TN Department of Education

Autism Evaluation Guidance

Tennessee Department of Education | Revised November 2018

Acknowledgements

The department recognizes and appreciates all of the listed educational professionals, higher education faculty, parents, and advocates who contributed to the development of the Autism Evaluation Guidance for their time and effort.

Scott Kirkham
Sumner County Schools

Laria Richardson
The ARC of Tennessee (Middle TN)

Cathy Brooks
Disability Rights of Tennessee

Erika Christianson
Williamson County Schools

Lisa Rodden-Perinka
Wilson County Schools

Jenny Williams
Tennessee Disability Coalition

Lyndsay Hayden
Williamson County Schools

Melanie Schuele
Vanderbilt University

Ron Carlini
Knox County Schools

Michelle Hopkins
Vanderbilt Kennedy Center/ TRIAD

Toby Guinn
Franklin County Schools

Ashley Clark
Clarksville Montgomery County Schools

Andrea Norman
Sumner County Schools

Andrea Ditmore
Oak Ridge Schools

Pamela Guess
University of Tennessee at Chattanooga

Jamie Seeks
Shelby County Schools

Robin Faircloth
Houston County Schools

Theresa Nicholls
Tennessee Department of Education

Verity Rodrigues
Vanderbilt Kennedy Center/ TRIAD

Leslie Jones
The ARC of Tennessee (West)

Joanna Bivins
Tennessee Department of Education

Kristen McKeever
Tennessee Department of Education

Table of Contents

Social-emotional reciprocity: A deficit in social-emotional reciprocity is one of the hallmark characteristics of autism and is often of particular importance when considering differential diagnoses (e.g., ADHD, language impairment, anxiety disorder). It includes the ability (or lack of) to take another's perspective, the awareness of others' points of view or feelings, and to seek joint interest. *Note: In Tennessee, we often refer to this ability as social and personal competencies.*

Social approach: Individuals with autism have a difficult time with initiating conversations or interactions with others (e.g., may play *alongside* versus *with* another) and following social cues based on interactions (e.g., understanding if a topic is appropriate to the situation or that another is finished with a conversation).

Stereotyped speech or motor*:* Some individuals with autism display repetitive and/or mechanical-like talk or motor movements. Examples of stereotyped motor behaviors include flicking one's fingers or hand flapping.

Idiosyncratic language: This term refers to the specific words or language that only hold meaning for the speaker. Idiosyncratic language commonly includes made-up words or phrases which may sound meaningless to the outside observer.

Echolalia*:* While not unique to autism, echolalia refers to repeating heard words, phrases, sounds, or intonations. Some individuals repeat wording they have heard from others, on the television, or in songs.

Intonation, rate, and prosody of speech*:* Some individuals with autism demonstrate atypical rise and fall in pitch of voice when speaking. The rhythm and the way they stress or place emphasis on sounds within words or phrases may be abnormal.

Abnormal use and understanding affect*:* When communicating verbally and nonverbally, the individual displays deficits in understanding and using gestures, facial expressions, and feelings to express emotions.

Excessively circumscribed or perseverative interests*:* Circumscribed interests refers to an intense and narrow interest in a subject matter or activity. Such interests may become a pervasive focus in the individual's thoughts and significantly influence their behaviors. The individual displays fixed and rigid activities surrounding the narrow interests (e.g., collecting, reading about, or watching videos on the topic).[5]

---

5 Sasson, N. J., Turner-Brown, L. M., Holtzclaw, T. N., Lam, K. S.L. and Bodfish, J. W. (2008), Children with autism demonstrate circumscribed attention during passive viewing of complex social and nonsocial picture arrays. Autism Res, 1: 31–42. doi:10.1002/aur.4

