

# **LANGUAGE ELIGIBILITY MANUAL**

Companion III: Autism Spectrum Disorders



**TEXAS SPEECH-LANGUAGE-HEARING  
ASSOCIATION**

**2012**

**Language Eligibility Manual**  
**Companion III: Autism Spectrum Disorders**

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## **I. General Information**

## A. Introduction

The purpose of these Eligibility Guidelines is to provide a structure within which the speech-language pathologist can participate as a member of the multidisciplinary team in using consistent evaluation practices to describe the social communication impairment that is present in children with autism, and to assist in the deliberation of eligibility for special education on the basis of autism and/or speech impairment. As a member of the multidisciplinary team, the SLP may support the team in:

- Completing a comprehensive evaluation of a student's communication, language, and learning profile;
- Describing the nature of the social communication impairment that is present for students identified with autism; and
- Making recommendations to the Admission, Review, Dismissal (ARD) Committee regarding eligibility for special education services and supports based on autism and/or speech impairment.

The 2004 Individuals with Disabilities Education Act (IDEA) provides the following definitions:

- Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, which adversely affects a child's 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 by IDEA criteria.

A child who manifests the characteristics of "autism" after age 3 could be diagnosed as having "autism" if the criteria in the preceding paragraph are met. [34CFR §300.7 (c) (1)]

- Speech-Language Impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance. [34CFR §300.101 (c) (11)]

The Texas Administrative Code (TAC) defines a student with autism as one who has been determined to meet the criteria for autism as stated in 34CFR, §300.7 (c) (1). Students with pervasive developmental disorders are included under this category. The team's written report of evaluation shall include specific recommendations for behavioral interventions and strategies. [19TAC §89.1040 (c) (1)]

Speech-language pathologists play a critical role in evaluating and enhancing the social communication development of students with autism spectrum disorders. All individuals with autism spectrum disorders are challenged in the area of social communication. Many students with autism spectrum disorders have difficulty acquiring the form and content of language, and

by definition, all have needs in acquiring appropriate social use of communication (ASHA 2006).

Speech-language pathologists (SLPs) provide evaluation and services to students with autism spectrum disorders through an individualized educational program when the language disorder and social communication disorder result in an adverse effect on educational performance. In order for a student to meet the federal and state definition of Speech Impairment, the communication disorder must result in an adverse effect on educational performance (academic achievement and/or functional performance). The purpose of this manual is to provide guidance for the SLP in describing and documenting the student's communication profile whether or not there is an educational need for speech-language pathology services.

### **Section References**

American Speech-Language-Hearing Association. (2006). *Guidelines for speech-language pathologists in diagnosis, assessment, and treatment of autism spectrum disorders across the life span* [Guidelines]. Available at [www.asha.org/policy](http://www.asha.org/policy).

Code of Federal Regulations, Title 34, Chapter 300.

Texas Administrative Code, Title 19, Chapter 89.

## **B. Core Characteristics of Autism Spectrum Disorders**

Autism is a neurodevelopmental disorder defined by impairments in social and communication development, accompanied by stereotyped patterns of behavior and interest (Landa, 2007). The core features of Autism Spectrum Disorders (ASD) include impairments in reciprocal social interaction, impairments in verbal and nonverbal communication, and restricted range of interests and activities, which are due to neurobiological factors (ASHA, 2006). There is great heterogeneity in the population of individuals identified with ASD with a wide range of cognitive, social, communication, motor, and adaptive abilities. However, noticeable difficulty in the area of social communication is the common characteristic integral to the diagnostic criteria of ASD. Many students with ASD have difficulty acquiring the form and content of language and/or augmentative and alternative communication systems; and all the students with ASD have difficulty acquiring social use of communication.

ASD is primarily a social communication disability that results in difficulties with joint attention, shared enjoyment, social reciprocity in verbal and nonverbal interactions, mutually satisfying play and peer interaction, comprehension of others' intentions, and emotional regulation.

### **Joint Attention**

Joint attention includes social orienting, establishing shared attention, monitoring emotional states, and considering another's intentions. In typical development, infants demonstrate predisposition to orient to social stimuli by focusing on a caregiver's eyes and direction of gaze, facial expressions, voice, and gestures. All of these behaviors support the development of joint attention. With joint attention, a child recognizes another's visual line of regard, directs another person's attention to objects or actions, determines another person's intentions, and in time, learns to modify language use based on knowledge of another person's experiences. Early joint attention routines are critical for developing the ability to share ideas, internal states, and plans.

For individuals with ASD, challenges in acquiring joint attention skills inhibit development of early communicative intent, social functions of communication, and language acquisition. Young children with ASD may demonstrate limited ability to notice people in their environment or respond to familiar voices. In addition, they often show limited ability to follow another person's focus of attention, shift gaze between people and objects, and follow gestures. These early limitations in turn affect later social language use for commenting, requesting information, and sharing experiences (Dawson et al., 2004; Wetherby, Prizant, & Hutchinson, 1998).

### **Shared Enjoyment/Emotions**

Sharing emotions and inferring the emotional state of others are important aspects of social communication. Individuals with ASD tend to show less attention to emotional displays of distress or discomfort than typically developing peers, and they tend to display less shared positive affect and less emotional reciprocity following praise. As communicative intent develops, children with ASD may communicate for requesting and protesting objects or activities, but show restricted or delayed development of communicating functions of seeking

comfort, initiating social games, praising others, and commenting to share enjoyment and interests (Wetherby, 1986; Wetherby et al., 1998; Wetherby & Prutting, 1984).

### **Social Reciprocity**

Social reciprocity includes behaviors such as initiating bids for interaction, maintaining interactions by taking turns, and providing contingent responses to bids for interaction initiated by others. Children who both initiate and follow the attentional focus of communication partners are most likely to develop sophisticated social communication and language (Carpenter & Tomasello, 2000). Children with ASD often show a developmental history marked by a decreased frequency of spontaneous bids for communication and a reliance on more structured situations to engage in conversational exchanges (Landry & Loveland, 1989). This pattern of development results in limited opportunities for children with ASD to initiate conventional communication, respond to the model of others, and acquire more sophisticated language.

Early in development many children with ASD demonstrate limited gestures for communication, limited back-and-forth communication exchanges, inattention to breakdowns in communication, and a passive conversational style. Later in development, difficulty with social reciprocity is marked by difficulty providing relevant remarks in response to topics initiated by others, providing expansion comments, requesting information to maintain the conversational exchange, and providing essential background information (Lord & Paul, 1997).

### **Behavior and Emotional Regulation**

Behavior and emotional regulation involves effectively regulating one's emotional state and behavior while focusing attention on salient aspects of the environment and engaging in social interaction. Typically developing children develop a range of strategies for self-regulation (e.g., carrying a security blanket, playing with a preferred toy, retreating to one's room when overwhelmed). With the development of symbolic language, children begin to organize their actions within an activity (e.g., first...then) and to prepare for upcoming activities during transitions (Vygotsky, 1978). Language is used to request assistance or the need for breaks from others. The ability to use language to express emotional states of self and others enables the development of more advanced negotiation and or collaboration skills, leading to coping strategies during interactions with peers (Prizant, Wetherby, Rubin, & Laurent, 2003).

Children with ASD often continue to use early developing and idiosyncratic strategies for self-regulation far beyond early childhood due to limited ability to benefit from models provided by others. Immature patterns of behavior such as chewing on clothing, carrying/holding certain objects, or rocking may be observed during situations causing mild emotional dysregulation. Aggression, tantrums, or bolting from the social setting are examples of behavioral strategies and emotional expressions that may be observed during periods of extreme emotional dysregulation.

The compromised ability to benefit from models provided by others and reliance on early developing strategies often result in the development of idiosyncratic language for self-regulation (e.g., repetitively initiate a topic of special interest to cope with social anxiety; reciting

lines of a favorite movie or book when faced with stressful social circumstances; Rydell & Prizant, 1995).

### Section References

- American Speech-Language-Hearing Association. (2006). *Principles for speech-language pathologists in diagnosis, assessment and treatment of autism spectrum disorders across the life span* [Technical Report]. Available from [www.asha.org/policy](http://www.asha.org/policy).
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Wetherby, A. M., & Prutting, C. (1984). Profiles of communicative and cognitive-social abilities in autistic children. *Journal of Speech and Hearing Research*, 27, 364-377.

## C. Definitions and Classification System

### Definitions

#### **Asperger's Syndrome**

Asperger's Syndrome is one of the autism spectrum disorders and is included in the category of Pervasive Developmental Disorder. The essential features of Asperger's Syndrome are severe and sustained impairment in social interaction and restricted, repetitive patterns of behavior, interests, and activities. There are no clinically significant delays in language acquisition, although more subtle aspects of social communication may be affected.

#### **Autism**

Autism is a neurodevelopmental disorder defined by impairments in social and communication development, accompanied by stereotyped patterns of behavior and interest.

#### **Pervasive Developmental Disorder**

Pervasive Developmental Disorder is a category listed in the *Diagnostic and Statistical Manual of Mental Health Disorders* (American Psychiatric Association [APA], 2000) that includes the five diagnoses under the autism spectrum: autistic disorder, Asperger's syndrome, childhood disintegrative disorder, Rett's syndrome, and pervasive developmental disorder – not otherwise specified.

#### **Communication Disorder**

A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities (ASHA, 1993).

#### **Language Disorder**

A language disorder is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve (a) the form of language including phonology, morphology and syntax, (b) the content of language - semantics, and/or (c) the function of language in communication - pragmatics, in any combination (ASHA, 1993).

#### **Speech – Language Impairment**

The term used in IDEA 2004 that means a communication disorder, such as stuttering, impaired articulation, language impairment, or voice impairment that adversely affects a child's educational performance [34CFR §300.101 (c) (11)].

## Classification System

The *Diagnostic and Statistical Manual of Mental Health Disorders*, Fourth Edition, Text Revision (*DSM IV-TR*; APA, 2000) sets forth the most commonly used classification system for diagnostic criteria for autism spectrum disorders. Pervasive Developmental Disorder (PDD) includes five diagnoses under the autism spectrum: autistic disorder, Asperger's Syndrome, childhood disintegrative disorder, Rett's Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). PDD is characterized by severe and pervasive impairment in general areas of development, including reciprocal social interaction and communication skills. In addition, actual speech production may be impaired. Speech may be robotic, monotonous, and with little change in pitch or expression and there may also be problems with pronunciation (National Dissemination Center for Children with Disabilities, 1998).

- Autistic Disorder begins in childhood and is characterized by marked qualitative impairment in social interaction, qualitative impairments in communication, and restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. When speech develops, the pitch, intonation, rate, rhythm, or stress may be abnormal. Manifestations of the disorder vary greatly depending on the developmental level and chronological age of the individual. See Forms Section for *DSM IV-TR* criteria.
- Asperger's Syndrome is characterized by severe and sustained impairment in social interaction, and the development of restricted, repetitive patterns of behavior, interests, and activities. There are no clinically significant delays in language acquisition, although subtle aspects of social communication are impaired. There are no clinically significant general delays in cognitive development or adaptive behavior. See Forms Section for *DSM IV-TR* criteria.
- Pervasive Developmental Disorder – Not Otherwise Specified is characterized by severe and pervasive impairment in the development of reciprocal social interaction, or pervasive impairment of verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific pervasive developmental disorder such as Autistic Disorder or Asperger's Syndrome.
- Childhood Disintegrative Disorder is a rare condition characterized by marked severe and prolonged regression in multiple areas of functioning following a period of at least two years of normal development. It occurs in the absence of a medical condition and is associated with severe cognitive impairment. A loss of skills occurs in language, social skills, adaptive behavior, bowel or bladder control, play, and/or motor skills.
- Rett's Syndrome is a progressive neurological disorder that has almost exclusively occurred in girls. There is a period of normal development and then beginning at the age of 1 to 4 years, a loss of previously acquired skills with a loss of purposeful hand skills, replaced with repetitive hand movements such as wringing, washing licking, or clapping. There may also be diminished ability to express feelings, avoidance of eye contact, a lag in brain and head growth, gait abnormalities, and seizures. The loss of muscle tone is

usually the first symptom and there is also severe impairment in expressive and receptive language development.

