

Autism Spectrum Disorder

.....

EI/ECSE Pre-Referral and Referral Information Packet



Northwest Regional Education Service District
Related Services
5825 N.E. Ray Circle
Hillsboro, Oregon 97124-6436
503-614-1428 Fax 503-614-1285



Northwest Regional Education Services District Pre-referral Process

Please use the following process to complete an initial referral

Pre-Referral Team

Dates

- _____ Discuss student needs at school team level, including the Speech-Language Specialist
- _____ Review student file, gather information as for any student brought to the team
- _____ Complete intervention checklist and indicate results
- _____ Choose a pre-referral screening tool (classic or high-functioning) and complete
- _____ Determine if a referral to special education is needed

Referral for Initial and Re-evaluation Autism Spectrum Disorder Assessment

1. Complete both sides of Request for Regional Services and Evaluation for Eligibility form. This can be accessed at:
<http://www.nwresd.k12.or.us/specialed/pdf/ReqSvcRequestForm.xls>.
Send this form with the Parent Consent form to your Coordinator. Be sure to contact any specialists conducting testing to determine which testing instruments they will be using for the assessment.
2. Obtain Parental Consent
3. School team determines which staff member will be responsible for the various assessment pieces (See attached flow chart).

Assessment for Autism Spectrum Disorder

1. ASD Profile to be completed by autism spectrum disorder specialist or other qualified person in the area of autism spectrum disorder:
 - Documentation of the presence of characteristics indicative of autism during early development
 - Record review and/or parent review
 - Standardized autism rating scale
 - Observations and direct-interaction
2. Functional Communication Assessment completed by a Speech Language Pathologist
3. Additional assessments to determine the impact of the disability, i.e., cognitive/academic testing, OT evaluation, etc., to be completed by designated specialist(s).
4. Medical Statement or Health Assessment to be completed by Service Coordinator and faxed to medical provider, form found on EC Data.

5. Service Coordinator schedules meeting with educational team and parents and completes draft of eligibility form prior to meeting, form found on EC Data.
6. Once eligibility meeting is held, the Service Coordinator returns copies of these documents to Support Staff in the Regional Programs Department:
 - Eligibility form
 - Meeting notes
 - Medical statement
 - Functional Communication Report
 - Additional reports
7. If student is found eligible, conduct an IFSP and include information from ASD Specialist to determine appropriate consult hours and for programming and goal suggestions, as needed.
8. Complete a Special Education Action Form documenting the decision.



Northwest Regional ESD – Autism Spectrum Disorder Program

Northwest Regional Education Service District
 5825 N.E. Ray Circle
 Hillsboro, Oregon 97124-6436
 503-614-1428 Fax 503-614-1285

Initial Evaluation and Eligibility Checklist

Student _____ ID# _____ Date _____

School _____ Case Manager _____

Team Member Responsible	Required for Eligibility	Date needed by	Date Completed or Information already obtained
District Case Manager	Pre-referral Packet Including: Pre-Referral Process, Intervention Checklist, Pre-Referral Screening Tool (To be completed by School Referral Team)		
District Case Manager	Contact ASD Specialist and SLP		
District Case Manager	Arrange for additional assessments to be completed in other areas of suspected disability &/or educational planning purposes (as determined by the referring team)		
District Case Manager	Obtain parental signature on Prior Notice About Evaluation/Consent for Evaluation .(Signature for: observations, developmental history, file review, parent/staff interviews, *appropriate ASD rating scale, and functional communication assessment)		
District Case Manager	Medical Statement (Fax to medical office and call to follow up). <i>Must have in by the eligibility meeting and within one year of meeting date.</i>		
Speech/Language Pathologist	Functional Communication Assessment <i>(This may count as 1 of the required observations)</i>		
District Case Manager	Schedule eligibility determination meeting with team members, including parents		
ASD Specialist	2-3 observations to occur on at least 2 different days (SLP can also conduct an observation if needed)		
ASD Specialist	Developmental History (Parent Interview and/or portions of the ASD Rating Scale)		
ASD Specialist	File Review with Case Manager		
ASD Specialist	Teacher/Staff Interview and Student Interview (optional)		

