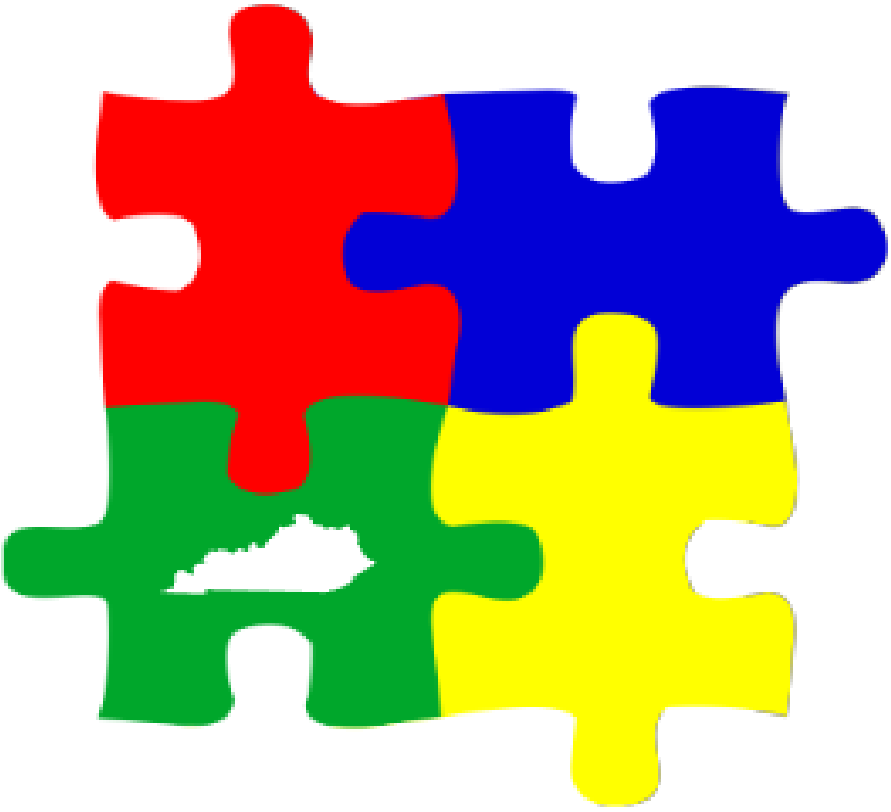
Kentucky Department of Education
Autism Guidance Document

November 2017



Revision to guidance documents occurs based on feedback the Division of Learning Services (DLS) receives from the Directors of Special Education, state shareholder groups, the KDE's interpretation of law, court cases and guidance from the Office of Special Education Programs (OSEP). The DLS also revises guidance documents based on on-site monitoring visits, desk audits and formal written complaint.

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WORKGROUP COMMITTEE MEMBERS

Jeffery Coles
Exceptional Children Consultant
Kentucky Department of Education

Andra Collins
Administrative Assistant
University of Kentucky

Amy Cooper-Puckett
Director
Kentucky Office of Autism

Trisha Gallager
Autism Program Specialist
Jefferson County Public Schools

Sherida Gentry
Professional Learning Coach-Low Incidence
West Kentucky Educational Cooperative

Patty Grable
Director of Special Education
West Kentucky Educational Cooperative

Cheryl Mathis
Low Incidence Consultant
Kentucky Valley Educational Cooperative

Deb Myers
Instructional Specialist
Green River Regional Educational Cooperative

Rob Pennington, PhD
Associate Professor
Department of Special Education
University of Louisville

Jessica Purchis
Low Incidence/Due Process Consultant
Green River Regional Educational Cooperative

R. Larry Taylor
Executive Director
Kentucky Autism Training Center

Kim Weber
Director of Special Education
Northern Kentucky Educational Cooperative

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Kentucky Department of Education

Autism Guidance Document

Introduction

The Kentucky Department of Education (KDE) convened the Autism Workgroup to develop guidance for educators regarding identification, interventions and the provision of special education services for students with Autism between the ages of 3 and 21 in Kentucky's public schools.

The number of children identified with Autism Spectrum Disorder (ASD) has increased significantly over recent years. In 2016, the Centers for Disease Control and Prevention (CDC) estimated that 1 in 68 children have ASD. The increasing prevalence of students diagnosed with Autism in public schools has created a need for a document to assist school staff with appropriately identifying students with Autism for special education services as well as successful implementation of the programs and services they need. For the purposes of this document, the term ASD will be used synonymously with Autism as defined in the Individuals with Disabilities Education Act (IDEA) 2004.

What Is Autism?

Both, the Individuals with Disabilities Education Act (IDEA) and the Kentucky Administrative Regulations on Special Education Programs (2008) define Autism as a "developmental disability significantly affecting verbal and nonverbal communication and social interaction; generally evident before age three (3) that adversely affects a child's educational performance. Students with Autism may also engage in repetitive activities and stereotyped movements, resist environmental change or change in daily routines, and respond unusually to sensory experiences. Eligibility for specially-designed instruction and other educational services due to autism is not granted if a child's educational performance is affected primarily because the child has an emotional-behavioral disability." [707 KAR 1:002 Section 1(5)]

Autism manifests in early childhood and continues throughout a person's life, although characteristics may change over time. Characteristics of Autism become evident within the first three years of life. Most families report concerns about a child's lack of language development between 16 and 24 months of age.

Approximately 30 percent of toddlers with Autism go through a brief period during the second year of life where they no longer use words they once had or where they do not seem to be gaining new words and communicative skills (Ozonoff et al., 2008). The CDC provides a list of "early signs" of ASD that describe characteristics often demonstrated by young children with Autism.

The initial presentation for each child with Autism differs depending on:

- chronological age
- developmental level
- pattern and severity of associated behaviors
- overall intellectual potential, strengths and concerns
- learning profile including attention skills
- receptive and expressive language skills
- physical health and well-being (including comorbid conditions of seizures, allergies, autoimmune concerns, sleeping issues, eating issues, toileting concerns)
- behavioral demands for the particular setting and task

Researchers continue to investigate a number of theories regarding the cause of Autism. Many have suggested there is not one single cause but a number of potential origins including, but not limited to: genetics, heredity, environment and medical factors.

Educational Eligibility and Medical Diagnosis

An ***Autism diagnosis*** (emphasis added) is typically determined in a medical setting. ***Special Education Eligibility under the Category of Autism*** (emphasis added) is determined in a school setting by an Admission and Release Committee (ARC). Diagnosing and determining eligibility are two processes that have similarities as well as distinct differences.

The IDEA and Kentucky Administrative Regulations (707 KAR 1:002 – 707 KAR 1:380) do not mandate that a student receive a medical diagnosis of Autism to meet the special education eligibility criteria for Autism. A medical diagnosis of Autism does not ensure a child will meet the requirements for special education eligibility under the category of Autism. This may confuse and frustrate families and educators. Districts conduct evaluations to establish eligibility for special education services and to assist with planning an Individual Education Program (IEP) for a student who meets the IDEA eligibility criteria defined for the category of Autism.

Often, parents seek a medical evaluation to obtain a medical diagnosis of Autism. It is important to note that the medical system has many more diagnoses than the 14 eligibility categories identified under the IDEA. The ARC must consider evaluations and diagnoses completed outside the educational system. However, the district is required to ensure completion of a full and individual evaluation before determining eligibility for special education services. In order to ensure completion of a full and individual evaluation, the district will collect additional information beyond the documentation provided from the medical provider or may decide to complete a full educational evaluation of its own (707 KAR 1:300 Section 4). The ARC then considers all information as evidence in determining educational eligibility and developing an educational program.

The Special Education Process

IDEA 2004 is the federal law that supports special education. In accordance with IDEA 2004, the KARs define special education as "specially-designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability including instruction in the classroom, in the home, in hospitals, institutions and in other settings" [707 KAR 1:280, Section 1 (56)]

The following information provides an overview of the special education process for the identification and provision of services for students with a disability referenced in the KARs.

Research-Based Interventions
"Prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel; and, data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents." [707 KAR 1:300, Sections 3 (3)(a)(b)]

Referral
"If the child has not made adequate progress after an appropriate period of time during which the conditions…have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered." [707 KAR 1:300, Section 3 (4)]

Evaluation
"The local education agency (LEA) shall ensure that a full and individual evaluation is conducted for each child considered for specially-designed instruction and related services prior to the provision of the services. The evaluation shall be sufficiently comprehensive to identify all the child's special education and related services needs."[707 KAR 1:300, Section 4(11)] "A LEA shall ensure that within sixty (60) school days following the receipt of parental consent for an initial evaluation of a child, the child is evaluated." [707 KAR 1:320, Section 2 (3)(a)]

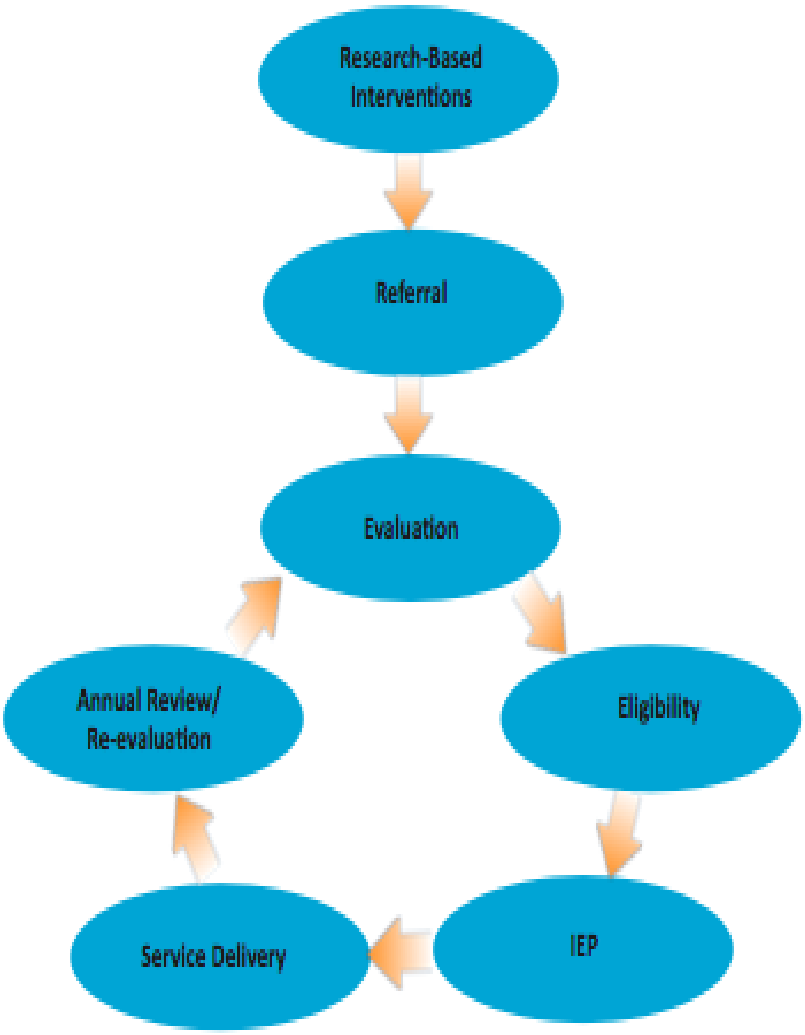
Eligibility
"Upon analysis of intervention and assessment data, the ARC shall determine whether the child is a child with a disability…to the extent that specially-designed instruction is required in order for the child to benefit from education." [707 KAR 1:310, Section 1 (1)]

Individual Education Program
"If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed." [707 KAR 1:310, Section 1 (6)]

Service Delivery
"In determining the educational placement of a child with a disability, the LEA shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions." [707 KAR 1:350, Section 1(5)]

Annual Review/Re-Evaluation
"An LEA shall ensure that the ARC reviews each child's IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved and revise the IEP." [707 KAR 1:320, Section 2 (6)(a)(b)] In addition, the LEA "shall ensure a re-evaluation…is conducted at least every three (3) years." [707 KAR 1:300, Section 4 (18)]

The following is a graphic representation of the aforementioned steps for determining a student's eligibility for special education as well as the provision of special education services.



Response to Intervention: Kentucky System of Interventions for Students Pre-K–12th Grade

The Kentucky System of Intervention (KSI) outlines a process which includes levels of intervention strategies to support students. This process is generally referred to as Response to Intervention (RtI). Both IDEA 2004 and the Kentucky regulations ensure intervention services are provided prior to, or as part of the special education referral process. A student cannot be determined eligible for special education services if the concerns are primarily due to the lack of appropriate instruction or limited English proficiency.

Districts must design an intervention plan for students based upon their needs within the general education setting. Many districts include the use of building level teams to help the general education teacher identify ways to address a student's classroom challenges. Professionals implement interventions in the general education environment prior to, or during a full and individual evaluation to determine special education eligibility.

Students suspected of having Autism often require interventions in the core areas of social and communicative functioning. They may also need interventions in behavior and academic areas. Educational teams need to prioritize skills for intervention and identify potentially effective evidenced-based practices. Changes in behavior may require the use of a strategy for an extended period with frequent analysis of progress data. The selection of an appropriate intervention can be challenging. It is important to note that there are no quick fixes. Nevertheless, staff must ensure that selected interventions are evidenced-based and appropriate for each student.

The following questions may help to evaluate the appropriateness of interventions being considered for a student (Connecticut State Department of Education, 2005, p. 69):

1. Is there any empirical research on the effectiveness of the intervention?
2. How does this intervention fit with the current approach being used to educate the student?
3. How does this intervention fit with the profile of the student's strengths and needs?
4. Is this intervention consistent with what we know about child development, the development of children with Autism and effective interventions?
5. How does this intervention fit with the long-term goals for the student?
6. How will staff be trained and supported in the selected intervention(s)?
7. How will the successfulness of the intervention be measured? What type of data can be collected and how will the data be used to make decisions regarding the effectiveness of the intervention?
8. How long will the intervention be implemented before reviewing the effectiveness to determine whether to continue the intervention?
9. What may the student be losing in terms of current programming in order to find time to implement this intervention?
10. What, if any, are the negative effects of trying the intervention?

(More guiding questions may be found in Kentucky's KSI document.)

Throughout the KSI process, most students suspected of having Autism need a combination of direct intervention, accommodations and modifications. Teachers should fully implement interventions and collect data regarding the effectiveness of these interventions, especially in the areas of communication and social interaction. Depending on a student's unique needs, instructional teams may need to consider implementing additional strategies in the areas of academics, behavior and sensory difficulties.

The literature on Autism indicates specific evidenced-based practices (EBPs) that may be appropriate for implementation during the RtI process. In addition to EBPs practices being included as part of the RtI process, they may also become part of the student's IEP once the student is identified as having Autism. The EBPs, however, may look differently under each of these two processes based upon the level of intensity of implementation and expertise required to implement the intervention. In the RtI process, the EBPs will be implemented within the general education setting and may provide a lower level of support. EBPs implemented as specially-designed instruction and provided through an IEP may involve an implementer with more specialized training and/or at a more intense level of support for the student. For further explanation and description of EBPs, refer to the Individual Education Program (IEP) section of this guidance document.

The following identifies impacted skill areas and possible interventions to be considered. It is not the intent of this section to recommend which interventions teams should or should not select. The unique needs of the student should determine the interventions that are selected. However, communication and social interactions are two skill areas that may require a particular focus since they are commonly impacted by Autism. Interventions determined to be effective for students with other suspected disabilities may also be appropriate for students suspected of Autism.

Possible Interventions for Students Suspected of Autism

Adapted from: Aspy, R., & Grossman, B. (2007), Autism Speaks (2008) and Wong et al. (2014**)**

General Characteristics of Autism

It is important for teachers to understand the characteristics of Autism as interventions are planned. One resource is the following book: Notbohm, Ellen. (2005). Ten *things every child with Autism wishes you knew*. Arlington, TX: Future Horizons. A quick summary of this book may be found in Appendix A.

Impacted Skill Area: Communication

Students with Autism may:

- not speak
- repeat sounds/words or phrases
- not respond when their name is called
- ask repetitive questions
- have difficulty with rules of conversation
- have difficulty using and understanding gestures and facial expressions
- have difficulty starting, joining and ending conversations
- have difficulty asking for help
- have unusual voice and speech qualities

General Strategies:

- teach skills in the context of powerful reinforcers
- teach skills across a range of natural environments and communicative partners
- provide many opportunities for student to communicate throughout the day
- identify student's interest and provide opportunities with established boundaries
- obtain student's attention prior to delivering directions
- keep instructions short and support with other cues (e.g., written, pictures)
- give instructions and information in chunks
- label student's communicative intent and emotions
- model language for student
- provide wait time to process language
- provide explicit instruction on rules of conversation
- provide concrete and real-life examples of abstract language and concepts
- model social interaction, such as turn taking and reciprocity

Identified EBPs:

- discrete trial training (DTT)
- modeling (MD)
- naturalistic intervention (NI) strategies (milieu teaching)
- Picture Exchange Communication System (PECS)
- parent –implemented interventions (PII): train parents to implement strategies
- peer-mediated instruction and intervention (PMII): train peers to implement strategies
- response prompting (RP): (e.g., near errorless teaching, time delay (TD), most to least prompting, social narratives (SN): to describe social rules and expectations)
- speech generating devices (SGD)
- scripts (SC)
- video modeling (VM)
- visual supports (VS): to prompt language or to provide choices (e.g., cue cards, word banks, picture symbols)

Impacted Skill Area: Socialization

Students with Autism may:

- show little interest in interacting with others
- have difficulty recognizing the feelings and perspectives of others
- have difficulty taking turns or compromising with others
- have difficulty imitating the actions and words of others
- have difficulty joining in an activity
- be easily taken advantage of or bullied
- have difficulty waiting
- have little imaginative play
- show little interest in response to praise

General Strategies:

- explicitly teach critical interactions using modeling, rehearsal and feedback
- use communication intervention strategies (listed previously) during interactions with same-aged peers
- use strategies to pair peers and adults with powerful reinforcers (e.g., teach student he or she can request preferred items from peers and teachers)
- use peer support arrangements and establish peer networks (Carter, Cushing, & Kennedy, 2009)
    - Peer support arrangements involve equipping one or more peers to provide ongoing academic and/or social support to their classmate with Autism as they work together on activities designed for all students by the classroom teacher (Carter, Cushing, & Kennedy, 2009).
    - Peer network interventions are designed to foster the social connections of individual students with Autism beyond the classroom. They involve establishing a cohesive social group that meets formally with ongoing support from an adult facilitator (Carter et al., 2013; Haring & Breen, 1992).

