

Educational Evaluation Guide For Autism

Spring 2009



Wisconsin Department of Public Instruction
Elizabeth Burmaster, State Superintendent

THESE MATERIALS DEVELOPED BY:

Pam Foegen, Former Autism Consultant
Marge Resan, Former Autism Consultant
Wisconsin Department of Public Instruction

ACKNOWLEDGEMENTS

Special thanks and appreciation to the following individuals whose contribution of expertise and time in July, 2008 made this document possible:

Kelly Brodhagen, Parent and Wisconsin Assistive Technology Initiative Program Assistant, CESA #6
Lisa Dillhunt, Autism Program Support Teacher, Green Bay Area Public Schools
Cynthia Kieck, Pre K-5 Pupil Service Team Leader, School District of South Milwaukee
Laurie Miller, Autism Program Support Teacher, Fond du Lac School District
Susan Stokes, Autism Consultant, CESA #6
Jude Teicher, Autism Consultant, CESA #2
Susan Volz Nett, Autism Program Support Teacher, Madison Metropolitan School District

Additionally, special thanks to the following individuals who contributed to the initial draft of these materials:

Wisconsin Department of Public Instruction:

Sandy Berndt, Cognitive Disabilities Consultant
Pat Bober, Occupational Therapy Consultant
Lynn Boeson, Emotional Behavioral Disabilities Consultant
Sheryl Thormann, Speech/Language Consultant

Elizabeth Keenan, Former Director of Special Education, North Fond du Lac (WI) Schools
Lisa Schreiner, Teacher, La Crosse (WI) Schools
Michelle Sturz, Parent, Evansville, WI

Thanks to those who provided feedback on the Fall 2007 draft of these materials:

Autism Society of Wisconsin, Education Committee
Carol Zarske, Executive Director of Special Education, CESA 6
Gary D. Cumley, Associate Dean, School of Communicative Disorders, UW-Stevens Point
Julie LaBerge, Parent and Director of Special Education, Bonduel School District

Laura Comer	CESA 12	Julie Ellis	Racine
Mary Enright	CESA 1	Colleen Fredelake	Milwaukee
Amy Hamin	Wisconsin Rapids	Joan Helbing	Appleton
Janet Hoelker	Middleton-Cross Plains	Tracy Hougum	D. C. Everest
Karen Idso	Eau Claire	Carolyn Jahns	DePere
Amanda Jansen	CESA 7	Barb Kilp	Milwaukee
April Knudson	DePere	Pat Konopka	Oshkosh
Tammy Lampereur	Ashwaubenon	Lisa Lesselyong	Kimberly
Veronica Milling	Elkhorn	Judi O'Brien	Appleton
Judy Olm	Fond du Lac	Melissa Piette	Wausau
Mary Smith	Manitowoc	Mikki Valona	Antigo
Marcy Worzala	Madison		

TABLE OF CONTENTS

Introduction	4
Wisconsin Eligibility Criteria for Autism	7
Analysis of the criteria	8
• PI-11.36 (8) (a): Definition; Autism and EBD	8
• PI-11.36 (8) (b): Evaluation procedures	9
Tests and Checklists	
Observations	
Interviews	
• PI-11.36 (8) (b) 1: Social Participation	13
• PI-11.36 (8) (b) 2: Communication	15
• PI-11.36 (8) (b) 3: Developmental Rates & Sequences	17
• PI-11.36 (8) (b) 4: Cognition	18
• PI-11.36 (8) (b) 5: Sensory Processing	19
• PI-11.36 (8) (b) 6: Behavioral Repertoire	21
Need for Special Education	22
Appendices	25
A. Evaluation Instruments - Examples	26
B. Eligibility Worksheet	31
C. Need for Special Education Worksheet	32
D. Bibliography and Resources	33

Introduction

Autism spectrum disorders are:

- Developmental disabilities.
- Usually evident before age three.
- Neurological disorders.

Autism is considered a spectrum disorder, meaning physical differences in the brains of individuals with autism create

- Vastly differing neurological experiences;
- A wide continuum of symptoms;
- A range in severity;
- Wide variability among students.

Autism spectrum disorders occur across all socioeconomic, ethnic, cultural and geographic groups. The incidence of autism spectrum disorders is higher among males than females.

The purpose of this guide is to provide information needed and processes to follow to determine whether a student meets the eligibility criteria for the **educational impairment** area of autism under the Individuals with Disabilities Education Act.

Medical Diagnosis versus Educational Eligibility Determination

Federal and state special education law use the categorical term autism, which in special education practice may include students with medical diagnoses of autism spectrum disorders such as:

- Autism,
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS),
- Asperger’s Syndrome.

NOTE: A medical diagnosis of an autism spectrum disorder is **not required** in order to determine whether a student meets eligibility criteria for the educational impairment area of autism. If medical information is available it should be considered as part of the Individual Evaluation Program (IEP) team’s evaluation but must not be the sole component. School personnel **may not** require parents to obtain a medical diagnosis of an autism spectrum disorder before proceeding with an educational evaluation.

IEP teams make educational eligibility determinations, **not medical diagnoses**.

Educational Eligibility Determination

IEP teams conduct evaluations of students to determine eligibility for special education. The IEP team must determine whether the student meets the educational impairment criteria and, as a result, needs special education services.

NOTE: A medical diagnosis of an autism spectrum disorder does not result in automatic eligibility for special education under the impairment area of autism. It is also possible for a student to have the educational impairment of autism but not need special education services.

When IEP teams evaluate students they must follow the required procedures and apply Wisconsin eligibility criteria found in Chapter PI 11 of the Wisconsin Administrative Code. All IEP team participants, including parents, are members of the team and must have an opportunity to meaningfully participate in the decision making process.

Each IEP team must consist of the following:

- The parents of the child.
- At least one regular education teacher of the child if the child is, or may be, participating in a regular educational environment.
- At least one special education teacher who has recent training or experience related to the child's known or suspected area of special education needs (in this case, autism) or, where appropriate, at least one special education provider of the child.
- A representative of the local educational agency (LEA) who is qualified to provide, or supervise the provision of, special education, is knowledgeable about the general curriculum and is knowledgeable about and authorized to commit the available resources of the LEA.
- An individual who can interpret the instructional implications of evaluation results.
- At the discretion of the parent or the LEA, other individuals who have knowledge or special expertise about the child, including related services personnel as appropriate.
- Whenever appropriate, the child.
- If a child is attending school through open enrollment or a tuition waiver, at least one person designated by the resident district who has knowledge or special expertise about the child.
- When a child is suspected or known to need occupational therapy, physical therapy, or speech and language therapy, a therapist in each respective area of service.

