



# ASD Evaluation Manual for Clatsop, Columbia, Tillamook, and Washington County

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## Changes made to EI/ECSE ASD Evaluations and Processes for 2022-2023

### ECSE ASD Evaluation Team for Washington County -

- Shelby Zaiger and Rhiannon Stout will be initiating and conducting all the ECSE ASD evals
  - Contact information [ASDevalteam@nwresd.k12.or.us](mailto:ASDevalteam@nwresd.k12.or.us)
- [Google Form](#) to be used to make ECSE ASD evaluation requests
- [Step By Step for ASD Process](#) updated to reflect new process for ECSE ASD Evals when initiated by site team
- Step By Step for ASD Process updated to reflect new process for ECSE ASD Evals when characteristics are observed or mentioned at initial evaluation.
- Step By Step for ASD Process updated to reflect new process for ECSE ASD Evals when student has a medical diagnosis at initial evaluation
- Step By Step for ASD Process updated to reflect new process for ECSE ASD Evals for move ins with medical or educational eligibility
- Change in job responsibilities for ECSE Washington County surrounding ASD Evals (please refer to [ASD Evaluation Procedures By Job Title](#))
- Weekly drop in office hours for ASD eval questions - **open to ALL COUNTIES**
  - [Tuesday 12:00- 1:30](#)
  - [Wednesdays 8:30 to 10:00](#)

### Columbia County Evaluation Team

- Catharine Steadman and Leah Totten will be doing all ASD evals for Columbia County
  - Contact information [colcoevalteam@nwresd.k12.or.us](mailto:colcoevalteam@nwresd.k12.or.us)
- [Google Form](#) to be used to make EI/ECSE ASD evaluation request
- [Step By Step for ASD Process](#) updated to reflect ECSE ASD Evaluation Team new process
- Change in job responsibilities for EI/ECSE Columbia County surrounding ASD Evals (please refer to [ASD Evaluation Procedures By Job Title](#))

## Changes for all 4 Counties

- Regional Referral Process
  - Google Forms specific for each county and specific eligibilities
    - Clatsop
    - Columbia
    - Tillamook
    - Washington
- ASD referral put in AFTER eligibility is determined for counties

### Clatsop County Regional Referrals

- [ASD Regional Referral link](#) - Only submit ASD Regional Referral once an ASD eligibility is **completed**. This is for EI and ECSE
- [DB, TBI, OI Regional Referral Link](#)- Submit Deaf Blind, Traumatic Brain Injury, and Orthopedic Impairment Regional Referrals once eligibility has been **completed** for EI and ECSE.
- [DHH Regional Referral Link](#) - For Deaf and Hard of Hearing please submit request **prior** to the evaluation in order for a Teacher of the Deaf to be involved in evaluation process
- [VI Regional Referral Link](#) – For Vision Impairment please submit a request **prior** to the evaluation in order for a Teacher of the Visually Impaired to be involved in the evaluation process.

### Columbia County Regional Referrals

- [ASD Regional Referral link](#) - Only submit ASD Regional Referral once an ASD eligibility is **completed**. This is for EI and ECSE
- [DB, TBI, OI Regional Referral Link](#)- Submit Deaf Blind, Traumatic Brain Injury, and Orthopedic Impairment Regional Referrals once eligibility has been **completed** for EI and ECSE.
- [DHH Regional Referral Link](#) - For Deaf and Hard of Hearing please submit request **prior** to the evaluation in order for a Teacher of the Deaf to be involved in evaluation process
- [VI Regional Referral Link](#) – For Vision Impairment please submit a request **prior** to the evaluation in order for a Teacher of the Visually Impaired to be involved in the evaluation process.

### Tillamook County Regional Referrals

- [ASD Regional Referral link](#) - Only submit ASD Regional Referral once an ASD eligibility is **completed**. This is for EI and ECSE
- [DB, TBI, OI Regional Referral Link](#)- Submit Deaf Blind, Traumatic Brain Injury, and Orthopedic Impairment Regional Referrals once eligibility has been **completed** for EI and ECSE.
- [DHH Regional Referral Link](#) - For Deaf and Hard of Hearing please submit request **prior** to the evaluation in order for a Teacher of the Deaf to be involved in

- evaluation process
- [VI Regional Referral Link](#) – For Vision Impairment please submit a request **prior** to the evaluation in order for a Teacher of the Visually Impaired to be involved in the evaluation process.

## Washington County Regional Referrals

- [ASD Regional Referral link](#) - Only submit ASD Regional Referral once an ASD eligibility is **completed**. This is for EI and ECSE
- [DB, TBI, OI Regional Referral Link](#)- Submit Deaf Blind, Traumatic Brain Injury, and Orthopedic Impairment Regional Referrals once eligibility has been **completed** for EI and ECSE.
- [DHH Regional Referral Link](#) - For Deaf and Hard of Hearing please submit request **prior** to the evaluation in order for a Teacher of the Deaf to be involved in evaluation process
- [VI Regional Referral Link](#) – For Vision Impairment please submit a request **prior** to the evaluation in order for a Teacher of the Visually Impaired to be involved in the evaluation process.

# Autism Spectrum Disorder Technical Assistance Paper

For an in-depth look at the ASD evaluation and eligibility process, please refer to the Technical Assistance Paper by ODE

[https://www.oregon.gov/ode/students-and-family/SpecialEducation/RegPrograms\\_BestPractice/Documents/autismtap.pdf](https://www.oregon.gov/ode/students-and-family/SpecialEducation/RegPrograms_BestPractice/Documents/autismtap.pdf)

# Early Intervention ASD Evaluation Process, Procedures, and Tools

The following information for Early Intervention ASD evaluations may differ depending on the county that you work in. Please consult with your Supervising Coordinator and Autism Consultant for specific details that may differ for your county.

## [Link to Early Intervention ASD Evaluation Forms](#)

### **Open ASD evaluation questions office hours**

- [Tuesday 12:00- 1:30](#)  
[Wednesdays 8:30 to 10:00](#)

**Coaching/consultation/contacts for ASD evals** - Please refer to your specific county



## Early Intervention ASD Evaluation Planning and Checklist Directions

For ASD evaluations that are initiated by Early Intervention it is recommended to refer to the ASD Eligibility Process: Step By Step.. Additional forms and information can be located at the end of this manual - refer to table of contents for exact pages or links in documents.

**NOTE: Columbia County Early Intervention Team submits an eval request via Google forms for all ASD evals.**

### **Prior to Evaluation:**

- Initial discussions must occur in order to consider the child's current skills and needs in the 2 areas associated with Autism (Social Communication and Social Interaction, and Restricted, Repetitive Patterns of Behavior, Interests, or Activities).
- Use the pre-referral checklist, review current intervention data, parental input, review the child's file for pertinent medical information/diagnoses, and consider other potential categorical eligibilities during this early stage.

### **Moving forward with ASD evaluation:**

- Once the team has determined that it is appropriate to move forward with an ASD evaluation, the Service Coordinator begins to complete the Evaluation Planning form, determine additional testing that may be merited, and to begin to pre-fill the Consent for Evaluation form.

### **Prior to the Evaluation Planning/Consent Meeting:**

- A Meeting Notice should be sent to the parents and should include invitations to professionals who may be involved in the evaluation process.

### **At the planning/consent meeting:**

- The team will review the concerns with the family and will offer parents the consent form to sign after explaining the processes that will be involved in the evaluation.
  - Offering the Parental Guide to ASD Eligibility Process is advised.
- The Service Coordinator should also ask the parent to complete an Authorization to Use and/or Disclose Educational and Protected Health Information (HIPPA) for the parents to sign in order to assist with obtaining the Medical Statement, including an initial on line 4 under mental health related information requested.
- The Evaluation Planning form should be completed in full at this time and presented to the Site Coordinator to sign following the meeting.
- The Service Coordinator can then notify those who will participate in the evaluation that consent has been signed and that they may proceed with the evaluation.
  - It is advised to share a copy of the Evaluation Planning Form/Checklist with all members involved in the evaluation.



### **Once Consent is Obtained:**

An ASD evaluation is best conducted as a team process. In some instances, one person may be called upon to complete more than one group of activities. The process involves several information collecting activities as detailed below:

- A review of existing information (file review). Consider any outside evaluations that have been completed by community partners to determine if any of that information may be used as a component for the educational evaluation. We do not have to replicate evaluation components completed within the last year.
- Obtaining the Medical Statement/Health Assessment Summary.
- Collect information from the family and observation of child in the home
- For Developmental History - review information from file review, collect additional information from the parent using the parent interview form, and complete an observation in the home.
- Two indirect observations - one must be in a second setting.
- Direct interaction observation (#3).
- Social Communication Assessment (SLP) (often combined with Direct Interaction).
- Completion of ASD-related behavior rating tool/standardized assessment.
- Collect information from the teacher using the teacher interview form if child attends a preschool/daycare or the current service coordinator has been providing services to child for over 2 months..
- Any other testing or assessments identified to provide information for the evaluation.
- The information gathered should be transferred into the report and should be revised and reviewed prior to the meeting date.
- A team may choose to have an informal meeting prior to the eligibility meeting to discuss the results gathered during the evaluation.

For an in-depth look at the ASD evaluation and eligibility process, please refer to the Technical Assistance Paper by ODE on the first page of manual.



## Early Intervention ASD Eligibility Process Step by Step

**1. Initial discussions** about the need for ASD evaluation to determine eligibility at team meeting or IFSP meeting (parent may or may not be involved at this point depending who brought up concerns)

- Team considers child's current skills and needs in the 2 areas and 7 domains associated with autism (social communication & restricted, repetitive patterns of behavior interests or activities)
- Complete EI/ECSE pre-referral checklist as needed
- Review intervention data to date (does student respond to ASD-based strategies)
- Inform parent ASD Evaluation is being considered and obtain concerns and perspectives
- Review file to look at previous testing results and medical history
- Team considers other disability categories and brings in School Psych if needed

**2. Pre- Planning for consent meeting** to confirm need for evaluation--Scheduled by Service Coordinator

- Consult with IFSP team members and other ancillary staff to determine what further testing/components will need to be completed to determine Eligibility
- Fill out the top portion of the Evaluation Planning Form along with the Procedures portion on the bottom. (fill in who will complete testing if it is known at this time-not required yet)
- Pre-fill out the Consent for Evaluation Request with proposed procedures that will be used to determine Eligibility for ASD if consent is given.

**3. Evaluation planning/Consent meeting** with team & parents

- Send Meeting Notice: Invite parents and professionals who will be participating in the evaluation. (SLP, ASD consultant, OT, school psych, etc-)-not required to attend, but best practice to invite them.

At Meeting:

- Review concerns and data with parents
- Review evaluation planning form and evaluation process (offer Parental Guide to ASD Eligibility)
- Request Consent for ASD Evaluation (review procedures and assessments needed and provide descriptions)
- Obtain exchange of info with child's physician (if not already attained)

**4. Turn In Completed Evaluation Planning Form** into Site Coordinator

- Service Coordinator notifies team members that Consent has been signed to initiate the Evaluation.

**5. Evaluation Procedures:**

- Each team member coordinates and completes their designated procedure/s as detailed on the Evaluation Planning Form.

- Obtain Medical Statement/Health Assessment Statement from child's physician.
  - \*make sure to check boxes 5 & 6 on the form found in ecWeb
- Look for Health, Hearing and Vision Checklist in ecWeb archive. If they can't be found, ask parents to complete the forms.
- Complete Developmental History by using:
  - Parent Interview
  - File review of all documents obtained on student
- Teacher Interview/Input
- 3 Observations
  - Direct (SCA done in accordance with this)
  - Indirect
  - Indirect (another environment with peers)
- Social Communication Assessment: to look at functional expressive/receptive comm.(verbal & non-verbal), pragmatics in natural contexts, & social understanding of behavior/reciprocity SCA (done by SLP only)
- Standardized Autism Identification Tool that identifies Characteristics of ASD (choose one):
  - SRS-2 Parent and/or Teacher
  - ASRS Parent and/or Teacher
  - CARS 2 - email ASD consultant to request consult with CARS-2 administration
- AEPS - updated within last 4 months
- OTHER: Assessment necessary to determine Impact of Disability
  - Sensory Profile, previous evaluation data from initial eval, BASC, ABAS,
- Input all above information obtained into the ASD Evaluation report in ecWeb
- Billing completed in ecweb as pending and sent to county admin assistant in ecweb
- Service coordinator schedules and facilitates pre-eligibility meeting with team if needed

## **6. Eligibility and IFSP meeting**

- Service coordinator schedules and facilitates eligibility and IFSP meeting
- Send Meeting Notice: Invite all necessary members to the meeting since adjustments will be made to the IFSP (Invite ASD consultant for your county - Jackie Bergerson)
- Bring to meeting:
  - Parental Rights
  - ASD Evaluation Report
  - ASD Eligibility Statement
  - DD DNQ Eligibility Statement if made ASD eligible for ECSe or for EI if done prior to transition meeting
  - Current IFSP to review and adjust
  - Written agreements to add ASD services

## **7. After meeting**

- Submit census, and Regional Referral (Clatsop and Tillamook)
- Submit all updated IFSP information and ASD report
- Archive and contact log



## Early Intervention ASD Evaluation Process (outlined view)

### Initial Discussions:

The focus is on whether or not an ASD evaluation is appropriate at this time.