Identified EBPs:

- modeling (MD)
- self-management (SM)
- social scripting (SC)
- social narratives (SN)
- social skills training (SST)
- social skills groups (SSG)
- peer-mediated instruction and interventions (PMII)
- video-modeling (VM)

Impacted Skill Area: Cognitive/Academic

Students with Autism may:

- attend to irrelevant instructional stimuli
- share information unrelated to the topic
- know facts/details but have difficulty with abstract reasoning
- have difficulty applying skills in new situations
- have difficulty producing legible text
- have difficulty producing cohesive written narratives
- have difficulty with organization & problem-solving skills
- possess stronger decoding skills with weaker comprehension skills

General Strategies:

Academic interventions for students with Autism will likely be similar to those provided for students with other suspected disabilities. Special consideration should be given to difficulties with problem-solving, comprehension, writing skills, concentration and organization.

Some strategies to consider:

- preteach vocabulary
- use visual supports to help facilitate comprehension (e.g., picture symbols, graphic organizers)

- use systematic prompting procedures to reduce the number of student errors
- explicitly teach strategies for problem-solving and written expression (e.g., self-regulated strategy development)
- implement comprehension strategies (e.g., cloze procedures, strategy instruction, highlighting texts, visual organizers)
- use technology

It might also be helpful to arrange the instructional environment to support student performance by considering the following factors:

Physical Structure

- create clear physical and visual boundaries to help students know where each area begins and ends
- minimize auditory and visual distractions

Visual Schedules

- visually inform the student what activities will occur and in what sequence through pictures or print
- provide the student a way to manipulate the schedule in order to indicate when an activity is finished

Work Systems

- provide an organizational system that gives the student information about what is expected when he/she arrives at a classroom location
- provide information on what work to do, how much work, when finished and what to do next without adult prompting
- use the student's special interests for motivation when possible

Visual Structure

- visual instructions (use objects, photos, icons, and/or words to direct student where to begin an activity and the sequence of steps to complete it)
- visual organization (show the student how the space and materials are limited or arranged)
- visual clarity (emphasize or draw attention to important or relevant information)

Identified EBPs:

Few EBPs have been identified for students with Autism in the area of academics. The following EBPs for other skill areas have been applied to academic instruction for students with Autism and may be useful:

- modeling (MD)
- systematic prompting (SP) strategies with academic tasks
- task analysis (TA) of academic concepts and tasks
- technology-aided instruction and intervention (TAI)
- visual supports (VS)

<u>Impacted Skill Area: Interfering Behaviors</u>

Students with Autism may:

- engage in a range of interfering behaviors to access attention, preferred activities, or to escape non-preferred activities or settings

- engage in repetitive behaviors (e.g., rocking, vocalizations, waving fingers in front of eyes), that are automatically reinforced (i.e., they provide a reinforcing sensory experience that can be obtained independent of others)
- show excessive signs of stress, anxiety or fear to common events
- not respond appropriately to dangerous situations
- have difficulties with new tasks or novel situations
- have difficulties with mistakes of others/self
- be unmotivated by customary reinforcers

General Strategies:

- consider any potential medical factors that may contribute to the occurrence of interfering behaviors
- explicitly teach students to identify levels of arousal (e.g., stress, anxiety, fear) and to implement self-regulation strategies (e.g., calming strategies, leaving a situation)
- consider key environmental factors that may contribute to the occurrence of interfering behaviors
    - aversive features of the environment (e.g., loudness, lights, task difficulty, history of aversive consequences)
    - availability of reinforcers (e.g., preferred materials, current levels of positive teacher feedback/other reinforcers, history of reinforcers for interfering behavior)
- identify key skills (replacement behaviors) that students may use to access the reinforcers currently obtained through interfering behavior.
- avoid the use of punishment-based procedures (e.g., time out from positive reinforcement, response-cost, overcorrection) unless prescribed in a behavior intervention plan and the other prescribed positive behavior supports have already been implemented
- collect continuous data to assess whether current interventions are effective or need to be adjusted/discontinued

Identified EBPs:

- antecedent-based interventions (ABI)
    - provide choices
    - incorporate student preferences/interests
    - enrich environments with reinforcers (e.g., noncontingent reinforcement)
- cognitive behavior intervention (CBI)
- exercise (ECE)
- functional behavior assessment (FBA)
- functional communication training (FCT)
- reinforcement (R+)/differential reinforcement (DR)
- response interruption/redirection (RIR)
- visual supports (VS)
- self-management (SM)
- social narrative (SN)

Impacted Skill Area: Sensory Difficulties

Students with Autism may:

- perceive common stimuli to be aversive or may seek uncommon stimuli as reinforcers
- engage in repetitive motor movements
- have unusual response to sound/taste/smell/light/color
- use objects in repetitive, atypical manner
- engage in rituals/nonfunctional routines
- avoid areas with loud noises
- respond negatively to passive touch
- place inedible objects in mouth, or waves toys in front of eyes

General Strategies:

Acknowledge student preferences for sensory stimuli:

- provide student with choices that may lessen the intensity of environmental stimuli
- provide student with opportunities throughout the day to gain preferred "sensory" reinforcers
- teach student appropriate times and strategies for gaining "sensory" reinforcers

Identified EBPs:

- cognitive behavior interventions (CBI)
- exercise (ECE)
- self-management (SM)

RtI during the Referral Process

Additional resources on interventions and evidenced-based practices referenced in the above table may be found in Individual Education Program (IEP) section of this guidance document.

In most cases, RtI is completed prior to a special education referral to ensure the student has been provided with appropriate learning experiences to meet his/her unique needs. In some cases, it is appropriate and possibly preferable to complete RtI during the evaluation process. Districts must not deny referrals or delay initial evaluation procedures for students suspected of having a disability such as Autism because of RtI implementation (Letter from OSEP, 2011, Appendix B).

Parent permission is not required for a student to participate in the RtI process since it is available to all students. However, school staff are required to regularly inform parents regarding their child's progress on interventions provided by the school.

Under Kentucky regulation, each LEA shall have a referral system that explains how they accept or act upon special education referrals from district or non-district sources in a timely manner [707 KAR 1:300, Section 3]. Anyone who suspects a student has special educational needs arising from a disability, including the parent or legal guardian, can make a referral for an evaluation.

Referral

Parent and Outside Agency Referral

School staff should refer to their local Special Education Policies and Procedures when receiving referrals from parents or other non-district sources. The following information may assist districts in acting upon referrals from non-district sources.

If a biological or adoptive parent, legal guardian or other individual legally serving in the capacity of a "Parent" as defined under 707 KAR 1:002 (43) seeks assistance in referring a student whom they believe has Autism, school personnel have an obligation to assist with completion of a written referral even if they do not agree. For special education eligibility determination, only the ARC has the authority to determine if a disability is suspected and whether a full and individual evaluation is needed.

In some cases, a parent may present a report from an outside agency or a medical statement from the student's physician to school personnel indicating a diagnosis of Autism. In those circumstances, school personnel may consider clarifying with the parent if they desire to refer their child for an evaluation to determine eligibility for special education services. The district should fully inform the parent of the special education referral process. If the parent does not request a referral at that time, the district may consider documenting the date the report was received, the name of the staff who received the report and that the parent did not request a referral as a result of the outside evaluation.

When a parent indicates a desire to initiate a referral, school staff should assist the parent with completing the written referral form (see Appendix C for a sample referral form).
If the student currently receives special education services under another eligibility category and the parent presents an outside evaluation report, the district should follow its procedures for re-evaluation to determine the need for additional action.

First Steps Referral

First Steps is a statewide early intervention system in Kentucky that provides services to children with developmental disabilities from birth to age 3 and their families. At least ninety days before a child's third birthday, and with parent consent, First Steps personnel will notify the district in which a child resides that the child has been receiving early intervention services. First Steps will provide current testing and progress information to the school district as well as additional information to assist school personnel with completing a written referral.

Since the criteria for children to receive IDEA services in First Steps (Part C) differs from students eligible to receive IDEA services in a local school district setting (Part B), an evaluation to determine educational eligibility is necessary.

School Personnel Referral

School personnel who seek to refer a student shall complete a written referral on a district form which may include the following types of information:

a. personally identifiable data including name, date of birth and address of the student and parent(s)
b. educational history of the student which may include:
    - school(s) attended
    - patterns of attendance [e.g., excessive absences, excessive tardiness, discipline reports, suspension(s)]
    - current level or grade placement
    - years in school
    - results of systematic screenings
    - a summary of achievement data (e.g., work samples, grades, state and district assessment results, teacher records)
    - family and student programs (provided through the school or other outside agencies) in which the student has received services
    - other relevant information
c. written documentation of concerns for the student in relation to his or her similar age peers and screening data collected in such areas as:
    - communication
    - academic performance or developmental skills
    - health, hearing, vision and motor abilities
    - social and emotional interaction
    - general intelligence
    - performance on districtwide and state mandated assessments
d. for each area of concern, written documentation of appropriate research-based instruction, support services, and interventions
    - provided in general education settings by qualified personnel
    - proven ineffective to address the concern and improve the educational performance or behavior of the student in the regular educational program and environment.

When a written referral is completed and submitted to designated school personnel, an ARC is convened for the purpose of determining if there is a need to proceed with a special education evaluation. Parents must provide written consent to evaluate their child.

Evaluation

When conducting an initial evaluation, all areas of a student's functioning may be considered to determine not only if the student has a disability, but also to determine the student's educational needs. The initial evaluation needs to be comprehensive enough to provide a complete picture of the strengths and needs of the student. This full and individual evaluation should consider the student's:

- Health, Vision, Hearing, and Motor Abilities
- General Intelligence
- Communicative status
- Academic Performance
- Social and Emotional Status
- Transition Needs

In addition, the IDEA and Kentucky regulations mandate that ARC team decisions cannot rely on any single source of data, interview, observation or instrument. The evaluation must use a variety of assessment tools and strategies. Under the IDEA, "it is inappropriate and unacceptable to base any eligibility decision upon the results of only one procedure. Tests alone will not give a comprehensive picture of how a student performs or what he or she knows or does not know. Only by collecting data through a variety of approaches (observations, interviews, tests, curriculum-based assessment, and so on) and from a variety of sources (parents, teachers, specialists, student) can an adequate picture be obtained of the student's strengths and weaknesses" (http://idea.ed.gov).

Teams triangulate data and information by using evidence from different types of data sources gathered through multiple methods (record reviews, interviews, observations, questionnaires, tests) at different times and in different places. Similar data from multiple sources provide verification and validity and make it easier to analyze data to identify trends, draw conclusions and determine outcomes. (http://www.write.com/writing-guides/research-writing/research-process/data-triangulation-how-the-triangulation-of-data-strengthens-your-research/).

In order to triangulate data, the ARC:

- collects data from multiple sources
- reviews student history for past data
- compares different sources, situations, and methods to see if the same pattern keeps occurring
- identifies multiple strands of mutually-confirming evidence

The final litmus test provides the answer to the following question: *Would other people come to a similar conclusion at a later time based upon the same evidence?* The idea is that one can be more confident with eligibility decisions if different methods and data sources lead to the same results.

Assessment for Autism Eligibility Determination for Special Education Services

"Autism Spectrum Disorder (ASD) is associated with a broad range of intellectual and language skills, with symptoms that differ across individuals and within individuals across time" (Lord, Corsello, & Grzadzinski, 2014, p. 610). Therefore, the ARC must plan an individual evaluation that requires the involvement of a variety of educational professionals.

The Office of Special Education and Rehabilitative Services (OSEP) issued a "Dear Colleague" letter in July of 2015 (Appendix D) addressing concerns of increasing reports that speech/language pathologists are often not included in evaluations and eligibility determinations for students with Autism. This letter supports the need to ensure knowledgeable professionals are included in the evaluation of students with Autism.

Distinguishing between the identification of Autism and the other disability categories under the IDEA often poses a challenge for ARCs. For example, language delays are common in young children and limited language skills can affect a child's socialization skills with peers. To compound this challenge, many children with Autism may have other types of disabilities or diagnoses as well. Professionals involved in the evaluation for Autism should have a "thorough understanding of typical development in a variety of domains" (Kroncke, Willard, & Huckabee, 2016, p. 53). Kroncke et al. (2016) note that understanding what Autism is not is as important as understanding what it is.

When planning a full and individual evaluation for Autism, the ARC must consider the areas of communication, social interaction and social developmental history. Other associated areas that an ARC may need to address include: intellectual functioning, sensory concerns, visual-spatial awareness, motor skills, attention, executive functioning, memory, emotional/behavioral skills and adaptive behavior.

According to the Kentucky regulations, a sufficiently comprehensive evaluation will identify all the student's special education and related service needs and must link to the suspected disability category [707 KAR 1:300, Section 4(11)]. When the ARC designs the initial evaluation for a student suspected of having the disability of Autism, the evaluation may have the same components as does an evaluation for a student suspected of another disability. For each area of concern, there may be a variety of methods and measures useful to obtain the necessary information such as:

- formal and informal interviews with caregivers and teachers
- standardized norm-referenced assessment instruments
- criterion-referenced assessment instruments
- direct observations of the student
- group academic assessments
- progress monitoring data
- anecdotal teacher notes and records

In recent years, the number of assessment instruments specifically designed for the assessment of the areas of Autism has expanded. It is beyond the scope of this guidance document to provide a list of specific current assessment tools as instruments are often

updated and obsolete within a few years. It is up to individual professionals to keep current on all assessment tools related to their field and to the assessment of students with possible Autism.

Special Considerations When Evaluating Students for Autism

Direct Observations

According to 707 KAR 1:300, Section 4 (14)(a-c) as part of any evaluation, "the ARC and other qualified professionals, if necessary, shall review existing evaluation data on the child including: …(b) current classroom-based, local, or state assessments and classroom-based observations; and (c) observations by teachers and related service providers".

Direct observations in the evaluation process are very important in determining eligibility under Autism as test scores alone may be inconclusive. An observation assists the ARC in making eligibility determinations by verifying an adverse effect of the disability on the educational performance of the student, providing valuable qualitative data pertaining to the characteristics of Autism displayed by the student and in identifying environmental factors that impact learning.

Qualitative data through direct observations from multiple people in a variety of settings are essential. When completing an observation, the following information may be ascertained (Kroncke et al., 2016):

- appearance: dress, physical stature, facial features, hygiene, clothing preferences
- behavioral presentation: patterns of behavior; different behaviors on different days; how the student manages frustrations; changes and introduction of new tasks
- language: length of utterances, prosody and tone of voice, inflection and expression for situation
- eye contact/gestures in communication: quality of eye contact, use of eye contact and gestures with language use, articulation difficulties, nonverbal communication modes
- play and interests: age appropriate and flexible, or narrow and repetitive
- social interaction: lack of empathy and perspective-taking, difficulties with imaginative and symbolic play
- social reciprocity: ability to respond appropriately to comments or play initiations from others
- attention: note differences across settings and attending to some tasks but not others
- motor skills: fine and gross motor abilities, muscle tone, and posture and stamina to complete tasks
- mood and affect: level of fluctuation, restricted or incongruent affect

As a tool, school staff may choose to utilize the School Observation Guide (Appendix E) when completing formal classroom observations for students suspected of Autism. The School Observation Guide provides a list of behavioral domains along with a description of what to expect for typically developing children with examples. The form provides space to document atypical behaviors noted during observations relative to each behavioral domain.

At least two observations are required when completing an evaluation in the area of Autism (KDE Policy Letter, 2010, Appendix F). When Autism is the suspected disability category,

more than two observations may be necessary to obtain adequate qualitative information in a variety of settings and across time for enough information to be available for the ARC to determine eligibility.

The following provides evaluation components, possible data sources and special considerations to guide ARCs in the evaluation planning process.

Evaluation Component: Health, Vision, Hearing, and Motor

Information Gathering Methods:

- vision screening
- hearing screening
- parent interview
- parent questionnaire
- medical records
- norm-referenced tests
- criterion-referenced behavior checklists and questionnaires
- direct observations of classroom performance
- direct observations in activities of daily living

Special Considerations:

Developmental history is used to document the presence of the core characteristics of Autism (prior to age 3) and other historical information about the student. Knowledge of developmental history is crucial to eligibility as Autism characteristics change over time. Considerations include:

- completion of a comprehensive developmental history, including developmental milestones (e.g., Social Developmental History Form)
- obtaining a health history, including eating and sleeping patterns
- consideration of a comprehensive, structured parent interview
- review of any medical evaluations or medical conditions that may provide relevant information

Motor Skills

Motor skills can contribute to the overall functioning of a student with Autism. Children with Autism may have difficulties with organizing patterns of movement and/or motor planning. This can impact other areas of functioning, such as academics and social interactions (Kroncke et al., 2016).

Fine Motor Functioning: Refers to how the student uses hands when completing tasks (e.g., gripping pencil/utensils, turning the pages of book, handwriting skills, speed in writing, manipulating small objects, and other self-care tasks). Students with Autism may have fine motor difficulties with tasks such as handwriting or scissor use.

Gross Motor Functioning: Refers to how the student uses arms, feet, legs, and core when completing tasks (e.g., walking, running, balancing, jumping). Students with Austim may appear to be uncoordinated, have poor posture or an awkward gait.

Repetitive, Restrictive Movements or Stereotyped behaviors: Refers to the presence of repetitive movements that may involve different body areas (e.g., finger flicking, arm flapping, body rocking, toe walking, lining up objects, pacing, repeating the same phrase).

Sensory Processing
Children with Autism frequently have sensory processing differences. Some may be over-responsive to some sensations and under-responsive to others (Kroncke et al., 2016, p. 186).