The LEA representative role may be fulfilled by another member of the IEP team provided the individual meets the requirements to act in that capacity. The LEA should clearly identify on IEP forms which role(s) each IEP team member is fulfilling.

The determination of whether an individual invited to the IEP team meeting by the parent or by the LEA has knowledge or special expertise about the child is made by the party inviting the individual.

In addition to the legally required IEP team members, other school professionals are recommended participants on IEP teams conducting educational autism evaluations. For example:

- Occupational therapists assess the effects of the environment and the demands of an activity on the student's ability to perform functional skills, such as the effects of noise or touch on social interaction.
- Physical therapists assess the student's motor skills.
- School nurses bring expertise to evaluation of complex health needs.
- School psychologists provide important information about the student's social functioning, neurological functioning, developmental rates and sequences, etc. and are able to interpret the instructional implications of evaluation results.
- School social workers provide insight into the student's developmental history and how the student functions and interacts in home, school and community environments.
- Speech and language therapists conduct assessments of the student's communication abilities and needs.

NOTE: Given the need to evaluate the student's social, communicative and sensory functioning it is strongly recommended a school psychologist, occupational therapist (OT) and a speech/language pathologist (SLP) be included as IEP team participants.

The IEP team evaluation process begins when the LEA initiates or receives a written referral or initiates a reevaluation. Existing data is then reviewed by the IEP team members to determine if additional tests or other assessment information is needed. If additional assessment information is needed, the LEA obtains parental consent and proceeds with evaluation. Once evaluation is completed (or if no additional assessment information is necessary), the IEP team meets to determine whether the student meets the educational eligibility criteria. If the student meets the eligibility criteria, the IEP team determines whether the student also demonstrates a need for special education. In order for the student to be a student with a disability, the student must have an impairment(s) and a need for special education.

All LEAs have an obligation to locate, identify, and evaluate all children with disabilities, including children with disabilities attending private schools in the school district, regardless of the severity of their disabilities. LEAs conduct Child Find activities to locate and screen all children with suspected disabilities who have not graduated from high school.

Further information on the IEP team process, including DPI sample forms, can be found at <http://dpi.wi.gov/sped/tm-spedctopics.html> or by contacting the DPI Special Education Team at (608) 266-1781.

Wisconsin Eligibility Criteria for Autism: PI-11.36 (8)

AUTISM. (a) Autism means a developmental disability significantly affecting a child's social interaction and verbal and non-verbal communication, generally evident before age 3, that adversely affects learning and educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in sub.(7).

(b) The results of standardized or norm-referenced instruments used to evaluate and identify a child under this paragraph may not be reliable or valid. Therefore, alternative means of evaluation, such as criterion-referenced assessments, achievement assessments, observation, and work samples, shall be considered to identify a child under this paragraph. Augmentative communication strategies, such as facilitated communication, picture boards, or signing shall be considered when evaluating a child under this paragraph. To identify a child under this paragraph, the criteria under subd. 1. and 2. and one or more criteria under subd. 3. through 6. shall be met.

- 1. The child displays difficulties or differences or both in interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.*
- 2. The child displays problems which extend beyond speech and language to other aspects of social communication, both receptively and expressively. The child's verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The child may have a speech or language disorder or both in addition to communication difficulties associated with autism.*
- 3. The child exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The child may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The child may not follow normal developmental patterns in the acquisition of skills.*
- 4. The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.*
- 5. The child exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement. The child may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism.*
- 6. The child displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The child's capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The child may have difficulty displaying a range of interests or imaginative activities or both. The child may exhibit stereotyped body movements.*

Analysis of the Criteria

PI 11.36 (8) (a): DEFINITION

(a) Autism means a developmental disability significantly affecting a child's social interaction and verbal and non-verbal communication, generally evident before age 3, that adversely affects learning and educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in sub.(7)

NOTE: In order to identify a student as meeting the educational eligibility criteria for autism, the IEP team must find the impairment adversely affects the student's learning and educational performance. **Educational performance may include:**

- Cognitive performance, including academic and pre-academic skills.
- Communication skills.
- Personal/Social skills.
- Sensory processing and motor planning skills.
- Adaptive skills, including self-help skills and activities of daily living.

Impact on educational performance may extend beyond the school environment and the school day. While the student with autism may appear to function in an expected way at school, the student may experience significant challenges later due to the effort required to manage the communication, social, academic and sensory expectations of a typical school day. For example, the student may not be able to complete homework which will ultimately impact academic performance.

Autism and Emotional Behavioral Disability

Paragraph (a) of the criteria includes the following: *The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.*

Students may be identified as meeting educational eligibility criteria in more than one impairment area. However, if the issues most significantly impacting educational performance for a particular student relate to an emotional behavioral disability (EBD), the student can not meet the criteria for the educational impairment of autism. If the issues most significantly impacting educational performance for a student relate to autism it is possible for that student to also meet the educational eligibility criteria for EBD. An evaluation guide for EBD is available at <http://dpi.wi.gov/sped/pdf/ebdguide.pdf>.

NOTE: IEP teams should examine all sources of information and use professional judgment in considering the educational needs of the student and decide which area(s) of impairment best match the student's needs.

When a student meets educational eligibility criteria for an impairment in any area, and as a result needs special education services, the IEP team must develop an IEP designed to provide a free, appropriate public education (FAPE), addressing the student's individual needs. The IEP team must not predetermine the student's programming or placement based on the student's identified area(s) of impairment. The individual student's goals and objectives contained in the IEP are the basis for determining the student's programming and placement.

PI 11.36 (8) (b): EVALUATION PROCEDURES

(b) The results of standardized or norm-referenced instruments used to evaluate and identify a child under this paragraph may not be reliable or valid. Therefore, alternative means of evaluation, such as criterion-referenced assessments, achievement assessments, observation, and work samples, shall be considered to identify a child under this paragraph. Augmentative communication strategies, such as facilitated communication, picture boards, or signing shall be considered when evaluating a child under this paragraph. To identify a child under this paragraph, the criteria under subd. 1. and 2. and one or more criteria under subd. 3. through 6. shall be met.

No single assessment method is sufficient when determining eligibility for the educational impairment of autism. IEP teams must apply evaluation information gathered from multiple sources using a variety of methods to each of the components of the impairment criteria in order to determine eligibility. Some commercial assessment tools provide global scores used in making clinical diagnoses of autism; however, these measures are not based on the Wisconsin eligibility criteria and are *not* sufficient to make an educational eligibility determination without additional information. Many assessment tools contain subtests which may be useful in assessing components of the criteria.

