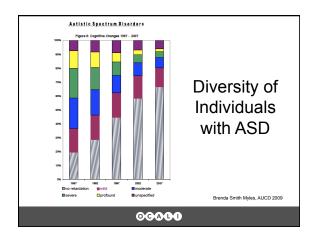
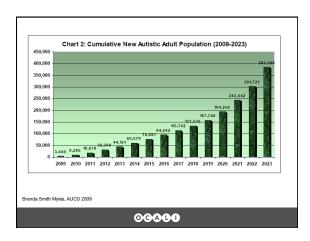
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linking research to real life.	
Autism Spectrum Disorders	
Issues and Solutions	
Columbus Public Schools December 12, 2012	
A division of the ESC of Central Chio 🙆	
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OCALO Inking research to real life.	
Educational Identification of	
Individuals with Autism Spectrum	
Disorders	
A division of the ESC of Central Ohio 🙆	

• 1 in 88 (US) -1 in 54 boys • 1 in 38 (South Korea)





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- Scheduled for release May 2013
- · Autism Spectrum Disorders
- Social and communication criteria combined
- · Sensory is considered

THIS WILL NOT IMPACT EDUCATIONAL ELIGIBILITY

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The Purpose of Special Education (IDEA)

... all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their <u>unique</u> need and <u>prepare</u> them for <u>further education</u>, <u>employment</u>, and <u>independent living</u>.

§300.1 (emphasis added)

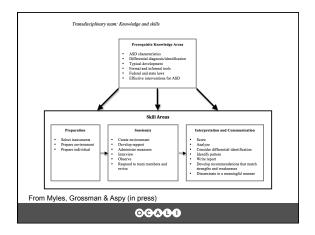
Brenda Smith Myles, AUCD 2009

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IDEA 2004 defines autism as....

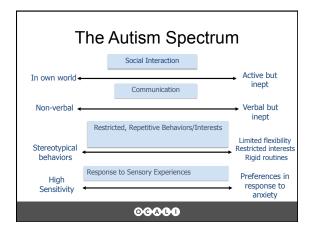
- · Developmental disability
- · Significantly affecting:
 - Non-verbal and verbal communication
 - Social interaction
- Generally evident prior to
- Other characteristics often associated with autism:
 - Engagement in repetitive activities and stereotypic movement
 - Resistant to environmental change or change in daily routine
 - Unusual responses to sensory experiences

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While individuals on the autism spectrum have some similar characteristics, no two individuals with autism spectrum disorders (ASD) will appear the same.





Underlying Characteristics	
Z.SETERIA N	
© ©©©	
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linking research to real life,	
Underlying Characteristics Checklist	
Barry Grossman and Ruth Aspy	
texasautism.com	
	I
Social	
 Has difficulty recognizing the feelings and thoughts of others (Mindblindness) 	
 Uses poor eye-contact Has difficulty maintaining personal space,	
physically intrudes on others	
Lacks tact or appears rudeHas difficulty making or keeping friends	<u> </u>

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- · Has difficulty joining an activity
- Is naïve or easily taken advantage of
- Tends to be less involved in group activities than most same age individuals
- Has difficulty understanding others' nonverbal communication
- Has limited understanding of own emotions

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Social

- · Has difficulty understanding jokes
- Other

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Restricted Behaviors/Interests

- Expresses strong need for routine or "sameness"
- Expresses desire for repetition
- Has eccentric or intense preoccupation/ absorption in own unique interests
- · Asks repetitive questions
- · Seems to be unmotivated by customary rewards

Restricted Behaviors/Interests

- · Displays repetitive movements or paces
- Has problems handling transition and change
- Has strong need for closure or difficulty stopping a task before it is completed
- Other

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Communication

- Has difficulty with rules of conversation (e.g., interrupts others, asking questions)
- Has difficulty starting, joining, and/or ending a conversation
- · Has difficulty asking for help
- · Makes irrelevant comments
- · Has difficulty expressing thoughts and feelings

