BEYOND ONE SIZE FITS ALL: ENSURING YOUR ASSESSMENT IS ABLE TO CAPTURE THE STUDENT'S NEEDS

NELI 32nd Annual Autism and Disabilities Conference

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PEIMS DATA (TEA*) – AU NCES DATA COMPARISON

2022-23	2023-24	2024-2025
15.43% 108,464	16.16% 125,189	16.72% 142,568

In the past year, we have added over 17,000 students identified as AU

National percentage of AU based on National Center for Education Statistics (22-23) = 12.8%

2022-23 percentage of AU in Texas = 15.43%

Over the past 3 years, we have increased our total special education population by about 150,000 students.
Total 2022-23: 702,784
Total 2024-25: 852,472

*TEA data based on PEIMS Special Education Reports. Other TEA tables may reflect some differences in numbers.

SOME DIAGNOSTIC HISTORY ON AU

- 1943: Kanner first described the condition and noted it as a psychiatric condition; AU considered an emotional disturbance rather than a developmental disorder; 1952: DSM-II AU was a form of childhood schizophrenia
- Theory prior to 1970's was that AU was caused by cold and unemotional mothers ("refrigerator mother"). This was discredited by twin studies in the 1970's showing biological underpinnings to AU; subsequent research showed AU was rooted in brain development
- 1980: DSM-III AU was a pervasive developmental disorder (PDD); in 1987, DSM added PDD-NOS thus broadening the construct to include mild forms of AU

SOME DIAGNOSTIC HISTORY ON AU

- 1994 and 2000 revision: DSM-IV noted AU as a spectrum disorder and included Asperger's Disorder as a diagnosis
- 2013: DSM-5 Autism Spectrum Disorder (ASD)
  - included under Neurodevelopmental Disorders
  - DSM-5 notes that neurodevelopmental disorders "frequently co-occur"
- ASD in DSM-5: deficits in social communication and social interaction and the presence of restricted, repetitive patterns of behavior, interests or activities

SOME EDUCATIONAL HISTORY ON AU

- Prior to 1990, Autism was not a separate disability category under the IDEA. AU was a diagnostic condition under the category of Emotional Disturbance (ED).
- Thus, the exclusion clause in IDEA 300.8(C)(1):
  - *(ii)Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section*

"Primary" is educational term. We need to borrow the terminology and conceptualization of "not better explained by the symptoms of …") or "not better accounted for by …"

IDEA AND TEA: AU

Autism	
34 CFR §300.8 Child with a disability	19 TAC §89.1040. Eligibility Criteria
IDEA, 2004	Texas
Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.	*Autism*. A student with autism is one who has been determined to meet the criteria for autism as stated in 34 CFR, §300.8(c)(1). Students with pervasive developmental disorders are included under this category. The team's written report of evaluation must include specific recommendations for behavioral interventions and strategies.

ESSENTIAL COMPONENTS OF AU DEFINITIONS

- Neurodevelopmental Disorder
- Construct has been broadened and is viewed as a Spectrum Disorder
- Often comorbid with other disorders
- Deficits in communication – both verbal and nonverbal
- Deficits in social interaction
- Often accompanied by restricted, repetitive, stereotyped behaviors
- Often associated with resistance to environmental change or routines
- Often associated with unusual responses to sensory stimuli

NEURODEVELOPMENTAL DISORDER

- Typically manifested early in development (often before the child enters school); associated with growth and development of the brain
- Developmental deficits are present that affect multiple areas (e.g., language, social, motor, academic)
- There is a range of developmental deficits from specific limitations to global impairments
- The group of neurodevelopmental disorders in the DSM-5 includes ID, Communication Disorder (speech, language, communication), ASD, ADHD, SLD, Motor Disorders (Developmental Coordination Disorder, Stereotypic Movement Disorder, Tic Disorders)
- The disorders in this category often co-occur

WHAT IS A SPECTRUM DISORDER?

- A "spectrum" disorder refers to the variability of symptoms and symptom severity within a designated disorder.
- The core features of the disorder are present in the individuals with this diagnosis or classification, but the features vary across individuals.
- Some individuals may live entirely independently, while others require substantial daily support.

WHAT ARE THE CORE FEATURES OF AU?

- EDUCATIONAL CLASSIFICATION: IDEA AU: 34 CFR §300.8

(c)(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

VERBAL COMMUNICATION

NONVERBAL COMMUNICATION

SOCIAL INTERACTION

VERBAL & NONVERBAL COMMUNICATION

- **Initiation, responsiveness and participation in social interactions (back-and-forth conversations, sharing of interests, sharing of emotions/affect)**
- **Verbal and nonverbal are poorly integrated**
- **Prosody of verbal communication is atypical**
- **Eye contact, body language, gestures, facial expressions are poorly integrated (this can range from lack of, to reduced, to abnormalities in, and deficits in understanding)**
- **DSM-5 (p. 53): "Even when formal language skills are intact (e.g., vocabulary, grammar) the use of language for reciprocal social communication is impaired in autism spectrum disorder"**
- **Range from lack of speech, to poor language comprehension, to abnormalities such as echolalia, to overly literal language …**