NOTE: IEP teams must gather information from multiple sources using a variety of methods, including:

- Observations in a range of environments,
- Standardized or norm-referenced tests,
- Intellectual testing,
- Informal and criterion-referenced tests,
- Rating scales and checklists,
- Structured interviews with parents, caregivers, regular education teachers, and others as appropriate,
- Developmental histories,
- For early childhood students, the IEP team must observe the student in the natural learning environment with same-age peers.

Not all techniques must be used in all cases, but IEP teams should carefully consider what information is needed and select appropriate methods.

Standardized Tests, Assessments and Checklists

Students with autism often exhibit characteristics that make assessment challenging. Students may demonstrate communication deficits, sensory processing challenges, difficulty relating to unknown people and situations, problems with attention and perception, lack of motivation, or unconventional behavior. Evaluators may need to be flexible in administration of standardized testing. While this may negate the validity of the test results, useful information about the student’s response to stress and frustration, interpersonal relationships, and communication may be obtained. Special consideration should be given to the testing environment due to potential sensory processing issues. Be aware of factors that may impact the student’s ability to attend to the testing, and remove potentially distracting materials before the student arrives. Testing sessions of shorter duration may be most successful. Evaluators should be willing to end the session rather than allow the student to experience unnecessary stress or frustration.

In selecting evaluation materials, the following questions may be useful:

Standardized or norm-referenced materials

- What information will the instrument give and is that information necessary and useful?
- Does the information relate to the Wisconsin impairment eligibility criteria?
- Will the information provided present an accurate picture of the student?
- Is the test appropriate for the student's chronological and developmental levels?
- What are the language requirements of the test? Do they match the ability level, learning style and/or communication modality of the student?
- What are the physical requirements of the test (length of administration, fine motor skills, etc)? How does that compare to the abilities of the student?
- Is the format consistent throughout the test? Does the format of the test match the student's abilities? For example, if the student is not able to respond by pointing, do not choose a test that requires a pointing response. Can the format be taught or practiced prior to administration without compromising the results?
- Is the test culturally relevant and appropriate given the student's experience? Will the assessment be administered so as not to be biased on a racial or cultural basis?

Checklists or rating scales

- Does the checklist focus on necessary information?
- Does the checklist use family/student friendly language?
- Does the checklist look at the whole student or does it focus primarily on a limited area?
- How reliable and current is the checklist? Does it relate to the Wisconsin impairment eligibility criteria?
- Are there subscales (e.g., teacher, parent, student)? Are results based on the input of more than one person?
- Is the checklist a "yes-no" format or is it a Likert scale (e.g., multiple responses such as "0" to "5" or "Never" to "Always")? If it is a Likert scale, are there an even or odd number of responses? (Note: an even number is preferable so the responder(s) do not have the option of choosing the middle response.)

Some commonly used instruments by school personnel are listed in Appendix A on page 26.

Since new products are always being developed and existing materials updated and re-normed, it is best to check with the publishing companies to make sure you are considering the latest edition.

NOTE: IEP teams must exercise caution in interpreting scores from standardized assessments, checklists, and rating scales. These measures are not based on the Wisconsin eligibility criteria. IEP teams must not make decisions about eligibility based solely on these scores.

Observations

Observing the student in a variety of natural learning environments is critical for understanding the student. Examples of natural learning environments may include:

- Classrooms,
- Hallways,
- The cafeteria,
- Special classes such as computer lab, library, art, music, and physical education,
- Assemblies/field trips,

- The playground,
- The bus,
- The student's home/community.
- For early childhood students, natural learning environments may include the student's home or child care setting.

The data collected during systematic observations for the purpose of evaluation can be used as a baseline and/or present level of performance for an IEP.

NOTE: Direct observation of the student in a variety of contexts and across time is a *critical* component of the evaluation.

Observing the student provides information about the effect of different environments on the student's ability to perform required skills. The information gathered across settings is also helpful in comparing the skills of the student being evaluated to those of other students.

More information on collecting observational data including suggested tools and formats can be found in the document "Collecting Observational Data" at <http://dpi.wi.gov/sped/doc/ebdobserve.doc>.

Interviews

Interview questions should be tailored to the individual or situation, and focus on information related to the Wisconsin impairment eligibility criteria. The length of interviews may vary to allow time to explore unexpected issues that may arise. Interviews present an opportunity to establish rapport and are more personal than questionnaires.

When interviewing parents, staff, and other adults, ask about the student's:

- Medical history, including current health issues and medications.
- Developmental history, including
 - Developmental rates and sequences;
 - Verbal and non-verbal communication including pre-speech and receptive language;
 - Student's social interaction with both peers and adults;
 - Play patterns and skills;
 - Areas of interest or expertise;
 - Adaptive skills (self-help skills and activities of daily living);
 - Existence of established routines;
 - Movement and motor skills including repetitive movements/behaviors;
 - Student's ability to handle change and transitions;
 - Idiosyncratic or unusual behavior;
 - Response to various types of sensory input;
 - Cognitive and learning style, including strength's, processing time, attention to tasks, concrete/abstract thinking and learning new tasks or skills.
- Educational progress, including adjustment to school, grades, attendance, favorite subjects or activities, relationships with peers, problems and concerns, strengths and abilities.
- Community involvement, concerns, issues.

Evaluators should interview the student being evaluated directly whenever possible. The student can provide firsthand information about peer relationships, attitudes toward school, hobbies and interests, strengths and challenges, sensory concerns, and activities outside of school.

A list of possible questions to ask can be found in Appendix B on page 31. More information on interviews can be found in the document “Using Interviews to Collect Behavioral Data” at <http://dpi.wi.gov/sped/doc/ebdintview.doc>.

Record Review

Review educational records, any available relevant medical records, and available information from outside evaluations. Many students with autism participate in intensive early intervention programs such as those funded by the Autism Medicaid Children’s Waiver. The providers of these intervention programs keep detailed progress records that provide a wealth of information.

PI 11.36 (8) (b) 1: SOCIAL PARTICIPATION

1. The child displays difficulties or differences or both in interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.

Explanation

Students with autism exhibit differences in the development of social relation skills that most typical children develop innately. While students with autism may show interest in social interaction and /or affection, they may not be able to initiate or maintain interactions with peers and adults in the expected manner for their age. Some students with autism may successfully learn the rote aspects of interaction including manners, social niceties and eye gaze. Exercise caution in interpreting these rule-based social skills as being an overall indicator of the quality of the student's social abilities.

Social expectations change as students grow and develop. For very young children, most social contact occurs within the family and community. As students get older, their social interactions include those outside of the family context. Friendships with peers become increasingly important. Students with autism often have difficulty developing and maintaining appropriate social relationships. Many students with autism prefer the company of, or have better social success with, adults or younger children versus same-age peers. Be cautious in interpreting students' social abilities based only on successful interactions with adults, especially in structured situations.