- Make sure you have the student's attention before delivering an instruction or asking a question.
- Begin an instruction with the student's name to call his attention, to increase the likelihood that he may be attending by the time you deliver the direction.
- Keep instructions short or give information in chunks.
- Avoid complex verbal directions, information, or discussion.
- Minimize use of "don't" and "stop." For example, "Please stay on the sidewalk" can be much more effect than "Don't walk on the grass" for a student who might not hear the "don't"—or for one who isn't sure where the acceptable place to walk might be.
- Allow "wait time" and be prepared to wait for a response, whether it is an action or answer (e.g., give the student at least 15 seconds to process information before you request a response).
- Avoid immediately repeating an instruction or inquiry. Sometimes it is helpful to think of a student with auditory processing challenges like a computer—when a computer is processing, hitting the command again does not make it go any faster, but rather sends it back to the beginning to start the processing all over again.
- Use visual supports to prompt language or give choices to supplement verbal information.
    - Example: If you are teaching a child to ask for help, have a cue card available at all times, and prompt its use whenever it is time for him to request help. This can be used by the student instead of spoken language, or as a support for developing language and teaching when it might be appropriate to use this phrase.
- Provide an individualized schedule for the student.
- Do not reprimand a student for not listening or responding.
    - This only serves to highlight their challenges.
- Provide ways to help the student access communication.
    - Many individuals with autism have word retrieval issues—even if they know an answer, they cannot come up with the words. Address this by offering visual supports, cue cards, multiple choice options, a word bank, etc.
- Teach and use scripts (words, pictures, etc.) for communication needs or exchanges.
    - (e.g., 'I like…. What do you like?' 'I like….. ') Use cue cards and fade over time as the student's understanding of the use of the phrase or pattern of the exchange develops.
- If your student has been provided with an augmentative or alternative communication device, learn how to use it in the context of your relationship.
    - These devices can range considerably in terms of sophistication, with some offering either written or speech output. Ask the student's special education staff or tech support for programming specific to his/her needs in interacting with you, and help guide them to communication options that will be helpful.

    - Many individuals with autism have a good sense of humor, a love of or affinity for music, strong rote memorization skills, or a heightened sense of color or visual perspective—use these to motivate interest in social interactions or to give a student a chance to shine and be viewed as competent and interesting.
- Many students with autism have a favorite topic or special area of interest that may interfere with school work or social interaction. For students who become hyper-focused on a favorite topic or special area of interest, consider the following strategies:
    - Provide scheduled opportunities to discuss the favorite topic.
    - Present scheduled opportunities on a visual schedule.
    - Establish boundaries (when it is, or is not, appropriate to discuss the favorite topic).
    - Set a timer to establish duration.
    - Support strategies for expanding to other topics; and/or
    - Reinforce the student for talking about other subjects or the absence of the topic.
- Identify peers with strong social skills, and pair the student with those peers so he has good models for social interaction.
    - Provide peers with strategies for eliciting communication or other targeted objectives, but be careful not to turn the peer into a teacher—strive to keep peer interactions as natural as possible.
- Create small lunch groups, perhaps with structured activities or topic boxes.
    - Teach the group to pull a topic out of a box and have the students discuss things related to this topic, such as "The most recent movie I saw was…" This can be helpful for students who tend to talk about the same things all the time since it provides supports and motivation and the benefit of a visual reminder of what the topic is.
- Focus on social learning during activities that are not challenging for the child.
    - Conversational turn taking is not likely to occur if a child with poor fine motor skills is asked to converse while cutting or writing, especially if it is in a room with overwhelming sensory distractions.
- During group activities, it is beneficial to help the student define his role and responsibilities within the group.
    - Assign a role or help him mediate with peers as to what he should do (e.g., "Sam is the note taker today.") Be sure to rotate roles to build flexibility and broaden skills. Remember that if you leave it up to the class to pick groups/partners, students with special needs are sometimes chosen last, causing unnecessary humiliation.
- Support peers and students through structured social situations with defined expectations of behavior. Then, work on generalizing the skill to other social settings.
    - Consider first teaching the necessary skill (e.g., how to play Uno) in isolation, and then introduce it in a social setting with peers.