ASD Specialist	ASD Rating Scale (specific scale that will be used should be designated on Permission to Evaluate form)		
ASD Specialist	ASD report		
District Case Manager	Facilitate eligibility meeting, complete draft of eligibility form, & document outcome on Special Education Action Form.		
District Case Manager	Distribute copies of all forms and reports whether eligible or not, to appropriate offices, including Regional Programs		
District Case Manager	Set up IFSP/IEP and facilitate		



Intervention Checklist

Name: _____ **Age:** _____ **Date:** _____
Teacher: _____ **Grade:** _____ **School:** _____

Please fill in the following information in order to assist in meeting the student's current needs.

1. Area(s) of Concern:

<input type="checkbox"/> Academic	<input type="checkbox"/> Language	<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Hearing
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Speech	<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Vision
<input type="checkbox"/> Attendance	<input type="checkbox"/> Social Skills/Peer Relationships	<input type="checkbox"/> Physical	
<input type="checkbox"/> Emotional	<input type="checkbox"/> Sensory Processing	<input type="checkbox"/> Coping Skills	

2. Information gathered:

<input type="checkbox"/> Student Conference(s)	<input type="checkbox"/> Parent Conference(s)
<input type="checkbox"/> Review of Records	<input type="checkbox"/> Staff input
<input type="checkbox"/> Medical Info. obtained	<input type="checkbox"/> Vision/Hearing Screening

3. Strategies Implemented:

Consider Environmental Modifications:

 - If tried and worked = +
 - If tried without success = 0
 - In process = **

+ / 0 / **	Intervention Attempted	Comments
Time		
	Individual schedule and/or group schedule posted	
	Structured transitions	
	Notice given prior to changes in schedule	
Space		
	Alternative setting, i.e. quiet space, opportunity for movement	
	Established/preferential seating	
Materials		
	Clearly defined visual materials provided, i.e. guided notes, graphic organizers	
Peer/Social		

	Access to positive peer role models	
--	-------------------------------------	--

4. Describe Management Modifications (e.g., classroom management system, systematic group management techniques, individual behavior management techniques, *token economy*)

5. Attach additional data collection, if applicable.



Northwest Regional ESD – Autism Spectrum Disorder Program

Northwest Regional Education Service District
5825 N.E. Ray Circle
Hillsboro, Oregon 97124-6436

503-614-1428 Fax 503-614-1285

Pre-referral Screening Tool for Individuals Exhibiting ‘*Classic Autism*’ Characteristics

It is the team’s responsibility to determine if a child should be referred. Please use the grid below to document observed characteristics that are impacting the student’s academics, social and/or adaptive functioning. There are many things to consider when referring a child for special education services under the eligibility of Autism Spectrum Disorder. This tool is geared toward assisting the team in the initial or 3-year referral process for students who appear to exhibit “*Classic Autism*.”

Eligibility Requirements:

1. The student *must display characteristics in the following four defining areas* which impact his/her education:
 - **Impairments in communication**
 - **Impairments in social skills**
 - **Patterns of behaviors, interests and/or activities that are restricted, repetitive or stereotypic**
 - **Unusual responses to sensory stimuli**
2. These characteristics must be **inconsistent or discrepant with the child’s development in other areas.**
3. These characteristics must be **apparent over time and/or intensity.**

Team members completing this form:

Name: _____ Position: _____
Date: _____

Name: _____ Position: _____
Date: _____

Name: _____ Position: _____
Date: _____

Communication:

<u>Exhibits Severe Impairments in Communication:</u>	Provide Examples:
<ul style="list-style-type: none">• Delayed speech development characterized by no babbling until 12 months or attained speech but lost all or most of the speech they had gained.	
<ul style="list-style-type: none">• No jabbering or imitation of	

SSS.RS.3800

Rev: 09/08

vocalizations at 9-18 months	
<ul style="list-style-type: none"> Does not imitate sounds, gestures, or expressions Crying not related to needs. 	
<ul style="list-style-type: none"> No 2-word spontaneous (not just echolalia) phrases by 24 mos. Repeats sounds non-communicatively 	
<ul style="list-style-type: none"> Does not respond to his or her name. Inaccurate use of pronouns or pronoun reversal 	
<ul style="list-style-type: none"> Unusual vocal quality and/or inflection Does not volunteer information or initiate speech. 	
<ul style="list-style-type: none"> Inability to repair communication breakdowns. Limited range of communication functions May show pragmatic difficulty in speech despite adequate scores on standardized tests. 	