Assessment Considerations

Observations

When evaluating social interactions it is best to observe the student in various social situations. Look for evidence of the following:

- Attachment – Does the student form attachments to family members and others?
- Joint attention – Is the student able to *share* attention with another person to a third object or event? For example, does the student point to share his/her interest in an experience, i.e. “Look, there’s an airplane! How cool!” Some students with autism may take another person’s hand or point solely to get their wants and needs met, but this is not considered sharing or joint attention.
- Social orientation/social awareness – How aware is the student to the social environment as compared to the physical environment? Is the student drawn to people versus the physical aspects of an environment?
- Imitation – Does the student learn from imitating what he or she sees others doing? For example, when the teacher gives group directions, does the student attend to his peers and imitate their actions?
- Social reciprocity/turn-taking – Does the student engage in give-and-take, back-and-forth social interaction including conversation, turn-taking in games, waiting their turn in group situations such as during group classroom discussions?
- Social rules/codes of conduct – Does the student understand the unstated, tacit rules of social interactions and social situations? For example, does the student understand the social rules around how to show interest in a person she or he likes?
- Social play – What is the social quality of the student’s play? Does the student prefer to play alone? Does the student engage in parallel play? Does the student play interactively and appropriately, or does the student dominate play with peers? How does the student handle competition?

- Group social skills – How does the student interact in group learning activities? Does the student recognize and understand his/her role in a group, such as taking turns, waiting, following group directions, etc.?
- Social cognition – Does the student understand that others have thoughts, ideas, opinions and interests that are different from his/her own? Does the student understand that his or her behavior has an impact on others?

Interviews

Interviewing the student and those who know the student well will provide insight into the student's social abilities. Ask questions about the aspects of social interaction that were not evident during observations. Inquire about aspects of your observations to corroborate the information obtained.

Record Review

Look at report cards for teacher comments about the student's social interactions. Notes between parents and teachers, behavioral records such as disciplinary referrals, and preschool records, etc. may be sources for social interaction information.

PI 11.36 (8) (b) 2: COMMUNICATION:

2. The child displays problems which extend beyond speech and language to other aspects of social communication, both receptively and expressively. The child’s verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The child may have a speech or language disorder or both in addition to communication difficulties associated with autism.

Explanation

Students with autism exhibit a wide range of language and communication abilities, ranging from pre-speech or nonverbal to highly verbal with excellent vocabularies. Though some students with autism exhibit appropriate language form skills (vocabulary, speech sound skills, grammatical skills, sentence length and structure) all students with autism exhibit communication difficulties or differences in language use. Both receptive and expressive communication skills should be evaluated.

Speech and language pathologists have specialized skills and can evaluate speech and language skills and provide services to improve language and communication. A child who meets the educational eligibility criteria for autism may or may not also meet the educational eligibility criteria for speech and language impairment. An IEP team for a child who meets the criteria for autism but does *not* meet the educational eligibility criteria for speech and language impairment may decide the child requires speech and language as a related service in order for the child to benefit from special education. The IEP team has several options to consider in determining how the student’s language and communication needs will be met. For example, language and communication needs may be met by direct service from a speech and language pathologist or by others, including the regular education teacher or other special education providers. More information on assessment of speech and language impairments may be found at <http://dpi.wi.gov/sped/pdf/slguide.pdf>.

<p>NOTE: Strong verbal skills often mask underlying deficits in comprehension of verbal and nonverbal language. Many students with autism, even those with highly sophisticated verbal skills, <i>appear</i> to understand and know more than they are able to actually process or perform.</p>

Assessment Considerations

Observations

Pre-/Nonverbal Students – Observe the student. Does the student:

- Understand cause and effect?
- Exhibit communicative intent (the desire to communicate with another person)?
- Have a form of communication? For example, vocalizations, gestures, signing, pictures, Picture Exchange Communication System (PECS), etc.
- Get his or her wants and needs met? How? For example, does the student gesture or take the hand of an adult to direct the adult to a wanted item? Does the student use eye gaze to indicate wants? Does the student communicate through crying, tantrums, refusal, or other communicative behaviors?
- Repeat or echo words or phrases (echolalia)?
- Demonstrate spontaneous use of core communicative functions such as requesting, protesting or refusal, indicating cessation (“all done”), requesting help or assistance?
- Spontaneously seek out others to initiate communication without prompting?
- Understand and follow verbal and nonverbal directions?

- Exhibit auditory processing delays?

Verbal Students – Observe the student. Does the student:

- Spontaneously seek out others to initiate communication without prompting?
- Demonstrate spontaneous use of core communicative functions such as requesting, protesting or refusal, indicating cessation (“all done”), requesting help or assistance?
- Have reciprocal conversations?
- Maintain a topic initiated by others?
- Attend to communicative partner, for example, call out the person’s name, establish eye contact, or demonstrate appropriate personal space?
- Observe and understand nonverbal cues exhibited by others?
- Exhibit appropriate nonverbal cues themselves, such as body language, tone of voice, vocal inflection, eye gaze, personal space, etc.?
- Show an interest/awareness in the needs and wishes of others? Can the student communicate that interest/awareness such as by asking questions about the other person’s interests?
- Show awareness and ability to repair communication breakdowns?
- Exhibit a knowledge base of his or her communicative partner? Does the student provide sufficient background or reference information to help the partner understand and participate in the conversation?
- Have the vocabulary and knowledge base to express his/her emotions/feelings in a variety of situations?
- Understand and follow verbal and nonverbal directions?
- Understand and use figurative language such as idioms or slang?
- Exhibit auditory processing delays?
- Answer questions?
- Participate appropriately in small or large group discussion?

Interviews

Interviewing the student and those who know the student well will provide insight into the student’s communication abilities. Ask questions about the aspects of communication that were not evident during observations. Inquire about aspects of your observations to corroborate the information obtained. Seek information from parents and others about the student’s early communication/language development, i.e. delays, differences, regressions.

Record Review

Look at report cards for teacher comments about the student’s communication. Notes between parents and teachers, behavioral records such as disciplinary referrals, and preschool records, etc. may be sources for communication/language information.

PI 11.36 (8) (b) 3: DEVELOPMENTAL RATES AND SEQUENCES

3. The child exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The child may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The child may not follow normal developmental patterns in the acquisition of skills.

Explanation

Children generally develop in similar stages and sequences. Diverse patterns of behavior and learning emerge as a result of the interaction of several factors including: genetic predisposition and physical characteristics; socio-economic status; and values, beliefs, cultural and political practices of their families and communities. For information about typical developmental rates and sequences, see Wisconsin's Model Early Learning Standards, available at <http://www.collaboratingpartners.com/EarlyLS.htm>.

