

# The Sphere

Ohio's Quarterly Newsletter Focusing on Autism Spectrum Disorders and Low Incidence Disabilities

► [www.ocali.org](http://www.ocali.org)

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## Assessing Autism Spectrum Disorders

### Guidelines for Parents and Educators

The diagnosis of Autism Spectrum Disorders (ASDs) presents a maze of questions that can be perplexing for parents and educators. When is the right time to seek an assessment? Who should conduct the assessment? What should be included in the assessment? Drs. Aspy and Grossman provide guidelines to help parents and educators navigate this maze.

#### WHEN IS THE RIGHT TIME TO SEEK AN ASSESSMENT?

The importance of early identification and treatment of ASDs has been well established. Parents and educators should seek assessment as soon as signs become evident. Early symptoms of ASDs may be apparent by the age of 12 to 18 months or sooner. While diagnosis often is possible by the age of two (Lord & Spence, 2006), most children are not identified until years later. Indeed, there typically is a delay of two to three years after symptoms first become apparent (Filipek, et al., 2000). Because early intervention makes a critical difference in the progress of people with ASDs, delay in identification is a matter of great concern.

Many factors, including symptom severity, race, gender and attitudes toward diagnosis, contribute to the delay in identification. Children with more severe communication deficits tend to be diagnosed at younger ages than those with primarily pragmatic language (social language) challenges. As a result, the average age of diagnosis of autism is four to five years earlier than Asperger's



disorder. Special awareness of the relationships between race and gender also is needed with early identification. Research has found that African-American children are identified later and receive alternative diagnoses prior to being identified with an ASD (Mandell, Ittenbach, Levy, & Pinto-Martin, 2006). Further, it is well established that girls are diagnosed at a later age than boys. Finally, evaluators sometimes hesitate to assign a diagnosis for fear of

the impact of the label or misdiagnosis. Likewise, parents may hesitate to accept the diagnosis for the same reasons. Given the benefits of early intervention, the risks associated with delayed identification carry serious consequences.

#### WHO SHOULD CONDUCT THE ASSESSMENT?

There is extensive literature regarding  
 ▼ *Assessing Autism continued on p. 3*

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## From the Executive Director



All parents and educators want to provide opportunities for their children and students to grow and develop in ways that will allow them to reach their maximum potential. But what about our children and students with special needs? How can we as parents and educators ensure that we are doing everything we can to create the circumstances and conditions for every child to succeed and prosper?

A key component to effectively raising and educating all children is the identification and assessment of those with special needs. In this issue of *The Sphere*, we explore the *who's*, *what's*, *when's* and *why's* of the assessment process. Our cover story is a great primer for both the educator and parent. Drs. Ruth Aspy and Barry Grossman tackle the key questions that each confronts:

- When is the right time to seek an assessment?
- Who should conduct the assessment?
- What should be included in the assessment?

Though their focus specifically tackles assessment of children with ASD, the ideas presented are helpful to parents and educators of children with other disabilities and needs.

In her Parent's Corner article, Colleen Miller discusses the assessment process under the Individuals with Disabilities Education Act (IDEA) 2004. Miller goes into further detail about the assessment process and includes some good sugges-

tions, especially for parents who may be going through the assessment process for the first time.

Two contributions from the Ohio School for the Deaf focus on assessments for deaf and hearing impaired students and career assessment for students with hearing impairments, respectively. There is also an overview of the assessment services provided by the Ohio State School for the Blind on p. 7.

Another guest contribution from the Center for Autism Spectrum Disorders at Nationwide Children's Hospital discusses the use of data gleaned from assessments within Intensive Behavioral Intervention (IBI) programs based on the principles of Applied Behavior Analysis (ABA).

2007 has been a very exciting and busy year for OCALI. A wrap up of the 2007 NATTAP Conference is included on pp. 8 and 9. This first annual conference was a tremendous success with over 1,400 participants from 46 states and 13 countries. Mark your calendar for the 2008 Conference, November 19-21, 2008, at the Greater Columbus Convention Center. Registration will open in March 2008.

As we reflect on our successes and accomplishments of the past year, we'd like to thank the Ohio Department of Education Office for Exceptional Children, the ESC of Franklin County, Autism Society of America, Autism Society of Ohio and our many other partners and collaborators. Thanks for your contributions during this truly memorable and significant year. We look forward to continued efforts and a prosperous 2008.

Thanks for your interest.

Shawn Henry, Executive Director

The Sphere

OCALI's *The Sphere*: Ohio's Quarterly Newsletter Focusing on Autism Spectrum Disorders and Low Incidence Disabilities

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Table 1

the best instruments and techniques for identifying ASD; however, even the best instruments are meaningless when those interpreting them do not have the training and experience to make accurate judgments. Assessment of ASDs may be completed by a number of professionals, including psychologists, neurologists, pediatricians or psychiatrists. Parents and educators should be careful not to make assumptions about the knowledge base of professionals. In each of these fields, there are those who are knowledgeable in ASD assessment and those for whom this is not a strength. It is most important to find specialists who are knowledgeable and experienced in assessing ASDs. The *field* of the professional is less important than *expertise*.

