The following is nonregulatory guidance designed to work in conjunction with the procedural safeguard protections for students with disabilities under the Individuals with Disabilities Education Act (IDEA). It is intended to be informal guidance representing the interpretation of the applicable statutory or regulatory requirements in the context of the specific facts presented and is not legally binding.

Revision to guidance documents occurs based on feedback the Office of Special Education and Early Learning (OSEEL) receives from the Directors of Special Education (DoSE), state shareholder groups, the KDE's interpretation of law, court cases and guidance from the Office of Special Education Programs (OSEP). The OSEEL also revises guidance documents based on on-site monitoring visits, desk audits and formal written complaints.

Kentucky Department of EDUCATION | OSEEL Office of Special Education & Early Learning

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Introduction

The Kentucky Department of Education (KDE) convened the Autism Workgroup in 2017 to develop guidance for educators regarding identification, interventions and the provision of special education services for students with autism between the ages of 3 and 21 in Kentucky's public schools. This guidance document has been revised to include updated research and resources specific to the identification, interventions and the provision of special education services for students with autism.

The number of children identified with autism has increased significantly over recent years. Nationally, the percent of students with disabilities identified with autism increased from 4.97% in school year (SY) 2008-09 to 10.51% in SY 2018-19 according to the Office of Special Education Programs (OSEP) Fast Facts: Children Identified with Autism. The increasing prevalence of students diagnosed with autism in public schools created a need for a document to assist Admissions and Release Committees (ARCs) with appropriately identifying students with autism for special education services and school staff with successfully implementing the programs and services they need.

For the purposes of this document, the term Autism Spectrum Disorder (ASD) will be used synonymously with autism as defined in the Individuals with Disabilities Education Act (IDEA) 2004. The use of person-first language will be used throughout the document to be consistent with state and federal regulations.

What Is Autism?

Both, the IDEA and the Kentucky Administrative Regulations (KARs) on Special Education Programs (2008) define autism as a "developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3) 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. The term shall not apply if a child's educational performance is adversely affected primarily because the child has an emotional-behavior disability" [707 KAR 1:002, Section 1 (5)].

Autism manifests in early childhood and continues throughout a person's life, although characteristics may change over time. Characteristics of autism become evident within the first three years of life. Most families report concerns about a child's lack of language development between 16 and 24 months of age.

Approximately 30% of toddlers with autism go through a brief period during the second year of life where they no longer use words they once had or do not seem to be gaining new words and

communicative skills (Ozonoff et al., 2009). The Centers for Disease Control (CDC) provides a list of "Signs and Symptoms of ASD" that describe characteristics often demonstrated by young children with autism.

The initial presentation for each child with autism differs depending on the following:

- Chronological age;
- Developmental level;
- Pattern and severity of associated behaviors;
- Overall intellectual potential, strengths and concerns;
- Learning profile including attention skills;
- Receptive and expressive language skills;
- Physical health and well-being (including comorbid conditions of seizures, allergies, autoimmune; concerns, sleeping issues, eating issues, toileting concerns); and
- Behavioral demands for the particular setting and task.

The Special Education Process

The special education process for the identification and provisions of services for students with a disability include the steps listed below:

1. Research-Based Interventions (prior to or during referral)
2. Referral
3. Evaluation
4. Eligibility
5. Individual Education Program
6. Service Delivery
7. Annual Review/Reevaluation

This guidance document provides information specific to each step in the special education process for the initial identification and provision of services specific to students with autism.

Research-Based Interventions

Both IDEA and KARs ensure intervention services are provided prior to or as part of the initial special education referral process. A student cannot be determined eligible for special education services, as a student with autism, if the concerns are primarily due to the lack of appropriate instruction or limited English proficiency.

