and need further review relative to the revisions. A good understanding of the strengths and weaknesses of all the methods used to develop the tool is necessary.

<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Diagnostic Interview-Revised (ADI-R)</td>
<td>Children and adults with a mental age above 2 years</td>
<td>The ADR-I seeks information from the parent using a semi-structured interview format. It measures social difficulties, communication deficits, and repetitive behaviors.</td>
</tr>
<tr>
<td>Autism Diagnostic Observation Schedule (ADOS)</td>
<td>Toddler - adult</td>
<td>The ADOS is a semi-structured, standardized assessment of communication, social interaction, and imagination. This assessment was designed specifically for individuals who have been referred for autism or other autism spectrum disorder. The ADOS includes a set of standardized activities, which allows the evaluator to observe behaviors that have been identified as important for the</td>
</tr>
</tbody>
</table>

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35
<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Autism Rating Scale (CARS)</td>
<td>24 months of age and up</td>
<td>The CARS is a fifteen item behavioral scale developed to identify children with autism, and to distinguish them from developmentally delayed children without autism. The CARS rates each of the behaviors according to the degree of abnormality. Higher scores are indicative of more severe autism. Children scoring below 30 are considered non-autistic.</td>
</tr>
<tr>
<td>Pervasive Developmental Disorder Behavior Inventory (PDDBI)</td>
<td>1.6 to 12.5 years</td>
<td>The PDDBI is a tool for assisting in diagnosis and treatment recommendations and for assessing change over time in follow-up assessments. Specifically, the items aim to measure both problem behaviors and social skills relevant to autism. In order to address the issue of generalization, it includes separate questionnaires for parents and teachers.</td>
</tr>
<tr>
<td>The Social Communication Questionnaire (SCQ)</td>
<td>Anyone over age 4.0, as long as his or her mental age exceeds 2.0 years</td>
<td>This brief instrument helps evaluate communication skills and social functioning in children who may have autism or autism spectrum disorders. Completed by a parent or other primary caregiver.</td>
</tr>
<tr>
<td>Krug Asperger's Disorder Index (KADI)</td>
<td>6-22 years</td>
<td>The KADI helps clinicians distinguish individuals with Asperger's disorder from those who have other forms of high functioning autism. Information generated by the KADI can help determine a student's educational needs and contribute to a more focused and relevant Individualized Education Plan.</td>
</tr>
<tr>
<td>Gilliam Asperger Disorder Scale</td>
<td>Appropriate for individuals aged 3 to 22</td>
<td>The GADS is a norm-referenced assessment designed to evaluate individuals with unique behavior problems who may have Asperger's Disorder. Completed by a parent or professional--at school or at home--in just 5 to 10 minutes, the GADS is effective at discriminating persons with Asperger's Disorder from persons with autism and other behavioral disorders.</td>
</tr>
</tbody>
</table>
ASSESSMENT TO DETERMINE IMPACT ON EDUCATIONAL PERFORMANCE

For young children, teams must identify the impact of disability on the skills needed to progress developmentally. The impact for young children/students may include the following developmental areas:

- fine motor,
- gross motor,
- cognitive,
- social or emotional,
- expressive communication,
- receptive communication, and
- adaptive skills.

The term "adverse impact on educational performance" is broad in scope. The term “educational performance” includes academic areas (reading, math, communications, etc.) nonacademic areas (daily life activities, mobility, pre-vocational and vocational skills, social adaptation, self-help skills, etc.), progress in meeting goals for the general curriculum, and performance on State-wide and local assessments.

Consideration of all facets of the student's condition that adversely impacts educational performance involves determining any harmful or unfavorable influences that the ASD has on the student's academic or daily life activities. Adverse effect is not solely measured by scores on individual testing but may also be determined through consideration of other data such as classroom performance and retention history.

Assessments to determine the impact of the disability may include any evaluation, formal or informal, that addresses strengths, weaknesses, and educational needs. All of this information should define the impact of autism on the child’s educational performance. Some examples of difficulties in a learning environment that may need to be assessed include:

- organization;
- distractibility/attention;
- abstract thinking;
- interpretation of meaning of the event/lesson;
- generalization;
- focus;
- impaired sequencing;
- stimulus hypersensitivities;
- auditory processing;
- communication;
- socialization.

The following formal and informal tools may assist the team to collect information concerning the impact of the behavioral characteristics the child exhibits on learning and educational performance. This list is not inclusive of all assessment measures that may be available. Other tools may be available but may not have been thoroughly reviewed or may have been revised and need further review relative to the revisions. A good
understanding of the strengths and weaknesses of all the methods used to develop the tool is necessary.

### Standardized Tools to Assist in Determining Impact

<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vineland Adaptive Behavior Scales – Second Edition (Vineland-II )</td>
<td>birth-90 years old</td>
<td>The Vineland-II aids in diagnosing and classifying mental retardation and other disorders, such as autism, Asperger Syndrome, and developmental delays. The content and scales of Vineland-II are organized within a three domain structure: Communication, Daily Living, and Socialization. Vineland-II also offers a Motor Skills Domain and an optional Maladaptive Behavior Index for more in-depth information. Students with ASD often have relative weaknesses in Socialization, relative strengths in Daily Living Skills, with intermediate scores in Communication (Reynolds, C. &amp; Fletcher-Janzen, E., 2009).</td>
</tr>
<tr>
<td>Autism Screening Instrument for Educational Planning — Third Edition (ASIEP-3)</td>
<td>2 years 0 months -13 years 11 months</td>
<td>The ASIEP -3 is designed to identify individuals with autism; assist in planning appropriate educational programs for those individuals; monitor performance and progress; and research autism.</td>
</tr>
<tr>
<td>Behavior Rating Inventory of Executive Functions (BRIEF)</td>
<td>2 years, 0 months to 90 years</td>
<td>The Behavior Rating Inventory of Executive Functions is an observer rating that assesses impairments in executive functions (initiating, working memory, plan/organize, organization of materials, self-monitoring, inhibition, shifting activities, and emotional control).</td>
</tr>
<tr>
<td>Mullin Scales of Early Learning</td>
<td>Birth-5.8</td>
<td>This tool provides a baseline measure of cognitive and motor development. Five scales: Gross Motor, Visual Reception, Fine Motor, Expressive Language, and Receptive Language.</td>
</tr>
</tbody>
</table>
| Wechsler Intelligence Scale for Children -Fourth Edition (WISC-IV)           | 6 years, 0 months – 16 years, 11 months | This is an individually administered clinical instrument for assessing the cognitive ability of children. The Full Scale IQ (FSIQ) includes the following four composite scores:  
  - Verbal Comprehension Index (VCI)  
  - Perceptual Reasoning Index (PRI)  
  - Working Memory Index (WMI)  
  - Processing Speed Index (PSI)  |
Informal Assessment Tools to Assist in Determining Impact

<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Behavior Assessment (FBA)</td>
<td></td>
<td>An FBA is generally considered to be a problem-solving process for addressing student problem behavior. It relies on a variety of techniques and strategies to identify the purposes of specific behavior and to help IEP teams select interventions to directly address the problem behavior.</td>
</tr>
<tr>
<td>Underlying Characteristics Checklist – AS (UCC-AS)</td>
<td>school-aged</td>
<td>Developed as a component of the Ziggurat Model, the UCC is an informal, nonstandardized assessment tool designed to identify characteristics across a number of domains associated with ASD. The UCC provides a starting point for developing an IEP.</td>
</tr>
<tr>
<td>Underlying Characteristics Checklist – CL (UCC-CL)</td>
<td></td>
<td>This tool is intended for those who present more classic autism characteristics.</td>
</tr>
<tr>
<td>Behaviors That May Be Personal Challenges For A Student With An Autism Spectrum Disorder:</td>
<td></td>
<td>These forms are adapted from the Technical Assistance Manual on Autism for Kentucky Schools. Any use in printed publications or by other organizations requires written permission from the authors, Nancy Dalrymple, PhD and Lisa Ruble, PhD</td>
</tr>
<tr>
<td><a href="http://www.aspergersyndrome.org/Articles/Behaviors-That-May-Be-Personal-Challenges-For-A-St.aspx">Link</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSESSMENT(S): EDUCATIONAL NEED

The assessment process may include tools that will help identify specific skills, strengths, and needs for specialized instruction. Some questions the team may ask include:

- How does the child learn new information?
- What is reinforcing to the child?
- What does the child find aversive?
- What are the child’s interest areas?

