

# **Guidelines for the Determination of Autism Spectrum Disorders (ASD)**

**Eastern Upper Peninsula Intermediate  
School District**



**EASTERN UPPER PENINSULA  
INTERMEDIATE SCHOOL DISTRICT**

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## Table of Contents

Summary.....	4
Introduction .....	4
Federal Language from IDEA-2004.....	5
Michigan Administrative Rules for Special Education to Determine Autism Spectrum Disorders .....	<b>Error!</b>
<b>Bookmark not defined.</b>	
Components of Autism Spectrum Disorder Eligibility.....	8
Adverse Impact as it Pertains to ASD: Early Childhood & Elementary/Secondary .....	8
Defining Characteristics: Qualitative & Marked Impairments .....	10
A. Qualitative Impairments in Reciprocal Social Interactions .....	10
B. Qualitative Impairments in Communication.....	13
C. Restricted, Repetitive, and Stereotyped Behaviors.....	15
Unusual or Inconsistent Response to Sensory Stimuli .....	16
Differential Eligibility Decision-Making.....	17
Student Assistance Team Process.....	17
The Autism Spectrum Disorder Evaluation .....	<b>Error!</b>
<b>Bookmark not defined.</b>	
Data Collection Methods.....	18
Record Review .....	18
Interview .....	18
Home Visit .....	19
Observation .....	19
Assessment.....	19
Evaluation Areas .....	20
1. Developmental Rate and Sequence .....	20
2. Reciprocal Social Interaction .....	20
3. Communication .....	20
4. Restricted, Repetitive, Stereotyped Behaviors/Restricted Interests/Compulsions.....	21
5. Sensory Response.....	21
6. Thinking and Reasoning Skills.....	21
7. Consideration of Exclusionary Factors.....	22
Review of Evaluation Results .....	22
Eligibility.....	22
Appendix A .....	26
References .....	29

Table 1 Eligibility vs Diagnosis.....7  
Table 2 Documentation Chart (CharEm ASD Guidelines 2013).....23  
Table 3 Summary of Eligibility Worksheet .....24  
Table 4 Quadrant Activity for Data Review .....25

# Acknowledgements

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## Purpose

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The purpose of the EUPISD Guidelines for the Determination of Autism Spectrum Disorders is to provide a template for the decision-making process when evaluating children for an Autism Spectrum Disorder (ASD). In alignment with the Michigan Autism Spectrum Disorder 2015 State Plan, the EUPISD emphasizes the importance of providing multidisciplinary evaluation teams with information and training in ASD eligibility determination to improve the overall consistency of practice. While consistent with federal law and the Michigan Administrative Rules for Special Education (MARSE), this document also aims to provide Centralized Evaluation Teams (CETs) and Multidisciplinary Evaluation Teams (METs) with the procedures that reflect the latest and best practices in ASD evaluations from early childhood through secondary grades to ensure accurate eligibility decisions, reduce duplication, improve cross-agency collaboration, ensure a seamless process for families, and inform the Individualized Family Service Plan and the Individualized Education Program (IEP).

## **Summary**

The autism spectrum disorder evaluation is a process in which the student’s communication, behavior, and social interactions are assessed. Autism spectrum disorder can be defined as both a medical disorder and an educational disability. This document provides guidance to measure the relationship of the evaluation data to the criteria for Autism Spectrum Disorder set forth in the Michigan Administrative Rules for Special Education Autism Spectrum Disorder Eligibility, June 2013.

## **Introduction**

***“Schools connect children to their communities. Jobs connect adults to their societies. Persons with autism deserve to walk the same path.”***

*Secretary General Ban Ki-Moon’s message on World Autism Awareness Day, April 2, 2014.*

Special education eligibility in general, is a three-dimensional process, which also holds true for ASD:

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 recommend a student’s eligibility for special education programs and/or services.

**Federal Language from IDEA-2004, §300.8 (C)(1)(i), states, in part:**

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (C)(4) of this section. (iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (C)(1)(i) of this section are satisfied.

**Michigan Administrative Rules for Special Education to Determine Autism Spectrum Disorders According to Michigan Administrative Rules for Special Education (MARSE), the Criteria to Determine Autism Spectrum Disorder are as follows:**

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 full individual 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.

Key features in autism spectrum disorder are difficulties in social interaction, verbal and nonverbal communication, and repetitive behaviors. Autism spectrum disorder may be associated with other physical health, cognitive, executive functioning, and mental health issues. The term “spectrum” refers to the wide range of symptoms, skills, and levels of impairment or disability that students with ASD can have. Early identification of autism spectrum disorder creates opportunities for the development of effective educational and behavioral interventions, and gives the family and the school guidance for decision making. Students who meet Michigan’s educational criteria for autism spectrum disorder receive educational services through an individualized educational program (IEP) as set forth in by the Michigan Administrative Rule for Special Education (MARSE).

A comprehensive approach to evaluation and intervention improves outcomes for the student and ensures utilization of all resources. This approach involves a team of professionals known as the Centralized Evaluation Team (CET) from a number of disciplines, which must include school psychologists, speech-language pathologists, and social workers that work collaboratively on the student’s evaluation. Information about all aspects of a student’s development and needs is gathered pursuant to the Review of Existing Evaluation Data (REED) and the evaluation plan. When completing an initial autism spectrum disorder evaluation, the CET looks at the student across multiple settings. Members of the team will review relevant information from medical sources, community agencies, therapy providers, or other available reports. Parents, caregivers, and school personnel provide valuable information; their participation sets the stage for ongoing communication between school personnel, family members, and outside resources. Engagement of the family in this collaborative process increases their ability to understand their student’s disability, facilitate their student’s development, and address the impact of autism spectrum disorder within the family as well as the school.

