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Oregon Commission on
Autism Spectrum Disorder



Autism Spectrum Disorder: An Overview of Revisions to the Eligibility Criteria and Required Components

In effect as of January 1, 2019



**Linda Brown, D.Ed.
Oregon Department of Education**

**Brad Hendershott, M.S. SLP Licensed Autism Specialist
Columbia Regional Program**

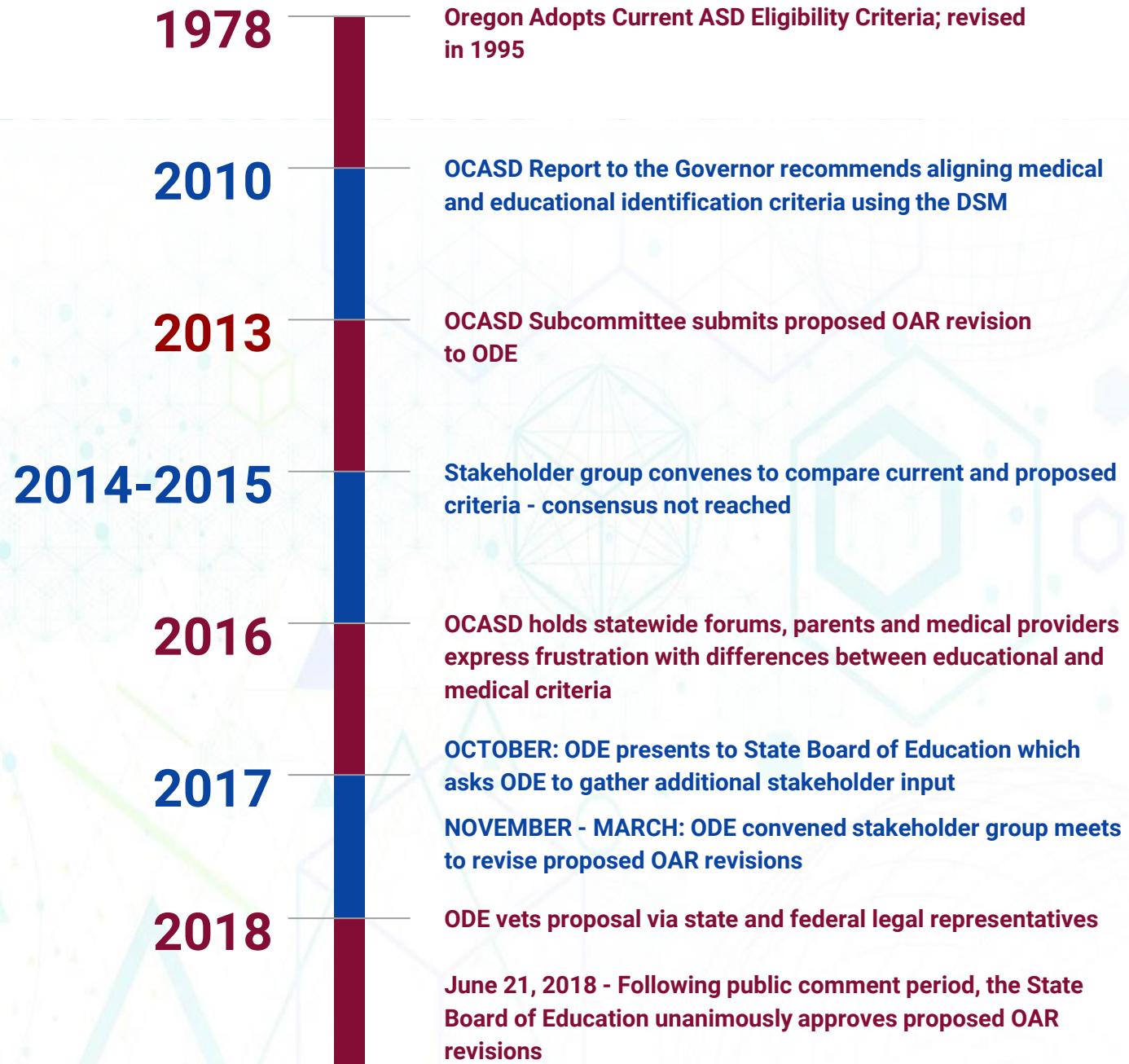
**Nancy Lawson, M.Ed.
Oregon Commission on Autism Spectrum Disorder**

