Autism Spectrum Disorder (ASD)
Multidisciplinary Evaluation Team (MET) Report

Date of Report:

Student Name: **Date of Birth**: **School**:

Evaluation Team:
Psychologist:
School Social Worker (SSW):
Speech & Language Provider (SLP:

REASON FOR EVALUATION

was referred for an evaluation to determine eligibility for special education under the ASD eligibility criteria.

ASSESSMENT SOURCES

Review of School Records
Review of Private / Medical Assessments and Reports
Parent Interview on
Teacher Surveys
Classroom Observation on
Administration of the follow standardized tools (descriptions of these tools follow this report):
Autism Diagnostic Interview-Revised (ADI-R) on
Autism Diagnostic Observation Schedule (ADOS) on
Autism Screening Instrument for Educational Planning-Third Edition (ASIEP-3): ABC Checklist
Gilliam Asperger's Disorder Scale (GADS) on

The following information was gathered through review of records, observations, school staff and parent interviews and surveys, review of previous assessment information, and direct assessment and rating scales listed above. A summary of this information and relevant scores are provided within the context of the Michigan ASD eligibility requirements below.

RELEVANT BACKGROUND INFORMATION

Include:

- Developmental History including parent interview
- Private evaluations and report summaries (reference these for more detailed information)
- School History including discipline issues, grades, etc.
- MET evaluation and eligibility history
- What leads to the current evaluation
- Include any information relevant to the eligibility criteria in the corresponding sections below:

DETERMINATION OF SPECIAL EDUCATION ELIGIBILITY UNDER ASD

According to Michigan Special Education Rules, Autism Spectrum Disorder (ASD) is considered a lifelong developmental disability that adversely affects a student's educational performance in academic, behavioral, and/or social areas. In order to be eligible for special education services under the category of Autism Spectrum Disorder (ASD) according to Michigan Special Education Rules, determination of eligibility must include **ALL** three of the following:

(1) Qualitative impairment in reciprocal social interactions
(2) Qualitative impairment in communication
(3) Restricted, repetitive, and stereotyped behaviors

Results of standardized measures, interviews, and observations are organized within these eligibility components. Summary of the information represents a preponderance of evidence from all interviews, surveys, reports, and direct observation and assessments.

QUALITATIVE IMPAIRMENT IN RECIPROCAL SOCIAL INTERACTIONS

According to the Michigan Special Education Rules, in order to be eligible for special education services under the category of Autism Spectrum Disorder (ASD), students must demonstrate *Qualitative Impairment in Reciprocal Social Interactions* as evidenced by 2 of 4 of the following eligibility criteria:

- Marked impairments in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, expressions, body postures, gestures;
- Failure to develop peer relationships appropriate to this student's developmental level;
- Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people;
- Marked impairment in the areas of social or emotional reciprocity

Supporting Evidence (e.g. interviews, observations, surveys and standardized scores):

Based on survey information and observations, demonstrates a range of nonverbal behaviors such as smiling when happy, frowning when sad, pointing to orient another person to something, and looking nervous when he does something wrong. For example, . On another occasion, On yet another occasion, These are a few examples of the good use of nonverbal behavior uses to communicate in social situations.

Although demonstrates social interaction skill deficits, observations and assessment information do not suggest a qualitative impairment in reciprocal social interactions as related to ASD. In direct observations and assessment, initiated and responded in the give and take social interactions that define reciprocity. For example,

These behaviors demonstrate a clear understanding of and response to another's emotional states and point of view.

Overall, it appears that failures to develop appropriate peer relationships seems to be a function of his aggressive behavior, need to control social situations, and taunting/teasing behaviors rather than a deficit in the ability to understand and engage in reciprocal social or emotional reciprocity. was observed on numerous occasions initiating interactions and sustaining those interactions for number of exchanges typical for students at this age. For example, Also, although wanted to have discussions of his own choosing during interactions, he did not demonstrate rigidity in the topics or the organization and

patterns of the discussion. For example, Thus does not demonstrate qualitative impairments in reciprocal social interactions.