There are seven named senses:

- vision (sight): e.g., visually inspect objects uniquely instead of play with items
- audition (hearing): e.g., sensitive to specific noises
- gustation (taste): e.g., extreme food preferences for taste; eat or lick nonfood items
- olfaction (smell): e.g., avoidance of specific smells
- tactile (touch): e.g., prefer/avoid certain clothing
- vestibular (balance and motion through space): e.g., clumsy when walking
- proprioception (muscle force and joint position): e.g., walk on toes, muscle tone

Appearance
Note any atypical clothing preferences (e.g., same type of clothes across days).

Evaluation Component: Academic Performance

Information Gathering Methods:

- standardized norm-referenced tests
- state standardized testing
- district testing
- curriculum-based measurements
- classroom work samples

Special Considerations:
Academic measures are necessary for educational decision-making and planning.

Academic measures:

- provide a profile of strengths and needs.
- may include Reading fluency, Reading comprehension, Math & Written language.

Autism associated characteristics may include:

- scattered academic profile (splintered skills)
- slow response
- processing style in connection to learning
- poor performance on timed measures (e.g., fluency)
- decoding skills (Hyperlexia is a strong indicator)

Evaluation Component: Communicative Status

Information Gathering Methods:

- standardized norm-referenced tests
- norm-referenced parent and/or teacher behavior rating scales
- language samples
- teacher anecdotal notes
- direct observations of classroom performance
- ongoing progress monitoring data

Special Considerations:

Communication deficits are one of the central features of Autism; although, delays in communication alone are not enough for determining eligibility for special education services under the IDEA in the category of Autism.

- For young nonverbal children, one may need to:
  - focus on building blocks of language (e.g., joint attention, imitation, imaginative play, spontaneous language and vocalizations)
  - supplement standardized testing with play activities
- For children with advanced language:
  - basic forms of language may be a strength
  - pragmatics of language may need to be emphasized during assessment since it may impact social interactions
  - pragmatics may be difficult to measure using only traditional assessment materials
  - pragmatics skills may appear adequate in structured testing situations, but not so in less formal circumstances
  - assessment/observations in naturalistic environment may be necessary

Typical Language Samples

In addition to standardized tests, collecting a sample of spontaneous speech during an interaction with the student may be helpful. Types of data to collect may include:

- initiation of conversation
- responsiveness to speech
- mean utterance length
- word use
- echolalia
- pronoun use
- pragmatics

Pragmatics of Language

Assessment should include the five domains of pragmatics, particularly for students who are more verbal and have higher-level skills (Paul & Fahim, 2014):

- **communicative functions** (purpose of speech): e.g., directing, self-directing, reporting, predicting, empathizing, imagining, and negotiating
- **discourse management** (organization of language): e.g., turn-taking, initiating a topic, maintaining topics, switching topics, following the flow of topics in a conversation

- **register variation** (use of different language forms to match interpersonal context): e.g., talking differently to different people due to age or social status, asking in different ways, using vocabulary appropriately to match the topic and situation, using informal, age appropriate language with peers
- **presupposition and conversational manner** (knowing what is reasonable for the listener to know or need to know): e.g., giving the right amount of information in conversation, difficulty with pronoun use
- **conversational manner** (contributions to conversations are clear, brief, and orderly): e.g., rambling, disorganized, repetitive styles of speech

Evaluation Component: General Intelligence

Information Gathering Methods:

- norm-referenced tests
- direct observations during testing session
- direct observations of classroom performance

Special Considerations:

Intelligence measures are associated with severity of symptoms of autism and long-term outcomes.

- When deciding on an intelligence test, many factors should be considered:
  - degree of language needed
  - frequency of transitions within the test
  - the social demands of the test
  - the required speed of performance
  - the opportunities for teaching or demonstrating
  - level of frustration likely to be induced (e.g., ceiling requirements)
- "In general, children with autism tend to do best on tests that require less language and social engagement and fewer shifts and transitions" (Volkmar, Booth, McPartland & Wiesner, 2014, p 665).
- Intellectual measures can be used to assess whether social and communication delays are greater than expected based upon intelligence quotients (IQ).
- ASD is a spectrum disorder, so there is no one pattern of results on IQ measures that will definitively determine if a student does or does not have Autism. There may be wide variation in strengths and weaknesses (above average to below average) for a student.
- The use of untimed, nonverbal tests to assess for potential strengths in those with limited language is recommended in the Diagnostic and Statistical Manual of Mental Disorders-5th Edition (DSM-5).
- No single intellectual pattern is indicative of an Autism diagnosis. However, there are some patterns that may be common for children with Autism.
  - Children with Autism tend to score higher on tasks of visual reasoning (Mayes & Calhoun, 2008).
  - In younger children, nonverbal skills are usually stronger than verbal abilities (Volkmar et al., 2014, p. 666). This difference, though, is not as prominent in school age children (Kroncke et al., 2016, p. 142).

- For higher functioning students (re: those having Asperger's Syndrome), there is some evidence that the verbal skills maybe stronger than nonverbal (Volkmar et al., 2014, p. 666).
- Approximately 10% of these students exhibit splinter skills (Lord & McGee, 2001).
- In general, it is likely for these students to have more difficulty with working memory and processing speed tasks.

Executive Functioning (EF): EF is a set of self-directed cognitive skills used for appropriate problem-solving to attain a later goal (Kroncke et al., 2016, p. 208).

- Children with Autism frequently, but not always, have poor EF. EF deficits are present in other disabilities as well so this should not be a determining factor.
- EF score of more than one standard deviation below overall on I.Q. measures is considered a weakness.
- EF can worsen with age.
- Including measures of EF in assessment may provide information for planning supports for a student with Autism by identifying skills that are impacted and to what degree.
- Students with low intellectual abilities will also often have low EF skills as well and, for some students, it may be difficult to accurately assess EF.

The following is the developmental progression of EF (Dawson and Guare, 2009, p. 16-17):

- response inhibition: the capacity to think before you act
- working memory: the ability to hold information in memory while performing complex tasks
- emotional regulation: the ability to manage emotions to achieve goals, compete tasks, or control and direct behavior
- sustained attention: the capacity to keep paying attention to a situation or tasks in spite of distractibility, fatigue or boredom
- task initiation: the ability to begin projects in an efficient or timely fashion without undue procrastination
- planning/prioritization: the ability to create a roadmap to reach a goal or to complete a task
- organizational skills: the ability to create and maintain systems to keep track of information/materials
- time management: the capacity to estimate how much time one has, how to allocate it, and how to stay within time limits and deadlines
- goal-directed persistence: the capacity to have a goal, follow through to the completion of the goal, and not be distracted by competing interests
- flexibility: the ability to revise plans in the face of obstacles, setbacks, new information or mistakes

Evaluation Component: Social and Emotional Status

Information Gathering Methods:

- norm-referenced parent and/or teacher behavior rating scales
- criterion-referenced behavior checklists or questionnaires
- teacher anecdotal notes
- discipline records
- direct observations of classroom performance
- amount of adult support needed
- ongoing progress monitoring data

Special Considerations:
Social Interaction and Social Reciprocity
Social interaction deficits are one of the central features of Autism. Although, delays in social interaction alone are not enough for determining eligibility for special education services under the IDEA.

These areas may need to be addressed through qualitative measures such as direct observations and formal interviews.

Social reciprocity is the ability to respond appropriately to the comments or actions of others. Children with strong social reciprocity are unlikely to have Autism (Kroncke et al., 2016).

Areas of social reciprocity to consider include:

- unusual eye contact
- facial expressions directed to others
- shared enjoyment in interactions
- response to name being called
- requesting
- showing
- initiation of joint attention
- response to joint attention
- quality of social overtures to get someone's attention (e.g., request, share toys, play a game)
- lack of empathy and perspective talking in communication
- struggle with imaginative, reciprocal and symbolic play
- awareness of personal space

Social functioning can be measured by three different methods (Bellini, Gardner, Markoff, 2014):

- method 1: rating scales and interviews designed to measure social competence or perceptions of social performance
- method 2: direct assessment of the student's social skills or social behaviors through observations or progress monitoring

- method 3: conducting role-play scenarios and asking questions to assess social cognitive functioning (e.g., social problem-solving, joint attention, or perspective taking)

Adaptive Behavior

Adaptive behavior is the ability to use the age-appropriate skills necessary to function safely and appropriately in daily living activities such as social skills, self-care and communication.

Adaptive behavior varies greatly from student to student. However, one may find the following patterns in students identified as having Autism:

- Students may have higher self-help and motor skills.
- Typically, students may be lower in coping skills and receptive language on the Vineland Adaptive Behavior Scales (Kroncke et al., 2016, p. 399).
- With the Vineland Scales,"…individuals with ASD show the greatest deficits in the area of Socialization, moderate impairments in Communication, and relative strengths in Daily Living Skills and Motor Skills" (Klinger, O'Kelley, & Mussey, 2009, p. 236). Others have found deficits in all areas except Motor.
- On the Adaptive Behavior Assessment System, Second Edition (ABAS-II), the student may show"…the largest skill deficits in the areas of communication, health and safety, leisure, and social" (Klinger et al., 2009, p. 237)
- Adaptive behavior skills in students with Autism are often lower than would be expected based on I.Q. (Gillespie-Lynch et al. 2012).
- Adaptive behaviors can change over time, particularly in the daily living (self-help) area. Social skills is the area least likely to change (Gillespie-Lynch et al. 2012).
- Adaptive behavior skills are likely to improve over time, although Hill, Gray, Kamps, & Varela (2015) reported standard scores derived from administration of standardized instruments may actually decrease into adolescence.

Eligibility

The ARC, including the parents, shall review all applicable evaluation information to determine whether a student is eligible for special education and related services under one of the 14 educational categories of disabilities defined in Kentucky regulation. [707 KAR 1:002].

In Kentucky, to be eligible for special education services under the category of Autism, each of the following criteria must be met:

- The student has a developmental disability, generally evident before age three, significantly affecting verbal and nonverbal communication.
- The student has a developmental disability affecting social interaction.
- The student's deficits are not primarily the result of an emotional behavior disability.

In addition, evaluation information also must confirm each of the following:

- The student's disability has an adverse impact on educational performance.
- Lack of instruction in reading and/or math was not a determinant factor in the eligibility decision.
- Limited English proficiency was not a determinant factor in the eligibility decision.

A clinical diagnosis of Autism from the medical field is not required to be eligible for special education services under the IDEA nor does it guarantee the provision of specific services such as Occupational Therapy, Speech/ Language Therapy or Applied Behavior Analysis (ABA) Therapy. It is possible for a student to receive a clinical diagnosis of an Autism Spectrum Disorder based on the Diagnostic and Statistical Manual of Mental Disorders - 5th Edition (DSM-5) criteria but not qualify for educational services under the IDEA eligibility category of Autism. As previously noted, educational eligibility is determined by an ARC based upon eligibility criteria for the IDEA category of Autism. The ARC must also establish that the student needs special education and related services because triangulation of the evaluation data indicate the student's disability has an adverse effect on educational performance.

Adverse effect means the progress of the student is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. The term "educational performance" includes both academic and non-academic areas. The ARC must consider all relevant data sources and evidence when determining adverse effect to establish eligibility. Moreover, the ARC must take into account any other pertinent information in an effort to connect the student's areas of difficulty and strength with their educational needs, programming and services.

There are three general steps to eligibility determination:

1. The student meets the criterion for a specific disability.
2. The student does not have any exclusionary conditions (e.g., vision, hearing, limited English proficiency, or inadequate educational experience concerns) that may be the primary cause of the student's educational deficits.
3. There is an adverse effect upon the educational performance of the student.

The ARC must look at these measures and determine if the evidence substantiates an adverse effect upon the educational performance of the student to justify the need for special education and related services. In order to comply with the regulatory requirements, ARCs must consider both qualitative **and** quantitative data. Quantitative data presents statistical results represented with numbers (e.g., test scores, grades, progress monitoring data) while qualitative data includes present facts in narrative words (e.g., teacher reports, classroom observations, parent input).

Information or data provided by an outside agency to diagnose Autism may not have the variety of measures required by educational regulations. Still, the student's ARC must consider the outside information when considering eligibility under Autism in addition to evaluative information completed by the local school district.

As the ARC makes eligibility decisions, there should be a discussion of the data and information that may lead to a determination of Autism. This discussion will need to be captured on the Autism Eligibility Determination Form (Appendix G) as supporting documentation.

To assist the ARC in its discussion, the **following guiding questions** may be considered. These questions (KDE, 2013 & American Psychiatric Association, 2013) may be used to guide ARC discussions and should only be utilized as discussion points. Therefore, no set number of questions as presented below are required to make an eligibility determination. In addition, other questions and information may be appropriate for consideration as the ARC makes an eligibility determination.

1a. The student has a developmental disability, generally evident before age 3, significantly affecting verbal and nonverbal communication.

Guiding Questions:

1. Is there a delay in, or total lack of, the development of expressive language?
2. Is there a marked impairment in the use of multiple nonverbal behaviors such as eye contact, facial expression, body postures or gestures to regulate social interaction?
3. Is there evidence of the student having difficulty following directions?
4. Is there evidence of unusual language (e.g., repetitive or echolalic speech, made up words, or use of memorized scripts)?
5. Is there a tendency to focus on one topic?
6. Is there evidence of the student having difficulty with understanding the nonverbal cues of others?
7. Is there unusual prosody (e.g., rate, rhythm and volume of speech, modulation of speech to express emotion)?
8. Is there a marked impairment in pragmatics or the ability to initiate, sustain, or engage in reciprocal conversations with others?
9. Is there evidence of the student having difficulty initiating, responding to or maintaining on-topic social conversations with others?
10. Is there evidence that the student has difficulty comprehending non-literal language (e.g., metaphors, idioms, puns)?
11. Is there evidence that communication breaks down due to a lack of understanding of context variables such as familiarity with a speaker or familiarity with a physical setting?

Potential Data Sources:

- Speech/Language communication evaluation information
- teacher and parent rating scales
- teacher anecdotal notes
- observations of classroom performance
- amount and degree of ongoing IEP services (at reevaluation)
- current ongoing progress data (at reevaluation)

1b. The student has a developmental disability affecting social interaction.

Guiding Questions:

1. Is there a failure to develop peer relationships appropriate to same age peers?
2. Is there a lack of spontaneous initiation to share enjoyment, interest, or achievements with others?
3. Is there a lack of social or emotional reciprocity?
4. Is there a lack of a range of emotions?
5. Is there a lack of varied, spontaneous, make-believe play or social imitative play appropriate for the student's developmental level?
6. Is the student seen as socially naïve or not able to understand other's intentions?
7. Is the student more likely to interact with adults who are familiar or more responsive?
8. Is there a preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal?
9. Is there evidence of an exaggerated need for "routines" or for "rules" to be followed?
10. Is there an inflexible adherence to specific nonfunctional routines or rituals?
11. Is the student more interested in objects or topics than people?
12. Is there a persistent preoccupation with parts of objects?
13. Is there evidence that particular activities or situations cause stress or anxiety?
14. Is stereotypic and repetitive motor mannerism present (e.g., hand or finger flapping or twisting)?
15. Is there difficulty with executive functioning (e.g., organization, goal setting, planning, initiation, decision-making)?

Potential Data Sources:

- teacher and parent rating scales
- teacher anecdotal notes
- discipline records
- amount of teacher and adult support required
- observations of classroom performance
- amount and degree of ongoing IEP services (at reevaluation)
- current ongoing progress data (at reevaluation)

2. The student's deficits are not primarily the result of an emotional-behavioral disability.

Guiding Questions:

1. Is there evidence that difficulties are only present in the behavior domain?
2. Is there evidence of a comorbid mental health diagnosis?

3. Is the student able to engage in reciprocal conversations when not in distress?
4. Are there behavioral concerns but an absence of many characteristics of Autism?

Potential Data Sources:

- medical/mental health records
- behavior observations
- critical incident logs
- discipline records
- teacher and/or parent rating scales
- observations of classroom performance
- amount and degree of ongoing IEP services (at reevaluation)
- current ongoing progress data (at reevaluation)

3. Evaluation information confirms there is an adverse effect on educational performance.

Guiding Questions:

1. Is the student's progress impeded by the disability?
2. How does the student's disability affect his/her involvement and progress in the general curriculum?
3. Is the student's educational performance significantly below the level of the same age peers?
4. What are the unique differences of the student that warrant specially-designed instruction?

Potential Data Sources:

- state testing
- individual, norm-referenced tests of academic achievement
- group achievement tests
- district testing
- formative assessment (e.g., curriculum-based measures, benchmarks, progress monitoring)
- grade retention
- classroom work samples
- curriculum-based assessments
- criterion-referenced assessments
- observations of classroom performance
- previous academic performance
- report card grades
- discipline records (e.g., type, frequency, suspensions/expulsions)
- nurse/health room visits
- truancy (e.g., school, class)
- level of curriculum (e.g., advanced, remedial)
- amount of teacher support required
- amount of time and assistance needed to do homework
- amount of time needed for in-class work

- intervention history
- motivation history
- amount and degree of ongoing IEP services (at reevaluation)
- current ongoing progress data (at reevaluation)

4. Evaluation information confirms that lack of instruction in reading and/or math was not a determinant factor in the eligibility decision.

Guiding Questions:

1. Is there evidence the student was provided with learning experiences and instruction appropriate for the student's age or state-approved, grade-level standards?
2. Is there evidence that the student's attendance allowed for sufficient opportunity for instruction in reading and/or math (i.e., no pattern of habitual absenteeism of 10 days or more, especially in elementary years)?

Potential Data Sources:

- enrollment/attendance records
- frequency of school moves
- universal screening data
- common assessment data
- intervention data and description of analysis
- progress monitoring data
- classroom performance and grades

5. Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision.

Guiding Questions:

1. Is English the primary language spoken in the home?
2. Is there evidence that other languages other than English are spoken in the home?
3. Is the student's performance on English proficiency assessments evidence of a continued language barrier?

