The Michigan Autism Council

Education-Based Evaluations for Autism Spectrum Disorder

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Purpose

The Michigan Autism Spectrum Disorder (ASD) State Plan recommends that education-based multidisciplinary evaluation teams have access to information and training in ASD eligibility determination to improve the consistency of practices. The purpose of this document is to provide guidance to schools to develop evaluation processes to ensure accurate eligibility decisions, improve cross-agency collaboration to reduce duplication, ensure a seamless process for families, and provide relevant information to inform the Individualized Education Program (IEP). **In some instances, this document addresses considerations of evaluation components that exceed requirements of federal law or *Michigan Administrative Rules for Special Education* (MARSE).**

Introduction

The purpose of an education-based evaluation is to determine a student's eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis. However, according to the Michigan ASD State Plan survey (2012), there is often confusion between a clinical diagnosis of ASD and ASD special education eligibility criteria.

The confusion is further exacerbated when a child receives a clinical diagnosis of ASD but then does not meet the education-based eligibility criteria under ASD. As such, it is important to outline the differences in process and purpose of evaluations between the two to enhance understanding across school personnel, clinical staff, and families. Below is a brief comparison of the various components of evaluation across the school and clinical models:

	Education-Based Eligibility	**Clinical / Medical Diagnosis**
Purpose / Function	• Determine special education eligibility or ineligibility • Determine educational impact • Determine need for specially designed instruction • Inform IEP and special education services	• Make Clinical/Medical/ Behavioral Health Diagnosis • Determine insurance or Medicaid Autism benefit eligibility • Access non-educational agency services • Dictate medical/clinical treatment
Criteria / Tools to Make Determination	• MARSE ASD criteria • Use of tools individually determined based on what questions need to be answered	• Diagnostic and Statistical Manual for Mental Disorders Fifth Edition (DSM-5) • Clinical diagnostic assessment tools (e.g. Autism Diagnostic Observation Schedule (ADOS)) • For additional information, see Medical Services Administration (MSA) Bulletin 13-09
Team Members	• Multidisciplinary team including a psychologist/ psychiatrist, authorized provider of speech and language services, and school social worker are required	• Practitioners can make independent diagnostic decisions
Plan for Evaluation*	• Review Existing Evaluation Data (REED)	• No evaluation plan requirement
Observations**	• Multiple observations in varied environments over time	• Generally includes observations in an office or clinic setting

*Not required for initial evaluations, but recommended
**Not required, but considered a necessary component

Because the process and purpose for evaluations are different, a clinical diagnosis of ASD is not required or sufficient for the determination of special education eligibility. If clinical diagnostic information is available, it must be considered in the evaluation process, but the

final determination of eligibility may still require additional education-based assessments or observations.

Further, given these differences in tools and processes, it is not uncommon for disagreements in ASD eligibility and diagnosis to occur. As such, it is important for education-based multidisciplinary evaluation teams and clinical evaluators to work collaboratively to assist families in understanding these differences and the reasons the differences exist. Information on effective collaboration can be found in the Michigan Autism Council's Collaboration Matrix (2014).

In recent years, progress has been made in both the clinical and educational fields in the assessment and identification of ASD. This document outlines the core components of eligibility determination for ASD.

Michigan Administrative Rules for Special Education (MARSE) ASD Eligibility Criteria

As it is with all eligibility areas, special education eligibility for ASD is a three-pronged process:

1. **The student must meet the MARSE eligibility criteria for ASD,**
2. **The ASD must adversely affect the student's educational performance in academic, behavioral, or social domains, and**
3. **The impact must require and necessitate special education programs and/or services.**

A multidisciplinary evaluation team is required to provide evidence in all three areas to determine a student eligible for special education programs and/or services. Below is information to assist the multidisciplinary evaluation team in gathering relevant data to address all three required areas of eligibility.

MARSE Eligibility Criteria

To meet the MARSE eligibility criteria for ASD, a student must demonstrate characteristics in all three of the following domains:

1. **Qualitative impairments in reciprocal social interactions,**
2. **Qualitative impairments in communication, and**
3. **A restricted range of interests or repetitive behavior.**

Two additional factors may be considered in determining eligibility under the ASD criteria:

4. **Unusual or inconsistent response to stimuli**
5. **Age**

The complete the MARSE eligibility criteria (R 340.1715) are found in Appendix A. However, a review of the three domains with example behavioral characteristics is provided below:

Qualitative Impairments in Reciprocal Social Interactions

A qualitative impairment is defined as atypical or considerably different from other students the same age. According to MARSE, a qualitative impairment in reciprocal social interactions would include ***at least two*** of the following four characteristics:

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.**

   Marked impairment in this area means substantial and sustained difficulty using nonverbal behaviors to augment communication for the purposes of the social partner. This criterion is not intended to define the presence or absence of nonverbal behavior but rather the use of nonverbal behavior to regulate social communication, particularly where words fail.

   Marked impairment also implies that the difficulties are clearly evident and observed across multiple environments and people over time. Evidence of marked impairment in nonverbal behaviors may include, but is not limited to, the following:

   - Differences in eye-to-eye gaze (e.g. seems to look “through” a person, limited or no eye contact or eye gaze to initiate, sustain, or guide social interaction, has fleeting or inconsistent eye contact)
   - Differences in facial expression (e.g. lacks emotion or appropriate facial affect for the social situation, lacks accurate facial expression to reflect internal feelings, facial expressions seem rehearsed or mechanical, limited or no use of facial expression to guide communication)
   - Differences in body posture (e.g. difficulty maintaining appropriate body space, awkward/stiff response or movement, gait challenges)
   - Differences in spontaneous use of gestures (e.g. lacks understanding of the use of nonverbal cues (e.g. pointing, head nod, waving), does not respond to communication partner signals to start or end a conversation)

2. **Failure to develop peer relationships appropriate to developmental level.**

   Students may fail to develop appropriate peer relationships for a variety of reasons. For students with ASD, failure to develop reciprocal relationships with peers results from deficits in social reciprocity (i.e. the give and take in social interaction) and the inability to understand the perspectives of others.

   In addition, the quality of peer relationships must be made in comparison to peers at the same age and developmental level. Evidence of failure to develop reciprocal peer relationships may include, but is not limited to, the following:

- Lack of understanding of age-appropriate humor and jokes
- Disruption of ongoing activities when entering play or social circles; may insist on controlling the play when engaging with others
- Lack of initiation or sustained interactions with others
- Preference to play alone
- Continuous failure in trying to understand social nuances and follow social rules
- Desire for friendships but has multiple failed attempts
- Misinterpretation of social cues or communication intent of others
- Tolerance of peers but no spontaneous engagement in conversation or activity
- Confusion with the telling of lies
- Policing peers (e.g. reporting rule infractions on the playground)

3. **Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. a lack of showing, bringing, or pointing out objects of interest).**

   Marked impairment in this area means substantial lack of spontaneous (i.e. without prompting) sharing and showing, often referred to as joint attention. According to Oates & Grayson (2004), joint attention is defined as the shared focus or experience of two or more individuals on an object or activity. This typically begins to develop around two months of age with dyadic (i.e. two persons) exchanges using looks, noises, and mouth movements. Lack of sharing with others also results from deficits in understanding the perspectives of others.

   Marked impairment in this area must be clearly evident across multiple people and environments over time. Evidence of impairment in spontaneous seeking to share may include, but is not limited to, the following:

   - Deficits in the use of pointing to orient another to an object or event
   - Limited number of attempts to share achievements or items of interest with others as compared to peers
   - Bringing objects or items to others for the purposes of getting needs met, but not for a shared experience
   - Lack of response to others sharing enjoyment, interests, or achievements (e.g. shifting conversations to one's own interest rather than responding to the interests of others)

4. **Marked impairment in the areas of social or emotional reciprocity.**

   Reciprocity is defined as the mutual give and take of social interactions. Marked impairment in this area implies significant difficulty recognizing and responding to the needs, intentions, perspectives, and feelings of others across multiple environments and people over time. Evidence of impairment in social or emotional reciprocity may include, but is not limited to, the following:

   - Limited to no use of social smiling; rarely offers spontaneous social smiles
   - Lack of interest in the ideas of others

- Aloofness and indifference toward others
- Seemingly rude statements to others without filter or negative intent (e.g. telling someone to stop eating chips because they are fat, as if they are doing that person a favor)
- Difficulty explaining their own behaviors in context of impact on others
- Difficulty predicting how others feel or think
- Problems inferring the intentions or feelings of others
- Failure to understand how their behavior impacts how others think or feel
- Problems with social conventions (e.g. turn-taking, politeness, and social space)
- Lack of appropriate response to someone else's pain or distress (e.g. laughing when others are upset)
- Creating arbitrary social rules to make sense of ambiguous social norms (e.g. "All people fall into one of three categories: jocks, friends, or people who make bad decisions.")

Qualitative Impairments in Communication

A qualitative impairment is defined as atypical development or considerable differences as compared to other students the same age. According to MARSE, qualitative impairments in communication include ***at least one*** of the following:

1. **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.**

   Typical development of language includes babbling by 12 months, single word use by 16 months, and two-word phrases by 24 months of age. Some children fail to develop language yet compensate by using alternative communication modes such as gestures, facial expressions, and other nonverbal behaviors.

   Some children with ASD, however, do not seem to recognize that words have a communicative intent. As such, they fail to compensate for their lack of language development, although they may ensure their needs get met (e.g. using an adult as a tool to get a snack or toy or shoving someone to get them out of the way).