The evaluation for autism spectrum disorder relies on qualified professionals observing the student’s social interactions, communication competence, and behaviors. There is no one standardized test, observation, or procedure that identifies a student as having autism spectrum disorder. The evaluation involves recording the presence or absence of characteristics across environments. Focused observations note the extent and manner that the student participates in reciprocal relationships, communicates, and behaves, and whether their functioning and sensory responses enhance or diminish the student’s ability to adapt to the daily demands of learning. The majority of data generated through observations, interviews, record review, and assessments will be both qualitative and quantitative in nature.

A determination of eligibility will be based upon a comprehensive evaluation by the CET. In addition to the CET, the multidisciplinary evaluation team (MET) is also involved in the decision-making process. According to the Department of Education and Michigan Administrative Rules for Special Education (MARSE) Rule 340.1701b, Rule 1b (b), “Multidisciplinary evaluation team” means a minimum of 2 persons who are responsible for evaluating a student suspected of having a disability.

The MET may include but is not limited to the following as specified on the evaluation plan:

- The parent
- Personnel and/or ancillary staff as specified on the Evaluation Plan
- The person(s) making the referral
- The student’s general education teacher(s)
- School counselor
- Special education teacher
- Speech therapist
- Social worker

The MET will use their professional judgment in making this determination with the understanding that additional input and assessments will also contribute to the final eligibility determination. The findings of the CET may be used to inform the eligibility decision and recommend programming and services. However, each school district is ultimately responsible for making these decisions in compliance with Individuals with Disabilities Education Act (IDEA) and MARSE standards. While districts are not mandated to comply with or implement the CET’s recommendations, it is important to understand that the recommendations are based upon a thorough examination of student needs and research-based best practices.

Clinical/medical diagnostic criteria are not necessarily consistent with school-based eligibility criteria as set forth in MARSE. Therefore, a clinical diagnosis of an autism spectrum disorder does not ensure school-based eligibility or vice versa. School eligibility determination is required by the Individuals with Disabilities Education Act (IDEA) in order to access educational supports and services.

While the CET will consider information obtained from a clinical evaluation, the MET is ultimately responsible for making a recommendation of eligibility, whether the disability has an impact on educational performance, and if the student is eligible for special education services, in compliance with IDEA and MDE standards (Please refer to Table 1).

**Table 1 Eligibility vs Diagnosis**

	<b>School-Based Eligibility</b>	<b>Clinical / Medical Diagnosis</b>
<b>Purpose / Function</b>	<ul style="list-style-type: none"> <li>• Determine special education eligibility</li> <li>• Determine educational impact</li> <li>• Determine need for specially designed instruction</li> <li>• Inform IEP and special education services</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inform IEP and special education services</li> <li><input type="checkbox"/> Diagnose</li> <li><input type="checkbox"/> Determine insurance or Medicaid Autism benefit eligibility</li> <li><input type="checkbox"/> Access non-educational agency services</li> <li><input type="checkbox"/> Dictate medical / clinical treatment</li> </ul>
<b>Criteria / Assessments to Make Determination</b>	<ul style="list-style-type: none"> <li>• MARSE ASD Criteria</li> <li>• Use of assessments individually determined by each discipline</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic and Statistical Manual for Mental Disorders Fifth Edition (DSM5) ICD-9</li> <li>• Clinical diagnostic assessments (e.g., Autism Diagnostic Observation Schedule Second Edition (ADOS 2))</li> </ul>
<b>Required Team Members</b>	<ul style="list-style-type: none"> <li>• Multidisciplinary team including a school psychologist, speech and language pathologist, and school social worker</li> </ul>	<ul style="list-style-type: none"> <li>• Practitioners can make independent diagnostic decisions</li> </ul>
<b>Plan for Evaluation</b>	<ul style="list-style-type: none"> <li>• Review of Existing Evaluation Data (REED)</li> </ul>	<ul style="list-style-type: none"> <li>• No Evaluation plan requirement</li> </ul>
<b>Observations</b>	<ul style="list-style-type: none"> <li>• Generally includes multiple observations in multiple environments, including the home, over time</li> </ul>	<ul style="list-style-type: none"> <li>• Generally includes observation in an office or clinic setting</li> </ul>

## Components of Autism Spectrum Disorder Eligibility

### Michigan Rule 340.1715

Autism Spectrum Disorder (ASD) 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.

The three core characteristics of autism spectrum disorder are qualitative impairments in reciprocal social interactions, qualitative impairments in both reciprocal social interaction and communication, and restricted range of interests/repetitive behavior. The three core characteristics are required to be present and pervasive across all environments. Once this has been established, analysis is made to determine if an adverse impact exists in academic, behavioral, and social areas.

### Adverse Impact as it Pertains to ASD: Early Childhood & Elementary/Secondary

The Eastern Upper Peninsula Intermediate School District (EUPISD) concurs with the Michigan Autism Council's discussion of Adverse Impact.

The Michigan Autism Council (2015) states:

“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” (pp. 12-13).

#### (a) Academic

The student's ability to meaningfully participate and progress in the general curriculum must be considered.

- Early Childhood Determination of adverse impact for young children is noted through:
  - lack of initiation in social interactions,
  - quality of participation in developmentally appropriate learning activities,
  - participation in daily living activities,
  - expressive and receptive language skills,
  - sensory-motor functioning.
  - delayed progress in school readiness skills (e.g. reading, math, writing)
  - limited participation and engagement in group activities
- Elementary/Secondary Adverse impact for elementary school age students is determined through:
  - Factors such as classroom participation, contributions to group work, grades, and performance on grade-level assessments.
  - Delayed academic skill acquisition (e.g. reading, math, writing)



- Limited participation and engagement in instruction
- Lack of initiation and completion of school and homework
- Low grades and scores on academic assessments

### **(b) Behavioral**

Behavioral difficulties in those with autism spectrum disorder vary widely in both number and severity. The behaviors must be viewed in the overall context of autism spectrum disorder and interfere with the student's ability to progress in the curriculum and/or integrated environments (e.g., classroom, hallways, lunchroom, bus) alongside same-grade peers.