- Allow different modes of responding, including nonverbal responses (pointing, gestures), etc.
- Administer the task with different materials, which may be more familiar, motivating, or interesting.
- Administer items in naturalistic settings and/or on another day.
- Use dynamic assessment/diagnostic teaching approaches (teach the task).

See Appendix B for a list of assessments.

Standard 1 Parental interviews including developmental history

Information regarding developmental history should be captured through an interview and/or structured developmental questionnaires. The gathered information should help the assessment specialist to review milestones and associated developmental areas that correspond to features of autism. It is important to note the social demands the child has been exposed to prior to the school setting as characteristics of autism may not have been as evident as a toddler without peer interaction opportunities. There are structured parent interview sample questions in the resource section of the Appendix C.

Standard 2: Behavioral observations in two (2) or more settings (can be two settings within the school) addressing characteristics related to autism

There are a variety of types of observations (e.g., direct time sampling, narrative, or structured) that can be completed as part of the evaluation, but all observations should also include information regarding characteristics of autism. Some structured observations (e.g., Childhood Autism Rating Scale, 2nd Edition) include ratings based on observed behaviors associated with autism. It is advisable to have more than one assessment team member—who may provide different disciplinary perspective and expertise—complete observations (e.g., school psychologist, speech language pathologist, or occupational therapist). In such cases, team members should collaborate with one another on the observational data to write up a summative comprehensive view of the student's behavior(s). It is important to include observations in structured settings such as during class instruction and less structured settings such as the within the cafeteria, hallway transitions, or recess in order to provide ample opportunity to observe a wide variety of task demands/responses and social interactions.

Standard 3: Health history

The parent interview should also include thorough background of the student's health history. Teams may determine further information is needed. In such cases, the assessment specialists should seek a release of information to consult with the student's physician to obtain more medical history and possible rule outs for other conditions that could be impacting the student's behaviors/symptoms.

Standard 4: Pragmatic communication skills (further language evaluation if identified as an area of concern)

The American Speech-Language-Hearing Association (ASHA)[9] reports that social language disorders may include issues with social interaction, social cognition, and pragmatics. It is important to note that a social language disorder can exist as an independent diagnosis or it may co-occur within the context of another disorder such as autism. In the case of autism, social language problems are a hallmark feature in addition to restricted, repetitive patterns of behavior.

Research shows that social language such as eye contact, facial expressions, and body language are influenced by both cultural and individual factors.[10] ASHA further reports the following when assessing social communication skills: Speech language pathologists (SLPs) should be sensitive to an individual's cultural, functional, and socially acceptable norms that exist within an individual's community. Eliciting information from an individual's family is essential for the SLP's evaluation as it helps the SLP to better understand the family's beliefs, concerns, skills, and knowledge relative to the individual being assessed.

It is important to remember that a measure of pragmatic language skills should consider the following: eye gaze, joint attention, social reciprocity for communication, play behaviors (depending on the student's age), prosody, use of gestures, initiation of communication, topic management, turn taking, and providing appropriate amounts of information in conversational contexts.

Standardized measures are often used for receptive and expressive language skills, and there are also standardized measures of pragmatic language. However, pragmatic language skills may best be evaluated through observations in both structured and less structured activities and settings across the educational setting as well as interviews with the individual's teachers and family; through language samples; and informal checklists. The SLP may also choose to engage the individual in role-play activities that simulate real-world communication events such as peer group activities.[11]

Standard 5: Cognitive/developmental skills.