Oregon Commission on Autism Spectrum Disorder



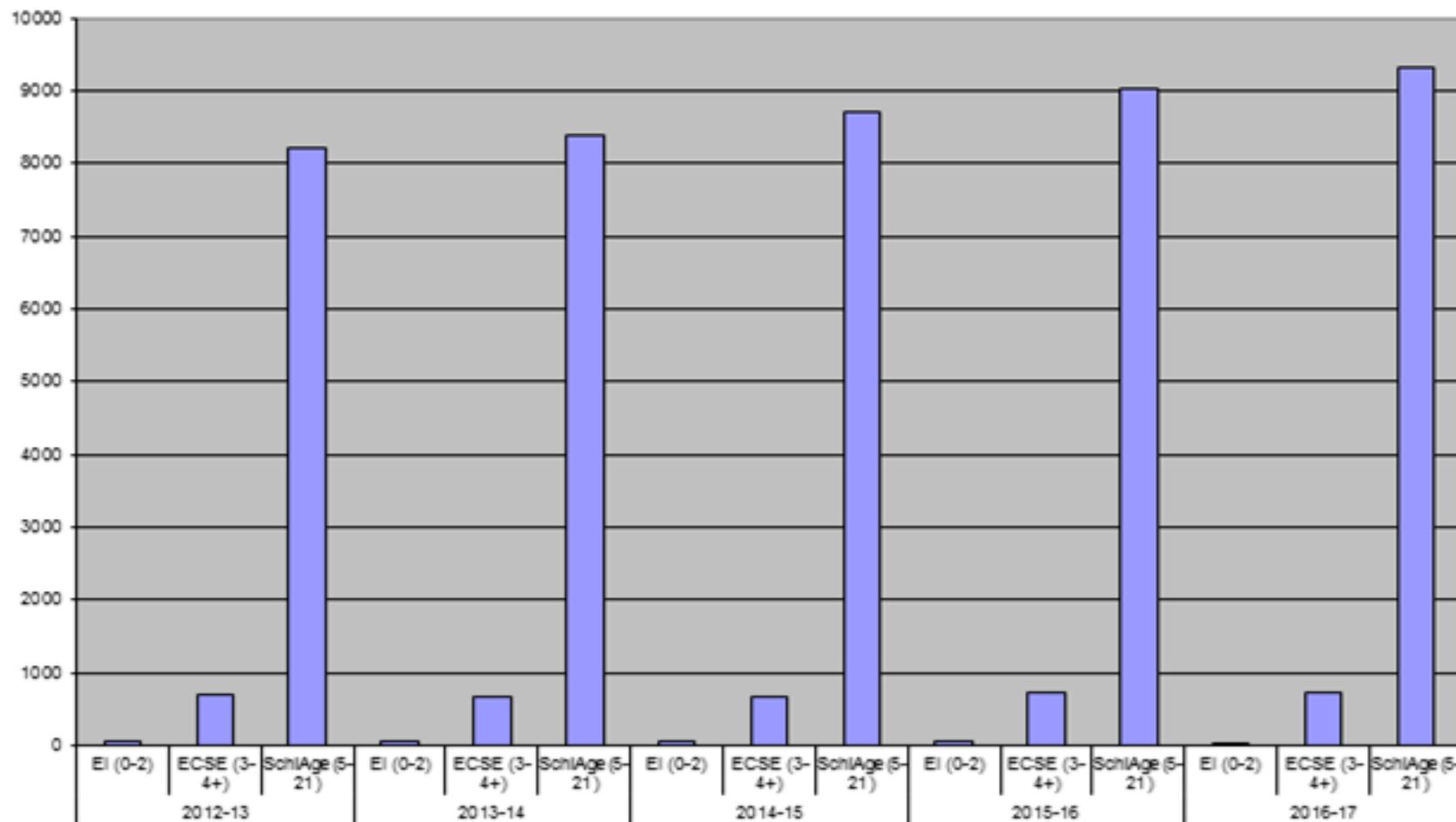
Learn more about the OCASD at
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Timeline





ASD Educational Eligibility 2012 to 2017



The New Criteria for Autism Spectrum Disorder Eligibility

Social Communication Deficits: The Core of ASD

Social Communication and Social Interaction

Must have all three social communication deficits currently or by history.
(Examples are illustrative, not exhaustive)

Demonstrates persistent deficits
across multiple contexts

<p>Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.</p>	yes <input type="checkbox"/> no <input type="checkbox"/>
<p>Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.</p>	yes <input type="checkbox"/> no <input type="checkbox"/>
<p>Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.</p>	yes <input type="checkbox"/> no <input type="checkbox"/>

Child must demonstrate all three

Restricted, Repetitive Patterns of Behavior, Interests, or Activities

Restricted, Repetitive Patterns of Behavior, Interests, or Activities
Must have at least two of the four currently or by history.
 (Examples are illustrative, not exhaustive)

Demonstrates persistent deficits across multiple contexts

<p>Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).</p>	<p>yes <input type="checkbox"/> no <input type="checkbox"/></p>
<p>Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day).</p>	<p>yes <input type="checkbox"/> no <input type="checkbox"/></p>
<p>Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).</p>	<p>yes <input type="checkbox"/> no <input type="checkbox"/></p>
<p>Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).</p>	<p>yes <input type="checkbox"/> no <input type="checkbox"/></p>