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Communication

- · Speaks in an overly formal way
- Gives false impression of understanding more than actually does
- · Talks incessantly
- · Uses an advanced vocabulary
- Speech sounds "unusual" (mechanical, singsong, etc.)
- · Has difficulty following instructions

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Communication

- Has difficulty with multiple meanings such as idioms or humor
- Has difficulty talking about others' interests
- Other

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Sensory Differences

- Displays significant differences in response to sounds such as sudden unexpected noises, high-pitched continuous sounds, or complex/multiple noises
- Displays significant differences in response to pain (overreacts, or seems unaware of an illness or injury)

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Sensory Differences

- Displays significant differences in response to taste (e.g., resists certain textures, flavors, brands, etc.)
- Displays significant differences in response to light or color (e.g., focuses on shiny items, shadows, reflections, shows preference or strong dislike for certain colors)

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Sensory Differences

- Displays significant differences in response to temperature
- Displays significant differences in response to smells
- Seeks activities that provide touch, pressure, or movement (e.g., swinging, hugging, pacing, hand flapping, etc.)

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Sensory Differences

- Avoids activities that provide touch, pressure, or movement (e.g., resists wearing certain types of clothing, strongly dislikes to be dirty, resists hugs, etc.)
- Other

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Cognitive Differences

- · Has narrow interests
- · Displays poor problem-solving skills
- Has poor organizational skills
- Withdraws into complex inner worlds/ fantasizes a lot
- Is easily distracted by unrelated details—has difficulty knowing what is relevant

Cognitive Differences

- Displays weakness in reading comprehension with strong word recognition
- Knows many facts and details but has difficulty with abstract reasoning (weak central coherence)
- Has difficulty applying learned skills in new settings

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Cognitive Differences

- · Has academic skills deficits
- · Has attention problems
- · Displays very literal understanding
- Has difficulty understanding the connection between behavior and consequences
- Memory seems to be inconsistent (seems to forget previously learned information)
- Other

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Motor Differences

- · Has balance difficulties
- Strongly resists handwriting
- · Has poor handwriting
- Motor coordination is poor (e.g., accident prone, difficulty using fasteners, etc)
- · Writes slowly
- · Has athletic skills deficits

Motor Differences

- · Displays an awkward gait
- Other

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Emotionality Vulnerability

- Is easily stressed worries obsessively
- · Seems to be depressed or sad
- · Exhibits rage reactions or "meltdowns"
- Has difficulty tolerating mistakes
- · Has low frustration tolerance
- Has low self-esteem, makes negative comments about self

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Emotionality Vulnerability

- Has difficulty identifying, quantifying, expressing, and controlling emotions (e.g., can only recognize and express emotions in extremes)
- Has a limited understanding of own and others' emotional responses
- Has difficulty managing stress and anxiety
- Other

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From the wonderful book ...

The Ziggurat Model by Ruth Aspy and Barry Grossman



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Characteristics of ASD



The Big Bang Theory - pilot

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Diagnosis vs. Eligibility

Parents are not required to obtain a diagnosis from a physician or any other medical professional as a part of the eligibility determination process.

IDEA 2004 clearly states this.



Educational Identification

- · Multi-factored Evaluation team process
 - Who can begin that process?
 - What documentation is needed for eligibility?
 - What categories can be considered?
- Comfort level with educational identification?
- Developing a plan
- · How does diagnosis fit into the plan?

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What information do we need?

- If the MFE team determines within its plan that a medical diagnosis is needed to assist that team in determining eligibility for special education services, then they can request that the parent obtain that diagnosis.
- With this request, it is then the responsibility of the district to pay for that medical diagnosis

If a parent brings in an outside evaluation...



If it is just a "prescription pad" diagnosis, the team should request a report to consider along with that "prescription pad"

If a report is presented, the MFE team must consider that report along with all the other aspects of the plan they have developed for determining eligibility. It need not be given more or less weight than any other piece of informationaar

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What categories can be considered?

- It is left to the discretion of the MFE team whether they consider autism or another category when determining eligibility for special education services
- To be eligible for the autism scholarship the child must have an educational eligibility for special education under the category of autism OR have a diagnosis of PDD-NOS and be eligible for special education services under another categorical label such as LD, OHI, etc.