Consideration of skills	Focus reflection in social communication/interaction and repetitive, patterns of behavior and interests
Complete ASD pre-referral checklist	Do characteristics checked support concerns in the areas specific to ASD?
Review intervention data	Have there been interventions tried? Successful? Evidenced Based Practices
Bring parents on board	Hold discussion regarding the possibility of an ASD evaluation: Do not bring them into the evaluation planning meeting without sharing this information
Is there a medical diagnosis?	Gather needed releases and gather medical reports to help guide what is needed for evaluation.

### Pre-planning for Consent Meeting:

Prior to eval planning/consent meeting, complete a file review looking at previous testing and for information that may be consistent with other disability categories. (ex. TBI, prior exposure to drugs or trauma).

Determine needed testing	What has already been done through previous testing? Is it less than a year old you can use.
Complete top of eval planning form	
Begin draft of eval consent form from ECWeb	Include assessments determined appropriate per file review
Gather times for possible meeting	Compare calendars of team members

### Eval Planning/Consent Meeting:

Service coordinator will schedule a meeting with the family and send a meeting notice. All professionals who will participate in the evaluation should be invited, although not all are required to attend.

Discuss concerns	Refer to concerns previously brought up to parents. Discuss progress, checklist, response to intervention
Request consent for evaluation, gather any medical exchanges you may need	Consent signed, ROIs obtained, mutual exchanges
If consent is given- Review the process and let families know what to expect and get best times from the family.	May be helpful to give parents Parental Guide to ASD evaluations.
Complete evaluation planning form (bottom portion)	Once complete, submit to the site coordinator or your supervising coordinator
Service coordinator will confirm with eval team members that consent has been given	Send copy of eval planning to team members

## Evaluation Procedures

Complete the specific eval procedures. As you complete your portion of the evaluation be sure to inform the lead of the evaluation (generally the Service Coordinator)

Medical statement	Make sure to have boxes 5 and 6 checked from ecWeb form. Fax with cover sheet and signed HIPPA
Developmental profile: history and ASD specific	Collected through file review and Parent interview
Observations: Direct interaction, Indirect interaction (with peers)  Additional interaction	Need to be over at least two days and two different settings (a home visit can complete parent interview and observation). Observation with peers needed and done through indirect process.
Social Communication Assessment	Completed by SLP only: containing information about pragmatics and semantics
Autism Behavior Rating Scale	ASRS: parent/teacher SRS-2 parent/teacher CARS2 if needed (consult with ASD specialist) ADOS-2 if needed and completed with ASD team ASIEP-3 ABC for supportive information

Other information to assess impact of disability	Sensory profile Teacher/Provider Interview Previous standardized testing (if done within the year) ABAS, BASC, SSIS
(Cont'd) Other information to determine educational needs	AEPS (updated if has not been done in the last 4 months) Curriculum based assessments
Final edit	SC/Lead will review for completion and fix any errors noted: Team may want to meet together to review

Once the final piece of the evaluation is completed -

- Send a billing form in ecWeb to the appropriate staff for your county. (ex. Vicky S, Laura G, Laura W, or Misty B).
  - This should be sent when the last piece of data has been collected, **do not wait** for the report to be written or for the meeting to be held.

### Eligibility meeting with team

- ASD report is sent to the family at least 2 days prior to the eligibility meeting for them to review.
- Service Coordinator brings the following to the meeting:
  - Parent Rights
  - ASD Evaluation Report: best practice is to send parent copy prior to meeting to give time for reading, but be sure to have a copy for parent to reference
  - ASD Eligibility Statement: must be completed even if the child is found not eligible
  - DD or CD DNQ Eligibility Statement - filled out with updated information
    - The existing eligibility (such as DD, CD) are generally found ineligible as the autism eligibility explains the delays. Additionally, both DD and CD have exclusionary statements, so if the child is found eligible for ASD they are subsequently not eligible for DD and may not be eligible for CD unless for articulation. In the case of motor impairments or other health impairments the child may have two eligibilities because that impairment is not generally explained by autism.
  - Current IFSP: as report and/or eligibility will likely lead to modifications and service additions
  - Written Agreement - to add ASD services
- **At end of meeting**
  - Send census to your data administrator (Vicky Schroeder, Laura Weaver, Laura Germond, or Misty Burris)
  - Submit Regional Referral form to the county that the student resides in
  - Archive and contact log



## Early Intervention ASD Evaluation Process: When Recommended by Eval Team

In 2019, the Oregon Department of Education changed the evaluation process and eligibility criteria for Autism Spectrum Disorder. As a result, the evaluation team will seldom obtain consent for ASD evaluations. Instead, the evaluation team will attempt to qualify the child for services under the category of Developmental Delay, and will refer eligible children to the site-based team for further evaluation.

- Best-practice guidelines are to discuss the concerns observed or the stated concerns by family at the initial evaluation during the time of the initial home visit.
  - Discussion with family about the concerns observed are required and need to be documented.
  - At time of initial home visit the EI team should discuss the presenting factors and determine as a team the best course of action;
  - Either to initiate an evaluation, or to wait for a specified amount of time before revisiting the topic.
- Based on the outcome of the team's discussion:
  - A Consent to Evaluate indicating the need for an evaluation is completed
  - OR parents are provided with a Prior Notice of Action detailing why an evaluation is not being initiated (ie. waiting to obtain more information and review response to intervention).
- There are many factors to consider, which is why the staff who interact with the child are the most appropriate candidates to complete the evaluation.
  - This practice allows the service providing team the opportunity to get to know the child and gather information before initiating the evaluation,
  - The full benefit of the 60-day timeline to complete the evaluation, and
  - Allows the team completing the evaluation to know the child for the minimum length of time needed to reliably complete the ASD checklists.
- The Evaluation Team will support this process by completing a thorough evaluation to consider the developmental needs of the child, including but not limited to:
  - an in-depth observation
  - a direct interaction with the child
  - relevant testing
  - a comprehensive developmental history compliant with OAR 581-015-2000(8) that will include:
    - Prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs
    - Meeting of developmental milestones
    - Socialization and behavioral patterns
    - Health and physical/medical history
    - Family and environmental factors
    - Home and educational performance

- Trauma or significant stress experienced by the child
  - The display of characteristics of any additional learning or behavioral problems
- This information should be referenced in any subsequent evaluations, should the team obtain consent.
  
- If a child **does not meet DD eligibility criteria** or the family does not want to access EI/ECSE services, the evaluation team may need to complete an ASD evaluation since the child would not be eligible to access site services. In those instances, the directions in the document titled “ASD Evaluation Process - Site Based Initiated,” should be followed.
  - Contact the Eval Team Coordinator and Intake Manager in order to communicate about additional time to complete evaluation components.





## Early Intervention ASD Evaluation Process: Step by Step When Recommended by Eval Team

- **Site notification**
  - Following completion of the initial evaluation, a site notification will be sent. If ASD is suspected, the notification will specify that information and the early intervention team will address these concerns at the first home visit.
- **Assign an EI specialist:**
  - Early Intervention Site Team assigns an EI specialist
- **Initial home visit**
  - Meeting set up with family
  - Meeting notice completed. When completing the Meeting Notice make sure that the following boxes are checked:
    - Review existing information about your child
    - Decide whether additional testing is needed
    - Decide whether your child is eligible for / continues to be eligible for early intervention of special education
    - Develop or review an individualized family services plan (IFSP) and services / placement for your child
- **File review**
  - Look at previous testing results and medical history. (Be sure to consider if there are other disability categories that might need to be explored that would necessitate the involvement of the school psychologist. If the school psychologist is needed, please see your program coordinator for the psych referral.)
- **At the initial home visit**
  - Team will review presenting information and determine if initiating an evaluation to consider ASD (or other disabilities) is needed.
    - **If yes**, then an **Evaluation Consent** form is presented to the parent for signature and the evaluation begins (refer Early Intervention ASD Eligibility Process Step by Step).
    - **If no**, then a **Prior Notice of Action** is completed that documents why the team has decided that an evaluation is not necessary at this time.
      - Action notice will indicate the reason for not initiating and will contain a followup date if that is agreed upon by the IFSP team.
      - The action notice should be archived and distributed with the meeting notice and meeting minutes. A copy will then be provided to the parents.

# Clatsop and Tillamook County ASD Evaluation Process, Procedures, and Tools

The following information is specific for Clatsop and Tillamook County. Please consult with your Supervising Coordinator and Autism Consultant for specific details that may differ for your county.

## [Links to Clatsop and Tillamook Forms for ASD evaluations](#)

### **ASD Evaluation Requests**

- Contact [Jackie Bergerson](#) for coaching and consultation

### **Open ASD evaluation questions office hours**

- [Tuesday 12:00- 1:30](#)
- [Wednesdays 8:30 to 10:00](#)



## Clatsop and Tillamook County ASD Evaluation Planning and Checklist Directions

For ASD evaluations that are initiated by a site team it is recommended to refer to the ASD Eligibility Process: Step By Step When Initiated by Site Teams. For ASD recommendations from the Evaluation Team, refer to the ASD Eligibility Process: Step by Step for when Initiated by Eval Team form. Additional forms and information can be located at the end of this manual - refer to table of contents for exact pages or links in documents.

### **Prior to Evaluation:**

- Initial discussions must occur in order to consider the child's current skills and needs in the 2 areas associated with Autism (Social Communication and Social Interaction, and Restricted, Repetitive Patterns of Behavior, Interests, or Activities).
- Use the pre-referral checklist, review current intervention data, parental input, review the child's file for pertinent medical information/diagnoses, and consider other potential categorical eligibilities during this early stage.

### **Moving forward with ASD evaluation:**

- Once the team has determined that it is appropriate to move forward with an ASD evaluation, the Service Coordinator begins to complete the Evaluation Planning form, determine additional testing that may be merited, and to begin to pre-fill the Consent for Evaluation form.

### **Prior to the Evaluation Planning/Consent Meeting:**

- A Meeting Notice should be sent to the parents and should include invitations to professionals who may be involved in the evaluation process.

### **At the planning/consent meeting:**

- The team will review the concerns with the family and will offer parents the consent form to sign after explaining the processes that will be involved in the evaluation.
  - Offering the Parental Guide to ASD Eligibility Process is advised.
- At this time, the Service Coordinator should also ask the parent to complete an Authorization to Use and/or Disclose Educational and Protected Health Information (HIPPA) for the parents to sign in order to assist with obtaining the Medical Statement, including an initial on line 4 under mental health related information requested.
- The Evaluation Planning form should be completed in full at this time and presented to the Site Coordinator to sign following the meeting. The Service Coordinator can then notify those who will participate in the evaluation that consent has been signed and that they may proceed with the evaluation.
  - It is advised to share a copy of the Evaluation Planning Form/Checklist with all members involved in the evaluation.

**Once Consent is Obtained:**

An ASD evaluation is best conducted as a team process. In some instances, one person may be called upon to complete more than one group of activities. The process involves several information collecting activities as detailed below:

- A review of existing information (file review). Consider any outside evaluations that have been completed by community partners to determine if any of that information may be used as a component for the educational evaluation. We do not have to replicate evaluation components completed within the last year.
- Obtaining the Medical Statement/Health Assessment Summary.
- Collect information from the family and observation of child in the home
- For Developmental History - review information from file review, collect additional information from the parent using the parent interview form, and complete an observation in the home.
- Two indirect observations - one must be in a second setting.
- Direct interaction observation (#3).
- Social Communication Assessment (SLP) (often combined with Direct Interaction).
- Completion of ASD-related behavior rating tool/standardized assessment.
- Collect information from the teacher using the teacher interview form if child attends a preschool/daycare or the current service coordinator has been providing services to child for over 2 months..
- Any other testing or assessments identified to provide information for the evaluation.
- The information gathered should be transferred into the report and should be revised and reviewed prior to the meeting date.
- A team may choose to have an informal meeting prior to the eligibility meeting to discuss the results gathered during the evaluation.

For an in-depth look at the ASD evaluation and eligibility process, please refer to the Technical Assistance Paper by ODE on the first page of manual.



## Clatsop and Tillamook County ASD Eligibility Process: Step By Step When Initiated by Site Teams

**1. Initial discussions** about the need for ASD evaluation to determine eligibility at team meeting or IFSP meeting (parent may or may not be involved at this point depending who brought up concerns)

- Team considers child's current skills and needs in the 2 areas and 7 domains associated with autism (social communication & restricted, repetitive patterns of behavior interests or activities)
- Complete EI/ECSE pre-referral checklist as needed
- Review intervention data to date (does student respond to ASD-based strategies)
- Inform parent ASD Evaluation is being considered and obtain concerns and perspectives
- Review file to look at previous testing results and medical history
- Team considers other disability categories and brings in School Psych if needed

**2. Pre- Planning for consent meeting** to confirm need for evaluation--Scheduled by Service Coordinator

- Consult with IFSP team members and other ancillary staff to determine what further testing/components will need to be completed to determine Eligibility
- Fill out the top portion of the Evaluation Planning Form along with the Procedures portion on the bottom. (fill in who will complete testing if it is known at this time-not required yet)
- Pre-fill out the Consent for Evaluation Request with proposed procedures that will be used to determine Eligibility for ASD if consent is given.

**3. Evaluation planning/Consent meeting** with team & parents

- Send Meeting Notice: Invite parents and professionals who will be participating in the evaluation. (SLP, ASD consultant, OT, school psych, etc-)-not required to attend, but best practice to invite them.