For young children, teams must identify skills needed to progress developmentally. The IFSP reflects both the child’s development and special education needs. Children with IFSPs receive specially designed educational activities in the areas of development in which they are delayed.
For school-age children, teams must identify skills needed to participate in the general curriculum. The IEP team’s determination of how each child’s disability affects the child’s involvement and progress in the general curriculum is a primary consideration in the development of the child’s IEP. In assessing children with disabilities, school districts may use a variety of assessment techniques to determine the extent to which these children can be involved and progress in the general curriculum. This list is not inclusive of all assessment measures that may be available. Other tools may be available but may not have been thoroughly reviewed.

**Standardized Tools to Assist in Educational Need**

<table>
<thead>
<tr>
<th>Name of Tools</th>
<th>Age Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaufman Assessment Battery for Children, Second Edition and The Kaufman Test of Educational Achievement-Second Edition</td>
<td>3 years, 0 months – 17 years, 11 months</td>
<td>The Kaufman Assessment Battery for Children-Second Edition is a culturally fair, individually administered measure of cognitive abilities. It allows interpretation by means of two evidence-based theories of intelligence (Luria &amp; CHC) and measures a broad spectrum of the abilities necessary for academic success. It is co-normed with the KTEA-II. The KABC-II subtests are designed to minimize verbal instructions and responses, giving in-depth data with less influence from language and culture factors. Students with ASD often perform very poorly on the Face Recognition test and very well on the Object Recognition Test. They score better on the learning scale tests and much worse on the Planning scale tests, with the lowest scores on the Rover subtest.</td>
</tr>
<tr>
<td>Differential Ability Scales (DAS)</td>
<td>30 months - 17 years</td>
<td>The DAS measures conceptual and reasoning abilities. It includes a preschool level and a school age level and comprises 17 cognitive and 3 achievement subtests. It measures General Conceptual Ability, Verbal and Nonverbal Ability for the Preschool subtests, and Verbal, Nonverbal Reasoning, and Spatial Ability for the School-Age subtests. For language-impaired and non-English-speaking children, a Special Nonverbal score may be obtained. The DAS is also a measure of basic academic skills. Achievement subtests are Basic Number Skills, Spelling, and Word Reading.</td>
</tr>
<tr>
<td>Mullin Scales of Early Learning</td>
<td>Birth-5.8</td>
<td>This tool provides a baseline measure of cognitive and motor development. Five scales: Gross Motor, Visual Reception, Fine Motor, Expressive Language, and Receptive Language</td>
</tr>
<tr>
<td>Brigance Diagnostic Inventory of Basic Skills</td>
<td>Grades PK-9</td>
<td>This tool includes grade-placement tests in key skill areas, used to identify present levels of performance, connect assessment with instruction, and monitor and report progress for IEPs.</td>
</tr>
<tr>
<td>Curriculum –Based Assessment</td>
<td>Various ages</td>
<td>CBA is a type of measurement that uses direct observation and recording of a student's performance in the local curriculum as a basis for gathering information to make instructional decisions.</td>
</tr>
</tbody>
</table>
SECTION V: THREE YEAR REEVALUATION CONSIDERATIONS

THREE YEAR REEVALUATION CONSIDERATIONS

The reevaluation is conducted following both the specific evaluation criteria of ASD and the general evaluation and reevaluation requirements (see Sections II and III of this document). For the reevaluation, the team must determine if the child/student continues to have a disability, present level of academic achievement and related developmental needs of the student, continues to need EI/ECSE or special education services, and any additions or modifications to special education.

A reevaluation must be conducted at least every three years unless the parents and district agree that an evaluation is unnecessary. The evaluation may not occur more than once a year unless a parent and public agency agree otherwise.

A reevaluation begins with a team review of the existing information, determination of whether any additional information is needed, and if so, what specific evaluation will be conducted. If additional evaluation data is obtained, an evaluation report must be written reporting the results of the evaluation.

Whether or not an evaluation (or any component of the evaluation) is conducted, a new eligibility statement must be completed identifying the documentation used to determine eligibility. The documentation may include information from the previous evaluation, existing information (refer to page 27 for a discussion of existing information), and new evaluation data.
SECTION VI: REPORTING AND SUPPORT DOCUMENTS

HOW TO ORGANIZE INFORMATION

It is essential to organize and report information collected in a systematic, objective manner. Systematic organization helps to track information, helps build an accurate picture of performance, and assists the team and the parents to identify critical characteristics. Sample documents to assist with organization and reporting include:

- ASD Initial Evaluation Checklist and Timelines
- Evaluation Data Summary
- Summary of Evaluation Data
- Evaluation Report Template 1
- Evaluation Report Template 2

ASD Initial Evaluation Checklist and Timelines

The ASD Initial Evaluation Checklist will assist teams to track all the required evaluation components, the individual responsible for completing a given component, and the timelines.

Evaluation Data Summaries

The Evaluation Data forms may be used to help teams organize evaluation data and look for patterns of behavior that may be indicative of an Autism Spectrum Disorder. The Evaluation Data Summary Form is designed to leave the last three columns on the form left blank until the eligibility meeting and serve as discussion points to determine if the demonstrated behaviors are behaviors associated with an ASD and meet Oregon’s eligibility criteria.

Evaluation Report(S)

The team must prepare an evaluation report. The evaluation report(s) must describe and explain the results of the evaluation conducted. A copy of the evaluation report must be given to the parents.

The following section includes the sample documents discussed above.
ASD INITIAL EVALUATION CHECKLIST AND TIMELINES

Student: ___________________________ Date of Referral: ___________________________
ASD Specialist/Case Manager: ___________________________ Date Consent Signed: ___________________________
Required Completion Date: ___________________________

* If current information exists to fulfill any requirement, note under Person Responsible what document will be used and under Timeline indicate the date of the document.