Seeking an assessment from an experienced and knowledgeable professional prevents delay in accurate identification and frustration of unanswered questions. Parents often describe experiences of being told that their child is “going through a phase” and that they need to be patient while their child “grows out of it.” Others report that they have been advised that a single behavior, such as showing affection or using sentences, indicates that their child does not have ASD. These same parents later may learn that their child has the diagnosis. Early encounters with professionals who provided false reassurance may sabotage parents’ receptiveness to the input of others who recognize the symptoms of ASD exhibited by their child. Alternatively, the error of incorrectly assigning the diagnosis of an ASD carries risks. Working with professionals with expertise in ASD helps to avoid these pitfalls.

Parents and educators should know that the terminology surrounding assessment can be confusing. In particular, the terms

DIAGNOSIS VERSUS ELIGIBILITY	
DIAGNOSIS	ELIGIBILITY
Based on a set of criteria (e.g., <i>DSM-IV-TR</i> ).	Based on federal law (IDEA).
Refers to a specific disorder (e.g., <i>autistic disorder, Asperger's disorder</i> ).	Refers to a broad disability category.
Used in private settings.	Used only in public school system.
May be determined by an individual or team.	Must be determined by a team.

“medical diagnosis,” “diagnosis” and “eligibility” are often misunderstood. While the term “medical diagnosis” is

*Federal law mandates that autism spectrum assessments in the schools be conducted by professionals from multiple disciplines. In contrast, there is no such requirement in the private sector.*

often used, it is a misnomer. “There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual’s communication, behavior and developmental levels.” (Autism Society of America, n.d.) Wide use of the term also has resulted in the false belief that the diagnosis must be made by a medical professional. In fact, in the absence of specific medical concerns, many specialized teams do not require staff with medical training.

The contrast between “diagnosis” and “eligibility” is subtle (see Table 1). The term diagnosis is used most often in assessments conducted in the private sector. Diagnosis in the United States most often

is based on the current *Diagnostic and Statistical Manual (DSM-IV-TR)*. In this system, the umbrella category of pervasive developmental disorders encompasses autistic disorder, pervasive developmental disorders - not otherwise specified, Asperger’s disorder and others.

Assessment in the public school system is conducted for the purposes of establishing *eligibility* for special education services and gathering information to assist in planning an individualized education program. The Individuals with Disabilities Education Act (IDEA) defines the eligibility category of “autism” as a disability that affects communication and social interaction. When there is a need for an assessment to determine eligibility for autism (or any eligibility category), it is the responsibility of the public schools to provide it, at no expense, to the family. According to IDEA, autism may have associated features, such as repetitive activities, stereotyped movements, resistance to change and unusual sensory responses. Students with characteristics of DSM diagnoses, including autistic

▼ *Assessing Autism  
continued on p. 7*

# Educational Identification of Autism in Ohio Schools

Ohio school psychologists and district special education directors or supervisors seem to agree: when identifying a student under the category of autism according to the Individuals with Disabilities Education Act (IDEA), the multifactorial evaluation (MFE) team should seek a confirming diagnosis outside the school.

“Although a diagnosis of autism by an outside source is NOT required for the autism identification under IDEA, many school districts choose to pursue it,” says Ann Guinan, Assistant Director, Procedural Safeguards, Ohio Department of Education, Office for Exceptional Children.

Why are school districts reluctant to make this identification? According to Guinan, it is a result of several factors including professionals wanting to be very careful before giving a child a label that can have long lasting implications. In addition, some school psychologists are hesitant when they feel they do not have sufficient knowledge and expertise in the use of autism-specific diagnostic instruments.

“Some school psychologists are dual certified,” Guinan said. “They are certified as clinical psychologists and also as school psychologists. Those people have a much higher comfort level than those people who are certified only as school psychologists. Some have sought professional development specific to autism diagnostic instruments and these professionals are much more comfortable in making the determination of autism as a part of the identification process.”

This is confirmed by Frank Scarano, school psychologist for the Geauga County Educational Service Center (ESC). Frank is dual certified and has been trained in the Autism Diagnostic Observation Schedule (ADOS), an instrument used to make the

DSM-IV diagnosis. He would be comfortable making the autism identification without outside collaboration, he reported, but the districts are not comfortable with the school making that identification without outside collaboration.

“We school psyches have a listserv and according to discussions on the listserv, this is a statewide issue,” he said. “Throughout the state, local school districts are not comfortable with the MFE team making an identification under the autism category without an independent diagnosis.”

Frank pointed out that if he quit the ESC and opened a private practice the local school districts he currently works with would accept his independent diagnosis.



“School districts just want that outside confirmation,” he said.

In 1990, autism was added as a separate disability category in IDEA giving local school districts the responsibility of identifying those students who meet the autism definition.