Potential Data Sources:

- home language survey
- Limited English Proficiency (LEP) service records
- WIDA Model for English Learners
- Assessing Comprehension and Communication in English State-to-State (ACCESS) for English Learners

Supporting Documentation

The ARC must carefully consider information obtained from all sources, including information provided by parents. The ARC should document the most relevant information and data to support the eligibility determination on the appropriate Kentucky eligibility determination form. As the foundation for the eligibility decision, specific documentation of information and data should demonstrate that multiple sources were used to substantiate the

existence of an educational eligibility of Autism and to what extent the progress of the student is impeded by his/her disability.

See Appendix H for Evaluation Results for Autism Summary document. (Colorado Guidelines for Educational Assessment of ASD, 2015). This document will help the ARC identify pertinent information to triangulate when determining if a student is eligible under the category of Autism.

Individual Education Program

The ARC shall develop an IEP for the student. The Guidance Document for Individual Education Program (IEP) Development provides instructions and examples for the ARC members on how to develop an appropriate IEP. The ARC should consider the following points specifically when developing an IEP for students with Autism:

Communication Status: Since verbal and nonverbal communication deficits are part of the eligibility requirement for Autism, all children with Autism will have some level of communication needs that should be addressed in the IEP (e.g., expressive, receptive, and/or social communication/pragmatics). For additional considerations, refer to the communicative status information in the evaluation section of this document. There are no requirements, however, that a Speech/Language Pathologist be the service provider to address the communication needs. Speech therapy as a related service may not be required to implement the goals of the IEP. A special education teacher may be assigned to implement goals targeting communication needs if appropriate.

Academic Performance: Students with Autism may or may not have academic deficits. Academic needs should be determined by review of student performance data (as defined in the IEP Guidance Document). This may include a review of progress data, standardized assessments, classroom assessments and observations.

Social and Emotional Status: Since social interaction deficits are part of the eligibility requirement for Autism, all children with Autism will have some level of social/emotional needs that should be addressed in the IEP. For additional considerations, refer to the social/emotional status information in the evaluation section of this document.

ARC members should refer to the guiding questions provided in the Guidance Document for Individual Education Program (IEP) Development as well as those in the Eligibility section of this document to assist in addressing these areas of the IEP specifically as they relate to students with Autism.

Evidenced-based Practice

Providing high quality programs for the diverse needs of students with Autism is a complex endeavor. Central to this work is the careful selection of educational practices. Teachers must recognize that not all interventions are equal and select those that have been demonstrated to be effective using rigorous research methods. Furthermore, federal law requires it. IDEA (2004) mandates educators' use of research-based practices.

Prior to 2008, school staff had difficulties knowing which interventions were effective and were often asked by parents and advocates to implement the latest intervention spotlighted in the media. Fortunately, special education researchers continue to strive to identify effective evidenced-based practices in the area of Autism. Two groups, the National Autism Center (NAC) and the National Professional Development Center on ASD (NPDCA), have reviewed the available literature in Autism and have identified sets of evidenced-based practices (EBP) for use with this unique population of students.

Since 2008, the body of research around successful interventions for students with Autism has been reviewed to provide schools and other entities a list of effective EBPs. In general, EBPs are defined as practices that have been shown by high-quality research to have meaningful effects on student outcomes (Cook & Odom, 2013, p.136). In most cases, these practices are supported by multiple high-quality experimental studies.

Below are 27 EBPs identified ~~i~~n current reviews from the NPDCA and the NAC. For descriptions of each EBP, refer to Appendix I and J. This list is fluid and is updated as new research becomes available.

Evidenced-based or established practices identified by NPDC or NAC

- Antecedent-based Interventions (ABI)
- Cognitive Behavioral Interventions (CBI)
- Comprehensive Behavioral Plan
- Differential Reinforcement of Alternate/Incompatible/Other Behaviors (DRA/I/O)
- Discrete Trial Teaching (DTT)
- Exercise (ECE)
- Extinction (EXT)
- Functional Behavior Assessment (FBA)
- Functional Communication Training (FCT)
- Language Training (Production)
- Modeling (MD)
- Naturalistic Interventions (NI)
- Parent Implemented Interventions (PII)
- Peer Mediated Instruction and Intervention (PMII)
- Picture Exchange Communication System (PECS)
- Pivotal Response Training (PRT)
- Prompting (PP)
- Reinforcement (R+)
- Response Interruption/Redirection (RIR)
- Scripting (SC)
- Self-management (SM)
- Social Narratives (SN)
- Social Skills Training (SST)
- Task Analysis (TA)
- Technology- aided Instruction and Intervention (TAII)
- Time Delay (TD)
- Video Modeling (VM)
- Visual Supports (VS)

Several additional practices reviewed by these organizations failed to meet the criteria for evidence-based practice. The list of these practices below must be viewed with caution. A few of these practices have accumulated some support, whereas others have no support or are contraindicated for use with students with Autism.

Unestablished interventions reviewed by NPDC or NAC

- Aided Language Modeling
- Animal-Assisted Learning
- Auditory Integrated Therapy
- Behavioral Momentum
- Collaborative Coaching
- Concept Mapping
- Cooperative Learning Groups
- Direct Instruction
- Exposure
- Facilitated Communication
- Gluten-free/Casein-free Diets
- Handwriting Without Tears
- Independent Work Stations
- Joint-Attention-Symbolic Play Instruction
- Touch Point Instruction
- Movement-based Intervention
- Music Therapy
- Music Intensity
- Reciprocal Intervention Training
- Gradual Removal of Restraints
- Schema-based Strategy Instruction
- Self-regulation Strategy Development Writing Intervention
- Sensory Diet
- Sensory Intervention Package
- Sentence Combining Techniques
- Shock Therapy
- Social Behavioral Learning Strategy
- Social Cognition Intervention
- Social Thinking Intervention
- Theory of Mind Training
- Touch Therapy

The Absence of EBPs

Despite the growing body of intervention research in education of students with Autism, professionals may find themselves at a place where the research literature offers little guidance in specific programming areas for Autism. For example, in many academic areas, researchers have failed to establish clear evidenced-based guidelines for teaching skills to students with Autism. Therefore, in the absence of EBPs, the following is recommended:

1. Since students with Autism are more alike than different from their peers, teachers should turn to those practices that have been deemed evidenced-based for students without disabilities. For example, teachers should consider the National Reading Panel (National Institute of Child Health and Human Development, 2000) recommendations

in the design of reading programs for students with Autism.

2. Teachers might consider those practices deemed effective for students with other disabilities. For example, researchers have found that self-regulated strategy development (Graham & Harris, 1989), a writing intervention for students with learning disabilities, has also been effective for use with students with Autism (Asaro & Saddler, 2009; Delano, 2007).
3. Teachers should consider instructional practices that have been effective in teaching other skills to students with Autism. For example, teachers might consider embedding well-established prompting methods (e.g., time delay, system of least prompts) in novel areas of instruction.
4. Finally, and most importantly, when circumstances lead a teacher to step outside of EBPs, they must carefully evaluate the intervention through continuous data collection and baseline to treatment comparisons. That is, a teacher should collect data prior to intervention to determine the student's consistent level of performance and then continuously collect data following the introduction of intervention. If improvement is not observed following fidelity of implementation over 3-5 data points, the practice should be reviewed and potentially modified or terminated to ensure that the student is not unnecessarily exposed to ineffective intervention for extended periods of time.

Programming for Students with Autism

Given that Autism presents differently across individuals, programming efforts may be complex with no easy solutions. Interventions must be specifically tailored to the individual in both the selection of the intervention and in how the intervention is implemented.

When designing complex educational programming for students with Autism, it is important to address non-academic surroundings as well as academic settings. Critical skill areas, such as communication and social interaction, may not develop without explicit, frequent instructional opportunities throughout the day and across environments.

Critical Programming Considerations

While all of the current EBPs may be effective in addressing needs of a specific student, five interventions are common ones that have been historically emphasized in practice and in the literature. Over the years, professionals have typically designed interventions around these five EBPs due to the body of evidence in effectiveness and the range of skills potentially impacted. While there is not any specific research that indicates these specific EBPs are more effective than others, these five EBPs are considered standard practices when programming for students with Autism.

High-quality programs should facilitate success through the provision of these five critical EBPs:

1. Antecedent-Based Interventions (ABI)
2. Communicative Focused Interventions
3. Reinforcement (R+)
4. Systematic Instruction & Prompting (PP)
5. Visual Supports (VS)

Fidelity of Implementation

When designing a program for students with Autism, it is important that the program be implemented as intended or with fidelity. Identifying the intervention through a problem-solving process is important. However, implementing the intervention as designed is essential for positive outcomes for the students. "To produce behavior change, an intervention must actually be implemented as planned" (Sanetti & Kratochwill, 2008, p. 95).

Fidelity is an important consideration in order to draw valid conclusions about the extent to which an intervention leads to specific student outcomes (Sanetti & Kratochwill, 2008). As ARCs make programming decisions, conclusions about the effectiveness of a program may be made erroneously which will impact future efforts.

With more attention to fidelity, EBP checklists with key components are being developed and used to ensure that interventions are being implemented as intended (http://afirm.fpg.unc.edu/afirm-modules; http://www.autisminternetmodules.org). When designing a program, it is recommended that a schedule for regular fidelity checks be a consideration in the plan.

Four-Step Problem-Solving Approach for Students with Autism

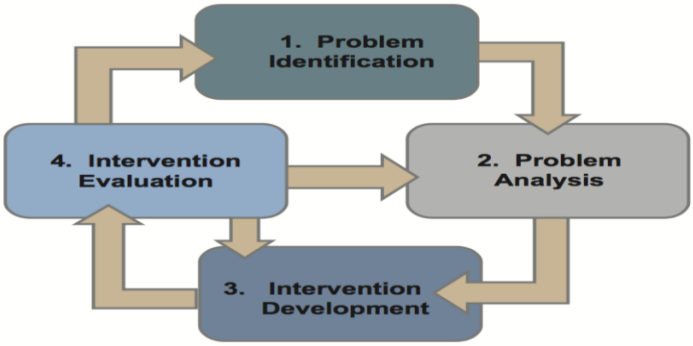
Beginning in early 2008, the Kentucky Department of Education partnered with the National Professional Development Center on Autism Spectrum Disorder and the state network of education cooperatives to begin a statewide Autism initiative. As part of this initiative, each education cooperative organized a regional Autism cadre with representation from participating districts to provide professional learning and coaching for the EBPs proven effective for students with Autism. Consultants from the state education cooperatives and the Kentucky Autism Training Center (KATC) continue to collaborate to provide professional learning opportunities and active problem solving with embedded coaching through ASD cadres and training sites.

Why Should Teams Use a Problem-Solving Approach?

A problem-solving approach is a practical, efficient way to effectively resolve the complex issues that arise when programming for students with Autism. Districts and schools should use a team approach as they strive to program appropriately for students with Autism to ensure effective planning and implementation which results in positive outcomes for students.

Effective problem-solving and intervention requires perseverance from the team. It is important to note that a process for problem-solving that is too simple may only yield a very narrow, "band aid" approach that will not sustain change. "Thus, a 'piecemeal' approach will, at best, provide temporary or partial improvement" (Aspy, & Grossman, 2011, p. 1). A four-step problem-solving approach developed and described in the School Mental Health Referral Pathways Toolkit (NITT-TA, Toolkit 2015) is highlighted on the next page as it applies for use with students with Autism.

Four-Step Problem-Solving Model



The four steps within this particular problem-solving model are: (1) problem identification, (2) problem analysis, (3) intervention development and (4) intervention evaluation. When followed closely, these four steps form a logical sequence that guides school personnel in effectively resolving problems for students with Autism (NITT-TA, Toolkit 2015, p. 69).

Step 1. Problem Identification

Procedures:

- Clarify values and make commitment.
- State the problem behavior in measurable terms.
- Obtain a baseline for behavior(s) of concern.
- Conduct discrepancy analysis.
- Conduct an analysis of data to determine function of problem behavior.

Essential Questions:

- What are the key issues or concerns identified by the problem-solving team?
- What does the team value in regard to student behavior?
- What data sources (direct/indirect) need to be considered?
- Is there sufficient data to analyze the behavior?
- What are the student's strengths, gifts and reinforcers?
- What interventions are working? What progress has the student made?
- What are potential barriers to success? (school and student)

Step 2: Problem Analysis

Procedures:

- Determine the factors that may be maintaining the behavior(s) of concern, including the underlying characteristics (weaknesses) of Autism.
- Link factors maintaining the problem behavior with an intervention strategy.
- Identify EBPs that are connected to the function and maintaining factors of the behavior.

Essential Questions:

- Which underlying characteristics of Autism may be impacting the behavior of concern? Consider the following 8 domains: social, communication, restrictive/repetitive behaviors, cognition, sensory, academic, emotional vulnerability and motor.
- Do any of the identified weaknesses overlap into multiple domains?
- Are weaknesses already addressed with interventions that are currently in place?
- Which weaknesses are impacting the student the most across multiple settings?
- NOTE: Identify EBPs for Autism that are connected to the function and maintaining factors of the behavior.

Step 3: Intervention Development

Procedures:

- Develop an intervention plan for intervening with problem behavior.
- Develop an implementation plan for interventions.
- Determine a method for improving fidelity of implementation.
- Determine the valued behavior outcome (replacement behavior) and evaluation procedure.

Essential questions:

- What antecedent or consequent interventions will positively influence the behavior of concern?
- How does the intervention strategy positively influence the behavior of concern?
- What is the "reactive" procedure when problem behaviors occur?
- How is the fidelity of implementation included in the intervention plan?
- How is the impact of the intervention documented?
- What training will be provided to implementers for increased fidelity of implementation?

Step 4: Intervention Implementation

Procedures:

- Determine the level of fidelity of implementation and provide implementation support.
- Graph progress monitoring data.
- Use decision rules to determine intervention effectiveness.
- Revisit the problem analysis and make instructional changes.

Essential questions:

- Is intervention being implemented as planned?
- Does the data support that the intervention plan is working? If not, what changes need to be made to the intervention plan to increase effectiveness?

To assist problem-solving teams in implementing the Four-Step Process, a checklist has been developed (Appendix K).

Service Delivery

Each student with Autism is unique in his/her level of service needs. When determining the appropriate least restrictive environment (LRE) for a student with Autism, the ARC must consider the level of services and supports that the student requires to make progress in the general curriculum. LRE is defined in Kentucky regulation as "the maximum extent appropriate, children with disabilities are educated with children who are non-disabled. Special classes, separate schools, or removal from the regular education environment occurs only if education in the regular education environment, with the use of supplementary aids and services, cannot be satisfactorily achieved due to the nature and severity of the disability." [707 KAR 1:350, Section 1(1)]

Placement decisions should not be based on the student's disability, but where the student's needs may be appropriately addressed. Eligibility for Autism should not automatically place the student in a self-contained classroom or an Autism class or program.

The IDEA (2004) recommends that consideration of the least restrictive environment begin with placement in the general education classroom. However, IDEA (2004) also recognizes that this setting is not appropriate for all students. ARCs are required to consider each setting by taking into account several factors such as the content of the curriculum, socialization opportunities and specially-designed instruction needs of the student.

The following considerations may assist the ARC in making an LRE determination:

- degree and severity of the student's needs
- ability of the student to engage in the general education setting with little or no support
- developmental level of the student
- ability of the student to generalize skills in multiple settings
- intensity of the instructional level based on the student's strengths and needs with the goal of increasing independence

When making a placement determination, the ARC must provide a written description of the options considered and the reasons why lesser restrictive options were rejected or accepted for each option. The ARC must consider the full continuum of alternative placements from the least restrictive setting to the most restrictive setting. Written descriptions are not required for the options on the continuum that are more restrictive than the one accepted by the ARC. The written descriptions should describe "why" that setting is the most appropriate setting to implement the IEP developed for that student. When a setting outside of the general education classroom is selected, the student's instructional needs that cannot be implemented in the general education setting should be specified. The justification statement must explain why the placement option is essential to the student's unique learning needs.

Personnel for IEP Implementation

Service providers likely identified to implement the services in the IEP may include special education teachers, Speech/Language Pathologists, and Occupational Therapists, among others.

The assignment of a special education teacher to provide specially-designed instruction to a student who meets the educational eligibility for Autism will be determined by the intellectual functioning level of the student. A special education teacher who is certified in the area of Learning and Behavior Disorders may be assigned to provide specially designed instruction to students with Autism whose intellectual skills fall anywhere above a standardized score of 55. Students whose intellectual skills fall below that range should be assigned to a teacher certified in the area of Moderate and Severe Disabilities.

If an ARC determines a placement setting with a teacher who does not meet the certification requirements, a waiver for teacher assignment may be submitted to the Kentucky Department of Education stating the basis for the ARC decision and that the placement with the teacher was the most appropriate assignment for the student. The waiver request should also note additional support services or training that will be provided for the teacher. The process and forms for submitting a waiver request may be found on the Kentucky Department of Education website.

Speech/Language Pathologists, Occupational Therapists and Physical Therapists must meet the appropriate certification requirements for their professions if assigned to provide specially-designed instruction for students with Autism. Kentucky's waiver process does not apply to these individuals.

Annual Review

The ARC meets annually to review and revise the student's IEP. The ARC makes decisions concerning goals and objectives, service delivery, transition, assistive technology, re-evaluation and continuation of related services at the student's annual review meeting.

Re-Evaluation

A re-evaluation may sometimes show that a student's gap in learning (in both level of performance and rate of growth) has been reduced due to interventions in special education and perhaps also in general education. If the ARC determines that the student's gap in learning would re-emerge with the discontinuation of special education services, the student should continue to be identified as being eligible for special education services as a student with Autism.

The ARC should be extremely careful in deciding that a student is no longer eligible for special education services under IDEA because this decision has ramifications for accessing specially-designed instruction and accommodations once IDEA eligibility ends. Reevaluation requires that members of the ARC exercise professional judgment when reviewing all of the evaluation data in light of a student's previous history as well as current progress.

The ARC may find it appropriate to conduct a more comprehensive reevaluation at major school transitions, such as the transition from elementary to middle school or middle school to high school. For example, providing a more comprehensive reevaluation during a student's high school years may help the ARC appropriately identify transition services, including courses of study that are needed to assist the student in reaching postsecondary goals.