Social Skills:

<u>Exhibits Severe Impairments in Social Interaction:</u>	<u>Provide Examples:</u>
<ul style="list-style-type: none"> No anticipatory social responses (6-10 months). Absent or delayed social smile (1-4 months). Eye contact may be avoided or fleeting. Does not extend toys to other people. 	
<ul style="list-style-type: none"> Does not seek comfort when distressed. Pretend play absent, unimaginative, or repetitive. Laughs, giggles, or cries inappropriately. 	
<ul style="list-style-type: none"> Lack of spontaneous seeking to share enjoyment, interests, with others. Prefers concrete repetitive play to exclusion of varied, spontaneous play (24-32 months). Is not interested in other children/people. 	
<ul style="list-style-type: none"> Difficulty shifting attention appropriately. Impairment in the ability to initiate or sustain a conversation or social interaction with others or to match their topic to the social context. 	
<ul style="list-style-type: none"> Initiates conversations with a narrow range of topics, may monopolize conversations. 	

<ul style="list-style-type: none"> • Narrow range of interests and activities. • Failure to develop peer relationships appropriate to developmental level/may seek out social interaction but in an odd manner. 	
---	--

Patterns of behaviors, interests &/or activities that are restricted, repetitive, or stereotypic:

<u>Exhibits Restricted Repetitive Patterns of Behavior:</u>	<u>Provide Examples:</u>
<ul style="list-style-type: none"> • Random exploration of the environment • Repetitive, unusual manipulation or use of toys/objects • Compulsive adherence to routine, rituals 	
<ul style="list-style-type: none"> • Spins objects or self • Has odd movement patterns • Seeks repetitive stimulation 	
<ul style="list-style-type: none"> • Repetitive activities, i.e., pacing, finger flicking, flapping, or unusually stiff body posture 	
<ul style="list-style-type: none"> • Gets stuck on doing the same things over and over • May be inflexible and unable to tolerate change. 	
<ul style="list-style-type: none"> • Cognitive abilities scattered, with unique strengths /weaknesses. Good rote memory/motor skills. • Inconsistent motor skills (fine versus gross motor) 	
<ul style="list-style-type: none"> • Unusual attachments to object(s). • Talks obsessively about only a few topic(s) of interest. 	
<ul style="list-style-type: none"> • Elaborate routines and rituals. • Unable to stop before the end of a task. • Difficulties with sequencing, planning and shifting attention. 	

Unusual Responses to Sensory Stimuli: *(Either Hyper or Hypo response)*

<u>Exhibits Unusual Responses to Sensory Experiences:</u>	Provide Examples:
<ul style="list-style-type: none"> • Apparent insensitivity to pain. • Difficulty with response to textures. • Show unusual response or fascination to visual stimuli. • Persistent rocking. 	
<ul style="list-style-type: none"> • May have unusual sleep patterns. • Under or oversensitive to certain textures, sounds, tastes, smells. 	
<ul style="list-style-type: none"> • Inappropriate or no response to sound. • Reduced startle response. 	
<ul style="list-style-type: none"> • Resistant to being cuddled or touched • Seeks out “bear hugs” or other deep pressure activities 	
<ul style="list-style-type: none"> • Refuses to eat what most people eat. • Transition between food textures may be difficult. • Has unusual eating behaviors, eats only one food for a long period of time then shifts to another food. 	