<table>
<thead>
<tr>
<th>CHECK WHEN COMPLETED</th>
<th>REQUIREMENT</th>
<th>PERSON (s) RESPONSIBLE</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Review of Existing Evaluation Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developmental Profile: History</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Developmental Profile: Current Characteristics</td>
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<tr>
<td></td>
<td>Developmental Profile: Parent Interview</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Developmental Profile: Other Interviews</td>
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<td>Observation 1</td>
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<td>Observation 2</td>
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<td>Observation 3, including Direct Interaction</td>
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<td></td>
<td>Communication Assessment</td>
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<td></td>
<td>Medical Statement</td>
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<tr>
<td></td>
<td>ASD Behavior Rating Tool</td>
<td></td>
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<td></td>
<td>Assessment(s): Impact of ASD</td>
<td></td>
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<td></td>
<td>Assessment(s): Educational Need</td>
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<td></td>
<td>Evaluation Report(s)</td>
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<td>Eligibility Meeting</td>
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<td></td>
<td>Eligibility Statement</td>
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<td></td>
<td>Present Level of Educational Performance</td>
<td></td>
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<td></td>
<td>IFSP/IEP Goals</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EVALUATION DATA SUMMARY

Student’s Name ____________________ Autism Specialist/Case Manager ____________________
Date Completed __________ Date of Birth ________________________ Parent’s Name(s) _________________________________
Date of Autism Specialist’s Observations ________________________________

Observation Source Code: DI = Direct Interaction; O = Observation Developmental History Source Code: Pa = Parent Te = Teacher Sp = Speech/Language Pathologist Ps = Psychologist I = IEP Goals Md = Medical Au = Autism OT = Occupational Therapist PT = Physical Therapist Docu = Documented over time and/or intensity Char = Characteristic of Autism Spectrum Disorder Incon = Inconsistent or Discrepant with the Child’s Development in Other areas

<table>
<thead>
<tr>
<th>Date</th>
<th>Developmental History Source</th>
<th>Observations</th>
<th>Demonstrated Behaviors</th>
<th>Char</th>
<th>Incon</th>
<th>Docu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Pa</td>
<td>Te</td>
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</table>

| Communication | | | | | | | | | | | | | | |
| Social Interaction | | | | | | | | | | | | | | |
## EVALUATION DATA SUMMARY

*Observation Source Code: DI = Direct Interaction; O = Observation Developmental History Source Code: Pa = Parent Te = Teacher Sp = Speech/Language Pathologist Ps = Psychologist I = IEP Goals Md = Medical Au = Autism OT = Occupational Therapist PT = Physical Therapist Docu = Documented over time and/or intensity Char = Characteristic of Autism Spectrum Disorder Incon = Inconsistent or Discrepant with the Child’s Development in Other areas*

<table>
<thead>
<tr>
<th>Date</th>
<th>Developmental History Source</th>
<th>Observation</th>
<th>Demonstrated Behaviors</th>
<th>Char</th>
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<th>Docu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pa</td>
<td>Te</td>
<td>Sp</td>
<td>Ps</td>
<td>I</td>
<td>Md</td>
</tr>
</tbody>
</table>
## SUMMARY OF EVALUATION DATA

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>SOCIAL INTERACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>Current (if older)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATTERNS OF BEHAVIOR</th>
<th>SENSORY RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>Current (if older)</td>
</tr>
</tbody>
</table>
SAMPLE 1
EVALUATION REPORT TEMPLATE

Date:

Student Information
Name: 
DOB: 
School/Grade: 
District: 
Parent: 
Parent Address: 
Evaluator: 

Concerns of Team/Reason for Referral:

Student Strengths: (Discuss the strengths, interests and preferences of the student; may also include what accommodations, modifications, placements are in place to reflect student success)

Evaluation Activities (Description of Activities You Completed as Part of the Evaluation)
- Behavioral Observations - (e.g. Settings, Conditions, Time of Day, Date)
- Direct Interaction(s) - (e.g. Settings, Conditions, Time of Day, Date))
- Parent Interview – (date)
- Teacher and Other Interview(s) -
- File Review - (may list specific sources)
- ASD Behavior Rating Scale - (List Specific Instrument Used, date)
- Additional Assessments - (List Specific Assessments Completed & date)

Historical and Current Development/Functioning: (Source of Data – Existing Information, Parent Interview(s), File Review, Medical Reports; Interviews, Observations, Direct Interactions).

- Communication

- Social Interaction
Patterns of Behavior

Sensory Responses

Results of ASD Behavior Rating Assessment: (Name, what tool assesses, brief description of the tool, and a narrative summary of the results)

Impact on Development/Educational Performance: (Tie back to the reason for the referral, description of the educational impact with brief statements of recommendations or considerations for decision making)

Summary:

________________________________________________________________________

Autism Specialist Date

Refer to the Eligibility Statement and meeting minutes for the decision of the team regarding eligibility for Autism Spectrum Disorder services.
SAMPLE 2
EVALUATION REPORT TEMPLATE

AUTISM SPECTRUM DISORDER
INITIAL EVALUATION REPORT

Student: 
Birth date: 
Parent: 
Report Date: 
Case Manager: 
Autism Specialist: 
Speech Pathologist: 

STUDENT INFORMATION:
(reason strengths, interests, preferences, and current program/functioning.)

REASON FOR REFERRAL:
(concerns of team, impact on learning)
XXX was referred to ____ to determine if he meets eligibility requirements established by the Oregon Department of Education to receive special education services as a student with Autism Spectrum Disorder. Areas of concern with respect to this referral include:

EVALUATION PROCEDURES: The IEP team, including his parents met, on DATE, and determined that the following evaluation procedures were appropriate.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Conducted by</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Profile, interview with parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>File review</td>
<td></td>
<td></td>
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<tr>
<td>Observation, Recess</td>
<td></td>
<td></td>
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<tr>
<td>Observation, Classroom</td>
<td></td>
<td></td>
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<tr>
<td>Observation, direct interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior rating scales, ASDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Statement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSESSMENT RESULTS: (assessment tool, brief description of tool, narrative summary of results)

COMMUNICATION
- **EARLY DEVELOPMENTAL PROFILE:** (File review, parent interview, medical reports)
- **CURRENT DEVELOPMENTAL PROFILE** (Interviews, file review, observations, direct interaction)

SOCIAL INTERACTION
- **EARLY DEVELOPMENTAL PROFILE:** (File review, parent interview, medical reports)
• CURRENT DEVELOPMENTAL PROFILE (Interviews, file review, observations, direct interaction)

SENSORY RESPONSE
• EARLY DEVELOPMENTAL PROFILE: (File review, parent interview, medical reports)
• CURRENT DEVELOPMENTAL PROFILE (Interviews, file review, observations, direct interaction)

PATTERNS OF BEHAVIOR
• EARLY DEVELOPMENTAL PROFILE: (File review, parent interview, medical reports)
• CURRENT DEVELOPMENTAL PROFILE (Interviews, file review, observations, direct interaction)

EDUCATIONAL IMPACT: (Tie back to reason for referral, description of the educational impact with brief statements of recommendations or considerations for decision making)

• Characteristics of communication that have an adverse impact on _____education are:
• Characteristics of social interaction that have an adverse impact on _____educational progress are:
• Characteristics of patterns of behavior that may have an adverse impact on _____education are:
• Characteristics of sensory information that have an adverse impact on _____education are:

Refer to the Eligibility Statement and meeting minutes for the decision of the team regarding eligibility for Autism Spectrum Disorder services. Please contact me at _______ _______ for any further information or if you have questions regarding this report.

__________________________________________
Autism Specialist Date

cc:
SECTION VII: FROM ELIGIBILITY DETERMINATION TO SERVICE

ELIGIBILITY MEETING

After the review of existing assessment materials and information, and completion of the assessments, the team, including the parent, meet to determine if the child meets the criteria for Autism Spectrum Disorder. It is important that the team consider information from the parent and include parents in the decision making process. Data gathered from all assessment procedures need to be synthesized. When the team looks individually and globally at information gathered from observations, previous school experiences, review of prior records, tests, interviews, daily work assignments, and so on, what picture emerges of the student’s areas of strength and need? What information appears to be contradictory? Where is more information or detail needed about the student to assist either in eligibility or in instructional planning? In addition, the team can draw upon a variety of sources (in addition to the required eligibility evaluation components), that might include aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior. Information from these sources must be documented as part of the evaluation report/eligibility statement.

