

# AUTISM

[Louisiana Department of Education - Pupil Appraisal Handbook]

## I. DEFINITION

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a student's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance. A student who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria are satisfied.

## II. CRITERIA FOR ELIGIBILITY

The multidisciplinary team may determine that the student displays autism if disturbances identified in all three of the categories below exist and adversely effect a student's educational performance. These disturbances may be characterized by delays, arrests, and/or regressions in typical skill development, and/or precocious skill acquisition. While autism is behaviorally defined, manifestation of behavioral characteristics may vary along a continuum ranging from mild to severe.

### A. Communication: *A minimum of two items must be documented.*

1. Disturbances in the development of spoken language.
2. Disturbances in conceptual development (e.g., doesn't understand time or WH-questions; good reader/poor comprehension; knows multiplication facts but can't use them functionally; doesn't appear to understand directional concepts, but can read a map and find the way home; repeats multi-word utterances, but can't process the semantic-syntactic structure).
3. Marked impairment in the ability to attract another's attention, to initiate, or to sustain a socially appropriate conversation.
4. Disturbances in shared joint attention (acts used to direct another's attention to an object, action, or person for the purposes of sharing the focus on an object, person or event).
5. Stereotypical and/or receptive use of vocalizations, verbalizations and/or idiosyncratic language (made-up language).
6. Echolalia with or without communicative intent (may be immediate, delayed, or mitigated).
7. Marked impairment in the use and/or understanding of nonverbal (e.g., eye-to-eye gaze, gestures, body postures, facial expressions) and/or symbolic communication (e.g., signs, pictures, words, sentences, written language).
8. Prosody variances including, but not limited to, unusual pitch, rate, volume and/or other intonational contours.
9. Scarcity of symbolic play.

- B. Relating to people, events, and/or objects: *A minimum of four items must be documented.*
1. Difficulty in developing interpersonal relationships.
  2. Impairments in social and/or emotional reciprocity, or awareness of the existence of others and their feelings.
  3. Lack of/or minimal spontaneous seeking to share enjoyment, achievements, and/or interests with others.
  4. Absent, arrested, or delayed capacity to use objects/tools functionally, and/or to assign them symbolic and/or thematic meaning.
  5. Difficulty generalizing and/or discerning inappropriate versus appropriate behavior across settings and situations.
  6. Lack of/or minimal varied spontaneous pretend/make-believe play and/or social imitative play.
  7. Difficulty comprehending other people's social/communication intentions(e.g., doesn't understand jokes, sarcasm, irritation), interests, or perspectives.
  8. Impaired sense of behavioral consequences (e.g., no fear of danger, injury to self or others).
- C. Restricted, repetitive and/or stereotyped patterns of behaviors, interests, and/or activities: *A minimum of two items must be documented.*
1. Unusual patterns of interest and/or topics that are abnormal either in intensity of focus (e.g., knows all baseball statistics, TV programs, collection of light bulbs).
  2. Marked distress over change and/or transitions (e.g., substitute teacher, moving from one activity to another).
  3. Unreasonable insistence on following specific rituals or routines (e.g., taking the same route to school, flushing all toilets before leaving a setting, turning on all lights upon returning home).
  4. Stereotyped and/or repetitive motor movements (e.g., hand flapping, finger flicking, hand washing, rocking, spinning).
  5. Persistent preoccupation with an object or parts of objects (e.g., taking magazine everywhere he/she goes, playing with a string, spinning wheels on toy car).

There may be coexisting conditions/associated features that may include, but are not limited to cognitive delays, seizure activity, depression, anxiety, obsessive-compulsive disorders, Tourette Syndrome, fragile X syndrome, tuberous sclerosis, pica, allergies, self-injurious behaviors, sleeping and toileting problems, etc.

Asperger's Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Rett Syndrome, or Childhood Disintegrative Disorder should not be excluded from the classification if the criteria for autism are met.