The cognitive (i.e., intellectual) functioning evaluation must be conducted by someone with appropriate licensure and training (e.g., school psychologist, licensed psychologist, licensed psychological examiner under the direct supervision of a licensed psychologist, licensed

---

[9] http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Social_Communication_Disorders_in_School-Age_Children/Social-Communication-Benchmarks.pdf

[10] Curenton & Justice, 2004: Inglebret, Jones, & Pavel, 2008

[11] ASHA, n.d.

senior psychological examiner). Best practice dictates that no one cognitive measure should be used for all assessments. The correct instrument selection must result from a comprehensive review of information obtained from multiple sources prior to evaluation. This practice is critical in obtaining a valid cognitive score. Refer to the TN Assessment Instrument Selection Form (TnAISF) section when determining the most appropriate assessment.

Factors that should be considered in selecting a cognitive abilities instrument are as follows:

1. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different (EL student populations (e.g., ELs). Use instruments that yield assessment results that are valid and reliable indications of the student's potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or students who are socio-economically disadvantaged.
2. When intelligence test results are significantly skewed in one or more areas of the test battery's global components due to significant differences in the culturally accepted language patterns of the student's subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.
3. Consider evidence (documented or suspected) of another disability (e.g., ADHD, emotional disturbance, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
4. Be mindful that the student's subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given have language, cultural, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of

ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/ intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits, when considering the use of the standard error of measure.

Standard Error of Measure (SEM) – The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her "true" score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The standard error of measure (SEM) should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and other relevant evidence which indicates the overall score may be an underestimate of the student's ability.
- Assessment specialists trained in intellectual functioning provide professional judgement and documented reasons regarding why the SEM may be used as the best estimate of ability.

A nonverbal measure of ability should be administered if any of the following issues are present: if there are significantly discrepant intellectual assessment domain scores with a lower verbal index/measure compared to other index scores, or if there are language concerns (e.g., suspected language delays or English language proficiency concerns due to English not being the student's first learned language). If nonverbal assessment does not reflect significantly impaired cognitive functioning in such situations, poor performance on the comprehensive measure may be attributed to impaired language/acquisitions or lack of vocabulary exposure that may cause teams to underestimate ability.

Standard 6: Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument specific to autism and one (1) normative measure of general behavior/social-emotional functioning

The intention of this standard to is to provide normative comparisons between the student and same-aged peers with and without autism. Appendix B provides examples of scales and assessments for autism specific scales and general scales of behavior/ social-emotional functioning. In addition to normative comparisons, it is important in the evaluation to complete

an item analysis when assessing the severity and frequency of behaviors that the student displays. While it is important to document behaviors displayed at home in order to help corroborate findings, in order to meet criteria for an educational disability, the behaviors also need to be displayed within the school setting as the evaluation is determining degree of impact of the student's potential disability in the educational environment.

Standard 7: Sensory

Sensory processing or sensory regulation can be addressed through rating scales to obtain normative and severity ratings. Some autism-specific scales include sensory regulation (e.g., Childhood Autism Rating Scale-2 or Autism Spectrum Rating Scale). In some cases, teams may indicate a sensory profile is needed, which is completed by a qualified and trained assessment specialist (e.g., an occupational therapist). While the evaluation is specific to the student's ability to regulate sensory skills in the school setting, it is advisable when possible to obtain school and home rating in order to compare and contrast student behaviors and to help plan appropriately.

Standard 8: Academic skills

Academic skills can be reviewed in a variety of ways that assessment teams may consider when planning for the evaluation. Some students with autism demonstrate few academic deficits and therefore a review of records (including grades), statewide testing results or criterion-referenced tests, universal screening measures, and other curriculum-based measures may be sufficient to document academic skills. Individually administered standardized achievement tests may provide additional information, based on referral concerns that is necessary in determining academic present levels of performance and educational impact. However, it should be noted that students with autism may not perform well on standardized achievement assessments. This underperformance is not always due to low skills but may be the result of the child's difficulty with following standardized instructions, responding to unfamiliar adults or prompts, or communication deficits. Standardized assessments require a strict protocol in the administration of test items, and deviation from those protocols can invalidate results. Therefore, the examiner should indicate whether results appear to be valid estimates of skills based on observation and teacher consultations. The examiner may include a testing of limits to help explore skills further.