EXAMPLE TABLE FOR TEA CRITERIA

Domain	Definition/Characteristics	Data
Verbal Communication	This domain includes: Speech Acts (e.g. requests, responses, comments, direction, demands) that serve a communicative function. Prosody and Style Discourse (e.g., conversational exchange, topic maintenance, responsiveness).	The team discusses and identifies specific behaviors to indicate the presence of this characteristic or to contraindicate the presence of this characteristic
Nonverbal Communication	This domain includes: Body language Eye Contact Gestures Facial Expressions Gaze (shifts)	The team discusses and identifies specific behaviors to indicate the presence of this characteristic or to contraindicate the presence of this characteristic
Social Interaction	This domain includes: Rules for linguistic politeness Social reasoning and social cognition Social tasks (accessing peer groups, cooperative play) Reciprocity (e.g., initiating and responding to bids for interaction, taking turns)	The team discusses and identifies specific behaviors to indicate the presence of this characteristic or to contraindicate the presence of this characteristic

EXAMPLE – NO DEFICIT IN VERBAL COMM

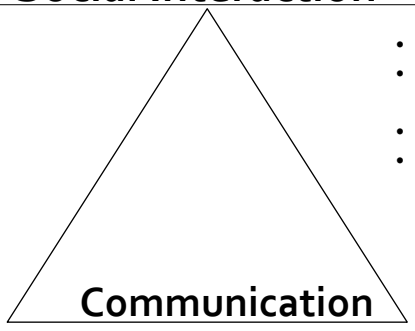
Domain	Definition/Characteristics	Data
Verbal Communication	This domain includes: Speech Acts (e.g. requests, responses, comments, direction, demands) that serve a communicative function. Prosody and Style Discourse (e.g., conversational exchange, topic maintenance, responsiveness).	Asked examiner where they were going and if they would play any games (SLP & DIAG) At times would say "this is kinda boring," "I was hoping you had games," "do you have something else for me to do" (SLP, DIAG, LSSP) Asked questions ("How do you open this?" "Do you know the answer to this problem?") Made comments and added to conversation ("I don't really like math, but I really like my teacher. She is cool.") (LSSP interview) Reported a school activity (making a volcano in science) and a favorite activity at home (playing with his dog) No verbal oddities or perseverative topics Responsive to questions. Engaged in conversational exchange on various topics across all examiners. …

AU EXAMPLE

Social Interaction

Behavior:
- Difficulty with transitions
- Restricted Interests (Movie credits, computer videos)
- Sensory sensitivity (smells, eating, etc.)

- Misses social cues/rules
- No sustained interactive play – mostly solitary
- Lack of pretend play
- Does not initiate with peers



Nonverbal

- Limited use of gestures
- Facial expressions limited – grimacing
- Lack of eye gaze in interaction

Verbal

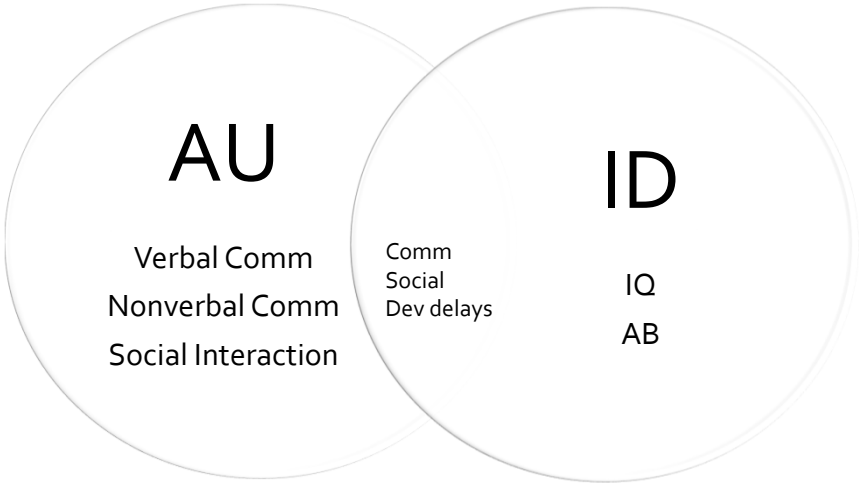
- Does not carry on reciprocal conversations with others
- Loud voice volume, issues with prosody
- Verbal repetitions/perseverations

AU AND COMORBIDITY

- Complicating the classification of AU, is that many students with AU have other conditions.
- Several sources (e.g., *NIH, Autism Speaks)* identify the following as common co-occurring medical, psychiatric and other neurodevelopmental conditions
  - ADHD
  - Anxiety, including OCD
  - Mood Disorders (e.g. Depression)
  - ID
  - Gastrointestinal
  - Sleep disorders
  - Seizures

SOME KEY TERMS

- **Overlapping Symptoms** - symptoms shared by two or more conditions
- **Differential** - distinguishing a particular condition from others that present similar features or characteristics
- **Co-occurring** - the presence of an additional condition that co-occurs with a primary condition (must meet criteria for each condition)



For comorbid diagnoses (DSM-5), social communication should be below that expected for developmental level.