Frequently Asked Questions

Question 1: Can parents bring a person with them to the ARC meetings?

Answer: Kentucky Administrative Regulations indicate that LEAs shall ensure that one or both parents of a child with a disability are present at each ARC meeting or afforded the opportunity to participate. The regulations also indicate that a written invitation to the parents is provided and that the notice informs the parents that they may invite people with knowledge or special expertise of the child to the meeting. [707 KAR 1:320 Sections 3&4]

Question 2: The current Kentucky Autism eligibility criterion is based upon the DSM IV. When will the eligibility criterion be updated to be consistent with the DSM V?

Answer: The federal definition of autism is described in federal law through IDEA. Since states need to develop regulations and procedures to implement IDEA, the Kentucky Autism eligibility criterion cannot be changed until it is changed in IDEA first.

Question 3: When might a 'multiple disabilities' eligibility be appropriate?

Answer: Multiple disabilities mean concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness. [707 KAR 1:002, Section 1 (39)]

A key part of the definition is that the combination of disabilities causes the student to have severe educational needs. In fact, those educational needs must be severe enough that they cannot be addressed by providing special education services for only one of the impairments.

The federal definition of multiple disabilities gives two examples of possible combinations of disabilities [34 CFR, Section 300.8(c)(7)]:

- intellectual disability and blindness; and,
- intellectual disability and orthopedic impairment.

Note that these are just examples. A child may have another combination of disabilities that causes severe educational needs—orthopedic impairment and autism, for example, or blindness and an emotional disturbance. Whatever the combination, a child served under IDEA's category of "multiple disabilities" will have a special education program that is designed to address the educational needs that arise from all of the child's disabilities, not just one. In addition, the eligibility criteria for each of the disabilities used to comprise the category of multiple disabilities must be met.

Note that IDEA does not include deaf-blindness as an example of multiple disabilities. That's because deaf-blindness is defined separately and is a disability category of its own under

IDEA. Additionally, multiple disabilities does not mean developmental disability, speech and/or language impairment in combination with another category of disability.

It is not necessary for an ARC to determine a student multiply disabled if the student meets the eligibility criteria of Autism and the only other impairment identified is an intellectual disability. Intellectual disability can be addressed under the eligibility category of Autism.

The KDE has also provided guidance regarding multiple disabilities in the August 3, 2005 E "Specially" DECS issue (see Appendix L).

Question 4: Are students with an IEP required to have related services on their IEP?

Answer: Students with an IEP are not required to have related services on their IEP. Students may receive related services if the knowledge and expertise of related service provider is a necessary component of the student's educational program in order for him/her to achieve identified outcomes. After the development of goals, benchmarks/ objectives, and specially-designed instruction in the student's IEP, the ARC will determine if a related service is necessary to implement the student's IEP.

Question 5: Do students with Autism receive a standard diploma?

Answer: The ARC determines what type of diploma any student with special needs receives. Students with Autism receive a standard Commonwealth of Kentucky diploma or an Alternative High School diploma, depending on the student's program and course of study.

Students who meet the minimum requirements for high school graduation, including a course of study leading to a standard diploma consistent with the requirements of 704 KAR 3:305 receive a standard diploma.

Students whose disability precludes these requirements meet eligibility for an alternative course of study leading to an Alternative High School diploma. During the annual IEP meeting, the ARC reviews the need for accommodations and completes the Participation Guidelines for Alternate Assessment to demonstrate eligibility for the Alternative High School diploma.

The ARC analyzes student information, including on-going progress data specific to the student's present level of performance. The Participation Guidelines contain statements that describe specific learning aspects and characteristics. The ARC must agree to a "yes" answer and provide required documentation for each statement from the Participation Guidelines in order to determine that the student is eligible for participation in the Alternate Assessment. The ARC must have specific data to evidence and support answering "yes" to each statement, including, but not limited to: an integrated psycho-educational report, adaptive behavior rating scales, curriculum assessments, diagnostic assessments and student work.

The ARC meets at least annually to evaluate the student's educational program by reviewing and revising the student's IEP and determine how the student will participate in state assessments. Using the Participation Guidelines and supporting data, the ARC must review and re-determine Alternate Assessment participation annually.
Questions and Answers: Certificate of Attainment and Standard Diploma

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Appendix A

Ten Things Every Child with Autism Wishes You Knew
By Ellen Notbohm

Some days it seems the only predictable thing about it is the unpredictability. The only consistent attribute, the inconsistency. There is little argument on any level but that autism is baffling, even to those who spend their lives around it.

Equipping those around our children with a simple understanding of autism's most basic elements has a tremendous effect on the children's journey towards productive, independent adulthood. Autism is an extremely complex disorder, but we can distill it to three critical components: sensory processing difficulties, speech/language delays and impairments, and whole child/social interaction issues.

Here are 10 things every child with autism wishes you knew.

1. I am a child with autism. I am not "autistic." My autism is one aspect of my total character. It does not define me as a person. Are you a person with thoughts, feelings and many talents, or are you just fat (overweight), myopic (wear glasses) or klutzy (uncoordinated, not good at sports)?

2. My sensory perceptions are disordered. This means the ordinary sights, sounds, smells, tastes and touches of everyday life that you may not even notice can be downright painful for me. The very environment in which I have to live often seems hostile. I may appear withdrawn or belligerent to you, but I am really just trying to defend myself.

A "simple" trip to the grocery store may be hell for me. My hearing may be hyper acute. Dozens of people are talking at once. The meat cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My brain can't filter all the input, and I'm in overload! My sense of smell may be highly sensitive. The fish at the meat counter isn't quite fresh, the guy standing next to us hasn't showered today, the deli is handing out sausage samples... I can't sort it all out, I'm too nauseous.

Because I am visually oriented, this may be my first sense to become overstimulated. The fluorescent light is too bright. Sometimes the pulsating light bounces off everything and distorts what I am seeing. The space seems to be constantly changing. There's glare from windows, moving fans on the ceiling, so many bodies in constant motion, too many items for me to be able to focus - and I may compensate with tunnel vision. All this affects my vestibular sense, and now I can't even tell where my body is in space. I may stumble, bump into things, or simply lay down to try and regroup.

3. Please remember to distinguish between won't (I choose not to) and can't (I'm not able to). Receptive and expressive language are both difficult for me. It isn't that I don't listen to instructions. It's that I can't understand you. When you call to me from across the room, this is what I hear: "*&^%$#@, Billy. #$%^*&^%$&*." Instead, come speak directly to me in plain words: "Please put your book in your desk, Billy. It's time to go to

lunch." This tells me what you want me to do and what is going to happen next. Now it's much easier for me to comply.

4. I am a concrete thinker. I interpret language literally. It's very confusing for me when you say, "Hold your horses, cowboy!" when what you really mean is "Please stop running." Don't tell me something is a "piece of cake" when there is no dessert in sight and what you really mean is, "This will be easy for you to do." Idioms, puns, nuances, double innuendos and sarcasm are lost on me.

5. Be patient with my limited vocabulary. It's hard for me to tell you what I need when I don't know the words to describe my feelings. I may be hungry, frustrated, frightened or confused, but right now those words are beyond my ability to express. Be alert for body language, withdrawal, agitation or other signs that something is wrong. There's a flip side to this: I may sound like a little professor or a movie star, rattling off words or whole scripts well beyond my developmental age. These are messages I have memorized from the world around me to compensate for my language deficits, because I know I am expected to respond when spoken to. They may come from books, television or the speech of other people. It's called echolalia. I don't necessarily understand the context or the terminology I'm using, I just know it gets me off the hook for coming up with a reply.

6. Because language is so difficult for me, I am very visually oriented. Show me how to do something rather than just telling me. Please be prepared to show me many times. Lots of patient repetition helps me learn. A visual schedule is extremely helpful as I move through my day. Like your day planner, it relieves me of the stress of having to remember what comes next, makes for smooth transitions between activities, and helps me manage my time and meet your expectations.

7. Focus and build on what I can do rather than what I can't do. Like any other human, I can't learn in an environment where I'm constantly made to feel that I'm not good enough or that I need fixing. Trying anything new when I am almost sure to be met with criticism, however constructive, becomes something to be avoided. Look for my strengths and you'll find them. There's more than one right way to do most things.

8. Help me with social interactions. It may look like I don't want to play with the other kids on the playground, but sometimes it's just that I simply don't know how to start a conversation or enter a play situation. If you can encourage other children to invite me to join them at kickball or shooting baskets, I may be delighted to be included.

9. Try to identify what triggers my meltdowns. This is termed "the antecedent." Meltdowns, blowups, tantrums or whatever you want to call them are even more horrid for me than they are for you. They occur because one or more of my senses has gone into overload. If you can figure out why my meltdowns occur, they can be prevented.

10. If you are a family member, please love me unconditionally. Banish thoughts such as, "If he would just …" and "Why can't she ... ?" I didn't choose to have autism. Remember that it's happening to me, not you. Without your support, my chances of successful, self-reliant adulthood are slim. With your support and guidance, the possibilities are broader than you might think. I promise you I'm worth it.

It all comes down to three words: Patience. Patience. Patience. Work to view my autism as a different ability rather than a disability. Look past what you may see as limitations and see the gifts autism has given me. I may not be good at eye contact or conversation, but have you noticed I don't lie, cheat at games, tattle on my classmates, or pass judgment on other people? You are my foundation. Think through some of those societal rules, and if they don't make sense for me, let them go. Be my advocate, be my friend, and we'll see just how far I can go.

From: Notbohm, Ellen. (2005). *Ten things every child with Autism wishes you knew*. Arlington, TX: Future Horizons.

Appendix B

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

January 21, 2011

Contact Persons:

Name: Ruth Ryder
Telephone: 202-245-7513
Name: Deborah Morrow
Telephone: 202-245-7456

OSEP 11- 07

MEMORANDUM

TO: State Directors of Special Education

FROM: Melody Musgrove, Ed.D.
Director
Office of Special Education Programs

SUBJECT: A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA)

The provisions related to child find in section 612(a)(3) of the Individuals with Disabilities Education Act (IDEA), require that a State have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services. It is critical that this identification occur in a timely manner and that no procedures or practices result in delaying or denying this identification. It has come to the attention of the Office of Special Education Programs (OSEP) that, in some instances, local educational agencies (LEAs) may be using Response to Intervention (RTI) strategies to delay or deny a timely initial evaluation for children suspected of having a disability. States and LEAs have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy.

A multi-tiered instructional framework, often referred to as RTI, is a schoolwide approach that addresses the needs of all students, including struggling learners and students with disabilities, and integrates assessment and intervention within a multi-level instructional and

behavioral system to maximize student achievement and reduce problem behaviors. With a multi-tiered instructional framework, schools identify students at-risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions depending on a student's responsiveness.

While the Department of Education does not subscribe to a particular RTI framework, the core characteristics that underpin all RTI models are: (1) students receive high quality research-based instruction in their general education setting; (2) continuous monitoring of student performance; (3) all students are screened for academic and behavioral problems; and (4) multiple levels (tiers) of instruction that are progressively more intense, based on the student's response to instruction. OSEP supports State and local implementation of RTI strategies to ensure that children who are struggling academically and behaviorally are identified early and provided needed interventions in a timely and effective manner. Many LEAs have implemented successful RTI strategies, thus ensuring that children who do not respond to interventions and are potentially eligible for special education and related services are referred for evaluation; and those children who simply need intense short-term interventions are provided those interventions.

The regulations implementing the 2004 Amendments to the IDEA include a provision mandating that States allow, as part of their criteria for determining whether a child has a specific learning disability (SLD), the use of a process based on the child's response to scientific, research-based intervention[1]. See 34 CFR §300.307(a)(2). OSEP continues to receive questions regarding the relationship of RTI to the evaluation provisions of the regulations. In particular, OSEP has heard that some LEAs may be using RTI to delay or deny a timely initial evaluation to determine if a child is a child with a disability and, therefore, eligible for special education and related services pursuant to an individualized education program.

Under 34 CFR §300.307, a State must adopt, consistent with 34 CFR §300.309, criteria for determining whether a child has a specific learning disability as defined in 34 CFR §300.8(c)(10). In addition, the criteria adopted by the State: (1) must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has an SLD; (2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has an SLD. Although the regulations specifically address using the process based on the child's response to scientific, research-based interventions (i.e., RTI) for determining if a child has an SLD, information obtained through RTI strategies may also be used as a component of evaluations for children suspected of having other disabilities, if appropriate.

The regulations at 34 CFR §300.301(b) allow a parent to request an initial evaluation at any time to determine if a child is a child with a disability. The use of RTI strategies cannot be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8. If the

[1] The Department has provided guidance regarding the use of RTI in the identification of specific learning disabilities in its letters to: Zirkel - 3-6-07, 8-15-07, 4-8-08, and 12-11-08; Clarke - 5-28-08; and Copenhaver - 10-19-07. Guidance related to the use of RTI for children ages 3 through 5 was provided in the letter to Brekken - 6-2-10. These letters can be found at http://www2.ed.gov/policy/speced/guid/idea/index.html.

LEA agrees with a parent who refers their child for evaluation that the child may be a child who is eligible for special education and related services, the LEA must evaluate the child. The LEA must provide the parent with notice under 34 CFR §§300.503 and 300.504 and obtain informed parental consent, consistent with 34 CFR §300.9, before conducting the evaluation. Although the IDEA and its implementing regulations do not prescribe a specific timeframe from referral for evaluation to parental consent, it has been the Department's longstanding policy that the LEA must seek parental consent within a reasonable period of time after the referral for evaluation, if the LEA agrees that an initial evaluation is needed. See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, 71 Fed. Reg., 46540, 46637 (August 14, 2006). An LEA must conduct the initial evaluation within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. 34 CFR §300.301(c).

If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b). The parent can challenge this decision by requesting a due process hearing under 34 CFR §300.507 or filing a State complaint under 34 CFR §300.153 to resolve the dispute regarding the child's need for an evaluation. It would be inconsistent with the evaluation provisions at 34 CFR §§300.301 through 300.111 for an LEA to reject a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework.

We hope this information is helpful in clarifying the relationship between RTI and evaluations pursuant to the IDEA. Please examine the procedures and practices in your State to ensure that any LEA implementing RTI strategies is appropriately using RTI, and that the use of RTI is not delaying or denying timely initial evaluations to children suspected of having a disability. If you have further questions, please do not hesitate to contact me or Ruth Ryder at 202-245-7513.

References:
Questions and Answers on RTI and Coordinated Early Intervening Services (CEIS), January 2007
Letter to Brekken, 6-2-2010
Letter to Clarke, 4-28-08
Letter to Copenhaver, 10-19-07
Letters to Zirkel, 3-6-07, 8-15-07, 4-8-08 and 12-11-08

Appendix C

Referral for Multi-Disciplinary Evaluation

Student's Full Name: Click here to enter text.	**SSID**: Click here to enter text.	**Grade**: Click here to enter text.
Date of Birth: Click here to enter a date.	**ARC Decision Date**: Click here to enter a date.	
	Referred Date: Click here to enter a date.	
School: Click here to enter text.	**Suspected Disability**: Click here to enter text.	
Primary Mode of Communication of the Student: Click here to enter text.		
Student Represented By: ☐ Parent ☐ Guardian ☐ Self ☐ Surrogate		
Does Student Live with Parents? ☐ Yes ☐ No		
If No, With Whom Does the Student Live? Click here to enter text.	**Relationship:** Click here to enter text.	
Note: If student lives with someone other than the parent, the *Determination of Parent Representative for Educational Decision Making* form must be completed and attached.		
Parent/Guardian: Click here to enter text.		
Home Address: Click here to enter text.		
Home Phone: Click here to enter text.	**Work Phone:** Click here to enter text.	
Primary Mode of Communication in the Home: Click here to enter text.		
Parent/Guardian: Click here to enter text.		
Home Address: Click here to enter text.		
Home Phone: Click here to enter text.	**Work Phone:** Click here to enter text.	
Primary Mode of Communication in the Home: Click here to enter text.		
General Education Teacher: Click here to enter text.	**Referring Person/Title**: Click here to enter text.	

Summary of Interventions & Data

1.Describe the area being targeted for intervention and means of identifying the need. Click here to enter text.

2.Indicate the area(s) of suspected disability (interventions must match deficit areas of the disability suspected): Click here to enter text.

3. Describe the Tier I intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist. Click here to enter text.

Dates		**Frequency of Service**	**Amount of Time**	**Impact** (What was the end result? What was the final level/score?)	**Expected Progress** (Where should the student have been at the end of the intervention?)
Begin	**End**				
Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

4. Describe the Tier II intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist. Click here to enter text.

Dates		**Amount of**	**Impact**	**Expected Progress**

Begin	End	Frequency of Service	Time	(What was the end result? What was the final level/score?)	(Where should the student have been at the end of the intervention?)
Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Describe the Tier III intervention(s) implemented in the general education classroom to address the area of being targeted and the name of the interventionist. Click here to enter text.

Dates		Frequency of Service	Amount of Time	Impact (What was the end result? What was the final level/score?)	Expected Progress (Where should the student have been at the end of the intervention?)
Begin	End				
Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Major Area(s) of Concern	
Communication: Click here to enter text.	
Articulation: Click here to enter text.	
Specialized Equipment Used by the Student:	Click here to enter text.

School Information

Number of Schools Attended to Date: Click here to enter text.

Year and Grade		Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Days Enrolled		Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Number of Absences	Excused	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Unexcused	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Number of Tardies	Excused	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Unexcused	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Years in School Including Current Year:	Years in Primary Program Including Current Year:	Repeated Grades:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content)					
Reading	Click here to enter text.	English	Click here to enter text.	Other: Click here to enter text.	Click here to enter text.

Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content)					
Spelling	Click here to enter text.	Science	Click here to enter text.	Other:Click here to enter text.	Click here to enter text.
Math	Click here to enter text.	Social Studies	Click here to enter text.	Other: Click here to enter text.	Click here to enter text.