### **Section References**

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington DC: Author.

American Speech-Language-Hearing Association. (1993). *Definitions of communication disorders and variations* [Relevant Paper]. Available from [www.asha.org/policy](http://www.asha.org/policy).

Code of Federal Regulations, Title 34, Chapter 300.

National Dissemination Center for Children with Disabilities (1998). *Pervasive developmental disorders* (Fact Sheet 20 – FS20). Washington DC: Author.

## **D. Communication Model**

(Rudebusch & Wiechmann, 2006)

Communication involves using hearing, language, and speech to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. The speech bases of communication include articulation of speech sounds, fluency, vocal quality, pitch, loudness, and resonance (Figure 1). The modalities of language (listening, speaking, reading, and writing) are used to exchange ideas, concepts, and information. Language systems consist of:

- Language form
  - Phonology – the sound system and rules that govern the sound combinations.
  - Morphology – the system that governs the structure of words and construction of word forms.
  - Syntax – the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.
- Language content
  - Semantics – the system that governs the meanings of words and sentences.
- Language function/use
  - Pragmatics – the system that combines language components in narrative, functional, and socially appropriate communication.
  - Metalinguistics – the logical understanding of the rules used to govern language and to analyze language as a process or a system.

Language and communication are used for three purposes: for social interaction, to express intentionality, and to regulate the behavior of self and others (Figure 1). The SLP has an important role in evaluating the communication skills that transcend symbol use expressed through speech and language.

### **Section References**

Rudebusch, J. & Wiechmann, J. (2006). *The communication model*. Houston, TX: Authors.

***The Communication Model was developed from the following resources:***

Greenspan, S. I., & Wieder, S. (2000). A developmental approach to difficulties in relating and communicating in autism spectrum disorders and related syndromes. In S. F. Warren & J. Riechle (Series Eds.) & A. M. Wetherby & B. M. Prizant (Vol. Eds.), *Communication and language intervention series: Vol. 9, Autism spectrum disorders: A developmental transactional perspective* (pp. 279-306). Baltimore, MD: Brookes.

Mundy, P., & Stella, J. (2000). Joint attention, social orienting, and communication in autism. In S. F. Warren & J. Riechle (Series Eds.) & A. M. Wetherby & B. M. Prizant (Vol. Eds.), *Communication and language intervention series: Vol. 9, Autism spectrum disorders: A developmental transactional perspective* (pp. 55-77). Baltimore, MD: Brookes.

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- Prizant, B. M., Wetherby, A. M. Rubin, E., Laurent, A. C. & Rydell, P. J. (2006). *The SCERTS model: A comprehensive educational approach for children with autism spectrum disorders*, (Vol. 1, *Assessment*). Baltimore, MD: Brookes.
- Rydell, P. J., & Prizant, B. (1995). Assessment and intervention strategies for children who use echolalia. In K. Quill (Ed.), *Teaching children with autism: Strategies to enhance communication and socialization* (pp. 105-129). Albany, NY: Delmar.
- Wetherby, A. M., & Prizant, B. M. (2002). *Communication and symbolic behavior scales: Developmental profile (CSBS DP)* (1<sup>st</sup> normed ed.). Baltimore, MD: Brookes.

# Communication Model

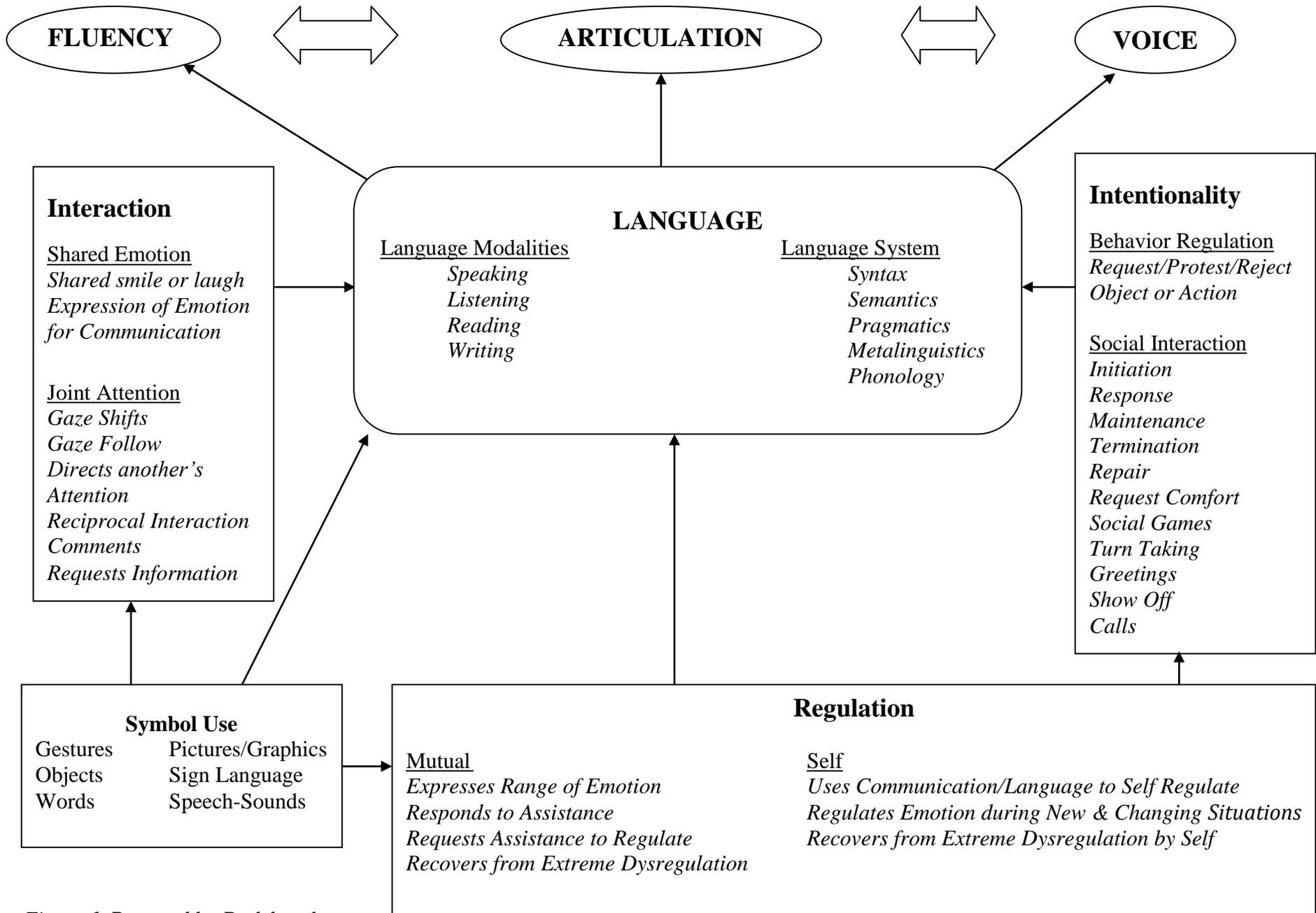


Figure 1. Prepared by Rudebusch & Wiechmann, 2006.

## **E. Service Delivery and Systems of Supports**

Speech-language pathologists have a critical role in ensuring that the communication needs of persons with autism are met across the life span (ASHA, 2006). Specific to school settings, SLPs provide direct and indirect services for students with communication disorders when these services and supports are needed to assist students in making progress in the general curriculum or benefitting from the specially designed instruction specified in the Individualized Education Program (IEP). SLPs address communication skills that promote:

- Joint attention (e.g., social orienting, shared attention, monitoring emotional state);
- Social reciprocity (e.g., initiation, turn taking, response to others);
- Language and related cognitive skills (e.g., symbolic play, literacy skills, executive functioning); and
- Behavior and emotional regulation (e.g., maintaining social engagement, regulating emotional state/behavior). (ASHA, 2006)

### **Purpose of SLP Services for Students with Autism**

The Individuals with Disabilities Education Act (IDEA 2004) describes speech-language therapy as a related service, but gives states discretion to consider speech-language therapy as an instructional service. Specifically, the IDEA defines related services as transportation and such developmental, corrective, and other supportive services necessary for a child with a disability to benefit from special education. “In Texas, speech-language therapy is considered an instructional service. This means it can be a stand-alone service as well as a supportive service” (Texas Education Agency, 2009). When speech impairment is the only disability, speech-language therapy is considered an instructional service. Speech-language therapy services are considered a related or supportive service when there are one or more other disabilities.

When speech impairment is the only disability, the purpose of speech-language therapy is to provide the specially designed instruction outlined in the IEP that the student needs in order to make progress in the general curriculum.

When speech impairment is present with autism, the purpose of speech-language therapy is a supportive service to help the student benefit from the specially designed instruction provided in special education. Speech, language, and communication skills are embedded in state standards - the Texas Essential Knowledge and Skills (TEKS) and core curriculum for each grade level and course. Speech, language, and communication skills are typically most closely aligned with English Language Arts and Reading TEKS and should be addressed on a daily basis by the classroom teacher. The SLP should consider the assistance and support the teacher might need in order to address the speech, language, and communication skills that are part of the curriculum. As a supportive service, speech-language therapy is provided to enhance the student’s academic and functional communication abilities for independence, self-advocacy, and to make progress through the curriculum (ASHA, 2006).

## Service Delivery Framework

The service delivery models used by SLPs for students with autism and communication disorders are individualized on the basis of each student's communication needs and the supportive services needed to help them benefit from his/her special education program. The dimensions of service delivery include the type of service: direct or indirect, where the services are provided, by whom, and on what schedule. The student's IEP must specify the frequency, location, and duration of special education and related/support services. In addition, the IEP should delineate the direct and/or indirect SLP services needed to support the student in his/her special education program.

The ARD Committee should consider the various service delivery models for speech-language services while considering that research emphasizes the need for speech-language services that are connected with functional and meaningful outcomes. The naturalist setting is critical when addressing the communication needs of students with autism. Pull-out services should only be considered when repeated opportunities do not occur in the natural learning environment. The ARD Committee determines the service delivery model or combination of service delivery models most likely to result in progress for the student, keeping in mind the overarching purpose of improving functional communication and supporting the student in making progress in the specially designed instruction provided through special education. (ASHA, 2006)

- Direct Services: Direct services for students with autism refer to direct interaction between the SLP and the student. The location of the service may occur in a variety of settings. The critical points to consider are the provision of speech-language services in a natural learning environment and within the context of social communication with various communication partners.
  - Classroom-Based Model: The SLP provides direct and indirect services within the context of the classroom to support the communication skills needed to benefit from instruction. The classroom-based model typically consists of co-teaching approaches such as team teaching, station teaching, or parallel teaching provided by the classroom teacher and the SLP. It is best practice for the classroom teacher and paraprofessionals to remain in the classroom with the SLP in order to maximize opportunities for them to learn communication strategies.
  - Non-Academic Setting (electives-music, PE, art, lunch, extra-curricular).
  - Pull-Out or Pull-Aside Model: The SLP typically works with a small group outside of the classroom, often in a speech therapy room or pulled to the side within the classroom. The rationale for this model is that it may be more effective and efficient than other models for teaching specific skills that benefit from repeated trials (e.g., articulation training, picture exchange for requesting), for teaching new behaviors (e.g., initial use of an augmentative alternative communication (ACC) device), for structuring conversational exchanges, for minimizing auditory and visual distractions, and for privacy. Despite these considerations, exclusive use of the pull-out model for students with autism is

rarely appropriate because of the compelling need to provide services and opportunities to use communication skills in naturally occurring contexts and environments.