At Meeting:

- Review concerns and data with parents
- Review evaluation planning form and evaluation process (offer Parental Guide to ASD Eligibility)
- Request Consent for ASD Evaluation (review procedures and assessments needed and provide descriptions)
- Obtain exchange of info with child's physician (if not already attained)

**4. Turn In Completed Evaluation Planning Form** into Site Coordinator

- Service Coordinator notifies team members that Consent has been signed to initiate the Evaluation.

## 5. Evaluation Procedures:

- Each team member coordinates and completes their designated procedure/s as detailed on the Evaluation Planning Form.
- Obtain Medical Statement/Health Assessment Statement from child's physician.
  - \*make sure to check boxes 5 & 6 on the form found in ecWeb
- Look for Health, Hearing and Vision Checklist in ecWeb archive. If they can't be found, ask parents to complete the forms.
- Complete Developmental History by using:
  - Parent Interview
  - File review of all documents obtained on student
- Teacher Interview/Input
- 3 Observations
  - Direct (SCA done in accordance with this)
  - Indirect
  - Indirect (another environment with peers)
- Social Communication Assessment: to look at functional expressive/receptive comm.(verbal & non-verbal), pragmatics in natural contexts, & social understanding of behavior/reciprocity SCA (done by SLP only)
- Standardized Autism Identification Tool that identifies Characteristics of ASD (choose one):
  - SRS-2 Parent and/or Teacher
  - ASRS Parent and/or Teacher
  - CARS 2 - email ASD consultant to request consult with CARS-2 administration
- AEPS - updated within last 4 months
- OTHER: Assessment necessary to determine Impact of Disability
  - Sensory Profile, previous evaluation data from initial eval, BASC, ABAS,
- Input all above information obtained into the ASD Evaluation report in ecWeb
- Billing completed in ecweb as pending and sent to county admin assistant in ecweb
- Service coordinator schedules and facilitates pre-eligibility meeting with team if needed

## 6. Eligibility and IFSP meeting

- Service coordinator schedules and facilitates eligibility and IFSP meeting
- Send Meeting Notice: Invite all necessary members to the meeting since adjustments will be made to the IFSP (Invite ASD consultant for your county - Jackie Bergerson)
- Bring to meeting:
  - Parental Rights
  - ASD Evaluation Report
  - ASD Eligibility Statement
  - DD DNQ Eligibility Statement if made ASD eligible for ECSe or for EI if done prior to transition meeting
  - Current IFSP to review and adjust
  - Written agreements to add ASD services

## 7. After meeting

- Submit census, and Regional Referral (Clatsop and Tillamook)
- Submit all updated IFSP information and ASD report
- Archive and contact log



## Clatsop and Tillamook County ASD Evaluation Process: (outlined format)

### Initial Discussions:

The focus is on whether or not an ASD evaluation is appropriate at this time.

Consideration of skills	Focus reflection in social communication/interaction and repetitive, patterns of behavior and interests
Complete <a href="#">ASD pre-referral checklist</a>	Do characteristics checked support concerns in the areas specific to ASD?
Review intervention data	Have there been interventions tried? Successful? <a href="#">Evidenced Based Practices</a>
Bring parents on board	Hold discussion regarding the possibility of an ASD evaluation: Do not bring them into the evaluation planning meeting without sharing this information
Is there a medical diagnosis?	Gather needed releases and gather medical reports to help guide what is needed for evaluation.

### Pre-planning for Consent Meeting:

Prior to eval planning/consent meeting, complete a file review looking at previous testing and for information that may be consistent with other disability categories. (ex. TBI, prior exposure to drugs or trauma).

Determine needed testing	What has already been done through previous testing? Is it less than a year old you can use.
Complete top of eval planning form	
Begin draft of eval consent form from ECWeb	Include assessments determined appropriate per file review
Gather times for possible meeting	Compare calendars of team members

### Eval Planning/Consent Meeting:

Service coordinator will schedule a meeting with the family and send a meeting notice. All professionals who will participate in the evaluation should be invited, although not all are required to attend.

Discuss concerns	Refer to concerns previously brought up to parents. Discuss progress, checklist, response to intervention
Request consent for evaluation, gather any medical exchanges you may need	Consent signed, ROIs obtained, mutual exchanges
If consent is given- Review the process and let families know what to expect and get best times from the family.	May be helpful to give parents Parental Guide to ASD evaluations.
Complete <a href="#">evaluation planning form</a> (bottom portion)	Once complete, submit to the site coordinator or your supervising coordinator
Service coordinator will confirm with eval team members that consent has been given	Send copy of eval planning to team members

## Evaluation Procedures

Complete the specific eval procedures. As you complete your portion of the evaluation be sure to inform the lead of the evaluation (generally the Service Coordinator)

Medical statement	Make sure to have boxes 5 and 6 checked from ecWeb form. Fax with cover sheet and signed HIPPA
Developmental profile: history and ASD specific	Collected through file review and <a href="#">Parent interview</a>
Observations: Direct interaction, Indirect interaction (with peers)  Additional interaction	Need to be over at least two days and two different settings (a home visit can complete parent interview and observation). Observation with peers needed and done through indirect process.
Social Communication Assessment	Completed by SLP only: containing information about pragmatics and semantics
Autism Behavior Rating Scale	ASRS: parent/teacher SRS-2 parent/teacher CARS2 if needed (consult with ASD specialist) ADOS-2 if needed and completed with ASD team ASIEP-3 ABC for supportive information



Other information to assess impact of disability	Sensory profile <a href="#">Teacher/Provider Interview</a> Previous standardized testing (if done within the year) ABAS, BASC, SSIS
(Cont'd) Other information to determine educational needs	AEPS (updated if has not been done in the last 4 months) Curriculum based assessments
Final edit	SC/Lead will review for completion and fix any errors noted: Team may want to meet together to review

Once the final piece of the evaluation is completed -

- Send a billing form in ecWeb to the appropriate staff for your county. (ex. Laura G or Misty B).
  - This should be sent when the last piece of data has been collected, do not wait for the report to be written or for the meeting to be held.

### Eligibility meeting with team

- ASD report is sent to the family at least 2 days prior to the eligibility meeting for them to review.
- Service Coordinator brings the following to the meeting:
  - Parent Rights
  - ASD Evaluation Report: best practice is to send parent copy prior to meeting to give time for reading, but be sure to have a copy for parent to reference
  - ASD Eligibility Statement: must be completed even if the child is found not eligible
  - DD or CD DNQ Eligibility Statement - filled out with updated information
    - The existing eligibility (such as DD, CD) are generally found ineligible as the autism eligibility explains the delays. Additionally, both DD and CD have exclusionary statements, so if the child is found eligible for ASD they are subsequently not eligible for DD and may not be eligible for CD unless for articulation. In the case of motor impairments or other health impairments the child may have two eligibilities because that impairment is not generally explained by autism.
  - Current IFSP: as report and/or eligibility will likely lead to modifications and service additions
  - Written Agreement - to add ASD services
- **At end of meeting**
  - Send census to your data administrator (Vicky Schroeder, Laura Weaver, Laura Germond, or Misty Burris)
  - Submit Regional Referral form to the county that the student resides in
  - Archive and contact log



## Clatsop and Tillamook County ASD Eligibility Process Step by Step: When Initiated by the Evaluation Team

### **An ASD evaluation would be considered by the eval team when:**

- A. The child has a medical diagnosis of ASD.
- B. The parents specifically mention concerns about ASD and the team concurs that ASD is a suspected disability.
- C. As the evaluation progresses, the team suspects ASD may be an area of suspected disability, and the child's reluctance to participate in the evaluation will significantly reduce the likelihood that reliable scores can be obtained.
  - Three to four ASD evaluation procedures will be completed during the evaluation with Eval Team:
    - Social Communication Assessment
    - The direct observation in a natural setting.
    - The observation completed during the initial evaluation might also be used in the ASD evaluation
    - ASD behavior rating scale tool administered.

### **Steps Completed by Eval Team When ASD is Considered and Consent signed at the Initial Evaluation**

*All ASD evaluation activities will be completed by the Evaluation Team when a child **does not** meet DD eligibility criteria or the family does not want to access ECSE services*

- **ASD evaluation planning discussion with parents**
  - Team, including parents, considers:
    - Child's current skills and needs in 2 areas and 7 domains associated with autism (social communication & restricted, repetitive patterns of behavior interests or activities).
- [Complete pre-referral](#) checklist
- Parental concerns and perspectives documented
- The team reviews the ASD process using the Parental Guide to ASD Evaluation
- Parental consent to evaluate for DD eligibility is obtained as well as consent to evaluate for ASD eligibility with proposed procedures.
  - See ASD Evaluation Planning Form/Checklist for required and recommended components.
- **Administration of behavior rating tool**
  - Consult with Coordinator or ASD Consultant if considering ADOS-2 or CARS-2
- [ASD Evaluation Planning Form/Checklist](#).

- This form will establish responsibilities and timelines of the Eval Team members.
- **Social Communication Assessment - SCA- (SLPs only)**
  - Direct interaction observation if possible to do at initial evaluation
  - [Parent interview](#) and DD testing results used for SCA
  - Include all obtained Social Communication Assessment information in the ASD evaluation report following ASD report instructions
- **Observations**
  - The observation completed as part of the initial evaluation appointment can be used as the first indirect ASD observation. - Include examples of the behaviors observed with supporting evidence.
  - Direct observation by SLP if able to perform at initial evaluation.
- **Health, Hearing, and Vision Checklist** completed with parents in ecweb
  - At a minimum, attempt an OAE hearing screening. If a child will not tolerate ear probes at the time of evaluation, the Hearing Screening Checklist will offer evidence of a hearing screening.
    - If hearing concerns were noted using the OAE or checklist, the child should be referred for a hearing screening/evaluation at the ESD.
- **Health consent.**
  - Obtain permission to exchange information with the child's physician as well as other medical providers using the Health consent.
- **DD eligibility**
  - Considered at the time of initial evaluation appointment and complete EI or ECSE evaluation report, as soon as possible.
  - If a child does not qualify for an eligibility, the Eval Team will need to complete **ALL** components of the ASD evaluation.
- **Evaluation Planning form**
  - Submitted to Coordinator for review and tracking.
- **Schedule and complete**
  - Eval team members work with family to complete components and report.
  - Refer to Step by Step for procedures
- **Site Notification**
  - Indicate that ASD evaluation is pending and student did not qualify for DD
  - Attached evaluation planning form
  - Indicate to site that eval will be completed by evaluation team
- **Complete report**
  - Enter relevant information into the ASD evaluation report as soon as possible, given the site team needs to continue the ASD evaluation process.
- **ASD eligibility meeting**
  - Schedule with site team

**If the ASD evaluation is going to be completed by the site team (DD determined, ASD eval to be completed):**

- **Site notification**
  - Indicate that the team determined that ASD is a suspected disability and consent was obtained on (date)
  - Indicate that DD eligibility was completed and the date
  - Indicate when DD report will be completed and relevant information included in

- the ASD report
  - Offer to attend the eligibility meeting, when given at least two weeks' notice.
  - Evaluation planning form (marked with procedures done and/or ones planned to be completed by Evaluation team)
  - Pre-checklist
  - Copy of signed consent to evaluate
  - Copy of signed ROIs for physician
  - Additional information that Service Coordinator may need for completing the ASD evaluation
- Eval team will copy site notification into ecweb's contact log for student
- Eval team enters relevant information into the ASD evaluation report as soon as possible, given the site team needs to continue the ASD evaluation process.
- Eval team will attempt to participate in the ASD eligibility meeting when the site has completed the ASD evaluation, whenever schedules allow.
- After IFSP is complete and child is receiving services, IFSP site-based team completes ASD evaluation
- Refer to [ASD Step by Step When Initiated by the Site-based](#) IFSP Team
- Service coordinator to schedule and review ASD report to determine eligibility.
- Contact Eval Team Coordinator and Eval team Manager regarding additional time needed to complete evaluation components.



## Clatsop and Tillamook County ASD Evaluation Process: Step by Step When Recommended by Eval Team

In 2019, the Oregon Department of Education changed the evaluation process and eligibility criteria for Autism Spectrum Disorder. As a result, the evaluation team will seldom obtain consent for ASD evaluations. Instead, the evaluation team will attempt to qualify the child for services under the category of Developmental Delay, and will refer eligible children to the site-based team for further evaluation.