Students suspected of having autism often require interventions in the core areas of social and communicative functioning. They may also need interventions in behavior and academic areas. Educational teams need to prioritize skills for intervention and identify potentially effective

evidence-based practices. Changes in behavior may require using a strategy for an extended period with frequent analysis of progress data. The selection of an appropriate intervention can be challenging. It is important to note that there are no quick fixes. Nevertheless, staff must ensure that selected interventions are evidence-based and appropriate for each student.

Throughout the Kentucky Multi-Tiered System of Supports (KyMTSS) process, teachers should fully implement interventions and collect data regarding the effectiveness of these interventions, especially in the areas of communication and social interaction for students suspected of having autism. Depending on a student's unique needs, instructional teams may need to consider implementing additional strategies in the areas of academics, behavior and sensory difficulties.

The literature on autism indicates specific evidence-based practices (EBPs) that may be appropriate for implementation during the Response to Intervention (RtI) process. In addition to EBPs being included as part of the RtI process, they may also become part of the student's Individual Education Program (IEP) if the student is identified as having autism. The EBPs, however, may look different under each of these two processes based on the level of intensity of implementation and expertise required to implement the intervention. In the RtI process, the EBPs will be implemented within the general education setting and may provide a lower level of support. EBPs implemented as specially designed instruction (SDI) and provided through an IEP may involve a more intense level of support for the student. For further explanation and description of EBPs, refer to the IEP section of this guidance document. The OSEP-funded New IRIS Modules: Autism Spectrum Disorder includes an overview and EBP's that have been shown to be effective in teaching students with autism.

It is essential for teachers to understand that autism "is characterized by persistent deficits in social communication, social reciprocity, non-verbal communicated behaviors used for social interaction, and skills in developing, maintaining and understanding relationships." [Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – Text Revision (DSM-5-TR)]. The intervention teams should consider intellectual and adaptive functioning deficits including conceptual, social, and practical domains. This may include persistent deficits in the areas of:

- Communicative behaviors;
- Social interaction (verbal and non-verbal);
- Intellectual impairment;
- Social, occupational or other important areas of current adaptive functioning;
- Developing, maintaining and understanding relationships including difficulties adjusting behavior to suit various social context: absence of interest in peers; and
- Restricted, repetitive patterns of behavior, interest or activities; or other sensory difficulties.

Appendix A includes impacted skill areas along with strategies and possible interventions that may address the deficits listed above [Adapted from Aspy, R., & Grossman, B. (2007), Autism Speaks (2008) and Wong et al. (2014)]. It is not the intent of this list in the appendix to recommend which interventions teams should or should not select. The unique needs of the student should determine the interventions that are selected.

RtI during the Special Education Referral Process

In most cases, RtI is completed prior to a special education referral to ensure the student has been provided with appropriate learning experiences to meet their unique needs. In some cases, it is appropriate to complete RtI during the evaluation process. Districts must not deny referrals or delay initial evaluation procedures for students suspected of having a disability such as autism because of RtI implementation (OSEP Memo 11-07 Response to Intervention (RTI) January 21, 2011).

Parent permission is not required for a student to participate in the RtI process since it is available to all students. However, school staff are required to regularly inform parents regarding their child's progress on interventions provided by the school.

Referral System

Anyone who suspects a student has special educational needs arising from a disability can make a referral for an evaluation. Referrals may be made by parents or guardians, school personnel or outside agencies. A biological or adoptive parent, legal guardian or another individual legally serving in the capacity of a parent as defined under 707 KAR 1:002, Section 1 (43) or an outside agency may refer a student they believe has autism.

In some cases, a parent may present a report from an outside agency or a medical statement from the student's physician to school personnel indicating a diagnosis of autism. In those circumstances, school personnel may consider clarifying with the parent if they desire to refer their child for an evaluation to determine eligibility for special education services. OSEP Policy Letter 22-05 clarifies that the IDEA does not provide specific requirements for requesting an evaluation of a student. OSEP stated, "school personnel might provide the parent with a procedural safeguards notice, further explain the parent's right to and procedures for initiating an evaluation and offer to provide any help the parent needs to submit the request." School personnel may also provide the link to the Parent and Family Resources page to provide more information and clarification on the special education process.