Summary of Standardized Group Test Data (Attach Copies):

Physical Functioning

Attach documentation for results of each screening.

VISION	HEARING	MOTOR	SPEECH
Required for all students referred for special education		*Required when Specific Learning Disability suspected and as determined by the ARC*	*Required as Determined by the ARC*
Screening Date: Click here to enter a date. ☐ Passed ☐ Failed	Screening Date: Click here to enter a date. ☐ Passed ☐ Failed	Screening Date: Click here to enter a date. ☐ Passed ☐ Failed	Screening Date: Click here to enter a date. ☐ Passed ☐ Failed

Describe any Existing Medical Health Conditions Below:
Click here to enter text.

Is Student Currently on Medication?: ☐ Yes ☐ No Specify Type and Dosage Below:
Click here to enter text.

Summary of Past and Present Support

Has this student been evaluated for special education previously? ☐ Yes ☐ No

If yes,

- When was the student evaluated? Click here to enter text.
- What was the suspected area of disability? Click here to enter text.

What services is this student receiving or what services has this student received in the past? For the services below, enter **[C]** if currently receiving or **[P]** if the service was provided in the past.

Limited English Proficient	Migrant	Title 1	Speech Language	504	Extended School Services	Gifted and Talented
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Documentation of Student Progress

Involvement with Outside Agency(ies)?: ☐ Yes ☐ No Agency: Click here to enter text.
Describe services that are being provided to this student by agency(ies) listed above:

Scores from District Universal Screenings:			
Test Name: Click here to enter text.			
Reading: Click here to enter text.	Math: Click here to enter text.	Language: Click here to enter text.	Behavior: Click here to enter text.
Date: Click here to enter a date.	Date: Click here to enter a date.	Date: Click here to enter a date.	Date: Click here to enter a date.

4. Describe the Tier II intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist.					
Dates		Frequency of Service	Amount of Time	Impact (What was the end result? What was the final level score?)	Expected Progress (where should the student have been at the end of this intervention?)
Begin	End				

5. Describe the Tier III intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist.					
Dates		Frequency of Service	Amount of Time	Impact (What was the end result? What was the final level score?)	Expected Progress (where should the student have been at the end of this intervention?)
Begin	End				

Major Areas(s) of Concern: Check each reason for referring this student:

☐ Communication

- ☐ Communicates Basic Needs and Wants
- ☐ Articulation
- ☐ Knowledge of Sound/Letter Association
- ☐ Other Specify:
- ☐ Expressive Language
- ☐ Voice Quality
- ☐ Receptive Language
- ☐ Other Specify:

☐ Academic Performance

- ☐ Oral Expression
- ☐ Written Expression
- ☐ Reading Comprehension
- ☐ Mathematics Calculation
- ☐ Other Specify:
- ☐ Listening Comprehension
- ☐ Basic Reading Skills
- ☐ Reading Fluency
- ☐ Mathematics Reasoning and Application
- ☐ Other Specify:

☐ Health, Vision, Hearing and Motor Abilities

- ☐ Gross Motor Skills
  - ☐ Body Control
  - ☐ Locomotion
- ☐ Vision
- ☐ Developmental History
- ☐ Other Specify
- ☐ Fine Motor Skills
  - ☐ Perceptual Motor
  - ☐ Sensory
- ☐ Hearing
- ☐ Other Specify

Referral for Multi-Disciplinary Evaluation

Student's Full Name:		SSID:	

☐ Social and Emotional Status

- ☐ Interaction with Peers
- ☐ Interaction with Adults
- ☐ Acceptance of Rules
- ☐ Acceptance of Correction
- ☐ Acceptance to Disappointment
- ☐ Self Help Skills/Play Skills
- ☐ Team/Membership
- ☐ Other Specify:
- ☐ Mood Swings
- ☐ Repetitive Behaviors
- ☐ Self Concept
- ☐ Inactivity or Withdrawal
- ☐ Cooperation
- ☐ Self Control
- ☐ Expression of Feelings/Affect
- ☐ Other Specify:

☐ General Intelligence

- ☐ Understanding New Concepts
- ☐ Interpreting Data to Make Decisions
- ☐ Comparing/Contrasting Ideas of Objects
- ☐ Perceptual Discrimination
- ☐ Other Specify:
- ☐ Predicting Events/Results
- ☐ Problem Solving
- ☐ Applying Knowledge
- ☐ Memory
- ☐ Other Specify:

☐ Work Skills/Technical/Vocational Functioning

- ☐ Attending to Task
- ☐ Following Directions
- ☐ Independent Work Habits
- ☐ Seeking Assistance When Needed
- ☐ Using Research Tools Effectively
- ☐ Maintaining Physical Stamina
- ☐ Having Realist Vocational Goals
- ☐ Other Specify
- ☐ Punctuality
- ☐ Completing Work
- ☐ Organizing Materials/Belongings
- ☐ Using Technology to Gather/Organize Info
- ☐ Identifying Preferences/Interests
- ☐ Recognizing Personal Limitations
- ☐ Other Specify

School Information:
Number of Schools Attended to date:

Year and Grade:					
Days Enrolled					
Number of Absences	Excused				
	Unexcused				
Number of Tardies	Excused				
	Unexcused				

Appendix D

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

JUL - 6 2015

Dear Colleague:

It has come to our attention that there are concerns in the field regarding services delivered to children with autism spectrum disorder (ASD). In particular, the Office of Special Education Programs (OSEP) has received reports that a growing number of children with ASD may not be receiving needed speech and language services, and that speech-language pathologists and other appropriate professionals may not be included in evaluation and eligibility determinations under the Individuals with Disabilities Education Act (IDEA), Part B, or in meetings to develop the individualized education program (IEP) or individualized family service plan (IFSP) under both Parts B and C of IDEA. Some IDEA programs may be including applied behavior analysis (ABA) therapists exclusively without including, or considering input from, speech language pathologists and other professionals who provide different types of specific therapies that may be appropriate for children with ASD when identifying IDEA services for children with ASD.

OSEP places a high priority on ensuring that infants, toddlers and children with disabilities are identified as early as possible under the IDEA and that appropriate services are provided, including to infants, toddlers, and children with ASD. Under Part B of the IDEA, each State and its public agencies must ensure that a free appropriate public education (FAPE) is made available to all eligible children with disabilities (34 CFR §§300.101 and 300.17). Under Part C of the IDEA, each State must ensure that each eligible infant and toddler with a disability has available early intervention services that are designed to meet their developmental needs as identified by the IFSP team.

When conducting an evaluation under Part C of the IDEA, the evaluation must identify the child's level of functioning in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development (34 CFR §303.321(b)). Similarly, when conducting an initial evaluation under Part B, the public agency must ensure 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 (34 CFR §300.304(c)(4)). In addition, the IFSP Team must include a person or persons directly involved in conducting the evaluations and assessments (34 CFR §303.343(a)(1)), while the IEP team must include an individual who can interpret the instructional implications of evaluation results (34 CFR §300.321(a)(5)). The IDEA's IEP and IFSP processes are designed to ensure that an appropriate program is developed to meet the unique individual needs of a child with a disability, and that services are identified based on the unique needs of the child by a team that include the child's parents.

400 MARYLAND AVE. S.W., WASHINGTON, DC 20202-2600
www.ed.gov
The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

We recognize that ABA therapy is just one methodology used to address the needs of children with ASD and remind States and local programs to ensure that decisions regarding services are made based on the unique needs of each individual child with a disability (and the child's family in the case of Part C of the IDEA). We are sharing for your reference, and we encourage you to review, relevant guidance released by the Center for Medicare and Medicaid Services, "Clarification of Medicaid Coverage of Services to Children with Autism" (July 7, 2014; http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf) and "Medicaid and CHIP FAQ: Services to Address Autism" (September 2014; http://medicaid.gov/federal-policy-guidance/downloads/faq-09-24-2014.pdf).

I hope this clarification is helpful to the speech language pathologists and others represented by your organization. If you have additional questions, please do not hesitate to contact Susan Kauffman at susan.kauffman@ed.gov or Dawn Ellis at dawn.ellis@ed.gov.

Sincerely,

Melody Musgrove MM

Melody Musgrove, Ed.D.
Director
Office of Special Education Programs

Appendix E

Autism School Observation Guide
-page 1 of 4-

Student's Name _____ Grade: _____Date of Observation: _____

Observation completed by: _____Time of Observation: _____

Behavior	Description	Specific Typical Examples	Behaviors Observed
Social awareness or social orientation	The student notices that other people are present and shows more interest in people than objects.	1. Look up when others come near 2. Altering when name is called 3. Walking through school halls without bumping into everyone 4. Facing teacher in circle time or during class (instead of turning away to look at the computer) 5. Playing with another child (instead of playing alone or with an object) 6. Realizing that when the teacher gives directions to the entire class, she is also talking to him.	
Sharing emotions with others	The student directs clear nonverbal cues towards others to let them know how he/she feels.	1. Looking and smiling at someone ese when something good happens 2. Frowning or making an "angry face" and directing the expression toward others to let them know he//she is frustrated.	
Sharing attention with others. (Re: joint Attention)	The student will follow someone else's lead and looks at what they want him to look at and gives clear cues to others that he wants to see what he sees.	1. Monitoring another person's eyes and following where their gaze shifts 2. Following another person's pointing gesture 3. Using won eyes to shift back and forth between the person he/she is talking to and the thing he/she want them to see 4. Pointing to something to make sure someone else sees it	
Showing empathy for others	The student shows concern when someone else is sick, hurt, or sad and will attempt to comfort a peer who is sad or frustrated.	1. Patting a child who has fallen and saying "It's okay" 2. Giving a stuffed animal to a child who is crying 3. Changing facial expression to show some concern or worry when someone else is upset or sad	

Education: Office of Special Education. (pp E-1 to E-3).

Autism School Observation Guide
-page 2 of 4-

Behavior	Description	Specific Typical Examples	Behaviors Observed
Social awareness or social orientation	The student notices that other people are present and shows more interest in people than objects.	1. Look up when others come near 2. Altering when name is called 3. Walking through school halls without bumping into everyone 4. Facing teacher in circle time or during class (instead of turning away to look at the computer) 5. Playing with another child (instead of playing alone or with an object) 6. Realizing that when the teacher gives directions to the entire class, she is also talking to him.	
Sharing emotions with others	The student directs clear nonverbal cues towards others to let them know how he/she feels.	1. Looking and smiling at someone ese when something good happens 2. Frowning or making an "angry face" and directing the expression toward others to let them know he//she is frustrated	
Sharing attention with others. (Re: joint Attention)	The student will follow someone else's lead and looks at what they want him to look at and gives clear cues to others that he wants to see what he sees.	1. Monitoring another person's eyes and following where their gaze shifts 2. Following another person's pointing gesture 3. Using won eyes to shift back and forth between the person he/she is talking to and the thing he/she want them to see 4. Pointing to something to make sure someone else sees it	
Showing empathy for others	The student shows concern when someone else is sick, hurt, or sad and will attempt to comfort a peer who is sad or frustrated.	1. Patting a child who has fallen and saying "It's okay" 2. Giving a stuffed animal to a child who is crying 3. Changing facial expression to show some concern or worry when someone else is upset or sad	

Colorado Department of Education. (2015). *Guidelines for the educational evaluation of autism spectrum disorders.* Denver, CO: Colorado Department of Education: Office of Special Education. (pp E-1 to E-3).

Autism School Observation Guide
-page 3 of 4-

Behavior	Description	Specific Typical Examples	Behaviors Observed
Using gestures (with or without words)	The student will deliver a message to another person by moving his/her hands, head or body in a motion that is well-understood in the student's particular culture (using gestures shows he naturally picked up some of the practices of his culture, this is an important indicator of social learning).	1. Waving to indicate "goodbye" 2. Shrugging to indicate "I don't know" 3. Nodding head to indicate "yes" 4. Placing finger to lips to indicate "be quiet"	
Spontaneous Communication	The student tries to send a message to another person (with or without words; with or without adaptive supports). The emphasis is on attempting to communicate without others reminding or requiring it.	5. Commenting to another student that the homework was hard 6. Raising hand to ask a question or ask for help 7. Asking another person a question about their weekend 8. Asking an adult for a drink 9. Gesturing to another student to "come here"	
Flexible Communication	The student tires different ways to send a message, especially if his/her listener doesn't seem to understand what he/she is trying to communicate and not just sending the same message over and over again.	10. Rephrasing a question so that others can better understand what she is trying to communicate 11. Using a pantomime or acting out motions to clarify your meaning 12. Applying a change in intonation or the expressiveness of the voice to show what the student means or emphasize the most important part of the message 13. Asking a question once, perhaps seeking a little clarification, but not re-asking the same exact question	

Colorado Department of Education. (2015). *Guidelines for the educational evaluation of autism spectrum disorders.* Denver, CO: Colorado Department of Education: Office of Special Education. (pp E-1 to E-3).

Autism School Observation Guide
-page 4 of 4-

Behavior	Description	Specific Typical Examples	Behaviors Observed
Reciprocal Communication	The student takes turns with another person in a back-and-forth exchange of verbal and/or nonverbal behaviors that involves fluidly shifting back and forth between listening and expressing.	5. Two preschoolers discuss how many blocks belong on a tower: Sam: "We need more" Ben: "No, 5 is good" Sam: "More will be taller and louder when it falls" Ben: (pause) "Okay. Maybe 8" 6. Two middle school students discuss a recent history test: Harriet: "That was really hard" Sara: "Yeah, I didn't get the whole last part" Harriet: "Do you mean the stuff about Henry VIII" Sara nods. Harriet: "Me either, I don't think she covered that in class".	
Flexible Thinking	The student adjusts to the changes in expectations or routines without a lot of distress.	14. Not becoming upset by having a substitute teacher 15. Transitioning: Accepting an adult's request to leave a favorite activity (such as joining a small group) 16. Accepting that different words can be used to mean similar thing (i.e. There is no one way to express oneself). 17. Accepting that rues can be different in different places. 18. Willingness to try a new way to solve a problem or paly with something.	
Enjoys a variety of interests and activities	The student is curious and willing to explore a broad range of ideas, subjects and activities. They listen to other talk about their area of interests.	19. Listening to another student's book report on a topic never before explored 20. Willingness to talk about a variety of topics without spending too much time on one particular topic 21. Willingness to watch another student use a toy in a way that it wasn't intended to be used. For example, watching a student move a block in the air proclaiming "It's a plan" without getting upset.	

Colorado Department of Education. (2015). *Guidelines for the educational evaluation of autism spectrum disorders.* Denver, CO: Colorado Department of Education: Office of Special Education. (pp E-1 to E-3)

Appendix F

Steven L. Beshear
Governor

Dr. Terry Holliday
Commissioner of Education

EDUCATION AND WORKFORCE DEVELOPMENT CABINET
DEPARTMENT OF EDUCATION

Capital Plaza Tower • 500 Mero Street • Frankfort, Kentucky 40601
Phone: (502) 564-4770 • www.education.ky.gov

Policy Letter #2010-11-01

Establishing Student Eligibility
For IDEA Services

Kentucky Department of Education
Division of Learning Services (DLS)
August 30, 2010

Rationale

Over the past two years, I have become increasingly concerned over IDEA eligibility practices that the Division of Learning Services (DLS) staff have observed in local school districts. Due to districts' failure to follow IDEA procedures in federal and state law, Kentucky's percentage of students identified as having disabilities under IDEA has significantly increased since 2000.

At the same time, critical outcomes for students with disabilities have failed to keep pace with educational outcomes for general education students. The achievement gap between students with and without disabilities is significant and continues to increase in many districts. Graduation rates for students with disabilities are lower, and dropout rates higher, as compared to non-disabled students.

Part of the failure to ensure positive outcomes for IDEA students is general education's lack of understanding in appropriately teaching students with diverse learning needs. Students who do not learn in the "typical" manner begin lagging behind their classmates at an early age. If inappropriate instruction continues and educational progress remains delayed, diverse learners are often inappropriately placed in special education.

Once in special education, students' access to the general education curriculum is frequently limited. This continues to affect the special education students' academic achievement, leading to unacceptable outcomes in graduation and dropout rates and post-school success.

KDE believes that general education requirements such as Response to Intervention (RtI) will ultimately aid school districts with teaching diverse learners. Two keys with RtI are intervening early at the first sign of difficulty and appropriately instructing students with diverse learning needs through differentiated instruction. Through the use of RtI, most diverse learners will have their needs met in general education. Special education will no longer be the "fallback position" for low-achieving students.

DLS has assumed a major role in addressing Kentucky's over-identification issues over the past two years. During that time, DLS has conducted data verification visits and initiated focused monitoring of districts with IDEA identification rates of more than 15%. Districts violating IDEA by failing to provide appropriate interventions, evaluations and eligibility determinations have been cited for IDEA violations.

Districts cited for noncompliance have one year to come into compliance with IDEA. To assist districts with correction of noncompliance, DLS and the Special Education Cooperatives (Co-ops) have been providing districts with technical assistance and training related to appropriate IDEA identification.

To further assist districts, DLS, with the help of the Co-ops, recently revised documents related to record reviews of student folders. The resulting Compliance Record Review Document sets out DLS's interpretation of IDEA. The Document is posted on the KDE web site at: http://www.education.ky.gov/KDE/Instructional+Resources/Exceptional+Children/Monitoring/

The Compliance Record Review Document contains specific guidance on proper IDEA eligibility practices. It is intended to provide technical assistance to districts as well as notice to districts regarding DLS's interpretation of IDEA requirements related to student eligibility. It will also guide DLS's efforts at determining district compliance with IDEA during on-site visits and desk audits for SY 2010-11.

This Policy Letter is to be used in conjunction with the Compliance Record Review Document. The Letter contains DLS's interpretation of its regulations in the area of Identification, Evaluation and Eligibility where the language of the regulations is unclear. It is my expectation that both the Compliance Record Review Document and this Policy Letter will assist districts in achieving IDEA compliance.