In addition, during the direct assessment, was able to describe an event using a full range of facial expressions, body postures, and gestures including pointing, shrugging his shoulders, and nodding. Although reports that struggles with matching facial expressions with mood (e.g. face will be straight when is actually happy) and using a full range of non-verbal behaviors such as nodding when trying to say yes, in school and in direct assessment, these behaviors were not noted to be qualitatively impaired compared to peers. also is reported and observed to make and use eye contact appropriately in social situations, although hyperactivity and inattention often impact sustaining eye contact during interactions. indicates that has to be told to make eye contact or does not, but in observations, this appears to be more related to inattention and hyperactivity than a qualitative deficit in the use of eye contact.

also is attentive and responsive to the social environment and engages in the give and take of social interactions that define reciprocity. is reported to have two good friends in the general education classroom and a number of friends in the special education classroom. was observed during recess to play soccer with a group of about six other students and despite some disagreement among them around rules, they sustained the game for the majority of the recess time. is also reported and observed to initiate and even seek out peers to engage with and likes to show toys and school work to both peers and adults. , however, indicates that does not show or share at home unless it is in an interest areas, although in school, is reported and observed to share a full range of information including sharing about events outside of school like vacations. During direction observation, showed and shared on a number of occasions. For example, .

is also reported to express a typical range of emotional responses and reciprocity. will laugh and express enjoyment when having fun (e.g. "wow, this is fun), and look upset when something is not going as expected. When others are unhappy or hurt, will express feels bad for the person or will attempt to ease the others feelings by offering them help. For example, . In addition, during direct observation at recess, .

Despite not presenting with deficits in reciprocal social interaction, is noted to struggle with social interaction at times. For example, On another occasion, These behavior, however, seem to be more related to an immaturity in social interaction rather than a deficit in the understanding of reciprocity. This immaturity can certainly be accounted for by documented diagnoses of cognitive delay.

In addition to observations, surveys and interviews, standardized measures of reciprocal social interaction were obtained. The ADI-R was administered to on and resulted in a score of in the Qualitative Abnormalities in Reciprocal Social Interaction subscale. Scores of 10 or more are indicative of ASD. The ADOS was administered to on and resulted in a score of 3 on the Reciprocal Social Interaction Domain. Scores of 6 or more are indicative of ASD. Given this above information, does not meet the educational eligibility criteria for deficits in Reciprocal Social Interaction.

Based on the preponderance of survey information and observations, demonstrates a full range of nonverbal behaviors such as eye contact and other non-verbal cues such as hand gestures to regulate social interaction with peers (as noted by the Speech and Language Therapist) and facial expressions appropriate to the situation including frowning to demonstrate anger (as reported by classroom teachers) and smiling to demonstrate pleasure. For example, . also is reported to and demonstrates pointing to orient others to his point of view. For example, pointed to the board on multiple occasions to assist a peer in knowing where to find information.

A number of reporters do indicate, however, that has difficulty attending and responding to social cues by others. When reviewing the examples provided, though, it appears that is easily frustrated and gets angry quickly and then due to his increased emotional state, does not respond to cues by peers. Additionally, hyperactivity and inattentiveness often further impacts taking the time to attend to those cues. In observations, responded to multiple cues by peers such as in one observation when On another occasion, This seems to indicate that has knowledge of and the ability to respond to the social cues of peers, but apparent lack of responding on many occasions may be more related to emotional escalation, hyperactivity and inattention than a qualitative deficit in using, reading and understanding nonverbal cues.

Regarding relationships with peers, does have demonstrated challenging behavior in social situations. However, there is observational and survey data suggesting that these challenges are not due to an inability or lack of understanding of the give and take of social interactions that define reciprocity. For example, was observed to initiate, play and interact with others effectively and appropriately when . is also reported by teachers to initiate interactions with peers by asking them to join in classroom activities and eat lunch. This pattern, however, is often affected by mood. When is in a negative state, engages less with peers and is more annoyed by their attempts to interact. reports that does not initiate appropriately and will just jump into a game not recognizing that others are there waiting their turn. This is typical of students who have attention and emotional regulation issues.

is further reported by teachers to want to be with and make friends, but can demonstrate immaturity and aggression in his social interactions which impacts successful peer relationships. Despite these struggles, is reported to continue to have a few friends in his classes and at lunch and has a reported best friend. reports, however, that peers are becoming more and more reluctant to interact and are even perhaps bullying in response. Overall, it is clear is struggling socially, but it is not clear that these difficulties arise from a qualitative deficit in understanding and engaging in social reciprocity (as there are many reports and observation examples to the contrary) but are more reflective of emotional regulation issues and aggressive tendencies.

Multiple reports and observations demonstrate that spontaneously seeks to share enjoyment, interests, or achievements with other people. For example,

is reported to have difficulty responding to the emotions of others. Although appears to express a typical range of emotional responses (e.g. laugh when something is funny, express enjoyment when he is having fun, and indicate when he is upset (albeit usually with aggression), there is little evidence that he responds to others' emotions (e.g. comforts when someone is hurt). Reporters either indicate they have not noticed this occurring and or have not had opportunities to observe it. A couple reports, however, do indicate issues in this area. For example, It may be, then, that does meet this criterion for the Social Reciprocity area of the eligibility criteria.