SOCIAL DEFICITS

- The Social Deficit in students with AU is very complex.
- Factors are interrelated: **communication, cognition,** and **social responsiveness** interact to elicit behaviors in social interchanges.
- The typical give-and-take inherent in social situations is not present or significantly impaired in students with AU.
- Social interest may be present, but initiation and reciprocity in interactional exchanges are impaired.
- **Interaction** – how you relate to others; **Cognition** – how you think about others

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ASHA: SOCIAL COMMUNICATION

- Social Communication involves three major skills:
- Using language for different reasons (e.g., greeting, requesting, informing)
- Changing language for the listener or situation (e.g., skipping or adding details when someone knows or does not know a topic, talking differently to someone of a different age)
- Following rules of conversation or telling a story (e.g., taking turns, remaining on topic, using gestures, demonstrating facial expressions and eye contact)
- Remember: cultural and other factors influence social communication
- Reference: https://www.asha.org/public/speech/development/social-communication/

SOCIAL COGNITION

- Understanding of others' intentions, emotions and behaviors; how we process and interpret cues impact how we respond; wide range of abilities involving recognizing and processing emotions and tones of voice, attributing mental states to others, understanding social cues and contexts, …
- Commonly referenced domains of Social Cognition: Theory of Mind – Cognitive (infer thoughts, intentions and beliefs of others), Affective (inferences about what others' feel); Social Perception; Social Knowledge; Emotion Processing; Attribution
- Process of Social Cognition:
  - **Attention to cue(s)**
  - **Interpretation of the cue(s)**
  - **Retrieving possible responses from memory**
  - **Making a decision regarding response options**
  - **Action – Behavior**

ISSUES WITH AU EVALUATION AND DETERMINATION IN SCHOOLS

- AU is difficult to determine – definition in IDEA is vague (e.g., verbal and nonverbal communication, social interaction) & there are numerous possible co-occurring conditions
- AU is a spectrum and range is mild to severe, thus each individual with AU will likely display differences in severity and type of impairments within the core features
- How do we distinguish AU from other conditions that may have similar characteristics?
- Even if a student meets the criteria for AU, does that student require special education?
- **There is no universally accepted method or test to make this classification/diagnosis.**
- What does this mean for our evaluations?
- What does this mean for determination of eligibility?

Does a co-occurring condition always mean another special education classification?

THE FIE MUST

- Determine the condition
- Differentiate the condition from other conditions (when appropriate)
- Determine if there are co-occurring conditions (when appropriate)
- Describe the behaviors/characteristics and the severity of each
- Describe the student's needs based on symptom severity
- Make recommendations for educational programming, especially behavioral interventions and strategies (TAC requirement); AND do not forget the AU supplement. The FIE must inform the determination of supplement items.

AU SUPPLEMENT ITEMS

- 1. Extended Educational Programming
- 2. Daily Schedule reflecting minimal unstructured time
- 3. In-home and community-based training
- 4. Positive Behavior support strategies
- 5. Futures Planning
- 6. Staff-to-Student Ratio
- 7. Parent training & support
- 8. Communication Interventions
- 9. Social Skills supports and strategies
- 10. Professional educator/staff support
- 11. Teaching strategies based on research

AU SUPPLEMENT

- FIE must be comprehensive and address all needs and related services
- Do not forget to obtain data for items directly related to supplement
- For re-evals, data will include analysis of IEP objectives and progress
- Some supplement items directly address assessment (e.g., Strategy 8=Communication)
- Examples:
  - Strategies 1 and 9 directly mention social skills assessment
  - Strategy 7 mentions adaptive behavior; Strategy 1 mentions assessment of self-help skills
  - Strategy 4 mentions FBA
  - Strategy 1 also mentions assessment of behavior, communication, academics

BOTTOM LINE	GOOD NEWS
ONE EVALUATOR OR ONE DISCIPLINE IS HIGHLY UNLIKELY TO BE ABLE TO DO THIS.	THE FIE IS DESIGNED TO ADDRESS MULTIPLE DOMAINS OF FUNCTIONING IN ORDER TO BE A "COMPREHENSIVE" EVALUATION.