Other Common Learning Characteristics

- Learns much better if the information is concrete, sequential, rote.
- Unusual long-term memory for “unconventional” facts, i.e., a neighbor’s car registration.
- Lacks common sense, basic problem solving abilities, and/or safety awareness.
- Strong visual learner, struggles with auditory processing.
- Struggles maintaining joint attention, attending to environmental or situational cues.
- “Holistic processing” as if to record the event on a video camera, but not to understand the purpose of the event.
- Unable to see the “Big picture”, unable to screen out insignificant or irrelevant details.
- Either unable or overly generalizes skills.
- Significant splinter skills, exceptionally good at some things and poor at others, i.e., can articulate how a train engine operates, yet can’t conceive the concept of time.
- History of sleep, or toileting issues, delayed developmental milestones.
- Difficulty with Personal Management or Self-Control:
 - Can be impulsive, hyperactive, or exhibit a short attention span for items that aren’t of interest.
 - Difficulty being quiet or waiting.
 - Difficulty working independently without bothering others.
 - Difficulty accepting help or correction, perfectionist.

- Organizational Skills:
 - Struggles with organizing self on paper, where to start or where to write.
 - Must have items of interest in a certain pattern, place or order
 - Inability to organize thoughts or multi-step tasks.
 - Difficulty finishing or turning in work.
- Physical Struggles
 - Gross motor, i.e., clumsy, odd gait or toe walking.
 - Fine motor, i.e., handwriting or shoe tying.
 - Hyper or Hypo sensitive to pain.
- Recreation and Play Concerns
 - Common interests, i.e., computers, facts, trains, automotive, puzzles, maps, medieval/fantasy.
 - Lacks imaginative play.
 - Struggles with group games or activities, i.e., requires strict enforcement of the rules.
 - Sustained odd/typical play, i.e., lining things up or only spinning tires on toy cars.



Northwest Regional ESD – Autism Spectrum Disorder Program

Northwest Regional Education Service District
 5825 N.E. Ray Circle
 Hillsboro, Oregon 97124-6436

503-614-1428 Fax 503-614-1285

Pre-referral Screening Tool for High Functioning Autism/Asperger’s Syndrome

It is the team’s responsibility to determine if a child should be referred. Please use the grid below to document observed characteristics that are impacting the student’s academics, social and/or adaptive functioning. There are many things to consider when referring a child for special education services under the eligibility of Autism Spectrum Disorder. This tool is geared toward assisting the team in the initial or 3-year referral process for students who appear to exhibit “High Functioning Autism/Asperger Syndrome.”

Eligibility Requirements:

1. The student *must display characteristics in the following four defining areas* which impact his/her education:
 - **Impairments in communication**
 - **Impairments in social skills**
 - **Patterns of behaviors, interests and/or activities that are restricted, repetitive or stereotypic**
 - **Unusual responses to sensory stimuli**
2. These characteristics must be **inconsistent or discrepant with the child’s development in other areas.**
3. These characteristics must be **apparent over time and/or intensity.**

Team members completing this form:

Name: _____ Position: _____
 Date: _____

Name: _____ Position: _____
 Date: _____

Name: _____ Position: _____
 Date: _____

Communication

Impairment	Provide Examples
<ul style="list-style-type: none"> • Literal interpretation of language, i.e., doesn’t understand figures of speech, humor or jokes, difficulty understanding words with double meanings, etc. 	
<ul style="list-style-type: none"> • Repeatedly asks certain questions. • Repeatedly makes statements. 	

<ul style="list-style-type: none"> • Attempts to seek interaction. • Attempts to seek clarification. • Delayed response time. • Delayed auditory processing. 	
<ul style="list-style-type: none"> • Repeatedly echoes statements or scripts from TV, videos, etc. 	
<ul style="list-style-type: none"> • Lacks conversation reciprocity, i.e., doesn't speak appropriately to audience, speaking as if reciting from a dictionary or as if scripted. • Doesn't accommodate for the age of his listener, or will talk only on his topics. • Doesn't respond to peers attempts to interact. 	
<ul style="list-style-type: none"> • Is unaware of his listener's interest or understanding of topic. 	
<ul style="list-style-type: none"> • Problems with speed, volume or tone. 	
<ul style="list-style-type: none"> • Better at decoding than comprehending reading passages. 	

