**Vermilion Association for Special Education**

**Autism Spectrum Disorder Entrance Criteria**



**State Definition**

Autism is a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child’s performance. (A child who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the other criteria of this Section are satisfied). Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental changes 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.

**Cooperative Eligibility Criteria**

The essential features of autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction, and restricted, repetitive patterns of behavior, interests, or activities. These symptoms are present from early childhood and limit or impair everyday functioning. The stage at which functional impairment becomes obvious will vary according to characteristics of the individual and his or her environment. Core diagnostic features are evident in the development period, but intervention, compensation, and current supports may mask difficulties in at least some contexts. Manifestations of the disorder also vary greatly depending on the severity of autistic condition, developmental level, and chronological age; hence the term spectrum. Autism spectrum disorder encompasses disorders previously referred to as early infantile autism, childhood autism, Kanner’s autism, high-functioning autism, atypical autism, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Asperger’s disorder. [As taken from the Diagnostic and Statistical Manual—Fifth Edition (2013)]. For this purpose of this part, autism shall include, but not be limited to, any Autism Spectrum Disorder that adversely affects a child’s educational performance.

**Step 1: Identification of a Disability**

To be identified as having a disability of Autism, the following criteria must be met:

Y N Persistent deficits in social communication and social interaction across multiple contexts, currently or by history of, as manifests by all of the following:

\_\_\_\_\_ Deficits in social-emotional reciprocity

\_\_\_\_\_ Deficits in nonverbal communicative behaviors used for social interaction

\_\_\_\_\_ Deficits in developing, maintaining, and understanding relationships

Y N Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following:

\_\_\_\_\_ Stereotyped or repetitive motor movements, use of objects, or speech

\_\_\_\_\_ Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

\_\_\_\_\_ Highly restricted, fixated interests that are abnormal in intensity of focus

\_\_\_\_\_ Hyper- or hypoactivity to sensory input or unusual interest in sensory aspects of the environment

Y N Symptoms must be present in the early developmental period (but may not become fully manifested until social demands exceed limited capacities, or may be masked by learned strategies in later life.)

**Exclusionary Factors**

Y N Although factors such as differing culture expectations, limited experiential background, or lack of access to social interaction may be present, such factors are not the **PRIMARY** factors contributing to the child’s deficits.

Y N The child’s difficulties are not better explained by an intellectual disability or any other disability area alone. However, an intellectual disability and autism may both be present.

**Step 2: Determination of Adverse Effect**

Y N Documentation of adverse effect on educational performance

**Step 3: Determination of Need of Special Education Services**

Y N The student requires specialized instruction to address the adverse effect of the delays on educational performance.

**Step 4: Eligibility**

Y N The student is entitled to special education services.

**DEFINITIONS AND EXAMPLES**

**Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following:**

1. Deficits in social-emotional reciprocity

Some examples might include, but are not limited to, the following:

* Abnormal social approach
	+ Unusual social interactions (e.g. intrusive touching, licking others, invasion of personal space)
	+ Use of others as tools
* Failure of normal back and forth conversation
	+ Poor pragmatic/social use of language (e.g. does not clarify if not understood; does not provide background information)
	+ Failure to respond when name called or when spoken directly to
	+ Does not initiate conversation
	+ One-sided conversations/monologues/tangential speech
* Reduced sharing of interests
	+ Doesn't share
	+ Only shares personal interests, not the interest of others
	+ Lack of showing, bringing, or pointing out objects of interest to other people
	+ Impairments in joint attention (both initiating and responding)
* Reduced sharing of emotions/affect
	+ Lack of responsive social smile (note: the focus here is on the response to another person's smile; other aspects of emotional expression should be considered under 2. Deficits in nonverbal communicative behaviors).
	+ Failure to share enjoyment, excitement, or achievements with others
	+ Failure to respond to praise
	+ Does not show pleasure in social interactions
	+ Failure to offer comfort to others
	+ Indifference/aversion to physical contact and affection
* Limited initiation of social interaction
	+ Only initiates to get help; limited social initiations
1. Deficits in nonverbal communicative behaviors used for social interaction

Some examples might include, but are not limited to, the following:

* Impairment in social use of eye contact
* Impairment in the use and understanding of body postures (e.g. facing away from a listener)
* Impairment in the use and understanding of gestures (e.g. pointing, waving, nodding/shaking head)
* Abnormal volume, pitch, intonation, rate, rhythm, stress, prosody or volume in speech
* Abnormalities in the use and understanding of affect (note: responsive social smile should be considered under 1. Deficits in social-emotional reciprocity, while affect that is inappropriate for the context should be considered under developing, maintaining, and understanding relationships),
	+ Impairment in the use of facial expressions (may be limited or exaggerated)
	+ Lack of warm, joyful expressions directed at others
	+ Limited communication of own affect (inability to convey a range of emotions via words, expressions, tone of voice, gestures)
	+ Inability to recognize or interpret other's nonverbal expressions
* Lack of coordinated verbal and nonverbal communication (e.g. inability to coordinate eye contact or body language with words) or lack of response to communication attempts
* Lack of coordinated non-verbal communication (e.g. inability to coordinate eye contact with gestures)
1. Deficits in developinq, maintaining, and understandinq relationships

Some examples might include, but are not limited to, the following:

* Deficits in developing and maintaining relationships; appropriate to developmental level
	+ Lack of "theory of mind"; inability to take another person's perspective (>4 years of age).
* Difficulties adjusting behavior to suit social contexts
	+ Does not notice another person's lack of interest in an activity
	+ Lack of response to contextual cues (e.g. social cues from others indicating a change in behavior is implicitly requested)
	+ Inappropriate expressions of emotion (laughing or smiling out of context)
	+ Unaware of social conventions/appropriate social behavior; asks socially inappropriate questions or makes socially inappropriate statements
	+ Does not notice another's distress or disinterest
	+ Does not recognize when not welcome in a play or conversational setting
	+ Limited recognition of social emotions (does not notice when he or she is being teased; does not notice how his or her behavior impacts others emotionally)
* Difficulties in sharing imaginative play (Note: solitary imaginative play/role playing is NOT captured here)
	+ Lack of imaginative play with peers, including social role playing (>4 years developmental age)
* Difficulties in making friends
	+ Does not try to establish friendships
	+ Does not have preferred friends
	+ Lack of cooperative play (over 24 months developmental range); parallel play only
	+ Unaware of being teased or ridiculed by other children
	+ Has difficulty understanding what causes people to dislike him or her
	+ Does not play in groups in children
	+ Does not play with children his/her age or developmental level (only older/younger)
	+ Does not play/interact with other children as expected; he/she may not appear interested in their games/activities, or may not know how to join in
	+ Has an interest in friendship but lacks understanding of the conventions of social interactions (e.g. extremely directive or rigid; overly passive)
	+ Does not respond to social approaches of other children
* Absence of interest in others
	+ Lack of interests in peers
	+ Withdrawn; aloof; in own world
	+ Does not try to attract the attention of others
	+ Limited interest in others
	+ Unaware or oblivious to children or adults
	+ Limited interaction with others
	+ Prefers solitary activities

**Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following:**

1. Stereotyped or repetitive motor movements. use of objects, or speech

Some examples might include the following:

* Stereotyped or repetitive speech
	+ Pedantic speech or unusually formal language (child speaks like an adult or "little professor')
	+ Echolalia (immediate or delayed); may include repetition of words, phrases, or more extensive songs or dialog
	+ "Jargon" or gibberish (mature jargoning after developmental age of 24 months)
	+ Use of "rote" language or Idiosyncratic or metaphorical language (language that has meaning only to those familiar with the individual's communication style)
	+ Pronoun reversal (for example, "You" for “I”; not just mixing up gender pronouns)
	+ Refers to self by own name (does not use “I”)
	+ Preservative language (note: for perseveration on a specific topic, consider stereotyped or repetitive use of objects)
	+ Repetitive vocalizations such as repetitive guttural sounds, intonational noise-making, unusual squealing, repetitive humming
* Stereotypic body movements
	+ Finger flicking
	+ Rocking
	+ Spinning
	+ Head banging
	+ Other self-injurious behaviors
	+ Clapping
	+ Flapping
	+ Twisting
	+ Foot to foot rocking
	+ Dipping and swaying
	+ Spinning
* Stereotyped or repetitive use of objects
	+ Nonfunctional play with objects (waving sticks; dropping items)
	+ Lines up toys or objects
	+ Repetitively opens and closes doors
	+ Repetitively turns lights on and off
* Proprioceptive symptoms
	+ Abnormalities of posture (e.g., toe walking; full body posturing)
	+ Intense body tensing
	+ Unusual facial grimacing
	+ Excessive teeth grinding
	+ Repetitively puts hands over ears (note: if response to sounds, consider hyper-or hypo-reactivity to sensory input or unusual interest or sensory aspects of environment)
	+ Darting
	+ Lunging movements
	+ Hand flapping
	+ Pressure seeking
1. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