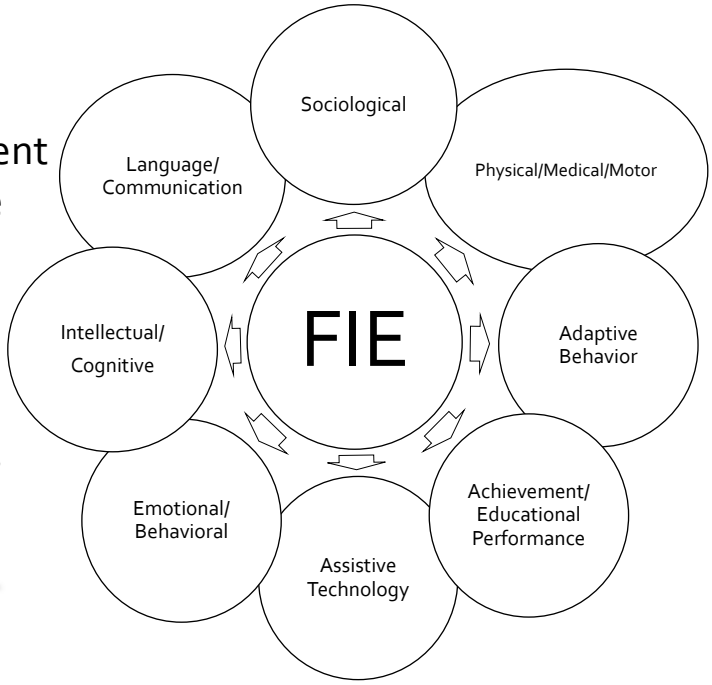
AMERICAN ACADEMY OF PEDIATRICS

Ideally, the definitive diagnosis of an Autism Spectrum Disorder (ASD) should be made by a team of child specialists with expertise in ASDs.

Johnson & Myers, 11/07, Identification and Evaluation of Children with Autism Spectrum Disorders, *Pediatrics*, Vol. 20, 5, pp.1182-1213

Hyman, S.L., Levy, SE., & Myers, S.M. (2020, Jan.). Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*, 145(1):e20193447. doi: 10.1542/peds.2019-3447.

THE FIE:
Each component will contribute to conclusion.



SCHOOL-BASED TEAM

- **Typical team conducting the FIE for students suspected of AU includes:**
  - **SLP DIAG SCHPSY OT PT**
  - **Teacher Behavior Specialist, BCBA**

Not every discipline listed above is on every team. Team composition is determined by the unique characteristics and issues presented for each individual student.

MDT EVALUATION: 5-PHASE PROCESS

- **Phase 1:** Team planning/coordination
- **Phase 2:** Evaluation planning
- **Phase 3:** Evaluation/testing
  - **Phase 3a:** Collecting the data/information
  - **Phase 3b:** Analyzing the data/information
- **Phase 4:** Report writing/integration of data
- **Phase 5:** Recommendations & IEP development
  - **Phase 5a:** Recommendations
  - **Phase 5b:** IEP development

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PLANNING AND SEQUENCE ARE CRITICAL

- First steps should be:
  - Review of Records
  - General and broad-based interviews with parents and teachers
  - Observations of the student
  - These procedures should occur before you decide on what tests to give.
  - After completion of record reviews, observations and interviews, you have data on the factors to consider in determining the scope of the evaluation.
- Factors to consider:
  - Age of student
  - Suspected level of cognitive and language functioning
  - Behavior responsiveness (e.g., sit, attend to, comply with instructions, respond)
  - Comorbidities and differential classifications that are possible in this case (e.g., ID, ED, ADHD)

Profiles differ based on age, gender, cognitive functioning and language development

MULTIDISCIPLINARY EVALUATION TEAM ISSUES AND SUGGESTIONS

- Many issues occur in MDT evaluations: **Duplication** (Redundancy), **Contradictions** in the data set**, Different criteria for conditions (**e.g., SI), **Differences in rules for interpretation, Disagreement on conclusions, Team dynamics** (equal vs. hierarchy, trust, expertise)
- **Suggestions to address issues:**
  - Plan the assessment as a team
  - Some procedures can be done as a team (e.g., interview) or team members can observe direct assessments being conducted by another evaluator
  - Once data are collected, meet to discuss results, convergence and lack of convergence across data sets prior to finalization of FIE
- **We cannot have a standard battery of tests/procedures that we apply to all cases.**

BEST PRACTICES: MDT EVALUATION STEPS

1. Team meets and reviews existing data to determine scope of FIE and plan the assessment
2. Team conducts assessment
3. Team conducts mid-assessment staffing
4. Team generates integrated report
5. Team meets with parent to review FIE and give copy of FIE to parent prior to ARD
6. Team reviews FIE with school personnel prior to ARD
7. Team participates in IEP development (drafts)
8. Team attends ARD to present results and assist in determining the educational program

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INCREMENTAL VALIDITY

- Will a new/added psychometric assessment/measure **increase the predictive ability** beyond that provided by an existing set of data?
- Will adding a particular procedure to an existing set of assessment methods **improve the validity** of your decision?
- Depends on the **variable** in question or **goal** and the **predictors** which make up the base set of data

METHODS OF ASSESSMENT

- **All evaluators typically do the following:**
  - ✓R=**Review of Records**; I=**Interviews**; O=**Observations**; T=**Tests**
- **All evaluators typically use both formal and informal procedures.**
  - ✓**Formal**: use of norm-referenced or criterion-referenced measures; compare performance to predetermined standards
  - ✓**Informal**: use of interviews, observations, review of records; these do not have a predetermined comparison standard
- **All evaluators typically use both direct and indirect approaches.**
  - ✓**Direct**: involves direct interaction with the student or direct observation
  - ✓**Indirect**: does not involve direct interaction with the student; data gathered through informants or records

EXAMPLES OF METHODS & APPROACHES

	Formal	Informal
Indirect	Parent & Teacher rating scales	Interviews with parents & teachers; Review of school & medical records
Direct	Individually administered standardized test	Interview with the student; Observations of the student

Table adapted from McCloskey, G., Perkins, L.A., & VanDivner, B. (2009) Assessment and Intervention for Executive Function Difficulties, p.102.