“Under the child-find mandate in IDEA, school districts have the responsibility of identifying all students who have disabilities in their district,” Guinan says. “This includes the category of autism.”

Ohio’s Operating Standards for Schools Serving Students with Disabilities require school districts to develop a plan for the multifactorial evaluation and the parents must be involved in developing that plan. The purpose of this plan is to identify what information will be needed to make a determination of the child’s eligibility for special education services and the category

under which the child will be identified.

“If autism is suspected and an outside diagnosis is required by the district for a student to be identified under that category, then it is the responsibility of the school district to pay for the outside evaluation,” Guinan said. “Just as the school district would pay for a hearing or vision evaluation if they were required to complete the MFE.”

For more information, please contact, the Ohio School Psychology Association (OSPA) at [mail@OSPAonline.org](mailto:mail@OSPAonline.org).

—DONNA OWENS

**The OCALI Family Services and Supports Database includes providers who serve individuals with disabilities in Ohio.**

**Over 900 entries are included—from individualized educational services to community services for the deaf and hard of hearing to residential programs to diet/nutrition resources.**

**Access this free service, at:**  
▶ [familyservices.ocali.org](http://familyservices.ocali.org)

The logo for OCALI (The Ohio Center for Autism and Low Incidence) features the acronym "OCALI" in large, bold, blue letters. Below it, the full name "The Ohio Center for Autism and Low Incidence" is written in a smaller, blue font. A stylized blue and white graphic element is positioned behind the text.

# Using Data to Optimize Progress within IBI/ABA Programs

Intensive Behavioral Intervention programs for children with autism are based on the principles of Applied Behavior Analysis (ABA), which include an emphasis on using data to plan and assess an intervention. This data is used in many capacities: to evaluate behavior problems and establish targeted interventions, to determine treatment goals, to track skill acquisition and maintenance, to determine reasons for lack of progress, to identify teaching errors and to evaluate the generalized effects of the intervention. Data is gathered at different frequencies and under a range of circumstances.

IBI/ABA programs function under several other principles that may be important to delineate here. These programs are individualized for each learner, focused on a wide range of skill areas, include generalization and maintenance components, are intensive and include parent training. Treatment goals focus on speech and language skills, play and social skills, emotional and behavioral regulation, academics and cognitive skills. These programs are implemented at home, in schools and in the community.

Data is an integral part of an IBI/ABA program and is utilized in three major ways. On the most global basis, data is used to assess overall progress annually through the use of standardized measures of cognitive, language, achievement, social, and adaptive functioning. Using global measures such as these allows providers to ensure that change is occurring, and to understand how the intervention is impacting the child's overall levels of functioning. It can also uncover nuances in the child's profile or changes in the child's profile. These tools provide us with measures of progress for a child from one year to the next, but also allow for accurate comparisons to same-age peers.

More specific measures can be used to evaluate acquisition of specific skills by giving a snapshot of the child's acquisition profile through identifying areas of strength and weakness and displaying them for easy visual analysis. Getting strength and weakness profiles, either with standardized measures or criterion-referenced measures, helps us revise our goals and strategies to address the child's needs.

In addition to global yearly progress, much more frequent data is taken to assess specific skill acquisition. For each

*Getting strength and weakness profiles, either with standardized measures or criterion-referenced measures, helps us revise our goals and strategies to address the child's needs.*

goal established, a teaching method is devised and daily data is collected to assess acquisition of that target. This data is typically a count of the number of times the child can perform the skill accurately and independently out of the total number of attempts (i.e., percentage correct). If the child is not yet performing the skill independently, the clinician may also track the level of prompting required. Data on accuracy may also be taken using a probe data procedure, in which only selected attempts at the skills (often the first of the day) are monitored for accuracy. This daily data is tracked and progress can be charted. This frequent data collection and analysis allows for quick detection of mastery, so that goals can be increased or if problems are observed, so that strategies or goals can be revised.

The third major use of data in an IBI/ABA program is in analyzing negative behaviors to establish their function and

antecedents, which allows for the development of a targeted and effective behavior plan, and to evaluate the effectiveness of that plan. Children with autism often display negative behaviors in complex ways. Taking meaningful data on antecedents and consequences for those behaviors can help determine the cause or function. Once a function is determined and an intervention is established, data collection continues in order to evaluate the effectiveness of the intervention. Analyzing behavioral data on a weekly basis (i.e., "crunching" the data, graphing the data, looking for trends, etc.) is essential to ensuring that the strategies are appropriate and effective.

In these three ways, data collection and assessments provide clinicians with checks and balances to ensure quality, reliability and progress for the child with autism. Quality data collection procedures are essential clinical tools for providers to possess, and an integral part of how an IBI/ABA program is implemented.