QUALITATIVE IMPAIRMENT IN COMMUNICATION

According to the Michigan Special Education Rules, in order to be eligible for special education services under the category of Autism Spectrum Disorder (ASD), students must demonstrate *Impairment in Communication* as evidenced by 1 of 4 of the following eligibility criteria:

- Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication
- Marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others
- Stereotyped and repetitive use of language or idiosyncratic language

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

Supporting Evidence (e.g. interviews, observations, surveys and standardized scores):

Although demonstrates delays in the development of spoken language, when someone doesn't understand, will repeat what was said or say it louder and use gestures and facial expressions to get the point across. Although parents report that repeats words or phrases over and over, in further discussion of these events as well as in observation examples, these examples seem to reflect impulsivity and impatience rather than stereotyped and repetitive use of language. does not demonstrate inflexibility in play routines, and will respond to adult changes to play activities when directed. tends to want to be in control and dictate how the play unfolds, but does not utilize the same patterns of play each time. also wants to dictate and control which play activities occur, even if the adult suggests a play activity that tends to prefer. This suggests that has a high need to control situations, but not an underlying rigidity or restrictive pattern of play.

In diagnostic reports, surveys and interviews, it is clear that presents with significant language challenges. However, it appears that his language deficits are more related to a language impairment or impairment related to his cognitive deficits than one related to ASD. In reports and an interview with it is clear that delay in the development of language was a primary reason for initial assessments, and these assessments suggested and diagnosed global delays, not an ASD, with most notable deficits in the area of language. A number of reports indicated that at the time, used other modes of communication, including behavior, to make his wants and needs known. At present, although he struggles with vocabulary and language structure, is able to make his wants and needs known through speech.

also demonstrates the ability to initiate, engage in and sustain reciprocal conversation, although this can be impacted by his delay in vocabulary, general inattention and hyperactivity. For example,

Further, does not present with stereotyped or repetitive use of language or idiosyncratic language based on school staff reports, school observations and direct assessment. uses typical intonation, volume and rate of speech, although again, hyperactivity does impact this at times. has not been observed to use words or phrases that have private meanings or that only make sense to those familiar with the situation, and no repetitive use of language or words is noted by school staff or was present during observations and the assessment., , however, does indicate that uses a number of repetitive phrases. The example was that when wants something, will say it over and over again. It appears that this may again be more due to his cognitive delay (e.g. not remembering the answer), hyperactivity, and/or perhaps an inability to wait for a response rather than language repetition typically found in individuals with ASD. For example,

Finally, demonstrates varied spontaneous make-believe play and social imitative play appropriate to his developmental level. For example,

In addition to observations, surveys and interviews, standardized measures of impairment in communication related to ASD were obtained. The ADI-R was administered to on and combined with observational data and other reports, resulted in a score of in the Communication subscale. Scores of 8 or more are indicative of ASD. The ADOS was administered to on and resulted in a score of in the Communication Domain. Scores of 3 or more are indicative of ASD, but must be combined with the Social Interaction Domain for a better representation than this domain alone for the presence of an ASD. On the combined domain of Communication and Social Interaction, obtained a score of 6. Scores of 10 or more are indicative of ASD.

does not have a history of delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication. In fact, reports and developmental history suggest that language development may have been advanced. Current language assessment scores are indicated below and demonstrate average to above average scores in all areas.

also does not demonstrate a marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others. Reciprocal conversation skills are reported as typical for age. , however, reports that does not have reciprocal conversation skills, although he is able to sustain longer conversations if seated next to him or while in the car. This may be due to his ability to attend to the conversation under these conditions suggesting that does not have a true impairment in reciprocal conversation at developmental level.

There also is no survey information suggesting that engages in stereotyped and repetitive use of language or idiosyncratic language. The only noted report is from who indicates that says phrases out of the blue and repeats phrases heard in a television shows, video games and movies. also indicates that reads in a monotone, but no other indication of unusual verbal intonation, volume or rate of speech.