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Common Misconceptions "He can't have ASD, he ..."

- · Is affectionate
- Doesn't have stereotypic movements
- Makes eye contact
- Is too social
- · Is too smart
- · Has a friend

- · Has a sense of humor
- · Isn't mean
- · Is too angry
- Didn't have problems in early school years
- Was delightfully socially with me!

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Common Misperceptions

- Just because a child is intelligent does not mean he is not VERY IMPAIRED
- There is a continuum of disabilities that is independent of IQ
- IF YOU DON' T ASK YOU DON' T GET (i.e., many times the questions you need to ask the parents are about things the child DID NOT do)
- · Understanding the child's personality is crucial
- Early symptoms often instill a sense of pride, rather than alarm.

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What Precipitates an Evaluation Request for a Child with ASD?

- · Depending on age of the individual:
 - Social interaction problems
 - Lack of understanding the environment/hidden curriculum/common sense
 - "Cluelessness"
 - Overactivity
 - Anxiety/stress
 - Fears
 - Sensory issues
 - Lack of regulation

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What Precipitates an Evaluation Request for a Child with ASD?

- · Depending on age of the individual:
 - Disorganization
 - Depression
 - Perfectionism
 - Inattention
 - Home schooling
 - Multiple diagnoses
 - 2+ suspicious
 - ADHD, OCD, ODD, Bipolar Disorder

Eligibility Procedures

- · Administration of evaluation instruments
- Interview parents/caretakers/educators, including developmental history
- · Observation of child

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Ask the Parent About...

- · Sensory issues
- Friendships
 - Does he always want to be the leader? How does he get along with peers? If, he has says he has friends, what do they do together?
- Organization
- · Long and short-term memory
- Anxiety
- Problems related to change or unanticipated events

Ask the Parent About ...

- · Academic strengths and weaknesses
- Handwriting
- · Life skills/adaptive behaviors
 - Taking showers, brushing teeth, combing hair
 - Answering the phone
 - Making change
 - Ordering at restaurants

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Ask the Parent About ...

- · Areas of interest
- Naivety
- · Problem solving
 - Can't find something
 - What if the bus left him at the wrong stop
- Sharing
- Friendliness (appropriateness/ inappropriateness)

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Believe the Parents

- · Ask:
 - How was the child as a baby (easy to please, required nonstop attention, etc ...)?
 - How did he play as a toddler? Did he want you to play with him all of the time? Did he always want to play alone? What happened if you tried to change his play activities? Was the play creative?

Believe the Parents

· Ask:

- Does the child imitate gestures, facial expressions?
- Does the child use language primarily to get what he needs for to share feelings and stories?
- If you are in a grocery store and the child is complimented on his t-shirt, how does he react?
- Does he say embarrassing things to people?

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Believe the Parents

Ask:

- Is he at times inappropriately friendly?
- Does he seem naïve for his age?
- Do you ever worry he might wander off?
- What would he/she do if the bus left him at the wrong stop?
- Does he share and what does he share?
- How does he sleep?

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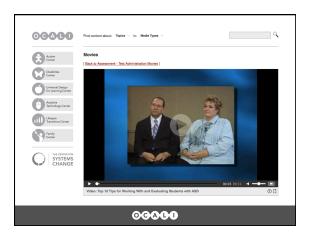
DO NOT TRUST YOUR INSTINCTS IN AN OFFICE OR OTHER STRUCTURED SITUATION!