The developmental rates and sequences of students with autism typically include a splintering of skills with clear strengths and weaknesses. In addition, students with autism often exhibit advanced or precocious development in certain concrete visual rote learning skills while exhibiting depressed rates in other areas. These students do not always follow a normal developmental pattern or progression in acquiring skills.

NOTE: Information in this area is often gathered through thorough developmental history interviews and record review.

Assessment Considerations

Standardized Tests, Assessments and Checklists

If standardized tests are given, look for discrepancies among subtest scores or scores between different tests, including standardized testing measuring motor, sensory, social or learning skills.

Observations

Observations are especially important for assessing development of early childhood students.

Interviews

Parents, teachers, early caregivers, outside therapists and other service providers can be sources of information about uneven developmental rates and sequences.

Record Review

Thoroughly review school records, available medical or outside service provider records for information about uneven developmental rates and sequences.

PI 11.36 (8) (b) 4: COGNITION:

4. *The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.*

Explanation

Students with autism often process information in a concrete and literal manner with difficulties understanding abstract and symbolic information or relationships. Executive functioning skills, i.e. attending, problem solving, organizing, prioritizing, and/or generalizing are often compromised.

NOTE: Older students with autism may have academic performance difficulties despite high intellectual ability due to struggles with critical thinking skills (for example difficulty comparing and contrasting, discerning main ideas, sequencing, organizing, etc.).

Assessment Considerations***Standardized Tests, Assessments and Checklists***

If standardized tests are given, look for evidence of processing strengths and difficulties. School Psychologists are able to analyze information about cognitive processing.

Observations

When assessing a student's cognitive processing, observe the student's ability to:

- Understand abstract language concepts such as words with multiple meanings, idioms, etc.
- Understand hidden meanings of language, commands, directions, teasing, jokes, etc.
- Generate imaginative play versus rote play.
- Problem solve and make inferences,
- Make realistic, practical predictions about situations and events.
- Understand the concept of the passage of time and time management.
- Organize herself or himself and materials, and get started on an action or activity.
- Generalize concepts (be aware of both over-generalization and under-generalization) across people, settings, materials, etc.
- Understand the difference between reality and pretend.
- Discriminate important information and prioritize attention to salient information.
- Use written expression at the expected level for the student's intellectual ability. Written expression is a complex task, and difficulties may arise from multiple sources.

Interviews

Parents, teachers, early caregivers, outside therapists and other service providers can be sources of information about cognitive processing.

Record Review

Thoroughly review school records, available medical or outside service provider records for information about cognitive processing.

PI 11.36 (8) (b) 5: SENSORY PROCESSING:

5. The child exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement. The child may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism.

Explanation

Sensory processing involves receiving information about the world around us through our senses. Information is received in our brain and organized and sorted in an efficient manner. The brain then uses this information to form our behaviors, emotions, and readiness to perform learning tasks. In students with autism sensory processing is considered a problem if it interferes with the student’s ability to function in an expected manner within the environment. This can be manifested through behavior challenges, emotional outbursts or unwillingness to participate.

The student may exhibit hypersensitivity (over sensitivity or sensory aversion) or hyposensitivity (under sensitivity or sensory seeking). Hypersensitivity may escalate until the student stops responding and appears lethargic. Hyposensitivity may also present itself as low arousal to sensory stimuli, causing the student to appear lethargic.

NOTE: Everyone exhibits sensory processing differences. For these purposes we are concerned with sensory processing differences that affect or impact the student’s ability to function in the expected manner in various environments.

Assessment Considerations

Observations

In assessing a student’s sensory processing, observe for hypersensitivity or hyposensitivity in various learning environments (classroom, gym, cafeteria, hallway, bathrooms, playground, assemblies, art, music, computer labs, bus, community activities, vocational sites, etc.) in all of the following sensory areas:

Sensory Areas	Examples of Hypersensitivity	Examples of Hyposensitivity
Visual (Sight)	Closing eyes, squinting, avoidance of visual stimuli.	Throwing items, staring intensely at object, moving objects or fingers in front of eyes.
Tactile (Touch)	Clothing/food issues, avoidance of textures, difficulty in crowds, overreaction to unexpected touch, toe walking, poor hygiene.	Fidgeting with objects, need to touch others or objects.
Auditory (Hearing)	Covering ears, avoiding noisy environments, overreaction to unexpected sounds such as fire alarms or barking dogs.	Not responding to auditory input including sounds and voices, turning volume up loud on computers, radios, etc., seeking auditory input by creating noise (tapping pencils, etc.).
Olfactory (Smell)	Plugging nose, verbalizing discomfort, gagging, vomiting,	Smelling items, even those that typically do not have an odor,

	ability to smell things undetectable to others, avoiding certain odorous foods, people, or environments.	sniffing people.
Gustatory (Taste/Oral)	Gagging, vomiting, extremely limited diets, refusal to try new foods, preference for certain textures/temperature of foods.	Mouthing and chewing objects and clothing, craving certain types or flavors of foods, eating non-food items.
Vestibular (Movement)	Avoids playground/gym activities, avoids head movement.	Toe walking, spinning, swinging, running, bouncing, fidgety behavior, constant movement.
Proprioceptive (Sense of body in space) <i>Note: Proprioceptive atypicalities are not characterized by hyper or hyposensitivity.</i>	Avoidance of others (for example staying on the fringes of groups, being last in line), falling off chair, excessive or weak force on objects or people, stomping feet, banging into people or objects, bouncing, jumping, preferring heavy work activities such as carrying heavy items, pushing, pulling, wrapping self up tightly in blankets, etc., frequent hugging with force.	

Interviews

Parents, teachers, including physical education, music, and art teachers, playground and lunch supervisors, custodians, bus drivers, early caregivers, outside therapists and other service providers can be sources of information about sensory processing. Ask questions related to sleep patterns, toileting, dressing, eating habits, hygiene, community participation, etc. Ask about strategies parents and students have found successful for calming or arousing.

Record Review

Thoroughly review school records, available medical or outside service provider records for information related to sensory processing. School records, such as report cards and progress reports often provide historical information about sensory needs.

PI 11.36 (8) (b) (6): BEHAVIORAL REPERTOIRE:

6. The child displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The child's capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The child may have difficulty displaying a range of interests or imaginative activities or both. The child may exhibit stereotyped body movements.

Explanation

Students with autism often demonstrate a need for consistency and predictability in daily routines and learning environments. Due to their challenges in processing language, social, sensory, and cognitive information, students with autism tend to rely heavily on learned and predictable rules, routines and structures. Alterations in rules, routines, and structures significantly impact students with autism. Students may demonstrate rigidity and perseveration in patterns of thinking, and may exhibit preoccupation with topics, themes, objects, events, or people. This preoccupation often interferes with their ability to function in the manner expected. Students may have a restricted range of interests and may resist participation in other activities or discussions about other topics unless provided additional motivation. Students may use objects or their bodies in unconventional or repetitive ways.