Standard 9: Documentation, including observation and/or assessment, of how autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas)

Documentation of the way in which autism adversely affects the learning environment is an essential component of determining eligibility and appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide

- Curriculum based measures/ assessment results
- Criterion-referenced test results (e.g., TCAP, TN Ready, end-of-course tests, etc.)
- Other relevant quantitative/qualitative data

(3) The student's special education teacher(s) (e.g., IEP development teacher/case manager)

- Observational information
- Pre-vocational checklists
- Direct assessment (e.g., academic achievement test)
- Transitional checklists/questionnaires/interviews
- Vocational checklists/questionnaires/interviews
- Other relevant quantitative/qualitative data

(4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist

- Direct assessment (e.g., cognitive, achievement)
- School record review
- Review of outside providers' input
- Observations in multiple settings with peer comparisons addressing specific characteristics of autism
- Interviews
- Rating scales
- Other relevant quantitative/qualitative data

(5) A licensed speech/language pathologist

- Pragmatic language evaluation
- Comprehensive language evaluation (as needed)
- Observations in multiple settings addressing specific characteristics of autism (e.g., generalized pragmatic skills, communication skills, social-emotional reciprocity, social skills)
- Parent interview
- Rating scales

(6) Other professional personnel as needed (e.g., occupational therapist, physical therapist, licensed physician, neurologist, nurse licensed practitioner, physician's assistant, or school counselor).

- Direct assessment (e.g., sensory profile, fine motor evaluation)
- School record review
- Review of outside providers' input
- Observations in multiple settings with peer comparisons
- Medical evaluation and/or history
- Rating scales
- Other relevant quantitative/qualitative data

Appendix A: TN Assessment Instrument Selection Form

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name_____ School_____ Date____/____/_____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM

CONSIDERATIONS FOR ASSESSMENT		
LANGUAGE	❑	Dominant, first-acquired language spoken in the home is other than English
	❑	Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
ECONOMIC	❑	Residence in a depressed economic area and/or homeless
	❑	Low family income (qualifies or could qualify for free/reduced lunch)
	❑	Necessary employment or home responsibilities interfere with learning
ACHIEVEMENT	❑	Student peer group devalues academic achievement
	❑	Consistently poor grades with little motivation to succeed
SCHOOL	❑	Irregular attendance (excessive absences during current or most recent grading period)
	❑	Attends low-performing school
	❑	Transience in elementary school (at least 3 moves)
	❑	Limited opportunities for exposure to developmental experiences for which the student may be ready
ENVIRONMENT	❑	Limited experiences outside the home
	❑	Family unable to provide enrichment materials and/or experiences
	❑	Geographic isolation
	❑	No school-related extra-curricular learning activities in student's area of strength/interest
OTHER	❑	Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability)
	❑	Member of a group that is typically over- or underrepresented in the disability category

OTHER CONSIDERATIONS FOR ASSESSMENT

__ May have problems writing answers due to age, training, language, or fine motor skills
__ May have attention deficits or focusing/concentration problems
__ Student's scores may be impacted by assessment ceiling and basal effects
__ Gifted evaluations: high ability displayed in focused area: _____
__ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions
__ Is extremely shy or introverted when around strangers or classmates
__ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s)
__ May have another deficit or disability that interferes with educational performance or assessment

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure:	Assessment Category/Measure:	Assessment Category/Measure:
_____	_____	_____

Appendix B: Assessments

This list may not be comprehensive or include all acceptable available measures. These are the most recent versions of these measures at the time this document was created (Spring 2017). The determination of which measure is used in an evaluation is at the discretion of the assessment specialist.