In order to find a student eligible as having ASD, the team must decide that the information collected that describes the child is best represented by the characteristics of an autism spectrum disorder. The duration and intensity of the behavioral characteristics must also be considered as well as how the behaviors are intrusive to the child’s learning.

Another critical question that must be answered is whether or not the behavior characteristics the individual demonstrates are inconsistent or discrepant with the child’s development in other areas. The intent of this criteria component is that the specific characteristics of Autism Spectrum Disorder the child exhibits in each of the four areas (communication, social interactions, behaviors/activities/interests, and sensory) be either inconsistent within a developmental area or discrepant from area to area of typical development. The developmental areas are: Motor (gross and fine), Communication (expressive and receptive), Social, Cognitive, and Adaptive. This can be further clarified through the following examples:

**Communication:**
- Inconsistent (communication): can memorize detailed facts but can’t generalize information from the facts to use in a new situation.
- Discrepant (communication): has acute hearing but no speech.
- Discrepant (with other areas): had words, now not using words but not losing skills in other areas.

**Communication in relationship to:**
- Motor: able to take apart small appliances, but can’t describe what he is doing.
- Cognitive: reads and decodes at grade level, but doesn’t comprehend what he’s read.
- Social: has great vocabulary, but can’t carry on a conversation with others.
Adaptive: talked in full sentences at 18 months, but still not bowel trained.
Communication: read at 2½ years, not toilet trained until 4½ years.

Social Interactions in relationship to:
Communication: can recite all the rules of a game, but has difficulty following the rules.
Motor: can perform all individual pre-requisite skills for baseball (throw, catch, hit a ball, etc), but can’t play the game.
Cognitive: able to move through computer programs with ease but doesn’t greet people.
Adaptive: can use a cup and spoon independently, but can’t sit for longer than three minutes with the family at a meal.

Behaviors/Activities/Interests
Inconsistent (motor): can pick a lock but can’t open the toothpaste.
Discrepant (pattern): walks, climbs, hops, runs but can’t manipulate a spoon.
Inconsistent (cognitive): can’t imitate simple actions of others but can look at a picture of a puzzle and put it together.
Inconsistent (patterns): has interest in one subject, often to the point of perseveration, but has difficulty learning a new interest.
Inconsistent (patterns): strong skills for manipulative tasks, visual skills, rote memory but has difficulty with symbolic, abstract, logic.

Behaviors/Activities/Interests in relationship to:
Communication/Cognitive: able to give vast amounts of specific information about his topics of interest (computers, trains, dinosaurs, space, etc.) but has difficulty discussing or changing any of his information when new information is given by another person.
Motor: able to engage in a variety of activities on the playground, but only wants to swing at each recess for the whole recess.
Adaptive: likes to complete routines in exactly the same way day after day, though he may like new experiences and activities.

Sensory
Inconsistent (sensory): at times appears deaf, panics at certain sounds.

Sensory in relationship to:
Communication: likes to repeat certain noises or phrases because of how they sound or feel, though able to speak in 4-5 word sentences.
Motor: loves to run, jump, hop to get from place to place, but is not able to copy and imitate complex motor movements observed.
Cognitive: can do grade level work but needs materials to be presented visually and with fewer distractions than classmates.
Social: can take turns with one person but not in a group of people.
Adaptive: can independently dress himself but only wears sweats, because of the texture and looseness of those clothes.

Parents who disagree with the evaluation the district provided for their child may request an Independent Educational Evaluation (refer to Procedural Safeguards) or may pursue other options available through procedural safeguards. The LEA must provide the parent a copy of the evaluation report and determination of eligibility for Autism Spectrum Disorder.
ELIGIBILITY STATEMENT

The Oregon Department provides the Statement of Eligibility form - Autism Spectrum Disorder at http://www.ode.state.or.us/search/page/?=2439 for EI and http://www.ode.state.or.us/search/page/?=817 for school age. The team needs to consider all of the criteria for determining if a child meets the eligibility for an Autism Spectrum Disorder. To find a child eligible as having ASD, the twelve questions concerning ASD must be answered yes and the team must conclude that the child’s disability has an adverse impact on developmental progress or educational performance and needs special education. Concerning the twelve questions, the team must be able to answer yes (and to provide documentation to support) that the child exhibits characteristics of an Autism Spectrum Disorder in each of the four criteria areas. In addition, the team must be able to answer “Yes” to the following two questions for each of the four criteria areas: Are the characteristics inconsistent or discrepant with the child’s development in other areas and are the characteristics documented over time and/or intensity?

THE PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

The Individual Family Service Plan/Individual Education Program (IFSP/IEP) is the educational road map for the child/student with a disability.

Present level of development information guides the IFSP team in developing goals, objectives and services for the child. The child’s present level of development is based on relevant, functional and developmental evaluation information, including information provided by the parents. In addressing the child’s present level of development, the IFSP must reflect the child’s disability, discuss how the disability affects the child’s involvement in appropriate activities (activities engaged in by typical children of the same age), and address the child’s pre-literacy, language and numeracy skills if the child has needs in these areas. Information from the child’s curriculum based assessment should provide sufficient information to inform the team if the child has needs in these areas.

The present level of development is a summary of information discussed by the IFSP team in considering the following:

- The strengths of the child;
- The concerns of the parents for enhancing the development of their child; and
- The results of the initial or most recent evaluation.

Present levels of development give a summary sketch of what the child can do and the skills the child needs to learn as a result of his/her disability. These present level statements lay the foundation for the succeeding components of the IFSP. There must be a direct relationship between the present levels of development, the annual goals, short-
term objectives and the specific EI/ECSE services to be provided to the child. Whenever there is a developmental area identified in “needs to learn” there must be corresponding goals and objectives in the IFSP. If the child is at “age level” in a particular area the team should indicate that the child is functioning within normal limits and that there are no “needs to learn” to target for early intervention or early childhood special education.

The IEP development begins with the identification of the individual’s present levels of academic achievement and functional performance. In developing the Present Levels of Academic Achievement and Functional Performance Statement, the IEP Team must include specific information addressing:

- The strengths of the student;
- The concerns of the parents for enhancing the education of their child;
- The present level of academic performance, including the student’s most recent performance on State or district-wide assessments;
- The present level of developmental and functional performance; and,
- How the student’s disability affects involvement and progress in the general education curriculum.

In the broad sense, this information makes up the profile of the individual. The assessment information can be used to organize and inform the profile. Present levels statements should be based on student data which reflect current academic achievement and functional performance. The present levels should also include the strengths of the student. It is important to remember there is a direct link between the assessment information, the present levels, and the development of the goals and objectives. The assessment data is used by the educational team to identify the specific areas in which the student needs special instruction or accommodation (or, at the least, the areas in which additional evaluation or diagnosis is necessary), related service needs, and in suggesting what type of instruction or educational program might be appropriate.

**IFSP/IEP DEVELOPMENT**

A number of different targets inform the identification of goal development for students with ASD. The targets include the student’s performance (as identified in the assessment results) in the general education or “core curriculum”, the “expanded core curriculum” discussed below and the consideration of critical lifelong goals for ASD.