- Early Childhood Adverse impact in early childhood is behaviorally noted through:
  - Engagement in unusual behaviors that may or may not have a sensory basis,
    - complex and/or idiosyncratic motor mannerisms
    - repetitive interests
    - self-injurious behavior
    - Lack of or diminished adaptability to environmental changes.
  - Overall, some or all of these behaviors may interfere with the student's ability to function successfully within their environment.
- Elementary/Secondary Adverse impact in elementary school aged students is noted through:
  - unusual sensory-seeking behaviors
  - repetitive movements or body-posturing
  - unusual or excessive interests in topics/objects that can also include media-related interests
  - lack of flexibility with change/insistence on sameness

The behaviors below may occur in both early childhood and elementary/secondary populations:

- 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)
- anxiety

### **(c) Social**

Students with autism spectrum disorder demonstrate a lack of or delayed development in social and emotional skills. Impaired social interactions due to autism spectrum disorder may adversely impact a student's ability to develop and maintain relationships/friendships. Emotional response to social situations is markedly different from same-age peers.

- Early Childhood Adverse social impact in early childhood is noted by:
  - poorly developed caregiver/child relationship
  - a lack of or inappropriate social engagement with same-age peers and adults
  - lack of matched affect
  - poorly modulated eye contact
  - lack of or diminished gestural and/or verbal communication
  - inability to distinguish or integrate common social overtures.
- Elementary/Secondary Adverse social impact in elementary school is noted by lack of:
  - inappropriate, or unusual social engagement with same-age peers and adults
    - poorly modulated eye contact
    - idiosyncratic language

- lack of or diminished gestural and/or verbal communication
- lack of theory of mind (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)
- lack of or diminished insight into social situations
- odd sense of humor
- lack of or unusual quality of social overtures
- difficulty working cooperatively in groups
- lack of independence in daily routines
- transition challenges

## Defining Characteristics: Qualitative & Marked Impairments

Autism spectrum disorder is characterized by impairments that are both qualitatively unique and marked in their level of intensity when compared to typically developing peers to the extent that the student cannot function successfully in the general education setting. The following headings more explicitly define the parameters of “qualitative” and “marked” as applicable to the ASD evaluation process.

### Qualitative Impairments

A qualitative impairment is defined as atypical or significantly different from other individuals at the same age and developmental level. Students exhibiting qualitative impairments demonstrate behaviors that are found *outside* the typical sequence of development and across all environments. This means that students with an autism spectrum disorder display an absence of expected behaviors as well as the presence of atypical behaviors. Characteristics of an autism spectrum disorder are unique to each student.

The developmental rates and sequences of those with autism spectrum disorder are uneven. Some individuals exhibit advanced or precocious development in some skills while exhibiting typical or significantly delayed rates in other areas. The degree of qualitative differences varies widely, and is distinctive to each individual. The criteria for eligibility require a qualitative impairment in both reciprocal social interaction and communication.

### Marked Impairment

Marked impairment is defined according to the Michigan Statewide Autism Resources and Training (START) as substantial, sustained across environments, and clearly evident. Behaviors are distinctive and noticeably different from same-aged peers.

## Qualitative Impairments in Reciprocal Social Interactions

### Michigan Rule (340.1715)

#### **A. Qualitative impairments in reciprocal social interactions, including at least 2 of the 4 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.

Reciprocal Social Interactions Eligibility Criteria:

**(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.** Marked impairment indicates *substantial and sustained* difficulties using nonverbal behaviors to communicate intent that is observed in varying environments. Nonverbal behaviors *may* be characterized by, but not limited to, the following:

- **Eye-to-Eye Gaze:** Eye contact not sustained to initiate, maintain, or terminate interactions, fleeting or inconsistent eye contact when interacting with others. In toddlers, active eye contact avoidance such as making efforts to push away, turn head, or closing eyes may be observed. Adolescents may inappropriately modulate eye contact during social interactions.
- **Facial Expression:** Abnormal emotion or inappropriate affect for the social situation (e.g., flat/mechanical, exaggerated, or odd affect). Facial expressions may not accurately communicate affective or cognitive states. Affect may not match the affect of the conversation partner.
- **Body Posture:** Difficulty maintaining appropriate body space, awkward/stiff response, movement, or posturing, along with other complex mannerisms. They may seek out intense sensory experiences by body whirling/spinning, rocking, jumping, pacing, etc.
- **Gestures:** Inappropriate communicative use and misunderstanding of nonverbal cues as are seen in conventional gestures (e.g., clapping for “well done”), informational or instrumental gestures (e.g. pointing, head nod, shrugging shoulders, waving), descriptive gestures (brushing teeth, swinging a bat) and/or exaggerated or limited use of gestures to communicate traditional messages appropriate to social context (e.g. high-fives, thumbs up, fist-bump). Toddlers may use another person’s body as a tool, such as guiding an adult’s hand toward/away from an object (e.g., pushing adult’s hand toward an out of reach item) or may not gesture within routines (e.g., songs).

**(ii) Failure to develop peer relationships appropriate to developmental level.**

Failure to develop appropriate peer relationships characterized by factors that may include inability to relate to peers, lack of reciprocity (give and take) in interactions, lack of motivation to seek out others, inability to develop relationships when motivated, and/or preference for adult interaction. Students may lack the ability to understand the perspective of others (theory of mind), be motivated to meet their own immediate needs or utilize peers to achieve this, rather than building a social relationship.