- Indirect Services: Research supports that the greatest effect on the generalization of communication skills results from working with classroom personnel and parents (National Research Council, 2001). “There is no evidence supporting the long-term effectiveness of individual therapies implemented infrequently (e.g., once or twice a week), unless the strategies are taught to be used regularly by communication partners in the natural environment” (ASHA, 2006).

The SLP provides indirect services to support communication skills in the classroom and across multiple contexts and environments at school, home, and in the community. Collaborative/consultation services are provided directly to the classroom teacher/s or other service providers on behalf of the student in order for the IEP to be implemented. These services may include (a) observations of the student, peers, and instructors in the learning environment, (b) discussions with teachers, paraprofessionals, and other service providers regarding methodology, and (c) strategies, or written recommendations provided to the classroom teacher or other service provider.

- Collaborative Consultation Model
- Monitor
- Consultation
- Curriculum Support
- Contextual Support
- Instructional Support
- Assistive technology/alternative communication (AT/AC) Support

### Section References

American Speech-Language-Hearing Association. (2006). *Guidelines for speech-language pathologists in diagnosis, assessment, and treatment of autism spectrum disorders across the life span*. Available at <http://www.asha.org/docs/html/GL2006-00049.html>.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press, Committee on Educational Interventions for Children with Autism, Division on Behavioral and Social Sciences and Education.

Texas Education Agency. (2009). *Related Services for Students with Disabilities – Questions and Answers*. Available at <http://ritter.tea.state.tx.us/special.ed/resources/relservqna.pdf>

### Service Delivery & Support Services for Intellectual Disabilities/ Multiple Disabilities

	Pull Out	Classroom Based			Combination Direct and Indirect	Indirect Service Only
		Team-Teaching	Parallel Teaching	Station Teaching		
<b>Model</b>	Small group; typically for teaching new skills, discrete trial,	Teacher and SLP/A share responsibility of leading whole group instruction with different but equally active roles.	Students are divided into two groups. SLP/A and teacher lead same instruction/lesson during the same time frame.	Teacher and SLP/A divide class into 3 groups; teacher and SLP/A each lead a group and one group works independently. Students rotate to all stations.	Based on the student's communication needs, a combination of direct and indirect services are provided.	Indirect services are provided to adults on behalf of the student's IEP. The student may or may not be present.
<b>Location</b>	Speech therapy room	Classroom (general ed or special ed)	Classroom (general ed or special ed)	Classroom (general ed or special ed)	Classroom (general ed or special ed); speech therapy room	Multiple school environments
<b>Provider</b>	SLP/A	SLP/A and classroom teacher &/or service providers	SLP/A and classroom teacher &/or service providers	SLP/A and classroom teacher &/or service providers	SLP/A and classroom teacher &/or service providers	SLP/A works with classroom teachers, service providers, and/or parents on behalf of the student's IEP
<b>Schedule of Services</b>	Instructional	Instructional	Instructional	Instructional	Instructional and supplementary aids/services	Supplementary aids/services and/or accommodations
<b>SHARS</b>	Billable	Billable	Billable	Billable	Direct services are billable; Indirect services are not billable	Not billable

## **F. Comprehensive Multidisciplinary Team Evaluations for Autism Spectrum Disorder and Language/Communication Disorder**

IDEA 2004 requires the use of a multidisciplinary team (MDT) to determine eligibility and to develop the IEP for students with disabilities. Required team members include “an individual who can interpret the instructional implications of evaluation results ...” and/or “other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate....” [34CFR §300.321; 19TAC §89.1050 (c) (1)]. For students with a suspected disability in the areas of autism spectrum disorders or speech-language-communication disorders, this requirement is met with the inclusion of an SLP on the multidisciplinary evaluation team.

Given the importance of social communication in the diagnosis of autism spectrum disorders as well as the complexity of the disorders, the SLP has an important role in the interdisciplinary collaboration needed for evaluation, eligibility deliberation, planning, and service delivery.

As the specialist in the area of social communication and communication disorders, the SLP becomes an integral part of the MDT for:

- Defining the assessment question/s.
- Collecting data from multiple sources.
- Assessing communication competence, especially in the areas affected in ASD:
  - Joint Attention
  - Reciprocal Social Interaction
  - Understanding and Using Verbal and Nonverbal Communication
  - Symbolic Play
  - Literacy Skills
  - Executive Functioning
  - Behavior and Emotional Regulation
- Determining the communication profile and social communication competence with a variety of people and in a variety of contexts.
- Identifying the nature of the social communication disorder.
- Evaluating the impact of the communication disorder on academic achievement and functional performance, if any.
- Developing an educational plan to address the student’s needs.

### **Section References**

Code of Federal Regulations, Title 34, Chapter 300.

Texas Administrative Code, Title 19, Chapter 89.

## **II. Planning the Autism Evaluation**

## **A. Indicators of Need for Autism Evaluation**

Early indicators of ASD are observable by age 12 months (Wetherby et al., 2004; Zwaigenbaum et al., 2005). The main characteristics that differentiate ASD from other developmental disorders in young children include difficulties in eye gaze, orienting to one's name, pointing to or showing objects of interest, pretend play, imitation, nonverbal communication, and language development.

Between 2 and 3 years of age, concerns in the following areas should prompt referral for an autism evaluation (Stone, Hoffman, Lewis, & Ousley, 1994).

- **Communication:**
  - impairment in language development, especially comprehension
  - unusual use of language
  - poor response to name
  - failure to smile socially, to share enjoyment, and to respond to the smiling of others
  - lack of coordination of nonverbal communication
  - lack of appropriate gaze
  - unusual prosody
  - lack of communicative vocalizations with consonants
- **Social impairments:**
  - limitation in, or lack of imitation of, actions (e.g., clapping) or with toys or other objects
  - lack of showing
  - lack of interest in other children or odd approaches to other children
  - minimal recognition or responsiveness to other people's happiness or distress
  - limited variety of imaginative play or pretence, especially social imagination (i.e., not joining with others in shared imaginary games)
  - "in his/her own world"
  - failure to initiate simple play with others or participate in early social games
  - preference for solitary play activities
  - odd relationships with adults (too friendly or ignores)
- **Impairment of interests, activities, and other behaviors:**
  - over sensitivity to sound/touch
  - unusual sensory responses (visual, olfactory)
  - motor mannerisms (rocking, hand flapping, etc.)
  - biting/hitting/aggression to peers
  - oppositional to adults
  - over liking for sameness/inability to cope with change especially in unstructured setting
  - repetitive play with toys (e.g., lining up objects; turning lights switches on and off, regardless of scolding)
- **Absolute indicators for referral (for a general developmental assessment):**
  - no babble, pointing or other gesture by 12 months
  - no single words by 18 months (Rescorla & Schwartz, 1990)

- no two-word spontaneous (non-echoed) phrases by 24 months
- ANY loss of any language or social skills at ANY age (Filipek et al, 1999)

### **Section References**

- Filipek, P., Accardo, P., Baranek, G., Cook, E., Dawson, G., Gordon, B., et al. (1999). The screening and diagnosis of autistic spectrum disorders. *Journal of Autism and Developmental Disorders*, 29, 439-484.
- Rescorla, L., & Schwartz, E. (1990). Outcome of toddlers with expressive language delay. *Applied Psycholinguistics*, 11, 393-407.
- Stone, W. L., Hoffman, E. L., Lewis, S. E., Ousley, O. Y. (1994). Early recognition of autism. *Archives of Pediatric and Adolescent Medicine*, 148, 174-179.
- Wetherby, A. M., Woods, J., Allen, L., Cleary, J., Dickinson, H., & Lord, C. (2004). Early indicators of autism spectrum disorders in the second year of life. *Journal of Autism and Developmental Disorders*, 34, 473-493.
- Zwaigenbaum, L., Bryson, S., Rogers, T., Roberts, W., Brian, J., & Szatmari, P. (2005). Behavioral manifestations of autism in the first year of life. *International Journal of Developmental Neuroscience*, 23, 143-152.

## **B. Assessment Questions**

1. The MDT examines the referral information to determine the areas of concern.
2. The team develops assessment questions that, when answered, provide sufficient information about the student's social communication and learning profile to deliberate eligibility and guide instruction, intervention, or IEP decisions.
3. The assessment questions determine which formal and informal tests and procedures are selected for administration. When assessing for autism spectrum disorders, the MDT poses questions about the deficit areas, and/or areas where the student seems to be struggling to meet grade-level expectations. Practical and social adaptive skills expected for age-level are also considered.
4. For three-year re-evaluations, the MD uses the present levels of academic achievement and functional performance as well as data about progress on IEP goals and information from the student's curriculum (general education and/or special education) to develop the assessment questions.

### **C. Individual Evaluation Plan**

IDEA 2004 requires that the child is assessed in all areas related to the suspected disability including, if appropriate [34CFR §300.304 (c) (4)]:

- Health
- Vision
- Hearing
- Social and emotional status
- General intelligence
- Academic performance
- Communicative status
- Motor abilities
- Adaptive behavior.

The IEP allows the MDT to identify the areas that have been sufficiently addressed with data in the referral information, and the areas that need further in-depth assessment. The Individual Evaluation Planning form is then completed. MDT members' responsibilities are defined and a targeted completion date is given. The MDT should allow time for analysis and interpretation of assessment data along with collaboration to determine if the assessment data is comprehensive enough to diagnose and make educational recommendations for the ARD committee to consider.

The SLP's role in planning the evaluation is to review the available information and discuss the tests and subtests needed to address communication skills that may contribute to the student's struggle to meet grade-level expectations or make progress in their curriculum (general education or special education). Consideration should also be given to planning assessment activities that provide comprehensive information about the student's communication profile and adaptive functioning.

When evaluating a student with possible autism, the SLP should focus more on informal measures than formal measures. Due to the social communication deficits of the student, standardized scores typically do not yield complete information for describing or making recommendations to improve the student's communication skills. Formal testing may be used for assessing the structure and form of language, but these evaluation tools may not provide an accurate assessment of the student's use of language. Determining the student's social and communication competence necessitates evaluation across a range of social settings using a variety of strategies for gathering information (ASHA, 2006).

It is beneficial for the SLP to provide the MDT with examples of the student's current communication modes (e.g., nonverbal, Picture Exchange Communication System, pointing to objects from a field of five). This will help determine if standardized tests are valid measures for the student or if test(s) need to or can be modified.

Detailed information regarding various formal and informal assessments is included in the TSHA Language Eligibility Manual, 2011. Additional data collection tools are available in Section VI. Forms of this manual.

### **Section References**

American Speech-Language-Hearing Association. (2006). *Guidelines for speech-language pathologists in diagnosis, assessment, and treatment of autism spectrum disorders across the life span* [Guidelines]. Available at [www.asha.org/policy](http://www.asha.org/policy).

Code of Federal Regulations, Title 34, Chapter 300.

