AUTISM SPECTRUM DISORDER SERIES

Eligibility Criteria for Children with ASD

Review the Characteristics of Children with ASD*

The following are the most common signs and symptoms of a child with ASD:

- The child exhibits impairments in communication
- The child exhibits impairments in social interaction
- The child exhibits patterns of behavior, interests, and/or activities that are restricted, repetitive, or stereotypic
- The child exhibits unusual responses to sensory information

***** See Issue 2: Characteristics of Children with ASD for specific details on each of these characteristics

Determine the Procedures and Assessment Measures to be Used

If a child is suspected of having ASD, the following procedures and assessment measures should be used:

- A developmental profile that describes the child's historical and current characteristics associated with ASD

The evaluator must establish that the child had characteristics of ASD in early childhood. The developmental profile describes the child's historical and current characteristics associated with ASD in the following areas from the eligibility criteria:

- Impairments in communication
- Impairments in social interaction
- Patterns of behavior, interests, and/or activities that are restricted, repetitive or stereotypic
- Unusual responses to sensory information

The information must also demonstrate that the characteristics are:

- Inconsistent or discrepant from the child's development in other area(s)
- Documented over time and/or intensity

Behaviors characteristic of children with ASD must be viewed relative to the child's developmental level. The developmental profile should be organized to list characteristics of ASD the individual child displays within each area required in the eligibility criteria.

- At least three observations of the child's behavior, one of which involves direct interactions with the child.

The observations shall occur in multiple environments, on at least two different days, and be completed by one or more licensed professionals knowledgeable about the behavioral characteristics of ASD.

A minimum of three observations should be done because individuals with ASD may function differently under different conditions. Important environments to observe are unstructured periods (e.g., breaks, recess, lunch, free time, free play, at home), during large group instruction, and structured sessions. Observations during changes in routines, interactions in the home environment, and unfamiliar environments may also help to develop an accurate picture of the child.

An assessment of communication to address the communication characteristics of ASD which includes but is not limited to measures of language semantics and pragmatics completed by a speech and language pathologist.

A medical statement or a health assessment statement indicating whether there are any physical factors that may be affecting the child's educational performance.

The school district will send (either directly or through the parent) the health assessment form to the student's physician or physician's assistant to determine if there are any other physical factors that the team should consider concerning the underlying causes of the child's behavior. The physician may indicate there are no factors or may name factors that are present such as mental retardation or seizures. The physician's statement
may even indicate a child has a medical diagnosis of ASD. The team needs to consider any factors expressed by the physician as they complete the eligibility process. This statement alone will not determine if the student meets eligibility criteria for ASD but rather gives needed information to the team about issues to consider as eligibility decisions are being made.

An assessment using an appropriate behavioral rating tool or an alternative assessment instrument that identifies characteristics associated with ASD

The tools identify characteristics associated with ASD. They are used to help determine if the individual child demonstrates characteristics of ASD. The score on a behavior rating tool alone does not determine eligibility for ASD. The score and related information gained from completing the tool will provide valuable information to the team when making the eligibility determination. However, no one piece of information alone is used to determine eligibility.

Additional evaluations or assessments necessary to identify the child's educational needs.

Some questions the team may ask include:

- What is reinforcing to the child?
- What does the child find aversive?
- What are the child's interest areas?

For young children, teams must identify skills needed to progress developmentally. The IFSP reflects both the child's development and special education needs. Children with IFSPs receive specially designed educational activities in the areas of development in which they are delayed.

For school-age children, teams must identify skills needed to participate in the general curriculum. The IEP team's determination of how each child's disability affects the child's involvement and progress in the general curriculum is a primary consideration in the development of the child's IEP. In assessing children with disabilities, school districts may use a variety of assessment techniques to determine the extent to which these children can be involved and progress in the general curriculum. These assessment techniques may include criterion-referenced tests, standard achievement tests, diagnostic tests, other tests, or any combination of the above. Thus, the IEP team for each child with a disability must make an individualized determination regarding how the child will be involved and progress in the general curriculum and what needs that result from the child's disability must be met to facilitate that participation.