Cognitive	*Bayley Scales of Infant and Toddler Development-III* *Wechsler Preschool and Primary Scale of Intelligence - IV* *Wechsler Intelligence Scale for Children-V* *Wechsler Adult Intelligence Scale-IV* *Wechsler Nonverbal Scale of Ability* *Woodcock Johnson Tests of Cognitive Abilities – Fourth Edition* *Universal Nonverbal Intelligence Test - II* *Reynolds Intellectual Assessment Scales – Second Edition* *Leiter-3 International Performance Scale - III* *Comprehensive Test of Nonverbal Intelligence - II* *Kaufman Assessment Battery for Children-2* *Differential Ability Scales-2* *Stanford Binet Intelligence Scales-V* *Test of Nonverbal Intelligence – Fourth Edition* *Primary Test of Nonverbal Intelligence*
Language/Communication/Social Language	*Clinical Evaluation of Language Fundamentals-5* *Clinical Evaluation of Language Fundamentals-Preschool: 2* *Clinical Evaluation of Language Fundamentals-4 (Spanish)* *Oral and Written Language Scales-II* *Preschool Language Scale-5* *Preschool Language Scale-5 (Spanish)* *Social Language Development Test-Elementary & Adolescent* *Test of Language Development-Intermediate: 4* *Test of Language Development-Primary:4* *Test of Pragmatic Language-2*
Behavior/Emotional/Social	*Behavior Assessment System for Children-3* *Beck Youth Inventories-2* *Conners Comprehensive Behavior Rating Scales* *Social Skills Improvement Rating Scales* *Behavior Rating Inventory of Executive Functions (BRIEF)*
Autism Specific Behavior	*Autism Diagnostic Observation System 2* *Autism Spectrum Rating Scale* *Childhood Autism Rating Scale 2* *Gilliam Autism Rating Scale-3* *Autism Diagnostic Interview-Revised (ADI-R)*

Adaptive Behavior	*Adaptive Behavior Assessment System-3* *Vineland-3*
Articulation/Phonology	*Arizona Articulation Proficiency Scale-3* *Clinical Assessment of Articulation and Phonology-2* *Diagnostic Evaluation of Articulation and Phonology* *Fisher Logemann Test of Articulation Competence* *Goldman-Fristoe Test of Articulation-3* *Hodson Assessment of Phonological Patterns-3* *Photo Articulation Test-3* *Secord Contextual Articulation Test*
Communication/Language/Social Skills	*Functional Communication Profile-Revised* *The Pragmatics Profile* *Children's Communication Checklist-2* *The Communication Matrix (www.communicationmatrix.org)* *Pragmatic Language Skills Inventory* *Verbal Behavior MAPP (VB-Mapp)* *Autism Diagnostic Observation Schedule (**ADOS**)* *Assessment of Basic Language and Learning Skills (ABLLS)*
Sensory Processing/Regulation	*Infant-Toddler Sensory Profile - II* *Adolescent/Adult Sensory Profile* *Miller Assessment of Preschoolers* *Sensory Integration and Praxis Tests* *Sensory Profiles and School Companion* *Preschool Sensory Processing Measure* *Sensory Processing Measure* *Autism Spectrum Rating Scale*

http://complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p080c/the_pragmatics_profile.pdf

Appendix: D: Sample Release of Information

Student:_____	School:_____
Date of Birth:_____	Parent/Guardian:_____
Address:_____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/agency:

Name of contact and/or agency/practice: _____
Address: _____
Phone Number: _____ Fax number: _____

☐ Medical ☐ Psychological/ Behavioral ☐ Vision/ Hearing ☐ Other:_____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/doctor listed. Please sign on the line below and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (____)_____ for clarification.

☐ I authorize _____ (provider) to disclose protected health information about my child _____ to the _____ school system. The release extends for the period of year or for the following period of time: for _____ to _____.

☐ I do not authorize the above provider to release information about my child to the _____ school system.