Social Skills

Impairment	Provides Examples
<ul style="list-style-type: none"> • Difficulty using or reading non-verbal cues, i.e., other's facial expressions or body language. 	
<ul style="list-style-type: none"> • Struggles to maintain peer relations, friendships, may even be indifferent to peer interaction or peer pressure, much more comfortable with being by self. • Sits away from group or on the sidelines. 	
<ul style="list-style-type: none"> • Social attempts are stilted, odd, or inappropriate. 	
<ul style="list-style-type: none"> • Inappropriate emotional responses, i.e., will laugh or smile when angry/anxious. 	
<ul style="list-style-type: none"> • Unaware of social codes of conduct, i.e., will say something offensive, embarrassing, interrupt or tattle excessively. 	
<ul style="list-style-type: none"> • Little sense of other's boundaries, proximity issues, i.e., stands too close or touches too often. 	
<ul style="list-style-type: none"> • Lack of or weak eye contact or has an intense stare used often in uncomfortable situations. 	
<ul style="list-style-type: none"> • Trouble with competition, i.e., losing, winning or being first. 	

Patterns of behaviors, interests &/or activities that are restricted, repetitive, or stereotypic:

Impairment	Provide Examples
<ul style="list-style-type: none"> • High anxiety and/or easily frustrated. 	
<ul style="list-style-type: none"> • Difficulty with transitions, i.e., from place to place activity to activity, change or new experiences. 	
<ul style="list-style-type: none"> • Repetitive activities, i.e., pacing, finger flicking, flapping, or unusually stiff body posture. 	
<ul style="list-style-type: none"> • Generally honest, naïve and compliant when he understands what to do. 	
<ul style="list-style-type: none"> • Unmotivated by typical motivators for peers. 	
<ul style="list-style-type: none"> • Unusual attachments to object(s). • Talks obsessively about only a few topic(s) of interest. 	
<ul style="list-style-type: none"> • Elaborate routines and rituals. • Unable to stop before the end of a task. 	
<ul style="list-style-type: none"> • Need clear-cut, concise directions, i.e., for rules, expectations, how or when to begin or end a task. 	
<ul style="list-style-type: none"> • Difficulty accepting help or correction, perfectionist. 	

Unusual Responses to Sensory Stimuli: (Either Hyper or Hypo response)

Impairment	Provide Examples
<ul style="list-style-type: none"> • Hearing: agitated with unexpected noise, little or no response to name or environmental noises, makes self induced noises or likes sounds that are constant masking of outside noises, shuts down or tantrums with lots of stimulus. 	

Impairment	Provides Examples
<ul style="list-style-type: none"> • Touch: great aversion to tactile sensation like messy hands, or being touched unexpectedly, thoroughly or frequently feels everything, chews on non-food items, impaired response to temperature or pain, will wear only certain clothes, seek deep pressure or areas that are closed off/tight fit, avoidance or attraction to water. 	
<ul style="list-style-type: none"> • Taste: strong preferences to certain textures, temperatures, tastes or colors. 	
<ul style="list-style-type: none"> • Vision: Insists on objects staying in the same place, “stims” off lights, spins or 	