Examples of problems with social relationships may include:

- lacks understanding of age-appropriate humor and jokes
- disrupts an ongoing activity when entering play
- rarely initiates or sustains interaction with others
- may remain in close proximity with peers but is not engaged in conversation or activity or engagement is socially awkward
- lacks theory of mind (defined as the ability to attribute mental states to oneself and others and to understand that others have beliefs, desires, and intentions that are different from one’s own)
- difficulty understanding concepts of friendship, social relationships, and the nature of these relationships.
- may be motivated to have friends but lacks the skills to establish and maintain appropriate peer relationships.
- lacks insights into the source of his/her social difficulties

In toddlers, social interaction may be less evident because parallel play is consistent with their developmental level. Therefore, spontaneous initiation of joint attention, showing or giving objects to an adult or requesting items may be areas of expected development that are lacking or observed less frequently. Social overtures lack integration in all age levels. The development of peer relationships must be considered in reference to the student's overall developmental level.

In toddlers, problems with social relationships may include:

- may have a diminished interest in adult social engagement in spite of ongoing adult attempts to engage the student
- interactions may be one-sided or unusual
- may not follow adult gaze or orient to an object that is pointed to
- may not consistently respond to name being called

**(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.**

Marked impairment in spontaneity is a key feature in this element. The natural desire to share with others is lacking across environments.

Examples may include:

- Diminished or lack of spontaneously sharing information such as a story or event that occurred in the student's life
- Lack of sharing information relative to the student's emotional states for example events or situations that make / made the student feel sad, excited, happy, etc.
- Older students may attempt to share with adults and/or peers, but interactions are often rote, one-sided, or scripted (evaluators must be sure to determine that a response has not been prompted by another individual)

In toddlers, spontaneous seeking to share enjoyment, interests or achievements with others can include uncoordinated eye gaze when holding up a toy;

- not showing a favorite toy
- bringing a toy or object to another person for the purpose of getting help with it, but not to reciprocally engage with the person.
- lack of facial expressions directed to others for the purpose of communicating enjoyment

**(iv) Marked impairment in the areas of social or emotional reciprocity.**

Reciprocity indicates the mutual give and take of social interactions. Students with autism spectrum disorder may have difficulty recognizing or responding appropriately to the feelings of others. This may be observed through a noticeable disconnect between the emotion expected to be displayed and the emotion that is expressed.

Examples may include:

- lack of response when smiled at
- lack of understanding of another's point of view
- lack of interest in the ideas of others
- diminished or lack of back-and-forth conversational skills
- does not respond to comments made by adults

In toddlers, a lack of social/emotional reciprocity can include:

- lack of response to name

- little to no range of facial expression directed at another person
- lack of ability to communicate social intention
- lack of shared enjoyment and interaction

## **Qualitative Impairments in Communication**

### **Michigan Rule (340.1715)**

#### **B. Qualitative impairments in communication, including at least 1 of the following areas:**

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

### **B. Qualitative Impairments in Communication**

#### **(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.**

Typical development of language includes babbling by 12 months, single word use by 16 months and two-word phrases by 24 months of age. A student with a delay in language may effectively use gestures, facial expressions, and other nonverbal cues to effectively communicate. In contrast, an individual with autism spectrum disorder fails to compensate for this lack of language using other modes of communication. Some students may be observed to be indifferent to communication efforts by others. In some instances, students with autism spectrum disorder begin to develop spoken language and then lose the language they have acquired.

#### **(ii) 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 how students use verbal and nonverbal language in social situations. Students with autism spectrum disorder have significant difficulty with the social aspects of language (e.g., understanding non-literal language used in conversation). Some students with autism spectrum disorder have oral language skills but have difficulty initiating, sustaining, and ending conversations with others. Some students may not use a verbal system to communicate. It cannot be assumed that an individual who is nonverbal will also display a marked impairment in pragmatics. It is critical in these cases to assess how the nonverbal behavior is used to interact.

Examples of marked impairments in pragmatics may include:

- limited use of joint attention, imitation, eye gaze, or gesture to communicate
- talking for long periods of time about a subject of one's liking, regardless of the listener's interest
- limited conversation due to lack of concern for the interest and desires of others
- talking "at" another person in a monologue rather than conversing

- interpret what others say according to the most basic or literal meaning
- lack of ability to modulate and coordinate nonverbal behavior
- lack of shared enjoyment and social interaction

In toddlers, a marked impairment of pragmatics may include:

- lack of integration of gaze and other behaviors during social overtures
- lack of showing toys or objects to others
- lack of response to joint attention

**(iii) Stereotyped and repetitive use of language or idiosyncratic language.**

Students with autism spectrum disorder may exhibit an uncommon use of stereotypical, repetitive, or idiosyncratic language beyond what is expected. Stereotypical language lacks originality, creativity, or individuality. It may present with atypical rhythm, rate, and stress. Repetitive language occurs with greater frequency and developmentally lasts for a longer period of time than it does in those with typically developing language.

Examples of repetitive use of language or idiosyncratic language include:

- repetitively quoted words, phrases, and sounds from television shows, movies, and media that are used out of context and do not add value or meaning to the topic.
- idiosyncratic use of words with private meaning that only makes sense to those who are familiar with the situation where the phrase originated. Students with autism spectrum disorder may use their idiosyncratic language across environments and with unfamiliar people.

In toddlers, stereotyped and idiosyncratic language may include:

- odd intonation or inappropriate pitch and stress
- markedly flat and toneless mechanical vocalizations

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

Students with autism spectrum disorder may not engage in pretend play with toys or elaborate on learned routines. They may have a limited repertoire with toys, or focus on a part of the toy rather than actually playing with it. They may lack sequential or purpose.