### III. PROCEDURES FOR SCREENING

- A. Pre-referral Activities shall be followed
- B. Screening for sensory processing difficulties may be warranted if the student exhibits behavioral symptoms that result in marked behavior or social difficulties, disruption in development of self-help skills, or fine and gross motor coordination. Symptoms (examples listed below) should be clearly documented. If the results of the screening demonstrate that sensory processing difficulties appear to interfere with the student's ability to learn, an occupational therapy assessment should be considered.
  1. Visual symptoms: for example, squinting in normal light, use of peripheral vision, poor eye contact, staring, prolonged regarding of hands or objects, attention to illumination, close scrutiny of visual details, over arousal to extraneous visual stimuli.
  2. Auditory symptoms: for example, hands over ears, acting as if deaf, preoccupation with certain sounds, repetitively making certain sounds or words, abnormal behavioral responses to sound (e.g., screaming, self-injurious behavior, aggression).
  3. Tactile symptoms: for example, prolonged rubbing of surfaces, does not cry when injury occurs, does not tolerate certain food textures, has to wear the same clothing all the time, tags in clothing may bother the student, cannot tolerate heat/humidity, tactile defensiveness (e.g., does not want to be touched), self-injury (e.g., pinching, biting, head banging, scratching), avoidance of tactile media (e.g., glue, sand, water).
  4. Vestibular (balance) symptoms: for example, prolonged swinging, whirling without dizziness, preoccupation with spinning objects, difficulty ascending/descending stairs, clumsiness, avoidance of playground equipment or repetitive and obsessive use of playground equipment, may demonstrate extreme fear regarding movement, may experience motion sickness very easily.
  5. Olfactory (smell) and gustatory (taste) symptoms: for example, repetitive sniffing of people/objects/food, licking of inedible objects, mouthing objects, specific and/or limited food preferences.
  6. Proprioceptive (movement) symptoms: for example, posturing, darting/lunging movements, hand flapping, grimaces.
  7. Motor planning difficulties: for example, child is unable to develop or recall an organized plan for completing a sequence of motor actions; may need excessive repetition and prompts to learn simple tasks such as hand washing, may know the individual steps in isolation, but unable to link them together to form an integrated whole; may have difficulty using two hands together to complete a task; may appear clumsy or awkward.
  8. Attention/arousal difficulties: for example, child may have difficulty maintaining appropriate level of attention/arousal needed for demands of task, may hyperfocus at times and then have difficulty shifting attention.

#### **IV. PROCEDURES FOR EVALUATION**

The individual evaluation should include at a minimum an appraisal of the student's level of development in cognitive, social, communication, sensori-motor processing, and motor areas, as appropriate.

- A. A comprehensive assessment conducted by a certified school psychologist, licensed psychologist, or physician, trained or experienced in the evaluation of students with developmental disabilities or other qualified examiner.
- B. Behavioral observation of the student in interaction with others such as parents, teachers, and peers in the student's customary environments.
- C. A physical examination by a licensed physician for students "at risk" for health difficulties.
- D. An assessment of the student's hearing by an audiologist using, if possible, techniques that do not require overt or voluntary responses from the student.
- E. A speech and language assessment conducted by a speech/language pathologist trained and experienced in the evaluation of children with developmental disabilities. (If necessary, an augmentative/alternative communication assessment should be conducted).

Consideration should be given to other assistive technology, devices and/or services that would be educationally necessary for the student to benefit from his or her educational curriculum.

- F. A family interview conducted by a school social worker or other qualified pupil appraisal staff member to determine the impact of social, cultural, developmental, and/or health factors on the student's difficulties.
- G. An educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member which shall include an assessment of the student's academic or pre-academic strengths, support needs, and learning styles.
- H. An occupational therapy assessment when deemed necessary by the evaluation coordinator and the multidisciplinary team.
- I. Other assessments as determined to be appropriate and necessary by the evaluation coordinator and the multidisciplinary team.

#### **V. RE-EVALUATION**

The re-evaluation of students classified with autism shall include at a minimum all requirements under Individual Education Process: re-evaluation and any other assessments deemed appropriate by the Re-evaluation/IEP Team.