

Education-Based Evaluations for ASD



Agenda for Today

- Follow-Up & Case Study
- Differential Eligibility
- YOUR Case Studies
- Report Writing



5 Concepts 5 Minutes



Your Questions

- Depression, anxiety, ODD, trauma vs. ASD? Should OHI be used for students with anxiety?
- How to deal with medical recs that set families up – scripted menu of supports which are not realistic in the schools, amount of time spent with child and family and explanation of results in medical community?
- Information to help parents navigate ASD Insurance: <https://autismallianceofmichigan.org/>
- Where can we get video examples of Typical child vs. child with ASD



Your Questions

- Any teaming tools you would recommend for teams who are still struggling?
- Recommendations that can be used in main domains that would save teams time?
- Are there non-standardized assessment tools (besides observations) you would recommend?
- What standardized tools would you recommend for evaluating toddlers (under 18 mos.) for ASD?
- Where can we get video examples of a typical child vs. child with ASD



ASSESSMENT TOOLS CENTRAL ASSESSMENT LENDING LIBRARY (CALL)

[HTTPS://WWW.CMICH.EDU/COLLEGES/CHSBS/PSYCHOLOGY/CALL/PAGES/DEFAULT.ASPX](https://www.cmich.edu/colleges/chsbs/psychology/call/pages/default.aspx)

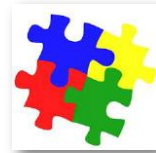
- **ASIEP-3: Autism Screening Instrument for Educational Planning**
- **ADOS-2 (Autism Diagnostic Observation Schedule)**
- **ADI-R: Autism Diagnostic Interview**
- **CARS-2: Childhood Autism Rating Scale**
- **GARS-2: Gilliam Autism Rating Scale**
- **GADS: Gilliam Asperger Disorder Scale**
- **KADI: Krug Asperger Disorder Index**
- **PEP-3: Psycho-Educational Profile**
- **ABLLS-R: Assessment of Basic Language and Learning Skills**
- **VB-MAPP: Verbal Behavior – Milestones Assessment and Placement Program**

MARSE Criteria Cognitive Impairment

- (a) Development at a rate at or below approximately 2 standard deviations below the mean as determined through intellectual assessment.
- (b) Scores approximately within the lowest 6 percentiles on a standardized test in reading and arithmetic. This requirement will not apply if the student is not of an age, grade, or mental age appropriate for formal or standardized achievement tests.
- (c) Lack of development primarily in the cognitive domain.
- (d) Impairment of adaptive behavior.

MARSE ASD Eligibility

- **Reciprocal Social Interaction (2)**
 - Non-verbal behavior
 - Peer relationships
 - Show and share
 - Social / emotional reciprocity
- **Restrictive / Repetitive Behavior**
 - Restricted Interests
 - Inflexible routines
 - Motor mannerisms
 - Parts of objects
- **Communication**
 - Delay without compensation
 - Pragmatics
 - Stereotyped / repetitive
 - Make-believe



AREA	ASD	Cognitive Impairment
Developmental Rate	Range of Ability Output (Theory of Mind)	2 SD below mean Even Profile
Academic Achievement	Range of Ability Interest Areas Output (Theory of Mind)	Below 6 th %til rdg / math Even Profile
Adaptive Behavior	Deficits can be present in both; ASD may have more uneven profile	
Communication	Impaired joint communication and/or pragmatics	Integrating gaze with gestures is present at developmental level
Reciprocal Social	Impaired joint attention, gesture use, social awareness and understanding, and/or reciprocity	Joint attention, (sharing/showing), gesture use, social awareness, reciprocity commensurate with development
Restricted Behaviors	Can be present in both	

EI (Emotional Impairment) Criteria

(1) Emotional impairment shall be determined through manifestation of behavioral problems—

- **Primarily in the affective domain**—The affective domain involves the influence of emotion on behavior and may include areas such as emotional stability and control, interaction with, response to, and ability to work with others, and self-control. This item implies that emotional and behavioral functioning departs from generally accepted and developmentally appropriate norms.
- **Over an extended period of time**—Implies the student exhibits these behavioral problems for *at least ninety (90) school days*. Selected period allows time for resolution of situational responses as well as time for targeted interventions to be attempted. For severe or dangerous behaviors, an abbreviated timeline may be needed (give rationale that problem will continue without special education support).
- **Which adversely affect the student's education** (*implies pervasive and marked impact (frequency, duration or intensity) in academic performance or social functioning*) to the extent that the student cannot profit from learning experiences without special education support..