The general education curriculum focuses on the knowledge and skills expected to be learned by a student by high school graduation. Generally, this is considered the “core curriculum” and consists of knowledge and skills related to academic subjects. This core curriculum becomes the foundation for almost all learning, from kindergarten through high school.

The Expanded Core Curriculum focuses on the body of knowledge and skills that are needed by students with ASD due to their unique disability-specific needs. The Expanded Core Curriculum (specific to ASD) areas may include:

- Communication
Oregon’s Regional Autism Program identified six critical lifelong goals for students with autism spectrum disorder. Components of these goals can be considered for every age and skill level, and include:

1. To tolerate people and value interactions (interdependence/cooperation);
2. To communicate intentionally and effectively;
3. To organize information and learn meanings/purposes (words, events, routines);
4. To tolerate change and accept new experiences;
5. To be independent of constant verbal direction; and,
6. To self-monitor and manage stress

Successful IFSP/IEP development comes through the long-term visioning, collection of relevant information, building the student profile, and the ability to prioritize functional needs. The long-term visioning involves looking at all the targets and matching the targets to the students current functioning. Yearly goals will identify skills most critical to address over the next year, building on those skills each year to reach identified target areas. When selecting those critical skills the team will consider age appropriateness, functionality, preferences of child and family, generalization to settings the child is involved in currently and future settings, and any other relevant factors.
**IFSP Sample**

**Child’s Name:** Karla

**Date of Birth:** 5/3/05

**Date:** 5/01/09

---

<table>
<thead>
<tr>
<th>What we want to happen (Long-Term Goal)</th>
<th>Criteria</th>
<th>Evaluation Procedure</th>
<th>Review Date: 10/1/09</th>
<th>Annual Review Date: 5/1/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karla will use words or signs functionally (e.g.: requesting, making choices, and communicating wants/needs) in the home and in the preschool.</td>
<td>10 different spontaneous words or signs used in home and 10 different spontaneous words or signs used at school.</td>
<td>Complete observation checklist of word/sign use twice a week in the school and in the home</td>
<td>Progress made toward goal (based on the criteria and evaluation):</td>
<td>Progress made toward goal (based on the criteria and evaluation):</td>
</tr>
</tbody>
</table>

**What the child will learn (Short-Term Objectives):**

1. Will request a toy or activity using word or sign.

2. Will request a food item using word or sign.

3. Will use word or sign to make a choice between 2 items

4. Will use word or sign to make a choice between 3 or more items

5. Will use word or sign to indicate need for break.

---

*Is the progress sufficient for the child to meet this goal?*

*If not, what changes are planned?*
## SAMPLE IEP GOALS

**Student’s Name:** Timmy  
**Date:** 1/30/08  
**School District:** Somewhere SD 1

**Measurable Annual Goals/Objectives:** (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

<table>
<thead>
<tr>
<th>Measurable Annual Goal:</th>
<th>Progress will be measured as indicated below:</th>
<th>How progress will be reported to parents:</th>
<th>When progress will be reported to parents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timmy will spontaneously verbalize a request or respond to a request at least 10 times per day for each of three different environments</td>
<td>Data Summary Sheet</td>
<td>Monthly summary reports will be sent to the parent</td>
<td>Every six weeks</td>
</tr>
</tbody>
</table>

**Criteria**  
9/10 correct per probe, for each environment, for three consecutive days

<table>
<thead>
<tr>
<th>Evaluation Procedures</th>
<th>Student’s Progress Toward Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probe 1x per day</td>
<td></td>
</tr>
</tbody>
</table>

### Measurable Short-Term Objectives

1. Will spontaneously request a favored object or food.  
2. Will verbally respond within 10 seconds to a request from an adult with no additional prompting.  
3. Will verbally respond within 5 seconds to a verbal request from an adult, with no additional prompting.  
4. Will name objects in the classroom.  
5. Will spontaneously request materials needed in the classroom.  
6. Will spontaneously request materials needed in an environment other than the classroom (i.e., playground, music, lunch room, home).
SECTION VIII: ADDITIONAL INFORMATION

FREQUENTLY ASKED QUESTIONS

1. If the medical statement indicates the child has ASD (or doesn’t) does that mean the child is automatically eligible (or not)?

   No. The medical statement is one piece of information the team is required to consider when making a decision concerning educational eligibility. The statement is not meant to obtain a medical diagnosis of ASD. All information collected will be considered to determine if the behavioral characteristics of the child best describe an Autism Spectrum Disorder.

2. Is a new medical statement required for reevaluation?

   The need for a new medical statement for reevaluation is a team decision when reviewing existing information. It will be important for the team to consider any changes in the child’s behavior and any other factors that may promote the need for a new medical statement.

3. Can an ASD Specialist sign an eligibility statement when the ASD specialist completed part of the evaluation but did not attend the eligibility meeting?

   No. The signing of the eligibility statement occurs after the discussion concerning all the components of the evaluation. If the specialist wasn’t present for the discussion it is not appropriate to sign the eligibility statement.

4. What does the team do when one of the required components of the evaluation is not completed at the time of the eligibility meeting?

   All required components of the evaluation must be completed before the eligibility meeting can occur. If all components are not complete by the identified timeline, the team should determine the child not eligible (due to lack of information). The team can then obtain permission to complete the component that is missing and use the recently completed evaluation data to complete the evaluation process and determine eligibility.

   It is the school district’s responsibility to obtain all required components of the evaluation for ASD.

5. Is it appropriate for an ASD Specialist to “screen” a child to determine if referral for an ASD evaluation is appropriate?

   According to OAR 581-015-2105 Evaluation and Reevaluation Requirements:
The public agency must designate a team to determine whether an initial evaluation will be conducted.  
(A) The team must include the parent and at least two professionals, at least one of whom is a specialist knowledgeable and experienced in the evaluation and education of children with disabilities.  
(B) The team may make this decision without a meeting. If a meeting is held, parents must be invited to participate in accordance with OAR 581-015-2190.

6. **When reviewing existing information, are there any specific timelines about how old information can be?**

There are no specific timelines but the existing information must describe the behavioral characteristics the child currently demonstrates in the areas of communication, social interactions, patterns of interests and activities and responses to sensory information. The existing information should paint a picture of how the child currently functions in the school environment.

7. **On the eligibility statement, if the team determines “No” on any of the areas can the team stop the process at that point and determines that the child will not be eligible?**

In order for the team to accurately document eligibility/non-eligibility, all components of the eligibility statement must be completed. This document becomes part of the educational record therefore it is vital that all components are filled in as a reference for parents, districts, and any future teams.

Districts are obligated to assess in all areas related to the suspected disability. By not completing the all components of the eligibility determination, the team may not be fulfilling their obligation to “fully evaluate.”

8. **Does question #2 on eligibility statement about specially designed instruction referring to instruction in general or is it referring to ASD specifically?**

The question refers specifically to the ASD evaluation and eligibility process.

9. **If a student is currently eligible for special education under the category of ASD but the team is questioning if the eligibility is still appropriate, what components of the eligibility need to be completed?**

When you are considering changing an established eligibility, all components need to be reevaluated. The team must have current information concerning the functioning of the student. The team would follow the procedures for an initial evaluation.