If the student currently receives special education services under another eligibility category and the parent presents an outside evaluation report, the district should follow its procedures for re-evaluation to determine the need for additional action.

Assessment for Autism Eligibility Determination for Special Education Services

Distinguishing between the identification of autism and the other disability categories under the IDEA often poses a challenge for ARCs. For example, language delays are common in young children and limited language skills can affect a child's socialization skills with peers. To compound this challenge, many children with autism may also have other types of disabilities or diagnoses. Professionals involved in the evaluation for autism should have a "thorough understanding of typical development in a variety of domains" (Kroncke, Willard & Huckabee, 2016, p. 53). Kroncke et al., (2016) notes that understanding what autism is not, is as important as understanding what it is.

"Autism Spectrum Disorder (ASD) is associated with a broad range of intellectual and language skills, with symptoms that differ across individuals and within individuals across time" (Lord, Corsello & Grzadzinski, 2014, p. 610). Therefore, the ARC must plan an individual evaluation that requires the involvement of a variety of educational professionals.

The Office of Special Education and Rehabilitative Services (OSERS) issued a "Dear Colleague" letter in July of 2015 addressing concerns about increasing reports that speech/language pathologists are often not included in evaluations and eligibility determinations for students with autism. This letter supports the need to ensure knowledgeable professionals are included in the evaluation of students suspected of having autism.

When planning a comprehensive evaluation, the student "…shall be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities." [707 KAR 1:300, Section 4 (10)] Other associated areas specific to assessing a student with autism that an ARC may need to address include:

- Social developmental history;
- Sensory concerns;
- Visual-spatial awareness;
- Attention concerns;
- Executive functioning memory;
- Emotional/behavioral skills; and
- Adaptive behavior.

According to the KARs, "the evaluation shall be sufficiently comprehensive to identify all the child's special education and related service needs, whether commonly linked to the disability category in which the child has been classified" [707 KAR 1:300, Section 4 (11)]. When the ARC designs the initial evaluation for a student suspected of having the disability of autism, the

evaluation may have the same components as an evaluation for a student suspected of another disability. For each area of concern, there may be a variety of methods and measures useful to obtain the necessary information such as:

- Formal and informal interviews with caregivers and teachers;
- Standardized norm-referenced assessment instruments;
- Criterion-referenced assessment instruments;
- Direct observations of the student;
- Group academic assessments;
- Progress monitoring data; and/or
- Anecdotal teacher notes and records.

In recent years, the number of assessment instruments specifically designed to assess students in the area of autism has expanded. It is beyond the scope of this guidance document to provide a list of specific current assessment tools as instruments are often updated and obsolete within a few years. It is up to individual professionals to keep current on all assessment tools related to their field and the assessment of students with possible autism.

Considerations When Evaluating Students for Autism

Direct Observations

According to 707 KAR 1:300, Section 4 (14), as part of any evaluation, "…the ARC and other qualified professionals, if necessary, shall review existing evaluation data on the child including: …(b) current classroom-based, local or state assessments and classroom-based observations; and (c) observations by teachers and related service providers."

Direct observations in the evaluation process are important in determining eligibility under autism as test scores alone may be inconclusive. An observation assists the ARC in making eligibility determinations by verifying an adverse effect of the disability on the student's educational performance, providing valuable qualitative data about the characteristics of autism displayed by the student and identifying environmental factors that impact learning.