SO HOW COMPREHENSIVE DOES YOUR FIE HAVE TO BE?

- A few selected due process hearings:
- McKinney ISD
- Northwest ISD
- George West ISD
- Frisco ISD
- Conroe ISD
- Sharyland ISD

MCKINNEY ISD 192-SE-0220

- Student identified as ED, SI & OHI. Parent wants AU. 2015 FIIE and 2018 reevaluation: ED primary. LSSP notes overlap in ED and AU, but concludes ED primary.
- Hearing officer noted that each evaluator used multiple sources of data: *assessed Student's social, emotional, and behavioral functioning using various measures including staff observations, rating scales, parent and teacher information forms, and review of Student's background/history and educational records…Student's communication skills through formal and informal testing, including in-person observation and parent and teacher information… also assessed Student's adaptive behavior functioning through observations, parent and teacher reports, and student interview.*

NORTHWEST ISD 262-SE-0419

- Sole issue: FIE appropriate. Hearing said Yes.
- 7-member MDT
  - 2 DIAGS, 1 LSSP, OT, SLP, Nurse, Teacher
  - Not SI, no need for OT, no AU, no LD – This is a DNQ case
- *The fact that other instruments were available to the LSSP to choose from does not mean the instruments and other tools and strategies she did use were insufficient under IDEA evaluation criteria" "Reasonable minds may differ in the choice of instruments…a mere difference of opinion between professionals does not prove the choices the school district made were inappropriate*
- LSSP evaluation: review of previous evaluation; BASC-3, CARS-2, SRS, Parent Questionnaire, Teacher Information, 7 formal observations

OLDIE BUT GOODIE: GEORGE WEST ISD 310-SE-0810 (CYNTHIA BUECHLER REPRESENTED GWISD)

- *Parent disagrees with and disputes Student's classification as a student with an emotional disturbance and believes that Student should properly be characterized as eligible based on the category of autism.*
- *The parties agree, and the record reflects, that Student experiences anxiety, depression, inattentiveness, and social skills deficits which adversely impact student's educational performance and which require counseling and social skills training as part of student's IEP. The parties disagree, however, as to the origin of these issues.*
- *The evidence presented suggests that the nature of Student's disability is difficult to categorize, but the weight of the evidence supports Respondent's classification of ED.*

GEORGE WEST

- *There are … strong indicators in Student's assessment by both Drs. *** and ***, as well as student's performance in school, that negate the presence of an autism spectrum disorder. On the … all eight teachers placed Student in the very unlikely to unlikely range for the presence of autism. On the … all seven teachers and Parent placed Student in the non-autistic range. On the SRS, one of Student's *** grade teachers and all of student's *** grade teachers placed student in the non-autistic range for social skills. Student's speech evaluation found no communication disorder and that student's pragmatic language skills fall within the average range, even though student does not always display those skills in the classroom setting. On the whole student's teachers report that student joins group activities in class, initiates conversation with teachers and peers, and works well in group, partner, and individual settings. Importantly, Dr. *** acknowledged that Student does not display characteristics of autism in the school setting, but only when tested.*

GEORGE WEST

- *In addition to the foregoing data related to autism, Student's assessment on measures administered by both Drs. *** and *** that are designed to provide information about student's emotional condition strongly suggest the presence of an emotional disturbance. On the …Student's profile showed significant anxiety and depression. On the … Student, Parent, and teachers all endorsed elevations in depression, anxiety, somatization, and internalizing of emotions. None of the BASC respondents reported elevations in the area of social skills…*
- *When measured against Dr. *** evaluation, which included information from Student, Parent, eight (8) teachers over two school years, and ratings on multiple nationally normed assessment measures, Dr. *** evaluation falls short of offering data that is as reliable, consistent, and determinative as that found in Dr. *** evaluation.*

282-SE-0523 STUDENT V. FRISCO ISD

- 2021 transfers back into Frisco ISD; Eligibility: ED and OHI-ADHD
- Significant behavioral and emotional challenges and many issues related to placement
- Services: BIP, Psych Services, In-home Parent training, Social Skills intervention
- Additional evaluations across 2 years: FBA, BASC-3, IQ, ACH, AB – not SLD, Not Dyslexic; still ED and OHI
- Private eval in Dec. 2022: diagnosis of Autism Spectrum Disorder, without accompanying intellectual or language impairment; ADHD; other diagnoses redacted
- District does evaluation and completed in April 2023

282-SE-0523 STUDENT V. FRISCO ISD

- SLP: CELF-5 very low due to lack of cooperation (previous CELF-5 had been average); Pragmatic Language Skills Inventory – average. No impairment in social communication and reciprocal interaction. Average receptive, expressive and articulation.
- LSSP: BASC-3, ASRS, SRS-2, SSIS-SEL, Observations, Teacher information. Not AU due to no deficit in verbal communication, good eye contact, behavior intentional and behavior is socially appropriate if student is regulated
- OT: capable of all tasks; work avoidance and lack of compliance. No OT.
- Parent disagreed with evaluation.
- Student suspended in 2023 and did not return to school.