A review of speech/language evaluation from the most recent Multidisciplinary Evaluation Team report (dated) resulted in the following scores:

RESTRICTED, REPETITIVE, AND STEREOPTYPED BEHAVIORS

According to the Michigan Special Education Rules, in order to be eligible for special education services under the category of Autism Spectrum Disorder (ASD), students must demonstrate *Restricted, Repetitive and Stereotyped Behaviors* as evidenced by 1 of 4 of the following eligibility criteria:

- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus
- Apparent inflexible adherence to specific, nonfunctional routines or rituals
- Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements)
- Persistent preoccupation with parts of objects

Supporting Evidence (e.g. interviews, observations, surveys and standardized scores):

In direct assessment and observations, did not demonstrate a preoccupation or restricted pattern of interest that was abnormal in intensity or focus. does have preferred activities and has a difficult time engaging in activities that are not of his choice, but these likes and dislikes do not rise to the level of a preoccupation or restricted pattern of interest. For example Also, has significant difficulty sustaining attention to particular activities, jumping from one activity to another, rather than demonstrating a preoccupation with any one of them. Parent reports that loves videos and will watch them over and over demonstrating preoccupation. At some level, watching videos over and over is typical of children this age. When it becomes obsessive, would engage in the behavior to the exclusion of most others and would have total melt downs when transition from the activity was expected. Further, would constantly seek to engage in this behavior. Direct observations of did not substantiate this behavior. For example In direct observations, aggressiveness with wanting certain things a certain way and has difficultly transitioning from a preferred activity reflected non-compliance rather than an underlying preoccupation or restricted pattern of behavior. In fact, when a reinforcer was offered, behavior changed. Further, does not appear to have an inflexible adherence to specific or nonfunctional routines or rituals. His Play routines change even if the topic is the same. is reported to engage in repetitive language behaviors as noted previously, but these repetitive behaviors are functional for the

situation and not reflective of a nonfunctional routine or ritual. Further, no stereotypical or repetitive motor mannerisms were noted, nor did display a preoccupation with parts of objects.

In direct assessment and observations, did not demonstrate a preoccupation or restricted pattern of interest that was abnormal in intensity or focus. clearly does have preferred interests (for example,), but these likes and dislikes do not rise to the level of a preoccupation or restricted pattern of interest as compared to peers. For example, Of course, like any student his age, preference was to play with preferred toys rather than work, but this behavior is not abnormal in intensity or focus for his age and developmental level. Although indicates that obsesses about things, school staff do not indicate that interests interfere with or dominate thinking.

Further, does not present in school or during observations or the assessment with inflexibility or adherence to nonfunctional routines or rituals, does not demonstrate stereotyped or repetitive motor manners and is not preoccupied with parts of objects.

In addition to observations, surveys and interviews, standardized measures of restricted and repetitive behaviors were obtained. The ADI-R was administered to on and combined with observational data and other reports, resulted in a score of in the Restricted, Repetitive and Stereotyped Patterns of Behavior subscale. Scores of 3 or more are indicative of ASD.

There is no current survey or observational evidence in the school setting that presents with a preoccupation with parts of objects, restricted interests, or repetitive motor mannerisms. School staff does report that struggles with changes in routines, but they do not define these as "inflexible" or "nonfunctional" and they don't rise to the level of intensity typically seen in students with ASD. indicates that play behavior is repetitive and gives an example of playing with edge of a blanket in a particular manner. This, however, is very typical of many students and especially those with emotional regulation issues. It is also reported that Again, this could certainly be accounted for by anxiety and frustration and used to "calm down" as opposed to the repetitive motor mannerisms intended in this item that is reflective of ASD such as hand flapping.

UNUSUAL OR INCONSISTENT RESPONSE TO SENSORY STIMULI

Determination *may* include unusual or inconsistent response to sensory stimuli:

has not been noted to have unusual or inconsistent response to sensory stimuli.

Although school staff do not report issues in this area, indicates that does present with sensory issues. For example, . Unusual or inconsistent response to sensory stimuli may be related to ASD if the other eligibility criteria are met.

SUMMARY RESULTS OF STANDARDIZED MEASURES

<u>Autism Diagnostic Interview-Revised</u> (ADI-R):

The ADI-R was administered to on and combined with observational data and other reports, resulted in the following scores:

Subscale	Score	Indicative of ASD
Qualitative Abnormalities in Reciprocal Social Interaction		Scores of 10 or + are indicative of ASD
Qualitative Abnormalities in Communication		Scores of 8 or + are indicative of ASD
Restricted, Repetitive and Stereotyped Patterns of Behavior		Scores of 3 or + are indicative of ASD

The results of the ADI-R are not suggestive of an Autism Spectrum Disorder and support the other information gathered and observations conducted.