   In some instances, children with ASD may begin to develop spoken language and then lose the language they have acquired. Evidence of delay in or lack of the development of spoken language not accompanied by attempts to compensate may include, but is not limited to, the following:

   - Pulling an adult to a particular area to get a snack or toy
   - Standing or screaming near the refrigerator in the absence of an adult
   - Use of words not directed at others (e.g. gibberish, mumbling)
   - Challenging behavior in lieu of alternate communication (e.g. hitting, biting, pushing, screaming)

2. **Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.**

   "Pragmatics" is a term used to explain the give and take of social language. Deficits in pragmatics for students with ASD result from deficits in understanding the perspectives of others and lack of social reciprocity.

   Marked impairment implies that difficulty with pragmatics is clearly evident in multiple environments and people across time. Evidence of marked impairment in pragmatics may include, but is not limited to, the following:

   - Difficulty with the social aspects of language (e.g. understanding non-literal language used in conversation)
   - Issues with prosody (e.g. flat and emotionless or high and pitchy with atypical rhythm or rate)
   - Difficulty changing language according to the needs of the listener (e.g. not giving background information to an unfamiliar listener or not speaking differently in a classroom than on a playground)
   - Difficulty initiating, sustaining, or ending conversations with others
   - Difficulty using repair strategies when communication breaks down
   - Difficulty following the rules of conversations and storytelling (e.g. taking turns in conversation, staying on topic, rephrasing when misunderstood, proximity, use of eye contact)
   - Talking for extended periods of time about a subject of the student's liking, regardless of the listener's interest
   - Talking at someone in a monologue rather than conversing
   - Interpreting what others say according to the most basic or literal meaning

3. **Stereotyped and repetitive use of language or idiosyncratic language.**

   Students with ASD may exhibit stereotypical (i.e. use of nonsense words or phrases or verbal fascinations) and repetitive or idiosyncratic language (i.e. contextually irrelevant or not understandable to the listener due to a private meaning). Evidence of stereotyped, repetitive, or idiosyncratic language may include, but is not limited to, the following:

   - Repeating words or phrases over and over
   - Repeating what others say (echolalia) either immediately after the person said it or at some time in the future
   - Repeating television or movie lines, song lyrics, or other media that are out of context and add no meaning to the conversation
   - Use of words with a private meaning that only makes sense to those who are familiar with the situation where the phrase originated (e.g. every time the student enters the room he states, "That's right on the money!")
   - Talking about a specific topic incessantly and out of context
   - Overly formal use of words or expressions in conversation

4. **Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.**

   Spontaneous make-believe play is a precursor to the use of symbols and corresponds with language development. Social imitative play is also thought to be an early sign of social reciprocity. Evidence of the lack of these behaviors may include, but is not limited to, the following:

   - Lack of spontaneous pretend play with toys (e.g. using objects only as they are intended)
   - Little elaboration on learned play schemes
   - Lining up toys like cars or trains, stuffed animals, or action figures
   - Focusing on only a part of the toy rather than actually playing with it (e.g. wheels on a toy car or train, the string of a pull toy) or focusing on the movement of the toy rather than the purpose of the toy; stacking blocks but not building anything
   - Lack of finger play (e.g. "Itsy Bitsy Spider") imitation without specific teaching and prompts
   - Limited play repertoires compared to peers (e.g. only plays with one specific toy or item)
   - Lack of advancement of play repertoires over time (e.g. still playing with Thomas the Tank Engine while peers have moved on to LEGO® or board games)
   - Rather than playing, directing peers to their assigned role in play
   - Engages in construction play (e.g. puzzles, building blocks, assembling Transformers, LEGO® bricks, setting up elaborate train track layouts) at the exclusion of flexible representational play

Restricted, Repetitive, and Stereotyped Behaviors

Students with ASD engage in restricted, repetitive, and stereotyped behaviors that are extreme and often interfere with other more appropriate behaviors or learning. Because students with ASD are driven to engage in these behaviors, they are difficult to stop or control. Further, disrupting the behaviors often causes significant distress for the student.

According to MARSE, restricted, repetitive, and stereotyped behaviors must include ***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.**

   Students with ASD can display intense interests and preoccupations that are intrusive, reoccur frequently, and interfere with participation in daily activities. Limited access, interruption, or removal of the activity or interest often causes significant distress.

   Evidence of preoccupations and interests that are abnormal in intensity or focus may include, but is not limited to, the following:

- Talking about a particular topic (e.g. The Weather Channel) incessantly without regard to the conversational partner
- "Playing" with the same toy over and over again and in the same way each time
- Incessantly seeking access to or talking about seemingly typical interests for age such as video games (e.g. Minecraft), topic areas (e.g. anime), and characters (e.g. SpongeBob or The Simpsons) but to the exclusion of most other topic areas or activities
- Using a specific video game, television show, or movie as the lens through which experiences or the world are viewed
- Excessively seeking access to or talking about atypical interests such as historical events (e.g. Siege of Malta), specific appliances (e.g. coffee machine or fan), or unusual types of animals (e.g. white Siberian tiger)
- Excessively seeking access to or talking about interests atypical for age (e.g. the digestive system at age 4 or Thomas the Tank Engine at age 15)

2. Apparently inflexible adherence to specific, nonfunctional routines or rituals.

Students with ASD seek predictability in their environments and thus may create and follow nonfunctional routines or rituals or have extreme distress when their routines are altered. Evidence of inflexible adherence to nonfunctional routines or rituals may include, but is not limited to, the following:

- Wearing a specific clothing item for a specific day or activity
- Rigid adherence to specific sequences in routines (e.g. eating food in a specific order, completing worksheets from the bottom or right side only)
- Excessive and time consuming routines (e.g. bathroom, dressing)
- Distress when daily routines and schedules are altered
- Alphabetizing videos by the last name of the producer
- Having unusual self-imposed rules (e.g. must pass three red cars before entering school)
- Insistence that others follow rules, including rules made up by the student

3. Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements).

Some students with ASD engage in repetitive motor mannerisms, often called self-stimulatory behaviors. Self-stimulatory behaviors occur in other disabilities as well, so it is crucial for multidisciplinary evaluation teams to consider this item in context to the other criteria. Evidence of stereotyped and repetitive motor mannerism may include, but is not limited to, the following:

- Preoccupation with fingers, spinning, and twirling objects or self
- Pacing in a particular manner or routine
- Smelling, chewing, or rubbing objects in a particular manner
- Rocking or lunging
- Persistent grinding of teeth
- Repeated visual inspection of objects

- Self-injurious behaviors including head-banging, hand biting, and excessive self-rubbing and scratching

4. Persistent preoccupation with parts of objects.

Students with ASD can become preoccupied with parts, objects, or processes. The fixation may appear to be more focused on how an object, including toys, actually works instead of the function that it serves. Evidence of persistent (i.e. occurring over a prolonged period of time) preoccupation with parts of objects may include, but is not limited to, the following:

- A fascination with a specific part of the dishwasher or vacuum cleaner
- Spinning the wheels of a car
- Watching several seconds of a movie or cartoon over and over again, without watching the complete movie
- Completing complex puzzles with more interest in putting the pieces together than the puzzle picture as whole

Unusual or Inconsistent Response to Sensory Stimuli

Students with ASD may seek or avoid certain sensory stimuli to a degree that it interferes with daily activities. Specific sensory areas can include sight, touch, hearing, smell, taste, and movement.

According to MARSE, determination of ASD may include unusual or inconsistent responses to sensory stimuli, but to be eligible under ASD, the student must also meet the other three domains of eligibility. Sensory challenges alone are not sufficient to identify the student as ASD because sensory issues can be found in a number of other eligibility areas. Conversely, the absence of sensory challenges does not exclude a student from meeting ASD eligibility criteria. As such, the evaluation team should analyze the child's response to sensory stimuli as it impacts the three domains of ASD eligibility (i.e. reciprocal social interaction, communication, and restrictive and repetitive behaviors).

Age

According to MARSE, ASD typically manifests before 36 months of age. A child who first manifests the characteristics after age three may also meet criteria, although generally the child should have indicators of developmental differences by 36 months of age.

Adverse Impact

Determine if the ASD has an Adverse Educational Impact

According to MARSE, in order to be eligible for special education programs and services, a student's disability (i.e. ASD) must adversely affect educational performance in academic, behavioral, or social domains. As such, a student may meet the eligibility criteria for ASD but not be eligible for special education because access and progress in the general education curriculum or environment is not affected by the ASD.