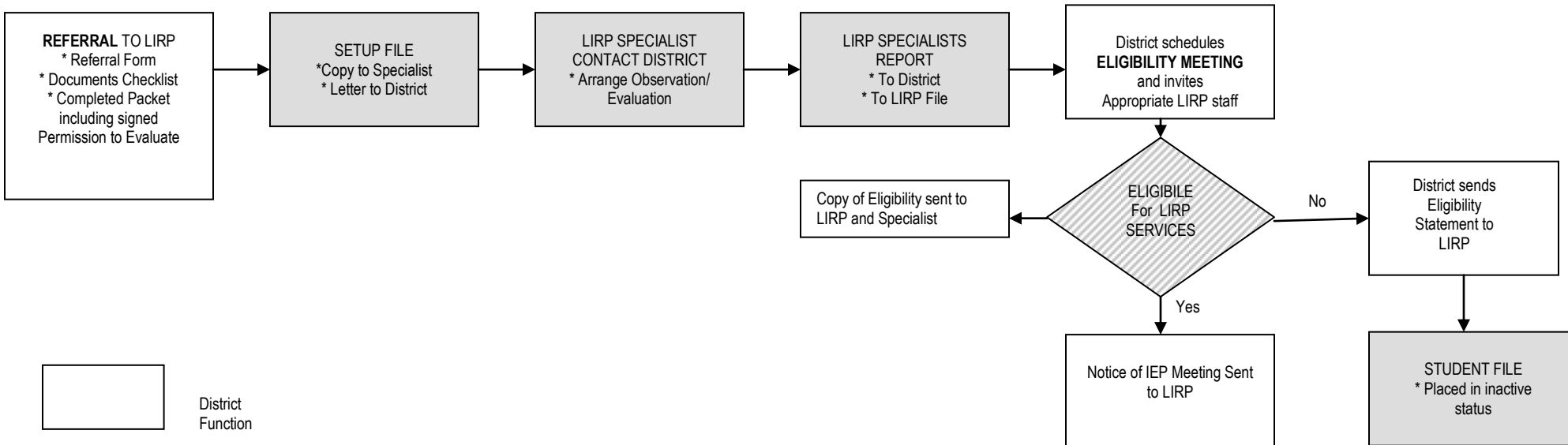
plays with items repeatedly, depth perception problems, distracted by too much stimuli, stares into space or at patterns or surfaces.	
<ul style="list-style-type: none"> • Smell: frequently smells non-food items, over-reacts or oblivious to certain smells. 	
<ul style="list-style-type: none"> • Vestibular/Motor: fearful in space, moves part of body often, walks on toes, needs to swing, jump or be in motion to help calm self down or refocus, avoids balancing. 	
<ul style="list-style-type: none"> • Perceptual/Perceptual Motor: trouble with paper/pencil activities, difficulty with body in space, clumsy, problems with the use of tools, distracted by items such as doors or cupboards being open, or in motion. 	

Other Common Learning Characteristics:

Impairment	Provide Examples
<ul style="list-style-type: none"> • Learns much better if the information is concrete, sequential, rote. 	
<ul style="list-style-type: none"> • Unusual long-term memory for “unconventional” facts, i.e., a neighbor’s car registration. 	
<ul style="list-style-type: none"> • Lacks common sense. • Lacks basic problem solving abilities. • Lacks safety awareness. 	
<ul style="list-style-type: none"> • Strong visual learner 	
<ul style="list-style-type: none"> • Struggles maintaining joint attention, attending to environmental or situational cues. 	
<ul style="list-style-type: none"> • “Holistic processing” as if to record the event on a video camera, but not to understand the purpose of the event. 	
<ul style="list-style-type: none"> • Unable to see the “Big picture”. • Unable to screen out insignificant or irrelevant details. 	
<ul style="list-style-type: none"> • Either unable or overly generalizes skills. 	
<ul style="list-style-type: none"> • Significant splinter skills, exceptionally good at some things and poor at others, i.e., can articulate how a train engine operates, yet can’t conceive the concept of time. 	

Impairment	Provide Examples
<p>Difficulty with Personal Management or Self-Control:</p> <ul style="list-style-type: none"> • Can be impulsive, hyperactive, or exhibit a short attention span for items that aren't of interest. • Difficulty being quiet or waiting. • Difficulty working independently without bothering others. 	
<p>Organizational Skills:</p> <ul style="list-style-type: none"> • Struggles with organizing self on paper, where to start or where to write. • Must have items of interest in a certain pattern, place or order • Inability to organize thoughts or multi-step tasks. • Difficulty finishing or turning in work. 	
<p>Physical Struggles</p> <ul style="list-style-type: none"> • Gross motor, i.e., clumsy, odd gait or toe walking. • Fine motor, i.e., handwriting or shoe tying. • Hyper or Hypo sensitive to pain. 	
<p>Recreation and Play Concerns</p> <ul style="list-style-type: none"> • Common interests, i.e., computers, facts, trains, automotive, puzzles, maps, medieval/fantasy. • Lacks imaginative play. • Struggles with group games or activities, i.e., requires strict enforcement of the rules. • Sustained odd/typical play, i.e., lining things up or only spinning tires on toy cars. 	