Autism Diagnostic Observation Schedule (ADOS):

The ADOS was administered to on and resulted in the following scores:

Subscale	Score	Indicative of ASD
Communication Domain		Scores of 3 or + are indicative of ASD
Reciprocal Social Interaction		Scores of 6 or + are indicative of ASD
Communication + Social Interaction Domain		Scores of 10 or + are indicative of ASD

The results of the ADOS are not suggestive of an Autism Spectrum Disorder and support the other information gathered and observations conducted.

Autism Screening Instrument for Educational Planning-Third Edition (ASIEP-3): ABC Checklist

The ABC checklist was completed by the following individuals resulting in the scores below:

Name of Reporter	Position	Score	Likelihood of ASD
	Special Education Teacher		Unlikely
	School Social Worker		Unlikely
	General Education Teacher		Unlikely
	Speech & Language Pathologist		Unlikely

The results of the ABC Checklist are not suggestive of an Autism Spectrum Disorder and support the other information gathered and observations conducted.

Gilliam Asperger's Disorder Scale (GADS):

The GADS was completed by the following individuals resulting in the scores below:

Name of Reporter	Position	AD Quotient	Probability of AD
	Special Education Teacher		Low / Not Probable
	School Social Worker		Low / Not Probable
	General Education Teacher		Low / not Probable
	Speech & Language Pathologist		Low / Not Probable
	Parent		High / Probable

SUMMARY AND RECOMMENDATIONS

The goal of a school-based evaluation team for ASD is not to provide a clinical diagnosis of the disorder, but rather to recommend eligibility and determine the need for special education services. Michigan's

Special Education definition characterizes ASD by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests or repetitive behavior. A student must present with deficits in all three domains in order to meet the requirements for special education eligibility under the ASD label.

In determining school-based eligibility under the ASD category (or in making diagnostic decisions), it is important to recognize that false positives can often occur from a misunderstanding of the criteria. For example, within each of the ASD domains, a number of stimulus items that more specifically describe factors in the particular domain are provided. For example, for school-based eligibility, one of the stimulus items under the reciprocal social interaction domain is "failure to develop peer relationships appropriate to developmental level." If taken separately, this item could be positive for students with ADHD, mood disorders, cognitive delays or language-based impairments as students with these disorders frequently have deficits in developing appropriate peer relationships. Thus, the evaluation team must consider the stimulus item in relationship to the primary domain, in this case "qualitative deficits in reciprocal social interaction." As such, the student must have difficulty with developing peer relationships appropriate to developmental level due to their deficit in understanding and demonstrating reciprocal social interaction patterns rather than some other factor such as immaturity or aggression that may impact social interaction functioning.

EXAMPLE ONE

has had numerous school-based and private sector evaluations for autism spectrum disorder that have resulted in varying conclusions. All have indicated and reported global language and cognitive delays and ADHD but there has been disagreement regarding the presence of ASD. The school based reports have all concluded that is not eligible under ASD and the current diagnostic assessment information does not support the presence of ASD for school-based eligibility. However, some of the private sector evaluations have resulted in diagnoses of PDD-NOS and others have suggested Autistic Disorder. The reports, however, that indicate Autistic Disorder did not provide the diagnostic tools or comprehensive data that were used to make the determination. The ones that appeared to conduct a comprehensive evaluation and provided a detailed report concluded PDD-NOS, and by definition, this disorder describes a condition that does not meet all three of the criteria necessary for an ASD school eligibility.

A further issue in making ASD eligibility decisions is which eligibility category best captures the disabling condition that is impacting the students access and progress in general education. In reviewing all previous assessments, the private sector evaluations, and the present observations and assessment, it is clear that global cognitive and language delays and behaviors related to ADHD impact academic, behavioral, social and communication development in school rather than behaviors that may be associated with ASD which he does not present in the context of school.

Given this summative information, it is the MET recommendation that continue eligibility for special education services under the rather than the ASD category.

EXAMPLE TWO

In general, interview, survey, and assessment information used to determine the present recommendation for eligibility is inconsistent across reporters. School staff is generally consistent across their reports and surveys including resulting scores on standardized screeners and assessment tools. In general, school staff does not see evidence in the school setting of an ASD but rather that of a student with emotional regulation issues and aggression. The MET team observations seem to align with these observations and reports as well. However, home reports suggest the presence of ASD in home and community environments. In addition, has had numerous private sector evaluations for ASD and many have concluded that does in fact have ASD. However, many of these reports lack assessment information and data indicating how the diagnosis was determined so it is difficult to determine whether those characteristics are present in the school environment or not. The one report that did provide a comprehensive evaluation and report

concluded a diagnosis of ASD along with a myriad of other diagnoses and potential special education eligibilities.