Assessment Methods and Suggestions***Standardized Tests, Assessments and Checklists******Observations***

When assessing this area, observe the student in various learning environments. Students may demonstrate:

- An all consuming, high interest involving objects, topics, or themes. This can present as obsessive-compulsive type behavior.
- A restricted or narrow range of interests including unusual interests compared to their peers.
- Ritualistic actions or behaviors.
- Rigidity in routine, difficulty with change and transitions.
- Insistence on sameness.
- Perfectionism and fear of failure that impact willingness to engage in written language activities or complete tasks or activities perceived as difficult.
- Difficulty letting go of perseverative thoughts, activities, actions or behaviors, i.e. "getting stuck".
- Repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, chewing, etc.

Interviews

Parents, teachers, early caregivers, outside therapists and other service providers can be sources of information about the need for routine and consistency. Explore what motivates the student. Talk about similarities and differences in routines at school, home and the community.

Record Review

Thoroughly review school records, available medical or outside service provider records for information about the need for routine and consistency.

Need for Special Education: PI-11.35 (2) - (3)

(2) A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted under s. 115.782, Stats., that the child has an impairment under s. PI 11.36 that adversely affects the child's educational performance, and the child, as a result thereof, needs special education and related services.

(3) As part of an evaluation or re-evaluation under s. 115.782, Stats., conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

- (a) The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted.*
- (b) Modifications, if any, that can be made in the regular education program, such as adaptation of content, methodology or delivery of instruction to meet the child's needs identified under par. (a), that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.*
- (c) Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.*

To be considered a student with a disability under federal and state special education law, the student must meet the eligibility criteria for at least one impairment area *and*, as a result, need special education. In other words, "disability" means impairment *plus* need for special education.

As part of an evaluation or reevaluation conducted by the IEP team in determining whether a student is or continues to be a student with a disability, the IEP team must address three questions:

I. Does the student have needs that cannot be met in regular education as structured?

In discussing this issue, the IEP team should keep in mind that there is some level of variability within classrooms which schools must address. The IEP team must examine the regular education environment and identify the student's needs that cannot be met in that environment as structured. If the student's needs can be met within the regular education program as structured at the time of the evaluation the IEP team may decide the student meets the eligibility criteria for the impairment but does not need special education. If the student's needs cannot be met in the regular education program as structured at the time of the evaluation, the IEP team must continue discussion with the second question.

II. What are the modifications, if any, that can be made in the regular education program to meet the child's identified needs and that will allow the child to access the general education curriculum and meet the educational standards that apply to all children (consider adaptation of content, methodology or delivery of instruction)?

As the IEP team begins to discuss adaptations and/or modifications that may be needed in regular education, they should consider the following:

- What is the nature of the modification?
- What is involved in implementing the modification? Time to implement? Time for training? Preparation? Short-term implementation vs. long-term or on-going?
- Can the modification be used with more students than the one being evaluated?
- Is this modification based on the general education classroom curriculum?

Appropriate modifications in the regular education classroom may or may not require special education and related services. Some modifications may be minimal while others may be more complex.

A student who has the impairment of autism might require modifications and supports such as:

- Visual supports, such as picture schedules, checklists, written directions, cue cards, social narratives, cartooning, visual timers, etc.
- Augmentative communication systems such as a picture point system, voice output systems, etc.
- Sensory processing supports, such as a sensory diet, sensory breaks, etc.
- Environmental accommodations and adaptations, such as removing visual clutter, visual defining of boundaries and space, safe quiet areas, and preferential seating.
- Academic adaptations such as fewer items, varied modalities, extended time to complete tasks, colored overlay sheets, highlighted texts, alternate ways to share knowledge, audio texts, leveled readers.
- Organizational supports such as graphic organizers, story maps, adapted paper, timers, etc.
- Alternate environment for completion of tasks and/or breaks.
- Foreshadowing of upcoming activities, including deviations from schedules or usual routines, and cues or reminders.
- Instruction at a different academic or grade level.
- Access to various modes of technology such as portable word processors, electronic label makers, computers, Dictaphones, etc.
- Small group vs. large group instruction
- Additional staff support to address safety concerns

This list is not meant to be all inclusive. Like all students, students with autism benefit from a variety of strategies and supports. Each student with autism has individual needs which should determine the strategies, supports and supplemental aids and services the IEP team considers.

III. What are the additions or modifications, if any, that the child needs which are not provided through the general education curriculum (consider replacement content, expanded core curriculum or other supports)?

Does the student have needs that are not met in regular education even after that environment is carefully scrutinized and appropriate modifications are explored? If so, the

IEP team must identify any instruction and supports outside of the regular education curriculum that the student would need.

Replacement or supplemental content for students with autism might include instruction in:

- Sensory processing strategies/self-regulation strategies.
- Social relation skills.
- Communication skills.
- Self-help and activities of daily living.
- Curriculum aligned to extended grade band standards.
- Community-based skills.
- Decision making or problem solving.
- Self-advocacy skills.
- Vocational skills.
- Safety awareness and skills.

This list is not meant to be all inclusive. Like all students, students with autism benefit from a variety of strategies and supports. Each student with autism has individual needs which should determine the strategies, supports and supplemental aids and services the IEP team considers.

If the IEP team determines a student meets the eligibility criteria and has a need for special education, the student then has, or continues to have, a disability. The next step for the IEP team is to develop an IEP and determine placement for the student.

A worksheet to guide the determination of “need for special education” can be found in Appendix D on page 36.