Traditionally, multidisciplinary evaluation team members used the impact on the academic domain alone as a determining factor in educational impact; however, for eligibility under ASD, a student can have impact ***in any one*** of these three domains. A description of each domain and the behaviors associated with them is provided below:

Academic

Determining adverse educational impact in the academic domain requires a review of the student's ability to meaningfully participate and progress in the general curriculum. Evidence of academic impact may include, but is not limited to, the following:

- Delayed academic skill acquisition (e.g. reading, math, writing)
- Limited participation and engagement in instruction
- Lack of initiation and completion of school and home work
- Low grades and scores on academic assessments

Behavioral

Determining adverse educational impact in the behavioral domain requires a review of any behavioral challenges that interfere with the student's ability to meaningfully participate and progress in the general curriculum or integrated environments (e.g. classroom, hallways, lunch room, bus). Evidence of behavioral impact may include, but is not limited to, the following:

- Aggression (e.g. hitting, kicking, spitting)
- Temper tantrums (e.g. dropping to the floor, crying, screaming)
- Disruptions (e.g. yelling, loud insistence that others are wrong and the student is right, noises such as barking and humming)
- Non-compliance (e.g. not completing work or assessments, not following directions)
- Self-stimulatory behaviors (e.g. rocking, repetitive language, flapping)
- Eloping (e.g. running away, leaving the environment, hiding)

Social

Determining adverse educational impact in the social domain requires a review of the student's social interaction skills, relationship development, and engagement in the social environment. Evidence of social impact may include, but is not limited to, the following:

- Difficulty making and keeping friends
- Challenges with reciprocal social interaction
- Difficultly understanding the perspectives of others (e.g. asks impolite questions; insists on getting needs met even if someone nearby is upset; insists on always being first in line; insists on winning all games)
- Obsession with peers following the rules (e.g. tattling on every infraction)
- Difficulty working cooperatively in groups
- Lack of independence in daily routines
- Transition challenges

Need for Special Education Programs and/or Related Services

According to the regulations for implementing the *Individuals with Disabilities Education Act* (IDEA), to be eligible for special education services, the educational impact of the student's ASD must necessitate special education programs and/or related services (§300.306). Special education is defined in §300.39 as specially designed instruction.

The regulation further defines specially designed instruction as "adapting, as appropriate to the needs of an eligible child… to address the unique needs of the child that result from the child's disability."

> "There is no single behavior that is always typical of autism and no behavior that would automatically exclude an individual child from a diagnosis of autism."
>
> —*National Research Council, 2001*

For example, specialized instruction must be needed for the student to make progress in school and benefit from general education instruction to be eligible for services; having the disability alone does not guarantee eligibility. Effectiveness of previously implemented interventions is one way to determine the need for specialized instruction.

Education-based Evaluation for ASD

An education-based evaluation for ASD and recommendation of eligibility should not be made based on any single evaluation component (e.g. interview, observation, test scores), but rather each piece should be viewed as data to complete the evaluation picture.

Once the data is collected, the multidisciplinary evaluation team, using the preponderance of evidence, makes a recommendation about whether or not the student meets the three-pronged eligibility criteria:

1. **The student meets the MARSE eligibility criteria for ASD,**
2. **The ASD adversely affects the student's educational performance in academic, behavioral, or social domains, and**
3. **The impact requires and necessitates special education services.**

In addition to meeting the three-pronged eligibility requirements, the multidisciplinary evaluation team must also gather information to assist in developing the Individualized Education Program (IEP). This could include information such as:

- Communication needs of the student, including assistive technology
- The student's social needs, including peer to peer support
- The student's behavioral needs, including the need for a functional behavioral assessment, positive behavioral support plan, and/or emergency crisis plan

- Academic needs of the student, including accommodations and differentiation

Further, the multidisciplinary evaluation team is required to consider all **suspected** disabilities. As such, a full and individual evaluation should include information to assist in making differential eligibility recommendations (e.g. cognitive impairment, emotional impairment, learning disability) if these disabilities are suspected.

Before beginning the eligibility determination process, a multidisciplinary evaluation team (MET) must be established. Minimally, MARSE requires that the MET be comprised of a psychologist/psychiatrist, school social worker, and authorized provider of speech and language services. Although additional multidisciplinary evaluation team members can be utilized, they are not required.

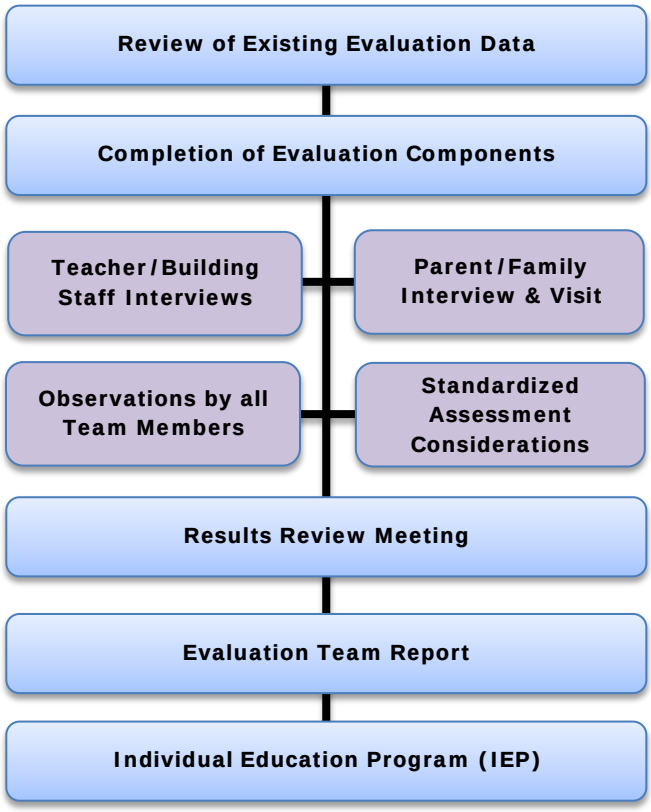
Additionally, some districts have opted to use a systematic team configuration model to build capacity among staff and address specific challenges that may arise in some evaluations. A description of the optional team configurations can be found in Appendix B. The multidisciplinary evaluation team should function as a coordinated unit throughout the evaluation process, regardless of the configuration or model used.

Education-based Evaluation Process for ASD

Below is an example of a process that districts may want to consider as part of the multidisciplinary evaluation. Districts have found this process to be helpful in determining whether or not a student meets eligibility criteria as a student with ASD.

Education-based Evaluation Process for ASD

- Review of Existing Evaluation Data (REED)
- Completion of Evaluation Components
  - Teacher and Building Staff Interviews
  - Parent/Family Interview and Home Visit
  - Observations Across Settings by all Team Members
  - Standardized Assessment Considerations
- Results Review Meeting
- Evaluation Team Report
- Individualized Education Program (IEP)



Review of Existing Evaluation Data (REED)

IDEA §300.305 requires multidisciplinary school teams to conduct a REED for all special education reevaluations. However, a REED is also an option for an initial evaluation, especially if evaluation data from outside sources are available (e.g. diagnostic reports from a private clinic, Community Mental Health). The REED can be used to:

- Review available information and assessment data (e.g. clinical diagnostic reports; other medical reports);
- Determine if the information is sufficient to make a determination of eligibility (i.e. meets eligibility criteria that impacts academic, behavioral, or social progress in school that necessitates special education);
- Determine what else is needed to make a determination of eligibility (e.g. observations to determine impact on educational performance); and
- Establish a plan for gathering the additional information.

For students with a clinical diagnosis of ASD, especially those who are also receiving private or public insurance benefit services, school teams can expect to receive reports that include, at minimum, a developmental history and standardized test scores. As such, this information may not need to be repeated. However, IEP teams are also required to determine whether the student meets the MARSE eligibility criteria for ASD as well as determine the impact and necessity for special education services; it is likely that school observations, teacher interviews, and/or direct assessments may still be needed.

It is important to note that the REED process can be used as a mechanism for increasing collaboration among clinical and school assessment practitioners. Soliciting additional information beyond what is provided in reports or inviting clinical staff to participate in the REED process may enhance such collaboration.

When conducting a reevaluation, it is important to consider that MARSE defines ASD as a "lifelong developmental disability." As such, information to determine continued eligibility should focus primarily on the impact of the ASD on access to and progress in general education and the continued need for special education, rather than the eligibility criteria itself. A full evaluation for the presence of ASD is likely necessary only when there is a potential change in eligibility or the ASD eligibility is questioned.

Completion of Evaluation Components

The ASD Evaluation Component Checklist

A carefully designed evaluation plan supports the coordination of activities of the multidisciplinary team evaluation. An evaluation checklist can be used to ensure timely completion of components of the evaluation plan. Teams may want to consider completing an evaluation component checklist as part of the REED process, and an example is provided in Appendix C. Should all members of the evaluation team not be present at the REED meeting, teams may want to consider a separate meeting shortly thereafter to complete the checklist.

Teacher and Building Staff Interviews

Education-based evaluations include an interview with the student's teacher(s) and current education-based provider(s). Because one of the goals of the education-based evaluation is to understand how the suspected ASD affects a student in the course of the school day, including the impact on progress in general education and the need for specially designed instruction, it is important to obtain information from teachers and others who interact with the child in the school context (Klin, et al., 2000).

There are a number of options for obtaining building staff input, including utilizing commercially available checklists, rating scales, or other interview tools. While these may be useful as part of the evaluation process, they frequently do not align with the MARSE eligibility criteria and as such should not take the place of direct interviews tailored to the individual student with a focus on information related to the MARSE eligibility criteria. Additional options for gathering evaluation information include a facilitated meeting or face-to-face interviews.

Facilitated Meeting

This option involves scheduling an intake meeting with relevant staff (e.g. teachers, principal, service providers) facilitated by a member of the evaluation team. A meeting format allows for rich, efficient discussion among participants about the student's behavior in the school context and provides opportunity for participating evaluation team members to ask specific questions of the staff.

To ensure the discussion stays focused on information needed for eligibility determination, the facilitator draws a quadrant like the one identified below on a white board or chart paper, and then initially poses a broad statement, such as "Tell me about <student name>," to open the discussion.