The goal of a school-based eligibility team, then is to determine which of these disabling conditions impacts access and progress in general education and since teams must select one as the prevailing condition that opens to the door to any and all special education services the student needs to ensure access and progress in general education, this MET must consider the preponderance of evidence supporting the impact of one over another. Based on observations, survey and interview information, and standardized measures, it is this MET opinion that social deficits are more related to hyperactivity, inattention, immaturity, and aggression (e.g. emotional regulation) than deficits in the understanding and demonstrating social reciprocity as seen in students with ASD. Further, in the school setting, even if the criteria under social reciprocity were met, clearly does not meet criteria in all three domains, a requirement for special education eligibility under the ASD category.

As such, it is the MET recommendation that be considered eligible for special education services under the OHI rather than EI or ASD categories. Under the OHI eligibility category, documented disabilities such as emotional regulation, traumatic brain injury, cognitive disorder, bipolar, among others can be considered and addressed within the IEP. Given the consensus among evaluators that these disabilities have significant educational impact, special education services can then be recommended to address any and all of these needs, including those related to a possible ASD.

This evaluation team is available for further consultation, if needed.

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School Psychologist

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School Social Worker

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Speech and Language Provider

DESCRIPTION OF STANDARDIZED ASSESSMENTS

Autism Diagnostic Interview-Revised (ADI-R):

The Autism Diagnostic Interview-Revised (ADI-R) is a clinical diagnostic interview instrument designed to gather information needed in the identification of ASD. In addition to gathering relevant developmental information, this instrument contains items that focus on behaviors in three primary domains: Reciprocal Social Interaction (e.g. emotional sharing, offering and seeking comfort, social smiling and responding to other children); Communication and Language (e.g. stereotyped utterances, pronoun reversal, social usage of language); and Restricted and Stereotyped Interests and Behavior (e.g. unusual preoccupations, hand and finger mannerisms, unusual sensory interests).

Autism Diagnostic Observation Schedule (ADOS):

The Autism Diagnostic Observation Schedules (ADOS) is a semi-structured, standardized assessment of social interactions, communication, play, and imaginative use of materials for children suspected of having autism. This instrument also provides cut-off points for the broader Autism Spectrum Disorder diagnosis, including pervasive developmental disorder and atypical autism.

The Communication Domain looks at the following: Amount of Social Overtures/Maintenance of Attention; Stereotyped / Idiosyncratic Use of Words or Phrases; Conversation; Pointing; Descriptive, Conventional, Instrumental, or Informational Gestures.

The Reciprocal Social Interaction Domain looks at the following: Unusual Eye Contact; Facial Expressions Directed to Others; Spontaneous Initiation of Joint Attention; Quality of Social Overtures; Quality of Social Response; Amount of Reciprocal Social Communication; and Overall Quality of Rapport.

Autism Screening Instrument for Educational Planning-Third Edition (ASIEP-3): ABC Checklist

The ASIEP-3 ABC Checklist is a 57-item teacher checklist that describes non-adaptive behaviors associated with ASD. Although parents can complete the checklist, norms are not provided for parent ratings. Total ABC scores of 68 or higher fall in the range of ASD.

Gilliam Asperger's Disorder Scale (GADS):

The GADS is a norm-referenced questionnaire designed to aid in the diagnosis of the disorder. The GADS is made up of four subscales: Social Interaction (e.g. communicative intent and emotional behaviors), Restricted Patterns of Behavior (e.g. stereotypical and restricted behaviors associated with the disorder), Cognitive Patters (e.g. cognitive and language skills), and Pragmatic Skills (e.g. language used in a social context). Overall results are described as an Asperger's Disorder Quotient. Quotients above 80 indicate a high / probable likelihood of Asperger's Disorder (AD).

REVIEW OF EDUCATIONAL CRITERIA FOR AUTISM SPECTRUM DISORDER (According to Rule 340.1715)

According to Michigan Special Education Rules, Autism Spectrum Disorder (ASD) is considered a lifelong developmental disability that adversely affects a student's educational performance in academic, behavioral, and/or social areas. In order to be eligible for special education services under the category of Autism Spectrum Disorder (ASD) according to Michigan Special Education Rules, determination of eligibility must include **ALL** three of the following:

(1) ***Qualitative impairment in reciprocal social interactions****:* "Qualitative impairment" means pervasive, sustained, and substantially atypical as compared to other individuals at the same age and developmental level. To be eligible under the ASD criteria, the individual must demonstrate a qualitative impairment in reciprocal social interactions as evidenced by 2 of 4 of the following eligibility criteria:

Eligibility Criteria (2 of 4 required):

(a) *Marked impairments in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, expressions, body postures, gestures:* "Marked impairment" means substantial and sustained lack of using nonverbal behaviors to regulate or modulate social interactions and communication with others. Known as joint or shared attention, using eye gaze or other nonverbal behaviors to alert another of an interesting object or activity and sharing that observation by looking back and forth between the object / activity and the other person is most distinctive feature lacking in children with ASD.