Qualitative data through direct observations from multiple people in a variety of settings are essential. The table below includes information that may be ascertained when completing an observation (Kroncke et al., 2016):

Observation Area	Observable Behaviors
Appearance	dress, physical stature, facial features, hygiene, clothing preferences
Behavioral Presentation	patterns of behavior, different behaviors on different days, how the student manages frustrations, changes and introduction of new tasks

Observation Area	Observable Behaviors
Language	length of utterances, prosody and tone of voice, inflection and expression for situation
Eye Contact and Gestures in Communication	quality of eye contact, use of eye contact and gestures with language use, articulation difficulties, nonverbal communication modes
Play and Interests	age-appropriate and flexible or narrow and repetitive
Social Interaction	lack of empathy and perspective-taking, difficulties with imaginative and symbolic play
Social Reciprocity	ability to respond appropriately to comments or play initiations from others
Attention	note differences across settings and attending to some tasks but not others
Motor Skills	fine and gross motor abilities, muscle tone and posture and stamina to complete tasks
Mood and Affect	level of fluctuation, restricted or incongruent affect

Behavioral observations are required when completing an evaluation for every category of suspected disability (KDE Policy Letter, 2010, "Establishing Student Eligibility for IDEA Services"). When autism is the suspected disability category, more observations may be necessary to obtain adequate qualitative information in a variety of settings and across time for enough information to be available for the ARC to determine eligibility.

Evaluation Planning Components

For an evaluation (initial or reevaluation), an ARC must determine each component to be addressed within the multidisciplinary assessment. The ARC will document the evaluation planning components, data sources and any additional information needed for the evaluation. The tables below include evaluation components the ARC should consider.

Developmental history is used to document the presence of the core characteristics of autism (generally evident prior to age 3) and other historical information about the student. Knowledge of developmental history, including health, vision, hearing and motor abilities, is crucial to eligibility as autism characteristics change over time.

Evaluation Component	Information Gathering Methods	Additional Information to Consider
Health, Vision, Hearing and Motor	• Vision screening • Hearing screening • Parent interview • Parent questionnaire • Medical records • Norm-referenced tests • Criterion-referenced behavior checklists and questionnaires • Direct observations of classroom performance • Direct observations in activities of daily living	• Completion of a comprehensive developmental history, including developmental milestones (e.g., Social Developmental History Form) • Obtaining a health history, including eating and sleeping patterns • Consideration of a comprehensive, structured parent interview • Review of any medical evaluations or medical conditions that may provide relevant information

Motor skills can contribute to the overall functioning of a student with autism. Children with autism may have difficulties with organizing patterns of movement or motor planning. This can impact other areas of functioning, such as academics and social interactions (Kroncke et al., 2016). The ARC should review all areas of motor needs including fine motor, gross motor and any repetitive, restrictive movements or stereotyped behaviors.

Fine motor skills refer to how the student uses hands when completing tasks (e.g., gripping pencil or utensils, turning the pages of a book, handwriting skills, speed in writing, manipulating small objects and other self-care tasks). Students with autism may have fine motor difficulties with tasks such as handwriting or scissor use.

Gross motor skills refer to how the student uses arms, feet, legs and core when completing tasks (e.g., walking, running, balancing, jumping). Students with autism may appear uncoordinated, have an awkward gait or poor posture.

Repetitive, restrictive movements or stereotyped behaviors refers to the presence of repetitive movements that may involve different body areas (e.g., finger flicking, arm flapping, body rocking, toe walking, lining up objects, pacing, repeating the same phrase).

In addition, ARCs should discuss specific sensory process differences. Children with autism frequently have sensory processing differences and may be over-responsive to some sensations and under-responsive to others (Kroncke et al., 2016, p. 186).

Below are the seven named senses and specific behaviors the ARC may need to observe and discuss:

- Vision (sight): e.g., visually inspect objects uniquely instead of play with items;
- Audition (hearing): e.g., sensitive to specific noises;
- Gustation (taste): e.g., extreme food preferences for taste; eat or lick nonfood items;
- Olfaction (smell): e.g., avoidance of specific smells;
- Tactile (touch): e.g., prefer or avoid certain clothing; wears the same types of clothing across days;
- Vestibular (balance and motion through space): e.g., clumsy when walking; and
- Proprioception (muscle force and joint position): e.g., walk on toes, muscle tone.

Academic measures are necessary for educational decision-making and planning. They provide a profile of strengths and needs that may include reading fluency, reading comprehension, math and written language.

