

**AUTISM
EARLY CHILDHOOD SPECIAL EDUCATION**

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 developmental/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 does not apply if a child’s developmental/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. SCREENING INFORMATION

Screening can be waived if current data [within the past six (6) months] are available; otherwise, it is required.

A. Required

1. Hearing
2. Vision
3. Formal measures of -
 - a. Development (May include the areas of cognition, motor, social/emotional, self-help)
 - b. Speech/language

B. Recommended

1. Informal measures, such as -
 - a. Checklists;
 - b. Inventories;
 - c. Rating scales;

- d. Interviews;
- e. Behavioral observations in home and/or other natural environments; and/or
- f. Access to and review of existing records and available information.

III. REQUIRED EVALUATION DATA

A. Social History (Emphasis on developmental, family and health/medical history)

B. Assessment

- 1. Cognitive/Intellectual Abilities (Assessment should be comprehensive enough to determine functional cognitive/problem-solving skills.)
- 2. Communicative Abilities
 - a. Language (Both receptive and expressive areas must be assessed. Assessment must be comprehensive enough to determine functional communication abilities and must not be limited to one-word vocabulary tests.)
 - b. Augmentative/Alternative Communication (When indicated)
- 3. Social/Emotional (One adaptive behavior assessment required)
- 4. 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 developmental/educational evaluation due to the impact of behavior upon skill acquisition.

5. Medical (Required)
 - a. Physical examination
 - b. Specialized, if indicated
6. Self-Help (May be included in the adaptive behavior, cognitive/intellectual and/or programming assessments)
7. Programming [Functional curriculum-based measure(s) required, such as ecological inventories, reinforcer inventories, parent inventories, child repertoire inventories, etc.]

IV. 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 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.

Children ages 3 to 5 are considered as having Autism when they demonstrate significant impairments in the areas of communication and social interaction. Social characteristics which will assist in the identification of autism are listed below. Some children with autism will demonstrate many or all of these symptoms; others will demonstrate only a few. In some, the symptoms will be severe; in others, moderate and variable.

A. Cognitive/Conceptual Characteristics

1. Stimulus over selective - difficulty determining relevant stimuli in a given situation resulting in a preoccupation with or response to irrelevant cues

2. Gestalt processors - process, store and retrieve information in large units without the ability to break down, analyze, and recombine new units from existing information
3. Learn rigid rules - tendency toward ritualistic, inflexible routines because they are unable to determine which components are essential to the goal and which could be altered without effecting the result
4. Limited generalization/transfer of learning - because of Gestalt processing, when a skill is learned in a particular environment, that setting is seen as a relevant part of the task. The child, then, does not recognize the skill as the same when it occurs in a different setting.
5. Variable Profile - Persons with autism demonstrate significant peaks and valleys rather than overall depression of skills. Splinter skills usually relate to processing of physical properties, visual-spatial properties, rote memory, object performance scales. They perform well when provided with concrete, visual cues embedded in context. The above strengths are reflected in performance with puzzles, fine-motor manipulative, music, mathematics, and rote memory tasks (counting, alphabet, pledge, etc.). Weaknesses for someone with autism usually relate to symbolic representation, means/ends - cause and effect relationships, abstract thought, and sequential logic. Those weaknesses are reflected in poor performance on both receptive and expressive language tasks.

B. Communicative Characteristics

1. May use unconventional, idiosyncratic behaviors (echolalia, aggression, self-injurious behavior) to communicate
2. Appear not to understand functional use of objects
3. Babbling impaired or abnormal (produce same sound(s) repetitively rather than a varied repertoire for vocal exploration)
4. Frequently impaired in the understanding of spoken language (responds to gestures, vocal tone, and context rather than to the words)
5. May not use conventional communicative acts (gestures, pointing, showing)

6. May use conventional acts to convey nonconventional meaning or for sensory stimulation
7. May be nonverbal
8. Speech may be characterized by echolalia - immediate, delayed, or mitigated - which can be communicative in nature or non-communicative in nature
9. Speech generated often appears unrelated to the situation
10. Poor in talking about anything outside the immediate situation
11. Grammar and syntax are usually adequate
12. Articulation is usually adequate
13. Verbal skills frequently exceed receptive skills (may produce lengthy, complex sentences with no comprehension; echolalia)
14. Receptive interpretation very concrete/literal. ("Put the puzzle up" may result in the child holding it over his head in the air.)
15. Limited, if any, comprehension of teasing/sarcasm
16. Limited, if any, generalization or transfer of concepts/skills from instructional setting to other environments

C. Social Relatedness Characteristics

1. Lack of attachment behavior [may not protest when being left with a sitter, or acknowledge parent(s) upon return]
2. Unusual eye contact (Contrary to common belief, most persons with autism will make eye contact, especially when physical proximity is increased. The deficiency is in their knowledge that one can use eye contact to communicate or initiate social interaction.)
3. Lack of play skills (not an unwillingness or preference to be alone, but simply does not demonstrate the skills)
4. Difficulty perceiving other person's feelings and responses (i.e., reading facial expressions, body language, vocal tone, as well as language used)

5. Limited interaction utilizing conventional means

D. Insistence on Sameness Characteristics

1. May demonstrate stereotypic behaviors and strong preference for routines
2. Play patterns lack variety and imagination
3. May show intense preoccupations/attachments to curious objects (sticks, rocks, strings, etc.)
4. Resistant to changes in environment/routine (may appear compulsive in performance of tasks)