(b) *Failure to develop peer relationships appropriate to this student's developmental level:* "Failure" means not relating to others in most settings, most situations, and with most people. It is important to note that failure to develop peer relationships can result from many factors and be related to other disabilities. To meet this criteria an individual must demonstrate a failure to develop peer relationships due directly to impairments in reciprocal skills or using the social rules involved in and required to get and maintain friends. Individuals with ASD may also lack the ability to understand the perspective of others.

(c) *Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people*: "Marked impairment" means substantial and sustained deficits in the spontaneity (i.e. unprompted) and desire to share experiences and achievements with others.

(d) *Marked impairment in the areas of social or emotional reciprocity: "*Marked impairment" means substantial and sustained deficits in the mutual give and take of social interactions or the recognizing and responding to the emotions of others.

(2) ***Qualitative impairment in communication****:* "Qualitative impairment" means pervasive, sustained, and substantially atypical as compared to other individuals at the same age and developmental level. To be eligible under the ASD criteria, an individual must demonstrate a qualitative impairment in communication as evidenced by 1 of 4 of the following eligibility criteria:

Eligibility Criteria (1 of 4 required):

(a) *Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication*: Typical development of language includes babbling by 12 months, single words by 16 months, and two-word phrases by 24 months of age. A person with ASD fails to compensate for lack of language through the use of other forms of communication.

(b) *Marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others*: "Marked impairment" means substantial and sustained deficits in the ability use verbal and nonverbal skills and the rules of social interaction (e.g. appropriate eye gaze, back and forth sharing, interest in what the other is talking about, etc.) to engage in reciprocal conversations with others.

(c) *Stereotyped and repetitive use of language or idiosyncratic language*: Individuals with ASD may exhibit differences in their use of language as evidenced by the following: Stereotyped language (e.g. flat, emotionless, atypical rhythm or rate, etc.); Idiosyncratic (e.g. use of words / phrases with private meanings that only make sense to those who are familiar with the situation where the word/phrase originated); or Repetitive language (e.g. repetitively quote words or phrases or sounds from movies or television or other media, repetitively say particular words out of context, etc.).

(d) *Lack of varied spontaneous make-believe play or social imitative play appropriate to development level:* Children with ASD may not engage in pretend play with toys, engage in imitative interactions such as peek-a-boo or "bumble bee," or advance their play as they get older (e.g. still focused on Barney when other children are playing with action heroes). Instead, children with ASD may line up their toys, focus on small parts of the toy rather than play with it, or play with the toy the same way every time without expansion or creativity in the play routine.

(3) ***Restricted, repetitive, and stereotyped behaviors***: Individuals with ASD present with interests, routines, and behaviors that are restricted or highly focused or limited in number or scope, repetitive or stereotypical (e.g. hand flapping). To be eligible under the ASD criteria, an individual must demonstrate 1 of 4 of the following eligibility criteria:

Eligibility Criteria (1 of 4 required)

(a) *Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus*: Individuals with ASD can present with behaviors and patterns of thought that are abnormal in focus or intensity. These preoccupations are intrusive, occur frequently and repeatedly, dominate the person's thinking, and interfere with participation in daily activities. Although preoccupations remain over time, the focus and topics may change.

(b) *Apparent inflexible adherence to specific, nonfunctional routines or rituals:* Individuals with ASD can have an unwavering need for to adhere to schedules and routines. They may demonstrate an inflexibility and tolerance for changes that often manifests at transition times or when routines or schedules change from what was expected.

(c) *Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements)*: Individuals with ASD may engage in repetitive and stereotyped motor movements which might include a preoccupation with spinning or twirling objects or self, pacing, smelling objects, chewing or rubbing objects, or other unusual motor movements. More significantly, these behaviors can manifest as self-injurious behaviors such as head banging, hand-biting, and excessive self-rubbing or scratching.

(d) *Persistent preoccupation with parts of objects*: Individuals with ASD can become preoccupied with parts of objects or how the object works rather than the function it serves (e.g. focused on the internal workings of a clock rather than the fact that the clock tells time).