The early developmental history information would not change (unless the early information was missing).
The following will provide a general overview and understanding of the common assessment terminology concerning evidence-based assessment tools. It is taken from “Overview of Assessment Terms (Organization for Autism Research – Life Journey Through: A Parent’s Guide to Assessment, 2008) Appendix A: Overview of Assessment Terms”

<table>
<thead>
<tr>
<th>Assessment Term</th>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Equivalents</strong></td>
<td>The score that represents the achievement level of an average child at a corresponding chronological age in a norm group. Age equivalents should not be used for making diagnostic or placement decisions.</td>
<td>Research shows that children who are 8 years, 2 months old earn an average score of 27 on a particular measure. Therefore, any child who earns a score of 27 correct items on that same measure will have a score that is equivalent to a child aged 8 years, 2 months.</td>
</tr>
<tr>
<td><strong>Criterion-Referenced Assessment</strong></td>
<td>An assessment that measures what a child is able to do or the skills that he or she has, not in comparison to the performance of other children.</td>
<td>Predetermined performance levels are set for criterion-referenced assessments. This type of assessment can be used to tell professionals if your child has learned what he is expected to learn. For example, the Brigance Inventory is a criterion-referenced assessment that evaluates aspects of child development, such as self-help, knowledge, and comprehension; speech and language; and preacademics. It is flexible and adaptable to use, and provides patterns of a child’s strengths and challenges that can be used for intervention planning.</td>
</tr>
<tr>
<td><strong>Formal Assessment</strong></td>
<td>Administering norm-referenced standardized</td>
<td>The Wechsler Individualized</td>
</tr>
<tr>
<td>Assessment Term</td>
<td>Definition</td>
<td>Description</td>
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<tr>
<td></td>
<td>tests that are useful to identify global strengths and concerns.</td>
<td>Achievement Test is an achievement assessment that may be used as part of a formal assessment. It measures reading, math, language, and writing; scores from this assessment are compared to norms.</td>
</tr>
<tr>
<td>Grade Equivalents</td>
<td>A grade equivalent is the grade level that corresponds to a particular score obtained from a norm-referenced test. It is often reported based on grade level and month in grade. Grade equivalents should not be used for making diagnostic or placement decisions.</td>
<td>A score of 4-3 represents the performance level of a student in the fourth grade in the third month of the school year, but it does not represent the level of expertise that a child possesses in a topic.</td>
</tr>
<tr>
<td>Internal Consistency</td>
<td>All items in a questionnaire or assessment tool measure the same concept or characteristic that they are intended to measure.</td>
<td>The Autism Diagnostic Interview-Revised, a parent interview that looks for symptoms of autism in children, has good internal consistency; it assesses specific characteristics that may lead to an ASD diagnosis.</td>
</tr>
<tr>
<td>Inter-Rater Reliability</td>
<td>A statistical method used to determine if different raters/observers give consistent reports of the same behavior.</td>
<td>The Autism Diagnostic Observation Schedule, a semi-structured assessment, has excellent inter-rater reliability; if two different certified professionals use it and they achieve similar results.</td>
</tr>
<tr>
<td>Mean</td>
<td>The average score; all scores from a measure are</td>
<td>Your child’s score on a test may be reported along with</td>
</tr>
<tr>
<td>Assessment Term</td>
<td>Definition</td>
<td>Description</td>
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<td></td>
<td>added and divided by the total number of scores.</td>
<td>the mean to provide a comparison to others.</td>
</tr>
<tr>
<td>Norm-Referenced</td>
<td>A standardized test or assessment that compares a child’s performance to the performance of peers the same age. This type of assessment can tell you how your child compares to other children the same age or in his or her grade.</td>
<td>During the development of norm referenced assessments, a large representative group of children take the test, and their scores are then used to determine the “norms.” Then, when other individual children take the test, their score is compared to the norms. However, some tests may not have been “normed” with children with ASD.</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
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<tr>
<td>Norms</td>
<td>A comparison score that is used to indicate “normal” performance on an assessment.</td>
<td>As discussed in norm-referenced assessment, the use of norms provides professionals with comparison scores to children of the same age.</td>
</tr>
<tr>
<td>Percentile or Percentile Rank</td>
<td>The percentage of scores that falls at or below a particular score.</td>
<td>If your child scores in the 85th percentile on a test, his score was better than 85 percent of other children who took the test. A percentile is different than a percentage; a score of 85% indicates that he correctly answered 85% of the questions correctly.</td>
</tr>
<tr>
<td>Standard Score</td>
<td>A standard score is used on norm-referenced tests to show the average range as it relates to the distribution of scores for a particular age or grade.</td>
<td>The average standard score for a particular age is 100, with scores above 115 indicating strengths and scores below 85 indicating weaknesses.</td>
</tr>
<tr>
<td>Psychometric Properties</td>
<td>The statistical properties that evaluate the adequacy of an instrument, measure, or assessment.</td>
<td>Psychometric properties may include terms like reliability, validity, and internal consistency.</td>
</tr>
<tr>
<td>Reliable</td>
<td>A reliable assessment tool</td>
<td>When a diagnostic</td>
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<tr>
<td>Assessment Term</td>
<td>Definition</td>
<td>Description</td>
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<tr>
<td>Provides consistent or similar results every time it is given.</td>
<td>Assessment tool is used with your child, you want it to be reliable so that if it was given again, the same results would be obtained.</td>
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</tr>
<tr>
<td>Standardized</td>
<td>An assessment developed by experts that is administered according to specific guidelines. The assessment must be used specifically as it was designed, or the results are not valid.</td>
<td>A standardized test may be an intelligence test, academic test, or personality test. These tests need to be given in a specific manner for the results to be accurate.</td>
</tr>
<tr>
<td>Validity</td>
<td>An assessment is valid if it measures what it was designed to measure.</td>
<td>If a clinician wants to assess cognitive functioning in your child with ASD, it’s important that the measures used truly assess cognitive functioning, and not another skill, such as social functioning</td>
</tr>
</tbody>
</table>
## APPENDIX B

**Comparison of Diagnosis and Educational Eligibility**

By Dr. Sarojini Budden, Gretchen Ford, Marilyn Gense, and Dr. Darryn Sikora  
February 17, 2008