R. Larry Taylor

R. Larry Taylor, Director
Division of Learning Services
Office of Next Generation Learners

Interventions

The legal requirement for Kentucky's RtI-type process for all disability categories was put into Kentucky's Child Find requirement in 2007. (707 KAR 1:300, Section 3). In spite of the law being in effect for over two years, DLS continues to find little to no evidence that the following requirements are being implemented:

- Relevant research-based instruction and intervention services are provided in regular (general) education settings prior to or as part of the referral process
- Instruction and intervention services are provided by qualified personnel
- Data-based documentation of repeated assessments of achievement or measures of behavior are collected and evaluated at reasonable intervals; and reflect systematic assessment of student progress during instruction; and
- Results are provided to the child's parents

DLS has also found a lack of understanding about interventions required by the Child Find regulation. Information provided in student folders demonstrates that accommodations are persistently substituted for the required interventions.

Interventions are defined as changes to **instruction**. Alterations in physical surroundings (preferential seating), materials (large print) or curriculum adaptations (extended time, reducing the quantity of materials to be mastered by students) are accommodations. They are not interventions. See Compliance Record Review document, Item 61, pages 38-40. http://www.education.ky.gov/NR/rdonlyres/0F89B537-EACD-4D69-99CF-6BFF35797BC0/0/RecordReviewDocumentjuly12final.pdf

As explained in Item 61 of the Record Review, districts not providing appropriate interventions prior to or during the referral process are in violation of 707 KAR 1:300, Section 3. Any students, including preschoolers, identified for IDEA services that have not received appropriate interventions have been illegally identified as eligible under IDEA.

A district found in violation of the intervention requirement by DLS will be required to implement a Corrective Action Plan (CAP) to remedy the systemic violation, as well as the individual student violation. The CAP will consist of:

- Establishing a district-wide process to ensure compliance with federal and state requirements for determining eligibility; and,
- Re-determining the individual student's eligibility using the new, compliant process

If the student is found ineligible for IDEA services after going through the district's new eligibility process, including documentation of research-based interventions, the student must no longer receive IDEA services. The district *may* also be required to repay IDEA funds that were obtained in violation of IDEA.

The individual student remedy will undoubtedly cause hardship for the local district. Parents and school staff will not understand the reason the student, once "eligible" under IDEA, is no longer able to receive services. District administrators will be equally unhappy as they look for money to repay IDEA funds to KDE. To avoid students from being illegally identified in the first place, districts must immediately begin implementing a process which ensures IDEA compliance for determining eligibility.

KDE is in the process of reorganizing its agency structure. As part of the reorganization, emphasis has been placed on diverse learners and differentiating instruction for all students. This change will further enhance technical assistance and resources currently available to districts from KDE.

Information related to research-based instruction and interventions may be found at the *What Works Clearinghouse at http://ies.ed.gov/ncee/wwc/reports/default.aspx ??*

Evaluation

❖ *Triangulation of data*

IDEA eligibility must be established through multiple sources of information. Just as a stool cannot stand on one leg, IDEA eligibility cannot stand on one piece of evidence. This means information regarding student eligibility must be triangulated.

The purpose of triangulation is to increase the credibility and validity of results. In the case of IDEA eligibility, triangulation means there are multiple data sources that substantiate the existence of a disability. Data triangulation includes triangulation of time, space and persons. An Admissions and Release Committee (ARC) can be confident of an eligibility determination, if different methods of evaluation that take place in varied settings, by multiple evaluators and at different times, lead to the same result.

DLS has observed the following inappropriate evaluation practices in which triangulation was not utilized while reviewing student folders for eligibility:

- One piece of evidence, such as a doctor's statement, is used to determine eligibility for OHI
- Only an IQ score or an adaptive behavior score is used to determine eligibility for MMD. This occurs when either the IQ score or the adaptive behavior score is not two standard deviations below the mean and the ARC relies upon only the lower score to establish eligibility, even though both scores are required to be two standard deviations below the mean
- On reevaluation of a student with a Mild Mental Disability, a new adaptive behavior score that is higher than the original score is completely disregarded by the ARC, in order for the student to continue to receive special education services

Districts with IDEA identification rates of more than 15% must begin an immediate shift in thinking about IDEA eligibility. **Rather than looking for any piece of information to support IDEA eligibility, ARCs must begin requiring proof that the student is IDEA-eligible.** This means districts must review their evaluation practices and require their ARCs to triangulate data.

❖ *Observations*

The requirement for observations as part of the Child Find and evaluation processes is found in two sections of Kentucky's IDEA regulations:

- 707 KAR 1:300, Section 4(14)(b) and (c), *Evaluation and Reevaluation Procedures*
- 707 KAR 1:310, Section 1(3), *Determination of Eligibility* (Behavioral Observations)

In addition to the regulatory requirements, observations also play a key role in answering the question of whether the disability has an *adverse effect* on the student's educational progress.

During its review of student folders, DLS noted the critical evaluation piece of observations was missing from numerous student eligibility determinations. Many districts do not routinely require student observations as part of the eligibility process. Even if listed in the evaluation plan or cited in a psycho-educational assessment, there is often little to no evidence showing the observations occurred, or that the observation information was carefully considered by the ARC.

In omitting observations as part of evaluation planning, ARCs are misinterpreting the two sections of Kentucky's IDEA regulations cited above. DLS's analyses of the observation requirements are set out in a. and b. below, for the two separate observation regulations.

a. *Review of existing observation data, "Child Find, Evaluation and Reevaluation"*- 707 KAR 1:300, Section 4(14)(b) and (c)

Section 4(14) of the Kentucky regulation states:

> (14) As part of an initial evaluation, if appropriate, or as part of any reevaluation, the ARC and other qualified professionals, if necessary, shall review existing evaluation data on the child including: ...
>
> (b) Current classroom-based, local, or state assessments and classroom-based observations; and,
>
> (c) Observations by teachers and related services providers

Immediately following this regulation is Section 4(15), which refers to the referral phase of the Child Find process. It states:

> (15) "On the basis of the review" (of existing data) "and input from the parents, the ARC shall identify what additional data, if any, are needed to determine:
>
> (a) Whether the child has a particular category of disability and the educational needs of the child, or in the case of a reevaluation of the child, whether the child continues to have a disability, and the educational needs;
>
> (b) The present levels of academic achievement and related developmental needs of the child; ..."
> 707 KAR 1:300Section 4(15)(a) and (b)

By reading the two sections together, DLS interprets the regulations as requiring ARCs to review current classroom-based assessments and observations, and observations by teachers and related services providers, as part of the referral process. As a result of the review of existing data, ARCs during evaluation planning will determine additional data needed to determine if the student qualifies for services under IDEA, then, if eligible, the IEP services required by the student.

DLS's position is bolstered by its review of federal law. 707 KAR 1:300, Section 4(14) is based on the federal requirement found at 34 C.F.R. §300.305(a), *Additional requirements for evaluations and reevaluations.* In its comments to the federal regulations, the Office of Special Education Programs (OSEP) explained its regulation as follows:

> Observation data will generally be a part of the existing data reviewed for any child suspected of having a disability. Section 300.305(a)(1) requires the eligibility group to review existing evaluation data, including classroom-based observations and observations by teachers and related services providers. (Emphasis added.)

OSEP's comments affirm DLS's belief that observations are a required part of student evaluation under IDEA.

DLS has contacted OSEP for additional guidance in defining "existing evaluation data. OSEP has advised DLS that existing evaluation data may take many forms. It may also include informal as well as formal observations. OSEP provided the following examples as sources of classroom-based observations that the ARC may use in its review of existing data:

- Disciplinary information
- Office referrals
- Anecdotal information based on a teacher's observations presented at a Teacher Assistance Team may be reduced to writing

Examples of observation data from teachers or related services providers referenced in (c) of 707 KAR 1:300, Section 4(14) include data from AIMSweb and DIBELS.

In rare circumstances, current observation data may not be available. A medically fragile child living in a hospital, a three-year old student moving to Kentucky from another state or a student who has been home-schooled probably will not have existing evaluation data.

Absent unusual circumstances which are documented by the ARC, **DLS is requiring observations set out in the Child Find process [707 KAR 1:300, Section4 (14)] to be part of the evaluation information used to determine IDEA eligibility**.

b. Behavioral Observations, *"Determination of Eligibility"*- 707 KAR 1:310, Section 1(3)

The second observation requirement found in Kentucky's special education law is at 707 KAR 1:310, Section 1(3), *Determination of Eligibility*. The regulation states:

> (3) In making eligibility determinations, an LEA shall draw upon information from a variety of sources, **which may include:**
>
> (a) Response to scientific, research-based interventions;
> (b) Vision, hearing, and communication screenings;
> (c) Parental input;
> (d) Aptitude and achievement tests;
> (e) Teacher recommendations;
> (f) Physical condition;
> (g) Social or cultural background;
> (h) Adaptive behavior; or
> **(i) *Behavioral observations.***
>
> (Emphasis added.)

Clearly, every source of information listed above will not be needed to determine eligibility for every student. For example:

- "Aptitude and achievement tests" are not a part of evaluation information used to determine eligibility for a First Steps toddler entering preschool, since 3-year old children have not participated in formal standardized testing
- Information on "physical condition" may not be needed for students with intellectual disabilities
- "Adaptive behavior" information is not necessary for a student suspected only of having a speech/language impairment

However, omitting this same information when determining eligibility for the following disability categories would be inappropriate and would violate Kentucky's IDEA regulations:

- "Aptitude and achievement tests" are required to determine student eligibility for a Specific Learning Disability
- "Physical condition" information is necessary for students suspected as Other Health Impaired (OHI) or as having an Orthopedic Impairment (OI)
- "Adaptive behavior" information is required when ARCs are considering if a student has a Mild Mental Disability or a Functional Mental Disability

Districts have incorrectly interpreted the regulatory language at 707 KAR 1:310, Section 1(3)(i) as making behavioral observations a permissible part of the evaluation process. By not requiring behavioral observations in evaluation planning, ARCs are omitting essential sources of data needed in making accurate eligibility decisions under IDEA.

DLS recently contacted OSEP for guidance, to assist districts in understanding the observation requirement. According to OSEP, the "behavior" observations requirement is meant to be construed broadly.

Behavior observations mean more than requiring a functional behavioral assessment for students with problematic behaviors. Behavior observations also include:

- Observing student responses to teaching, learning and instruction
- Looking at and diagnosing what works during instruction to the student
- Determining what triggers negative behaviors, as well as positive responses to instruction

Even though every source of information listed in 707 KAR 1:310, Section 1(3) is not required for every student, OSEP's guidance makes it clear that observations are a necessary source of information and must be included in eligibility determinations. Information gleaned from observations must be considered with other data about the student. The data must then be triangulated and a decision reached regarding eligibility.

In developing the evaluation plan, the ARC must consider the information needed to support the existence of the disability for the individual student. If a student is inattentive and OHI is suspected as a disability, behavioral observations must be done. Likewise, a student with complex behavioral issues will have multiple behavioral observations. A student having difficulty with written expression must be observed, to note her responses to the teacher's instructions.

As noted earlier, data triangulation requires the observations be across time and settings, and by multiple evaluators.

Behavioral observations may also be part of the data used to establish the crucial "adverse effect" requirement in Kentucky special education law. By using observations to compare a student's performance to peers, the ARC has additional information that allows it to determine whether the student's educational performance is significantly and consistently below the level of similar-aged peers as required by the regulations.

DLS's position is that behavior observations *are required* as part of the evaluation for every category of suspected disability.

Additional Observation Considerations

❖ *Function of Observations*

ARCs must understand the function of observations and tailor observations to the purpose for which they are being used. For example:

- If a child is experiencing difficulties in academics, the observations must be done in academic classes
- If a child is experiencing difficulties in less-structured environments, the observations must be done in less-structured settings, such as transitions between classes, the lunch room and physical education class

Observations must be done by staff trained to do the observations. Depending on the student suspected disability, observations may be more valuable if done on different days and different times of day. As noted above in the *Triangulation of Data* discussion, spacing the time between observations ensures the observations are not affected by factors unrelated to the disability, such as:

- Illness
- Lack of sleep
- Temporary family problems
- Daily interactions with other students or teachers
- Hunger

DLS has observed records in student folders that show a lack of understanding of the reason for observations. The following practices are not acceptable:

- A school psychologist's observation of the student during psycho-educational testing is accepted by the ARC as one of the required observations.
- A student suspected of a specific learning disability in math is observed during language arts only.
- Several observations are conducted by the same person close in time on the same day, resulting in diminished quality and less information for the ARC.
- Observations of a preschool child occur at screening or during testing, rather than settings where the child's behavior of concern happens.

❖ *Number of Observations Required*

The Kentucky regulations require observations. This means a minimum of two observations must be done; however, many situations require more than the minimum of two. The number of observations conducted is based upon the needs of the child. Additional observations may also be required when the results of two observations are inconsistent.

Other individual factors affecting the number of observations required include:

- A student with challenging behavior or with behaviors shown inconsistently throughout the day may require additional observations across settings
- Students with complex behaviors may need multiple observations (for example, students suspected of having an autism spectrum disorder).
- Students taking medication may need to be observed at different times of the day

❖ *Observations for Students Suspected of a Specific Learning Disability*

DLS's position is that a minimum of two observations are required during the evaluation process. If the student is suspected of having a Specific Learning Disability, one of the two observations must comply with 707 KAR 1:310, Section 2(8), *Additional Procedures for Evaluating Children with Specific Learning Disabilities.*

Observations – Summary

Appropriate observations are designed to obtain information about the student's suspected disability that may not be available through other means. Observations serve an important purpose in triangulating data, as they document the effects of a suspected disability and provide important information about student performance, behavior and "adverse effect."

Item 67 of the Compliance Record Review Document reflects DLS's policy in this area. Beginning in SY 2010-11, for districts to comply with Item 67, ARCs must consider current classroom-based, local or state assessments and classroom-based observations; and observations by teachers and related services providers, as part of the initial evaluation process.

In most cases, the ARC will have access to existing student data, including observations. However, as explained above, in rare cases, there may be no existing data. If there was no existing data for the ARC to consider, the district may mark "Not Applicable" (NA) on the Record Review Document for Item 67, only if the ARC documents its reasons for omitting the information from the Evaluation Plan.

Conclusion

Policy Letter #2010-11-01 marks the first in a series of IDEA policy statements by the Division of Learning Services. The next letter - *Reevaluation of Students with Disabilities* - will be issued shortly. Additional letters will follow so that KDE and the Co-ops may provide general supervision and technical assistance to local school districts in their efforts to comply with IDEA requirements.

Appendix G
Autism (AUT)
Eligibility Determination Form

Eligibility/Continued Eligibility **Autism (AU) Eligibility Determination**		
☐ Initial Determination of Eligibility for this Category of Disability	☐ Re-Determination of Eligibility for this Category of Disability	
The **ARC** determines a student to have ***Autism*** and is eligible for specially designed instruction and related services when:		
Complete During ARC	The **ARC** compared and analyzed evaluation data and documents and the following interpretation:	
☐ Yes ☐ No ☐ Insufficient	1a.	The student has a developmental disability, generally evident before age 3, significantly effecting verbal and nonverbal communication (must be present for eligibility), and
☐ Yes ☐ No ☐ Insufficient	1b.	The student has a developmental disability effecting social interaction (must be present for eligibility), and
☐ Yes ☐ No ☐ Insufficient	2.	The student's deficits are not primarily the result of an emotional-behavioral disability.
☐ Yes ☐ No ☐ Insufficient	3.	Evaluation information confirms there is an adverse effect on educational performance (must be present for eligibility).
☐ Yes ☐ No ☐ Insufficient	4.	Evaluation information confirms that lack of instruction in reading and/or math was not a determinant factor in the eligibility decision.
☐ Yes ☐ No ☐ Insufficient	5.	Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision.
Provide supporting evidence that demonstrates the **ARC**: • Used multiple data sources that substantiate the existence of the disability (triangulation of data); • Confirmed the progress of the child is impeded by the disability to the extent that the child's educational performance is significantly and consistently below the level of similar aged peers.		
Supporting Evidence: Click here to enter text.		
The **ARC** used the above interpretation of the evaluation data to determine: ☐ The student has Autism which adversely impacts his/her education and is eligible for specially designed instruction and related services ☐ The student does not have autism and is not eligible for specially designed instruction and related services. ☐ The student has autism, but it does not adversely impact his/her education; therefore, the student is not eligible for specially designed instruction and related services. ☐ Evaluation data was insufficient to determine eligibility. Additional assessments and/or data will be obtained/collected in the area(s) of:Click here to enter text.		
The **ARC** will reconvene by Click here to enter a date. to review and determine eligibility.		

Appendix H

Summary of Results from Evaluation for Autism

Student's _____ Date of Birth: _____ Age: _____ Grade: _____

Summary completed by: _____ Date of Summary: _____

Evaluation Component (e.g., Observation, Interview, Test)	Completed by: (Family, Teacher, Special Services Provider)	List Behaviors Consistent with Possible ASD	List Behaviors not consistent with ASD	Conclusion/Source Indicates Risk of ASD
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Myers, C. & Myers, D. (2016) Adapted from: Hepburn, S., Kaiser, K., & Graham, M. (June 2015). *Guidelines for the Educational Evaluation of Autism Spectrum Disorder*. Colorado Department of Education: The office of Special Education, Exceptional Student Services.