- lining up or arranging toys, but not engaging with them
- inability to use a toy outside of its intended purpose
- lack of ability to initiate shared play
- may focus on one aspect of toy to the extent that it interferes with the reciprocal play

Young children with autism spectrum disorder do not generally engage in imitative interactions such as a finger play (e.g., “Itsy Bitsy Spider”) without specific teaching and prompts. As students with autism spectrum disorder grow older, they may fail to recognize that the play repertoire of peers has advanced (e.g., Legos, cartoons, games).

In toddlers, examples of lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level may include.

- lack of spontaneous seeking of engagement
- lack of symbolic or functional use of toys (using play utensils to eat, pushing a truck back and forth, filling and dumping containers)
- lack of imitative play when modeled

- lack of focus on any one particular toy

## **Restricted, Repetitive, and Stereotyped Behaviors**

### **Michigan Rule (340.1715)**

#### **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.

#### Restricted, Repetitive, and Stereotyped Behaviors Eligibility Criteria:

##### **(i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.**

Individuals with autism spectrum disorder can display patterns of thought and behavior that are abnormal in focus and intensity. These preoccupations are intrusive, occur repeatedly, and interfere with participation in daily activities. While the preoccupation remains over time, the focus and topic may change. Persons with autism spectrum disorder may engage in preferred behaviors, interests, and activities in ways that are difficult to interrupt or manage. In a school setting, these interests present themselves in such a way that learning is impeded.

##### **(ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.**

Many students with autism spectrum disorder are so preoccupied with “sameness” in their home and school environment, or with routines, that little can be changed without prompting an extreme reaction. This need for unwavering adherence to schedules, routines, and/or the structure of home and school environments significantly interferes with daily living. Each individual is different, but the underlying common characteristic is an insistence on sameness and the inflexibility to change within and across environments.

Examples of inflexibility and insistence on sameness may include:

- Becomes upset with substitute teacher
- Overly anxious with fire drills
- Insistence on eating certain color foods in order
- Puts clothes on in a specific order
- Unusual self-imposed rules (e.g., must pass 3 red cars before entering school)
- Over-reliance on the daily school schedule

In toddlers, inflexible adherence to specific, nonfunctional routines or rituals may include:

- Marked difficulty with transitions or changes in routines within home and early childhood programs
- Resists or reacts with distress when attempts are made to direct attention to other objects/activities

##### **(iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements.**

Some individuals with autism spectrum disorder engage in repetitive motor mannerisms. The motor movements can include preoccupation with fingers, spinning and twirling objects or self, pacing, smelling objects, chewing or rubbing objects, or other unusual motor movements. The behaviors can range from being very noticeable to more subtle behaviors such as gentle rocking or fidgeting. In some instances, stereotyped and repetitive motor mannerisms may lead to self-injury. Self-injurious behavior is exhibited by some students with autism spectrum disorder and other developmental disabilities. Common forms of these behaviors include: head-banging, hand-biting, and excessive self-rubbing and scratching. A functional behavior assessment may be required to provide insight to determine a possible relationship between the behavior and the physical and social environment.

**(iv) Persistent preoccupation with parts of objects.**

Individuals with autism spectrum disorder often become preoccupied with parts, objects, or processes. The fixation may appear to be more focused on how an object actually works instead of the function that it serves. The preoccupation with parts of objects can vary in intensity across settings.

Examples across developmental stages may include:

- A fascination with a specific part of the dishwasher or vacuum cleaner
- Repetitive, nonfunctional use of toys, such as spinning the wheels of a car
- Watching several seconds of a movie or cartoon over and over again, without having a desire to watch the complete movie
- Resists or reacts with distress when attempts are made to remove the object

## **Unusual or Inconsistent Response to Sensory Stimuli**

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.

Students with autism spectrum disorder tend to seek or avoid sensory stimuli to a degree that it interferes with daily activities. Specific areas of sensation include: sight, touch, hearing, smell, taste, movement, and input to joints and muscles. Responses to sensory stimuli can cause sensory avoidance (e.g., distress to sound, sensitivity to light, aversion to different textures, smell, and/or taste) or sensory seeking.

The presence of unusual or inconsistent response to stimuli is considered but not required for eligibility under the autism spectrum disorder rule. The evaluation team must analyze the student's response to sensory stimuli as it impacts (a) reciprocal social interactions, (b) communication, and (c) restricted, repetitive and stereotyped behaviors.



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*"If you meet one person with autism, then you have met one person with autism."*

*Stephen Shore*

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### Differential Eligibility Decision-Making

The EUPISD acknowledges that there is an increasing body of research-based evidence that supports the existence of comorbid neuropsychiatric conditions. According to Magnuson and Constantino (2011), depression and anxiety in populations with ASD are noted to be considerably higher and may exacerbate ASD traits. It is strongly recommended that the emotional state of students and any interference with the student’s ability to successfully perform within the educational setting be given consideration during the evaluation process in order to assist in determining additional levels of interventions. In addition, according to the Michigan Autism Council (2015), “*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).*” It is important to understand that other disorders may mask the identification of ASD and present as another special education classification such as Emotional Impairment (EI), Cognitive Impairment (CI), or Other Health Impairment (OHI) according to MARSE eligibility rules.

### Student Assistance Team Process

In determining the appropriateness of a referral for an ASD evaluation, it is recommended that each school district follow the Student Assistance Team process, which is outlined on the EUPISD website.

### The Autism Spectrum Disorder Evaluation



Testing must comply with MDE Rule 300.304 (See Appendix A: 300.304 Evaluation Procedures). A school-based evaluation to assess for autism spectrum disorder is a complex process. Data must be gathered through a variety of methods and across multiple domains in order to represent the entire individual. Once data has been gathered by members of the multidisciplinary evaluation team and the CET has completed their evaluation, the information is analyzed and compared to the definition of autism spectrum disorder set forth in the Michigan Administrative Rules for Special Education to determine if criteria have been met.<sup>1</sup> The understanding of the evaluation process and training of its evaluation team members is essential to make eligibility recommendations that are accurate and lead to research-based interventions, supports, and services.