Child must demonstrate at least two of the four

Additional Criteria

The child demonstrates characteristics of autism spectrum disorder? Characteristics of autism spectrum disorder are generally evident before age three but may not have become fully evident until social demands exceed limited capacities or may be masked by learned strategies;	yes <input type="checkbox"/> no <input type="checkbox"/>
The characteristics of autism spectrum disorder are not better described by another established or suspected eligibility for special education services;	yes <input type="checkbox"/> no <input type="checkbox"/>
The child does not have a primary disability of Emotional Disturbance. 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. However, a child with autism spectrum disorder as primary disability may also have an emotion disturbance as a secondary disability;	yes <input type="checkbox"/> no <input type="checkbox"/> no current ED eligibility <input type="checkbox"/>
The child's disability has an adverse impact on the child's developmental progress for a child age 3 to 5 or has an adverse impact on the student's educational performance for a student age 5 to 21; as applicable and	yes <input type="checkbox"/> no <input type="checkbox"/>
The child needs special education services as a result of the disability.	yes <input type="checkbox"/> no <input type="checkbox"/>

A Crosswalk

Previous ASD Criteria and Revised as of January 1, 2019

Previous Criteria	Revised Criteria	Key Changes
<p>Must exhibit impairments in four areas</p> <ul style="list-style-type: none"> ● Communication ● Social Interaction ● Patterns of Behaviors, Interests, and/or Activities that are Restricted, Repetitive, or Stereotypic ● Unusual Responses to Sensory Experiences 	<p>Must exhibit ALL THREE Social Communication deficits</p> <ol style="list-style-type: none"> 1. social-emotional reciprocity 2. nonverbal communicative behaviors used for social interaction 3. developing, maintaining, and understanding relationships <p>Must exhibit AT LEAST TWO OF FOUR Restricted, repetitive patterns of behavior, interests, or activities</p> <ol style="list-style-type: none"> 1. Stereotyped or repetitive motor movements, use of objects, or speech 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior 3. Highly restricted, fixated interests that are abnormal in intensity or focus 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment 	<ul style="list-style-type: none"> ● Social and communication are now a combined category ● Core deficits are <u>much more descriptive with examples</u>. ● Sensory is one of four that may be used to establish eligibility ● There are multiple combinations of behavior that equate with ASD - Examples: <ul style="list-style-type: none"> ○ 3/3 SC with 1 & 2 RRPBs ○ 3/3 SC with 1 & 3 RRPBs ○ 3/3 SC with 1 & 4 RRPBs ○ 3/3 SC with 2 & 3 RRPBs ○ 3/3 SC with 2 & 4 RRPBs ○ 3/3 SC with 3 & 4 RRPBs

Previous Criteria	Revised Criteria	Key Changes
<p>Each of the four areas also had to be</p> <ul style="list-style-type: none"> • Inconsistent or Discrepant with the Student's Development in Other Areas <p>AND</p> <ul style="list-style-type: none"> • Documented Over Time and/or Intensity 	<p>For each of the social communication and restricted, repetitive patterns of behavior, interests, and activities deficits we must be able to say that the child <i>"Demonstrates persistent deficits across multiple contexts"</i></p>	<p>Inconsistent/discrepant and time and/or intensity questions go away; <i>"persistent deficits across multiple contexts"</i> in their place.</p>
<p>Not directly addressed in currently criteria</p>	<p>Each characteristic must be demonstrated <i>"currently or by history"</i></p>	<p><i>"...or by history"</i> is intended for older individuals/adults who demonstrated features in a domain (e.g., stereotyped or repetitive motor movements) but are currently unobserved due to learned skills or other compensatory strategies.</p> <p>The intent of DSM-5 authors was to insure the criteria was a better fit across the lifespan.</p>

Previous Criteria	Revised Criteria	Key Changes
<p>Not directly addressed in currently criteria - documented over time and/or intensity</p>	<p>“Characteristics are generally evident before age three, but may not have become fully evident until social demands exceed limited capacities, or may be masked by learned strategies.”</p>	<p>This is an important change recognizing that</p> <ul style="list-style-type: none"> (a) the gap between the child with ASD and typical peers is often narrower when young (i.e preschool), but widens over time raising the level of concern. and (b) that characteristics present when younger can become masked by effective intervention, self-awareness and attempts to “cover” - more common with older students and adults.

Previous Criteria	Revised Criteria	Key Changes
<p>Not directly addressed, but IDEA has always required that teams evaluate in all areas of suspected disability and utilize the eligibility category that best describes the child</p>	<p>The characteristics of autism spectrum disorder are not better described by another established or suspected eligibility for special education services.</p>	<p>This tasks teams with differentiating eligibilities, and will require a more comprehensive understanding of conditions that mimic ASD and that often co-occur with ASD.</p> <p>During the process of evaluating for ASD, the team may discover discrepancies that warrant looking at a different or additional disabilities.</p> <p>This addition increases the responsibility of teams to ensure behavioral characteristics are truly attributable to ASD versus a different or additional disability.</p>

Previous Criteria	Revised Criteria	Key Changes
Child can not have a primary eligibility of emotional disturbance (ED), though they can be ASD primary with ED secondary	Unchanged	None
Must demonstrate adverse impact upon educational performance for school-aged, or adverse impact upon developmental progress for ages 3-5.	Unchanged	
Child needs special education (specially designed instruction)	Unchanged	



Updated Definitions

Updated Definitions

"Children with disabilities" or **"students with disabilities"** means children or students evaluated in accordance with OAR 581-015-2100 through 581-015-2180 as having autism spectrum disorder; communication disorder; deafblindness; emotional disturbance; hearing impairment, including deafness; intellectual disability; orthopedic impairment; other health impairment; specific learning disability; traumatic brain injury; or visual impairment, including blindness, and who, by reason thereof, need special education and related services.