282-SE-0523 STUDENT V. FRISCO ISD ISSUES ABOUT EVAL AND IDENTIFICATION

- District conducted multiple evaluations based on Parent request and ARD Committee deliberations; none of the evaluations indicated a need for a new spec educ eligibility
- HO, p. 30-31: *Student's private evaluator diagnosed Student with autism based on a medical diagnosis and not the criteria for special education eligibility. The private evaluator did not observe Student in the classroom, and he used teacher input from Student's *** grade teacher, when Student was a *** grader at the time of the evaluation. Additionally, the private evaluator did not testify at hearing, so it is difficult to measure the credibility of the diagnosis.*
- *It is undisputed that Student demonstrates some characteristics of autism such as difficulty tolerating changes in routine, difficulty using appropriate verbal and nonverbal communication for social contact, and difficulty providing appropriate emotional responses in social situations. The credible evidence supports the conclusion that Student does not qualify for special education as a student with autism. The private evaluations followed the DSM-5 which is different from the criteria for special education eligibility.*

282-SE-0523 STUDENT V. FRISCO ISD ISSUES ABOUT EVAL AND IDENTIFICATION

- *The credible evidence aligns with the District LSSP's conclusions that Student makes appropriate eye contact, can engage in appropriate verbal communication, and can distinguish between appropriate and inappropriate behaviors. Student's eligibility under ED explains Student's inability to build and maintain social relationships and is the root cause of Student's deficits in social functioning, not autism.*
- IEP was updated many times; several strategies on AU supplement were used although student was not AU
- Frisco ISD prevailed on all issues in this hearing

STUDENT V. CONROE ISD 230-SE-0721

- Failure to appropriately evaluate and identify the Student's eligibilities for special education; Specific disability conditions were AU and SLD. And Denial of FAPE
- Student has always attended school in Conroe and has a long and significant history of behavioral problems
- FIE #1 – not SI, 504 due to "behavioral/emotional impairment"
- FIE #2 – SI-Articulation; Dyslexia, not SLD
- Private Eval – ADHD and ASD
- FIE #3 – not SI, not AU (BASC-3, NEPSY-II, CARS-2), ED, OHI-ADHD
- IEE's – not SI, AU, not ED, OHI-ADHD, SLD-BRS and RF with Dyslexia, OT – direct services recommended

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STUDENT V. CONROE ISD 230-SE-0721

- A preponderance of the evidence showed that the District's FIE was not sufficiently comprehensive in the area of Autism … included a single measure specific to Autism, the CARS-2 HF ….
- Conclusion of ability to maintain and develop relationships was not supported by data … teacher ratings on the BASC-3 and Conners 3 indicated substantial deficits in peer relationships … Notable three teachers rated the student in the clinically significant range on the BASC-3 Autism Probability Index …
- Behaviors at school are explained by dual eligibilities of OHI-ADHD and AU … student does not qualify as ED

STUDENT V. CONROE ISD 230-SE-0721

- Typically, the exact disability category does not matter, BUT in this case, it <u>did</u> matter

> As discussed, the IDEA does not require that an eligible Student be classified by a particular disability and instead focuses on the appropriateness of the educational program.
>
> basis for the importance of appropriate classification—that misclassification in this case impacted Student's programming because it deprived Student of behavioral interventions specific to autism that Student needs to make progress. Here, the weight of the credible evidence supports the conclusion that proper classification indeed matters and that Student needs interventions specific to autism to make behavioral progress.

The Hearing Officer also noted that AU leads to consideration of the AU Supplement.

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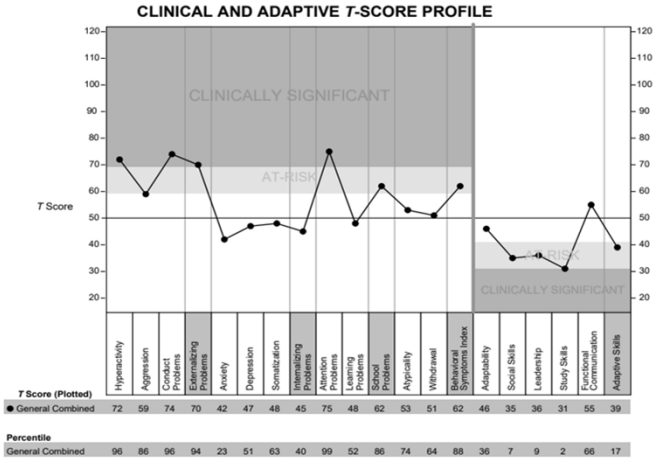
EXAMPLES:
BASC-3 CLINICAL PROBABILITY INDEX