Four data collection methods are recommended to collect information for the evaluation process: record review, interview, observation, and assessment. One method for collecting data may corroborate information from another method or

may fill a gap where information was missing. Through careful planning and a coordinated effort among staff, data is collected that represents all aspects of the student.

In order to meet the eligibility requirements as specified in MARSE, a full and individual evaluation for autism spectrum disorder addresses the following domains: developmental rate and sequence, reciprocal social interaction, communication, restricted/repetitive/stereotyped behaviors, sensory response, thinking and reasoning skills, and exclusionary factors. Members of the evaluation team use the information gathered to analyze each of these areas, create a comprehensive picture of the individual, and recommend eligibility, which may inform the instructional process.

Once information is gathered through various methods and in several areas, the multidisciplinary evaluation team carefully reviews the data in comparison to the Michigan rule. Each evaluator begins by processing collected data looking for patterns or evidence of marked impairment. Next, the team meets and organizes all of the various data using the quadrant tool, including an examination of exclusionary factors (schizophrenia, emotional impairment). Then the team analyzes the relationship of information gathered to each area of the Michigan rule for autism spectrum disorder criteria using the *Summary of Eligibility* chart (Table 3). If criteria are met, adverse impact is determined, and a final recommendation of eligibility is made and presented to the individualized education program team.

The entire evaluation process requires a coordinated effort among members of the multidisciplinary evaluation team, the parent, and the student. Appropriate training is necessary to ensure consistency among evaluations and accurate interpretation of collected data and its comparison to eligibility criteria. The Data Collection Methods, Evaluation Areas, and processes for Data Analysis are discussed in further detail throughout this section of the guideline.

## Data Collection Methods

### **Record Review**

School records and available medical or outside service provider reports are thoroughly reviewed for information relevant to the criteria for autism spectrum disorder. School records, such as report cards or progress monitoring data, provide historical information. Behavioral records, such as disciplinary referrals may provide data related to communication, social skills, or sensory factors. The existence of a functional behavior assessment and resulting behavior support plan can provide crucial information to the evaluation process.

The parent may have pertinent information from sources that contribute to the district's evaluation process and must be considered as part of the school's full and individual evaluation. Educational criteria of a disability require extensive documentation of performance across settings, which may be absent from outside agency reports. A comprehensive record review may yield information regarding communication, reciprocal social interaction, restricted or stereotyped behavior and sensory issues. The information from the record review is used to complete the Review of Existing Evaluation Data (REED) which sets the direction for the evaluation.

The CET works collaboratively to carry out the following evaluation components and to streamline the evaluation process for parents and teachers:

### **Interview**

A structured interview is used with parents, teachers, and caregivers to obtain information about the student's developmental rate and sequence. A breadth of questions elicit information addressing the

history of development, family history, social skills, communication skills, behaviors, sensory factors, thinking and reasoning skills, and medical history.

### **Home Visit**

The EUPISD concurs with the Michigan Autism Council's (2015) statement regarding home visits and START best practice guidelines as part of a comprehensive CET evaluation:

*“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 student 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 student wanting something like a cookie and the parent not attending or responding to the student'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 (p. 18).”*

### **Observation**

Direct observation of a student's skills and characteristics in multiple environments is an essential method for collection of evaluation data. Observations of specific behaviors are recorded to reflect their social interactions, communication skills, behaviors, and sensory factors. Observations illustrate the contexts in which strengths and challenges are presented. This provides a representative sample of the student's typical behaviors and use of materials in various settings. Team members observe the student in a variety of settings in the school, home and/or community in order to establish the presence of behaviors in various environments. It is advisable to use professional judgement when conducting an observation of the student within the home and/or community and to access parental permission. Observations are recorded and analyzed with team members to ensure that best practice guidelines are followed and a complete picture of the student is obtained.

Observations clarify descriptions of the student reported during an interview or from other sources. The observation provides an opportunity to elicit the behavior described by the parent, community agency, or teacher. Parents have a close familiarity with the student's pattern of communication and behavior in the home and community, while teachers are able to provide information related to behavior in the school environment. Evaluators can compare the various behaviors of the student across environments to assess for consistencies.

### **Assessment**

A comprehensive assessment may include rating scales, direct individualized testing, and other normative measures. No single assessment method is sufficient when determining educational eligibility for autism spectrum disorder. An evaluator may deliberately choose selected portions of a standardized test to target a specific skill. An emphasis on qualitative information gathered from observation of how the student performs the task may prove more relevant than the scores used to describe performance. The manner in which the task is performed can provide insight into the strengths, specific needs and unique abilities, as well as possible strategies and interventions.

A play-based approach to assessment is used with infants, toddlers, preschool and school-aged Students to assess verbal and nonverbal communication, social initiation and responsiveness, level of engagement, imaginative play, sensory interests/aversions, and overall level of rapport. Evaluators engage in structured and semi structured activities to observe how the student typically approaches activities.

When selecting assessment methods and tools, evaluators consider the task demands and understand what the task is measuring. A flexible approach is essential to provide a testing environment that accurately measures the student's capabilities.