Appendices

A. Evaluation Instruments - Examples

B. Eligibility Criteria Worksheet for Autism

C. Need for Special Education Worksheet
(Adapted from DPI Form ER-1 – Evaluation Report Revised 10/06)

D. Bibliography and Resources

Evaluation Instruments - Examples

Autism/Asperger's General Diagnostic Tools		
Title	Company	Comments
Autism Diagnostic Observation Schedule (ADOS)	WPS (Western Psychological Services) http://portal.wpspublish.com	<ul style="list-style-type: none"> • Standardized behavior observation scale. • Requires training to administer. • Used with toddlers through adults. • Provides diagnostic information across ages, developmental levels, and language skills. • Takes 35-40 minutes to complete each of four modules.
Autism Diagnostic Interview, Revised (ADI-R)	WPS (Western Psychological Services) http://portal.wpspublish.com	<ul style="list-style-type: none"> • Clinical assessment interview tool. • Requires training to administer. • Used with children with mental age above 2 years. • Takes about 1 ½ to 2 ½ hours to administer and score.
Australian Scale for Asperger's Syndrome - 1998	Available free on-line at www.udel.edu/bkirby/asperger	<ul style="list-style-type: none"> • Questionnaire designed to identify behaviors and abilities indicative of Asperger's Syndrome in school age children. • Also in the book "Asperger's Syndrome: A Guide for Parents and Professionals" by Tony Attwood. Published by Jessica Kingsley Publishing (1998)
Gilliam's Asperger's Disorder Scale (GADS) – 2001	ProEd, Inc. www.proedinc.com	<ul style="list-style-type: none"> • Standardized behavior rating scale. • Used with children aged 5-18. • Takes about 10-15 minutes to complete.
Childhood Autism Rating Scale (CARS) - 1988	WPS (Western Psychological Services) http://portal.wpspublish.com	<ul style="list-style-type: none"> • 15-item behavior rating scale designed to identify children with autism spectrum disorders and determine symptom severity through quantifiable ratings based on direct observation. • Requires training to administer. • Used with children ages 2 and above. Takes about 15 minutes to administer. • Distinguishes autism from other developmental disabilities.

Gilliam Autism Rating Scale (GARS-2) – 2006	ProEd, Inc. www.proedinc.com	<ul style="list-style-type: none"> • Norm-referenced instrument. • Identifies autism and estimates severity. • Used with ages 3-22. • Takes about 5-10 minutes to administer.
Social Responsiveness Scale (SRS)	WPS (Western Psychological Services) http://portal.wpspublish.com	<ul style="list-style-type: none"> • Rating scale designed to distinguish ASD from other child psychiatric conditions. • Measures severity of ASD symptoms as they occur in natural settings. • Used with children aged 4-18 years.
Social Participation Assessment Tools		
Battelle Developmental Inventory, 2 nd Edition (BDI-2)	Riverside Publishing http://www.riverpub.com	<ul style="list-style-type: none"> • Developmental assessment for early childhood. • Measures personal-social, adaptive, motor, communication, and cognitive ability. • Norm referenced. • Used with children 0-7 years.
Child Development Inventory (CDI)	Pearson Education http://ags.pearsonassessments.com	<ul style="list-style-type: none"> • Norm referenced parent questionnaire. • Used with children aged 15 months to 6 years.
<i>DO-WATCH-LISTEN-SAY</i> (2008)	Brookes Publishing http://www.brookespublishing.com	<ul style="list-style-type: none"> • Social skills checklist. • Used with young children. • In book <i>DO-WATCH-LISTEN-SAY</i> (2008) by Kathleen Quill.
The New Portage Guide 0-6 (Portage)	Portage Project http://www.portageproject.org	<ul style="list-style-type: none"> • Criterion referenced observation. • Norm referenced parent questionnaire. • Used with children aged 18 months to 6 years.
Social Thinking Dynamic Assessment Protocol	Social Thinking http://www.socialthinking.com	<ul style="list-style-type: none"> • In book <i>Thinking About You Thinking About Me</i> (2nd Edition, 2008) by Michelle Garcia Winner.

Communication Assessment Tools		
CELF 4 – Pragmatic Profile	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> • Used with ages 5-21 • Provides Criterion Score
CELF Preschool 2 – Descriptive Pragmatics Profile	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> • Used with children aged 3 to six years. • Provides criterion score.
Children’s Communication Checklist-2	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> • Identifies children with pragmatic language impairments who may require further autism assessment. • Use with children aged 4 years to 16 years 11 months.
Communication Assessment Record	Jessica Kingsley Publishers http://www.jkp.com	<ul style="list-style-type: none"> • Use with pre- or non-verbal students. • In book <i>Assessing and Developing Communication and Thinking Skills in People with Autism and Communication Difficulties</i> (2005) by Kate Silver.
Comprehensive Assessment of Spoken Language (CASL)	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> • Use with ages 3 years to 21 years 11 months. • Includes pragmatic language, supralinguistic (abstract language), lexical/semantic language, and syntactic language subtests.
Social Language Development Test – Elementary	LinguiSystems http://www.linguisystems.com	<ul style="list-style-type: none"> • Used with ages 6 years to 11 years 11 months. • A standardized tool that assesses the social interaction skills of students
Test of Language Competence – Expanded (TLC-E)	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> • Used with ages 5 years to 18 years 11 months. • Assesses abstract elements of language (e.g. inferences, ambiguous sentences, figurative language, etc.)
Test of Problem Solving 2 Adolescent (TOPS 2)	LinguiSystems http://www.linguisystems.com	<ul style="list-style-type: none"> • Used with adolescents ages 12 years to 17 years, 11 months. • Assesses a broad range of critical thinking skills in five different subtest areas: making inferences, determining solutions, problem solving, interpreting perspectives, and transferring insights.
Test of Problem Solving 3 (TOPS 3)	LinguiSystems http://www.linguisystems.com	<ul style="list-style-type: none"> • Used with children ages 6 years to 11 years, 11 months.

		<ul style="list-style-type: none"> Provides information on how students integrate semantic and linguistic knowledge with reasoning ability.
--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------

Developmental Rates and Sequences Assessment Tools		
-----------------------------------------------------------	--	--

Battelle Developmental Inventory, 2 nd Edition (BDI-2)	Riverside Publishing http://www.riverpub.com	<ul style="list-style-type: none"> Developmental assessment for early childhood. Measures personal-social, adaptive, motor, communication, and cognitive ability. Norm referenced. Used with children 0-7 years.
Child Development Inventory (CDI)	Pearson Education http://ags.pearsonassessments.com	<ul style="list-style-type: none"> Norm referenced parent questionnaire. Used with children aged 15 months to 6 years.
Mullen Scales of Early Learning	Pearson Education http://ags.pearsonassessments.com	<ul style="list-style-type: none"> Norm referenced. Used with children from birth to 68 months.
The New Portage Guide 0-6 (Portage)	Portage Project http://www.portageproject.org	<ul style="list-style-type: none"> Criterion referenced observation. Norm referenced parent questionnaire. Used with children aged 18 months to 6 years.

Cognition Assessment Tools		
-----------------------------------	--	--

Battelle Developmental Inventory, 2 nd Edition (BDI-2)	Riverside Publishing http://www.riverpub.com	<ul style="list-style-type: none"> Developmental assessment for early childhood. Measures personal-social, adaptive, motor, communication, and cognitive ability. Norm referenced. Used with children 0-7 years.
Behavior Rating Inventory of Executive Functioning (BRIEF)	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> Standardized assessment instrument. Completed by caregivers and educators. Assesses executive functioning in both home and school environments. Used with children age 5-18.
Mullen Scales of Early Learning	Pearson Education http://ags.pearsonassessments.com	<ul style="list-style-type: none"> Norm referenced. Used with children from birth to 68 months.