If it is determined through an appropriate evaluation in accordance with OAR 581-015-2100 through 581-015-2180, that a child has one of the disabilities identified in section (4) above, but only needs a related service and not special education, the student is not a student with a disability under this OAR.

If, consistent with OAR 581-015-2000 (29), the related service required by the child is considered special education rather than a related service, the child would be determined to be a child with a disability under this OAR.

Updated Definitions

“Autism Spectrum Disorder” means a developmental disability that includes persistent deficits in social communication and social interaction across multiple contexts; restricted, repetitive patterns of behavior, interests, or activities. Characteristics are generally evident before age three but may not become fully evident until social demands exceed limited capacities, or may be masked by learned strategies. Characteristics cause educationally and developmentally significant impairment in social, occupational, or other important areas of current functioning. 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 autism spectrum disorder may also have an emotional disturbance as a secondary disability if the child meets the criteria under emotional disturbance. The term “Autism Spectrum Disorder” is equivalent to the term “autism” used in ORS 343.035 and in 34 CFR §300.8.

Updated Definitions

“Developmental History” means gathering information regarding the following: the child’s prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs; meeting of developmental milestones; socialization and behavioral patterns; health and physical/medical history; family and environmental factors; home and educational performance; trauma or significant stress experienced by the child; and the display of characteristics of any additional learning or behavioral problems.

Current and New Evaluation Components: A Crosswalk

Summary of ASD Evaluation Required Components

- 1. Records review**
- 2. Developmental History**
- 3. Parent/Caregiver Interview (current and historic characteristics in the seven domains)**
- 4. Three Observations in multiple environments across two or more days - must include**
 - Direct Interaction (e.g., structured observation)
 - With one or more peers in unstructured setting
- 5. Social Communication Assessment**
- 6. Standardized Autism Identification Instrument**
- 7. Medical assessment or health examination information regarding health/physical factors**
 - Required for initial eligibilities, birth-to-5
 - Team decision for school-aged, 5-to-21
- 8. Vision and Hearing Screenings (if not on file, must be completed)**
- 9. Additional assessments to determine impact of disability**
- 10. Additional assessments to determine needs**

Previous Evaluation Component	Revised Evaluation Components	Key Changes
Not defined in OAR	<p>(a) Developmental History means gathering information regarding the following: the child's prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs; meeting of developmental milestones; socialization and behavioral patterns; health and physical/medical history; family and environmental factors; home and educational performance; trauma or significant stress experienced by the child; and the display of characteristics of any additional learning or behavioral problems.</p>	<p>This enhanced developmental history is a much more comprehensive review of a student's current and historical characteristics of ASD.</p> <p>The more comprehensive history assists the team in considering what additional eligibilities to consider, if any.</p>

Previous Evaluation Component	Revised Evaluation Components	Key Changes
<p>Developmental Profile. A developmental profile that describes the child's historical and current characteristics that are associated with ASD:</p> <ul style="list-style-type: none"> ● Impairments of communication; ● Impairments of social interaction; ● pattern of behaviors, interest or activities that are restricted, repetitive; or stereotypic; and ● unusual responses to sensory. 	<p>(b) Information from parents and other knowledgeable individuals regarding the child's historical and current characteristics that are associated with an autism spectrum disorder, including:</p> <ul style="list-style-type: none"> ● Deficits in social communication and social interaction across multiple contexts; and ● Restricted, repetitive patterns of behavior, interests, or activities. 	<p>Requires additional input from parents and other individuals familiar with the child to review current or historical behavior characteristics associated with ASD.</p> <p>Shifts emphasis from “the four areas” to the two domains of social communication and restricted, repetitive patterns of behavior, interests or activities.</p>

Previous Evaluation Component	Revised Evaluation Components	Key Changes
<p>Three Observations of the child's behavior:</p> <ul style="list-style-type: none"> ● At least one of which involves direct interactions with the child; ● Must occur in multiple environments; ● On at least two different days; and ● Completed by more than one licensed professional knowledgeable about behaviors associated with ASD. 	<p>(c) Three Observations</p> <ul style="list-style-type: none"> ● At least one of which involves direct interactions with the child; ● at least one of which involves direct observation or video of the child's interactions with one or more peer in an unstructured environments; ● observation must occur in multiple environments; ● observations must be conducted on at least two different days; and ● completed by one or more licensed professionals knowledgeable about the behavioral characteristics of ASD. 	<p>Added expectation that one of the three observations must include observation of the child's interaction with one or more peers in an unstructured environment.</p> <p>If an observation during peer interaction is not feasible, then an interaction with a familiar adult is permitted.</p>