Evaluation Component	Information Gathering Methods	Additional Information to Consider
Academic Performance	• Standardized norm-referenced tests • State standardized testing • District testing • Curriculum-based measurements • Classroom work samples	Review of autism-associated characteristics including, but not limited to: • Scattered academic profile (splintered skills) • Slow response • Processing style in connection to learning • Poor performance on timed measures (e.g., fluency) • Decoding skills (Hyperlexia is a strong indicator)

Communication deficits are one of the central features of autism. However, delays in communication alone are not enough to determine eligibility for special education services under the IDEA category of autism.

Evaluation Component	Information Gathering Methods	Additional Information to Consider
Communication	• Standardized norm-referenced tests • Norm-referenced parent or teacher behavior rating scales • Language sample: · Initiation of conversation · Responsiveness to speech · Mean utterance length · Word use · Echolalia · Pronoun use · Pragmatics • Teacher anecdotal notes • Direct observations of classroom performance • Ongoing progress monitoring data	• For young nonverbal children, one may need to: · Focus on building blocks of language (e.g., joint attention, imitation, imaginative play, spontaneous language and vocalizations) · Supplement standardized testing with play activities • For children with advanced language: · Basic forms of language may be a strength · Pragmatics of language may need to be emphasized during assessment since it may impact social interactions · Pragmatics may be difficult to measure using only traditional assessment materials · Pragmatics skills may appear adequate in structured testing situations, but not so in less formal circumstances · Assessment/observations in a naturalistic environment may be necessary

As indicated above, in addition to standardized tests, collecting a sample of spontaneous speech during an interaction with the student may be helpful. In addition to the language samples above, assessment should include the five domains of pragmatics, particularly for students who are more verbal and are at an older age level (Paul & Fahim, 2014, Assessing Pragmatic Language in Autism Spectrum Disorder: The Yale in vivo Pragmatic Protocol (sacredheart.edu)). Those five domains include:

1. **Communicative functions** (purpose of speech): e.g., directing, self-directing, reporting, predicting, empathizing, imagining and negotiating;

2. **Discourse management** (organization of language): e.g., turn-taking, initiating a topic, maintaining topics, switching topics and following the flow of topics in a conversation;
3. **Register variation** (use of different language forms to match interpersonal context): e.g., talking differently to different people due to age or social status, asking in different ways, using vocabulary appropriately to match the topic and situation, using informal, age-appropriate language with peers;
4. **Presupposition and conversational manner** (knowing what is reasonable for the listener to know or need to know): e.g., giving the right amount of information in conversation, difficulty with pronoun use; and
5. **Conversational manner** (contributions to conversations are clear, brief and orderly): e.g., rambling, disorganized, repetitive styles of speech.

General intelligence measures are associated with the severity of symptoms of autism and long-term outcomes. "In general, children with autism tend to do best on tests that require less language and social engagement and fewer shifts and transitions" (Volkmar, Booth, McPartland & Wiesner, 2014, p. 665). When deciding on general intelligence components, the ARC should consider a variety of methods and factors.

Evaluation Component	Information Gathering Methods	Additional Information to Consider
General Intelligence	• Norm-referenced tests • Direct observations during testing session • Direct observations of classroom performance	• Tests that require less language and social engagement and fewer shifts and transitions" (Volkmar, Booth, McPartland & Wiesner, 2014, p.665). • Use of untimed, nonverbal tests to assess for potential strengths in those with limited language is recommended in the Diagnostic and Statistical Manual of Mental Disorders-5th Edition (DSM-5). • Other factors: · Degree of language needed · Frequency of transitions within the test · The social demands of the test · The required speed of performance · The opportunities for teaching or demonstrating · Level of frustration likely to be induced (e.g., ceiling requirements)