- Best-practice guidelines are to discuss the concerns observed or the stated concerns by family at the initial evaluation during the time of the initial IFSP.
  - Discussion with family about the concerns observed are required and need to be documented.
  - At time of initial IFSP team should discuss the presenting factors and determine as a team the best course of action;
  - Either to initiate an evaluation, or to wait for a specified amount of time before revisiting the topic.
- Based on the outcome of the team's discussion:
  - A Consent to Evaluate indicating the need for an evaluation is completed
  - OR parents are provided with a Prior Notice of Action detailing why an evaluation is not being initiated (ie. waiting to obtain more information and review response to intervention).
- There are many factors to consider, which is why the staff who interact with the child are the most appropriate candidates to complete the evaluation.
  - This practice allows the service providing team the opportunity to get to know the child and gather information before initiating the evaluation,
  - The full benefit of the 60-day timeline to complete the evaluation, and
  - Allows the team completing the evaluation to know the child for the minimum length of time needed to reliably complete the ASD checklists.
- The Evaluation Team will support this process by completing a thorough evaluation to consider the developmental needs of the child, including but not limited to:
  - an in-depth observation
  - a direct interaction with the child
  - relevant testing
  - a comprehensive developmental history compliant with OAR 581-015-2000(8) that will include:
    - Prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs
    - Meeting of developmental milestones
    - Socialization and behavioral patterns
    - Health and physical/medical history
    - Family and environmental factors

- Home and educational performance
  - Trauma or significant stress experienced by the child
  - The display of characteristics of any additional learning or behavioral problems
- This information should be referenced in any subsequent evaluations, should the team obtain consent.
- **Site notification**
  - Following completion of the initial evaluation, a site notification will be sent. If ASD is suspected, the notification will specify that information and at the initial IFSP team meeting the team should discuss and go over an ASD evaluation
- **Schedule IFSP meeting**
  - Meeting set up with family and IFSP team members
  - Meeting notice completed. When completing the Meeting Notice make sure that the following boxes are checked:
    - Review existing information about your child
    - Decide whether additional testing is needed
    - Decide whether your child is eligible for / continues to be eligible for early intervention of special education
    - Develop or review an individualized family services plan (IFSP) and services / placement for your child
- **File review**
  - Look at previous testing results and medical history. (Be sure to consider if there are other disability categories that might need to be explored that would necessitate the involvement of the school psychologist. If the school psychologist is needed, please see your program coordinator for the psych referral.)
- **At the initial IFSP meeting**
  - Team will review presenting information and determine if initiating an evaluation to consider ASD (or other disabilities) is needed.
    - **If yes**, then an **Evaluation Consent** form is presented to the parent for signature and the evaluation begins (refer Early Intervention ASD Eligibility Process Step by Step).
      - Contact the Eval Team Coordinator and Intake Manager in order to communicate about additional time to complete evaluation components.
    - **If no**, then a **Prior Notice of Action** is completed that documents why the team has decided that an evaluation is not necessary at this time.
      - Action notice will indicate the reason for not initiating and will contain a followup date if that is agreed upon by the IFSP team.
      - The action notice should be archived and distributed with the meeting notice and meeting minutes. A copy will then be provided to the parents.



## Clatsop and Tillamook County ASD In-State Move-In

### **In-State Move-In**

OAR 581-015-2230 Transfer Students

(1) **In state:** If a child with a disability (who had an IEP that was in effect in a previous school district in Oregon) transfers to a new district in Oregon, and enrolls in a new school within the same school year, the new school district (in consultation with the child's parents) must provide a free appropriate public education to the child (including services comparable to those described in the child's IEP from the previous district), until the new district either:

- (a) Adopts the child's IEP from the previous school district; or
- (b) Develops, adopts, and implements a new IEP for the child.

Please make sure to see your Service Center Administrator for EI/ECSE Administrative Assistant for more information.

Laura Germond for Clatsop [lgermond@nwresd.k12.or.us](mailto:lgermond@nwresd.k12.or.us).

Misty Burris for Tillamook [mburris@nwresd.k12.or.us](mailto:mburris@nwresd.k12.or.us)

### **If the IFSP is current, the team can:**

- Implement the IFSP as written by the previous program (this does not require an IFSP meeting), honoring all services and goals as written. In this instance, the following two steps should be completed:
- Revise the cover sheet to reflect current demographic and program information
- Distribute revised cover page OR
- Convene an IFSP meeting to review and revise the services, goals, and/or placement on the current IFSP. In this instance, all typical procedures for an IFSP meeting should be followed and the IFSP implemented within 10 days of site notification. A Prior Notice of Special Education Action describing the reasons for any revisions is needed. Distribute as usual.
- Add ASD services to ECSE page or cover page for EI
- Submit a regional referral form to activate Regional Inclusive Services – Regional Referral Forms by County

### **If IFSP is not current:**

- Convene an IFSP meeting following all normal processes (make sure the census is submitted immediately after the meeting to activate the file). Again, implementation of the IFSP services should begin within 10 days of site notification.
- Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible.
- Add ASD services to ECSE page or cover page for EI
- Submit a regional referral form to activate Regional Inclusive Services – Regional Referral Forms by County



## Clatsop and Tillamook County ASD Out-of-State Move-in Details

### **Out-of-State Move-in**

OAR 581-015-2230 Transfer Students

(2) **Out of State:** If a child with a disability (who had an IEP that was in effect in a previous school district in another state) transfers to a new district in Oregon, and enrolls in a new school within the same school year, the new school district (in consultation with the child's parents) must provide a free appropriate public education to the child (including services comparable to those described in the child's IEP from the previous district), until the new district:

- (a) Conducts an initial evaluation (if determined necessary by the new district); and
- (b) Develops, adopts, and implements a new IEP, if appropriate, that meets applicable requirements.

Please make sure to see your Service Center Administrator for EI/ECSE Administrative Assistant for more information.

Laura Germond for Clatsop [lgermond@nwresd.k12.or.us](mailto:lgermond@nwresd.k12.or.us).

Misty Burris for Tillamook [mburris@nwresd.k12.or.us](mailto:mburris@nwresd.k12.or.us)

### **If there is sufficient information to determine Oregon ASD eligibility:**

- Team obtains consent for evaluation to complete a file review for eligibility
- Team determines eligibility, completes IFSP, and assuming that the child is determined to be eligible, submits a census, and distributes the paperwork as usual.
- Add ASD services to ECSE page or cover page for EI
- Submit a regional referral form to activate Regional Inclusive Services – Regional Referral Forms by County

### **If there is not sufficient information to determine Oregon ASD eligibility:**

- County Coordinator will make a decision if the ASD evaluation will be conducted by the Evaluation team or Site team.
- An expedited evaluation is scheduled for an ASD evaluation to determine Oregon ASD eligibility
  - Follow step by step for ASD evaluations by eval team or site team depending on which team will complete the evaluation.
- Service coordinator will complete a temporary IFSP. The IFSP is considered temporary because it must be revisited after Oregon eligibility has been established.
- Contact the family about initiating services if evaluation is scheduled for more than 10 working days from site notification. If services are to be initiated before the evaluation, an IFSP must be implemented within a reasonable time of site notification (goal – 10 working days of notification).
- Once the Eval Team has notified the Service Coordinator of the child's evaluation outcome, eligibility may be established and a full, initial IFSP is written with new eligibility



and IFSP dates and all accompanying paperwork is completed and distributed.

- Add ASD services to ECSE page or cover page for EI
- Submit a regional referral form to activate Regional Inclusive Services – Regional Referral Forms by County

If the parent of the child moving in contacts the site directly, please refer them to the intake line (503-614-1446)

# Washington and Columbia County ASD Evaluation Process, Procedures, and Tools

The following information is specific for Washington and Columbia County. Please be advised that there may be some steps or details that are specific to each county and it is advised that you consult with your Supervising Coordinator and evaluation team for specific details that may differ for your county.

## [Link to Washington and Columbia County ASD Evaluation Forms](#)

**COLUMBIA [ASD Eval Request](#)** - For all **EI/ECSE** ASD eval requests, please submit

**WASHINGTON [ASD Eval Request](#)** For all **ECSE** ASD eval requests, please submit

### **Open ASD evaluation questions office hours**

- [Tuesday 12:00- 1:30](#)
- [Wednesdays 8:30 to 10:00](#)

**ASD Consultants once eligibility is made** (invite to the eligibility meetings for all ASD EI/ECSE evals):

Angela Dowlen [adowlen@nwresd.k12.or.us](mailto:adowlen@nwresd.k12.or.us) - ALL of Washington County Sites  
Sara VanZee [svanzee@nwresd.k12.or.us](mailto:svanzee@nwresd.k12.or.us) - ALL Columbia County Sites



## Washington and Columbia County ASD Evaluation Planning

Site teams are encouraged to use the ASD Eligibility Process: ASD Eval Step By Step from Site Teams form and review ASD Evaluation Procedure Responsibilities by Job Title as a guide for pre-planning and evaluation procedures involved in an ASD Evaluation.

### **Prior to Evaluation:**

- Initial discussions must occur in order to consider the child's current skills and needs in the 2 areas associated with Autism (Social Communication and Social Interaction, and Restricted, Repetitive Patterns of Behavior, Interests, or Activities).
  - Use the pre-referral checklist
  - Review current response to intervention data (Evidence Based Practices)
  - Obtain parental input
  - Review the child's file for pertinent medical information/diagnoses
  - Considering other potential categorical eligibilities at this early stage.
  -

### **Moving forward with ASD evaluation:**

- Once the team has determined that it is appropriate to move forward with an ASD evaluation, the Service Coordinator will:
  - Submit a ECSE ASD Evaluation Request form (Washington County Requests OR Columbia County Requests
  - Email the pre-referral checklist to [ASDevalteam@nwresd.k12.or.us](mailto:ASDevalteam@nwresd.k12.or.us) (washington county) columbia
  - The ASD evaluation team will review the checklist and perform a file review to determine what information is already available.
  - Eval consent with the necessary procedures will be filled out by the team based upon the file review.

### **Prior to the Evaluation Planning/Consent Meeting:**

- The Service Coordinator will schedule the consent meeting based upon all team members availability (this includes the family)
- A Meeting Notice should be sent to the parents and should include invitations to professionals who may be involved in the evaluation process.

### **At the planning/consent meeting:**

- The team will review the concerns with the family and will offer parents the consent form to sign after explaining the processes that will be involved in the evaluation.
  - Offering the Parental Guide to ASD Eligibility Process is advised.
- At this time, the Service Coordinator should also ask the parent to complete an Authorization to Use and/or Disclose Educational and Protected Health Information (HIPPA) for the parents to sign in order to assist with obtaining the Medical Statement, including an initial on line 4 under mental health related information requested.

### **Once Consent is Obtained:**

The ASD Eval team and Columbia Eval team will conduct and collect the following information:

- Obtain the Medical Statement/Health Assessment Summary
- Collect information from the family on development and history of characteristics through

a parent interview (done at consent meeting or an additional meeting)

- Two indirect observations - one must be in a second setting.
- Direct interaction observation (#3).
- Social Communication Assessment (SLP) (often combined with Direct Interaction).
- Completion of ASD-related behavior rating tool/standardized assessment.
- Collect information from child's ECSE team
- If child attends a preschool have the teacher complete the Teacher Information Form
- Collect any private providers' assessments or progress notes to provide additional information.
- Complete any other testing needed for additional information (SPM, BASC, etc)
- The information gathered by the ASD evaluation team will be transferred into the report and will be revised and reviewed prior to the meeting date.
- The team may choose to have an informal meeting prior to the eligibility meeting to discuss the results gathered during the evaluation.



## Washington and Columbia County ASD Evaluation Process (outline view)

Medical statement	Make sure to have boxes 5 and 6 checked from ecWeb form
Developmental profile: History and ASD specific	Parent interview File Review
Observations Direct interaction Indirect interaction (with peers) Additional interaction	Need to be over at least two days and two different settings (a home visit can complete parent interview and observation)
Social Communication Assessment	Completed by SLP only: containing information about pragmatics and semantics
Autism Behavior Rating Scale	ASRS: parent/teacher SRS-2 parent/teacher CARS2 (consult with ASD specialist) ADOS-2 if needed- to be completed with ASD team ASIEP-3 ABC for supportive information
Other information to assess impact of disability	Sensory profile Teacher/Provider Interview Previous standardized testing (if done within the year) ABAS, BASC, SSIS
Other information to determine educational needs	AEPS (updated if has not been done in the last 4 months) Curriculum based assessments
Final edit	ASD eval team may meet with ECSE team to do this and review report

Once the final piece of the evaluation is completed, an ASD/Eval Team member will complete the billing form in ecWeb and send it to the appropriate staff for their county. (ex. Washington County is Vicky Schroeder). \*\*This should be sent when the last piece of data has been collected, **do not wait** for the report to be written or for the meeting to be held.

### Eligibility meeting

- Service Coordinator will schedule eligibility meeting with the ASD/Eval Team, family, community teacher, and IFSP team members.
- Service Coordinator brings the following to the meeting:
  - Parent Rights

- ASD Evaluation Report: best practice is to send parent copy prior to meeting to give time for reading, but be sure to have a copy for parent to reference
- ASD Eligibility Statement (filled out by ASD eval team), must be completed even if the child is found not eligible
- DD or CD DNQ Eligibility Statement - filled out with updated information
  - The existing eligibility (such as DD, CD) are generally found ineligible as the autism eligibility explains the delays. Additionally, both DD and CD have exclusionary statements, so if the child is found eligible for ASD they are subsequently not eligible for DD and may not be eligible for CD unless for articulation. In the case of motor impairments or other health impairments the child may have two eligibilities because that impairment is not generally explained by autism.
- Current IFSP: as report and/or eligibility will likely lead to modifications and service additions
- Written Agreement - to add ASD services

**At end of meeting**

- Send census to your data administrator (Vicky Schroeder, Laura Weaver, Laura Germond, or Misty Burris)
- Submit Regional Referral form to the county that the student resides in
- Archive and contact log



## Washington and Columbia County ASD Eligibility Process: Step By Step When Initiated by Site Teams

**1. Initial concerns**— child's service team discusses concerns and characteristics of ASD that they are observing.

- Team considers child's current skills and needs in the 2 areas and 7 domains associated with Autism (social communication & restricted, repetitive patterns of behavior interests or activities)
- Complete [EI/ECSE pre-referral checklist](#)
- Review intervention data to date (response to [ASD-based strategies](#))

**2. Initial discussions/ Pre-planning** - child's service team discusses concerns and characteristics of ASD with parent and inform parent that an ASD Evaluation is being considered and discuss concerns and perspectives from them. After discussion:

- Submit Form ([Washington County](#) OR [Columbia County](#)) with relative information to ASD evaluation team for review
- ASD eval team does a file review of information
- ASD team Admin Assistant requests/obtains medical statements and medical evaluation reports
- ASD eval team prepares consent and advises on eval planning/consent meeting with parent
- Pre-fills the Consent for Evaluation Request with proposed procedures that will be used to determine eligibility for ASD.