—JACQUIE WYNN, PH.D AND  
MELISSA LAWRENCE  
*Center for Autism  
Spectrum Disorders  
Nationwide Children's Hospital  
Ohio Autism Consortium for ABA*

# Assessments for Deaf and Hearing Impaired Students

A multifaceted, multidisciplinary assessment that best addresses the needs of students with hearing impairments should include testing in the following areas: audiology, vision, cognition, motor, communication (both speech and sign language), and academics. Other identified areas of investigation may be included when considered necessary to evaluate all appropriate areas of the student's functioning.

Assessment instruments are administered using the student's primary mode of communication. Individual evaluators use tests validated for the specific purpose intended and use procedures in accordance with test instruction except where it is not feasible to do so, in which case the procedures will be adapted so that in the professional judgment of the evaluator, the assessment will yield the best estimate of the child's ability.

At the Ohio School for the Deaf (OSD), personnel providing the evaluation include an audiologist, nurse, psychologist,

occupational therapist, speech therapist, American Sign Language specialist and teacher.

Assessment information and recommendations are shared with family and school district personnel on the day of testing. Written reports are prepared in accordance with the required state of Ohio



multifaceted evaluation forms and sent to both parent and school district following the day of assessment.

OSD conducts a weekly multifaceted evaluation for hearing-impaired children referred from public school districts and parents throughout Ohio. The evaluation is free of charge and will provide assess-

ment information and recommendations regarding the student's educational needs in order to assist the local school district in writing the IEP and determining the most appropriate educational placement.

Please contact The Center for Outreach Services at (614) 728-4070 for more information or if you are interested in an assessment.

—BARBARA STAHL  
*OSD Multifaceted Evaluation &  
Enrollment Coordinator*

# Career Assessment Process for Students with Hearing Impairments



A career assessment is an individualized process designed to determine the unique abilities, aptitudes (i.e. natural tendencies to do something well, especially abilities that can be further developed), interests, and needs of a student. The assessment process is designed by a Career Assess-

ment Specialist to identify career choices to match a student's interests and preferences. The career assessment specialist then compiles the results of the assessment and reports the information to a student, their parents, and their teachers to support their career planning.

Career assessments are available to all students at least 14 years of age. Students at the Ohio School for the Deaf (OSD) are assessed in their freshman year of high school. The career assessment at OSD then assists in developing a comprehensive educational/transitional plan for each student. In most cases, the career assessment report is discussed during the student's IEP (individual education plan) team

meeting. The report includes academic and technical performance results, test scores, observation assessments, and identification of learning styles with pre and post program suggestions, referrals and job placement suggestions.

One of the most important features of OSD's career assessment report for students with hearing impairments is the observation assessment. This observation assessment includes input by teachers, youth leaders, parents and others who work closely with the student. This comprehensive approach helps the career assessment specialist identify specific areas

▼ *Career Assessment  
continued on p. 13*

# OSSB Assessment Services



The Ohio State School for the Blind (OSSB) offers outreach assessment services as part of its extensive Outreach Program & Services.

A team of evaluators with specific expertise in the field of visual impairment will travel to local school districts to provide assistance free of charge. The team consists of teachers of the visually impaired with dual certification in orientation and mobility, and/or a school psychologist.

Services offered may include the

following:

- Functional vision assessments;
- Pre-school evaluations and consultations;
- Consultations on classroom adaptations;
- Instructional strategies and best practices;
- Consultations on appropriate assessment;
- Tools and methods; and
- Consultations on the selection and use of technology to access classroom information.

The overall mission of the OSSB Outreach Program & Services is to provide technical assistance, professional development, materials and resources to families and local school districts serving children who are blind and visually impaired including those with multiple disabilities.

For more information, contact Cynthia M. Johnson, MA, NCSP, Administrator Educational Clinic/Outreach Program at the Ohio State School for the Blind (614)-752-1374 or [cjohnson@ossb.oh.gov](mailto:cjohnson@ossb.oh.gov).

*Information provided courtesy of the Ohio State School for the Blind. ©2007*



## ▼ *Assessing Autism continued from p.3*

disorder, Asperger's disorder, pervasive developmental disorders - not otherwise specified or other ASDs may qualify under the eligibility category of "autism." A disability must have an adverse effect on a student's education for the student to be considered eligible for special education services. Therefore, a previous diagnosis in the private sector does not necessarily result in eligibility in the public schools. Unfortunately, school teams sometimes fail to consider educational factors beyond academics. As a result, academically capable students with ASDs who display deficits in socialization that impact educational progress often are not served.

## WHAT SHOULD BE INCLUDED IN THE ASSESSMENT?

Autism spectrum disorders are classified as pervasive developmental disorders. This means that multiple areas of functioning are impacted. Due to the complex nature of ASDs, a comprehensive assessment that addresses a range of areas must be conducted by professionals with expertise across a number of fields. This is best accomplished through an interdisciplinary approach.