_____
Parent/Guardian Signature

Appendix E: Medical Information Form

☐**AUT** ☐**EMD** ☐**OHI** ☐**OI** ☐**TBI**

PHYSICIAN: *This student is being evaluated by _____ Schools to determine if additional educational services are needed due to a possible medical condition that might significantly impact school performance. We are considering a possible disability as checked above in one of the following disability categories: autism, emotional disturbance, other health impairment, orthopedic impairment, or traumatic brain injury. The Disability Eligibility Standards for each can be reviewed on the web at http://state.tn.us/education/speced/seassessment.shtml#INITIAL. The information below is a necessary part of the evaluation to help the IEP Team determine whether or not the student requires in-class interventions, direct or related services in special education and/or other services in order to progress in the general curriculum.*

Student: _____ **Birth Date:** _____ **School:** _____

Parent/ Guardian: _____ **Address:** _____

Date of Evaluation/Examination: _____

Check below if you have diagnosed the student with any of the following:

☐ **Autism Spectrum Disorder** – Impressions/information that might help rule out or confirm diagnosis

Describe/Specify: _____

☐ **Emotional Disturbance** – Include and physical conditions ruled out as the primary cause of atypical behavior and psychiatric diagnoses

Describe/Specify: _____

☐ **Orthopedic Impairment** – The impairment will primarily impact (please circle): ☐mobility ☐daily living ☐other:_____

Describe/Specify: _____

☐ **Other Health Impairment**: (check all that apply) ☐ADHD-predominately inattentive ☐ ADHD-predominately Impulsive/Hyperactive ☐ ADHD-Combined ☐ Other health condition(s): _____

Special health care procedures, special diet and/or activity restrictions:

_____

☐ **Traumatic Brain Injury –** Specify: _____

The injury causes the following impairment(s) (please check): ☐ physical ☐cognitive ☐psychosocial ☐other:_____

Please Describe:_____

General Health History and Current Functioning: _____

_____

Diagnosis(es)/etiology: _____

Prognosis: _____

Medications: _____

How does this medical or health condition impact school behavior and learning?

_____

Recommendation:_____

Does the student have any other medical condition or disorder that could be causing the educational and/or behavior difficulties? ☐ Yes ☐ No If yes, explain:

_____

_____

Physician's Name Printed:_____

Address:_____

Physician's signature:_____ Date:_____

Appendix F: Assessment Documentation Form

Assessment Documentation

School System_____ School_____ Grade_____
Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
Student's characteristics evident in early childhood (as social demands increase)		
Persistent deficits in social communication and social interaction across multiple contexts, as manifested by **all** of the following:		
• deficits in social-emotional reciprocity	❑ Yes	❑ No
• deficits in nonverbal communicative behaviors used for social interaction	❑ Yes	❑ No
• deficits in developing and maintaining relationships appropriate to developmental level	❑ Yes	❑ No
Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least **two (2)** of the following:		
• stereotyped or repetitive speech, motor movements, or use of objects	❑ Yes	❑ No
• excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change	❑ Yes	❑ No
• highly restricted, fixated interests that are abnormal in intensity or focus	❑ Yes	❑ No
• hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	❑ Yes	❑ No
2. Evaluation Procedures		
• parental interview (including developmental history)	❑ Yes	❑ No
• behavioral observations in two (2) or more settings addressing characteristics related to Autism	❑ Yes	❑ No
• evaluation of health history	❑ Yes	❑ No
• evaluation of pragmatic communication skills	❑ Yes	❑ No
○ further language evaluation if identified as an area of concern	❑ Yes	❑ No
• evaluation of social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes:	❑ Yes	❑ No
○ at least one (1) standardized or normed instrument specific to autism and	❑ Yes	❑ No
○ one (1) normative measure of general behavior/social-emotional functioning	❑ Yes	❑ No
• evaluation of sensory	❑ Yes	❑ No
• evaluation of cognitive/developmental skills	❑ Yes	❑ No
• evaluation of academic skills	❑ Yes	❑ No
• documentation, including observation and/or assessment, of how Autism adversely affects the child's educational performance in	❑ Yes	❑ No

his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or non-academic areas)		

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date