

# Autism Spectrum Disorder

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## Referral Information Packet EI/ECSE



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

### ***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/RegSvcRequestForm.pdf>. Send this form with the Parent Consent form to your Administrator. *Be sure to contact any specialist conducting testing to determine which testing instruments they will be using for their assessments.*
2. Obtain Parental Consent

### ***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, O.T. evaluation, etc. to be completed by designated specialists.
4. Medical Statement or Health Assessment to be obtained from medical provider prior to meeting.
5. Service Coordinator schedules meeting with educational team and parents and completes eligibility form prior to meeting.
6. Complete eligibility meeting and return copies of these documents to Regional Programs:
  - 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.



## Northwest Regional ESD – Autism Spectrum Disorder Program

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### Evaluation and Eligibility Checklist

Student \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_  
 School/Site \_\_\_\_\_ Service Coordinator \_\_\_\_\_

Team Member Responsible	Required for Eligibility	Date Needed	Date Completed or Information Already Obtained
Service Coordinator	Referral Checklist (with SAT team and/or classroom teacher) Please send copy with Request for Evaluation form		
Service Coordinator	Contact ASD Specialist and SLP		
Service Coordinator	Arrange for additional assessments to be completed in other areas of suspected disability &/or educational planning purposes (as determined by the referring team)		
Service Coordinator	Meeting for Permission to Evaluate. ( <b>Signature for:</b> observations, developmental history, file review, parent/staff interviews, *appropriate ASD rating scale, and functional communication assessment)		
Service Coordinator	Medical Statement (Info or parent to send in). <i>Must have in by the eligibility meeting and within one year of meeting date.</i>		
Speech/Language Pathologist (SLP)	Functional Communication Assessment <i>(This counts as 1 of the required observations)</i>		
Service Coordinator	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	1 interactive observation with student		
ASD Specialist	File Review		
ASD Specialist	Teacher/Staff 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		
Service Coordinator	Facilitate eligibility meeting and include dates on the ASD Eligibility Statement page 1		
Service Coordinator	Distribute copies of all forms and reports whether eligible or not, to appropriate offices, <b>including Regional Programs Support Staff (fax: 503-614-1285)</b>		
Service Coordinator	Schedule IFSP meeting and facilitate		



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### Triennial File Review

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School \_\_\_\_\_ Service Coordinator \_\_\_\_\_

The team has discussed the contents of the file and determined the following documents are present and accurately describe the child.	Additional Information needed? If YES: *Name of Document *Date	Additional Information needed? If NO: *Name of Document *Date
1. A developmental profile, which describes the child's historical and current characteristics, associated with an autism spectrum disorder	If YES: ASD may conduct parent interviews which could be used to update the file and satisfy this requirement. <b>ASD Specialist</b> (SLP/Psych/others may interview parent as well)	<b>ASD:</b> Previous Parent interview, developmental history, outside agency reports, etc.
2. At least two observations of the child's behavior in multiple environments, on at least two different days.	If YES: ASD will observe at least three times and interact with the child who satisfies items 2 and 3. <b>ASD Specialist</b> (SLP/Psych/others may observe also)	<b>ASD:</b> But, if nothing has changed and no one has doubts about the child's eligibility, previous observations can satisfy this requirement. New observations by ASD are not required
3. Direct interaction with the child was documented (One observation/interaction).	If YES: See previous.	See previous.
4. An assessment of functional communication to address the communication characteristics of autism spectrum disorder, which includes but is not limited to measures of language semantics and pragmatics.	If YES: Functional Communication Assessment <b>SLP</b>	<b>SLP:</b> An appropriate functional communication assessment, addressing (at minimum) semantics and pragmatics in natural settings must be dated within the past 6 years and accurately describe the child. May or may not include standardized assessments. Current description of the child's pragmatics and semantics can be reflected on the PLEP and deficits addressed in the goals.
5. A medical statement or health assessment statement indicating whether there is any physical factors that may be affecting the child's educational performance.	If YES: Medical Statement <b>Service Coordinator</b>	<b>Service Coordinator:</b> But unless anything has changed, medically, statements dated within 6 years are acceptable. *Unchanging conditions need only to be documented once (i.e.: CP, Down Syndrome, blindness, deafness, etc.
6. An assessment using an appropriate behavioral rating tool or an alternative assessment instrument that identifies characteristics associated with autism spectrum disorder.	If YES: An appropriate ASD rating tool <b>ASD Specialist</b>	<b>ASD:</b> An appropriate ASD rating tool dated within the past 6 years and accurately describes the child. Current description of the child's ASD characteristics can be reflected on the PLEP and/or an ASD report and deficits should be addressed in the goals.
	If YES: Additional assessments, OT, other motor assessments, hearing, augmentative – communication, sensory profile.  <b>SERVICE COORDINATOR, PSYCH, OT, MOTOR, etc.</b>	<b>Optional:</b> Additional evaluations or assessments that is necessary to identify the child's educational needs. <b>VARIOUS:</b> Academic or behavioral assessments, progress toward IEP goals, classroom measures, OT, other motor assessments, hearing, augmentative – communication, sensory profile