## Individual Evaluation Planning Form Autism Spectrum Disorders

**Student:** \_\_\_\_\_ **Grade/Age:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**Autism Assessment Team Members:** \_\_\_\_\_ **Current Mode of Communication:** \_\_\_\_\_

**Date Referral Received:** \_\_\_\_\_ **Date of Planning Session:** \_\_\_\_\_

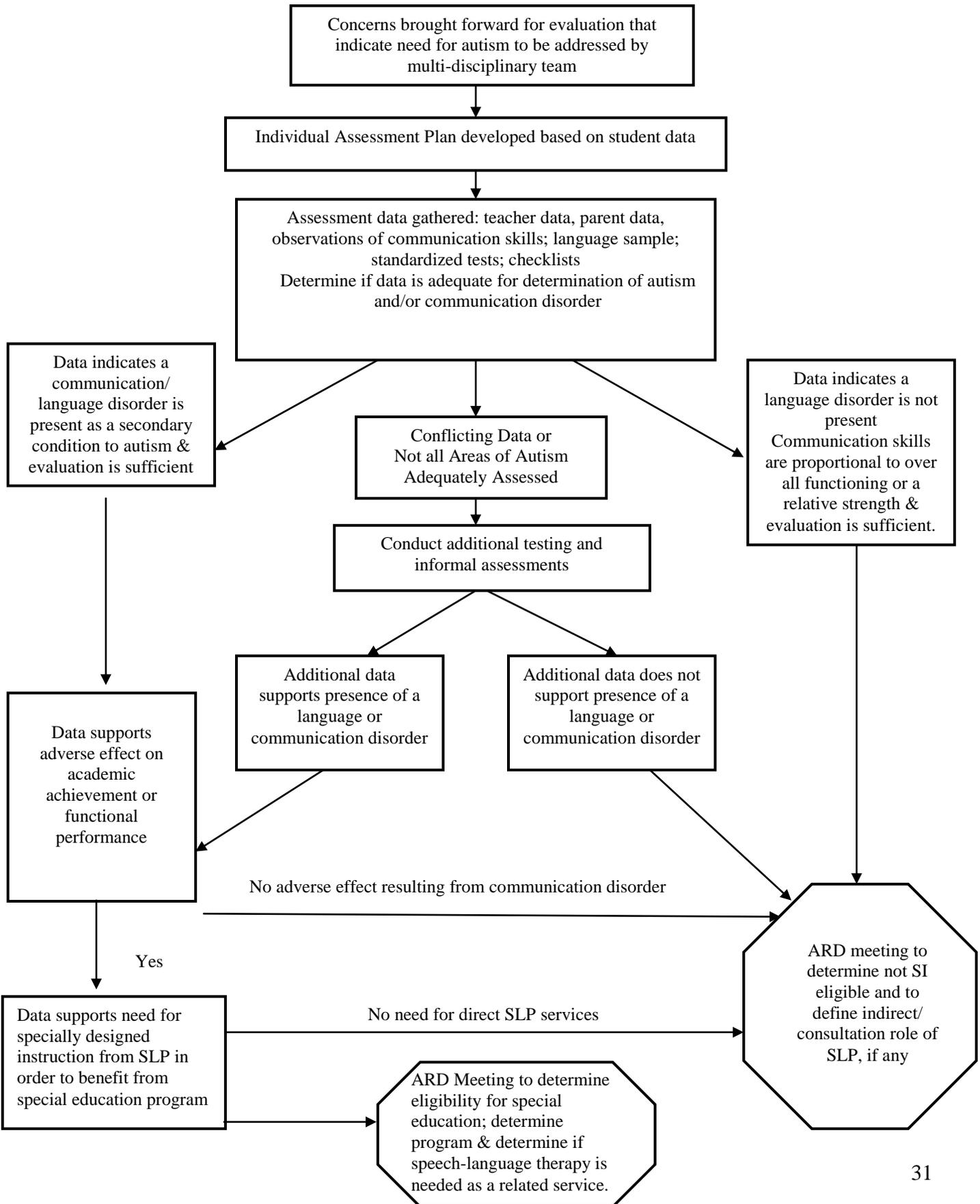
<b>Referral Information/Concern:</b>					
<b>Learning Profile:</b>					
Teacher data, RTI data, Academic					
Performance Records					
<b>Evaluation Question/s:</b>					
<b>Area</b>	<b>Address</b>	<b>Assess</b>	<b>Member Responsible</b>	<b>Tools/Strategies</b>	<b>Target Completion</b>
ASD Developmental and Family History	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interview Protocol	
Sociological	<input type="checkbox"/>	<input type="checkbox"/>		Review of parent information form; Interview w/:	
Physical/ Motor/ Medical	<input type="checkbox"/>	<input type="checkbox"/>		Health/medical history; vision & hearing screening	
Cognitive/ Developmental	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Adaptive Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Parent Interview, Adaptive Behavior Scales	
Educational Performance/ Achievement	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Observation, Teacher Information, Student Work Samples, Achievement Tests	
Emotional/ Behavioral	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Parent Information Teacher Information	
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>		Review of teacher data, parent information, student observation	

Area	Address	Assess	Member Responsible	Tools/Strategies	Target Completion
<b>Speech-Language Communication</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b><u>Language</u></b>					
Syntax	<input type="checkbox"/>	<input type="checkbox"/>			
Phonology	<input type="checkbox"/>	<input type="checkbox"/>			
Semantics	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Pragmatics - Communicative Intent</b>					
Behavioral Regulation	<input type="checkbox"/>	<input type="checkbox"/>			
Joint Attention	<input type="checkbox"/>	<input type="checkbox"/>			
Form of Communication	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Pragmatics - Conversation</b>					
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>			
Discourse Structure	<input type="checkbox"/>	<input type="checkbox"/>			
Engages in turn taking	<input type="checkbox"/>	<input type="checkbox"/>			
Overlap	<input type="checkbox"/>	<input type="checkbox"/>			
Takes the floor	<input type="checkbox"/>	<input type="checkbox"/>			
Completion points	<input type="checkbox"/>	<input type="checkbox"/>			
Demonstrates social register components	<input type="checkbox"/>	<input type="checkbox"/>			
Maintains topic	<input type="checkbox"/>	<input type="checkbox"/>			
Demonstrates assertiveness or persistence in communication	<input type="checkbox"/>	<input type="checkbox"/>			
Repairs	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Pragmatics - Narrative</b>					
Personal	<input type="checkbox"/>	<input type="checkbox"/>			
Fictional Stories	<input type="checkbox"/>	<input type="checkbox"/>			
School Narratives	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Metalinguistics</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Articulation</u></b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Voice</u></b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Fluency</u></b>	<input type="checkbox"/>	<input type="checkbox"/>			

### **III. Conducting the Autism Evaluation**

### A. SI - Language with Autism Eligibility Flow Chart



## **B. Step-by-Step for SI-Eligibility**

1. For a non-identified student, teacher or parent brings learning and behavior concerns to the Student Support Team (SST). If language, communication, or unusual behavior is indicated as a concern, the SLP along with other Autism Assessment Team (AAT) members reviews existing data. Parent and teacher complete information about the student to bring to the SST meeting, including vision and hearing screening and Parent and Teacher Language Surveys.
2. SST members discuss concerns of parent and/or teacher and
  - (a) make recommendations for pre-referral intervention by teacher and parent,

**or**

- (b) make a referral for autism evaluation if the student has an obvious disability and the concerns expressed about the student are in the areas of social interaction, communication, or unusual responses to the environment.

In the case of 2(a), the SST reconvenes after the recommended support and intervention have been provided and determines from data collected if referral for a full and individual evaluation is warranted or if interventions have been successful.

In the case of 2(b) or if classroom support and interventions have not been successful, the SST makes a referral for a full and individual evaluation to address the areas of autism and speech impairment.

3. In the case of a student already identified as having a disability but for whom ASD is suspected in addition to the identified disability, the SST or the ARD Committee reviews existing data including prior evaluations. Because autism includes qualitative impairment in communication, the SLP participates in the review of existing data.
4. If a referral is initiated or additional evaluation is planned, the Guide to the Admission, Review and Dismissal Process is given to parents along with Notice of Procedural Safeguards. Notice and Consent for the Full and Individual Evaluation are provided and obtained.
5. The district's AAT including an SLP, Psychologist (LSSP or Clinical Psychologist) and diagnostician or other evaluation specialist trained in the assessment of autism complete the autism evaluation.
  - (a) Observation of the student in at least two different school environments should be completed in order to plan an individualized autism evaluation for the student.
  - (b) The AAT completes the IEP.
  - (c) The AAT completes the autism assessment using a variety of assessment tests and procedures including gathering information from the parent and the teacher/s.

- (d) The SLP completes the Communication Assessment Plan for the student and gathers assessment data as needed. Coordination between SLPs is needed when both the campus SLP and the central Autism Assessment Team SLP are involved in the evaluation.
  - (e) SLP, diagnostician and/or Licensed Specialist in School Psychology (LSSP) complete standardized testing and/or informal evaluation.
6. The AAT writes an integrated Full and Individual Evaluation (FIE) report which includes
    - (a) documentation for a recommendation for eligibility with information regarding educational need,
    - or**
    - (b) documentation for a recommendation for non-eligibility,
    - or**
    - (c) documentation for a recommendation for another disability category.
  7. When a communication disorder is present, the SLP compiles documentation to address whether there is an adverse effect on educational performance (i.e., academic achievement and/or functional performance) resulting from the communication disorder.
  8. If a recommendation for eligibility is being considered, the SLP makes recommendations for communication intervention with suggestions for goals and objectives in coordination with other student needs.
  9. The Educational Diagnostician and/or LSSP, in cooperation with the SLP, write an integrated FIE report that addresses all areas of disability with links to instructional considerations that address area(s) of disability.
  10. If there is evidence for SI eligibility with communication disorder, the SLP should prepare communication remediation recommendations to be presented to the ARD Committee.
  11. The ARD meeting is scheduled to review the FIE to determine eligibility for special education and related/supportive services.
  12. If SI eligibility and direct services are warranted, the SLP presents draft goals and objectives for ARD approval.
  13. If SI eligibility is not determined with direct services, the ARD committee with SLP input, defines the indirect/consultation role of the SLP, if any.
  14. If SI eligibility is not determined, the SLP may make recommendations for instructional accommodations or modifications for the classroom teacher based on the evaluation data. The communication related instructional recommendations should be incorporated in the ARD/IEP.

### C. Formal Data Collection

The following information should be gathered in a full individual evaluation of students at risk for ASD:

- Review of background information and referral concerns to complete the IEP;
- Parent/caregiver interview to gather health, developmental, behavioral, and social communication history of the child, and medical and mental health history of the family; ASDs are retrospective diagnoses, and as such, the family information is a critical component of differential diagnosis;
- Parent interview to gather comprehensive information about current social communication, functional communication, and speech and language skills;
- Direct testing and diagnostic tools that confirm or rule out a diagnosis of autism or ASD;
- Direct testing and diagnostic tools that provide information about the student's social communication profile; and
- Direct behavior observation in multiple environments, with multiple communication partners.

A diagnostic evaluation to confirm or rule out autism or ASD should be performed only by a multidisciplinary team of professionals who have specific expertise in the evaluation and treatment of autism (National Research Council, 2001). Refer to the TSHA Language Eligibility Guidelines manual, 2011 for detailed descriptions of formal tests and procedures that may provide information about the student's language and communication development. The following diagnostic tools for ASD have some published psychometric information including evidence of reliability and validity:

- **ADOS (Lord, et al., 2000)**  
The ADOS is a semi structured observational assessment in four modules that includes activities designed to evaluate communication, reciprocal social interaction, play, stereotypic behavior, restricted interests, and other abnormal behaviors in individuals with ASD across the age range from preschool to adulthood. The test modules are developed for individuals with varying levels of linguistic ability.
- **Childhood Autism Rating Scale (CARS; Schopler, Reichler, & Renner, 1988)**  
The CARS is a 15-item structured interview and observation instrument that is suitable for use with children above age 24 months. Each of the 15 items uses a 7-point rating scale to indicate the degree to which the child's behavior deviates from age-appropriate norms. The examiner rates the child based on observation of behaviors exhibited during other assessment activities. The CARS may over identify children as falling into the autism spectrum when the children have low verbal skills and/or low cognitive levels. The CARS is most useful in identifying children with autistic disorder, but not for diagnosing children with other ASD (Rellini, Tortolani, Trillo, Carbone, & Montecchi, 2004).
- **Autism Diagnostic Interview – Revised (ADI-R; Rutter, LeCouteur, & Lord, 2003)**

The ADI-R is a structured parent interview that probes for symptoms of ASD in the areas of social relatedness, communication, and ritualistic or perseverative behaviors. Information about developmental history and current behaviors are combined in a scoring algorithm to indicate whether the individual meets the *DSM-IV* criteria for autism or a related disorder. Administration takes between 2 and 3 hours and requires specific training and validation procedures.