LOW INCIDENCE REGIONAL PROGRAMS (LIRP) SPECIAL EDUCATION REFERRAL PROCESS

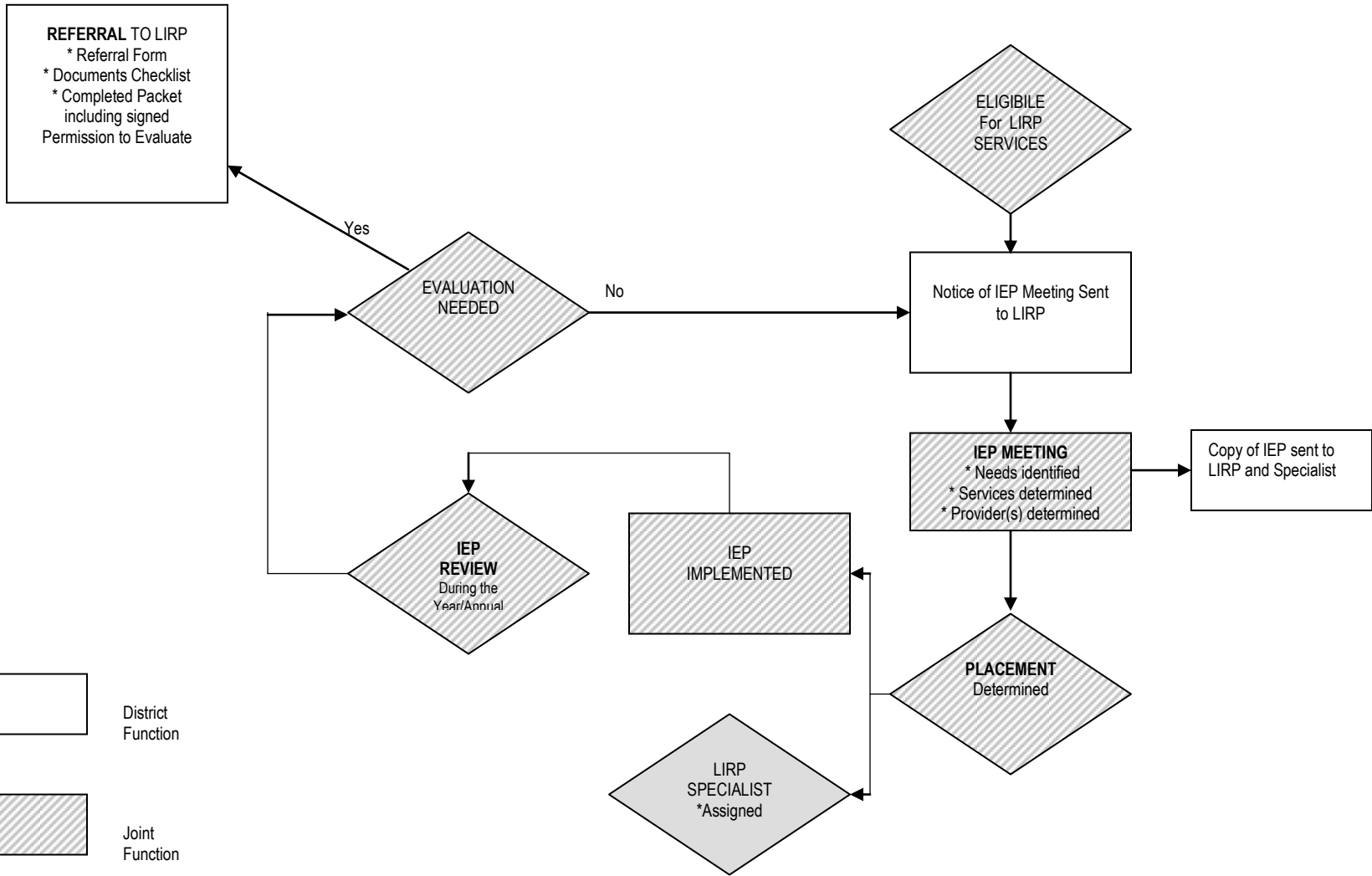


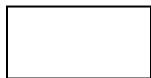
 District
Function

 Joint
Function

 LIRP
Function

LOW INCIDENCE REGIONAL PROGRAMS (LIRP) SPECIAL EDUCATION IEP PROCESS



 District
Function

 Joint
Function

 LIRP
Function