An interdisciplinary approach to assessment results in the strongest diagnostic and programming decisions. The word "interdisciplinary" is not interchangeable with the word "multidisciplinary." While both approaches involve professionals

from various fields, only in interdisciplinary assessment do professionals work in a truly collaborative manner to integrate information for diagnostic and programming decisions. In contrast, in a multidisciplinary approach, results are compiled, rather than integrated, and decisions are made with little collaboration.

Participants in interdisciplinary assessment teams should have expertise in their field as well as in ASDs. Assessment teams typically include a speech pathologist and a psychologist.

Based on the needs of the individual, additional team members may include a specialist in cognitive assessment, an occupational therapist, a physical therapist

## ▼ *Assessing Autism continued on p.14*



Over 150 presenters from around the country and across the globe



Keynote speaker Cathy Pratt



Kim Peek and OCALI Staff



Dr. Susan Tave Zelman



Conference attendees from 46 states and 13 countries

## 2007 NATTAP Conference

The first annual Network of Autism Training and Technical Assistance Programs (NATTAP) Conference took place **September 26-28, 2007**, at the Greater Columbus Convention Center. Over **1,400 participants from 46 states and 13 countries** gathered together for 3 days of learning and networking opportunities. Participants were comprised of various disciplines and backgrounds, including classroom educators, service providers, parents and administrators at the school, district and state levels.

"This first international conference was significant on so many levels. Attendees were able to experience world-class sessions from some of the top names in the field of ASD while also engaging in networking opportunities with others who have similar interests and challenges," said OCALI executive director Shawn Henry.

Over 150 key leaders and scholars from across the globe spoke on topics and issues ranging from classroom and instruc-

tional strategies to statewide systems and initiatives to transition to adulthood. The keynote speakers were: Peter Gerhardt, president of the Organization for Autism Research; Kathleen Quill, Director of the Autism Institute; and Cathy Pratt, Director of the Indiana Resource Center for Autism at the Indiana Institute on Disability and Community located at Indiana University.

"The (2007) NATTAP Conference supplied diversified topics and the latest materials and educational tools targeting children on the spectrum of autism. I found this conference very beneficial for the professional services I provide," said Tracey Hollingsworth of Nationwide Children's Hospital.

Plans are already underway for the 2008 NATTAP Conference. The Call for Papers will be released in January 2008. Registration will open in March 2008.

"We're very fortunate to have hosted such a significant conference right here in Ohio, and we look forward to continued

success at the 2008 NATTAP Conference. The benefits from these events will continue to reverberate for some time," said Henry.

—SIMON BUEHRER

**"I have attended numerous professional and academic conferences in my own field. I was impressed with the high level of organization as well as the depth and breadth of information offered at last week's conference. As a parent, I benefited from the sessions and exhibits. I hope to see OCALI and ODE continue to offer programming for parents and education professionals on behalf of autistic children."**

--Parent and 2007 NATTAP Conference Attendee



## 2008 NATTAP Conference

*Save the Date*

**November 19-21, 2008**

**Greater Columbus Convention Center | Columbus, OH**

- ▶ **Call for Papers opens January 2008**
- ▶ **Call for Exhibitors opens January 2008**
- ▶ **Registration opens March 2008**

▶ **<http://www.ocali.org/nattap2008>**



# Parent's Corner

## Understanding the Assessment Process Under IDEA 2004

Parents should understand that the purpose of the assessment process is to determine whether a child with a disability would qualify for special education services under Individuals with Disabilities Education Act (IDEA) 2004.

### IS IT IMPORTANT TO LEARN ABOUT THE SPECIFIC ASSESSMENTS USED?

Yes, a variety of assessment tools and strategies are used, including information provided by the parent, to gather information on the child's functional, developmental and academic levels. It is important to know which assessments are used to make certain all areas needing assessment are addressed. The National Center for Learning Disabilities published a Parent Advocacy Brief for Understanding Assessment Options for IDEA-eligible Students (<http://www.nclld.org/content/view/972/456224/>).

### WHAT IS THE OUTLINE FOR THE ASSESSMENT PROCESS?

- Public agencies (schools) are obligated under IDEA to conduct a full and initial evaluation before providing special education or related services to a child with a suspected or diagnosed disability. The disability must have an adverse affect on the child's educational performance.
- Either the parent or the public agency may request an initial evaluation to determine if a child meets the criteria of a child with a disability under IDEA.
- Parents must give written consent for the evaluation to take place. A meeting is held to determine which assessment tools will be used to evaluate the child.

Once consent is received, the evaluation should be completed within 60 days.

- When the assessments are complete, a team of qualified individuals, including the parents, will meet to review what is called the Evaluation Team Report (ETR).
- The ETR contains the first request for evaluation, the parents' written consent, assessments that were given and the results of the assessments. Additional information provided from the parents is also included in the ETR.
- A copy of this document is provided to the parent at the ETR meeting at no cost. It is a good idea to request a draft copy of the ETR for review prior to the ETR meeting.
- Once the report is reviewed, the team will determine whether the child qualifies as a child with a disability under one of the thirteen IDEA 2004 categories.
- If the team agrees the child qualifies and is in need of special education services, the document is then signed by all in attendance. An Individualized Education Program (IEP) must be developed and implemented within 30 days of determination that the child is a child with a disability under IDEA.