Reciprocal Social Interaction	**Communication as it relates to ASD**
Restrictive, Repetitive & Stereotypical Behaviors	**OTHER relevant impacting factors including Sensory, Cognitive Functioning, Academic**

It is important for the facilitator and other evaluation team members to allow the staff to initially share any information that they feel is relevant and not limit their input. The facilitator's role is to capture all the information provided in the relevant quadrants, plus anything falling under "other." As the intake meeting progresses, the evaluation team members can begin asking follow up questions to elicit more specific information to fill the quadrants. Because the behaviors displayed by a student with ASD often fall into multiple

quadrants, the absence of information in any one of the quadrants may be an indication that the evaluation team should consider alternative areas of special education eligibility.

Face to Face Interviews

Another option for gathering staff information is to have two evaluation team members conduct individual interviews with relevant staff. Having two members participate allows one to lead the interview while the second takes notes in a quadrant document (as previously described) and ask clarifying questions as needed.

The interview can begin much like the facilitated meeting with an open-ended question like "Tell me about <student name>" or "What does <student name> do that makes you think he has ASD (or another area of disability)?" The interview can then continue with follow up and additional questions. Example interview questions and talking points are provided in Appendix D.

Parent/Family Interview and Home Visit

Education-based evaluations also include an interview with the parent(s) or guardian(s) in the family home when the student is there. If using this model, at least two team members would be assigned to conduct the parent interview and home visit. An advantage of a home visit is that it not only provides another observation setting, but it also helps team members begin establishing rapport with the family.

Further, seeing reported home behaviors in the environment when they occur can assist the evaluation team in differential eligibility decisions, as some behaviors attributed to ASD may be explained by another disability when directly observed. For example, if a parent reports that a child repeats words over and over, one might attribute this behavior to repetitive language or echolalia. However, when observed in the home, this behavior could appear more related to the child wanting something like a cookie and the parent not attending or responding to the child's request so he continually repeats the request. Having third party observers confirm such behaviors can assist in eligibility decisions and also allow the multidisciplinary evaluation team to better explain these behaviors and perhaps offer intervention ideas to the family.

During a parent interview a critical question to ask the parents early in the interview is, "What makes you think your child has ASD?" This may assist the multidisciplinary evaluation team in sorting out information from the family that may be related to ASD from other disability areas. For example, parents may indicate that they believe their child has ASD because he or she has delayed or impaired communication skills. It is important to highlight this concern within the evaluation process and address it in the evaluation report, whether or not the student is determined eligible for special education under ASD. Examples of parent interview questions and developmental history items can be found in Appendix D.

Observations Across Settings by all Team Members

Direct observations in a variety of natural contexts (e.g. classroom, hallway, lunch room, recess) and across several days provide valuable information. Comprehensive observations can provide a more accurate picture of how the student communicates, interacts, and responds to varying stimuli and demands as compared to peers, and consistent behavioral

patterns across observations increase the validity of the presence or absence of relevant behaviors.

Observing the student in the school context also provides information about the impact of the suspected ASD on the student's progress in the general education curriculum and settings relative to academic, social, and/or behavioral domains. Multiple observations can further aid in the determination of the need for specially designed instruction and provide valuable information for the development of the IEP (e.g. Present Level of Academic Achievement and Functional Performance (PLAAFP) statement, supplemental aids and services, goals and objectives).

An important consideration in conducting observations is making opportunities to engage in activities with the student rather than sitting in the background taking notes. This type of integrated observation will provide the observer greater opportunities to understand and consider underlying motivations and immediate contextual variables that may be impacting the presence of behaviors. This type of investigation is crucial for making differential eligibility decisions as noted in a subsequent section of this document.

In addition, quantitative data should be collected within the qualitative observation process. This will highlight the intensity of behaviors and provide further support for the impact and need for special education. For example, when observing the student's social interactions, data can be collected on the frequency of spontaneous initiations with peers and adults as compared to other students or the number of verbal, visual, or physical prompts needed to complete classroom routines that peers complete independently. Observation considerations and data collection templates are available in Appendix E.

Standardized Assessment Considerations

As stated previously, no single assessment method is sufficient for determining special education eligibility for ASD. The multidisciplinary evaluation team must utilize information gathered from multiple sources and methods and apply each to the components of the MARSE criteria. Commercially available standardized assessment tools (e.g. norm-referenced tests, checklists, and rating scales) may provide relevant information in making clinical diagnoses of ASD and may actually be required for some diagnoses (e.g. ADOS for ASD insurance benefit eligibility), but these measures are not based on the MARSE criteria and thus are not sufficient in making eligibility decisions.

Further, students with ASD often exhibit characteristics (e.g. communication deficits, difficulty with engagement, challenging behavior, and social reciprocity deficits) that make assessment challenging and may negate the accuracy of the test results. Below is a list of common behaviors that interfere with standardized assessment results for students with ASD:

- Difficulty establishing rapport with the examiner
- Lack of motivation to please the examiner (e.g. deficits in reciprocity)
- Challenges with attention, engagement, and persistence in task demands
- Difficulty transitioning from one activity to another
- Language deficits that make it difficult to understand and follow instructions

- Stimulus over-selectivity (e.g. attending to irrelevant stimuli)
- Interfering and challenging behaviors

Given these challenges, if the multidisciplinary evaluation team uses standardized assessment tools, it is critical to report interfering behaviors and identify to what extent the results of the assessment may not be accurate or reliable. These behaviors can, however, provide helpful information in understanding the student's response to stress and frustration, interpersonal relationships, and communication.

For any standardized measures used in an education-based eligibility determination, the multidisciplinary evaluation team should provide a rationale for its use. As such, multidisciplinary evaluation teams should not have a predetermined battery of tools, but rather determine their use on an individual basis and provide a clear purpose and intent for using the tool in that particular evaluation (e.g. it answers a specific question that other assessment methods do not). Teams should also report the technical adequacy of any tool used including its reliability and validity. Although a complete review of the standards of technical adequacy of standardized tools is outside the scope of this document, a brief description is provided in Appendix F.

School teams should also consider the use of standardized tools that may be needed to make differential eligibility decisions as well as determine the impact of comorbid conditions on school performance. Caution should be given, however, to the impact of suspected ASD on resulting scores. For example, school teams may presume that a cognitive score on a standardized tool is an accurate reflection of ability, and thus consider eligibility under Cognitive Impairment, when this score is frequently inaccurate for students with ASD due to the challenges described previously.

To assist evaluation teams in determining if a particular standardized assessment tool should be utilized, below is a set of questions to consider:

- Does the tool have adequate technical adequacy for making eligibility decisions related to the suspected disability?
- What is the purpose or intended outcomes of using the tool?
- What questions are you attempting to answer by using the tool, and will the tool provide that information? Is the information necessary and useful in making the eligibility decision?
- What are the language requirements of the test, and do they match the ability level and communication modality of the student?
- Given the student's behavioral challenges, will the tool likely produce reliable and valid results?
- How current is the tool (i.e. when was it published and standardized)?
- What are the potential challenges in using the tool (e.g. results are not consistent with other information)?

Other than using standardized tools as designed, however, evaluators can use these instruments to gather information about performance under various conditions (e.g. use of accommodations and visuals supports) or to artificially create conditions that may not be

easily observed in naturally occurring settings (e.g. responses to someone's emotional state).

Such expansions of the use of standardized tools can be beneficial in capturing rich information on the student's learning needs, strengths, and challenges. Also called "breaking standardization," it is important to remember that such changes to the administration of the tool invalidate the scores obtained. This can be avoided for some tools by first administering the test under standardized conditions and then "testing the limits" to gain additional information. Some options for breaking standardization include the following:

- Administer subscales or items within subscales in a different order so highly preferred tasks can follow less preferred ones to increase motivation
- Start at the beginning of a particular subscale (easiest item) rather than the age-suggested starting point to create behavioral momentum
- Take frequent breaks
- Use tangible reinforcers
- Use a multiple-choice or fill-in-the-blank format rather than an open-ended style
- Paraphrase instructions or simplify language to match the child's language level
- Use terms and phrases that are familiar to the child (e.g., "match" vs. "find me another one just like this")
- Use generic verbal prompts (e.g. for a picture vocabulary task, ask: "What is this? This is a _____.")
- Use visual supports to aid in the comprehension of instructions

Results Review Meeting

An education-based evaluation may include a summary meeting of the multidisciplinary evaluation team. Once all of the observations and interviews have been conducted and all evaluation data collected, the evaluation team may come together to review the information. The purpose of this optional meeting is to collectively reach a team decision regarding a recommendation of eligibility, as well as to begin formulating an impact and need statement that can serve as the basis for the development of the IEP. Although there may be multiple ways to conduct such a meeting, an example that addresses the challenges often associated with decision-making is outlined below.

Scheduling a facilitated face to face meeting with the evaluation team (i.e. Results Review Meeting) allows for a comprehensive and robust discussion from which a recommendation of eligibility can be most accurately and reliably determined. During such a process, one member of the evaluation team serves as facilitator and begins by drawing a table on a white board or chart paper with the following labels:

Reciprocal Social Interaction	**Communication as it Relates to ASD**
Restricted and Repetitive Behaviors	**OTHER relevant impacting factors including Sensory, Cognitive Functioning, Academic**

Multidisciplinary evaluation team members then begin to discuss the information obtained through parent and staff interviews, observations, and any other methods, while the facilitator lists the information in the appropriate areas in the chart and a note-taker captures the information in a report template. Some teams have found it helpful to color code the information based on the source (e.g. parent, teacher, evaluation team) or other relevant variables. Once all of the information is listed on the board, the team uses the preponderance of the evidence available to answer the eligibility criteria questions:

Relative to the required number of criteria needed in each broad category:

- Is there a qualitative impairment in social interaction?
- Is there a qualitative impairment in communication?
- Is there the presence of repetitive, restricted, and stereotyped behaviors?

