# Autism Spectrum Disorder (ASD)

# Multidisciplinary Evaluation Team (MET) Report

**Date of Report:**

**Student Name**:      **Parent(s)**:

**Date of Birth**:       **Address**:

**Chronological** **Age**:       **Resident District**:

**Evaluation Team: School**:

Psychologist:

School Social Worker (SSW):

Speech & Language Provider (SLP:

Occupational / Physical Therapist (OT / PT):

Other:

**REASON FOR EVALUATION**

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

**ASSESSMENT SOURCES**

Review of School Records

Review of Private / Medical Assessments and Reports

Parent Interview on

Teacher Surveys

Classroom Observation on

Administration of the follow standardized tools (descriptions of these tools follow this report):

Autism Diagnostic Interview-Revised (ADI-R) on

Autism Diagnostic Observation Schedule (ADOS) on

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

Gilliam Asperger’s Disorder Scale (GADS) on

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

**RELEVANT BACKGROUND INFORMATION**

      Include:

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

**DETERMINATION OF SPECIAL EDUCATION ELIGIBILITY UNDER ASD**

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

(1) Qualitative impairment in reciprocal social interactions

(2) Qualitative impairment in communication

(3) Restricted, repetitive, and stereotyped behaviors

Results of record reviews, interviews, observations, and standardized measures are organized within these eligibility components below.

**QUALITATIVE IMPAIRMENT IN RECIPROCAL SOCIAL INTERACTIONS**

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

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

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

**QUALITATIVE IMPAIRMENT IN COMMUNICATION**

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

* Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication
* Marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others
* Stereotyped and repetitive use of language or idiosyncratic language
* Lack of varied, spontaneous, make believe play or social imitative play appropriate to this student’s developmental level

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

**RESTRICTED, REPETITIVE, AND STEREOPTYPED BEHAVIORS**

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

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

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

**UNUSUAL OR INCONSISTENT RESPONSE TO SENSORY STIMULI**

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

**SUMMARY RESULTS OF STANDARDIZED MEASURES**

**Autism Diagnostic Interview-Revised (ADI-R):**

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

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

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

**Autism Diagnostic Observation Schedule (ADOS):**

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

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

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

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

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

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

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

**Gilliam Asperger’s Disorder Scale (GADS):**

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

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

**SUMMARY AND RECOMMENDATIONS**

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

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

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

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School Psychologist

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School Social Worker

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Speech and Language Provider

**DESCRIPTION OF STANDARDIZED ASSESSMENTS**

**Autism Diagnostic Interview-Revised (ADI-R):**

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

**Autism Diagnostic Observation Schedule (ADOS):**

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

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

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

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

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

**Gilliam Asperger’s Disorder Scale (GADS):**

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

**REVIEW OF EDUCATIONAL CRITERIA FOR**

**AUTISM SPECTRUM DISORDER (According to Rule 340.1715)**

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

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

**Eligibility Criteria (2 of 4 required):**

1. *Marked impairments in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, expressions, body postures, gestures:* "Marked impairment" means substantial and sustained lack of using nonverbal behaviors to regulate or modulate social interactions and communication with others. Known as joint or shared attention, using eye gaze or other nonverbal behaviors to alert another of an interesting object or activity and sharing that observation by looking back and forth between the object / activity and the other person is most distinctive feature lacking in children with ASD.
2. *Failure to develop peer relationships appropriate to this student’s developmental level:*   "Failure" means not relating to others in most settings, most situations, and with most people. It is important to note that failure to develop peer relationships can result from many factors and be related to other disabilities. To meet this criteria an individual must demonstrate a failure to develop peer relationships due directly to impairments in reciprocal skills or using the social rules involved in and required to get and maintain friends. Individuals with ASD may also lack the ability to understand the perspective of others.
3. *Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people*: “Marked impairment” means substantial and sustained deficits in the spontaneity (i.e. unprompted) and desire to share experiences and achievements with others.
4. *Marked impairment in the areas of social or emotional reciprocity: “*Marked impairment" means substantial and sustained deficits in the mutual give and take of social interactions or the recognizing and responding to the emotions of others.

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

**Eligibility Criteria (1 of 4 required):**

1. *Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication*: Typical development of language includes babbling by 12 months, single words by 16 months, and two-word phrases by 24 months of age. A person with ASD fails to compensate for lack of language through the use of other forms of communication.
2. *Marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others*: *“*Marked impairment" means substantial and sustained deficits in the ability use verbal and nonverbal skills and the rules of social interaction (e.g. appropriate eye gaze, back and forth sharing, interest in what the other is talking about, etc.) to engage in reciprocal conversations with others.
3. *Stereotyped and repetitive use of language or idiosyncratic language*: Individuals with ASD may exhibit differences in their use of language as evidenced by the following: Stereotyped language (e.g. flat, emotionless, atypical rhythm or rate, etc.); Idiosyncratic (e.g. use of words / phrases with private meanings that only make sense to those who are familiar with the situation where the word/phrase originated); or Repetitive language (e.g. repetitively quote words or phrases or sounds from movies or television or other media, repetitively say particular words out of context, etc.).
4. *Lack of varied spontaneous make-believe play or social imitative play appropriate to development level:* Children with ASD may not engage in pretend play with toys, engage in imitative interactions such as peek-a-boo or “bumble bee,” or advance their play as they get older (e.g. still focused on Barney when other children are playing with action heroes). Instead, children with ASD may line up their toys, focus on small parts of the toy rather than play with it, or play with the toy the same way every time without expansion or creativity in the play routine.

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

**Eligibility Criteria (1 of 4 required)**

1. *Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus*: Individuals with ASD can present with behaviors and patterns of thought that are abnormal in focus or intensity. These preoccupations are intrusive, occur frequently and repeatedly, dominate the person’s thinking, and interfere with participation in daily activities. Although preoccupations remain over time, the focus and topics may change.
2. *Apparent inflexible adherence to specific, nonfunctional routines or rituals****:*** Individuals with ASD can have an unwavering need for to adhere to schedules and routines. They may demonstrate an inflexibility and tolerance for changes that often manifests at transition times or when routines or schedules change from what was expected.
3. *Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements)*: Individuals with ASD may engage in repetitive and stereotyped motor movements which might include a preoccupation with spinning or twirling objects or self, pacing, smelling objects, chewing or rubbing objects, or other unusual motor movements. More significantly, these behaviors can manifest as self-injurious behaviors such as head banging, hand-biting, and excessive self-rubbing or scratching.
4. *Persistent preoccupation with parts of objects*: Individuals with ASD can become preoccupied with parts of objects or how the object works rather than the function it serves (e.g. focused on the internal workings of a clock rather than the fact that the clock tells time).