### WHAT DATA DO THE ASSESSMENTS PRODUCE?

The data collected from the ETR should accurately reflect the child's aptitude or achievement levels and specific area(s) of educational need. In addition, the data should be comprehensive enough to identify all of the child's special education and related service needs, whether or not they are commonly linked to the disability

category in which the child has been classified. The assessment material should also provide relevant information that directly assists persons in determining the educational needs of the child.

### HOW ARE THE DATA/RESULTS USED?

#### The 13 disability categories under IDEA 2004:

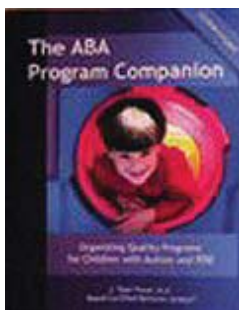
- autism
- deaf-blindness
- emotional disturbance
- hearing impairment (including deafness)
- mental retardation
- multiple disabilities
- orthopedic impairment
- other health impairment
- specific learning disability
- speech or language impairment
- traumatic brain injury
- visual impairment (including blindness)

The information gathered from the ETR is used to develop an Individualized Education Program (IEP) for the child. This program will be used to teach skills and offer services and supports that will enable the child to receive a Free and Appropriate Public Education (FAPE).

### HOW DO PARENTS LEARN ABOUT THE DIFFERENT ASSESSMENTS?

Parents may ask the school psycholo-

▼ *Parent's Corner*  
continued on p. 11



Fovel, J.T. (2002).

***The ABA Program Companion:  
Organizing Quality Programs for  
Children with Autism and PDD***  
New York, NY:  
DRL Books

This is a very good resource for anyone developing an educational program using Applied Behavior Analysis theories and concepts.

It can be used by teachers, parents and program coordinators at any stages of organizing and implementing their ABA programs. Through clear language, illustrations, tables and real-life examples, the topics covered include basic ABA concepts; teaching formats; the principles, merits and clinical applications of discrete trials; incidental teaching; teaching language and social skills; inclusion; curriculum planning and evaluation, among many others.

The CD-ROM has software which includes curriculum goals for individual students with over 500 goals in 54 areas. From this CD, you can easily make forms on goals, program lists while tracking skills.

–PATTIE STECHSCHULTE



Lieberman, L.A. (2005). A  
***“Stranger” Among Us: Hiring  
In-Home Support for a Child with  
Autism Spectrum Disorders or  
Other Neurological Differences***  
Shawnee Mission, KS:  
Autism Asperger  
Publishing Company.

When you have a child with autism, there is a good chance you are going to have workers, or as this book calls them “strangers,” coming into your home to work with your child. These *strangers* will come over after school and on weekends. They will see your house messy and they will see you making dinner. Before too long, these strangers will become a part of your family.

That is why it is important to understand the importance of the selection and interviewing process. Most of us have never worked in human resources or hired our own employees, so we need a little help.

*A “Stranger” Among Us* is a great resource for families because it shows how to find the right person from the beginning—from determining what your child and family needs to advertising the job to going through the hiring process.

It also gives advice on keeping the workers in the loop of what is going on and includes professional suggestions on letting a worker go when things are not working out.

–PATTIE STECHSCHULTE

gist to clarify the skills each assessment measures.

### **WHICH ASSESSMENTS MIGHT BE BETTER FOR DIFFERENT FUNCTIONING KIDS?**

Each assessment tool has its own set of guidelines and instructions as to what they measure and the timelines and settings within which they are to be administered. They also address the age ranges and whether they are to be administered to verbal/non-verbal children. It is important to remember that assessments should be:

- administered so as not to be discriminatory;
- in the native language of the child;
- tailored to assess the specific areas of educational need (*i.e. not just a single intelligence test*);
- administered in accordance with the instruction provided by the producer of the assessment; and
- administered by trained and knowledgeable personnel.

Parents may request all the above information from their school psychologist to aid them in understanding the evaluation process and results more fully.

No one should underestimate the value or ability of a child. All children have the right to learn and to be successful. The rights afforded children under IDEA 2004 are provided to put in place the proper supports and services that will teach them the skills necessary for an independent and a productive life.

–COLLEEN MILLER

*Statewide Training Coordinator  
Ohio Coalition for the Education of  
Children with Disabilities*

# AT and the IEP

The Individuals with Disabilities Education Act (IDEA) requires public schools to make available to eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to the students' individual needs.

The law requires that public schools develop appropriate Individualized Education Programs (IEP) for each student with a disability. The IEP is a written plan for educating a child with a disability. The IEP describes the student's specific needs as well as any related services, including assistive technology (AT). An IEP team must consider whether a student needs AT devices and services. This involves determining if AT is needed to improve, increase, or maintain the child's functional capabilities.