EI (Emotional Impairment) Criteria, cont.

The problems result in behaviors manifested by 1 or more of the following characteristics:

- a. **Inability to build or maintain satisfactory interpersonal relationships within the school environment.** Interpersonal relationships refer to developmentally appropriate actions and reactions to peers and adults. To meet this criteria, a student should demonstrate pervasive (generally all teachers and peers) aberrant behaviors that occur at a greater frequency, intensity and duration for others at that developmental level.
- b. **Inappropriate types of behavior or feelings under normal circumstances.** This criterion implies atypical behaviors for which no observable reason exists. Mere misconduct or refusal to comply does not qualify a student in this category. The pervasiveness and frequency, intensity, and duration should also be considered.

Grocery Store Kid



EI (Emotional Impairment) Criteria, cont.

c. **General pervasive mood of unhappiness or depression.** This criterion means a student must exhibit depressive symptomatology which typically involves changes in all four major areas: (1) affective (emotions), (2) motivation (loss of interest), (3) physical/motor functioning (e.g. weight / appearance), and (4) cognition. Pervasiveness implies impact in almost all aspects of a person's life. NOTE: Aggression and non-compliance can mask depression.

d. **Tendency to develop physical symptoms or fears associated with personal or school problems.** First consider a student's medical condition before considering eligibility under this criterion. This criterion is related to conditions like school phobia and other intense anxiety disorders that result in physical symptomatology and somatic complaints (e.g. headache, tics, stomachache).

Example Characteristics

Inability to Maintain Relationships	Inappropriate Behaviors or Feelings	Unhappiness or Depression	Physical Symptoms / Fears
<ul style="list-style-type: none"> Inability to maintain relationships due to: <ul style="list-style-type: none"> Responding aggressively toward others Short temper Starts fights Withdrawn Has intense emotional responses to typical peer disagreements Demonstrates inappropriate sexual behaviors Seeks excessive approval from others 	<ul style="list-style-type: none"> Over-reacts to everyday occurrences (i.e. rage, excessive laughter, hysterics) Exhibits catastrophic or panic reactions to everyday occurrences Demonstrates flat, distorted or excessive affect Exhibits self-abusive behaviors Exhibits delusions and/or hallucinations or thought disorders Demonstrates extreme mood swings 	<ul style="list-style-type: none"> Decreased interest / pleasure in previously enjoyed activities Excessive guilt and/or self-criticism Expresses feelings of extreme sadness Predicts failure or refuses to attempt tasks (projects hopelessness) Demonstrates agitation or lethargy Difficulty concentrating and/or making decisions 	<ul style="list-style-type: none"> Chronic Somatic complaints (i.e. headaches, stomach aches) Intense anxiety not associated with a specific stimuli Extreme fear in response to a specific stimuli Panic reactions to everyday occurrences

EI (Emotional Impairment) Criteria, cont.

(2) Emotional impairment also includes students who, in addition to the characteristics specified in subrule (1) of this rule, exhibit maladjusted behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.

What is Social Maladjustment?