Appendix I

Working Definitions for Evidence-Based Practices (EBP)

Table 7. Working Definitions for EBPs			
Evidence-Based Practice	**Definition**	**Empirical Support**	
		Group (n)	**Single Case (n)**
Antecedent-based intervention (ABI)	Arrangement of events or circumstances that precede the occurrence of an interfering behavior and designed to lead to the reduction of the behavior	0	32
Cognitive behavioral intervention (CBI)	Instruction on management or control of cognitive processes that lead to changes in overt behavior	3	1
Differential reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O)	Provision of positive/desirable consequences for behaviors or their absence that reduce the occurrence of an undesirable behavior Reinforcement provided: a) when the learner is engaging in a specific desired behavior other than the inappropriate behavior (DRA), b) when the learner is engaging in a behavior that is physically impossible to do while exhibiting the inappropriate behavior (DRI), or c) when the learner is not engaging in the interfering behavior (DRO)	0	26
Discrete trial teaching (DTT)	Instructional process usually involving one teacher/service provider and one student/client and designed to teach appropriate behavior or skills Instruction usually involves massed trials Each trial consists of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction	0	13
Exercise (ECE)	Increase in physical exertion as a means of reducing problem behaviors or increasing appropriate behavior	3	3
Extinction (EXT)	Withdrawal or removal of reinforcers of interfering behavior in order to reduce the occurrence of that behavior Although sometimes used as a single intervention practice, extinction often occurs in combination with functional behavior assessment, functional communication training, and differential reinforcement	0	11
Functional behavior assessment (FBA)	Systematic collection of information about an interfering behavior designed to identify functional contingencies that support the behavior FBA consists of describing the interfering or problem behavior, identifying antecedent or consequent events that control the behavior, developing a hypothesis of the function of the behavior, and/or testing the hypothesis	0	10
Functional communication training (FCT)	Replacement of interfering behavior that has a communication function with more appropriate communication that accomplishes the same function FCT usually includes FBA, DRA, and/ or EX	0	12
Modeling (MD)	Demonstration of a desired target behavior that results in imitation of the behavior by the learner and that leads to the acquisition of the imitated behavior This EBP is often combined with other strategies such as prompting and reinforcement	1	4
Naturalistic intervention (NI)	Intervention strategies that occur within the typical setting/activities/routines in which the learner participates Teachers/service providers establish the learner's interest in a learning event through arrangement of the setting/activity/routine, provide necessary support for the learner to engage in the targeted behavior, elaborate on the behavior when it occurs, and/or arrange natural consequences for the targeted behavior or skills	0	10
Parent-implemented intervention (PII)	Parents provide individualized intervention to their child to improve/increase a wide variety of skills and/or to reduce interfering behaviors Parents learn to deliver interventions in their home and/or community through a structured parent training program	8	12

(Wong,Odom,Hume,Cox,Fettig,Kucharczyk,Brock,Plavnick,Fleury & Schultz)

Evidence-Based Practice	Definition	Empirical Support	
		Group (n)	Single Case (n)
Peer-mediated instruction and intervention (PMII)	Typically developing peers interact with and/or help children and youth with ASD to acquire new behavior, communication, and social skills by increasing social and learning opportunities within natural environments Teachers/service providers systematically teach peers strategies for engaging children and youth with ASD in positive and extended social interactions in both teacher-directed and learner-initiated activities	0	4
Picture Exchange Communication System (PECS)	Learners are initially taught to give a picture of a desired item to a communicative partner in exchange for the desired item PECS consists of six phases which are: (1) "how" to communicate, (2) distance and persistence, (3) picture discrimination, (4) sentence structure, (5) responsive requesting, and (6) commenting	2	
Pivotal response training (PRT)	Pivotal learning variables (ie, motivation, responding to multiple cues, self-management, and self-initiations) guide intervention practices that are implemented in settings that build on learner interests and initiative	1	7
Prompting (PP)	Verbal, gestural, or physical assistance given to learners to assist them in acquiring or engaging in a targeted behavior or skill Prompts are generally given by an adult or peer before or as a learner attempts to use a skill	1	32
Reinforcement (R+)	An event, activity, or other circumstance occurring after a learner engages in a desired behavior that leads to the increased occurrence of the behavior in the future	0	43
Response interruption/ redirection (RIR)	Introduction of a prompt, comment, or other distracters when an interfering behavior is occur- ring that is designed to divert the learner's attention away from the interfering behavior and results in its reduction	0	10
Scripting (SC)	A verbal and/or written description about a specific skill or situation that serves as a model for the learner Scripts are usually practiced repeatedly before the skill is used in the actual situation	1	8
Self-management (SM)	Instruction focusing on learners discriminating between appropriate and inappropriate behaviors, accurately monitoring and recording their own behaviors, and rewarding themselves for behaving appropriately	0	10
Social narratives (SN)	Narratives that describe social situations in some detail by highlighting relevant cues and offering examples of appropriate responding. Social narratives are individualized according to learner needs and typically are quite short, perhaps including pictures or other visual aids.	0	17
Social skills training (SST)	Group or individual instruction designed to teach learners with autism spectrum disorders (ASD) ways to appropriately interact with peers, adults, and other individuals Most social skill meetings include instruction on basic concepts, role-playing or practice, and feedback to help learners with ASD acquire and practice communication, play, or social skills to promote positive interactions with peers	7	8
Structured play group (SPG)	Small group activities characterized by their occurrences in a defined area and with a defined activity, the specific selection of typically developing peers to be in the group, a clear delineation of theme and roles by adult leading, prompting, or scaffolding as needed to support students' performance related to the goals of the activity	2	2
Task analysis (TA)	A process in which an activity or behavior is divided into small, manageable steps in order to assess and teach the skill Other practices, such as reinforcement, video modeling, or time delay, are often used to facilitate acquisition of the smaller steps	0	8

(Wong,Odom,Hume,Cox,Fettig,Kucharczyk,Brock,Plavnick,Fleury & Schultz)

EVP Definitions Continued

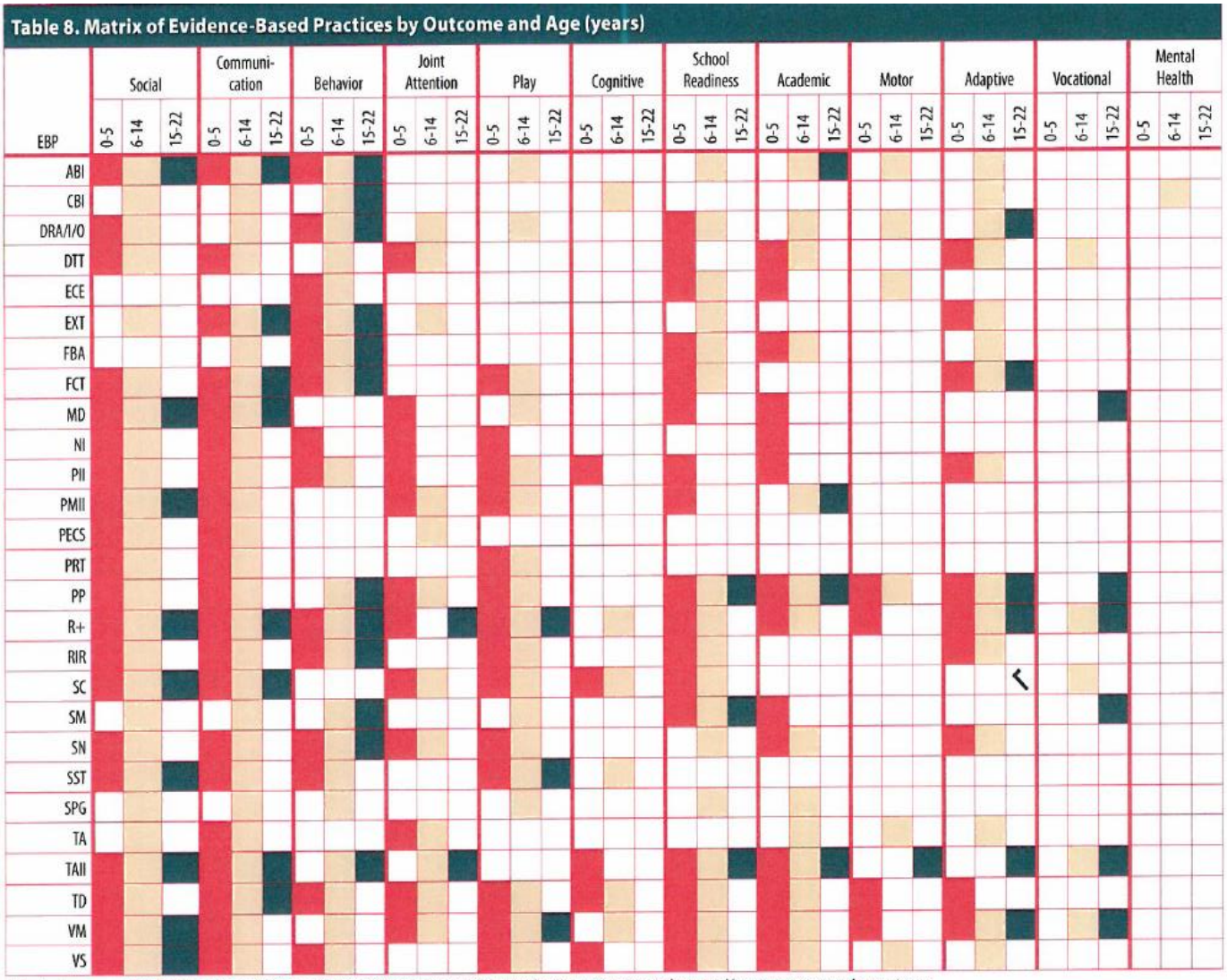
Evidence-Based Practice	Definition	Empirical Support	
		Group (n)	Single Case (n)
Technology-aided instruction and intervention (TAII)	Instruction or interventions in which technology is the central feature supporting the acquisition of a goal for the learner Technology is defined as "any electronic item/ equipment/ application/or virtual network that is used intentionally to increase/maintain, and/or improve daily living, work/productivity, and recreation/leisure capabilities of adolescents with autism spectrum disorders" (Odom, Thompson, et al , 2013)	9	11
Time delay (TD)	In a setting or activity in which a learner should engage in a behavior or skill, a brief delay occurs between the opportunity to use the skill and any additional instructions or prompts The purpose of the time delay is to allow the learner to respond without having to receive a prompt and thus focuses on fading the use of prompts during instructional activities	0	12
Video modeling (VM)	A visual model of the targeted behavior or skill (typically in the behavior, communication, play, or social domains), provided via video recording and display equipment to assist learning in or engaging in a desired behavior or skill	1	31
Visual support (VS)	Any visual display that supports the learner engaging in a desired behavior or skills independent of prompts Examples of visual supports include pictures, written words, objects within the environment, arrangement of the environment or visual boundaries, schedules, maps, labels, organization systems, and timelines	0	18
Reinforcement (R+)	An event, activity, or other circumstance occurring after a learner engages in a desired behavior that leads to the increased occurrence of the behavior in the future	0	43
Response interruption/ redirection (RIR)	Introduction of a prompt, comment, or other distracters when an interfering behavior is occur- ring that is designed to divert the learner's attention away from the interfering behavior and results in its reduction	0	10

(Wong,Odom,Hume,Cox,Fettig,Kucharczyk,Brock,Plavnick,Fleury & Schultz)

Appendix J

Evidence-Based Practices by Outcome and Age (years)

Table 8. Matrix of Evidence-Based Practices by Outcome and Age (years)



A shaded box represents that at least one study meeting criteria included participants in the given age group and reported improvement on a given outcome

(Wong,Odom,Hume,Cox,Fettig,Kucharczyk,Brock,Plavnick,Fleury & Schultz)

Appendix K

Four-Step Problem-solving Process Checklist for Students with Autism

✓ Completed	Problem-solving Steps	Comments
	Step 1. Problem Identification Formative Data Collection:	
	Clarify values and make commitment.	
	State the problem behavior in measurable terms.	
	Obtain a baseline for behavior(s) of concern.	
	Conduct discrepancy analysis.	
	Conduct an analysis of data to determine function of problem behavior.	
Essential Questions: • What are the key issues or concerns identified by the problem-solving team? • What does the team value in regards to student behavior? • What data sources (direct/indirect) do we need to consider? • Do we have sufficient data to analyze the behavior? • What are the student's strengths, gifts, reinforcers? • What interventions are working? What progress has the student made? • What are potential barriers to success? (school and student)		
	Step 2: Problem Analysis	
	Determine the factors that may be maintaining the behavior(s) of concern, including the underlying characteristics (weaknesses) of Autism.	
	Link factors maintaining the problem behavior with an intervention strategy.	
	Identify EBPs that are connected to the function and maintaining factors of the behavior.	
Essential Questions: • Which underlying characteristics of Autism may be impacting the behavior of concern? Consider the following 8 domains: · social, communication, restrictive/repetitive behaviors, cognition, sensory, academic, emotional vulnerability, and motor. • Do any of the identified weaknesses overlap into multiple domains? • Are weaknesses already addressed with interventions that are currently in place? • Which weaknesses are impacting the student the most across multiple settings? • NOTE: Identify Evidence-based Practices for Autism that are connected to the function and maintaining factors of the behavior.		

Step 3: Intervention Development		
	Develop an intervention plan for intervening with problem behavior.	
	Develop an implementation plan for interventions.	
	Determine a method for improving fidelity of implementation.	
	Determine the valued behavior outcome (replacement behavior) and evaluation procedure.	

Essential questions:

- What antecedent or consequent interventions will positively influence the behavior of concern?
- How can we implement the intervention strategy to positively influence the behavior of concern?
- What is the “reactive” procedure when problem behaviors occur?
- How can we ensure that interventions are implemented with fidelity?
- How will we determine if the intervention is working?
- What training will be provided to implementers for increased fidelity of implementation?

Step 4: Intervention Implementation		
	Determine the level of fidelity of implementation and provide implementation support.	
	Graph progress monitoring data.	
	Use decision rules to determine intervention effectiveness.	
	Revisit the problem analysis and make instructional changes.	

Essential questions:

- Is intervention being implemented as planned?
- Does the data support that the intervention plan is working? If not, what changes need to be made to the intervention plan to increase effectiveness?

Appendix L

E *'Specially'* DECS

A weekly email update from the Division of Exceptional Children Services
to Directors of Special Education on current issues, information and events.
August 3, 2005 - Volume 2, Number 4

Question of the Week:

I have heard that several issues have arisen from DECS' on-site visit for the 2004-2005 school year. What can you share with us regarding (1) Identification of students as having multiple disabilities; and, (2) The number of students identified by districts as participating in the alternate assessment?

Answer to #1:

(1) DECS' monitoring staff encountered situations in which districts classified all students with one or more disabilities as having "multiple disabilities". Although laypeople may understand the term as including any child having more than one disability, the requirements under IDEA are more complex.

As set forth in 34 CFR 300.7(b)(7) and 707 KAR 1:280, Section 1(35), multiple disabilities means

Concomitant impairments that have an adverse effect on the child's educational performance (e.g., mental disabilities-blindness, mental disabilities- orthopedic impairment), the combination of which causes severe educational needs that cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not mean deaf-blindness.
(Emphasis added.)

The IDEA definition for multiple disabilities is thus a two-part inquiry. First, the student must have at least two disabilities, with both disabilities meeting the eligibility criteria under the IDEA regulations. However, even if the student has two disabilities, the combination of the two must cause such great educational needs for the student that he or she cannot be served in a program that typically only serves one of the disability categories.

An example may make this definition clearer.

A student may be eligible under IDEA as having a learning disability and also be classified as "other health impaired" due to ADHD. This is not the type of student that the law intended to be labeled as having a multiple disability, since typically the student's ADHD can be accommodated in the program in which students with learning disabilities are served. Likewise, most students with an orthopedic disability and learning disability may be appropriately educated in an LD program, if appropriate accommodations are made for the student's physical disability. Typically, the combination of two moderate incidence disabilities (such as Other Health Impaired, Orthopedically Impaired, Mild Mental Disability and Specific Learning Disability) does not result in a classification of multiple disabilities, which is considered a low incidence disability.

Generally, students who have two "low incidence" disabilities would be properly classified as having a multiple disability. This would include students who have a functional mental disability (FMD) and are deaf, or who have autism and are blind.

While the ARC is charged with making the decision of whether the student may be categorized as having multiple disabilities, the ARC must document the reason that it has made the decision, based upon the regulatory language cited above. In other words, the ARC must answer the question, 'What is it about the combination of the two disabilities that keeps the student from being appropriately educated in the program that would serve the student, but for the presence of the second disability?'

Since the multiple disabilities classification assumes the student has severe educational needs, additional weight is given to students with multiple disabilities in calculating the districts' SEEK add-on funds. Classifying students as multiply disabled and receiving additional monies when in fact the student does not have multiple disabilities as defined by IDEA may subject the district to a child count audit.

Next week, Question 2 will be addressed. Stay tuned.

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Resources

Autism Programs

- Center for Autism and Related Disorders (CARD)
  http://www.centerforautism.com/
- Organization for Autism Research (OAR)
  https://researchautism.org/resources/
- The SCERTS Model
  http://www.scerts.com/
- TEACCH Autism Program
  https://www.teacch.com/
- Ziggurat Group
  http://www.texasautism.com/

Autism Publishing Companies

- AAPC Publishing Company
  http://www.aapcpublishing.net/
- Different Roads to Learning
  http://www.difflearn.com/
- Future Horizons
  http://fhautism.com/
- The Gray Center
  http://www.thegraycenter.org
- Shoe Box Task
  http://www.shoeboxtasks.com/nter.org/

Evidenced-Based Practices

- Autism Focused Intervention Resources and Modules
  http://afirm.fpg.unc.edu/afirm-modules
- Autism Internet Modules
  http://www.autisminternetmodules.org

Peer Support Network

- Kentucky Peer Support Network Project
  https://msd1stop.hdiuk.org/index.php/Kentucky_Peer_Support_Network_Project_(KPSNP)

Sensory Integration

- Indiana Resource Center for Autism: Sensory Integration Tips
  https://www.iidc.indiana.edu/pages/Sensory-Integration-Tips-to-Consider

Social/Emotional Skills

- The Incredible 5-Point Scale
  https://www.5pointscale.com
- Social Skills Activities for Children with Autism
  http://autismteachingstrategies.com

Training & Information

- Autism Speaks
  http://www.autismspeaks.org/
- Autism Society of America
  http://www.autism-society.org/
- First Signs
  https://www.firstsigns.org/
- Kentucky Autism Training Center
  http://louisville.edu/education/kyautismtraining/
- Online Asperger Syndrome Information & Support (O.A.S.I.S.)
  http://www.udel.edu/bkirby/asperger/

Visual Supports

- Use Visual Strategies
  http://www.usevisualstrategies.com/
- Do2 Learn
  http://www.do2learn.com/
- Victories N Autism
  http://www.victoriesnautism.com