Some examples might include the following:

* Adherence to routine
	+ Routines: specific, unusual multiple-step sequences of behavior
	+ Insistence on rigidly following specific routines (note: exclude bedtime routines unless components or level of adherence is atypical)
	+ Unusual routines
* Ritualized Patterns of Verbal and Nonverbal Behavior
	+ Repetitive questioning about a particular topic (distinguish from saying the same word or phrase over and over, which goes under 1. Stereotyped or repetitive motor movements, use of objects, or speech)
	+ Verbal rituals-has to say one or more things in a specific way or requires others to say things or answer questions in a specific way
	+ Compulsions (e.g. insistence on turning in a circle three times before entering a room) (note: repetitive use of objects, including lining up toys, should be considered under 1. Stereotyped or repetitive motor movements, use of objects, or speech)
* Excessive resistance to change
	+ Difficulty with transitions (should be out of the range of what is typical for children of that developmental level)
	+ Overreaction to trivial changes (moving items to a different location in the classroom)
	+ Resistance, extreme distress, or overreaction to changes in daily schedule (assemblies, substitute teachers, early dismissals, weather events, changes in transportation)
* Rigid or concrete thinking
	+ Inability to understand humor (doesn't laugh at jokes, cartoons)
	+ Inability to understand nonliteral aspects of speech such as irony or implied meaning
	+ Excessively rigid, inflexible, or rule-bound in behavior or thought
	+ "Black and white thinker' (difficulty with abstract thoughts and ideas)
	+ Difficulty distinguishing fantasy from reality
	+ Shows repeated and consistent difficulty distinguishing relevant from irrelevant details
	+ Even with persistent efforts from another, may not be able to conceptualize the overall meaning of information
1. Highly restricted, fixated interests that are abnormal in intensity or focus Note: Consider 1. Stereotyped or repetitive motor movements, use of objects, or speech for preservative speech
* Preoccupations; obsessions
* Interests that are abnormal in intensity
* Narrow range of interests
* Focused on the same few objects, topics or activities
* Preoccupation with numbers, letters, symbols Being overly perfectionistic
* Interests that are abnormal in focus or intensity
* Excessive focus on nonrelevant or nonfunctional parts of objects
* Preoccupation (e.g. color; time tables; historical events; etc)
* Attachment to unusual inanimate objects (e.g., piece of string or rubber band)
* Carries or holds specific or unusual objects (not common attachment objects such as blankets, stuffed animals, etc.)
* Focuses on a particular feature or part of a whole object (wheels on a toy car)
* Unusual fears (e,g, afraid of people wearing earrings)
1. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment
* Tactile symptoms
	+ High or low tolerance for pain or temperature
	+ Prolonged rubbing of surfaces
	+ Sensitivity to food textures
	+ Preoccupation with texture or touch (includes attraction/aversion to texture)
	+ Tactile defensiveness; does not like to be touched by certain objects or textures
	+ Significant aversion to having hair or toenails cut, or teeth brushed
	+ Clothing textures, shoes, socks
* Visual symptoms
	+ Close visual inspection of objects or self for no clear purpose (for example, holding things that unusual angles) (no vision impairment)
	+ Looks at objects, people out of corner of eye
	+ Unusual squinting of eyes
	+ Extreme interest of fascination for watching movement of other things (e.g., the spinning wheels of toys, the opening and closing of doors, electric fan or other rapidly revolving object)
* Taste/Smell symptoms
	+ Repetitive sniffing
	+ Specific food preferences
	+ Mouthing
	+ Licking, sniffing, or swallowing of inedible objects
* Movement/Vestibular symptoms
	+ Fears falling or heights
	+ Becomes anxious or distressed when feet leave the ground
	+ Whirling without dizziness
	+ Preoccupation with spinning objects
* Auditory symptoms
	+ Hypersensitivity or aversion to loud noises (bell, buzzer, hallway noise)
	+ Close attention to self-produced sounds
	+ No response or over-response to varying levels of sound

**Symptoms must be present in the early developmental period (but may not become fully manifested until social demands exceed limited capacities, or may be masked by learned strategies in later life).**

* Early primary caregiver report no longer essential
* "Early Childhood" approximately age 8 and younger (flexible)

**Evaluation Requirements for Initial Eligibility for Autism Services**

Initial evaluation should *consider* the following:

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| --- | --- | --- | --- | --- |
| **DOMAIN** | **RELEVANT** | **EXISTING INFORMATION ABOUT THE CHILD** | **ADDITIONAL EVALUATION PROCEDURES TO CONSIDER** | **SOURCES FROM WHICH DATA WILL BE OBTAINED** |
| **Yes** | **No** |
| **Academic Achievement**Current or past academic achievement data pertinent to current educationalperformance. |  |  |  | * \*Review of data of academic skills (district assessment, state assessment, classroom performance products)
* Teacher interviews
* Student interviews
* Play-based assessment
* Standardized achievement testing (WIAT, KTEA, Bracken, YCAT, WJ)
* Curriculum-based measurement (STAR, AIMSweb, DIBELS, FISH)
 |  School Psychologist |
| **Functional Performance**Current or past functional performance data pertinent to current functional performance. |  |  |  | * \*School observations (Social interactions, play skills, repetitive patterns of behavior, interests, or activities, hyper- or hyporeactivity to sensory input or usual interest in sensory aspects of the environment)
* \*Functional behavior assessment
* \*Adaptive behavior assessments (Vineland-II, ABAS-II, DP-3)
* \*Standardized Assessment (ADOS)
* Record review (grades, attendance, discipline, special education records, early intervention reports, etc.)
* Teacher interview
* Parent interview
* Student interview
* Transition assessments
* Play-based assessment
* Independent Functioning Assessment (FISH)
* Executive Functioning Assessment
* Attention/Concentration Assessment
* Behavior rating scales
 | School Social Worker, School Psychologist |
| **Cognitive Functioning**Data regarding cognitive ability, how the child takes in information, understands information and expresses information. |  |  |  | * Review of records
* Standardized cognitive testing (verbal, nonverbal, or play-based assessment, WISC, WPPSI, WAIS, WNV, DAS, WJ, SB, C-TONI) to assess thinking/cognitive integration skills
* Assessment of memory (WRAML)
 | School Psychologist |
| **Communication Status**Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance. |  |  |  | * \*Pragmatic language assessment (Test of Pragmatic Language, CASL, Functional Communication Profile, Rossetti)
* \*Standardized Assessment (ADOS)
* Teacher interview
* Observations (social communication, nonverbal communicative behaviors, stereotyped or repetitive speech, rigid or concrete thinking)
* Receptive/Expressive Language Assessment (CASL, CEFL, Clinical Evaluation of Language Fundamentals, EOWPVT/ROWPVT, Functional Communication Profile, OWLS, PPVT, PLS, TELD, TOLD, Test of Auditry Comprehension of Language, Test of Semantic Skills, Primary, Rossetti)
* Play-based assessment
* Assistive Technology Assessment (Test of Aided Communication Symbol Performance)
 | Speech/Language Pathologist |
| **Health**Current or past medical difficulties affecting educational performance. |  |  |  | * \*Parent interview to obtain health history, including current health status (diagnosis, medications, therapies)
* \*Medical review by school nurse as needed
* Medical consultation with outside providers
 | School Nurse, School Social Worker |
| **Hearing/Vision**Auditory/visual problems that would interfere with testing or education performance. Dates and results of last hearing/visual test. |  |  |  | * \*Vision screening
* \*Hearing screening
* Audiological evaluation if needed
 | School Nurse, Audiologist, Visual Impairment Instructor, Deaf/Hard of Hearing Instructor |
| **Motor/Sensory Abilities**Fine and gross motor coordination difficulties, functional mobility, orstrength and endurance issues affecting educational performance. |  |  |  | * \*Sensory assessment (Sensory Profile)
* Teacher interview
* Parent interview
* School observation (stereotyped or repetitive motor movements, hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment)
* Consultation with outside providers
* Motor assessment (fine and gross motor)
* Play-based assessment
* Assistive technology assessment
 | Occupational Therapist, Physical Therapist |
| **Social/Emotional Status**Information regarding how the environment affects educational performance (life history, adaptive behavior, independent function, personal and social responsibility, cultural background). |  |  |  | * \*Social Developmental Study
* \*Adaptive behavior assessments (Vineland, ABAS-II, DP-3)
* \*Autism rating scales (GARS-3, CARS-2, etc)
* \*Standardized Assessment (ADOS)
* Record review (grades, attendance, discipline)
* Teacher interview
* Parent interview
* Student interview
* Consultation with outside providers
* School Observation (Social-emotional reciprocity, social interactions)
* Observation in multiple environments
* Play-based assessment
* Behavior Rating Scales
 | School Social Worker, School Psychologist |