If the answer to any one of these questions is "no," the student does not meet the MARSE eligibility criteria for ASD. However, if this is the case, the possibility of eligibility in another disability category should be considered.

If the answer to each question is "yes," the MARSE ASD eligibility criteria are met and the team can go back and identify specific criteria that best represent each category. As a reminder, in order for the criteria to be met, at least two items must be present in the reciprocal social interaction area—one in communication, and one in restricted and repetitive behaviors.

In addition to meeting the MARSE ASD eligibility criteria, the ASD must have an adverse impact on the student's academic, social, or behavioral progress and the student must demonstrate a need for specially designed instruction.

Should impact and need exist, the team can begin to develop a relevant statement that can serve as the initial foundation for the PLAAFP. To begin this discussion, posing the question, "What about the student's ASD is getting in the way of access to and progress in the general education curriculum and environments?" will assist the team in staying focused on impact and need versus generating a list of skill deficits.

The last task for the evaluation team to complete during the Results Review Meeting is to review the evaluation checklist and confirm those team members that will be providing feedback and recommendations to parents, school staff, and other relevant stakeholders prior to the IEP, as well as determine which multidisciplinary evaluation team members will be attending the IEP.

Multidisciplinary Evaluation Team Report

To ensure a clear and concise report that identifies the presence or absence of critical eligibility characteristics, avoids conflicting information across evaluators, and builds an accurate case for the conclusions of eligibility, the multidisciplinary evaluation team may integrate all assessment information into one combined report according to and following the MARSE criteria.

The report can explain in detail any and all observation data or other assessment information that does not align with the conclusions of eligibility. For example, if, during an interview, the parent reports that the student repeats words constantly (as described in the Parent/Family Interview and Home Visit section), the report should describe how and why these behaviors do not support the conclusion of ASD and provide an alternative explanation for the behavior.

The optional combined report should also include information on the additional two prongs of eligibility (i.e. impact of the disability on access to and progress in general education and the need for specially designed instruction). This information will assist the IEP team in developing a comprehensive PLAAFP and support the development of supplementary aids and services, goals and objectives, and needed programs and services. An example report template is provided in Appendix G.

Individualized Education Program

The final step is for the IEP team to determine whether the student meets the ASD eligibility criteria. Should the student be eligible for special education programs and/or related services, the IEP team will incorporate the information from the evaluation process to identify the special education supports and services necessary for the student to receive a Free and Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE).

Differential Eligibility Decision-Making

To make quality differential eligibility decisions, it is important for multidisciplinary evaluation teams to understand disorders that mirror ASD and those that are comorbid with the condition. A number of characteristics associated with ASD (e.g. poor eye contact, hyperactivity, difficulty with focused attention, difficulty with transitions or changes in routine, poor peer relationships, repetitive behaviors, delayed language and developmental skills) are also seen in other developmental or mental health disorders (e.g. Attention Deficit Hyperactivity Disorder, Learning Disorders, Cognitive Impairment, Reactive-Attachment Disorder) (Sikora, 2008).

As such, students with these conditions may qualify under another MARSE eligibility category (e.g. cognitive impairment (CI), learning disability (LD), emotional impairment (EI), other health impairment (OHI)). Further, a number of conditions that represent other eligibility categories are comorbid with ASD, such as CI and EI (specifically regarding anxiety disorders and depression, in the case of EI). In fact, anxiety disorders and depression are the primary comorbid conditions in ASD.

As such, it is important for multidisciplinary evaluation teams to review information that may assist them in differentiating ASD from other disabling conditions. As described in the Results Review Meeting in Appendix C, teams can use chart paper or a white board to develop tables or concentric circles that allow them to compare and contrast information such as:

Eligibility Criteria
It is critical for evaluation teams to have a solid understanding of the other disabilities and criteria outlined by MARSE in order to be able to effectively compare and contrast behaviors and other assessment information within each disability.

Age of Onset of Characteristics and Developmental History
Although some developmental sequences appear similar across disabilities, it is important to review and discuss the student's developmental history to assist in differentiating one disability from another. For example, students on the autism spectrum generally have early developmental histories that include either the lack of the development of spoken language not accompanied by attempts to compensate or advanced levels of language, especially in interest areas. Students with other disabilities may have language deficits, but attempts to use alternative methods to communicate are present.

Underlying Motivation or Function of Behaviors
Because behaviors can look similar across disabilities, it may help to collect information and compare and contrast the underlying motivation of behavior, as this may give the multidisciplinary evaluation team clues into whether one disability or another exists. For example, refusals to follow expectations and aggression toward others can occur in students who have ASD and those who are EI. However, in ASD these behaviors are often related to deficits in social reciprocity or communication skills, and/or a lack of theory of mind, whereas for students with EI, this may be related to emotional dysregulation, deficits in self-worth, or a lack of connecting with others as a child (e.g. Reactive Attachment Disorder).

Additionally, behaviors related to Social Maladjustment, which is an exclusionary factor for EI, may be seen in students with ASD (e.g. behaviors that violate socially acceptable rules, not accepting responsibility for actions, or not demonstrating remorse). However, for students with ASD, these behaviors are related to the deficits described previously as opposed to behaviors related to conduct disorder or antisocial disorder, which is often the case for students with Social Maladjustment. For example, the team may need to distinguish between not caring about social rules and not understanding that social rules change from situation to situation. They may also need to distinguish between apparent lack of remorse due to not caring about others' feelings as opposed to not understanding that others have different feelings.

History of Interventions
It is important for multidisciplinary evaluation teams to know what interventions are more likely to be effective for students with one condition versus another. For example, visual schedules and supports are considered universal supports for students with ASD because they are an effective way to help the majority of those students increase engagement with tasks. However, for a student with a conduct disorder, a visual schedule may not always be as effective.

Once the multidisciplinary evaluation team compares and contrasts relevant variables associated with the differential eligibility decision, a final recommendation of eligibility must be made. The most important component of making this final decision, especially for

students who may meet the criteria in one or more MARSE eligibility areas, is determining which disability most impacts access to and progress in general education and requires specially designed instruction. In most cases, if the student meets the eligibility criteria for ASD but has a common comorbid condition related to ASD (e.g. anxiety, depression) that could result in another eligibility consideration (e.g. EI), the ASD would typically be considered the primary disability.

In making this final eligibility decision, it is often helpful for multidisciplinary evaluation teams to remember that, for some students with complex presentations of their disability, there will always be instances of behavior that doesn't fit or align perfectly. As such, the multidisciplinary evaluation team's role is to determine, using the preponderance of evidence, which eligibility is the most representative of the one that is impacting access to and progress in general education.

Considerations for Evaluation of Young Children

Given the complexities and range of developmental changes in young children, it is critical for multidisciplinary evaluation team members to have a solid understanding of the range of typical development in early childhood and the disorders that mirror ASD in this population. Consideration of development in the areas of communication, cognition, play, emotional and social functioning, relationships with caregivers and peers, sensory-motor, and self-regulation should be included in early childhood evaluations. Given that the range of development can be broad, a higher threshold for determining communication and social and behavioral impairment may need to be considered.

For example, if a two-year-old child displays a significant communication delay as well as some difficulty with reciprocal social interactions, the multidisciplinary evaluation team should consider whether the social difficulties are a result of the significant communication delays rather than a presentation of a qualitative social impairment related to ASD. Additionally, this same child may present with motor mannerisms such as hand-flapping when excited, which for some children is part of the range of typical development. As such, it would be quite a stretch to consider it representative of repetitive behavior that would meet ASD criteria. In this scenario, the multidisciplinary evaluation team may determine the child eligible for having a speech and language impairment (SLI) under R 340.1710 by considering the social deficits a result of the communication delay and the hand-flapping within the range of typical development. In this way, SLI is more representative of the child's current developmental profile.

Despite these considerations, it is not appropriate to recommend eligibility in another category to prolong or avoid the ASD eligibility. If, after careful and comprehensive assessment, the child fully meets the criteria for eligibility under ASD, the multidisciplinary evaluation team must provide the recommendation of ASD eligibility to the IEP team. The regular practice of finding a child eligible in the categories of R 340.1710 ("Speech and language impairment" defined; determination) or R 340.1711 ("Early childhood developmental delay" defined; determination) to "wait and see" if it is ASD should be discontinued. According to MARSE, the early childhood developmental delay eligibility

category should be used only when "primary delays cannot be differentiated through existing criteria within [other eligibility categories]." In addition, policies that indicate age cutoffs for finding a student eligible under the ASD classification should also be eliminated.

When considering evaluation for ASD in young children, it is also important for team members to have a solid understanding of the unique presentation of ASD characteristics. Although social deficits and delays in spoken language are the most prominent characteristics evidenced by very young children with ASD (Stone, et al, 1999), there is often confusion about typical development in the areas of pragmatic language, play, and social behavior in young children.