ADDITIONAL LANGUAGE FOR RECIPROCAL SOCIAL INTERACTION

https://sites.google.com/site/autismhome/Home/basic-training/social-symptoms

“"Qualitative impairment" means markedly abnormal or, if you will, very different from other people at the same age and developmental level, not just a little different. While there are wide variations in the severity of symptoms in persons with autism, the symptoms themselves are very different from what you would see in most normally-developing children and adults. The impairment in social interaction will be "gross and sustained." Difficulty interacting with other people will be very different from the normal shyness or immaturity other people may show. The person will have difficulty interacting normally with all people, not just strangers, etc. The person will have difficulty interacting with others in all settings, not just outside the home, etc. The person may act somewhat better at home or school or in other settings or with other people, but the essential features of autism will still be present. Remember, to be diagnosed with autism, the person must show at least two of the following symptoms of impaired social interaction:

(a) marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction: "Marked impairment" means not just occasionally failing to use these nonverbal behaviors but "gross and sustained" difficulties with them. Some researchers believe that persons with autism may be different from birth. Two characteristic body posture difficulties reported in the literature include: infants who arch their backs away from their caregiver to avoid physical contact and infants who fail to anticipate being picked up (by becoming limp or stiff). Poor eye-contact is probably the most common symptom reported by parents of children with autism. It may be the first and most obvious symptom noted, however, not all children with autism have poor eye-contact. The Checklist for Autism in Toddlers (CHAT) checks for the following nonverbal behaviors in children at age 18 months: ability and desire to play peek-a-boo, purposeful pointing with the index finger, eye-contact, and looking where others look. If an 18 month old child does not perform these things, the CHAT would suspect autism or a developmental delay. The American Academy of Neurology, the Child Neurology Society, and the American Academy of Pediatrics lower the threshold to age 12 months, saying, if the child shows "no babbling, or pointing, or other gesture by 12 months . . . or ANY loss of ANY language or social skills at ANY age" the child should have an immediate evaluation for the presence of autism. Does your child, look you in the eye, point to things he wants, point to things she is interested in, look at what you are looking at, look where you point, show typical emotions on his face, reach to be picked up, get her body posture ready for expected activities (pattycake, peek-a-boo, riding a toy horse, etc.)? If not and your child's developmental age peers can do these things, your child may meet this criteria for qualitative impairment in this aspect of social interaction.

(b) failure to develop peer relationships appropriate to developmental level: "Failure" means failure to relate to peers in all settings, not just strangers, although the child may get along better with family members. The child may prefer to be alone, may play near other children but not interact with them; may be interested in what other children do but not participate. Some children may show no interest in other people at all. Older persons with autism may be interested in having friends but may not understand how to make or keep friends. Severely affected children may seem to be unaware of the presence of others. Does your child play with other children, have friends, want to be with other children or siblings, understand the "rules" of friendship and family, etc.? If not and your child's developmental age peers normally do these things, your child may meet this criteria for qualitative impairment in this aspect of social interaction.

(c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest): "Spontaneous" is a key word here. Does your child do these things without having to be prompted by you? One of the true

joys of parenting is seeing the excitement that your child shows when he or she does something for the first time or is just having fun with something. It shows in the child's face and typically, the child will make attempts to get you involved in their joy and excitement. Does your child bring you things to show you, point to things he wants, show excitement about you or toys or other things, get excited at successes, point to animals or other things of interest during a car ride, etc. If not and your child's developmental age peers normally do these things, your child may meet this criteria for qualitative impairment in this aspect of social interaction.

(d) lack of social or emotional reciprocity: This is the "give and take" of social interaction. Somehow we all learn this "dance" of getting along with others. When they smile, we smile. When they cry, we tend to be sad. When one child is generous and gives a cookie to a peer, the peer is more likely to share something he or she has. This "treat others the way you want to be treated" rule works pretty well for most of us. Children or adults with autism may not understand that other people have feelings, can be hurt, have their own thoughts and desires, etc. Does your child smile at you when you smile, get happy when you praise him, get sad when you are sad, attempt to comfort siblings in distress, hit others when hit first, etc.? If not and your child's developmental age peers normally do these things, your child may meet this criteria for qualitative impairment in this aspect of social interaction."

ADDITIONAL RESOURCES FOR ASD EVALUATION

Char Em Guidelines:
http://www.charemisd.org/academic/specialeducation/evaluationservices/

Kent ISD Guidelines:
http://www.kentisd.org/instructional-services/special-education/guidelinesmanualsforms/