Sensory Processing Assessment Tools		
The New Portage Guide 0-6	Portage Project http://www.portageproject.org	<ul style="list-style-type: none"> • Criterion referenced observation. • Norm referenced parent questionnaire. • Used with children aged 18 months to 6 years.
Sensory Processing Measure (SPM)	WPS (Western Psychological Services) http://portal.wpspublish.com	<ul style="list-style-type: none"> • Norm referenced. • Measures sensory functioning at home, school and in community. • Home and Main Classroom forms take 10-15 minutes to complete.
Sensory Profile - 1999	Pearson Publishing http://pearsonassess.com	<ul style="list-style-type: none"> • Classification system based on normative information. • Multiple tools including caregiver questionnaire and school companion.
Behavioral Repertoire Assessment Tools		
Gilliam's Asperger's Disorder Scale (GADS) – 2001	ProEd, Inc. www.proedinc.com	<ul style="list-style-type: none"> • Standardized behavior rating scale. • Used with children aged 5-18. • Takes about 10-15 minutes to complete.
Gilliam Autism Rating Scale (GARS-2) – 2006	ProEd, Inc. www.proedinc.com	<ul style="list-style-type: none"> • Norm-referenced instrument. • Identifies autism and estimates severity. • Used with ages 3-22. • Takes about 5-10 minutes to administer.



Wisconsin Department of Public Instruction

ELIGIBILITY CHECKLIST

AUTISM

ELG-AUT-001 (Rev. 11-06)

This form is provided for local use only.

INSTRUCTIONS: This form is provided to assist school district individualized education program (IEP) teams in determining if a student appropriately can be determined to have an impairment under Chapter 115, Wis. Stats., and the eligibility criteria established in PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document determination of eligibility for special education services and keep it on file with the student record.

Student Name	Date of Eligibility Determination
--------------	-----------------------------------

Criteria for impairment in the area of autism can be documented as follows:

Section I. (Both must be checked Yes.)

- Yes No The child displays difficulties or differences or both in interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.
- Yes No The child displays problems which extend beyond speech and language to other aspects of social communication, both receptively, and expressively. The child's verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The child may have a speech or language disorder or both in addition to communication difficulties associated with autism.

Section II. (At least one must be checked Yes.)

- Yes No The child exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The child may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The child may not follow developmental patterns in the acquisition of skills.
- Yes No The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.
- Yes No The child exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement. The child may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism.
- Yes No The child displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The child's capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The child may have difficulty displaying a range of interests or imaginative activities or both. The child may exhibit stereotyped body movements.

Need for Special Education*

<input type="checkbox"/> Yes	<p>1. Does the student have needs that cannot be met in regular education as structured? <i>If yes, list the needs below. Use reverse side or attach additional pages if needed.</i></p>
<input type="checkbox"/> No	<p><i>If no, there is no need for special education.</i></p>
<input type="checkbox"/> Yes	<p>2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology and/or delivery of instruction.) If yes, A. <u>List modifications that do not require special education.</u> Use reverse side of page or attach additional pages if needed.</p>
<input type="checkbox"/> No	<p>B. <u>List modifications that require special education.</u> Use reverse side of page or attach additional pages if needed.</p> <p><i>If no, go to question 3.</i></p>
<input type="checkbox"/> Yes	<p>3. Are there additions or modification that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.) <i>If yes, list below. Use reverse side of page or attach additional pages if needed.</i></p>
<input type="checkbox"/> No	

In order for the IEP team to determine that the student needs special education, the IEP team must answer “yes” to question 1 AND list needs under 2B and/or 3.

*Adapted from DPI Form ER-1 – Evaluation Report Revised 10/06

Bibliography and Resources

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (DSM-IV-TR)*. Arlington, VA: American Psychiatric Association.

Attwood, T. (1999) *Asperger's Syndrome: A Guide for Parents and Professionals*. Philadelphia, PA: Jessica Kingsley Publishers.

Baker, J. (2003) *Social Skills Training for Children and Adolescents with Asperger's Syndrome*. Shawnee Mission, KS: Autism Asperger Publishing Co.

Bellini, S. (2006). *Building Social Relationships: A Systematic Approach to Teaching Social Interaction Skills to Children and Adolescents with Autism Spectrum Disorders and Other Social Difficulties*. Shawnee Mission, KS: Autism Asperger Publishing Co.

Coucouvannis, J. (2005). *Super Skills* Shawnee Mission, KS: Autism Asperger Publishing Co.

Koegel, R. & Koegel, L. (1996). *Teaching Children With Autism, Strategies for Initiating Positive Interactions and Improving Learning Opportunities*. Baltimore, MA: Paul H. Brookes Publishing Co.

Kranowitz, C. (1998). *The Out-of-Sync Child, Recognizing and Coping with Sensory Integration Dysfunction*. New York, NY: The Berkley Publishing Company.

Liaupsin, C., Scott, T., and Nelson, C. (2000). *Functional Behavioral Assessment: An Interactive Training Module*. Longmont, CO: Sopris West.

Lord, C. and McGee, J., National Research Council (2001). *Educating Children with Autism*. Washington, DC: National Academy Press

Myles, B. and Simpson, R. (1998). *Educating Children and Youth with Autism, Strategies for Effective Practice*. Austin, Texas: PRO-ED.

Myles, B et. al (2004) *The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations*, Shawnee Mission, KS: Autism Asperger Publishing Co.

O'Neill, R., Horner, R., Albin, R., Sprague, J., Storey, K. and Newton, J. (1997). *Functional Assessment and Program Development for Problem Behavior: A Practical Handbook, 2nd ed.* Pacific Grove, CA: Brooks/Cole Publishing Company.

Volkman, F., Klin, A., Paul, R. and Cohen, D. (2005). *Handbook of Autism and Pervasive Developmental Disorders: Assessment, Interventions, and Policy, Vol. 2*. New York, NY: John Wiley & Sons.

Websites:

Autism Society of America: www.autism-society.org

Autism Society of Wisconsin: www.asw4autism.org

Wisconsin Department of Public Instruction home page: <http://dpi.wi.gov>

Autism: <http://dpi.wi.gov/sped/autism.html>

Cognitive Disability: <http://dpi.wi.gov/sped/cd.html>

Speech/language disability: <http://dpi.wi.gov/sped/speech.html>

Functional Behavioral Assessment: <http://dpi.wi.gov/sped/sbfba.html>

Special Education Index (includes links to disability areas, Information Updates (bulletins),
What's New, statutes, and many other resources):

<http://dpi.wi.gov/sped/tm-spedtopics.html>