**3. Schedule Consent Meeting** - Service Coordinator schedules with family and other team members

- Send Meeting Notice
- Invite parents, ASD eval team, and professionals who will be participating in the evaluation. (SLP, OT, school psych, etc-)-not required to attend, but best practice is to invite them.

**4. Evaluation planning/Consent meeting** - with team & parents

- Review concerns and data with parents
- Review evaluation process and protocols (offer [Parental Guide to ASD Eligibility](#))
- Request consent for ASD Evaluation (review procedures and assessments needed and provide descriptions)
- Obtain exchange of info with child's physician and preschool teacher (if not already archived in ecweb)
- [Parent interview conducted](#)
- Developmental history obtained
- Autism behavior rating tool completed or given to parent to complete

- Observation conducted
- Social Communication Assessment conducted (portions)
- Schedule observation with peers

**5. Remaining components of ASD eval** scheduled and completed

- Medical statement
- [Teacher interview](#) (if in preschool)
- Observation in natural environment
- Observation with peers
- Report written
- Eligibility forms (ASD and DD) filled out (done by ASD Eval Team)
- Remaining Social Communication Assessment pieces

**6. Eligibility Meeting Scheduled** - Assigned Service Coordinator schedules eligibility meeting with all team members

- Meeting for eligibility and IFSP paperwork completed (if eligible)
- Report reviewed and eligibility determined
- ASD eligibility signed
- DD DNQ eligibility signed (if qualified for ASD)
- Services, goals, and placement determined (done by SC)
- Census sent (done ASD eval team)
- Any additional paperwork needed for eligibility/IFSP meeting completed:
- Team meeting notice (SC)
- Written notice for ASD services if added (SC)
- Action notice (SC)
- Contact log (SC and ASD eval team)
- Archive forms (SC and ASD eval team)
- Regional Referral submitted via Google Forms (ASD eval team will submit)





## Washington and Columbia County ASD Evaluation Procedures (who does)

**Medical Statement** - from child's physician - ASD eval team admin assistant

- check boxes 5 & 6 on the form found in ecweb and fax

**Health, Hearing, Vision Checklist** – Service Coordinator

- reviewed/updated

**File review** – ASD eval team

- child's current development and previous evaluations

**Parent Interview** – ASD eval team

- conduct at consent or provide electronically

**Teacher interview/report** – Service Coordinator or Preschool teacher

- provide electronically or interview in person

**Developmental History** – ASD eval team

- obtained through file review and parent interview

**Autism Behavior Rating Scale** – ASD eval team

- SRS-2, ASRS, CARS-ST, ADOS-2

**3 Observations** – ASD eval team, Service Coordinator, Related Service Provider

- Direct observation – by ASD eval team
- Indirect - SC, OT, SLP
- Indirect – with peers - SC, OT, SLP

**Social Communication Assessment** – ASD eval team SLP

**Assessment necessary to determine Impact of Disability** – ASD eval team, SC, OT, SLP

- Previous developmental testing
- Sensory profile
- ABAS, BASC-2, SSIS-2
- Teacher report

**Additional assessments necessary to determine educational needs** – SC

- AEPS

**Report write up and summary** - ASD eval team

- Finalize report
- Send report to family at least 2 days prior to eligibility meeting



## Washington and Columbia County ASD Evaluation Procedures by Job Title

Evaluation Procedures: Designated procedures are detailed below by job title:

### **ASD Evaluation Team Members**

- File review of Ecweb and medical report
  - Analyzing information available in Ecweb, pertinent information for all areas of ASD Eval will be directly entered into the Ecweb report.
- Medical report/records obtained
- Medical statement
- Eval Consent form
- Parent Interview
- ASD Behavior Rating scales
  - Send to parent, preschool teacher, and/or Service Provider
  - Analyzed and entered into report
- Social Communication Assessment
  - Language Sample
- Direct Observation/Indirect Observation
- ASD evaluation finalized
- ASD Eligibility form
- DNQ Eligibility form
- Billing and census completed
- Regional referral completed and sent

### **Service Coordinator**

- Discussions with family and team on ASD evaluation
- Pre-referral checklist
  - Sent to ASD eval team
- ASD evaluation request form submitted via Google Forms
- Consent meeting scheduled
- Meeting notice
- Indirect observation of student
  - Send to ASD eval team
- Teacher/Provider form
  - SC fills out or work w/ preschool to fill out send in to ASD eval team
- AEPS (if it has not been updated in the last 4 months)
- Heath, Hearing, Vision Checklist updated
- Eligibility meeting scheduled
- Meeting notice
- Written agreement
- ECSE page
- Action notice
- Paperwork distributed

### **OT, SLP, or other team members (if needed)**

- Sensory processing measure
  - Sensory profile write up
  - Entered into Ecweb
- Indirect observation
  - Sent to ASD eval team
- ABAS, BASC, SSIS
  - Entered into Ecweb



## Washington and Columbia County ASD Evaluation Steps by Step When: ASD characteristics observed or parents provide concerns at **initial evaluation**

In 2019, the Oregon Department of Education changed the evaluation process and eligibility criteria for Autism Spectrum Disorder. As a result, the evaluation team will seldom obtain consent for ASD evaluations. Instead, the evaluation team will attempt to qualify the child for services under the category of Developmental Delay, and will refer eligible children to the site-based team and ASD eval team for further evaluation.

*At initial evaluation the Evaluation Team may see characteristics indicative of Autism or the family may express concerns for Autism.*

- **The Evaluation Team** will support a potential future ASD evaluation by completing a thorough evaluation to consider the developmental needs of the child, including but not limited to an in-depth observation, a direct interaction with the child, relevant testing, and a comprehensive developmental history compliant with OAR 581-015-2000(8) that may include:
  - Prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs
  - Meeting of developmental milestones
  - Socialization and behavioral patterns
  - Health and physical/medical history
  - Family and environmental factors
  - Home and educational performance
  - Trauma or significant stress experienced by the child
  - The display of characteristics of any additional learning or behavioral problems
  - Standardized testing for current developmental skills

This information should be referenced in any subsequent evaluations, should the team obtain consent for an ASD evaluation at a later date.

- Following completion of the evaluation, if Autism is a concern to be addressed at a later date due to characteristics observed or parental concerns at initial evaluation, **the evaluation team will send a site notification to appropriate site and to [ASDevalteam@nwresd.k12.or.us](mailto:ASDevalteam@nwresd.k12.or.us).**
- The site notification sent to the ASD eval team will bring attention to the concerns of Autism.

- **The ASD eval team will review** the student's file to look at previous testing results and medical history. (Be sure to consider if there are other disability categories that might need to be explored that would necessitate the involvement of the school psychologist. If the school psychologist is needed, please see your program coordinator for the psych referral.)
- Student's name will be added to the ASD eval tracker
- **The ASD evaluation team** will advise staff on next steps from information obtained through file review.
- **At the IFSP team meeting**, the team will review presenting information and determine if initiating an evaluation to consider ASD (or other disabilities) is needed.
  - If **yes**, then an **Evaluation Consent** form is presented to the parent for signature and the evaluation begins.
  - If **no**, then a **Prior Notice of Action** is completed that documents why the team has decided that an evaluation is not necessary at this time.
    - The **action notice** will indicate the reason for not initiating and will contain a followup date if that is agreed upon by the IFSP team.
    - The action notice should be archived and distributed with the meeting notice and meeting minutes. A copy will then be provided to the parents.



## Columbia County ASD Evaluation Process: When Recommended by Eval Team

In 2019, the Oregon Department of Education changed the evaluation process and eligibility criteria for Autism Spectrum Disorder. As a result, the evaluation team will seldom obtain consent for ASD evaluations. Instead, the evaluation team will attempt to qualify the child for services under the category of Developmental Delay, and will refer eligible children to the site-based team for further evaluation.

- Best-practice guidelines are to discuss the concerns observed or the stated concerns by family at the initial evaluation during the time of the initial IFSP.
  - Discussion with family about the concerns observed are required and need to be documented.
  - At time of initial IFSP team should discuss the presenting factors and determine as a team the best course of action;
  - Either to initiate an evaluation, or to wait for a specified amount of time before revisiting the topic.
- Based on the outcome of the team's discussion:
  - A Consent to Evaluate indicating the need for an evaluation is completed
  - OR parents are provided with a Prior Notice of Action detailing why an evaluation is not being initiated (ie. waiting to obtain more information and review response to intervention).
- There are many factors to consider, which is why the staff who interact with the child are the most appropriate candidates to complete the evaluation.
  - This practice allows the service providing team the opportunity to get to know the child and gather information before initiating the evaluation,
  - The full benefit of the 60-day timeline to complete the evaluation, and
  - Allows the team completing the evaluation to know the child for the minimum length of time needed to reliably complete the ASD checklists.
- The Evaluation Team will support this process by completing a thorough evaluation to consider the developmental needs of the child, including but not limited to:
  - an in-depth observation
  - a direct interaction with the child
  - relevant testing
  - a comprehensive developmental history compliant with OAR 581-015-2000(8) that will include:
    - Prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs
    - Meeting of developmental milestones
    - Socialization and behavioral patterns
    - Health and physical/medical history
    - Family and environmental factors
    - Home and educational performance
    - Trauma or significant stress experienced by the child
    - The display of characteristics of any additional learning or behavioral problems
- This information should be referenced in any subsequent evaluations, should the team

- obtain consent.
- Following completion of the evaluation, a site notification will be sent. If ASD is suspected, the notification will specify if an evaluation planning meeting is needed to consider ASD, and will provide a recommendation for when that meeting should occur—generally at the initial IFSP team meeting.
- If a child does not meet DD eligibility criteria or the family does not want to access ECSE services, the evaluation team may need to complete an ASD evaluation since the child would not be eligible to access site services. In those instances, the directions in the document titled “ASD Evaluation Process - Site Based Initiated,” should be followed.
- Contact the Eval Team Coordinator and Intake Manager in order to communicate about additional time to complete evaluation components.
- The site notification received indicates the need for an Evaluation Planning Meeting. From the site notification:
  - ASD Follow Up Needed: Service team to hold ASD Evaluation Planning Meeting at the initial IFSP meeting.
- Site Team assigns a Service Coordinator and an initial IFSP team meeting is set up. When completing the Meeting Notice for this meeting make sure that the following boxes are checked:
  - Review existing information about your child
  - Decide whether additional testing is needed
  - Decide whether your child is eligible for / continues to be eligible for early intervention of special education
  - Develop or review an individualized family services plan (IFSP) and services / placement for your child
- Service Coordinator and related staff review file to look at previous testing results and medical history. (Be sure to consider if there are other disability categories that might need to be explored that would necessitate the involvement of the school psychologist. If the school psychologist is needed, please see your program coordinator for the psych referral.)
- At the IFSP team meeting, the team will review presenting information and determine if initiating an evaluation to consider ASD (or other disabilities) is needed.
  - If yes, then an Evaluation Consent form is presented to the parent for signature and the evaluation begins.
  - If no, then a Prior Notice of Action is completed that documents why the team has decided that an evaluation is not necessary at this time.
    - The action notice will indicate the reason for not initiating and will contain a followup date if that is agreed upon by the IFSP team.
    - The action notice should be archived and distributed with the meeting notice and meeting minutes. A copy will then be provided to the parents.



## Washington and Columbia County In-State Move Ins

### **In-State Move-In**

OAR 581-015-2230 Transfer Students

(1) In state: If a child with a disability (who had an IEP that was in effect in a previous school district in Oregon) transfers to a new district in Oregon, and enrolls in a new school within the same school year, the new school district (in consultation with the child's parents) must provide a free appropriate public education to the child (including services comparable to those described in the child's IEP from the previous district), until the new district either:

- (a) Adopts the child's IEP from the previous school district; or
- (b) Develops, adopts, and implements a new IEP for the child.

### **EI/ECSE In-State Move-in Process**

The following process is specific to Columbia and Washington Counties, please refer to procedures specific to Tillamook or Clatsop Counties.

- **Intake will:**
    - Notify the appropriate site and data administrator, via email, when there is confirmation that the family is residing in one of our counties and sufficient documentation indicating the child is currently eligible for EI or ECSE services has been received. Available documentation will be attached to the email and uploaded to the ecWeb archive, and indicate if the IFSP is current or will be due soon.
    - Request records from the previous Oregon program. Once the file is received it will be uploaded to ecWeb.
  - **The site must:**
    - Implement the current IFSP within a reasonable time of notification (goal – 10 working days of site notification), or convene an IFSP meeting to update the educational plan if the plan is not current.
  - **If the IFSP is current, the team can:**
    - Implement the IFSP as written by the previous program (this does not require an IFSP meeting), honoring all services and goals as written. In this instance, the following two steps should be completed:
    - Revise the cover sheet to reflect current demographic and program information
    - Distribute revised cover page
- OR**
- Convene an IFSP meeting to review and revise the services, goals, and/or placement on the current IFSP. In this instance, all typical procedures for an IFSP meeting should be followed and the IFSP implemented within 10 days of site notification. A Prior Notice of Special Education Action describing the reasons for any revisions is needed. Distribute as usual.