- Parent Interview for Autism (PIA; Stone & Hogan, 1993)  
The PIA is a structured interview designed to gather developmental information and symptom severity information from parents of young children under age 6 years suspected of having ASD. The PIA targets 11 areas including social behavior, communication, repetitive activities and sensory behaviors.
- Gilliam Autism Rating Scale (GARS; Gilliam, 1995)  
The GARS is a checklist designed to be used by parents, teachers, and professionals to help identify and estimate the severity of symptoms of ASD. It is normed from age 3 and the total score yields an “autism quotient” with a mean of 100 and a standard deviation of 10.

A diagnosis of the of the subcategories of Pervasive Developmental Disorder can be made using the *DSM-IV* criteria based on information gathered during the evaluation along with one or more of the ASD diagnostic tools. The measures most frequently used for the diagnosis of ASD in research protocols are the ADI-R and the ADOS because of their strong psychometric features (Lord & Corsello, 2005).

When evaluating students with possible autism or ASD, formal assessment procedures allow the SLP to participate in the comprehensive team evaluation to confirm or rule out the diagnosis of ASD, as well as to gather sufficient information to identify the student’s communication profile and to describe the nature of his/her social communication skills. However, the SLP should conduct informal measures in order to more fully describe the student’s present levels of functional performance in the area of communication.

### Section References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.

Gilliam, J. E. (1995). *Gilliam autism rating scale*. Autsin, TX: ProEd.

Lord, C., & Corsello, C. (2005). Diagnostic instruments in autistic spectrum disorders. In F. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders, Vol. Two: Assessment, interventions, and policy* (pp. 730-771). Hoboken, NJ: Wiley.

Lord, C., Risi, S., Lambrecht, L., Cook, E. H., Leventhal, B. L., DiLavore, P. D. et al. (2000). The autism diagnostic observation schedule – generic: A standard measure of social and

communication deficits associated with the spectrum of autism. *Journal of Autism and Developmental Disorders*, 30, 205-223.

National Research Council. (2001). *Educating children with autism*. Washington DC: National Academy Press, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education.

Rellini, E., Tortolani, D., Trillo, S., Carbone, S., & Montecchi, F. (2004). Childhood Autism Rating Scale (CARS) and Autism Behavior Checklist (ABC) correspondence and conflicts with DSM-IV criteria in diagnosis of autism. *Journal of Autism and Developmental Disorders*, 34(6), 703-708.

Rutter, M., LeCouteur, A., & Lord, C. (2003). *Manual for the autism diagnostic interview – WPS version*. Los Angeles, CA: Western Psychological Services.

Schopler, E., Reichler, R. J., & Renner, B. R. (1988). *The childhood autism rating scale*. Los Angeles, CA: Western Psychological Services.

Stone, W. L., & Hogan, K. L. (1993). A structured parent interview for identifying young children with autism. *Journal of Autism and Developmental Disorders*, 23, 639-652.

## **D. Informal Data Collection**

Informal data collection for students with possible autism or ASD yields a qualitative description of the student's communication skills. Informal measures allow for an analysis of the student's communication strengths and weaknesses across communication environments and with a variety of communication partners.

Refer to the TSHA Language Eligibility Guidelines manual, 2011 to review the available informal assessment tools. In particular, the Conversational Checklist and Communicative Intent Evaluation (Wetherby, Cain, Yonclas, & Walker, 1988) may be applicable for this type of evaluation.

Additional resources for informal measures of communication skills are included in the Forms section of this manual:

- Parent/Teacher Communication Inventory;
- Observation of Student Communication within School Environment;
- Observation of the School Environment to Facilitate Communication;
- Communicative Intent Checklist;
- Gestural Skills Checklist; and
- Conversational Skills Checklist.

## **Section References**

Wetherby, A., Cain, D., Yonclas, D., & Walker, V. (1988). Analysis of intentional communication of normal children from the perlinguistic to the multiword stage. *Journal of Speech and Hearing Research, 31*, 240-252.

## **IV. Analyzing and Interpreting the Data**

**A. Autism Evaluation Summary Form**

**Student:** \_\_\_\_\_ **SLP:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **CA:** \_\_\_\_\_ **Campus:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Assessment Questions:** \_\_\_\_\_

<b>Autism Evaluation Summary Form</b>			
<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
Teacher data			
Parent data			
ASD Developmental and Family History			
Physical/Motor/Medical			
Emotional/Behavioral			
Cognitive/Developmental			
Adaptive Behavior			
Educational Performance/Achievement			

**Autism Evaluation Summary Form**

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p>Analysis of Focused Observations (Including Diagnostic Tests) which support <i>DSM-IV-TR</i> criteria for Autism</p> <p>Criteria 1 - qualitative impairment in social interaction (2 needed)                      Criteria 2 - qualitative impairment in communication (1 needed)                      Criteria 3 - restricted repetitive and stereotyped patterns of behavior, interests, and activities (1 needed)                      (2 additional needed from any of the above)                      Criteria 4 - Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, (3) symbolic or imaginary play. <i>See Autism Criteria Checklist.</i></p>	<p>Must complete if qualifying as Autism.</p>		
<p>Analysis of Focused Observations (Including Diagnostic Tests) which support <i>DSM-IV-TR</i> criteria for PDD-NOS</p> <p>This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder.</p>	<p>Must complete if qualifying as PDD-NOS.</p>		

**Autism Evaluation Summary Form**

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p>Analysis of Focused Observations (Including Diagnostic Tests) which support <i>DSM-IV-TR</i> criteria for Aspergers</p> <p>Criteria 1 - qualitative impairment in social interaction (2 needed)                      Criteria 3 - restricted repetitive and stereotyped patterns of behavior, interests, and activities (1 needed)                      Criteria 3 - The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning                      Criteria 4 - There is no clinically significant general delay in language                      Criteria 5 - There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood. <i>See Asperger's Criteria Checklist.</i></p>	<p>Must complete if qualifying as Asperger's.</p>		

**Autism Evaluation Summary Form**

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p><b>Speech-Language Communication</b></p> <p><u>Language</u> Syntax</p> <p>Phonology</p> <p>Semantics</p> <p><b>Pragmatics-Communicative Intent</b> Behavioral Regulation</p> <p>Joint Attention</p> <p>Form of Communication</p> <p><b>Pragmatics-Conversation</b> Social Interaction</p> <p>Discourse Structure</p> <p>Engages in Turn Taking</p> <p>Overlap</p> <p>Takes the floor</p> <p>Completion Points</p> <p>Demonstrates Social Register Components</p> <p>Maintains topic</p> <p>Demonstrates Assertiveness or Persistence in Communication</p> <p>Repairs</p>			

**Autism Evaluation Summary Form**

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p><b>Pragmatics-Narrative</b></p> <p>Personal</p> <p>Fictional Stories</p> <p>School Narratives</p> <p><b>Metalinguistics</b></p> <p><u><b>Articulation</b></u></p> <p><u><b>Voice</b></u></p> <p><u><b>Fluency</b></u></p>			

<b>Recommendations to the ARD Committee Speech Impairment</b>				
			<b>Yes</b>	<b>No</b>
<b>Stage I:</b> Presence of a Communication Disorder Social Communication Skills are consistent with Autism/ASD	<b>Evidence:</b>			
<b>Stage II:</b> Adverse Effect on Educational Performance (resulting from the communication disorder) <ul style="list-style-type: none"> <li>• Academic Achievement</li> <li>• Functional Performance</li> </ul>	<b>Evidence:</b> (enter rating from Adverse Effect Rubric)  Academic Achievement: _____ Functional Performance: _____			
If yes to Stage I and II, then SI eligibility criteria is met.				
If SI, then address Stage III: Is specially designed instruction by an SLP needed to help the student benefit from the special education program?	<b>Evidence:</b>			

## **B. Disability Condition(s) Considerations**

### **Eligibility Recommendations for Autism or ASD**

The multidisciplinary team, including the SLP, conducts parent and teacher interviews, formal and informal assessments and confirms or rules out autism/ASD. The MDT provides recommendations to the ARD Committee regarding eligibility for special education services. The disabilities of Autism or ASD are established with the following pattern:

- impairments in reciprocal social interaction;
- impairments in verbal and nonverbal communication; and
- restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.

Noticeable difficulty in the area of social communication is the common characteristic integral to the diagnostic criteria for Autism/ASD.

### **Eligibility Recommendations for Autism/ASD with Intellectual Disability**

The diagnostician/licensed specialist in school psychology and the MDT members conduct formal and informal assessments and provide recommendations to the ARD Committee regarding a possible intellectual disability co-occurring with Autism/ASD. An intellectual disability is established when the answer is “yes” to the following two questions:

1. Does the student exhibit a significantly sub average IQ: below 70 +/- the standard error of measurement?
2. Does the student exhibit significant limitations in adaptive functioning in at least two areas? (I.e., communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety)

### **Eligibility Recommendations for Speech Impairment**

Refer to the Autism Evaluation Summary Form for the summary of evaluation data to support the eligibility recommendation for Speech Impairment. When the answers to Stage I and Stage II questions are “yes,” the multidisciplinary team recommends consideration of Speech Impairment as an eligibility condition.

- Stage I: Is there evidence of a social communication disorder that is consistent with ASD?
- Stage II: If so, is there evidence of an adverse effect on educational performance (academic achievement or functional performance) resulting from the communication disorder?

If Speech Impairment eligibility criteria are met, then a third question should be answered.

- Stage III: Are specially designed services by a speech-language pathologist/assistant needed in order for the student to make progress in the general education curriculum or benefit from his/her special education programming?

The condition of Speech Impairment is not recommended when student data leads the SLP to answer “no” to Stage I or II. If the answer to Stage I is “no”, the Stage II question is automatically answered “no”.

### **Section References**

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington DC: Author.

### C. Documentation of Adverse Effect on Educational Performance

The Adverse Effect on Academic Achievement and/or Functional Performance Rubric is a tool to guide the SLP in addressing the second prong of the federal definition of Speech Impairment. If a communication disorder is established in Stage I through the use of formal and informal assessment data, then the academic and functional implications that result from the communication disorder must be addressed (Stage II).

SLPs are encouraged to methodically review the assessment data as they consider each section of the Academic Achievement Rubric and the Functional Performance Rubric. The SLP rates the impact of the communication disorder on academic achievement and functional performance using a 3-point scale: 0 = *No Adverse Effect*; 1 = *Temporary or Episodic Adverse Effect*; 2 = *Significant Adverse Effect*. Descriptive statements are provided in each category to assist the SLP in correlating the communication disorder with academic achievement and functional performance.

- **Rating of 0: *No Adverse Effect***  
The second prong of speech impairment eligibility is **not** met. The ARD Committee meets, considers documentation, and does not identify the student with Speech Impairment.
- **Rating of 1: *Temporary or Episodic Adverse Effect***  
The second prong of speech impairment eligibility may or may not be met. The SLP describes the adverse effect of the communication disorder on academic achievement and/or functional performance and makes recommendations in the evaluation report related to communication needs and the need for direct and/or indirect speech services to benefit from the special education program. The ARD Committee meets and discusses the evaluation results and the adverse effect of the communication disorder on educational performance. The ARD Committee determines if the student meets the criteria for Speech Impairment.
- **Rating of 2: *Significant Adverse Effect***  
The second prong of Speech Impairment eligibility determination is met. The ARD Committee meets and identifies the student with Speech Impairment and describes speech-language therapy supportive services in the IEP.

***Adverse Effect on Educational and/or Functional Rubric Performance***

Instructions: Read the statements in each column. Rate, 0-2, the student’s communication skills in regard to academic achievement and functional performance

Speech or language impairment means a communication disorder ... that adversely affects a child’s educational performance [34CFR §300.8(c) (11)].

In developing each child’s IEP, the IEP Team must consider the academic, developmental, and functional needs of the child [34CFR §300.324(a) (1)].

The IEP ... must include a statement of the child’s present levels of *academic achievement* and *functional performance* [34CFR §300.320(a) (1)].