<table>
<thead>
<tr>
<th>Who Can Complete?</th>
<th>Diagnosis</th>
<th>Diagnosis Background/ Ethics; Regulations</th>
<th>Educational Eligibility</th>
<th>Educational Regulations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Licensed psychologist or physician</strong></td>
<td>American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611. APA Ethics Code require that psychologists have expertise in their area of practice and that they use assessment instruments and strategies that are current as well as reliable and valid.</td>
<td>Team, including parent and at least two professionals; Key personnel required include one or more licensed professionals knowledgeable about the behavioral characteristics of ASD* and a speech and language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or Teacher Standards and Practices Commission.</td>
<td>OAR 581-015-2105 Evaluation and Reevaluation Requirements 581-015-2130 Autism Spectrum Disorder</td>
<td>*Ultimately a school district decision to determine. All are licensed. Regional programs have established competencies for ASD Specialists.</td>
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</tbody>
</table>
| **Criteria to** | Autistic Disorder:  
A. A total of six (or more) items | **DSM-IV TR**  
(APA, 2000) | To be eligible as a child with an autism spectrum disorder, the child | **581-015-2130 Autism Spectrum** | See Eligibility Statements |
<table>
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<tr>
<th>Identify</th>
<th>Diagnosis</th>
<th>Diagnosis Background/Ethics; Regulations</th>
<th>Educational Eligibility</th>
<th>Educational Regulations</th>
<th>Other</th>
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<tr>
<td>from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):</td>
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<td>must meet all of the following minimum criteria:</td>
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<td>1. qualitative impairment in social interaction, as manifested by at least two of the following:</td>
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<td></td>
<td>(a) The team must have documented evidence that the child demonstrates all of the characteristics listed under subsection (1) (a). Each of these characteristics must be:</td>
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<td>a. 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</td>
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<td>(A) Characteristic of an autism spectrum disorder;</td>
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<td>b. failure to develop peer relationships appropriate to developmental level</td>
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<td>(B) Inconsistent or discrepant with the child's development in other areas; and</td>
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<tr>
<td>c. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)</td>
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<td>(C) Documented over time and/or intensity.</td>
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<td>d. lack of social or emotional reciprocity</td>
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<td>(3) For a child to be eligible for special education services as a child with an autism spectrum disorder, the eligibility team must also determine that:</td>
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<td>2. qualitative impairments in communication as manifested by at least one of the following:</td>
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<td></td>
<td>(a) The child's disability has an adverse impact on the child's educational performance; and</td>
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<td>a. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of</td>
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<td></td>
<td>(b) The child needs special education services as a result of the disability.</td>
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Disorder
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<th>Diagnosis</th>
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<th>Educational Eligibility</th>
<th>Educational Regulations</th>
<th>Other</th>
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<td>communication such as gesture or mime)</td>
<td>(4) A child may not be eligible for special education services on the basis of an autism spectrum disorder if the child's primary disability is an emotional disturbance under OAR 581-015-2145. However, a child with autism spectrum disorder as a primary disability may also have an emotional disturbance as a secondary disability.</td>
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<td>b. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others</td>
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<td>c. stereotyped and repetitive use of language or idiosyncratic language</td>
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<td>d. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level</td>
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<td>3. restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:</td>
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<td>a. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus</td>
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<td>b. apparently inflexible adherence to specific, nonfunctional routines or rituals</td>
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<td>c. stereotyped and repetitive motor manners (e.g., hand or finger flapping or twisting, or complex whole-body</td>
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<td>Diagnosis</td>
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<tr>
<td>d. persistent preoccupation with parts of objects</td>
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<tr>
<td>B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.</td>
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<td>C. The disturbance is not better accounted for by Rett’s Disorder or Childhood Disintegrative Disorder.</td>
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<tr>
<td>Asperger’s Syndrome</td>
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<tr>
<td>A. Qualitative impairment in social interaction, as manifested by at least two of the following:</td>
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<tr>
<td>1. 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</td>
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<tr>
<td>2. failure to develop peer relationships appropriate to developmental level</td>
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<td>3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing,</td>
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<td>Diagnosis</td>
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| bringing, or pointing out objects of interest to other people)  
4. lack of social or emotional reciprocity  
B. Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:  
1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity of focus  
2. apparently inflexible adherence to specific, nonfunctional routines or rituals  
3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)  
4. persistent preoccupation with parts of objects  
C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.  
D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years). | | | | |
### Diagnosis

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<tr>
<th>Diagnosis</th>
<th>Diagnosis Background/Ethics; Regulations</th>
<th>Educational Eligibility</th>
<th>Educational Regulations</th>
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<tr>
<td>E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood. F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.</td>
<td>PDD-NOS</td>
<td>This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes &quot;atypical autism&quot; - presentations that do not meet the criteria for Autistic Disorder because of late age at...</td>
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<tr>
<td><strong>Diagnosis</strong></td>
<td><strong>Diagnosis Background/Ethics; Regulations</strong></td>
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<td><strong>Educational Regulations</strong></td>
<td><strong>Other</strong></td>
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<td>onset, atypical symptomatology, or subthreshold symptomatology, or all of these.</td>
<td></td>
<td>From the point parent signs specific consent for ASD evaluation: birth-3, 30 days; 3-21, 60 days.</td>
<td>OAR 581-015-2110 General Evaluation and Reevaluation Procedures</td>
<td></td>
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<tr>
<td><strong>Timelines to Complete Evaluation</strong></td>
<td>None</td>
<td></td>
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<tr>
<td><strong>Criteria to Evaluate</strong></td>
<td>According to the AAP and Academy of Child Neurology, a thorough evaluation of ASD should include the following: (1) parent interview, (2) direct child observation, (3) relevant medical and developmental history, (4) use of at least one autism specific instrument with good sensitivity and specificity, (5) direct measure of cognitive and adaptive skills, (6) direct measure of language and communication skills, (7) consider OT, sensory, behavioral, and neuropsychological evaluations as needed, (8) medical and neurological evaluations, (9) genetic testing to include high resolution chromosome study and DNA probe for Fragile X syndrome. Filipek et al. (2000). Practice parameters: Screening and diagnosis of autism. Report of the quality standards subcommittee of the American Academy of Neurology and the Child Neurology Society. <em>Neurology, 55</em>, 468-479</td>
<td>(1) If a child is suspected of having an autism spectrum disorder, the following evaluation must be conducted: (a) Developmental profile. A developmental profile that describes the child's historical and current characteristics that are associated with an autism spectrum disorder, including: (A) Impairments in communication; (B) Impairments in social interaction; (C) Patterns of behavior, interests or activities that are restricted, repetitive, or stereotypic; and (D) Unusual responses to sensory</td>
<td>OAR 581-015-2130 Autism Spectrum Disorder</td>
<td></td>
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</table>
(b) Observations. At least three observations of the child’s behavior, at least one of which involves direct interactions with the child. The observations must occur in multiple environments, on at least two different days, and be completed by one or more licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder.

(c) Communication assessment. An assessment of communication to address the communication characteristics of autism spectrum disorder, including measures of language semantics and pragmatics completed by a speech and language pathologist licensed by the State Board of Examiners for Speech-Language Pathology and Audiology or the Teacher Standards and Practices Commission;

(d) Medical or health assessment statement. A medical statement or a health assessment statement indicating whether there are any physical factors that may be affecting
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<th>Diagnosis</th>
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<th>Educational Eligibility</th>
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<th>Other</th>
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<td>the child's educational performance; (e) Behavior rating tool. An assessment using an appropriate behavior rating tool or an alternative assessment instrument that identifies characteristics associated with an autism spectrum disorder. (f) Other. (A) Any additional assessments necessary to determine the impact of the suspected disability: (i) On the child's educational performance for a school-age child; or (ii) On the child's developmental progress for a preschool child; and (B) Any additional evaluations or assessments necessary to identify the child's educational needs.</td>
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<td><strong>Document-</strong></td>
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<td><strong>ation and</strong></td>
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<tr>
<td><strong>Reports</strong></td>
<td>For insurance purposes and medical record keeping all patient encounters must be documented in writing. For psychologists, the APA Ethics Code has guidelines for report writing.</td>
<td>(2) The team must prepare an evaluation report and written statement of eligibility. (a) The evaluation report(s) must describe and explain the results of the</td>
<td>OAR 581-015-2120 Determination of Eligibility</td>
<td>See Eligibility Statements See Sample Evaluation and Reevaluation Report Format</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis Background/Ethics; Regulations</td>
<td>Educational Eligibility</td>
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<td>evaluation conducted.</td>
<td>(b) The written statement of eligibility must include:</td>
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<tr>
<td>(A)</td>
<td>A list of the evaluation data considered in determining the child's eligibility;</td>
<td>(A) A list of the evaluation data considered in determining the child's eligibility;</td>
<td></td>
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<tr>
<td>(B)</td>
<td>A determination of whether the child meets the minimum evaluation criteria for one of the disability categories in OAR 581-015-2130 through 581-015-2180 or 581-015-2795;</td>
<td>(B) A determination of whether the child meets the minimum evaluation criteria for one of the disability categories in OAR 581-015-2130 through 581-015-2180 or 581-015-2795;</td>
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<tr>
<td>(C)</td>
<td>A determination of whether the primary basis for the suspected disability is:</td>
<td>(C) A determination of whether the primary basis for the suspected disability is:</td>
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<tr>
<td>(i)</td>
<td>A lack of appropriate instruction in reading (including the essential components of reading) or math; or</td>
<td>(i) A lack of appropriate instruction in reading (including the essential components of reading) or math; or</td>
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<tr>
<td>(ii)</td>
<td>Limited English proficiency;</td>
<td>(ii) Limited English proficiency;</td>
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<tr>
<td>(D)</td>
<td>A determination of whether the child's disability has an adverse impact on the child's educational performance;</td>
<td>(D) A determination of whether the child's disability has an adverse impact on the child's educational performance;</td>
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<tr>
<td>(E)</td>
<td>A determination of whether, as a</td>
<td>(E) A determination of whether, as a</td>
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result of the disability, the child needs special education services; and