- Not defined by federal or state departments or clinical literature
- Understanding is derived from the educational literature and practice, administrative decisions and court interpretations
- Often associated with clinical Dx of CD, ODD, or Antisocial
- Definition Components:
 - Pervasive intentional behaviors that violate socially acceptable rules and norms
 - Accepting no responsibility for actions
 - Demonstrating little to no remorse
 - Blame and intimidate / charm others while manipulating the situation to meet own needs

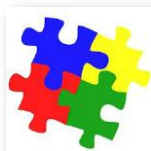
ASD vs. EI / SM



- BEHAVIORS:**
 - Refusal to do academic work
 - Not following school expectations / rules
 - Aggression toward peers
- DISTINGUISH BETWEEN:**
 - I don't care about your rule vs. I don't understand the rules and the rules frequently change;
 - ODD vs. I already know how to do this and if I know, then you should know;
 - I don't care about your thoughts or feelings vs. I don't understand you have different thoughts or feelings from me.

MARSE ASD Eligibility

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- Communication**
 - Delay without compensation
 - Pragmatics
 - Stereotyped / repetitive
 - Make-believe
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 - Parts of objects



R 340.1711 "Early childhood developmental delay" defined; determination. Rule 11.

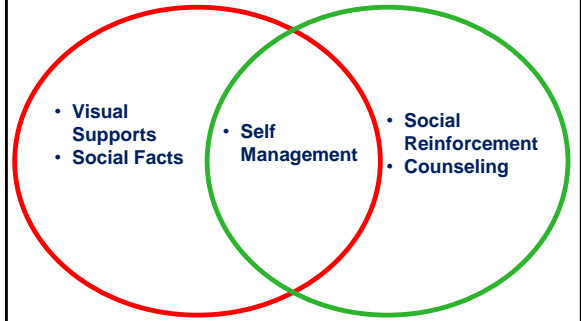
(1) "Early childhood developmental delay" means a child through 7 years of age whose primary delay cannot be differentiated through existing criteria within R 340.1705 to R 340.1710 or R 340.1713 to R 340.1716 and who manifests a delay in 1 or more areas of development equal to or greater than 1/2 of the expected development. This definition does not preclude identification of a child through existing criteria within R 340.1705 to R 340.1710 or R 340.1713 to R 340.1716.



Preponderance of Evidence Compare & Contrast Developmental History

ASD	EI
<ul style="list-style-type: none"> • Developmental delays (e.g. language, joint attention) • Uneven development • Unusual skills / interests (e.g. door hinges, refrigerator letters – making words) • Ritualistic • Nuance in restricted nature / rituals • Sophistication above developmental level 	<ul style="list-style-type: none"> • Family history / concerns • Hyperactivity • Emotional extremes outside typical developmental norms

Compare & Contrast History of Interventions



What if there is internal disagreement?

- Keep true to the process (run the board)
- Presume Positive Intent
- Ask questions to obtain a deeper understanding of the disagreement -- PPP
 - Is there a misunderstanding of ASD?
 - Is there a focus on singular behaviors rather than preponderance of evidence?
 - Focus on Dx not current eligibility?
- Gather additional information/data
- Add another evaluator / team
- Write a dissenting report



Making a Final Decision

- Preponderance of Evidence
- No one behavior includes or excludes any specific eligibility area:
 - There are always going to be instances that don't fit the criteria!!
 - MUST explain what does not align
 - MUST build a case for your conclusion
 - However & Despite
- Intelligent People can Disagree!!



YOUR Case Studies



Evaluation Components

- Teacher / Staff Interviews
- Parent / Family Interviews & Home Visit
- Observations Across Settings
- Standardized Assessment Domain Considerations



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CASE STUDY Preponderance of Evidence

The Results Review Meeting

Social	Communication	OTHER
Behavior	Sensory	IMPACT / NEED



CRITICAL REPORT CONSIDERATIONS

- Write ONE Report
- Customize to the M.E.T. Form (ASD Criteria)
- Build a case for your conclusion (e.g. you shouldn't get to end and question eligibility recommendation)
- Avoid "cut and paste" process (makes it challenging to cohesively build a case)
- Use Persuasive Writing Skills
- Explain what does NOT align (e.g. standardized scores, parent reports of behaviors, etc.)

REPORT ORGANIZATION



EXAMPLE REPORT



WRAP UP THE C'S

- Concepts
- Changes
- Capacity