## **Evaluation Areas**

A full and individual evaluation of autism spectrum disorder addresses the following:

1. Developmental Rate and Sequence
2. Reciprocal Social Interaction
3. Communication
4. Restricted, Repetitive, and Stereotyped Behaviors
5. Sensory Response
6. Thinking and Reasoning Skills
7. Exclusionary Factors

**These Evaluation Areas are specified as follows:**

### **1. Developmental Rate and Sequence**

Diverse patterns of development are present in those with autism spectrum disorder. This includes development that may be precocious, typical, and/or delayed. Some individuals may exhibit regression of skills

which were previously observed. Information considered includes:

- Parent concern, including age of onset
- Educationally relevant medical history, including pregnancy history, birth history, and developmental milestones (including language acquisition)
- Educational history
- Social development/play patterns
- Evidence of skill regression in any area
- Family history of developmental conditions

### **2. Reciprocal Social Interaction**

Students with autism spectrum disorder exhibit differences in the development of social skills. Some students with autism spectrum disorder may successfully demonstrate the rote aspects of social interaction including manners and eye gaze. This is not necessarily an overall indicator of the quality of the student's reciprocity in social situations. Many students with autism spectrum disorder prefer the company of, or have better social success with adults or younger children versus same-age peers.

### **3. Communication**

Students with autism spectrum disorder exhibit language and communication abilities ranging from nonverbal to highly verbal with a well-developed vocabulary. Some students may display idiosyncratic language which can consist of stereotypical and inappropriate word use. Some students with autism spectrum disorder appear to demonstrate appropriate language form (e.g., vocabulary, grammatical skills,

sentence length and structure). Many students with autism spectrum disorder exhibit deficits in pragmatic language, which may include misinterpreting non-literal language such as sarcasm. They may also lack appropriate social overtures, which consist of behaviors initiated by the student that is directed to another person for the purpose of communicating social intent.

Consideration of the values of culturally and linguistically diverse students that affect communication is required. English language learners may have difficulty due to a lack of exposure to the English language or because of cultural experiences that are not commensurate with expectations of the community.

#### **4. Restricted, Repetitive, Stereotyped Behaviors/Restricted Interests/Compulsions**

Students with autism spectrum disorder often demonstrate a need for consistency and predictability in daily routines and learning environments. Demonstration of rigidity and perseveration in patterns of thinking may be exhibited by a preoccupation with topics, themes, objects, events, or people and often interferes with daily function. Students with autism spectrum disorder may exhibit repetitive or unconventional motor patterns and/or use objects or their bodies in unconventional or repetitive ways. The student may engage in unusual posturing of the hands and fingers. Some students may exhibit self-injurious behaviors. Students may also engage in unusual patterns of interest that interfere with social communication and may display compulsive or ritualistic behaviors.

#### **5. Sensory Response**

The basic sensory systems are: sight, touch, hearing, smell, taste, movement, and input to joints and muscles. Sensory systems also include kinesthetic (movement) and proprioceptive (spatial awareness). The impact of sensory factors is always considered when observing a student's challenging behavior. Reactions to sensory stimuli for typically developing students often become stress responses for students with autism spectrum disorder. The impact of sensory stimuli is considered a concern if it adversely interferes with the student's ability to learn, communicate, or socialize within the academic environment. This can be manifested through behavior challenges, emotional outbursts or unwillingness to participate. The student may exhibit sensory avoidance or sensory seeking behavior.

#### **6. Thinking and Reasoning Skills**

According to the Michigan Autism Council (2015), "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" (p.19).

In addition, due to the highly structured and standardized procedures that are involved in intelligence or IQ testing, results may not accurately reflect the innate intellectual potential of a student with an autism spectrum disorder. For example, adhering to specific timing demands that are found in some IQ subtests may be very difficult for a student with autism. IQ tests also call for some level of fine motor skills and rapid responses to verbal questions. Sensory processing challenges and environmental conditions such as bright lights can affect the performance of a student with an Autism Spectrum Disorder. In addition, while some students with Autism Spectrum Disorders may do well in answering test questions, they may not truly understand how the information relates to them personally.

The EUPISD concurs with the Michigan Autism Council's (2015) statement regarding standardized assessment considerations:

*“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 ... 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” (p. 19).*

## **7. Consideration of Exclusionary Factors**

When gathering information for an evaluation it is necessary to determine that the student’s behaviors are not primarily the result of emotional impairment or schizophrenia. If they exhibit behaviors that are primarily the result of intellectual, emotional, sensory, or health factors, other areas of special education eligibility must be considered. Michigan Administrative Rules for Special Education indicate that autism spectrum disorder may exist concurrently with a medical diagnosis which may include: anxiety, attention deficit hyperactivity disorder, depression, obsessive compulsive disorder, and Tourette syndrome. Limited English proficiency is....

## **Review of Evaluation Results**

Information obtained as part of the evaluation process is shared in a summary meeting to collectively reach a team decision regarding a recommendation of eligibility. The meeting's format is flexible using face-to-face or phone conference to discuss evaluation findings.

The analysis of the data consists of the following:

1. Each member of the CET shares evaluation results
2. Results and additional data collected are displayed using the *Quadrant Activity for Data Review* (Table 4)
3. Team discussion of exclusionary factors and adverse impact is discussed
4. Team generates recommendations (eligibility and instructional) to provide to MET.

## **Eligibility**

### **Need for Special Education Programs/Related Services/Termination of a Program**

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 student... to address the unique needs of the child that result from the child’s disability.” 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.

A student with an autism spectrum disorder is not required to receive services provided by a related service provider. It may be determined through the IEP process that the student’s needs could be met with instruction provided by a classroom teacher through a 504 Plan. If related services are required, providers are able to deliver via multiple methods: individual, group, in-class, pull-out, peer-to-peer within the natural environment or general education setting. Consideration of service includes the provider(s) who best meet the student’s needs and location of where the service is best delivered.

The IEP team is required to determine whether or not the student’s ASD is continuing to adversely affect their ability to access the curriculum as part of their three-year redetermination.