Besides these assessment measures, the following should be considered:

If a student is suspected of having a speech and language impairment under the definition set forth in IDEA, the following assessment measures should also be considered:

A. An observation by a team member other than the student's regular teacher of the student's academic performance in a regular classroom setting; or in the case of a child less than school age or out of school, an observation by a team member conducted in an age-appropriate environment

B. A developmental history, if needed

C. An assessment of intellectual ability

D. Other assessments of the characteristics of speech and language impairments if the student exhibits impairments in any one or more of the following areas: cognition, fine motor, perceptual motor, communication, social or emotional, and perception or memory. These assessments shall be completed by specialists knowledgeable in the specific characteristics being assessed

E. A review of cumulative records, previous individualized education programs or individualized family service plans and teacher collected work samples

F. If deemed necessary, a medical statement or health assessment statement indicating whether there are any physical factors that may be affecting the student's educational performance

G. Assessments to determine the impact of the suspected disability:
On the student's educational performance when the student is at the age of eligibility for kindergarten through age 21. On the child's developmental progress when the child is age three through the age of eligibility for kindergarten

H. Additional evaluations or assessments necessary to identify the student's educational needs

Determination of Eligibility for a Diagnosis of ASD**

ASD is defined as a clinical disorder. Clinical diagnosis is made by a professional with expertise in evaluating children with a variety of behavioral and emotional disorders, including ASD. Typically, such evaluations are conducted by child psychiatrists, clinical child psychologists, clinical neuropsychologists and specially trained neurologists and developmental pediatricians. In addition, many professionals may administer brief screening tools or parent report rating

scales designed to identify children who may be at risk of a pervasive developmental disorder, or who may show early signs of the disorder.

******Important Point - The eligibility criteria for classifications under IDEA are not specifically stated under the law. Therefore, the eligibility criteria for a particular disability may differ from State to State.

Therefore, the information pertaining to "eligibility" is the authors' professional interpretations based on reviewing the States' guidelines and criteria for ASD.

To receive the classification of ASD as child with a disability for special education services under IDEA, criteria 1 through 7 should be met:

1.) ***The child exhibits impairments in communication*** **-** The child is unable to use expressive and receptive language for social communication in a developmentally appropriate manner; lacks nonverbal communication skills or uses abnormal nonverbal communication; uses abnormal form or content when speaking and/or is unable to initiate or sustain conversation with others

2.) ***The child exhibits difficulties in forming appropriate relationships*** - The child exhibits deficits relating to people, marked lack of awareness of other's feelings, abnormal seeking of comfort at times of distress, absent or abnormal social play, and/or inability to make friends. The child does not relate to or use objects in an age appropriate or functional manner.

3.) ***The child exhibits unusual responses to sensory information*** - The child exhibits unusual, repetitive, non-meaningful responses to auditory, visual, olfactory, taste, tactile, and/or kinesthetic stimuli.

4.) ***The child exhibits impairments in cognitive development*** - The child has difficulty with concrete versus abstract thinking, awareness, judgment, and/or the ability to generalize. The child may exhibit perseverative thinking or impaired ability to process symbolic information

5.) ***The child exhibits an abnormal range of activities*** - The child shows a restricted repertoire of activities, interests, and imaginative development evident through stereotyped body movements, persistent preoccupation with parts of objects, distress over trivial changes in the environment, unreasonable insistence on routines, restricted range of interests, or preoccupation with one narrow interest.

6.) ***The child has been previously diagnosed with ASD by a qualified professional*** **-** A licensed clinical psychologist, psychiatrist, clinical neuropsychologist, specially trained neurologists, developmental pediatrician, or other specific medical or mental health professional qualified to diagnose ASD has previously diagnosed the child; accompanied by a report with recommendations for instruction.

7.) ***The disability (ASD) is adversely affecting the child's educational performance*** **-** The IEP Team uses multiple sources of information to determine that educational performance is adversely affected and is not primarily due to an emotional disability.

Final Thoughts on Eligibility

Various conditions may be mistaken for ASD and vice-versa. ASD can also co-exist with other disorders. It is important to carefully consider the conditions that may be confused with. They may include:

- Intellectual Disability
- Attention Deficit Hyperactivity Disorder (ADHD)
- Fetal Alcohol Syndrome
- Obsessive Compulsive Disorder
- Tourette Syndrome
- Emotional Disturbance

Teams need to seek out the appropriate resources to help sort the characteristics of other developmental, behavioral, and medical conditions. Resources may include both educators and medical providers specializing in, and experienced with, the various conditions. Accurate differential diagnosis is essential to avoid misleading assumptions in remediation plans and prognosis for the future. Differential diagnosis requires experience with a wide range of childhood developmental disorders. The team is required to consider whether the student requires special education services. Special education means specially designed instruction to meet the unique needs of the child.