Assistive technology can help a child in all disability areas:

- Become more efficient learners – AT may enhance a student's capabilities (e.g., a student who has difficulty with written expression may produce higher quality essays with a word processor and text-to-speech).
- Participate in lessons – AT can help students learn better (e.g., digital books help children who have difficulty reading text to obtain information).
- Address sensory and physical challenges – AT can enable a student to communicate or aide in mobility.

## WHERE TO BEGIN

In order to determine if a student is eligible for special education services, an evaluation must be conducted. The school system is required to provide the evaluation at no cost. A student's IEP must be developed by a team of knowledgeable persons and must be reviewed at least once

a year. It is important that assistive technology devices and services be included in the written IEP. School districts are responsible for providing assistive technology devices and services if it is determined by the team that the student needs AT to benefit from his/her educational program.

## DETERMINING THE NEED FOR AT

The IEP team determines the AT needs of a student through an assessment process. It is important to consider the students' strengths and weaknesses, his/her likes and dislikes, and what strategies are helpful when interacting with the child. A student's assistive technology needs may change depending on environments



(at school, home or public setting) and should be considered in the process. The following questions should be taken into consideration when determining what assistive technology will best meet the students' needs:

- What does your child need to do but is unable to do because of their disability?
- What are the environments in which the student will be engaged?
- What are your child's biggest educational challenges?
- What assistive technology tools are available to help your child overcome

these challenges?

- What criteria will be used to later determine if the AT has been successful in helping your child in his/her educational program?

Assistive technology can be a very important part of a student's daily life. AT can help a child participate fully in their educational environment, engage with peers and increase functionality in daily living. We know that many students love computers and that, in many cases, technology motivates them to learn. We know that computers and adaptive technology allow students to perform the same or similar work as their peers but at their own pace and in a setting where the information is presented in a manner best suited to their individual learning styles and needs.

—JEFF MCCORMICK



**OCALI's Lending Library provides hundreds of books, videotapes, DVDs, assistive technology and other media on ASD and low incidence disabilities.**

**Order items and borrow for up to three weeks.**

**Sign up for your FREE account at**

► [www.ocaliresources.org](http://www.ocaliresources.org)

## Ask OCALI

*With the holiday break coming up soon, what do I do with my child for two weeks?*

Almost every school child looks forwards to the holiday break, but for children on the spectrum, the loss of the structure of a daily school schedule can lead to meltdowns and just plain boredom. By planning ahead, parents can help keep their child busy while possibly working on some IEP goals along the way. Here are some suggestions:

- Set up a small work area to use every day so your child can look forward to a structured activity.
- Schedule a time to talk with your child's teacher about sending home some projects or actual class work based on his/her current IEP goals. This could also be a good way for you to find out how your child is doing.
- Create a social story about some of the activities that your family is planning, foods that you will be making, holiday traditions and/or people

### ▼ *Career Assessment continued from p. 6*

of need, learning and working styles, referral options, assistive technology needs, and support needs to be addressed in choosing the best placement for the student.

All testing is designed for each student on a one-to-one basis. It must include questions about the student's desires, interests and experiences. Each student is recognized for their distinctive testing style, such as reading levels, so that vocational tests are best matched for each student. Tests can be further explained using American Sign Language or the best communication style to fit the student's needs to ensure understanding.

The goal of career assessment for any

you will be seeing. This will help your child prepare for the inevitable disruption in a familiar schedule.

- Use task bins to organize your child's work and projects.
- Make a visual schedule using PEC symbols or photos to use with your child so they can understand what is



happening each day. Also consider using a reward at the end of the day.

- Create some file folder activities using holiday or winter themes to work on numbers, colors, letters or words which are available online.
- Assemble a small photo album with

- all the families and guests with their names that are expected for the holidays or that you plan to visit to help your child prepare.
- Plan family excursions or mini-field trips like visiting neighborhoods with big Christmas light displays or the local zoo.

*Submit your question about autism or low incidence disabilities to OCALI. (email: [ocali@ocali.org](mailto:ocali@ocali.org) or mail to 5220 N. High St., Columbus, OH 43214).*

**The Staff of OCALI extend much gratitude and appreciation to Sue Fraley for her many years of dedication and service. Sue is retiring from OCALI effective December 31, 2007.**

**Thank you, Sue.  
Best of luck in your ongoing endeavors.**

**We will miss you.**

career assessment is success for each student in his/her vocational choices.

Please feel free to contact Nancy Swisher at [swisher@osd.oh.gov](mailto:swisher@osd.oh.gov) to explore OSD's career assessment services for students with hearing impairments.