Pragmatic Language

Pragmatic language refers to the ability to use new language skills in reciprocal social interaction with peers. Around the age of four, typically developing children:

- Understand that they need to talk differently to their preschool teacher than to a peer than to a younger child
- Understand the importance of getting another person's attention before talking to them
- Use words to request things and communicate their approval and disapproval
- Direct their language to social interactions with adults and peers
- Verbalize out loud their "private speech" about their thoughts, feelings, and hopes as they play and interact with others

It is important to observe for these behaviors or their absence when conducting early childhood ASD evaluations.

Play

Observation during play with typical peers is highly recommended when conducting early childhood evaluations for ASD. The following are guidelines regarding the typical developmental sequence of play to consider:

- Object exploration—Explores an object, but does not assimilate how to use it in play (e.g. child makes a stirring motion with a spoon and then drops it)
- As young as 16 months, directs play towards another person (e.g. picking up the pretend cell phone, making a ringing sound, and handing it to a parent)
- Representational play—Uses "meaningless" objects in a creative way to play a role in pretend play (e.g. block becomes a cell phone or a train)
- Parallel play—Between the ages of 18 months and three years, plays next to, but not with, other children; may not appear to interact with but is very aware of the presence of other children
- Around age three, play moves from objects to imaginary objects or beings (e.g. swing becomes a spaceship, cup has pretend tea in it)
- Also around age three, begins to animate toys (pretends to feed a doll that is hungry)
- Between ages three and five, integrates more than one act into a sequence or story of acts; is able to develop play themes with peers and incorporates others' ideas into play schemes

Social

Socially, by age three, the parallel play that is characteristic of the interaction of the two-year-old is replaced by social play with peers. This can center on shared interests, rough and tumble play, as well as complicated schemes. By age four, most children prefer playing with another child to playing alone, with social interactions with peers characterized by talking, smiling, laughing, and playing. At age four, children begin to display Theory of Mind and understand that other people may have thoughts, feelings, and ideas that are different from their own (Leventhal-Belfer and Coe, 2004). As such, consideration of typical social development must be included in determining social impairment in young children.

Appendix A

Michigan Administrative Rules for Special Education (MARSE) Criteria for ASD

R 340.1715 Autism spectrum disorder defined; determination.

(1) Autism spectrum disorder is considered a lifelong developmental disability that adversely affects a student's educational performance in 1 or more of the following performance areas:

(a) Academic.
(b) Behavioral.
(c) Social.

Autism spectrum disorder is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria. Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.

(2) Determination for eligibility shall include all of the following:

(a) Qualitative impairments in reciprocal social interactions including at least 2 of the following areas:
(i) 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.
(ii) Failure to develop peer relationships appropriate to developmental level.
(iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest.
(iv) Marked impairment in the areas of social or emotional reciprocity.

(b) Qualitative impairments in communication including at least 1 of the following:
(i) 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.
(ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.
(iii) Stereotyped and repetitive use of language or idiosyncratic language.
(iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

(c) Restricted, repetitive, and stereotyped behaviors including at least 1 of the following:
(i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

(ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.
(iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements.
(iv) Persistent preoccupation with parts of objects.

(3) Determination may include unusual or inconsistent response to sensory stimuli, in combination with subdivisions (a), (b), and (c) of sub-rule 2 of this rule.

(4) While autism spectrum disorder may exist concurrently with other diagnoses or areas of disability, to be eligible under this rule, there shall not be a primary diagnosis of schizophrenia or emotional impairment.

(5) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team including, at a minimum, a psychologist or psychiatrist, an authorized provider of speech and language under R 340.1745(d), and a school social worker.

Appendix B

Team Considerations and Configurations

According to MARSE, the multidisciplinary evaluation team for ASD eligibility must include a school psychologist or psychiatrist, school social worker, and authorized provider of speech and language services. The ISD or LEA can choose to include others, such as the occupational therapist (OT) or teacher consultant (TC), but they are not required.

Multidisciplinary evaluation teams that function as a coordinated unit throughout the process produce an evaluation report that is integrated rather than several separate reports by each member of the team under one cover. There are a number of special considerations for team assignments based on how the ISD or LEA functions and the need to address a variety of potential challenges or concerns. Examples include, but are not limited to, the following:

Team Structure Examples	Benefits	Risks
A. Dedicated team to conduct all evaluations within ISD/district in which ASD is suspected	• Team develops high level of competency and deep knowledge of ASD • Consistency in evaluations throughout the ISD/district • Objective viewpoint of student during evaluation process	• Does not build capacity around evaluations for ASD eligibility across staff • Increased likelihood that team will get called in for problem solving because they hold the expertise around ASD • Evaluation load may overwhelm availability of team
B. Objective team that is strategically identified from pool of itinerant staff when evaluation for suspected ASD is requested; team members are not assigned to building in which student attends school	• Objective viewpoint of student during evaluation process • Allows for capacity building across staff; staff more experienced and knowledgeable about ASD can be paired with less experienced staff • Allows for evaluation load to be evenly distributed across staff	• Requires coordination and oversight for formation of teams • May result in inconsistency across evaluations
C. Evaluation for suspected ASD is conducted by MET members that are assigned to building in which student attends school	• Those with more knowledge about student conduct the evaluation • Team members who conduct evaluation will likely be same staff that provide potential special education services	• Potential for evaluation team to be influenced by political or contextual influences • Possible risk in having a preconceived opinion of eligibility prior to evaluation

Appendix C

The ASD Evaluation Component Checklist

ASD Evaluation Component Checklist

Today's Date: _____

Team Members: Psych _____ SLP _____
SSW _____ Other _____

Team Leader: _____

Name of Student		**DOB**	
District/School		**Due Date (Last IEP)**	

Evaluation Components

Date(s)		**Who**		**Date(s)**		**Who**
	Teacher / Building Staff Interviews • Teacher • SLP • SSW • OT • OTHER				**Results Review Meeting**	
	Educational History CA 60 Review				**Combined Written Report Completed**	
	Parent Interview Home Visit				**Provide Report to Parent and School Team**	
	Observations Across Settings by: • Psychologist • SLP • SSW • OTHER **List Settings:**				**Attendee(s) to the IEP:**	
	Administrations of Standardized Tools **List Tool(s):**				**OTHER TASKS**	

Appendix D

Examples of Staff and Parent Interview Items

Whether a commercially available staff and parent interview form is used or one that is created independently is used, it is important to consider the following talking points when interviewing staff and families:

- Verbal and non-verbal communication including receptive language
- Pragmatics including initiating, maintaining, and ending conversations, conversational turn-taking, topic maintenance, and conversational repair
- Social interaction with both peers and adults
- Sharing of achievements with others
- Interest in activities, interests, and achievements of others
- Play patterns and skills
- Areas of interest or expertise
- Adaptive skills (self-help skills and activities of daily living)
- Existence of established routines
- Movement and motor skills including repetitive movements/behaviors
- Student's ability to handle change and transitions
- Idiosyncratic or unusual behavior
- Response to various types of sensory input
- Challenging behaviors
- Cognitive and learning style including strengths, processing time, attention to tasks, concrete/abstract thinking, and learning new tasks or skills
- Concerns, issues

Although parent interview questions should relate to the MARSE criteria, it is also important for making differential eligibility decisions to include information on the following:

- Medical history, including current health issues and medications
- Developmental history, including developmental milestones, when the family first had concerns about the child's development, and a list of those concerns
- Adaptive skills, including self-help skills and activities of daily living
- Educational progress, including adjustment to school, grades, attendance, favorite subjects or activities, relationships with peers, problems and concerns, strengths, and abilities

Appendix E

Observation Considerations

While not required in state or federal law or rule, observations are an essential component of an education-based evaluation for ASD. Below are observation tools, forms, and considerations that may assist in gathering reliable data:

- Observe across a variety of settings (e.g. at home alone, at home with siblings or other similar age peers, visiting other family members, preschool snack or play time, recess, music, social studies, and lunch)
- Observe in the presence of different individuals (e.g. day care provider, teachers, peers, and parent)
- Examine behavior under varied task demands (e.g. play time, small group, sharing, independent activities, written work, large group work, unstructured activities)
- Observe at different times of the day (e.g. morning, afternoon, before/after lunch)
- If possible, observe during times of potential stress (e.g. new activity, changing from playing with a favorite toy or activity, an unexpected change in routine, family or school outing, instruction with a high level of verbal content, academic demands above perceived instructional level, presence of a substitute teacher, situations that may require additional problem solving)
- Observe for spontaneity and initiation of social behaviors rather than just noting the student's response to others
- During observations, note how others interact with and respond to the student
- When observing older students or those with high verbal skills, it may be necessary to note more subtle manifestations of ASD (e.g. the student may attempt to socialize but may be extremely naive, inept, or rote in his or her conversational skills and abilities; some students may show imaginative play during observation, but parents or teachers note that the same actions or play routines are repeated each time they use that specific material)
- If conducting a direct assessment, take note of the presence or absence of relevant behaviors; some students are very comfortable in testing situations and perform very well while others are highly stressed
- Look for patterns as well as differences of performance across multiple variables; these can provide valuable information concerning the characteristics of the student as well as insights for developing interventions. Consider the environmental or assessment setting as a critical component for understanding the student's behavior (e.g. proximity of child/student to teacher, room arrangement, desk arrangement, lighting, noise levels)
- Note the antecedents and consequences that occur around the behavior; although the antecedent-behavior-consequence (ABC) pattern is not always linear in ASD, taking note of the context that occurs around the behavior can be invaluable in differentiating between an ASD and an emotional or cognitive impairment

Evaluation Team Observation Form & Probe Questions

Student's Name: **Observation Location:** **Date:**

Reciprocal Social Interaction

Nonverbal Behaviors
- Use eye contact to engage the conversational partner?
- Use facial expressions to match the situation?
- Gesture to engage and influence?
- Demonstrate consciousness of physical proximity?