Previous Evaluation Component	Revised Evaluation Components	Key Changes
<p>Communication Assessment</p> <p>An assessment of communication to address the communication characteristics of autism spectrum disorder, including measures of language semantics and pragmatics completed by speech therapist (State Board and/or TSPC).</p>	<p>(d) Social Communication Assessment</p> <p>In reference to developmental expectations and that address the characteristics of autism spectrum disorder to develop a profile of:</p> <ul style="list-style-type: none"> ● Functional receptive and expressive communication, encompassing both verbal (level of spoken language) and nonverbal skills; ● Pragmatics across natural contexts; and ● Social understanding and behavior, including social-emotional reciprocity. <p>completed by a speech language pathologist (State Board and/or TSPC).</p>	<p>More specific regarding required assessments, to include functional communication, pragmatics across natural contexts, and social understanding - all in reference to developmental expectations.</p>

Previous Evaluation Component	Revised Evaluation Components	Key Changes
<p>Behavior rating tool.</p> <p>An assessment using an appropriate behavior rating tool or an alternative assessment instrument that identifies characteristics associated with an autism spectrum disorder.</p>	<p>(e) Standardized Autism Identification tool.</p> <p>One or more valid and reliable standardized rating scales, observation schedules, or other assessments that identify core characteristics of autism spectrum disorder.</p>	<p>Added expectation that teams will consider additional standardized Autism Identification tools that may help to identify core characteristics of autism spectrum disorder.</p>

Previous Evaluation Component	Revised Evaluation Components	Key Changes
<p>Medical or health assessment statement</p> <p>A medical statement or a health assessment statement indicating whether there are any physical factors that may be affecting the child's educational performance.</p>	<p>(f) Medical Examination or Health Assessment</p> <p>A medical examination or health assessment shall be completed for children age birth to five for initial eligibility determinations, and may be completed for children above age five, as determined necessary by the team.</p> <p><i>The purpose of a medical examination or health assessment is to ensure consideration of other health and/or physical factors that may impact the child's developmental performance for a child age 3-5 or the child's educational performance for a child age 5-21.</i></p> <p><i>A medical diagnosis of autism spectrum disorder is not required to determine eligibility.</i></p>	<p>Medical Statement/Health Assessment is still required with initial evaluations for children ages birth to 5.</p> <p>For children age 5 to 21 the need for the Medical Statement/Assessment Statement will be determined by the evaluation team.</p>

Previous Evaluation Component	Revised Evaluation Components	Key Changes
not in current OAR	<p>(g) Vision and Hearing Screening</p> <p>Review existing screening, or if none conduct a new screening.</p>	New Requirement
<p>Any additional assessments necessary to determine the impact of the suspected disability:</p> <ul style="list-style-type: none"> ● On the child's educational performance for a school-age child; or ● On the child's developmental progress for a preschool child. 	<p>(h) Any additional assessments may include, but not limited to, measures of cognitive, adaptive, academic, behavioral-emotional, executive function/self-regulation, or sensory processing necessary to determine the impact of the suspected disability:</p> <ul style="list-style-type: none"> ● On the child's developmental progress for a child age 3 to 5; OR ● On the child's educational performance for a child age 5 to 21. 	Added expectation that teams will consider additional evaluation tools that may help to determine the impact of the child suspected disability.

Previous Evaluation Component	Revised Evaluation Components	Key Changes
Any additional evaluations or assessments necessary to identify the child's educational needs.	(h) Any additional evaluations or assessments necessary to identify the child's developmental or educational needs.	Stays the same

We will now take a closer look at the required evaluation components of a comprehensive evaluation for autism spectrum disorder, following the OAR's effective January 1, 2019.

Developmental History - must inquire regarding

- Child's prenatal and birth history
 - including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs;
- Meeting of developmental milestones
- Socialization and behavioral patterns
- Health and physical/medical history
- Family and environmental factors
- Home and educational performance
- Trauma or significant stress experienced by the child
- Display of characteristics of any additional learning or behavioral problems

Development History continued...

- Pattern (or lack) of characteristics beginning in early development

Other critical factors for a developmental history:

- Events or physical factors that would lead the team to look at other disability categories.
- Prenatal or environmental factors that would lead the team to look at other disability categories.
- Possible medical/physical conditions that would lead the team to require a medical statement.



Examples

- Student with head injury
- Student with history significant for abuse and/or neglect

These can impact development and should be considered when reviewing typical developmental milestones, as well as the areas of disability that are being evaluated.

Interviewing Family or Caregivers

- Reassure. The purpose is to gather information that will lead the educational team to the right supports for their child.
- While it is incumbent upon us to ask, the interviewee may opt not to respond.
- A full history may not be available. This is one part of the overall picture, simply gather as much as possible.
- Be sensitive in report writing. Follow protocol for what, and how, information is disseminated.