***Academic Achievement*** – generally refers to a child’s performance in academic areas (reading or language arts, math, science, history)

0	1	2
No Adverse Effect	Temporary or Episodic Adverse Effect	Significant Adverse Effect
<p>The student’s communication disorder – such as stuttering, impaired articulation, language impairment, voice impairment – has no adverse effect on academic performance.</p> <p>The student’s social communication skills allow full participation in academic settings.</p> <p>The student’s communication skills are proportionate with overall functioning level.</p> <p>Data indicates that the student is benefiting from academic instruction without speech-language therapy as a related service.</p>	<p>Data about the student’s learning profile indicates that the student has a communication disorder and that any adverse effect on academic achievement is likely to be short term, temporary, or episodic.</p> <p>Student’s rate of learning, motivation, and responsiveness to intervention are positive indicators.</p> <p>Data indicates that the student’s performance in the academic curriculum will likely require specially designed instruction from the SLP.</p>	<p>There is a direct, noticeable relationship between the student’s communication disorder and performance or achievement.</p> <p>The student’s communication disorder contributes to academic struggle or below expected achievement on the IEP.</p> <p>The student’s communication disorder is out of proportion with overall functioning level.</p> <p>The student needs speech-language therapy as a related service to make progress in the general education curriculum.</p>

**Functional Performance** – generally refers to skills or activities that are not academic or related to a child’s academic achievement; often used in the context of routine activities of everyday living

0	1	2
No Adverse Effect	Temporary or Episodic Adverse Effect	Significant Adverse Effect
<p>The student’s communication disorder has no adverse effect on functional performance.</p> <p>The student’s social communication skills allow for effective interpersonal interaction.</p> <p>The student’s communication skills are proportionate with overall adaptive and functioning level.</p> <p>The student is benefiting from the educational program without direct speech-language therapy as a related service.</p>	<p>Data about the student’s learning profile indicates that the student has a communication disorder and that any adverse effect on functional performance is likely to be short term, temporary, or episodic.</p> <p>Student’s rate of learning, motivation, and responsiveness to intervention are positive indicators.</p> <p>Data indicates that the student’s communication during activities of daily living will likely require specially designed instruction from the SLP.</p>	<p>Social communication skills significantly disrupt effective interpersonal interaction.</p> <p>Communication skills limit participation in self-care, interpersonal, and daily routines. The student has no functional communication, limited means of expression, or social/emotional adjustment is affected by the communication disorder.</p> <p>Communication patterns are noticeably disrupted and interfere with interaction and functional performance.</p> <p>The student’s communication disorder is out of proportion with overall intellectual and adaptive functioning level.</p>

## D. Sample Wording in Full Individual Evaluation Report

The FIE should contain a Summary/Conclusion section and a Recommendation section. In the Summary/Conclusion section the MDT explains the conclusions regarding each of the areas of disability, including Autism/ASD and Speech Impairment. If the MDT is also considering an Intellectual Disability, the Speech Impairment conclusion must consider the language skills in relation to intellectual abilities.

### Example for Autism & Speech Impairment:

#### SUMMARY/CONCLUSION

##### *Autism*

(The MDT defines the assessment results to determine autism.)

##### *Speech/Language*

*As part of >>>>'s evaluation, a qualified professional considered existing evaluation data, information provided by the teacher and parent/s, and observations to determine the presence or absence of a communication disorder which may be contributing to his/her educational need. According to the speech impairment eligibility criteria and the federal definition of speech-language impairment, a student must meet two prongs of eligibility in order to be identified with speech impairment. The following are the two criteria stages and the determination based on the evaluation results:*

- Stage I: Is there a communication disorder? (answer the question and explain results)
- Stage II: Is there an adverse effect on educational performance (academic achievement or functional performance) resulting from the communication disorder? (answer the question and explain results)

The answer to **both** of these questions must be **yes** in order to make an eligibility recommendation **for Speech Impairment**.

*Based on test results and student data from a variety of sources, >>>> meets/does not meet eligibility criteria as a student with speech impairment.*

*Based on the assessment data, the student's language/communication skills indicate that >>>.*

*It is the professional judgment of the speech-language pathologist/multidisciplinary team that the student does/does not exhibit a communication disorder. Therefore, there are/are no language/communication factors that directly affect the student's ability to make progress in the educational programming.*

It is the responsibility of the ARD Committee to determine eligibility and educational need for special education and related/supportive services.

## RECOMMENDATIONS

This section includes recommendations that address all areas of concern. In regard to speech-language, the recommendations in the FIE include an answer to the Stage III question for SI:

Since the student meets the eligibility criteria for Speech Impairment, the third question is addressed in order to make recommendations to the ARD Committee.

- Stage III: Are specially designed services by a speech-language pathologist/assistant needed in order for the student to benefit from his/her special education program?

Give specific examples of the recommended service delivery model/s and instructional recommendations for the student.

### **Sample Wording for Does Not Qualify (DNQ) SI:**

One of the most challenging cases is when the student meets criteria for Autism but does not meet criteria for SI. The following is an *example* of some wording to consider as you think through the evaluation data.

1. Stage I – Is there a communication disorder? *Based on the formal assessment data, >>>>>'s language skills are within the average range of functioning. (give examples of strengths) During conversational or less structured portions of the evaluation, >>>>> exhibited some deficits in the area of social communication. (Give specific examples) The difficulties noted in the area of social communication align with one of the core features of autism and indicate a communication disorder.*
2. Stage II – Is there an adverse effect on educational performance in the current curricular/classroom setting resulting from the communication disorder (academic achievement and/or functional performance)? *While >>>>>'s social communication skills are mildly disordered, >>>>>'s overall communication skills are considered functional. Any social communication difficulties should be addressed within the context of the situation and/or curriculum by the educational staff.*

*Based on test results and student data from a variety of sources, >>>>> does not meet eligibility criteria as a student with speech impairment.*

It is the responsibility of the ARD Committee to determine eligibility and educational need for special education and related/supportive services.

### **Thoughts Regarding Autism, Intellectual Disability, and Speech Impairment**

When considering Autism, Intellectual Disability, and Speech Impairment, the MDT considers the student's language and communication skills in relation to cognitive skills as well as ASD. The presence of a communication disorder will be evident. Careful consideration of the functional and academic implications of the communication disorder is important.

- Stage I – Is there a communication disorder that is out of proportion with the severity of the intellectual disability? (explain language skills as within the context of the student’s cognitive functioning as well as the social communication skills)
- Stage II – Is there an adverse effect on educational performance (academic achievement and/or functional performance in the current curricular/classroom setting that results from the communication disorder? (the SLP should carefully consider the functional aspects of the student’s communication skills)

The answer to **both** of these questions must be **yes** in order to make an eligibility recommendation for **Speech Impairment**.

If the student meets the criteria for SI, the service delivery, communication strategies, and instructional strategies are defined in the Recommendations section of the FIE.

## **V. Dismissal Considerations**

## Dismissal Considerations

A student may be considered for dismissal from speech-language therapy/IEP services, **based on a re-evaluation**, when one or more of the following conditions exist:

- Based on re-evaluation (formal or informal) and therapy data, the student no longer meets the district eligibility criteria for Speech-Language Impairment (document in Eligibility Stage I and Stage II).
- The student's speech/language/communication needs are being addressed through special education services or by other service providers without the need of the SLP (document in Eligibility Stage II as "no adverse effect on educational performance resulting from the communication disorder").
- The student's speech/language/communication skills are commensurate with the level of overall functioning, especially in adaptive skills and social communication skills which allow for effective interpersonal communication (document in Eligibility Stages I or II).
- The goals and objectives of treatment have been met and the educational need for services has been mitigated (document in IEP).
- The student's communication abilities are comparable to those of the same chronological age, gender, ethnicity, intellectual level, or cultural and linguistic background (document in Eligibility Stage I).
- The student who uses an augmentative or alternative communication system has achieved functional communication across environments and communication partners (document in Eligibility Stage II).
- \*The student is unable to tolerate treatment because of a serious medical, psychological, or other condition.
- \*The student demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
- \*Speech-language therapy no longer affects change in the student's communication skills. There does not appear to be any reasonable prognosis for improvement with continued treatment.

\*When using these as a basis for dismissal, the campus SLP should work with the multi-disciplinary team to document minimal educational benefit from speech-language therapy services.

## Section References

American Speech-Language-Hearing Association. (2004). *Admission/Discharge criteria in speech-language pathology: Ad hoc committee on admission/discharge criteria in speech-language pathology*. Rockville, MD: Author.

## **VI. Forms**

**Autistic Disorder Criteria**  
**Diagnostic and Statistical Manual IV - Text Revision**

<b>Diagnostic Criteria for 299.00 Autistic Disorder</b>		
<b>Task</b>	<b>Concern</b>	
	<b>Yes</b>	<b>No</b>
A. A total of six (or more) items from (1), (2), and (3), with at least two from (1) and one from each of (2) and (3):		
(1) qualitative impairment in social interaction, as manifested by at least two of the following:		
(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		
(b) failure to develop peer relationships appropriate to developmental level		
(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)		
(d) lack of social or emotional reciprocity		
(2) qualitative impairments in communication as manifested by at least one of the following:		
(a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)		
(b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others		
(c) stereotyped and repetitive use of language or idiosyncratic language		
(d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level		
(3) restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:		
(a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus		
(b) apparently inflexible adherence to specific, nonfunctional routines or rituals		

<b>Diagnostic Criteria for 299.00 Autistic Disorder</b>		
<b>Task</b>	<b>Concern</b>	
	<b>Yes</b>	<b>No</b>
(c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)		
(d) persistent preoccupation with parts of objects		
B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:		
(1) social interaction		
(2) language as used in social communication		
(3) symbolic or imaginative play		
C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder		

Taken from the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition-TR, American Psychiatric Association, 2000, pp. 75.

**Asperger's Syndrome Criteria**  
**Diagnostic and Statistical Manual IV - TR**

<b>Diagnostic Criteria For 299.80 Asperger's Syndrome</b>		
<b>Task</b>	<b>Concern</b>	
	<b>Yes</b>	<b>No</b>
A. Qualitative impairment in social interaction, as manifested by at least two of the following:		
(1) 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		
(2) failure to develop peer relationships appropriate to developmental level		
(3) 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)		
(4) lack of social or emotional reciprocity		
B. restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:		
(1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus		
(2) apparently inflexible adherence to specific, nonfunctional routines or rituals		
(3) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)		
(4) persistent preoccupation with parts of objects		
C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning		
D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)		
E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood		
F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia		

*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-TR, American Psychiatric Association, 2000, p. 76.*

Parent Language Survey

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Survey: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

<p><b>WHAT LANGUAGES ARE USED IN THE HOME?</b> _____ (Country of language origin _____)  <b>If ENGLISH only, skip the rest of the page</b></p>	
<p><b>Fill in this column if child functionally uses 2 languages before 3 years of age</b>                  (functionally communicates in two languages vs. rote language learning, i.e., ABC, counting)</p>	<p>Fill in this column if second language was introduced in one of the following: check one  <input type="checkbox"/> Ages 3-5  <input type="checkbox"/> Age 5 through elementary <input type="checkbox"/> Middle school through graduation</p>
<p><b>SIMULTANEOUS LANGUAGE LEARNER</b></p>	<p><b>SEQUENTIAL LANGUAGE LEARNER</b></p>
1. How well does the child <b>use</b> each language?	1. How was the second language introduced?
2. What % of the time does the child <b>hear</b> each language? Language _____ % _____ Language _____ % _____	2. What % of the time does the child <b>hear</b> each language? Language _____ % _____ Language _____ % _____
3. Which language does the child prefer now?	3. How well does the child <b>use</b> each language?
4. Have there been any changes in the child's ability in each language?	4. Which language does the child prefer now?
5. If so, what do you believe to be the cause of the change?	5. How was the first language developing before the second language was introduced?
	6. Were there any changes in the first language after the second language was introduced? How?
<p><b>For both columns record the following SOCIOLINGUISTIC FACTORS</b></p>	
1. What do you think your child's attitude is toward speaking English?	
2. Is the child very social with peers? Y / N or in the home? Y / N	
3. Which language does your child speak with peers?	
4. Which language does your child speak in the classroom?	
5. Which language does the caregiver <b>need</b> the child to speak?	
<p><b>**Following to be completed by appraisal personnel**</b>                  Summary: Language(s) for assessment: Data/Rationale:</p>	