Peer Relationships
- Interact with peers in activities appropriate to developmental level?
- Appear indifferent to peers?
- Engage in developmentally appropriate activities?
- Appear attuned to the subtleties of interactions with peers?

Spontaneous Sharing
- Approach or seek out another person?
- Approach another person to share something of interest?

Reciprocity
- Take turns during conversation?
- Show empathy to match the mood of peer?
- Exhibit tolerance of changes of topic?
- Show an awareness of the partner's interests during conversation or play?

Communication as it Relates to ASD

Communicative Intent
- Respond to other people? Communicate to request or protest?
- Gesture or take the hand of an adult to direct the adult to a wanted item?
- Use eye gaze, vocalizations, facial gestures, signing, or pictures to indicate wants?

Pragmatics
- Provide sufficient background or reference information to partner to understand and participate in conversation?
- Use and react to nonverbal cues exhibited by others?
- Use vocabulary and knowledge base to express emotions/feelings in a variety of situations?
- Understand and use non-literal language (e.g., idioms or slang)?
- Discuss at length a single topic that is of little or no interest to others?

Stereotyped / Repetitive Use of Language
- Display atypical communication such as echolalia, perseveration, and pronoun reversals?
- Speak with flat, emotionless voice or with exaggerated inflection?
- Repeatedly use a limited number of utterances?

Lack Varied Play
- Play with toys as intended?
- Recognize the play repertoire of peers has changed?
- Participate in age-appropriate play?

Restrictive, Repetitive, and Stereotypical Behaviors

Preoccupation
- Exhibit an all-consuming, high interest in objects, topics, or themes beyond typical developmentally appropriate levels?
- Have a restricted or narrow range of interests, including unusual interests, as compared to peers?
- Show difficulty letting go of perseverative thoughts, activities, actions, or behaviors?

Inflexibility
- Use ritualistic actions or behaviors? Rigidity in routine, difficulty with change and/or transitions?
- Display an insistence on sameness?

Stereotyped or Repetitive Motor Mannerisms
- Display repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, or chewing?
- Use self-injurious behavior?

Preoccupation with Parts of Objects
- Twirl, spin, and/or bang objects in a hyper-focused manner? Fixate on how an object works rather than its function?

OTHER Relevant Impacting Factors

Academic:

Cognitive Functioning:

Sensory Including Impact on the Three ASD domains:

Characteristics Related to Other Disabilities:

Evaluation Team Observation Form

Student's Name: **Observation Location:** **Date:**

Reciprocal Social Interaction	Communication as it Relates to ASD
Restrictive, Repetitive, and Stereotypical Behaviors	**OTHER Relevant Impacting Factors**
	Academic: **Cognitive Functioning:** **Sensory Including Impact on the Three ASD domains:** **Characteristics Related to Other Disabilities:**

Appendix F

Information on Standardized Assessments

Reliability refers to the degree to which an assessment tool produces stable and consistent results. Although a number of reliability measures may be reported in test manuals, test-retest reliability and inter-rater reliability are of particular importance.

Test-retest reliability ensures that a testing instrument produces similar results across two different administrations, and inter-rater reliability assesses the degree to which different raters or evaluators produce similar results. If a testing instrument cannot produce consistent results over time or across evaluators, caution should be taken in using that instrument to make diagnostic decisions.

Although good reliability is a necessary component of diagnostic tools, it is not sufficient in determining their accuracy. For a test to be accurate, it must also be valid. Validity refers to how well a testing instrument measures what it is purported to measure. For example, if a scale is off by five pounds, it might read the weight correctly day after day, making it reliable. However, because the scale is off by five pounds, it is not measuring true weight and thus is not a valid measure.

Such is true of an assessment tool that purports to measure the characteristics of ASD. Caution should be taken when using tools that are not adequately valid for identifying ASD. Further, there are no tools that have been validated for use in determining education-based eligibility.

Information on commercially available standardized tools and their technical adequacy can be found at the Central Assessment Lending Library (CALL) at Central Michigan University. These technical adequacy briefs outline the reliability and validity of a number of standardized measures used in the assessment of ASD. Readers are referred to their site to request copies of these briefs.

www.cmich.edu/colleges/chsbs/Psychology/call/Pages/default.aspx

To assist further in making decisions about the use of standardized assessment tools, below is a list of common diagnostic measures used for identifying ASD. This is not an exclusive list and does not represent a recommendation for their use. Readers should access the technical adequacy information from CALL for each tool and then make independent and individualized decisions about which tools should be used for any given evaluation.

Modified Checklist for Autism in Toddlers Revised (M-CHAT-RF)
The M-CHAT is an expanded American version of the original CHAT from the UK. The M-CHAT has 23 yes/no questions and may be used with children from 15 to 30 months old.
www.mchatscreen.com/Official_M-CHAT_Website.html

Autism Diagnostic Interview – Revised (ADI-R)
The ADI-R is a standardized interview for diagnosing autism. It can be used for children with a mental age at or above two years. Administration time is 90-150 minutes, including scoring.
www.wpspublish.com/store/p/2645/autism-diagnostic-interview-revised-adi-r

Autism Diagnostic Observation Scale (ADOS-2)
The ADOS-2 is a structured observation for diagnosing ASD. The tool includes several modules based on the child's language skills and can be used from 12 months through adulthood. Administrative time is 40 to 60 minutes.
www.wpspublish.com/store/p/2648/autism-diagnostic-observation-schedule-second-edition-ados-2

Autism Screening Instrument of Educational Planning – Third Edition (ASIEP-3)
The ASIEP-3 rates individuals from 2 years to 13 years and 11 months of age in five core areas (behavior, vocal behavior, interactions, education, and learning rate). It is designed to identify individuals with ASD as well as assist in planning and monitoring educational programs for students with ASD.
www.proedinc.com/customer/ProductView.aspx?ID=4217

Childhood Autism Rating Scale-Second Edition (CARS-2)
CARS is a 15-item rating scale for diagnosing ASD. Ratings are based on frequency of the behavior in question, its intensity, peculiarity, and duration. It may be used for children two years and older. Administrative time is 5 to 10 minutes.
www.proedinc.com/customer/ProductView.aspx?ID=4754

Gilliam Asperger's Disorder Scale-Second Edition (GADS-2)
The GADS is a norm-referenced assessment tool designed to evaluate individuals who may have Asperger's Disorder. Appropriate for individuals aged 3 to 22. Completion time is 5 to 10 minutes.
www.pearsonclinical.com/education/products/100000417/gilliam-aspergers-disorder-scale-gads.html

Gilliam Autism Rating Scale (GARS-3)
The GARS-3 is based on the DSM-5. This rating scale may be used for identification and diagnosis of individuals at or above age three. The instrument consists of 56 items describing the characteristic behaviors of persons with autism. The items are grouped into six subscales: Restrictive/Repetitive Behaviors, Social Interaction, Social Communication, Emotional Responses, Cognitive Style, and Maladaptive Speech.
www.proedinc.com/customer/productView.aspx?id=5818

Appendix G

Report Components with Descriptors

Multidisciplinary Evaluation Team (MET) Report

Date of Report:

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

Evaluation Team:
Psychologist:
School Social Worker:
Authorized Provider of Speech & Language Services:

REASON FOR EVALUATION

Student was referred for an evaluation to determine eligibility for special education under the ASD eligibility criteria by his present teacher due to challenges with (list reasons the referral was initiated).

ASSESSMENT SOURCES

Review of School Records
Review of Private / Medical Assessments and Reports (if applicable)
Parent Interview on (list date(s))
Teacher and Staff Interviews on (list date(s))
Classroom Observations on (list observers, dates, times and locations)
Administration of the following standardized tools:

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

RELEVANT BACKGROUND INFORMATION

NOTE: Include only information that is relevant to making a decision of ASD eligibility, including, but not limited to:

- Developmental history
- Private evaluations and report summaries
- School history including discipline issues, grades, etc.
- Previous MET evaluations or other eligibility history
- Include any information relevant to the eligibility criteria in the corresponding sections below:

DETERMINATION OF SPECIAL EDUCATION ELIGIBILITY UNDER ASD

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

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

In addition, the student's disability must have an adverse impact on progress in general education in academic, social, or behavioral domains that require specialized instruction (i.e. special education).

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

NOTE: For information on gathering data for ASD eligibility, review the Education-Based Evaluations for ASD document published by The Michigan Autism Council.

QUALITATIVE IMPAIRMENT IN RECIPROCAL SOCIAL INTERACTIONS

According to MARSE, to be eligible for special education services under the category of ASD, students must demonstrate *Qualitative Impairment in Reciprocal Social Interactions* as evidenced by two of four of the following eligibility criteria:

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

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

NOTE: Describe **all** evaluation evidence for or against the presence or absence of a qualitative impairment in reciprocal social interaction. Include descriptions and explanations of information that contradicts the conclusion of the presence of absence of this ASD component. When reporting observation data, indicate the evaluator who specifically observed the examples provided.