Ideas for Gathering a Developmental History

- Baby book, photo albums
- Videos (especially of child's birthday parties)
- Childhood Autism Rating Scale (CARS-2) Parent/Caregiver Questionnaire
- Sample questionnaires will be in the revised TAP (anticipated release by January, 2019)

Resources for Developmental Milestones

- www.cdc.gov/actearly
- Revised TAP, sample form in development

Of note, this information will also inform other parts of the evaluation.

Multi-purpose Developmental History

- The developmental history will inform the evaluation team of possible other medical/environmental conditions that may lead to additional evaluations.
- The developmental history in conjunction with the parent/caregiver interview “(1)(b) will provide the historical and current characteristics that are associated with ASD, including:
 - Deficits in social communication and social interaction across multiple contexts,
 - Restricted, repetitive patterns of behavior; hyper or hypo-reactivity to sensory input...

Observations

Three Observations

- one direct observation of the child
- one observation of child with peers/familiar adult in unstructured setting
- occur in multiple environments
- on at least two different days
- completed by one or more licensed professionals knowledgeable about ASD

Social Communication Assessment (SCA)

Five Key Concepts

1. When we assess, we are not “fishing” for ASD, going in searching for characteristics. Rather, use the SCA to form a profile of social communication development relative to typical development by assessing areas we generally expect to be impacted by ASD - and the ASD should emerge if present
2. Quality of the SCA depends heavily upon the SLPs (a) knowledge of ASD and how it manifests across severity and age ranges, and (b) typical SC development (e.g., range of communicative functions @ 18m, Theory of Mind/false belief @~5y)

Social Communication Assessment (SCA)

Five Key Concepts

3. Goal of the SCA is **twofold**: to assist in eligibility determination, and to inform intervention priorities and goal development
4. SCA is not a collection of scores on standardized language tests (that are designed to decontextualize skill so we can measure them). Autism is a disorder of social communication that by definition is about functioning **in context** - so that's how it must be assessed.
5. SCA alone does not determine if a child is or is not eligible under ASD. Each team member must consider all evaluation data before coming to a conclusion - if team members ask before meeting, describe what you see without making a definitive statement

SCA Components

The SCA involves assessment of three interrelated components:

1. “functional receptive and expressive communication encompassing verbal and nonverbal skills”

Verbal: understanding and responding to language spoken to the child; the ability to produce speech that is intelligible to others, the ability to express wants, needs, feelings and thoughts with words and sentences

Non-Verbal: the ability to understand and use eye-gaze, gestures (conventional and unconventional) and vocalizations to convey messages to others; the ability to use signs, pictures or electronic formats to convey messages

Coordinated use of **verbal and non-verbal** communication to regulate social interaction

SCA Components

The SCA involves assessment of three interrelated components:

2. “pragmatics across natural contexts”

- Conversation skills, balanced turn-taking, topic reciprocity
- Social approach, frequency and timing of initiations
- Matching social behavior to the context (i.e., unwritten rules)
- Adjusting communication to communication partner (e.g., peer vs adult)
- Range of communicative functions (request, protest, comment, greet)
- Use of communication for social closeness
 - Giving compliments
 - Commenting and showing
 - Asking questions
- Orienting body/eye-gaze toward communication partner

Pragmatics will be impaired in ASD, but be mindful that pragmatic difficulties occur across a range of conditions

SCA Components

The SCA involves assessment of three interrelated components:

3. “social understanding and behavior

including social-emotional reciprocity”

Joint attention - initiating or responding to an attempt to share focus; knowing there is a shared focus

Theory of Mind - Intuitive awareness of the thoughts of others, adjusts social behavior accordingly

Emotional Recognition - by facial expression, tone of voice, body posture

- Sharing interests, showing others
- Social smile, evident pleasure in social interaction, affective displays
- Initiation for social connection (not only to obtain or protest)
- Responsiveness to social bids from others
- Participates in play, simple games

SCA Procedures

- Strengths and limitations of standardized tests
 - **Examples of tests that press upon skills typically impacted by ASD:** Test of Problem Solving (TOPS-2 Adolescent, and TOPS-3 Elementary), Test of Pragmatic Language (TOPL-2), The Social Language Development Test (SLDT), Social Emotional Evaluation (SEE), CASL subtests (*Idiomatic Language, Nonliteral Language, Inference, Pragmatic Language*)
- Caution regarding tests of pragmatics (declarative versus procedural knowledge)
- Assessments - will vary based on the age, developmental level, apparent severity of each child (no cookbook - sorry!)
 - **Gather background and referral data**
 - **Interviews:** parent, teacher, other familiar adults (helpful to structure with informal checklists)
 - **Observations**
 - **Direct interaction** (i.e. structured observation)
 - **Standardized tests** - not required, but may be useful

SCA Procedures

Not prescriptive - only intended to illustrate how tools, methods, and the focus of observation will vary across ages, severity/developmental levels

Most Severely Impacted

Least Severely Impacted

Preverbal/Emergent

- SCERTS-SAP Observation Form: Social Partner (Rubin)
- Forms & Functions Checklist
- Social Skills Checklist (Quill)
- The Communication Matrix
- Communicative Temptations (for direct interaction, informal “presses”)
- Developmental Playscale (Westby, 2000)