- **If IFSP is not current:**



- Convene an IFSP meeting following all normal processes (make sure the census is submitted immediately after the meeting to activate the file). Again, implementation of the IFSP services should begin within 10 days of site notification.
- Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible.

Please note – In any situation where a student has a categorical eligibility of ASD, DDH, DB, OI, VI, or TBI a Regional Referral form must be submitted to activate Regional Inclusive Services – [Regional Referral Forms by County](#)



## Washington and Columbia County Out of State Move Ins

### **Out-of-State Move-in**

OAR 581-015-2230 Transfer Students

(2) Out of State: If a child with a disability (who had an IEP that was in effect in a previous school district in another state) transfers to a new district in Oregon, and enrolls in a new school within the same school year, the new school district (in consultation with the child's parents) must provide a free appropriate public education to the child (including services comparable to those described in the child's IEP from the previous district), until the new district:

- (a) Conducts an initial evaluation (if determined necessary by the new district); and
- (b) Develops, adopts, and implements a new IEP, if appropriate, that meets applicable requirements.

### **EI/ECSE Out-of-State Move-in Process**

The following process is specific to Columbia and Washington Counties, it will vary in Tillamook or Clatsop Counties. For Tillamook or Clatsop Counties, please see your Service Center Administrator for EI/ECSE Administrative Assistant for more information.

Historically our program had a practice of not starting services for a move-in child with an expired IFSP. However, ODE has clarified that a child must be started in services with a temp IFSP honoring their former plan as closely as possible, whenever the child has a current out-of-state eligibility (regardless of if the IFSP/IEP from the other state is current).

- **At Intake:**
  - When out-of-state documentation has been obtained and the family is residing in Washington or Columbia County, one of the program School Psychologists reviews records to determine if there is sufficient information to determine Oregon eligibility.
  - ***\*ALL medical ASD or educational ASD Move Ins for families residing in Washington or Columbia County will be filtered to the ASD Eval Team to determine if there is sufficient information to establish Oregon eligibility.***
    - The ASD Eval Team will do a file review of ASD information, components needed for an Oregon ASD evaluation, and implementation and completion of ASD evaluation.
    - The ASD Eval Team will communicate with site team on steps.
- **If there is sufficient information to determine Oregon eligibility:**
  - All out-of-state documents are uploaded to ecWeb and forwarded to the appropriate site via email.
  - Site convenes meeting to consider Oregon eligibility and complete an Oregon IFSP, with the goal of implementing services within 10 days of site notification.
  - For the IFSP, this often looks like transferring the child's existing goals to Oregon forms in ecWeb, and matching (as closely as possible) the services from the

out-of-state IEP/IFSP. Treat this like an initial IFSP with a new eligibility and IFSP date.

- Team obtains consent for evaluation to complete a file review for eligibility.
  - Team determines eligibility, completes IFSP, and assuming that the child is determined to be eligible, submits a census, and distributes the paperwork as usual
  - [A Regional Referral](#) form will be submitted for categorical eligibilities of ASD, DHH, DB, OI, VI or TBI
- **If there is not sufficient information to determine Oregon eligibility, but the IEP/IFSP is current:**
    - An expedited evaluation is scheduled with the Eval Team to determine Oregon eligibility and if EI eligible, IFSP will be completed by eval team.
    - All documents are forwarded to the site via email.
    - Coordinator assures that a service coordinator is assigned as soon as possible after the site notification email and service coordinator enters his/her name as provider in ecWeb.
    - Service coordinator will complete a temporary IFSP. The IFSP is considered temporary because it must be revisited after Oregon eligibility has been established.
    - Contact the family about initiating services if evaluation is scheduled for more than 10 working days from site notification. If services are to be initiated before the evaluation, working days from site notification. If services are to be initiated before the evaluation, an IFSP must be implemented within a reasonable time of site notification (goal – 10 working days of notification).

**There are two options for the temporary IFSP:**

- Use the existing IFSP, as written by the previous program (this does not require an IFSP Meeting) by completing the two actions below:  
Complete Oregon IFSP cover sheet including:
  - Services as indicated on previous out-of-state IEP/IFSP Eligibility date should be “pending”, and typically the annual and 6-month review dates are the same as the previous plan
  - Follow typical service start and stop guidance with service projections being within 10 days of site notification.
  - The entire existing IFSP with the new Oregon cover sheet gets distributed via PDF.
  - Print/PDF the Cover sheet and distribute IFSP. Note: If Oregon Eligibility has not been established, you cannot archive the IFSP. Send a PDF attachment to distribution instead for upload to the archive.
  - Census and action forms not needed at this time, child cannot be made active until Oregon eligibility is determined.
  - Once the Eval Team has notified the Service Coordinator of the child’s evaluation outcome, eligibility may be established and a full, initial IFSP is written with new eligibility and IFSP dates and all accompanying paperwork is completed and distributed.

**OR**

- **If the IFSP has to be revised** (for example, due to different service delivery models)
  - Convene an IFSP meeting to review the services, goals, and placement offered by out-of- state program and consider revisions.
  - Follow all the usual procedures for an IFSP meeting with implementation of the IFSP within 10 working days of site notification
  - Eligibility date should be “pending”, and typically the annual and 6-month review dates are the same as the previous plan
  - Follow typical service start and stop guidance with service projections being within 10 days of site notification
  - If revisions to the move-in IEP/IFSP are needed, complete Prior Notice of Special Education Action describing the reason(s) for the revision(s)
  - Census is not needed at this time, child cannot be made active until Oregon eligibility is determined - Note: If Oregon Eligibility has not been established, you cannot archive the IFSP. Send a PDF attachment to distribution.
  - Make revisions and distribute IFSP via PDF.
  - Once the Eval Team has notified the Service Coordinator of the child’s evaluation outcome, eligibility may be established and a full, initial IFSP is written with new eligibility and IFSP dates and all accompanying paperwork is completed and distributed.
  - Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible.
  - The Evaluation is conducted by eval team following the established process.
  - Oregon EI and ECSE eligibility is determined by the eval team after the evaluation (unless eval occurs at a time when eval team is not completing ECSE eligibilities).
  - Site notification and billing email sent when child is eligible or non-eligible (if child non-eligible in Oregon, services should be discontinued).

**If the child is eligible**, IFSP team convenes meeting to develop new annual Oregon IFSP (typically, an EI IFSP will be completed by the eval team) within 30 days of the eligibility determination.

- Census submitted immediately following IFSP meeting. Child can only be placed when Oregon eligibility has been determined and IFSP completed. New eligibility and annual IFSP dates are established.
- Distribute all paperwork
- A Regional Referral form will be submitted for categorical eligibilities of ASD, DHH, DB, OI, VI or TBI

**If child moves in from another state with a current eligibility but not a current IEP/IFSP:**

- An expedited evaluation is scheduled with the eval team to determine Oregon eligibility.
- Site is notified if child is eligible in Oregon and IFSP is developed following the typical process.
- Convenes IFSP meeting to develop new annual Oregon IFSP following typical procedures (typically, an EI IFSP will be completed by the eval team). New eligibility and annual IFSP dates are established.
- Census submitted immediately following IFSP meeting. Child can only be placed when Oregon eligibility has been determined and IFSP completed.

- A Regional Referral form will be submitted for categorical eligibilities of ASD, DHH, DB, OI, VI or TBI

Please note – In any situation where a student has a categorical eligibility of ASD, DDH, DB, OI, VI, or TBI a Regional Referral form must be submitted to activate Regional Inclusive Services – [Regional Referral Forms by County](#)

# Autism Evaluation Forms for Observations and Interviews



# ASD Evaluation Planning Form/Checklist

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

<b>Child's Name &amp; ID#:</b>	<b>DOB:</b>	<b>Consent signed: 60-Day Timeline:</b>
<b>Currently Eligibility &amp; Date:</b>	<b>Annual IFSP Date:</b>	<b>Current IFSP Services:</b> _Speech _PT _OT _Nursing
<b>Location of Services:</b>	<b>Service Coordinator:</b>	<b>Interpreter Needed _Y _N</b> Language:
<b>Current Regional Services</b> _HI _VI _OI _AC/AT	<b>Reasons for Considering ASD Evaluation</b> _Medical Diagnosis                      _Pre-referral Checklist _Team Concerns                         _Current Progress _Parent Concerns *Other Disability Categories Considered: _____	

<b>Evaluation Procedures/Activities</b> <b>*Required components/procedures</b>	<b>Who is Responsible</b> <b>~Email SC when complete</b>	<b>Due to Service Coordinator by:</b>
1. *File Review	1. _____	1. _____
2. *Med Statement/Health Assessment	2. _____	2. _____
3. *Developmental History	3. _____	3. _____
4. *Parent Interview	4. _____	4. _____
5 *Indirect Observation #1	5. _____	5. _____
6 *Indirect Observation #2	6. _____	6. _____
7. *Direct Observation #3 (included in SCA)	7. _____	7. _____
8. *Social Communication Assessment (SLP Only)	8-SLP: _____	8. _____
9-10. **ASD Standardized Assessment (ASRS or SRS-2 Parent & Teacher forms)	9. _____	9. _____
10. _____	10. _____	10. _____
11. Teacher Interview/Report (recommended)	11. _____	11. _____
12. ***OTHER	12. _____	12. _____
13. ***OTHER	13. _____	13. _____
14. Input results into ecWeb (email service coordinator)	14. _____	14. _____
15. Review and Revise Report	15. _____	15. _____
16. Schedule pre-eligibility meeting if needed	16. _____	16. _____
17. Schedule & Hold Eligibility/IFSP meeting with parents to review results	17. _____	17. _____
18.*Submit billing, census, and regional referral	18. _____	18. _____

**\*Required components/procedures**

\*\*If an ASD Standardized Assessment other than the ASRS is thought to be needed, please consult Regional.  
 \*\*\*OTHER: Use these if additional assessments are needed to determine eligibility and impact (Sensory Profile, ABAS II, AEPS, etc.)—consult with necessary specialists (OT, School Psych, ASD Consultant).



## Autism Observation Guide - Direct Directions

**The Autism Observation Guide- Direct Interactions** is to be completed using the directions below. The second page provides strategies on how to provide direct cues during the observation, as well as specific guidelines on behaviors and skills to consider in the area of communication. A direct interaction observation should be a minimum of 20 minutes.

- Complete the top section of the form that provides details about the setting of the observation.
- Fill in the child's name and the name of the person completing the observation. Provide specific information about where the observation is taking place (i.e., home, classroom, park, grocery store, etc.). Also, provide information about other people present during the observation.
- Record the time that the observation begins and ends in the appropriate boxes.
- Review the four areas (communication, social interactions, unusual responses to sensory experiences, and patterns of repetitive behaviors) prior to starting the formal observation.
- Review strategies for providing direct interactions with the child prior to starting the formal observation. Review communication skills (expressive, receptive, social/pragmatic, and unconventional) to be considered prior to starting the observation.
- Use the observation log to describe the activities and behaviors that the child engages in during the observation. The log should record observable behaviors (e.g., points to objects, labels, reaches, hand guides, rocking, repeating vocalizations) and be inclusive of the child's strengths and ability to function in the environment.
- Record the child's activities during the observation. Using the Direct Strategies, Observation Guidelines, and the four areas as a reference, record how the child communicates, interacts with others, responds to sensory stimulation and engages with objects and materials in the environment. Note how the child responds to requests, changes, or novelty during interactions.
- Data from this observation can/will be used as part of the functional communication assessment that is also required as part of the eligibility process.
- The chart at the bottom of the page is used to measure the child's level of functional engagement. Although only five data points are required, more frequent data points will result in increased accuracy.
- Using a timer or clock, mark the child's level of engagement at the following minute marks: 1, 5, 10, 15 and 20 on the chart. More frequent data points are encouraged for better accuracy. Record the data point in the minute box using the following key:
  - **I: Interactive**-responded, initiated, or complied with peer or adult;
  - **P: Play**-involved in constructive, functional play (but not interactive with another person);
  - **NR**: No response-self stimulation, repetitive or non-functional play, passive;
  - **A**: Aggressive or negative behavior-crying, hitting, self-abuse, etc.
- Summarize the observation by noting behaviors observed or not observed across the four defining areas, as well as the child's strengths and functional skills on the evaluation report.





# ASD Observation Guide-Direct Interactions

Child's Name:	Observer's Name:	Observation Date:
Location:	Start Time:	End Time:
Others present during observation (classmates, parents, siblings, friends, unfamiliar adults, etc):		

**Observation Notes**

Note engagement at the 1, 5, 10, 15 and 20 minute marks. More frequent data points are encouraged for greater accuracy.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Interaction % =					Play % =					No Response % =					Aggressive/Negative % =					

Data codes: **I: Interactive**-responded, initiated or complied to peer or adult; **P: Play**-involved in constructive, functional play (but not interactive with another person); **NR: No response**-self stimulation, repetitive or non-functional play, passive; **A: Aggressive or negative behavior**-crying, hitting, self abuse, etc.