Clinical Probability Scales	Mother	Reading Teacher	Math Teacher
ADHD	64	58	68
AU	52	54	54
EBD	72	78	74

Clinical Probability Scales	Mother	Reading Teacher	Math Teacher
ADHD	54	58	56
AU	72	74	78
EBD	68	64	72

EXAMPLE NOT AU BASC-3 PROFILE



SHARYLAND ISD V. STUDENT 171-SE-0225

- Parent disagreed with FIE and district filed for hearing. Issues: Whether the District's FIE of the Student is appropriate? 2. Whether the District is obligated to fund an Independent Educational Evaluation? District prevailed: FIE appropriate and not obligated to fund IEE
- Eligibilities: AU, SI, OHI-ADHD, and *** (I think this is ID)
- Parent's main argument against the evaluation is that the District's evaluation incorrectly determined that the Student is eligible for special education and related services as a student with an ***
- Student transferred from another district; Student evaluated by Sharyland in fall, 2024; evaluators reviewed the previous evaluation conducted by *** ISD, and evaluators and the ARD Committee reviewed and considered an IEE Psychological Report conducted by an LPA, dated Feb. 2024, and provided to the District by the Parents. Diagnoses were ASD and ADHD. An OHI form for ADHD was received by a physician in fall, 2024.

SHARYLAND ISD V. STUDENT 171-SE-0225

- The MDT consisted of: DIAG, SLP, Nurse, OT, and LSSP; also special education teacher and behavior interventionist
  - DIAG: Cog, Ach and AdapBeh (KABC-II, WJ-IV ACH, ABAS)
  - SLP: OWLS, ROWPVT, EOWPVT, GFTA, Pragmatic Language Skills Inventory
  - Nurse: reviewed records, spoke to parent, vision and hearing
  - OT: VMI, informal measures of motor and sensory
  - LSSP: observation, BASC-3, Conners-4, ADOS-2, SRS-2, and ASRS
- *The evidence showed that the District's evaluation met the requirements of the IDEA…used technically sound instruments to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors…used a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the Student and did not use any single measure as the sole criterion for determining the Student's eligibility and developing the Student's educational program… assessments and other evaluation materials were selected and administered so as not to be discriminatory on a racial or cultural basis; were provided and administered in the Student's language (English); were used for the purposes for which the assessments or measures are valid and reliable; were administered by trained and knowledgeable personnel; and were administered in accordance with instructions provided by the producer of the assessments.*

IMPORTANT CONSTRUCTS/CONCEPTS

- **Qualitative impairment**
- **Joint Attention**
- **Theory of Mind**
- **Social Referencing**

QUALITATIVE IMPAIRMENT

- **Qualitative = distinctly deviant relative to the individual's developmental level or mental age**
- **Quantitative = "less of" of a particular skill or behavior**
- **Example: student has a limited vocabulary, which is consistent with her developmental level, but uses the vocabulary she does have for communicative purposes**
- **"atypical form" relative to a normative comparison**
- **Example: student has adequate language, but does not use language to effectively and reciprocally communicate with others (e.g., repeats phrases out of context, speaks of one topic, does not direct language to others)**

JOINT ATTENTION & THEORY OF MIND

- **JA= coordinating visual attention with a social partner; unfolds between 6 and 18 months; social orienting ; preverbal social communicative skill that involves sharing with another person the experience of a third object or event; TRIADIC EXCHANGE**
- **THEORY OF MIND: The ability to attribute mental states (e.g., beliefs, intents, desires, emotions, knowledge) to oneself and to others. ToM is a sense of what others are thinking. ToM is necessary to understanding that others have beliefs, desires, intentions, and perspectives that are different from one's own. Helps us to form our responses.**

SOCIAL REFERENCING

- **Ability to read emotional cues in others to help determine how to act in a particular situation**
- **Includes the ability to**
  - **Recognize emotional expressions**
  - **Understand emotional expressions**
  - **Respond to emotional expression**
  - **Alter behavior in response to emotional expression**

SELECTION OF TESTS AND PROCEDURES

- Given
  - the constructs of qualitative impairment, joint attention, theory of mind and social referencing, and
  - the issues related to differential and co-occurring conditions, and
  - profile variability based on age, gender, cognitive and language functioning
- what specific instruments or procedures would you select for your evaluation?