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Do Not Trust Your Instincts	
 Children and youth with autism spectrum disorders often appear to have little difficulties/challenges when talking with 	
adults.	
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	1
Do Not Trust Your Instincts	
 In interviews, adults tend to focus on (a) intelligent conversation, (b) above average 	
vocabulary, (c) interesting topic of discussion, and (d) adult-manner. Affect	
and eye contact may appear normal.	
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Your Best Bet	
Observe in an unstructured setting	
Observe in the hallway, cafeteria, playground or other less structured setting	
p.s., g. cana s. cans. 1000 dilatida detaing	
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In School

- In class, compare with same age/gender peers ...
 - Interactions with others
 - On/off task behavior
 - Odd or silly behaviors
 - Help needed by peers and teacher
 - Ease in transition between classes/activities
 - Lunch, recess, physical education behaviors

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Other Co-Morbid Conditions

- · Attention Deficit Hyperactive Disorder
- · Anxiety Disorder
- · Bipolar Disorder
- Conduct Disorder or Oppositional Defiant Disorder
- Depression
- · Obsessive Compulsive Disorder
- · Tourette Syndrome
- · Elective Mutism









Instrument	Age	Admin, Time	Description
Aspenger Syndrome Diagnostic Scale (ASDS) (Myles, Bock, & Simpson, 2001) (Myles, Bock, & Simpson, 2001) (The ASDS is available in English or Spanish through Pro-Ed Inc. at www.proedinc.com/customer/product/view. aspx(27)—1842/Sacht/vibric-ASDS (Video describing the ASDS can be Sund at: www.coali ong/views-pith-ng.1-e/203 Administrator-Parent/Caregiver or Teacher	5 – 18 years	10 – 15 min	The ASDS consists of 50 items that are rated for presence or absence of shaharors related to Appenger Syndrome. Results yeld standard scores and percentiles for the five subscales. Raw scores from the subscales are summed to create the Appenger Syndrome Quotient (ASQ), which is a sampler of score.
Autism Behavior Cheddist (ABC) (Krug, Akit, & Almond, 2008) The ABC is available for purchase from www.proedinc.com/ customet/product/view.aspx?(ID=4217&SearchWord=asiep Administrator: Parent/Caregiver or Teacher	3 – 14 years	10 – 15 min	The ABC, a subsest of the ASIEP-3, is a questionnaire containing 57 items answered in a yes/no format. Results indicate cutoff score ranges based on different diagnoses.
Aution Spectrum Screening Questionnaire (ASSQ) (Ehlers, Gilberg & Wing, 1999) The full ASSQ article and screening tool is available at event childraps as decidentment assegning list part Video describing the ASSQ can be found at: www.coall.org/view.pdp?new_id=203 Administrator_PerevCVCeregover	7 – 16 years	5 – 10 min	The ASSQ consists of 27 hems that are rated on a 3-point scale. The learns are designed to screen for AS and other high functioning disorders on the autim specific modern than the control of the contro

Instrument	Age	Admin. Time	Description
Audiem Section (Ducklers (AC)) The ACI can be accessed at a consequence (Martin & Clubley, 2001) The ACI can be accessed at a convert, tests Video describing the ACI can be found at: www.cuclinreplivers.ph/Prav_id=0.203 Administration: Child and Adolescent Version: Parent/Caregiver, Adult Version: Self-Report	4 – adult	5 – 10 min	These AC versions have been developed: children adolescents, adults. The SO-Dem AG securitural ensured residencements adults. The SO-Dem AG securitural ensured he subdomenies social interaction, communication, attention to detail, attention settleding and impairation. Items are completed using a 4-point Libert scale. **Cut-off score of 76 indicates a positive screen for ASD.
Aurism Spectrum Quotient - 10 (AQ-10) Alfilton, Auyeung, & Baren-Cohen, 2012) The AQ-10 can be accessed at www.au/imreeser/borntre.com/acr, tests Administration: Child and Adolescent Version: Parent/Caregiver, Adult Version: Self-Report	18 – 24 months	5 min	This 10-item scale uses a 5-point Likert scale (always, usually, sometimes, rarely, never) * A score of 3 or more indicates a positive screen for ASD.
Onecklist for Autism in Todders (CHAT) [Basen Cohen, Allen, & Gilberg, 1972] The CHAT is walled colline for free through the Autism Research Centre at www.autismessearchcentre.com/arc_tests Administrator: Parent/Careciver	18 – 24 months	5 – 10 min	The CHAT is designed to be completed by a physician with parents during a child's 18-month check-up. Five lay herms following a point, pretending, and producing a point. *Results are reported as yes/no and indicate need for additional surveillance or referral.