QUALITATIVE IMPAIRMENT IN COMMUNICATION

According to MARSE, to be eligible for special education services under the category of ASD, students must demonstrate *Impairment in Communication* as evidenced by one of four of the following eligibility criteria:

- Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication

- Marked impairment in pragmatics or the ability to initiate, sustain, or engage in reciprocal conversations with others
- Stereotyped and repetitive use of language or idiosyncratic language
- Lack of varied, spontaneous, make believe play or social imitative play appropriate to the student's developmental level

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

NOTE: Describe **all** evaluation evidence for or against the presence or absence of a qualitative impairment in communication as it relates to ASD. Include descriptions and explanations of information that contradicts the conclusion of the presence of absence of this ASD component. When reporting observation data, indicate the evaluator who specifically observed the examples provided.

RESTRICTED, REPETITIVE, AND STEREOPTYPED BEHAVIORS

According to MARSE, to be eligible for special education services under the category of ASD, students must demonstrate *Restricted, Repetitive and Stereotyped Behaviors* as evidenced by one of four of the following eligibility criteria:

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

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

NOTE: Describe **all** evaluation evidence for or against the presence or absence of restrictive, repetitive, and stereotyped behaviors as they relate to ASD. Include descriptions and explanations of information that contradicts the conclusion of the presence of absence of this ASD component. When reporting observation data, indicate the evaluator who specifically observed the examples provided.

UNUSUAL OR INCONSISTENT RESPONSE TO SENSORY STIMULI

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

NOTE: Describe **all** evaluation evidence for or against the presence or absence of unusual or inconsistent response to sensory stimuli as it relates to ASD. Include descriptions and explanations of information that contradicts the conclusion of the presence of absence of this ASD component. When reporting observation data, indicate the evaluator who specifically observed the examples provided.

DETERMINATION OF OTHER SPECIAL EDUCATION ELIGIBILITY

Should the student be considered eligible under another eligibility category (e.g. Emotionally Impairment (EI) or Other Health Impairment (OHI), include the eligibility criteria for those conditions and the relevant supporting evidence in this section.

SUMMARY RESULTS OF STANDARDIZED MEASURES

Although this information is included in the sections above, a summary of scores is provided here. If the scores do not support other evidence (e.g. observations, interviews), explain why that might be the case (e.g. limits in reliability or validity with the MARSE criteria). For information on standardized assessment considerations, read the Education-Based Evaluations for ASD document published by The Michigan Autism Council. An example of how to report the summary is provided here:

Example of a summary of direct standardized assessment results:

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

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

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

The ADOS was administered to (student) on (date / time) and resulted in the following scores:

Subscale	Score	Indicative of ASD
Communication Domain		Scores of X or + are indicative of ASD
Reciprocal Social Interaction		Scores of X or + are indicative of ASD
Communication + Social Interaction Domain		Scores of X or + are indicative of ASD

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

Example of a summary of rating scale results:

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

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

Name of Reporter	Position	AD Quotient	Probability of AD
	Special Education Teacher		High / Probable
	School Social Worker		Low / Not Probable
	General Education Teacher		High / Probable

	Authorized Provider of Speech & Language Services		Low / Not Probable
	Parent		High / Probable

SUMMARY AND RECOMMENDATIONS

The goal of a school-based evaluation team for ASD is not to provide a clinical diagnosis of the disorder, but rather to recommend eligibility and determine the need for special education services. Michigan's Special Education definition characterizes ASD by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests or repetitive behavior. A student must present with deficits in all three domains to meet the requirements for special education eligibility under the ASD label.

Based on the preponderance of the present observations, survey and interview information, and standardized measures, the recommendation of the MET is that:

- NOT ELIGIBLE ASD EXAMPLE: The student's social deficits are more related to hyperactivity and inattention or behaviors related to difficulties with emotional regulation (i.e. anxiety and depression) than deficits in the understanding and demonstrating of social reciprocity as seen in students with ASD. As such, the student a) should be considered eligible under OHI or EI. **NOTE:** Ensure that information is provided on these eligibilities in the body of the report if, in fact, these are considerations in the evaluation, or b) the student is not eligible for special education.
- ELIGIBLE ASD EXAMPLE: The student is eligible for special education services under ASD.

In addition, the MET would like to offer the IEP team the following recommendations:

NOTE: Include information and recommendations to assist the IEP team in writing the Present Level of Academic Achievement and Functional Performance (PLAAFP), developing a list of needed supplemental aids and services, and identifying relevant goals and objectives or benchmarks.

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

_____

School Psychologist

_____

School Social Worker

_____

Authorized Provider of Speech and Language Services

Report Compiled by:

Appendix H

Resources

Michigan Autism Spectrum Disorders State Plan (2012)
www.michigan.gov/documents/autism/ASDStatePlan_2_19_13_Final_414143_7.pdf

Michigan Administrative Rules for Special Education
http://w3.lara.state.mi.us/orrsearch/105_43_AdminCode.pdf

Autism Spectrum Disorder Guideline (Charlevoix-Emmet ISD) (June 2013)
www.charemisd.org/academic/specialeducation/evaluationservices

Wayne County Guidelines for Determining Eligibility and Placement Decisions for Special Education Under the Autism Spectrum Disorder Rule (2011)
www.resa.net/downloads/special_education_guidelines/autism_guidelines.pdf

Children With Autism Spectrum Disorder: A Guide for Eligibility Determination Professional Resource Guide (Ottawa Area ISD) (2011)
www.oaisd.org/downloads/_acct_/00/00/01/59/asd_guide_summer_2011_20111207_153626_1.pdf

Oregon Educational Guidelines for ASD
www.livebinders.com/play/play_or_edit?id=168313

Wisconsin Educational Evaluation Guide for Autism (2009)
http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/elg-autism-guide.pdf

Autism Internet Modules
www.autisminternetmodules.org

Centers for Disease Control and Prevention Autism Case Training
www.cdc.gov/NCBDDD/actearly/autism

Statewide Autism Resources and Training Centralized Evaluation Team (CET)
www.gvsu.edu/autismcenter/centralized-evaluation-team-cet-96.htm

A Collaborative Approach to ASD Evaluation (2013)
http://maase.pbworks.com/w/file/fetch/68046120/Dunlap%20A%20Collaborative%20Approach%20MSI8-13.pdf

Education-Based Evaluation for ASD
http://maase.pbworks.com/w/file/83431858/12-HQ%20SB%20Evals.Kelly.Dunlap.pdf

Michigan Autism Council Collaboration Matrix (2014)
www.michigan.gov/autism

References

Durocher, J.S. (2011). Assessment for the purpose of instructional planning for students with autism spectrum disorders. *Autism Spectrum Disorders: Foundations, Characteristics, and Effective Strategies* (Chapter 2). Pearson.

Gilliam, J. (2014). *Gilliam Autism Rating Scale, Third Edition (GARS-3).* Pro-Ed.

Gilliam, J. (2000). *Gilliam Asperger Disorder Scale.* PsychoCorp.

Gilliam, J. Klin, A., McPartland, J., & Volkmar, F. R. (2005). Asperger syndrome. *Handbook of autism and pervasive developmental disorders* (3rd ed., pp. 88–125). Hoboken, NJ: Wiley.

Klin, A., Saulnier, C., Tsatsanis, K., & Volkmar, F. R. (2005). Clinical evaluation in autism spectrum disorders: Psychological assessment within a transdiciplinary framework. *Handbook of autism and pervasive developmental disorders* (3rd ed. Vol. 2, pp. 863–881). Hoboken, NJ: Wiley.

Klin A, Schultz R & Cohen D (2000). Theory of mind in action: developmental perspectives on social neuroscience. *Understanding Other Minds: Perspectives from Developmental Neuroscience* (2nd ed., pp.357–388). Oxford, UK: Oxford University Press.

Krug, D. Arick, J, & Almond, P. (2008). *Autism Screening Instrument for Educational Planning – Third Edition (ASIEP-3).* Pro-Ed.

Leventhal-Belfer, L., & Coe, C. (2004). *Asperger's syndrome in young children.* London, UK: Jessica Kingsley Publishers.

Lord, C. & Rutter, M. (2012). *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2).* WPS Publishers.

Oates J, & Grayson A. (2004). *Cognitive and Language Development in Children*. Oxford, UK: Blackwell Publishing.

Robins, D. Fein, D. & Barton, M. (2009). *Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F).* Retrieved from https://www.m-chat.org/_references/mchatdotorg.pdf

Rutter, M. & LeCouteur, A. (2003). *Autism Diagnostic Interview, Revised (ADI-R).* WPS Publishers.

Schopler, E. & Bourgondien, M. (2010). *Childhood Autism Rating Scale, Second Edition (CARS-2).* WPS Publishers.

Shriver, M.D., Allen, K.D., & Matthews, J.R. (1999). Effective assessment of the shared and unique characteristics of children with Autism. *School Psychology Review, 28,* 538-558.

Sikora D.M., Hartley S.L., McCoy R., Gerrard-Morris A. (2008). The Performance of Children with Mental Health Disorders on the ADOS–G: A Question of Diagnostic Utility. *Research in Autism Spectrum Disorders, 2,* 188–197.

Stone, W.L., Lee, E.B., Ashford, L., Brissie, J., Hepburn, S.L., Coonrod, E.E., & Weiss, B.H. (1999). Can autism be diagnosed accurately in children under 3 years? *Journal of Child Psychology and Psychiatry, 40*(2), 219-226.

National Research Council. (2001). *Educating children with autism: Committee on educational interventions for children with autism, division of behavioral and social sciences and education*. Washington, DC: National Academy Press.