<b>Direct Strategies:</b>	
<ul style="list-style-type: none"> <li>· Lead the child in a play activity</li> <li>· Introduce a change the child's play/agenda</li> <li>· Imitate the child's play</li> <li>· Model different facial expressions</li> <li>· Hold items in sight but out of reach</li> <li>· Request a turn</li> </ul>	<ul style="list-style-type: none"> <li>· Use common greetings               <ul style="list-style-type: none"> <li>· Ask the child for help (with a toy, to get something, etc)</li> <li>· Have a peer or sibling initiate play or provide a simple direction</li> </ul> </li> <li>· Introduce something novel into pretend play</li> </ul>

<b>Observation Guidelines:</b>	
<p><u>Verbal (expressive) communication skills:</u></p> <ul style="list-style-type: none"> <li>· Labels, comments or directs attention to object/event</li> <li>· Protests and/or defends possession</li> <li>· Communicates needs with words</li> <li>· Requests, comments, provides information</li> <li>· Uses language with communicative intent</li> <li>· Responds "on topic"</li> </ul> <p><u>Non verbal (expressive) communication skills:</u></p> <ul style="list-style-type: none"> <li>· Demonstrates joint attention and referencing</li> <li>· Demonstrates pointing, waving, showing, nodding or shaking head, raising arms to be picked up, pushing objects away, eye gaze</li> <li>· Indicates a choice between two items</li> <li>· Hands over item to request help <u>Receptive language skills:</u></li> <li>· Attends to voices, language and auditory stimulus in the environment</li> <li>· Responds to routine and novel directions</li> <li>· Responds to name when called</li> <li>· Understands common labels, phrases, prepositions, and simple questions</li> </ul>	<p><u>Social communication skills:</u></p> <ul style="list-style-type: none"> <li>· Eye contact/gaze</li> <li>· Has varied facial expressions and demonstrates within context</li> <li>· Shares interest with others</li> <li>· Follows routines</li> <li>· Demonstrates turn taking, initiating and responding to initiations from others</li> <li>· Responds to contextual cues and simple questions</li> <li>· Initiates and responds to greetings</li> </ul> <p><u>Unconventional/repetitive means of communication</u></p> <ul style="list-style-type: none"> <li>· Hand guides</li> <li>· Has difficulties understanding gestures and non verbal communication</li> <li>· Demonstrates a delay or lack of functional language</li> <li>· Repetition of sounds, words or phrases</li> <li>· Echolalia and/or scripted phrases</li> <li>· Unusual intonation patterns</li> <li>· Self injurious behaviors</li> <li>· Difficulty with topic maintenance, pronouns and communication repairs</li> </ul>

## Social Communication

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>○ No functional language</li><li>○ Limited words to communicate wants and needs</li><li>○ Lack of response to greetings</li><br/><li>○ Does not respond to name</li><br/><li>○ Does not use pronouns</li><br/><li>○ Struggles to follow simple directions</li><br/><li>○ Difficulty generalizing (over or under) language skills</li><li>○ Gestures/hand guides</li><br/><li>○ Responds to visual strategies</li><br/><li>○ Will attempt to meet own needs rather than seek assistance</li><li>○ Limited eye contact</li><br/><li>○ Limited joint attention and referencing</li></ul> | <ul style="list-style-type: none"><li>○ Tolerates proximity, but does not engage in joint attention</li><li>○ Play in isolation</li><br/><li>○ Prefers objects to people</li><br/><li>○ Does not initiate play with others</li><br/><li>○ Limited functional and/or pretend play</li><br/><li>○ Does not imitate peers or adults in play</li><br/><li>○ Difficult to engage in simple games or classroom activities</li><li>○ Not attentive to social and environmental stimuli</li><li>○ Lack of stranger or danger awareness</li><li>○ Strong reactions to changes in routine or the environment</li><li>○ Aggressive or passive behavior</li></ul> |
|---|---|

**Restricted, repetitive patterns of behavior, interests, or activities**

- Unusual response to textures
- Seeks or avoids particular textures
- Seeks deep pressure through physical play (jumping, bouncing, pushing against people or items)
- Rocks self, lunges, and/or toe walks
- Self injurious behaviors (head banging, scratching)
- Over or under sensitivity towards pain
- Spins self or moves in a repetitive pattern
- Unusual response to noise
- Covers ears
- Stares at or avoids light
- Eye gaze is to the side of the apparent object of focus
- Likes to spin or watch spinning objects
- Looks at objects from a very close range
- Smells or tastes objects
- Difficulty with grooming (hair and teeth brushing, hand washing, etc)

- Carries around objects
- Intense interest in certain toys, objects or topics
- Exaggerated interest in parts of a toy (ie car wheels)
- Lines up objects and reacts if the order is disrupted
- Limited variety of play activities
- Limited follow through in imitating variance in play
- Frequent jumping and/or hand flapping
- Play with objects in restricted or repetitive way
- Difficulty waiting for needs to be met
- Difficulties with transitions between activities or changes in the environment
- Becomes upset if a routine is not completed in a particular way
- Repetitive use of sounds, words or phrases
- Echolalia
- Frequent gibberish or jargon
- Scripts from books/movies/tv shows



## Autism Observation Guide - Indirect Directions

Indirect Observation Form - this form has two sides. The first side is to be completed using the directions below. The second side describes some of the behaviors that should be considered when completing an observation as part of the ASD evaluation process. This observation should be a minimum of twenty minutes. Complete the top section of the form that provides details about the setting of the observation.

Fill in the child's name and the name of the person completing the observation. Provide specific information about where the observation is taking place (i.e., home, classroom, park, grocery store, etc.). Also, provide information about other people present during the observation.

- Record the time that the observation begins and ends in the appropriate boxes.
- Review the four areas (communication, social interactions, unusual responses to sensory experiences, and patterns of repetitive behaviors) prior to starting the formal observation.

Use the observation log to describe the activities and behaviors the child engages in during the observation period. The log should record observable behaviors and be inclusive of the child's strengths and ability to function in the environment.

- Record the child's activities for twenty minutes. Using the four areas as a reference, record how the child communicates, responds and interacts with others, responds to sensory stimulation, and engages with objects and materials in the environment.
- Back side of the form may be used to "check off" behaviors that are recorded in the log.

The chart at the bottom of the page is used to measure the child's level of functional engagement. Although only five data points are required, more frequent data points will result in increased accuracy.

- Using a timer or clock, mark the child's level of engagement at the following minute marks: 1, 5, 10, 15, and 20 on the chart. More frequent data points are encouraged for better accuracy. Record the data point in the minute box using the following key:
- **I: Interactive**-responded, initiated, or complied to peer or adult;
- **P: Play-involved** in constructive, functional play (but not interactive with another person);
- **NR: No response**-self stimulation, repetitive or non-functional play, passive;
- **A: Aggressive** or negative behavior-crying, hitting, self-abuse, etc.

Compute the percentage of time the child is engaging in interaction, play, non-functional behavior, or aggressive behavior by dividing the number of responses in each area by the total number of data points collected.

Summarize the observation by noting behaviors observed or not observed across the four defining areas, as well as the child's strengths and functional skills on the evaluation template.



# Autism Family Information Guide

## File Review

Prior to the parent interview, review the child's file. Summarize the child's developmental history from the file and write up on the parent interview form in the space provided. Remember to note:

- History of medical concerns/diagnosis
- Physical development
- Communication
- Social
- Sensory
- Behavior
- Write down any areas where you feel more information is needed and discuss with family during the parent interview

## Schedule Parent Interview

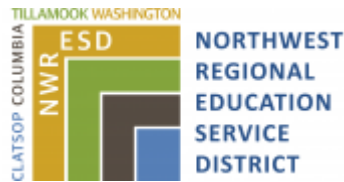
Schedule the interview with family in their home (allow at least 1 hour, more with interpreters). When scheduling the interview, explain to parents that this will be a casual visit, there are no preparations needed. You will ask them to fill out a questionnaire, discuss their child and ask some questions, observe their child at home, and provide an opportunity for parents to ask any questions they might have about the evaluation process.

## Home Visit Introduction/Review of Process

- Ask parents about their timeline, or set a timeline for the visit
- Review Parent Guide for eligibility process and answer any questions
- Staff will review developmental history information and go over file review
- Staff member will play with and observe child while parent completes a standardized rating scale
- Parent will talk about their child by answering some interview questions
- Complete Parent Interview Form based on your file review.
- Review information from file review. Ask parents for updates or corrections/changes. Do they have questions about this information?
- Talk further with parents about their child's developmental history, especially any areas from the file review that might be unclear.

## Observation

Staff observe the child, using indirect observation form, while the parent completes the rating scale.



## Parent Interview

Student \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

### DEVELOPMENTAL HISTORY

Please write about relevant PAST and RECENT events/experiences related to:

#### Early History

How was your child's temperament as a baby? (Easily consoled, quiet, vocal, often fussy?)

Did they sleep well as an infant?

Difficulties with breast feeding or bottle?

Food intolerances or avoidances?

Early milestones – sitting, crawling, walking

When did your child say their first word? First intentional word? Started to put words together?

Show an awareness of new people?

Respond to their names?

Use a point and/or follow a point?

How did they gain your attention?

Medical diagnosis or medications (current)

Has your child ever experienced significant injury or illnesses (e.g. falls, hospitalizations, accidents, prematurity, head injury, etc)?

### **CURRENT STRENGTHS**

What makes you smile about your child?  
What are things they like to do?  
What are favorite toys, things, actions they like?



## COMMUNICATION

What are your communication concerns?

Does your child look at you when you talk to them?

Does your child focus using Joint Attention? (e.g. follows a point, follows gaze, vocalizes to establish JA, coordinates gaze, gesture, vocalizations, etc)

Does your child take turns with objects?  
Back and forth showing/giving?

Does your child make references to objects? (e.g. shows object, gives object, points to object, etc)

Does your child regulate the behavior of others? (e.g. reaches for object, reaches for vocalizations, gestures to request help, gestures to request action)

Does your child protest & reject? How?

Does your child seek you for help or to gain access to things?

Does your child follow their routine at home? Do you use gestures or prompt them?

Do you notice anything about your child's voice intonation, pitch or quality?

Does your child talk excessively and dominate the conversation?

Does your child respond to their name?

Does your child participate in conversations? Back and forth exchanges

How does your child communicate with you?

How does your child communicate pain? How does your child communicate fear?

How does your child communicate enjoyment? How does your child communicate anger/frustration?

Does your child talk to themselves, jabber, echoe, or repeat things they have heard? Examples:

**SOCIAL: RELATING TO PEOPLE, OBJECTS, EVENTS, AND ENVIRONMENTS**

What are your social interaction concerns

How does your child play? On their own? Next to others? Cooperatively with others?

Does your child try to engage you in their play?

What does your child choose to do with family members? (Individually or as a group)

Does your child have a best friend? Close friends? Acquaintances?

Does your child try to engage others in play?

What does your child choose to do by themselves?

How does your child relate/react to new events, objects or changes in routines?

Does your child understand/ respond to others feelings? (if they hurt someone or take a belonging?)

How does your child react in the community? (e.g. in the store, at the park, in a restaurant)

How does your child respond to potentially dangerous situations (drugs, traffic, electricity, alcohol, fire, heights, strangers, etc)?

Does your child understand social rules? (waiting in line, not interrupting) Do you need to give additional support?

How does your child respond when other children are around or they approach them to play?

**PATTERNS OF BEHAVIOR (restrictive or repetitive)**

What are your behavior concerns?	
Does your child have trouble with transitions? (e.g. place to place, activity to activity) or changes in routines?	

Does your child have rituals or patterns that they need to have completed in order to move on to another activity?

Does your child have any issues sleeping or getting to sleep?

Does your child exhibit behaviors that are disruptive or limits his/her interactions or participation in activities? What helps?

What are your child's favorite toys and how do they play with them?

Are there topics or activities your child is extremely focused on?

Does your child have any repetitive movements, speech, habits?

Does your child find comfort in sameness? Can they be inflexible with changes or things done differently than they want?

Do you have concerns about your child's safety? (e.g. do they run or escape from your home, or climb on furniture, or not able to stop when you ask them to)

Does your child have any aggressive behaviors (e.g. pushing, biting, hitting, kicking)?

Is your child restless, impulsive, excitable and/or distractible?

Is your child easily frustrated? What does it look like? Are they able to calm themselves?

Does your child seem withdrawn?

Does your child have any self-harming behaviors?

### RESPONSES TO SENSORY INFORMATION

Please list responses which seem too extreme or not extreme enough (i.e. no response to fire sirens, an extreme response to the ceiling fan, etc)

What are your sensory (unusual responses) concerns?