Eligibility may be terminated when:

1. The student no longer meets autism spectrum disorder criteria.
2. Analysis of data demonstrates the student meets criteria in a different eligibility category.  
Example: The Multidisciplinary Evaluation Team (MET) report summarizes that ASD criteria is no longer met due to evaluation data that concludes the student has a speech and language impairment (SLI). In this case, a language delay remains as evidenced in reading and writing, thus supporting SLI criteria.
3. Analysis of data demonstrates the student no longer needs a special education program or related service. For example: A student would not qualify if the behaviors related to ASD are not impacting their education (social, behavioral, or academically) to the level requiring special education. If a student meets the criteria for ASD but is performing at grade level and is using self-management and social strategies effectively, special education services such as social work, speech, or resource room-type interventions may not be needed. Please refer to Table 2.

**Table 2 Documentation Chart (CharEm ASD Guidelines 2013)**

	<b>Current Eligibility</b>	<b>Action</b>	<b>Documentation</b>	<b>Type of IEP</b>
<b>Eligibility</b>	ASD	<ul style="list-style-type: none"> <li>• Adverse impact no longer present</li> </ul>	<ul style="list-style-type: none"> <li>• REED</li> <li>• Assessment</li> <li>• MET report</li> </ul>	<ul style="list-style-type: none"> <li>• Ineligible IEP</li> <li>• District considers Section 504 eligibility</li> </ul>
<b>Service</b>	ASD	<ul style="list-style-type: none"> <li>• Cessation of SLP, OT, SSW as a related service on IEP</li> </ul>	<ul style="list-style-type: none"> <li>• Report on <i>progress</i> in IEP. DO NOT write “Student not eligible” for related service. The IEP reflects school resources that can be accessed if social, language, or sensory needs still exist.</li> <li>• Data in IEP reflects present performance</li> </ul>	<ul style="list-style-type: none"> <li>• Annual IEP</li> <li>• Reevaluation IEP if this type of IEP is required</li> </ul>

Table 3 Summary of Eligibility Worksheet

Summary of Eligibility

Criteria		Michigan Rule	Summary of Evidence
Met	Not Met		
		Qualitative impairments in reciprocal social interactions (at least two of the following):	XXX (meets or does not meet) criteria in XXXX of the four areas.
		<i>Marked impairment in the use of multiple non-verbal behaviors.</i>	•
		<i>Failure to develop peer relationships appropriate to developmental level.</i>	•
		<i>Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people.</i>	•
		<i>Marked impairment in the areas of social or emotional reciprocity.</i>	•
		Qualitative impairments in communication (at least one of the following):	XXX (meets or does not meet) criteria in XXXX of the four areas.
		<i>Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternate modes of communication.</i>	•
		<i>Marked impairment in pragmatics or in the ability to initiate, sustain or engage in reciprocal conversation with others.</i>	•
		<i>Stereotyped and repetitive use of language or idiosyncratic language.</i>	•
		<i>Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.</i>	•
		Restricted, repetitive and stereotyped behaviors (at least one of the following):	XXX (meets or does not meet) criteria in XXXX of the four areas.
		<i>Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.</i>	•
		<i>Apparently inflexible adherence to specific, non-functional routines or rituals.</i>	•
		<i>Stereotyped and repetitive motor mannerisms</i>	•
		<i>Persistent preoccupation with parts of objects</i>	•
		<b>Unusual or inconsistent responses to sensory stimuli was considered</b>	
		<b>Comment:</b> XXX (exhibits or does not exhibit) unusual or inconsistent responses to sensory stimuli as compared to reciprocal social interaction, communication, and restricted, repetitive, and stereotypical behaviors.	
		<b>Presence of an emotional impairment or a primary diagnosis of schizophrenia</b>	
		<b>Comment:</b> XXX (does or does not) exhibit behaviors primarily the result of an emotional impairment or have a medical diagnosis of schizophrenia.	
		<b>An adverse impact exists on educational performance in one or more of the following areas:</b>	
		<i>Academic</i>	
		<i>Behavioral</i>	
		<i>Social</i>	



Table 4 Quadrant Activity for Data Review

### Quadrant Activity for Data Review

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Record all collected data for analysis within social, communication, and behavior domains.

<b>Social</b>	<b>Communication</b>
<b>Behavior</b>	<b>Adverse Impact of Characteristics of ASD</b>
	<p><b>Academic (learning):</b></p> <p><b>Behavioral:</b></p> <p><b>Social:</b></p> <p><b>Exclusionary factors to consider:</b>  <input type="checkbox"/> Emotional Impairment - not primary impairment  <input type="checkbox"/> Schizophrenia - not a primary diagnosis</p>

## **Appendix A**

### **MDE Rule: 300.304 Evaluation Procedures**

**§ 300.304 Evaluation procedures.**

(a) Notice: The public agency must provide notice to the parents of a child with a disability, in accordance with § 300.503, that describes any evaluation procedures the agency proposes to conduct.

(b) Conduct of evaluation: In conducting the evaluation, the public agency must:

(1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent that may assist in determining:

(i) Whether the child is a child with a disability under § 300.8; and

(ii) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

(2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and

(3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

(c) Other evaluation procedures. Each public agency must ensure that:

(1) Assessments and other evaluation materials used to assess a child under this part:

(i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;

(ii) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, MARSE Supplemented with Selected IDEA Federal Regulations / October 2013 Part 2 7 Michigan Rules IDEA Federal Regulations developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

(iii) Are used for the purposes for which the assessments or measures are valid and reliable;

(iv) Are administered by trained and knowledgeable personnel; and

(v) Are administered in accordance with any instructions provided by the producer of the assessments.

(2) Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

(3) Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

(4) The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(5) Assessments of children with disabilities who transfer from one public agency to another public agency in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible, consistent with § 300.301(d)(2) and (e), to ensure prompt completion of full evaluations.

(6) In evaluating each child with a disability under §§ 300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

(7) Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided. (Authority: 20 U.S.C. 1414(b)(1)-(3), 1412(a)(6)(B))

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