## EI/ECSE REFERRAL CHECKLIST

<b>Child Name:</b>		<b>Age:</b>
<b>Person Completing this checklist:</b>		<b>Position:</b>
<b>How long have you worked with this child?</b>		<b>Current Eligibility:</b>
<b>Medical Diagnosis (if any):</b>		

### Communication

- Limited language skills: (circle) non-verbal <50 words <200 words 300+ words
- Language developing, stopped gaining and lost previously acquired words
- Language consists of: repetitive sounds, jargon, single words, labeling, short phrases
- Echoes previously heard phrases
- Engages in self talk
- Not able to predictably follow simple directions within familiar routines
- Does not yet respond to greetings/departures
- Uses hand leading and hand guiding to request help or indicate wants or needs
- Not able to point to named objects
- Not consistently responding to name
- Has difficulty answering questions and lacks conversational skills
- Is not yet using conventional gestures – waving , shaking, or nodding his head
- Is not yet using or responding consistently to greetings and departures
- At times randomly says lines from favorite stories, videos or commercials

### Social Interaction

- Eye contact: (circle) avoided limited brief/fleeting sustained (i.e. preferred activities) normal
- At times appears to “look through” people
- Does not appear to notice/show interest in play of others
- Does not yet initiate interaction with peers during play
- Tolerates proximity of adults and peers, but does not engage in joint attention
- Often not attentive to social and environmental stimuli
- Difficult to engage in simple games and activities: (circle) individually small group circle
- Prefers to play alone and be self-directed
- Prefers objects to people
- Difficult to gain child’s attention, especially when involved in a preferred activity
- Lacks sense of stranger awareness
- Not consistently demonstrating a social smile
- Can be physically aggressive towards others (biting, scratching, pulling hair)

### **Sensory**

- Picky eater / eats a limited variety of foods
- Unusual response to textures: seeks avoids gags
- Difficulty tolerating dirty or sticky hands
- Enjoys rough housing
- Likes to jump, bounce, and rock
- Seeks out deep pressure
- Tolerates touch “on own terms”
- Appears to have a high tolerance for pain
- Has difficulty tolerating grooming activities (nail/hair cuts, shampooing, hair/tooth brushing)
- Unusual responses to sounds: appears not to hear (ignores) frightened
- At times has difficulty tolerating crowded or noisy settings
- Unusual attraction or response to lights
- Likes to watch objects that spin. Spins objects or self
- Looks at objects in unusual manner – out of corners of eyes/close proximity at eye level
- Stares off into space for periods of time
- Demonstrates unusual movements: spinning, flapping, toe walking, finger or body movements
- Often seeks out “movement” type activities
- Walks/runs in circular patterns often with eyes fixed off to the side
- At times stares off into space

### **Patterns of Behavior**

- Fixates on objects or has unusual intense interest in certain objects/topics
- Lines up toys and/or objects – upset if they are placed in a different order
- Often jumps up and down or flaps hands when excited
- Shows unusual interest in letters and numbers
- Play is restrictive or repetitive in nature
- Shows interest in activities – but play is limited in variety (puzzles, books, shapes, balls)
- Not yet following adult attempts to model/demonstrate variation with play
- Prefers to be self-directed
- Often carries around objects
- Lacks danger awareness
- Has frequent tantrums: (circle) brief prolonged
- If upset can be physically aggressive and difficult to control
- Is difficult to calm or redirect when upset
- Difficulty waiting for needs to be met
- Difficulties with transition and change
- Has difficulty being flexible (tolerating change in routines)
- Not yet toilet trained