(F) The signature of each member of the team indicating agreement or disagreement with the eligibility determination.

(c) For a child suspected of having a specific learning disability, the team's written report and documentation of determination of eligibility must meet the requirements of OAR 581-015-2170.

(3) The team must determine a child to be eligible under this rule if the child has a disability and needs special education and related services, even though the child is advancing from grade to grade.

(4) For a child who may have disabilities in more than one category, the team need only qualify the child under one disability category. However, the child must be evaluated in all areas related to the suspected disability or disabilities, and the child's IEP must address all of the child's special education needs.
### Role of Medical Provider

Medical provider can be a licensed family physician, pediatrician, neurologist, child psychiatrist, pediatric or family nurse practitioner or a PA who will bring in their own expertise as to how the diagnosis is made and information shared with parents and school. Consider two levels of input from the medical providers:

1. Office visit with referral to EI or ECE or school;
2. or referral to diagnostic clinic.

A pediatrician or FP may be providing regular well child care and using **surveillance** during each visit, asking specific questions related to social emotional development, eye contact, mutual engagement, social reciprocity, joint attention, and speech language development. If a concern is noted then **screening** for autism is conducted followed by specific testing. Use of a questionnaire, parent history, and interview focused on their concerns, family and genetic history, and history that includes loss of language associated medical problems e.g., febrile illness, seizures, etc. Other related history should include the child’s sensory profile, sleep habits, feeding history, pica, reflux, constipation, diarrhea, allergies, asthma play, and development of fine and gross motor skills and adaptive

### Complete Health Assessment Statement

For all other purposes, the form may be completed by (1) a physician licensed by a State Board of Medical Examiners, or (2) a nurse practitioner licensed by a State Board of Nursing, specially certified as a nurse practitioner, or (3) a physician assistant licensed by a State Board of Medical Examiners. Both a nurse practitioner and a physician assistant must be practicing within his or her area of specialty.

*Medical provider could provide written information to meet a component of the evaluation criteria – as part of review of existing information.

### 581-015-2130 Autism Spectrum Disorder

581-015-2115 Evaluation Planning

See Health Assessment Statements

See Statement of Eligibility
function. Direct interaction with the child in play, specifically in pretend play, and social interaction observation with parents, as well as a medical examination to rule out associated medical conditions (including hearing and vision problems), and any finding that would lead one to suspect associated medical conditions, i.e., neurological, genetic, endocrinial, neuromuscular, and growth issues. Consider investigations as indicated and referral to sub-specialists if indicated. Rule out sensory impairment, intellectual disability, Rett syndrome, anxiety disorders, OCD, ADHD with language disorders, selective mutism, and childhood disintegrative disorders. Clarify Asperger’s syndrome vs. classic autism. If diagnosis suspected in 0-3yr child referred for (1) OT evaluation to include sensory integration and therapy, (2) speech & language evaluation and therapy to include social interaction, play, oral motor therapy, or feeding as needed, (3) PT request as needed. For child 0-3 yrs absolute need for home based program and parent training and education. Referral made to private therapists and institutions. Referral made to family support systems. Interventions should be initiated in 2-3 weeks. Weekly to bi-weekly therapy should be requested. Parent counseling and education and referral to parent support group. Follow up
by medical provider needs to be in conjunction with therapeutic interventions. Progress notes should be shared. Parent involvement as part of the team. In evaluation of older children 3-5 years find out if other investigations or interventions have been done and coordinate service with ECE and private programs. In school aged children physicians/nurses/PA should make sure that an educational consultant and clinical psychologists along with other therapists have evaluated the child. Referral for school evaluation or private diagnostic clinics. Medical provider may need to talk to the children who are verbal and discuss their diagnosis (AAP Recommendations). Communication with school and parents regarding progress, changes, and concerns is important. Become educated in CAM to discuss with parents and other providers. Be a responsible health care provider and advisor, avoid harmful unproven treatment methods. Be available to consult with school and other providers.
ASSESSMENT TOOLS REFERRED TO IN TAP

Communication

**Children’s Communication Checklist (CCC-2)**, Dr. Dorothy Bishop (2003), Harcourt Assessment Inc.

**Clinical Evaluation of Language Fundamentals (CELF-4)** Eleanor Semel, Elizabeth Wiig, and Wayne Secord, (2003), The Psychological Corporation.

**Expressive One-Word Picture Vocabulary Test (EOWPVT)**, Rick Brownell – Editor (2000), Academic Therapy Publications.


**Peabody Picture Vocabulary Test (PPVT-III)**, Lloyd M Dunn; Leota M Dunn; Kathleen T Williams; Jing-Jen Wang, (1997), American Guidance Service Inc.


**The Assessment of Basic Language and Learning Skills (The ABLLS)**, James Partington & Mark Sundberg, (1998) MOBILE.

Evidence Based Rating Tools

**Autism Diagnostic Interview, Revised (ADI-R)**, Michael Rutter, M.D., FRS, Ann LeCouteur, M.B.B.S., and Catherine Lord, Ph.D., Western Psychological Services.

**Autism Diagnostic Observation Schedule (ADOS)**, Catherine Lord, Ph.D., Michael Rutter, M.D., FRS, Pamela C. DiLavore, Ph.D., and Susan Risi, Ph.D., Western Psychological Services.

**PDD Behavior Inventory (PDDBI)**, Ira L. Cohen, Ph.D., and Vicki Sudhalter, Ph.D., (2005), Western Psychological Services.

**Social Communication Questionnaire (SCQ)**, Michael Rutter, M.D., FRS, Anthony Bailey, M.D., and Catherine Lord, Ph.D., Western Psychological Services.


**Gilliam Asperger Disorder Scale**, James E. Gilliam, (2003), PRO-ED

**Impact**


**Functional Behavior Assessment (FBA)**: [http://cecp.air.org/fba/default.asp](http://cecp.air.org/fba/default.asp)


**Educational Need**


Behavior Rating Inventory of Executive Function®-Preschool Version (BRIEF®-P), Gerard A. Gioia, PhD, Kimberly Andrews Espy, PhD, Peter K. Isquith, PhD (2003), Psychological Assessment Resources.


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