Start thinking about AAC - child needs a functional means of communicating. It's not giving up on speech - research clearly shows AAC intervention produce modest to significant gains in speech for children with ASD

Word Combinations

- Play-based interaction with one-to-two socially competent peers
- TOLD P:4 Language Test with pragmatic skills checklist
- Social Responsiveness Scale-2 (SRS-2)
- Children's Communication Checklist-2

Receptive/expressive language tests will often be helpful with this type because of evident deficits with language form

Complex Language

- Autism Social Skills Profile (Bellini, 2016)
- “Double Interview” (Winner)
- Pragmatic Skills Checklist
- Indices of Friendship Observation Schedule (Atwood)
- Test of Problem Solving-3

Be careful - the highest functioning kids can look very competent 1:1 with adults. True measure of social competence is taken among peers.

Language tests for this group will probably yield scores in average to above average range and not tell you much about the ASD

Standardized Autism Rating Tool

- The following slides provide examples for EI, ECSE, and School Age
- The list may not be exhaustive
- Check the publisher's manual for age criteria and examiner qualifications

Standardized Autism Rating Tool Early Intervention (birth-2)

(e) Standardized Autism Identification Tool. One or more valid and reliable standardized rating scales, observation schedules, or other assessments that identify core characteristics of autism spectrum disorder.

- Autism Diagnostic Interview-Rev. (ADI-R) 2+ years
- Autism Spectrum Rating Scales (ASRS) - Rating Scales. Aligned with new criteria. 2.0-18 years
- Childhood Autism Rating Scale (CARS-2) - 2+ years
- Social Responsiveness Scale (SRS-2) - Rating 2.5 + yrs

Standardized Autism Rating Tool

Early Intervention (birth-2) continued

One or more valid and reliable standardized rating scales, observation schedules, or other assessments that identify core characteristics of autism spectrum disorder.

- Autism Diagnostic Observation Schedule (ADOS-2) Standardized Observation Scale - 12 months-adult
 - Toddler Module – provides ranges of concern for symptoms of ASD
 - Modules 1-4 – provide cutoff scores for autism and autism spectrum classifications

Standardized Autism Rating Tool

ECSE (ages 3-5 years)

One or more valid and reliable standardized rating scales, observation schedules, or other assessments that identify core characteristics of autism spectrum disorder.

- Autism Diagnostic Interview-Rev. (ADI-R) Interview
 - Social Communication Questionnaire was originally designed to accompany the ADI-R. May be used together or stand alone.
- Autism Diagnostic Observation Schedule (ADOS-2) Standardized Observation Scale

Standardized Autism Rating Tool

ECSE (ages 3-5 years) continued...

- Autism Spectrum Rating Scales (ASRS) - Rating Scales.
Aligned with new criteria.
- Childhood Autism Rating Scale (CARS-2) - Administer either the Standard or High Functioning Rating Scale
- Social Responsiveness Scale (SRS-2) - Rating Scales 2 subtests align directly with the social/RRB criteria.

Standardized Autism Rating Tool

School Age (5-21 years)*

- Autism Diagnostic Interview-Rev. (ADI-R) Interview
 - Social Communication Questionnaire (SCQ) was originally designed to accompany the ADI-R. May be used together or stand alone.
- Autism Diagnostic Observation Schedule (ADOS-2)
Standardized Observation Scale
- Autism Spectrum Rating Scales (ASRS) - Rating Scales.
Aligned with new criteria.

* Check the publisher guide for upper age limit

Standardized Autism Rating Tool School Age (5-21 years) continued*

- Childhood Autism Rating Scale (CARS-2) - Administer either the Standard or High Functioning Rating Scale
- Social Responsiveness Scale (SRS-2) - Rating Scales 2 subtests align directly with the social/RRB criteria.

* Check the publisher guide for upper age limit

Standardized Autism Tools Developmental/Educational Impact

These tools look at characteristics of ASD and their educational impact.

- Autism Screening Instrument for Educational Planning (ASIEP-3) Rating Scale. 2.0-13.11 years
- Social, Communication, Emotional Regulation, and Transactional Support (SCERTS) Rating Scale.

Medical Statement

(f) Medical Examination or Health Assessment. A medical examination or health assessment shall be completed for children age birth to five for initial eligibility determinations, and may be completed for children above age five, as determined necessary by the team.

The purpose of a medical examination or health assessment is to ensure consideration of other health and/or physical factors that may impact the child's developmental performance for a child age 3-5 or the child's educational performance for a child age 5-21.

A medical diagnosis of autism spectrum disorder is not required to determine eligibility.

Medical Statement

Key Points

- Required for initial eligibilities Birth - 5 years
- Team decision for initial/re-eligibilities > 5 years
 - Must consider possible health and/or physical factors
- Team may use Medical Report or Health Assessment from a qualified medical provider - ODE form is optional.
- If looking at differential or co-morbid conditions, the team will need to look at the Medical Statement requirements for those possible eligibilities.