—NANCY SWISHER  
*OSD Career Assessment Specialist*

**Please note: OCALI offices will be closed for the winter break Monday, December 24, 2007, through Wednesday, January 2, 2008. Offices will reopen on Thursday, January 3, 2008.**



▼ *Assessing Autism*  
continued from p.7

or a medical professional. Federal law mandates that autism spectrum assessments in the schools be conducted by professionals from multiple disciplines. In contrast, there is no such requirement in the private sector. In both the public schools and the private sector, assessments can range in quality (from a diagnosis jotted down on a prescription pad to a thorough interdisciplinary team assessment report). Parents and educators should ask questions about the approach being used. Another area to consider is the scope of the ASD assessment. A comprehensive autism spectrum evaluation should include a developmental history, observations, direct interaction, a parent interview and an evaluation of functioning in the following areas: social, communication, sensory, emotional, cognitive and adaptive behavior. At times, additional assessments are indicated. For example, significant motor difficulties or suspicion of seizures require further evaluation. By gathering information across multiple areas, a complete diagnostic picture can be obtained. A thorough assessment helps parents and educators to make more comprehensive treatment decisions. The results of the ASD evaluation should be summarized in a written report and include specific and meaningful recommendations. The evaluation should be followed by a face-to-face feedback session with the opportunity for questions.

### SUMMARY

There are real benefits of early identification and treatment based on accurate and comprehensive assessment. In contrast, incomplete assessment results in a limited under-

standing of strengths and needs and, in turn, decreases the quality of care. Because of the importance of early identification, parents and educators should learn the signs of ASDs and refer for screening and assessment if symptoms are observed. Parents and educators may further advocate for children by seeking a comprehensive, interdisciplinary assessment completed by evaluators who are knowledgeable and experienced in assessing ASDs.

—RUTH ASPY, PH.D AND  
BARRY G. GROSSMAN, PH.D  
*The Ziggurat Group*

First published in *Autism Advocate*,  
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America. Used With Permission.

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# Ohio's Parent Guide to Autism Spectrum Disorders



Ohio Center for Autism and Low Incidence  
5220 N. High Street  
Columbus, Ohio 43214

*Ohio's Parent Guide to Autism Spectrum Disorders* provides an overview of the world of autism spectrum disorders (ASD). It was developed by Ohio parents of individuals with ASD who have a broad range of experience with interventions, resources and services. The group's work began with the question: *What do you wish you had known the first year your child was diagnosed?*

To date, *Ohio's Parent Guide to Autism Spectrum Disorders* has been downloaded over 7,000 times.

The manual covers a wide range of topics of interest to families, and each chapter contains rich reference materials, including books, websites,

and names of organizations where additional information on each topic may be obtained.

Chapters include:

- What is Autism Spectrum Disorders?
- Living with ASD
- Accessing Educational Services
- Future Planning Issues

Useful forms can be found in the appendix, including:

- Emergency Contact Form
- Developmental History Form
- Home-School Communication Form

The Parent Guide can be downloaded by chapter or in its entirety for free from OCALI's website:

► [www.ocali.org](http://www.ocali.org)



# OCALI and *The Sphere* wish you a safe and joyous new year.



# Calendar of Events

**EVENT: Comprehensive Program Planning System for Individuals with Autism Spectrum Disorders and Low Incidence Disabilities**

**DATE(S): June 9-11, 2008**

**TIMES: Various; contact for information**

**LOCATION: Louisville, OH**

**CONTACT: Jennifer Hood  
(330) 456-2106**

**lway\_jjh@access-k12.org**

**EVENT: Comprehensive Program Planning System for Individuals with Autism Spectrum Disorders and Low Incidence Disabilities**

**DATE(S): February 27-29, 2008**

**TIMES: Various; contact for information**

**LOCATION: Columbus, OH**

**CONTACT: DeAnna Horstmeier  
(614) 262-4545**

**deanna\_horstmeier@coserrc.org**

**EVENT: Comprehensive Program Planning System for Individuals with Autism Spectrum Disorders and Low Incidence Disabilities**

**DATE(S): March 12-14, 2008**

**TIMES: Various; contact for information**

**LOCATION: New Philadelphia, OH**

**CONTACT: Linda Pratt  
(330) 343-3355**

**lindap@ecoserrc.k12.oh.us**

**EVENT: Comprehensive Program Planning System for Individuals with Autism Spectrum Disorders and Low Incidence Disabilities**

**DATE(S): February 6-8, 2008**

**TIMES: Various; contact for information**

**LOCATION: Vermilion, OH**

**CONTACT: Moira Erwine  
(440) 967-8355**

**erwine@esclc.org**

**EVENT: Ten Things Everyone Needs to Know About Assistive Technology in 2008**

**DATE(S): March 7, 2008**

**TIMES: 9:30 am - 3:15 pm**

**LOCATION: Columbus, OH**

**CONTACT: Vicki Knisely  
(614) 410-0739**

**vicki\_knisely@ocali.org**

*Add your meeting, seminar or conference to the OCALI Event Calendar at*

► [www.ocali.org](http://www.ocali.org)



**OCALI's The Sphere**

5220 N. High St. | Columbus, OH 43214