<i>Describe your child ... he or she ...</i>	<i>Usually</i>	<i>Rarely</i>
1. Maintains appropriate eye contact		
2. Uses gestures appropriately		
3. Uses appropriate facial expressions		
4. Indicates “yes” & “no” (nods & shakes head, other)		
5. Initiates communication		
6. Takes turns in conversation		
7. Maintains topic		
8. Changes topics appropriately		
9. Seeks clarification		
10. Listens to stories		
11. Follows one-step directions		
12. Answers basic questions		
13. Listens to classroom instructions		
14. Follows two-step directions		
15. Labels common nouns		
16. Expresses needs/wants		
17. Uses basic verbs		
18. Asks for help		
19. Use “no” appropriately		
20. Describes an experience		

## Summary Sheet

*Student:* \_\_\_\_\_ *Campus:* \_\_\_\_\_ *Date of Survey:* \_\_\_\_\_ *Age:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

*SLP Scoring Form:* \_\_\_\_\_

### Non-Verbal

Rarely	Comments
1, 2, 3, 4	
<b>Total:</b>	

### Communication

Rarely	Comments
5, 6, 7, 8, 9	
<b>Total:</b>	

### Listening

Rarely	Comments
10, 11, 12, 13, 14	
<b>Total:</b>	

### Expressive Language

Rarely	Comments
15, 16, 17, 18, 19, 20	
<b>Total:</b>	

*Notes:* \_\_\_\_\_

## Individual Evaluation Planning Form Autism Spectrum Disorders

**Student:** \_\_\_\_\_ **Grade/Age:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_  
**Autism Assessment Team Members:** \_\_\_\_\_ **Current Mode of Communication:** \_\_\_\_\_  
**Date Referral Received:** \_\_\_\_\_ **Date of Planning Session:** \_\_\_\_\_

<b>Referral Information/Concern:</b>					
<b>Learning Profile:</b>					
Teacher data, RTI data, Academic					
Performance Records					
<b>Evaluation Question/s:</b>					
Area	Address	Assess	Member Responsible	Tools/Strategies	Target Completion
ASD Developmental and Family History	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interview Protocol	
Sociological	<input type="checkbox"/>	<input type="checkbox"/>		Review of parent information form; Interview w/:	
Physical/ Motor/ Medical	<input type="checkbox"/>	<input type="checkbox"/>		Health/medical history; vision & hearing screening	
Cognitive/ Developmental	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Adaptive Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Parent Interview, Adaptive Behavior Scales	
Educational Performance/ Achievement	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Observation, Teacher Information, Student Work Samples, Achievement Tests	
Emotional/ Behavioral	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Parent Information Teacher Information	
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>		Review of teacher data, parent information, student observation	

Area	Address	Assess	Member Responsible	Tools/Strategies	Target Completion
<b>Speech-Language Communication</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b><u>Language</u></b>					
Syntax	<input type="checkbox"/>	<input type="checkbox"/>			
Phonology	<input type="checkbox"/>	<input type="checkbox"/>			
Semantics	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Pragmatics - Communicative Intent</b>					
Behavioral Regulation	<input type="checkbox"/>	<input type="checkbox"/>			
Joint Attention	<input type="checkbox"/>	<input type="checkbox"/>			
Form of Communication	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Pragmatics - Conversation</b>					
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>			
Discourse Structure	<input type="checkbox"/>	<input type="checkbox"/>			
Engages in turn taking	<input type="checkbox"/>	<input type="checkbox"/>			
Overlap	<input type="checkbox"/>	<input type="checkbox"/>			
Takes the floor	<input type="checkbox"/>	<input type="checkbox"/>			
Completion points	<input type="checkbox"/>	<input type="checkbox"/>			
Demonstrates social register components	<input type="checkbox"/>	<input type="checkbox"/>			
Maintains topic	<input type="checkbox"/>	<input type="checkbox"/>			
Demonstrates assertiveness or persistence in communication	<input type="checkbox"/>	<input type="checkbox"/>			
Repairs	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Pragmatics - Narrative</b>					
Personal	<input type="checkbox"/>	<input type="checkbox"/>			
Fictional Stories	<input type="checkbox"/>	<input type="checkbox"/>			
School Narratives	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Metalinguistics</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Articulation</u></b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Voice</u></b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Fluency</u></b>	<input type="checkbox"/>	<input type="checkbox"/>			



2. Is the student's communicative purpose easily understood by the listener?																																																									
3. Does the student notice when his/her communication is being misunderstood? Check the student's most frequent responses to being misunderstood.  ___ Attempts to clarify/repeats      ___ Becomes upset/frustrated ___ Gives up                                      ___ Other: _____																																																									
4. Does the student use and understand a variety of types of words? (see the list below for examples of "types of words")																																																									
<p style="text-align: center;">Please indicate word types that the student is observed to understand and/or use:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Understands</th> <th colspan="2" style="text-align: left;">Uses</th> <th></th> </tr> <tr> <th style="width: 25px;">Y</th> <th style="width: 25px;">N</th> <th style="width: 25px;">Y</th> <th style="width: 25px;">N</th> <th></th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Wh-words (e.g. what, where, who)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Words describing time (e.g. before, now, later)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Words describing size or number (e.g. small, many)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Words describing location (e.g. beside, between)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Pronouns (e.g. I/you, he/she, we/they)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Verbs (e.g. past, present, future tense)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Conjunctions that link (e.g. and, or)</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Conjunctions that imply cause (e.g. but, so, because, if)</td> </tr> <tr> <td></td> <td></td> <td>Y</td> <td>N</td> <td>Uses grammatically correct sentences</td> </tr> </tbody> </table>	Understands		Uses			Y	N	Y	N		Y	N	Y	N	Wh-words (e.g. what, where, who)	Y	N	Y	N	Words describing time (e.g. before, now, later)	Y	N	Y	N	Words describing size or number (e.g. small, many)	Y	N	Y	N	Words describing location (e.g. beside, between)	Y	N	Y	N	Pronouns (e.g. I/you, he/she, we/they)	Y	N	Y	N	Verbs (e.g. past, present, future tense)	Y	N	Y	N	Conjunctions that link (e.g. and, or)	Y	N	Y	N	Conjunctions that imply cause (e.g. but, so, because, if)			Y	N	Uses grammatically correct sentences		
Understands		Uses																																																							
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		Y	N	Uses grammatically correct sentences																																																					
Does the student.....																																																									
5. initiate topics frequently?																																																									
6. regularly introduce a variety of topics?																																																									
7. talk about things that are of interest to others?																																																									
8. understand the meaning of what is said in conversations?																																																									
9. take turns as a speaker and listener?																																																									
10. adjust conversation based upon audience? Ex: talking to a teacher vs. talking to another student																																																									
11. request relevant information?																																																									
12. adjust length of turn based upon partner's behavior?																																																									
13. shift topics smoothly?																																																									
14. end conversations politely?																																																									
15. use and understand communication behaviors? (see the following list)																																																									

Indicate behaviors that the student is observed to understand and/or use:						
Understand		Uses				
Y	N	Y	N			
				Facial expression		
				Gestures		
				Body posture		
				Proximity or physical distance to partner		
				Volume or loudness of voice		
				Intonation or melody of voice		
				Indicators of emotion (e.g. happiness, sadness, anger)		
				Humor		
				Teasing		
				Sarcasm		
				Deception		
Does the student... <i>Continued...</i>					<i>Usually</i>	<i>Rarely</i>
16. adapt readily in new group situations.						
17. express distress or boredom similar to peers of ability level?						
18. respond to feedback and guidance offered by others about regulating emotion?						
19. speak fluently without repetitions or hesitations? (stuttering)						
20. use voice quality that is consistent with age and gender (e.g. hoarseness, harshness, breathiness, and pitch)?						
21. recall words associated with specific situations or nouns (e.g. salt and pepper, baseball and bat, bread and butter, garage and car)						
22. understand and use antonyms and synonyms?						
23. discuss the meaning of words/define words?						
24. understand more than one meaning for words? (e.g. bat, park, foot)						
25. put ideas into words and explain ideas?						
26. understands subtleties in word and sentence meaning? (e.g. idioms, figurative language)						
27. distinguish fiction from non-fiction, including fact and fantasy?						
28. retell messages by summarizing or clarifying?						
29. use and understand negation? (e.g. I will go to the movies if it is not too late.)						
30. generate ideas before telling a story?						
31. use suitable story structure?						
32. use story grammar?						
33. Is the student's speech easy to understand in conversation?						
<i>If the student is difficult to understand, note the problem sounds here:</i>						
<b>Total:</b>						

## Observation of Student Communication within the School Environment

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SLP:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Class/Subject Observed: (Observation should be in the area of suspected disability)**

English/LA       Reading       Social Studies       Science

Math       Specials       Other \_\_\_\_\_

<b>COMMUNICATION</b>			
	<b>Y</b>	<b>N</b>	<b>DNO</b>
<b>Behavior Regulation</b>			
1. Respond to simple gestures used by adults when given directions			
2. Independently carries out familiar, simple directions with minimal repetition			
3. Spontaneously communicates basic needs and desires clearly to others			
4. Asks for help by going to adult, raising hand, etc...			
5. Shows approval or rejection in an appropriate way			
6. Does not get upset when others are working or playing in close proximity			
7. Does not interrupt others			
8. Reacts to changes in routine/environment			
9. Insists on keeping certain objects with him/her			
10. Engages in repetitive behaviors			
11. Student appears to be in his/her "own world"			
<b>Social Interaction</b>			
1. Seeks out and initiates contact with others			
2. Interact with peers in routine structured work			
3. Interacts with peers in play situations			
4. Share and take turns with materials during group activities			
5. Gain attention of others appropriately			
6. Responds to others within environment by giving a response			
7. Use and respond to greetings in familiar settings			
8. Respond to own name			
9. Acknowledge and respond to feelings by others			
10. Use appropriate behavior to indicate desire to stop an activity			
11. Ask to move from tasks to task as appropriate			

<b>Joint Attention</b>			
1. Comments on object held by others or in his sight			
2. Adds new information to the topic of others			
3. Responds to simple questions			
4. Asks simple questions			
5. Requests information			
6. Clarifies			
<b>Sensory</b>			
1. Shows sensitivity to loud noises/lights			
2. Engages in self-stimulatory behaviors (hand-flapping, rocking, spinning)			
3. Resists being touched or held			
4. Feels, smells and/or tastes objects in the environment			
<b>Communication Method</b>			
1. Understand and use gestures			
2. Engage in echolalia			
3. Display odd prosody or peculiar voice characteristics			
4. Display adequate volume or rate of speech			
5. Display scripted, stereotyped discourse			
6. Display pedantic characteristics			
7. Utilize idiosyncratic speech			
8. Inappropriate use of pronouns			
9. Use social rituals (please, thank you, excuse me)			
10. Respond or reciprocate to greetings			

Y = yes, N = No, DNO = Did not observe

Comments:

## Observation of the School Environment to Facilitate Communication

Student: \_\_\_\_\_ SLP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CA: \_\_\_\_\_ School: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Observation of the School Environment to Facilitate Communication				
Area of Assessment	Evidence/Examples			
		Yes	No	DNO
<b>Curriculum Setting</b>				
<b>I. The classroom support of environmental events:</b>				
The classroom encourages imitation				
The classroom encourages the child to comprehend and use language				
The classroom encourages play				
The classroom provides opportunities for peer interaction.				
<b>II. The classroom support of functional skills:</b>				
Complying with adult requests				
Turn taking				
Responding to directions across various proximities				
Sitting quietly during activities				
Participating during teacher instruction				
Walking in line				
Using bathroom across settings				
<b>III. The environment fosters:</b>				
Independence				
Initiative				
Choice making				
A variety of teaching opportunities				
<b>The classroom supports teaching of:</b>				
Attention				
Compliance				
Imitation				
Communication				
Appropriate toy play				

Observation of the School Environment to Facilitate Communication				
Area of Assessment	Evidence/Examples			
		Yes	No	DNO
<b>Social Skills</b>				
<b>I. The classroom maximizes learning through:</b>				
Repetition				
Predictability				
The classroom has a staff to child ratio of ____ to ____				
The student attends the program/school for an average of ____ hours per day				
The curriculum is integrated with typical peers				
The classroom uses a variety of prompts				
<b>II. The classroom facilitates social interaction with: *</b>				
Adults				
Peers				
Routines are evident				
The student is motivated through a variety of classroom activities				
The classroom employs highly preferred play materials or topics				
<b>III. Family involvement: *</b>				
The curriculum offers opportunities for parents to be involved				
The curriculum offers home visits				
The curriculum offers the parents behavioral strategies				
The curriculum parent training				

DNO- Did not observe

\* Re-evaluations

Adapted from: Dawson, G., & Osterling, J. (1997). Early intervention in autism: Effectiveness and common elements of current approaches. In Guralnick (Ed.) *The effectiveness of early intervention: Second generation research*. (pp. 307-326) Baltimore, MD: Brookes.

