

AUTISM

I. DEFINITION

"Autism" means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotypic movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in § 6.08.3 of these regulations. A child who manifests the characteristics of "autism" after age 3 could be diagnosed as having "autism" if the criteria in this definition are satisfied.

II. POSSIBLE REFERRAL CHARACTERISTICS

Individuals with autism (AUT) exhibit characteristics such as the following over a long period of time and to a marked degree.

A. Social Relationships

Autism is characterized by impaired ability to participate in social relationships that can result in an inability to establish relationships.

1. Does not approach other people unless help is wanted
2. Treats people like objects to obtain help
3. Rarely seeks or gives comfort
4. Lacks awareness of feelings of others
5. Fails to develop adequate peer relationships

B. Communication

1. Impaired understanding of spoken language
2. Spoken language not used for communication, as in initiating and sustaining social conversation
3. Spoken language often unrelated to situation
4. Articulation usually adequate
5. Expressive skills many times exceed receptive skills

6. May produce babble jargon, stereotypic or idiosyncratic language
7. May appear deaf although hearing is normal
8. May have abnormal pitch, stress, intonation, rate or rhythm of speech

C. Behavior Problems

A number of behavioral problems are associated with autism. These problems could include tantrums, aggression, self-injury and property destruction. Serious behavioral problems can occur when established routines or rituals are disrupted.

D. Developmental Rates and Sequences

1. Fine motor skills may be delayed
2. Regression in motor skills may be present
3. Play patterns lack variety and imagination

E. Cognitive/Conceptual

1. Processes spatial, concrete information better than temporal, transient information
2. Poor generalization or transfer of concepts

F. Visual Behaviors

1. Close scrutiny of visual details
2. Prolonged staring
3. Over/under response to visual cues
4. Lacks visual attention
5. Poor eye/face regard

G. Auditory Behaviors

1. Non/over response to varying sounds; response to same sound may change over time
2. Seems not to hear

H. Tactile Behaviors

1. Hypo/hyper response to touch and temperature
2. Unusual response to pain stimuli
3. Self-injurious behaviors

I. Olfactory Behaviors

1. Smells objects/repetitive sniffing
2. Licks inedibles

J. Vestibular Behaviors

1. Over/under response to gravity stimuli
2. Whirling without dizziness

K. Use of Objects

1. May use objects inappropriately
2. May become fascinated with parts of objects
3. May engage in ritual behaviors (spinning, arrangement of objects, etc.)
4. May form attachments to unusual objects such as sticks or string

L. Stereotypic Behaviors

1. May engage in unusual body posturing, finger flicking and toe walking
2. May use repetitive, stereotypic words and phrases

The above examples are only a partial listing of possible referral characteristics and are not intended to provide an exhaustive list.

III. SCREENING INFORMATION

A. Required

1. Hearing
2. Vision

B. Recommended

1. Anecdotal records
2. Basic skills inventories
3. Systematic observation
4. Sociometric techniques

IV. REQUIRED EVALUATION DATA

A. Social History (Emphasis on developmental history)

B. Individual Intelligence (One required)

C. Individual Achievement (One required)

D. Adaptive Behavior (One required)

E. Communicative Abilities (Both receptive and expressive required)

F. Other

1. Observation (Required)

Observation should cover personal-social behaviors, toy play, conversational speech, emotional expression, amount of time spent in idiosyncratic repetitive behaviors and eating behavior. Information can be obtained in a variety of settings including observing the child in the home environment, classroom and play situations. The observed behaviors should be viewed in terms of developmental age so that formal assessment data and observational data can be compared. Observational data must be considered part of the educational evaluation due to the impact of behavior upon skill acquisition.

2. Medical (Required)

- a. Physical examination
- b. Specialized, if indicated

V. OPTIONAL EVALUATION DATA

A. Environmental Inventory

- B. Functional Skills Assessment**
- C. Motor Development (Fine and gross motor)**
- D. Vocational Assessment**

VI. EVALUATION DATA ANALYSIS

Accurate diagnosis of autism may be difficult because the characteristics of this disorder may resemble those of an intellectual disability, severe reactive disturbances or deafness. The determination of autism is also made difficult by the variety of symptoms and the rarity of the conditions exhibited by children with autism, as well as the overlap of autistic behaviors with other cognitive and behavioral disorders. Therefore, it is important to collect data from all areas specified in the evaluation section. Observational data and an account of the child's pattern of behavior from infancy to childhood will provide some of the most useful data for programming. Some common misconceptions regarding individuals with autism are as follows: autism is an emotional disorder; persons with autism do not talk; persons with autism do not communicate; persons with autism require one-to-one instruction; all persons with autism are withdrawn and most persons with autism are self-injurious.

VII. PROGRAMMING CONSIDERATIONS

A promising treatment for autism involves intensive educational programming designed to meet the student's individual needs in the areas of language, social skills, and self-control.

A developmental framework provides a means to describe and understand the characteristics of an uneven learning pattern manifested by students with autism. However, appropriate programming, based on individual functioning levels and needs, is of prime importance. Research has established that the most beneficial treatment for students with autism is a highly structured and purposeful educational program.

The following are possible programming considerations:

- A. Heterogeneous Grouping**
- B. Functional Curriculum**
- C. Age-appropriate Tasks and Materials**
- D. Instruction to Address Communication and Interaction Deficits**
- E. Systematic Intervention for Social/Communicative Development**