#### Movement and Balance (Vestibular)

Past	Present	
1	1	Avoids activities that challenge balance/ movement (playground structure, swings, etc)
1	1	Seeks out activities that challenge balance/ movement (climbing very high outside or on furniture in the house)
1	1	Excessive craving for swinging, bouncing, slides, merry-go-rounds, rocking
1	1	Difficulty sitting still
1	1	Becomes overly excited after movement activity
1	1	Fear of falling when no real danger exists



1	1	Activity Level: busier than typical child their age
1	1	Activity Level: low energy

Tactile (Touch) Systems		
Past	Present	
1	1	Avoids touching messy projects getting dirty
1	1	Overreacts to touch or closeness of others/ tenses when patted affectionately
1	1	Not aware of touch or closeness of others
1	1	Has trouble keeping hands to self, may poke or push other children
1	1	Apt to touch everything he sees/ learns
1	1	Wants excessive touching/ cuddling/ holding
1	1	Stands too close to people
1	1	Likes clothing a certain way (e.g. if wearing long sleeves likes to keep them pulled down, tags may bother him/her)
1	1	Wears clothing not appropriate for weather (if cold, goes outside w/o coat, shoes, etc)
1	1	Removes clothes when at home
1	1	Examines objects by placing in mouth

Smell/ Taste		
Past	Present	
1	1	Frequently smells new food, objects
1	1	Notices smells others miss
1	1	Very sensitive to taste/texture/ temperature

1	1	Stuffs mouth full of food/ may pocket food
1	1	Extremely selective eater.
1	1	Eats non--food items

Auditory		
Past	Present	
1	1	Seems overly sensitive to sounds
1	1	Makes noises with body and/or mouth
1	1	Easily distracted by background noises and unable to pay attention
1	1	Covers ears to shut out auditory input
1	1	Hears sounds others don't hear or before others notice
1	1	Tunes out or ignores sounds or voices
1	1	Voice volume too soft or too loud
1	1	Slow or delayed responses

## Visual

Past	Present	
1	1	Attracted to lights or other bright objects (flickering, flashing)
1	1	Overreacts to harmless object coming towards him/ her
1	1	Difficulty locating objects in the environment
1	1	Tilts head to side or positions head in certain posture when viewing/ playing with objects



# ASD Teacher Input Questions

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

Number of students in class \_\_\_\_\_ Number of teachers/adults \_\_\_\_\_

**How does the student Expressively & Receptively communicate within the classroom?**

- a. How does child communicate his/her wants and needs
  
  
  
  
  
  
- b. Follow Directions? (Routine, Novel)
  
  
  
  
  
  
- c. Engagement with peers? (initiate & maintain interactions)
  
  
  
  
  
  
- d. Problem solve with peers? (amount/kind of support needed)

**How does student do with attending to activities and engagement in the classroom routines:**

- a. Transitions:

b. Unstructured time: (indoor free play, outdoor recess)

c. Teacher Directed: (circle time, table work, art)

d. Routine: (snack, bathroom)

3. What are the student's strengths and interests? (possible motivators)

4. How does this student best learn new tasks and skills? (strategies that work well)

5. Does the student display any unique reactions to sensory information (light, sound, touch, movement, crowds, etc.) Yes No

Please describe:

6. Does the student have any unusual or repetitive body movements or behaviors? (patterns you see) Yes No

Please describe:

7. How does the student respond when the routine changes or play is interrupted?  
(flexible or rigid)

8. Does the student have any intense interests/preferred activities? Yes No  
Please describe:

9. What are your biggest priorities for this student and/or anything else you would like to share?



# EI/ECSE Pre-Evaluation Screening Checklist for Autism

Student \_\_\_\_\_

Date \_\_\_\_\_

## **Social-emotional reciprocity**

- Differences in social initiations (e.g. entering another's personal space, or approaching a person and seeming unsure of next step)
- Limited back and forth conversation
- Limited response to name being called or when spoken to directly.
- Limited initiation of conversation
- One-sided conversations/monologs/keeping the conversation to their interest
- Prefers to play independently (reduced sharing of interests)
- Reduced showing, bringing, or pointing out objects of interest to other people
- Limited joint attention (both initiating and responding)
- Reduced shared enjoyment/excitement/achievements with others (e.g. celebrating after completing a puzzle)
- Reduced response to praise and/or physical affection
- Reduced response to the emotions of others (e.g. responding to an injured peer)
- Initiation primarily to obtain item or help
- Limited social imitation (not imitating what others do or try to do what others do)
- Reduced engagement in back-and-forth games (e.g. chase or peek-a-boo)

## **Nonverbal communicative behaviors used for social interaction**

- Variances in eye contact (e.g. may not direct eye gaze at communication partner, or may initially look but not sustain eye contact throughout interaction)
- Variances in body orientation (e.g. facing away from a listener)
- Limited use/understanding gestures (e.g. pointing, following a point)
- Differences in volume, pitch, intonation, rate, rhythm, stress, prosody or volume in speech (e.g. use of falsetto when speaking)
- Differences in use of facial expressions (e.g. may maintain a neutral face rather than a range of expressions).
- Difficulty recognizing or interpreting others nonverbal expressions (e.g gestures, pointing, facial expressions)
- Difficulties coordinating eye contact or body language with words (looking at what they are talking about or at someone)
- Difficulty with following someone else's eye gaze or using eye gaze.
- Limited language skills: (circle) non-speaking <50 words <200 words 300+ words

- Stopped gaining new words or lost words that were previously used
- Requires additional support to 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
- Reduced sense of stranger awareness
- Can be physically aggressive towards others (biting, scratching, hitting)

**Developing and maintaining relationships**

- Reduced use of social smile
- Does not notice another person's lack of interest in an activity
- Unaware of social conventions/appropriate social behavior; asks socially inappropriate questions or makes socially inappropriate statements
- Reduced awareness of another's distress or disinterest
- Limited recognition of social emotions (e.g may not notice how his or her behavior impacts others emotionally)
- Reduced engaging in imaginative play on own or with others (>4 years developmental age)
- Does not have preferred friends or show a preference for specific peers
- Typically engages in parallel play (next to but not cooperatively with peer)
- Plays on their own when around other children
- Gravitates toward play with older or younger children his age.
- Reduced response to the social approaches/initiations of other children
- Can appear to be withdrawn;unattentive
- Does not often try to gain attention of others

**Stereotyped or repetitive speech, motor movements, or use of objects;**

- Use of repetitive speech or sounds
  - Engages in self talk
  - Repetitive humming, squeal/scream, growling sounds
  - Echolalia (repeating what is said by someone immediately or delayed); may include repetition of words, phrases, or more extensive songs or dialog
  - Using/repeating scripts from TV or Movies
  - "Jargon" or gibberish (after age of 24 months still making babbling sounds)
  - Use of "rote" language (using same words or sentences for commenting, requesting, protesting)
- Unusually formal language (child speaks like an adult or "little professor")
- Pronoun confusion (for example, "You" for "I"; or not using pronouns)
- Refers to self by own name (does not use "I")
- Repeated hand movements (e.g., clapping, finger flicking, flapping, twisting)
- Repeated whole body movements (e.g., foot to foot rocking, dipping, & swaying; spinning)
- Differences of posture (e.g., toe walking; full body posturing)
- Excessive teeth grinding

- Prefers to play using consistent routines or repetitive actions (e.g. completing puzzle in same order each time, or repeatedly filling a dump truck with items, dumping, then filling again)
  - Lines up toys or objects
  - Repetitively opens and closes doors
  - Repetitively turns lights on and off
  - Repetitive picking
- Nonfunctional play with objects (waving sticks; dropping items, dumping, throwing, flicking)

**Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change;**

- Routines: need to be specific or they are an unusual multiple-step sequences of behavior
- Insistence on following specific routines exactly (steps have to be followed or they become distressed)
- Ritualized Patterns of Verbal and Nonverbal Behavior (has to say one or more things in a specific way or requires others to say things or answer questions in a specific way before they move on)
- Repetitive questioning about a particular topic
- Compulsions (e.g. insistence on turning in a circle three times before entering a room) (note:this does not include repetitive use of an object).
- Excessive resistance to change
- Difficulty with transitions (overly distressed when they have to move from one activity to another)
- Difficulty adjusting to small changes (moving items at the dinner table, moving toys that are lined up, or driving an alternate route)
  - Difficulties with being flexible
- Excessively rigid, inflexible, or rule-bound in behavior or thought
- May need additional support to calm or redirect when upset (e.g. may become upset for extended periods of time)
- Difficulty waiting for needs to be met

**Highly restricted, fixated interests that are abnormal in intensity or focus:**

- Interest/objects preferred over others
- Fascination or close studying of non relevant or nonfunctional parts of objects (wheels, buttons,eyes of dolls)
- Reduced range of interests
  - Focused on the same few objects, topics or activities
  - Fascinated with numbers, letters, symbols, colors, time, space, dinosaurs, etc.



- Very attentive to small details
- Attachment to unusual inanimate object (e.g., piece of string or rubber band)
- Always carrying around or holding specific or unusual objects (not common attachment objects such as blankets, stuffed animals, etc.)
- Unusual fears (e.g. afraid of people wearing earrings)

**Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment;**

- High tolerance for pain
- Seeking out or avoiding texture or touch (includes attraction/aversion to texture)
- Unusual visual exploration / activity (looking out side of eye, turning head to look at fence line, table top, the TV)
- Close visual inspection of objects
- Unusual squinting of eyes
- Fascination with watching movement of other things (e.g., the spinning wheels of toys, the opening and closing of doors, electric fan or other rapidly revolving object)
- Unusual responses (fear, distress, avoidance) to sensory input
  - Sounds (such as vacuum, blender, singing)
  - Taste (limited variety of food/and or textures that they will eat)
  - Visual (bright lights, spinning items)
  - Tactile (paint, dirt, glue, sand, grass, food)
  - Smells (perfumes, certain foods, odors)
- Persistent/high level of focus on sensory input
  - Crashing into objects
  - Frequent running/jumping
  - Seeks deep pressure hugs, squeezes, small spaces
- Unusual sensory exploration with objects
  - Licking or sniffing objects
  - Objects in mouth
  - Rubbing item on self
  - Tapping item on chin
  - Chewing of items (shirt, finger nails, hair, toys)
- Difficulties tolerating grooming activities (nail/hair cuts, shampooing, hair/tooth brushing)
- Overwhelmed in crowded areas

2022-2023 R.Stout and S.Zaiger ~NWRESD EI/ECSE ASD Eval team- Checklist adapted from: *Guidelines & Criteria Exemplars* (Dr. Laura Carpenter, 2013). *ASD Criteria Interpretation in the 7 Domains*, presented by T. Meier-Nowell & R. Sigurdson ~ NWRESD, [ASD Technical Assistance Paper](#)-\*Oregon Department of Education-Special Education Regional Programs



# ECSE ASD Eligibility Form Completion Guidelines

## ECSE Combined ASD Eligibility Form Completion Guidelines

### Top Portion, Page 1

- If this is an Initial ASD eligibility for ECSE, fill in the Initial ECSE Eligibility date with eligibility date.
- If this is the three-year (triennial), and you are re-establishing eligibility (triennials are less common), fill in that date.
- If you are determining eligibility *with a school district rep in attendance during the child's TK year*, you may establish both ECSE and 5-21 Initial Eligibility, and fill in that line.
- You would only complete the ECSE triennial date for a TK child at their initial 5-21 eligibility (also rare).

STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION (ECSE & SCHOOL AGE) AUTISM SPECTRUM DISORDER 82		Date _____
Child's Name: <u>Sample, Ginny</u>	Birthdate: <u>11/03/00</u>	
School District: <u>Northwest Regional ESD</u>	School: <u>Northwest Regional ESD</u>	
Date of Initial ECSE Eligibility: _____	Date ECSE triennial Eligibility Re-established: _____	
Date of Initial 5-21 Eligibility: _____	Date 5-21 triennial Eligibility Re-established: _____	
<i>The team has obtained the following assessments (attach evaluation report that describes and explains the results of the evaluation conducted):</i>		
1. The team has reviewed existing information, including information from the parent/guardian(s), the child's cumulative records, and previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.		

### Body of the form

- Complete the body of the form with the evaluation components

### Eligibility Determination, Page 2

- Complete the check boxes for the first 2 items.
- Check "no current ED eligibility" for box 3. If you have considered ED in the past or are also testing for ED check yes or no
- If establishing ECSE eligibility *only*, then complete the fourth section and leave the fifth section blank.
- If establishing ECSE eligibility and 5-21 eligibility *in conjunction with a school district for a TK student and the district rep is present*, complete the fifth section.

<i>The team has determined that:</i>		
The child demonstrates characteristics of autism spectrum disorder? Characteristics of autism spectrum disorder are generally evident before age three but may not have become fully evident until social demands exceed limited capacities or may be masked by learned strategies;	yes <input type="checkbox"/>	no <input type="checkbox"/>
The characteristics of autism spectrum disorder are not better described by another established or suspected eligibility for special education services;	yes <input type="checkbox"/>	no <input type="checkbox"/>
The child does not have a primary disability of Emotional Disturbance. A child may not be eligible for special education services on the basis of an autism spectrum disorder if the child's primary disability is an emotional disturbance. However, a child with autism spectrum disorder as primary disability may also have an emotion disturbance as a secondary disability;	yes <input type="checkbox"/>	no <input type="checkbox"/>
The child's disability has an adverse impact on the child's developmental progress for a child age 3 to 5; OR	yes <input type="checkbox"/>	no <input type="checkbox"/>
The child's disability has an adverse impact on the child's educational performance for a child age 5 to 21; AND	yes <input type="checkbox"/>	no <input type="checkbox"/>
The child needs special education services as a result of the disability.	yes <input type="checkbox"/>	no <input type="checkbox"/>

### Eligibility Determination Cont., Page 3

- For ECSE eligibility *only*, select the applicable DOES/DOES not box from the first option.
  - Select *Does Not apply for School Age section*
- If establishing ECSE eligibility and 5-21 eligibility *in conjunction with a school district for a TK student and the district rep is present*, select the applicable box from the second option as well. In this case, leave both of the "does not apply to this child" boxes blank.

The team agrees that this child <input type="checkbox"/> does <input type="checkbox"/> does not qualify for Early Childhood Special Education services with an eligibility of Autism Spectrum Disorder. This <input type="checkbox"/> does not apply to this child.			
The team agrees that this child <input type="checkbox"/> does <input type="checkbox"/> does not qualify for School Age Special Education services with an eligibility of Autism Spectrum Disorder. This <input type="checkbox"/> does not apply to this child.			
Signatures of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>