INTERVIEWS AND RECORD REVIEWS

- **For all evaluations involving AU, a thorough history is needed addressing: developmental, medical, sensory, language, social, behavioral, emotional, and learning domains.**
- **This is usually done through a comprehensive general interview such as the BASC-3: SDH and review of records.**
- **AU interviews such as the ADI-R and MIGDAS usually supplement the general interview if needed. (Specific training is required for the formal administration of these interviews.)**

INFORMAL ASSESSMENT & OBSERVATIONS

- **Although the typical evaluation uses specific tests, evaluations for AU need more informal techniques to describe atypical characteristics**
- **Evaluators usually do this through analysis of communication samples (descriptive, sequencing, story retell, conversational) and through observations in specific types of activities and interactions**
- **Some of the observations are naturalistic (observing in the environment in which behavior typically occurs), but some need to be designed: Participant observation (the observer is a participant, involved in the activity) or Structured (observing a specific task or social situation; predetermined activity; often behavior is coded in this observational method)**

COMMONLY USED INSTRUMENTS AND METHODS

Review of Records	Interviews	Observations
Educational History	General: BASC-3 Structured Developmental History (SDH)	across settings which require various types of social interaction
Medical History	Specific: ADI-R, MIGDAS-2	Naturalistic, Structured, Participant
Developmental History	Specific Questions related to suspected conditions: Sattler text*	
Any previous evaluations in district or private	General interviews with parent, teachers, student, service providers	

*Assessment of Children: Behavioral and Clinical Applications, 4th Edition

COMMONLY USED INSTRUMENTS AND METHODS

Speech-Language	CASL-2, CELF-5, TOLD, PPVT, EVT (for general language and vocabulary development) More specific measures: CELF-5 Metalinguistics; SLDT; TOPL-2;TOPS; CAPs; Communication samples
IQ & Developmental Measures	WISC-V; WPPSI-IV; DAS-II; KABC-II; WJ-V BDI; DP4; DAYC-2; Bayley-4; PEP-3
Adaptive Behavior	Vineland-3; ABAS-III
Sensory Processing	Sensory Profile; Sensory Processing Measure
Rating Scales (Broad-band)	BASC-3*; Conners CBRS (both instruments have content and diagnostic scales)
Rating Scales (Narrow Band)	Sometimes referred to as syndrome specific; ASRS; SRS-2; SCQ; GARS-3; CARS-2

*BASC-4 scheduled to be released this summer

EXAMPLE SPEECH-LANG-COMM

- Typically the Speech-Language-Communication evaluation includes a progression of measures to involve vocabulary (e.g.,PPVT, EVT), language use (e.g., CELF, TOLD) and higher level language processing such as inferencing and figurative language (e.g., CELF-5 Metalinguistics, SLDT). Also included are communication samples designed to address certain speech-language characteristics (e.g., conversational exchange, topic maintenance/shift).
- However, if the student is already known to have adequate vocabulary, certain measures may not be administered. If the student has adequate language, focus could be placed on different types of language-communication abilities, and tests would then be selected accordingly, such as:
  - CELF-5 Metalinguistics: ages 9-21, higher level language skills
  - CAPs : video based, ages 7-18
  - SLDT-E and A versions: ages 6-11 and 12-17; picture stimuli

RATING SCALES

- **Important to have as part of the evaluation, but rating scales and checklists have limitations**
  - **They reflect someone's view or perspective of the student's behavior**
  - **There is the potential for under- or over-reporting the presence of and severity of symptoms**
  - **The more impaired behaviorally, socially and emotionally, the less the scales can differentiate**
- **Must have ecological data and direct assessment (observations and direct measures for certain constructs) to triangulate rating scale data**
- **Sometimes we give too many scales**
  - **select a scale with clinical norms for several classifications/diagnoses**

EXAMPLE RATING SCALES

- Which one do you select?
  - ASRS and SRS-2: ages 2-18; have parent and teacher forms; Spanish form. Both linked to DSM-5 criteria. Both have total score. ASRS: Social/Communication, Unusual Behaviors, Self-Regulation. SRS-2: Social Awareness, Cognition, Communication, Motivation, and Restricted/Repetitive Behaviors.
  - SCQ: screening tool; ages over 4 with mental age over 2; 15 languages; parent yes/no format
  - GARS-3: ages 3-22; ; yields Autism Index and probability of autism; scales include Restricted/Repetitive Behaviors, Social Interaction, Social Communication, Emotional Responses, Cognitive Style, and Maladaptive Speech
  - CARS-2: completed after data accumulated for the domains; HF versus ST; typically involves data from multiple evaluators
  - CBRS and BASC: These are broad-band measures; involve emotional, behavioral and social scales; CBRS AU symptom scales and BASC-3 clinical probability index for AU

COMMONLY USED INSTRUMENTS AND METHODS

Rating Scales (Self-Report)	BASC-3; Conners; RCMAS; MASC; CDI; RCDS; RCMAS
Direct Measures	ADOS-2; NEPSY-II Social Perception domain; PEP-3
FBA	FAST; MAS; QABF
Academic Achievement	KTEA-3; WIAT-4; WJ-V ACH Specific measures of reading, written expression and math
Other	Description and analysis of student's progress in interventions for not only academics, but behavior

Example: ADOS-2 Diagnostic (modules based on age and language dev.)
PEP-3 Developmental Focus (helps identify uneven development and behaviors assoc. with AU; dev. ages based on typical sample and %ile ranks based on AU sample;6 months-7 years; noted to assist in IEP development)
NEPSY-II subtests of Affect Recognition and Theory of Mind