## Communicative Intent Checklist

Student: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Examiner: \_\_\_\_\_ School: \_\_\_\_\_

PV: Preverbal      OW: One Word      MW: Multiple Word

Skill	PV	OW	MW
<b>Behavioral Regulation</b>			
Request Object			
Request Action			
Protest			
<b>Social Interaction</b>			
Request Social Routine			
Showing Off			
Greeting			
Calling			
Acknowledgement			
Request Permission			
<b>Joint Attention</b>			
Comment			
Request Information			
Clarification			
<b>Discourse Structure</b>			
Initiated			
Respondent			
<b>Mode of Communication</b>			
Gestural			
Vocal			
Verbal			
Gestural-Vocal			
Gestural-Verbal			

Syllabic Shape				
	Nontranscribable			
	Monosyllables			
	- Consonant			
	+ Consonant			
	Multisyllables			
	- Consonant			
	+ Consonant			

Adapted by Allan Bird from: Wetherby, A. M., Cain, D. H., Yonclas, D. G., & Walker, V. G. (1988). Analysis of intentional communication of normal children from the prelinguistic to the multiword stage, *Journal of Speech and Hearing Research*, 240-252.

## Gestural Skills Checklist

Name of Child: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Examiner: \_\_\_\_\_ School: \_\_\_\_\_

The following checklist is designed to help the Speech-Language Pathologist assess the development of communication in the very young child. It is designed to contain items which are easily observed in normal interaction and can be scored with a minimum of interpretation on the part of the examiner.

### Six to Nine Months

- 1) \_\_\_\_\_ Extends arms which parents extend their arms to the child in the gesture of picking them up.
- 2) \_\_\_\_\_ Explores parent's face, hair, person, but not other individuals.
- 3) \_\_\_\_\_ Selects and crawls toward parent, but not others.
- 4) \_\_\_\_\_ Moves toward parents when alarmed.
- 5) \_\_\_\_\_ Localizes the bell when rung laterally to the ear.

### Nine to Twelve Months

- 1) \_\_\_\_\_ Makes excursions from parent and returns.
- 2) \_\_\_\_\_ Ceases activity when name is called or "no" is said.
- 3) \_\_\_\_\_ Offers objects to another person.
- 4) \_\_\_\_\_ Attends to adult when given simple command or gesture.
- 5) \_\_\_\_\_ Imitates gesture games such as the "Raspberry".

### Twelve to Fifteen Months

- 1) \_\_\_\_\_ Responds to request for a toy when given a gestural cue.
- 2) \_\_\_\_\_ Pushes adult's hand toward a toy which the child cannot operate independently.
- 3) \_\_\_\_\_ Tugs on parent when the child wants something.
- 4) \_\_\_\_\_ Localizes to sounds presented from below and above his field of vision.
- 5) \_\_\_\_\_ Waves bye-bye or plays peek-a-boo.

### **Fifteen to Eighteen Months**

- 1) \_\_\_\_\_ Hugs and kisses adults.
- 2) \_\_\_\_\_ Points to an object which is out of his reach when he wants it.
- 3) \_\_\_\_\_ Responds to request for a toy without a gesture.
- 4) \_\_\_\_\_ Imitates simple motor activities such as patty-cake or others very automatically.
- 5) \_\_\_\_\_ Offers a toy to an adult and waits for the adult to activate the toy. If no response will attempt again.

### **Eighteen to Twenty One Months**

- 1) \_\_\_\_\_ Gives an object to the parent upon request.
- 2) \_\_\_\_\_ Points and makes vocal/manual gesture towards an object to call adults attention to it.
- 3) \_\_\_\_\_ Imitates words.
- 4) \_\_\_\_\_ Points to a familiar person when requested to do so.
- 5) \_\_\_\_\_ Communicates “No” through some manner other than crying.

### **Twenty One to Twenty Four Months**

- 1) \_\_\_\_\_ Imitates pointing to 3-4 body parts or spontaneously points to on body part upon request.
- 2) \_\_\_\_\_ Responds to “Show me” by showing shoes or other clothing, or own toys or other common objects.
- 3) \_\_\_\_\_ Carries objects from one room to another when requested.
- 4) \_\_\_\_\_ Gestures for someone to “Give me that” or uses other gestures (other than pointing) to make wants known.
- 5) \_\_\_\_\_ Identifies 7-10 pictures of common objects.

## Conversational Skills Checklist

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_ Position: (Circle one): Parent Teacher SLP

The Conversational Skills Checklist may be used as a Pre/Post Test to determine the following:

- A student's strengths in using language skills in conversation
- A student's needs for developing language skills in conversation
- A student's progress toward proficiency of language skills in conversation

**Directions for Observer:** Mark (X) the student's frequency of use or proficiency for each of the skills listed on the chart. Base your responses on what has been observed at home (Parent), in the classroom (Teacher), or during assessment and/or therapy sessions (SLP)

CONVERSATIONAL SKILL	PROFICIENCY CODES		
	Not Yet	Sometimes	Proficient
<b>Opening Section:</b>			
• Secures listener's attention			
• Initiates topic of conversation			
• Asks permission before touching or borrowing other people's things			
• Makes eye contact with others			
• Uses friendly body language			
<b>Topic Selection:</b>			
• Chooses topics that deal with here and now			
• Chooses topics that deal with the past			
• Chooses topics that deal with the future			
• Chooses interesting topics of conversation			
• Chooses topics appropriate to situation			
<b>Turn-Taking:</b>			
• Overlap			
• Nature of Turn – Comment			
• Nature of Turn – Response			
• Nature of Turn – Directed			
• Takes turns in conversation			
• Waits to share at appropriate times			
• Invites others into conversation			
• Relinquishes turn to talk			
<b>Topic Maintenance:</b>			
• Maintained through repetition			
• Maintained through agreement			
• Maintained by adding information			

• Can sustain topic through several turns			
• Asks appropriate questions that are on topic			
<b>Topic Changing</b>			
• Introduces new topics			
• Reintroduces old topics			
• Shades topic of discussion			
• Can close or switch topics when appropriate			
<b>Repair:</b>			
• Provides repairs when the listener doesn't understand			
• Repeats what was said			
• Confirms what was said			
• Revises what was said			
• Adds additional information to what was said.			
• Provides cues			
• Inappropriate response			
• Seeks repairs when the speaker is not understood			
• Gives neutral-nonspecific message of lack of understanding			
• Requests confirmation as to what was understood			
• Requests specific information to clarify			
<b>Quality:</b>			
• A good listener when others are speaking			
• Remembers to thank others for help			
• Expresses sympathy when other people are hurting			
• Considers how words affect others before speaking			
<b>Manner:</b>			
• Keeps messages of conversation organized (tells things in order)			
• Focuses on most important details, clearly and concisely			
• Uses cohesion (links ideas)			
<b>Relation:</b>			
• Responds appropriately to other's messages			
• Asks for clarification of messages from other people			
• Elaborates on a topic when appropriate			
• Disagrees without disrupting			
<b>Assertiveness</b>			
• Asks question more than once if message not understood			
• Continues to try and get message across if listener does not understand			

Comments of the Observer:

### Autism Evaluation Summary Form

Student: \_\_\_\_\_ SLP: \_\_\_\_\_

DOB: \_\_\_\_\_ CA: \_\_\_\_\_ Campus: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Assessment Questions: \_\_\_\_\_

<b>Autism Evaluation Summary Form</b>			
<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		Yes	No
Teacher data			
Parent data			
ASD Developmental and Family History			
Physical/ Motor/ Medical			
Emotional/Behavioral			
Cognitive/ Developmental			
Adaptive Behavior			
Educational Performance/ Achievement			

### Autism Evaluation Summary Form

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p>Analysis of Focused Observations (Including Diagnostic Tests) which support <i>DSM-IV-TR</i> criteria for Autism</p> <p>Criteria 1 - qualitative impairment in social interaction (2 needed)            Criteria 2 - qualitative impairments in communication (1 needed)            Criteria 3 - restricted repetitive and stereotyped patterns of behavior, interests, and activities (1 needed)            (2 additional needed from any of the above)            Criteria 4 - Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, (3) symbolic or imaginary play. <i>See Autism Criteria Checklist.</i></p>	<p>Must complete if qualifying as Autism.</p>		
<p>Analysis of Focused Observations (Including Diagnostic Tests) which support <i>DSM-IV-TR</i> criteria for PDD-NOS</p> <p>This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder.</p>	<p>Must complete if qualifying as PDD-NOS.</p>		

**Autism Evaluation Summary Form**

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p>Analysis of Focused Observations (Including Diagnostic Tests) which support <i>DSM-IV-TR</i> criteria for Aspergers</p> <p>Criteria 1 - qualitative impairment in social interaction (2 needed)                      Criteria 3 - restricted repetitive and stereotyped patterns of behavior, interests, and activities (1 needed)                      Criteria 3 - The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning                      Criteria 4 - There is no clinically significant general delay in language                      Criteria 5 - There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood. <i>See Asperger's Criteria Checklist.</i></p>	<p>Must complete if qualifying as Asperger's.</p>		

**Autism Evaluation Summary Form**

<i>Evaluation Data</i>	<i>Results</i>	<b>Data Supports Concern for Autism?</b>	
		<b>Yes</b>	<b>No</b>
<p><b>Speech-Language Communication</b></p> <p><u>Language</u> Syntax</p> <p><b>Phonology</b></p> <p><b>Semantics</b></p> <p><b>Pragmatics-Communicative Intent</b> Behavioral Regulation</p> <p>Joint Attention</p> <p>Form of Communication</p> <p><b>Pragmatics-Conversation</b> Social Interaction</p> <p>Discourse Structure</p> <p>Engages in Turn Taking</p> <p>Overlap</p> <p>Takes the floor</p> <p>Completion Points</p> <p>Demonstrates Social Register Components</p> <p>Maintains topic</p> <p>Demonstrates Assertiveness or Persistence in Communication</p> <p>Repairs</p>			



**Recommendations to the ARD Committee  
Speech Impairment**

**Yes      No**

<b>Stage I:</b> Presence of a Communication Disorder Social Communication Skills are consistent with Autism/ASD	<b>Evidence:</b>		
<b>Stage II:</b> Adverse Effect on Educational Performance (resulting from the communication disorder) <ul style="list-style-type: none"> <li>• Academic Achievement</li> <li>• Functional Performance</li> </ul>	<b>Evidence:</b> (enter rating from Adverse Effect Rubric)  Academic Achievement: _____ Functional Performance: _____		
If yes to Stage I and II, then SI eligibility criteria is met.			
If SI, then address Stage III: Is specially designed instruction by an SLP needed to help the student benefit from the special education program?	<b>Evidence:</b>		