Vision and Hearing Screening

- Review the student's file to determine if hearing and vision screenings have been completed.
- If no hearing and/or vision screening documentation can be found, conduct a hearing and/or vision screening
- The results of the hearing and vision screenings should be carefully reviewed by the evaluation team to determine if additional evaluations need to be considered to identify the educational needs of the student.

Additional Assessments

(A) Any additional assessments that may include, measures of cognitive, adaptive, academic, behavioral-emotional, executive function/self-regulation, or sensory processing necessary to determine the impact of the suspected disability:

- (i) On the child's developmental progress for a child age 3 to 5; or
- (ii) On the child's educational performance for a child age 5 to 21.

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

We will look at possible reasons to add assessments, as well as some assessment resources in the following slides.

Additional Assessments

Cognitive and Adaptive

The evaluation team may decide to assess these domains for the following, or other reasons.

- The student's cognition and adaptive skills appear to be very low with a possible intellectual disability.
- An understanding of the student's cognitive/adaptive strengths and weaknesses will inform educational impact and programming for school age, and developmental progress for ECSE.
- Side note - Social Service Agencies ask the schools for this information as part of their agency eligibility.

Additional Assessments

Academic

- School age teams generally find it helpful (especially for initial eligibilities) to assess a student's academic strengths and weaknesses to inform educational impact and programming.
- For (re-)evaluation, academic assessments may also be used to help a team determine program types and diploma track options.

Additional Assessments

Behavioral-Emotional

- Due to behavior that interferes with the learning of the student, or others, the team may decide to conduct standardized assessments looking at behavior.
 - If the behaviors are significant, the team will frequently determine that a Functional Behavioral Analysis/Assessment be conducted.
- Behavioral assessments may be requested when the team is looking at other possible disabilities, such as Other Health Impairment for ADHD, or ED.
- Teams may determine to use an instrument such as the Behavior Assessment System for Children (BASC-3 ages 3- adult) which looks at behavior and adaptive.

Additional Assessments

Executive Functioning/Self Reg.

For students, sometimes referred to as ‘high-functioning’, their primary impact includes the areas of self control, flexibility and metacognition (ability to think about their thinking/learning).

The Behavior Rating Index of Executive Functioning is one example of a tool that assesses these domains.

BRIEF-P ages 2 - 5.11 years

BRIEF-2 ages 5-18 years

Additional Assessments

Sensory Processing*

While most Autism Rating Tools will touch on sensory processing, there are times when the team determines additional insight is needed for this domain.

As an example, there are several versions of the Sensory Profile-2 Rating Scale (birth-14; adolescent/adult) which look at this domain.

** Some instruments require interpretation by an occupational therapist. Check the publisher's manual.*

Summary of Evaluation Criteria

Information from the developmental history, history of characteristics of ASD, Observations, Social Communication Assessment, Standardized Autism Rating Tool, Vision/Hearing Screening; possible Medical/Health Statement and possible Additional Assessments together **form a picture of the child** through the lens of autism.

The presentation and discussion of the team members reports, along with family input, will drive the determination of 1) whether the child meets the criteria for ASD, and 2) ECSE/School age, if there is developmental/educational impact.

Autism Spectrum Disorder Technical Assistance Paper

- New ASD TAP available on the ODE website January, 2019 via Regional Program, subsection Autism Spectrum Disorder
- [https://www.oregon.gov/ode/students-and-family/SpecialEducation/RegPrograms_BestPractice/Pages/Autism-Spectrum-Disorder-\(ASD\)-Education-Services.aspx](https://www.oregon.gov/ode/students-and-family/SpecialEducation/RegPrograms_BestPractice/Pages/Autism-Spectrum-Disorder-(ASD)-Education-Services.aspx)

Additional Resources

- [Oregon's Low Incidence Regional Programs](#)
- [Oregon Commission on Autism Spectrum Disorder \(OCASD\)](#)
- [Oregon Regional Autism Training Sites \(OrPATS\)](#)

Eligibility Determination Activity



Eligibility Determination Activity

Directions:

1. Individually, in dyads, or groups, read through the student vignette that aligns with the ages with whom you work.
2. Use the “Seven Domains Sorting Tool” to note and categorize salient data points that will assist in determining the mock-eligibility.
3. Complete the eligibility statement - do your best with the information available!

We will go through the statement together. The purpose of this activity is to familiarize yourself with the form and the process of analyzing evaluation data in the context of the new criteria. It is not to get us all in agreement - that would be a different workshop!

Seven Domains Sorting Tool

Scarce or no deficit data for one or more of the seven domains may be interpreted as indicating typical development (i.e. unremarkable) in a given eligibility domain.

A caveat...

This tool is not to be used to pre-determine eligibility. Rather, it is intended to help evaluators, and teams with parents included, categorize and analyze assessment data.

Presenter Contact Information

Linda Brown

Linda.brown@state.or.us

503-947-5825

Brad Hendershott

bhender1@pps.net

503-916-5570 ext 78380

Nancy Lawson

nancy@orcommissionasd.org

541-832-2334



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