Autism is a spectrum disorder, therefore, no one pattern of results on Intelligence Quotient (IQ) measures definitively determine if a student does or does not have autism. There may be a wide variation in strengths and weaknesses (above average to below average) for a student. No single intellectual pattern is indicative of an autism diagnosis. However, some patterns may be common for children with autism. One common pattern is that children with autism tend to score higher on tasks of visual reasoning (Mayes & Calhoun, 2008). In younger children, nonverbal skills are usually stronger than verbal abilities (Volkmar et al., 2014, p. 666). This difference, though, is not as prominent in school-age children (Kroncke et al., 2016, p. 142). For some older school-age students with autism there is some evidence that the verbal skills may be stronger than nonverbal (Volkmar et al., 2014, p. 666).

Approximately 10% of these students exhibit splinter skills, which are abilities that are disconnected from their usual context and/or purpose (Lord & McGee, 2001). In general, it is likely for students with autism to have more difficulty with working memory and processing speed tasks.

Children with autism frequently, but not always, have poor executive functioning (EF). Executive functioning is a set of self-directed cognitive skills used for appropriate problem-solving to attain a later goal (Kroncke et al., 2016, p. 208). Including a measure of EF in assessment may provide information for planning supports for a student with autism by identifying skills that are impacted and to what degree. Students with low intellectual abilities will also often have low EF skills as well and, for some students, it may be difficult to assess EF accurately. An EF score of more than one standard deviation below overall on IQ measures is considered a weakness and can worsen with age. A review of the developmental progression of EF can be reviewed in the Executive Definitions section of the Executive Skills Questionnaire by Dawson and Guare.

Social interaction deficits are one of the central features of autism. However, delays in social interaction alone are not enough to determine eligibility for special education services under the IDEA.

Evaluation Component	Information Gathering Methods	Additional Information to Consider
Social and Emotional Status	• Norm-referenced parent and teacher behavior rating scales	• Level of social reciprocity: Is the student able to respond appropriately to the comments or actions of others?

Evaluation Component	Information Gathering Methods	Additional Information to Consider
	• Criterion-referenced behavior checklists or questionnaires • Teacher anecdotal notes • Discipline records • Direct observations of classroom Performance • Amount of adult support needed • Ongoing progress monitoring data • Formal interviews	• Areas of social reciprocity to consider include: · Atypical eye contact (consider cultural norms) · Facial expressions directed at others · Shared enjoyment in interactions · Response to name being called · Making requests (appropriate and polite ways) · Lack of spontaneous seeking to share enjoyment and interests (e.g., a lack of showing, bringing, or pointing out objects of interest) · Initiation of joint attention · Response to joint attention · Quality of social overtures to get someone's attention (e.g., request, share toys, play a game) · Lack of empathy and perspective taking in communication · Struggle with imaginative, reciprocal and symbolic play · Awareness of personal space • Methods to measure social functioning: · Method 1: rating scales and interviews designed to measure social competence or perceptions of social performance · Method 2: direct assessment of the student's social skills or social behaviors through observations or progress monitoring · Method 3: conducting role-play scenarios and asking questions to assess social cognitive functioning (e.g., social problem-solving, joint attention or perspective-taking)

Social and emotional measurements may include the students' current level of adaptive behavior. Adaptive behavior is the ability to use the age-appropriate skills necessary to function safely and appropriately in daily living activities such as social skills, self-care and communication.

Adaptive behavior varies greatly from student to student. However, one may find the following patterns in students identified as having autism:

- Students with autism may have higher self-help and motor skills.
- Typically, students with autism may be lower in coping skills and receptive language on the Vineland Adaptive Behavior Scales (Kroncke et al., 2016, p. 399).
- With the Vineland Scales, "…individuals with ASD show the greatest deficits in the area of Socialization, moderate impairments in Communication, and relative strengths in Daily Living Skills and Motor Skills" (Klinger, O'Kelley, & Mussey, 2009, p. 236). Others have found deficits in all areas except Motor. Please note that the Vineland Adaptive Behavior Scales were updated in 2016.
- On the Adaptive Behavior Assessment System, Second Edition (ABAS-II), the student may show "…the largest skill deficits in the areas of communication, health and safety, leisure, and social" (Klinger et al., 2009, p. 237). Please note that the ABAS was updated in 2015 to the ABAS-III.
- Adaptive behavior skills in students with autism are often lower than expected based on IQ (Gillespie-Lynch et al., 2012).
- Adaptive behaviors can change over time, particularly in the daily living (self-help) area. Social skills are the area least likely to change (Gillespie-Lynch et al., 2012).
- Adaptive behavior skills are likely to improve over time, although Hill, Gray, Kamps, & Varela (2015) reported standard scores derived from the administration of standardized instruments may actually decrease into adolescence.

Eligibility

Special Education Eligibility under the category of autism is determined in a school setting by an ARC. An autism diagnosis is typically determined in a medical setting. Diagnosing and determining eligibility are two processes that have distinct differences.

The IDEA does not mandate that a student receive a medical diagnosis to meet special education eligibility criteria. A medical diagnosis of autism does not ensure a child will meet the requirements for special education eligibility under the category of autism. Districts conduct evaluations to establish eligibility for special education services and to assist with planning an IEP for a student who meets the IDEA eligibility criteria defined for the category of autism.

Often, parents seek a medical evaluation to obtain a diagnosis of autism. The ARC must consider evaluations and diagnoses completed outside the educational system. However, the ARC must ensure the completion of a full and individual evaluation before determining eligibility for special education services. In order to ensure the completion of a comprehensive evaluation, the ARC will collect additional information beyond the documentation provided from the medical provider or may decide to complete a full educational evaluation of its own (707 KAR 1:300, Section 4). Then, the ARC, including parents, shall review all applicable evaluation information to determine whether a student is eligible for special education and related services under one of the educational categories of disabilities defined in Kentucky regulation [707 KAR 1:002].

In Kentucky, to be eligible for special education services under the category of autism, each of the following criteria must be met:

- The student has a developmental disability, generally evident before age 3, significantly affecting verbal and nonverbal communication.
- The student has a developmental disability affecting social interaction;
- The student's deficits are not primarily the result of an emotional behavior disability; and
- Evaluation information confirms each of the following:
    - The student's disability has an adverse impact on educational performance;
    - Lack of instruction in reading or math was not a determinant factor in the eligibility decision; and
    - Limited English proficiency was not a determinant factor in the eligibility decision.

A clinical diagnosis of autism from the medical field is not required to be eligible for special education services under the IDEA (2004) nor does it guarantee the provision of specific services such as occupational therapy, speech/ language therapy or applied behavior analysis (ABA) therapy. A student can receive a clinical diagnosis of an Autism Spectrum Disorder based on the "Diagnostic and Statistical Manual of Mental Disorders" – 5th Edition (DSM-5) criteria but not qualify for educational services under the IDEA eligibility category of autism. The ARC must establish that the student needs special education and related services because triangulation of the evaluation data indicates the student's disability has an adverse effect on educational performance. Information or data provided by an outside agency to diagnose autism may not have the variety of measures required by educational regulations.

"Adverse effect means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers" [707 KAR 1:002, Section 1 (2)]. The term "educational performance" includes both academic and non-academic areas. In order to comply with the regulatory requirements, the ARC must consider all relevant data (qualitative and quantitative) sources and evidence when determining adverse effect to establish eligibility. Quantitative data presents statistical results

represented with numbers (e.g., test scores, grades, progress monitoring data) while qualitative data includes present facts in narrative words (e.g., teacher reports, classroom observations, parent input). Moreover, the ARC must consider any other pertinent information in an effort to connect the student's areas of difficulty and strength with their educational needs, programming and services. The ARC must determine if the evidence substantiates an adverse effect on the student's educational performance to justify the need for special education and related services.

As the ARC makes eligibility decisions, there should be a discussion of the data and information that may lead to a determination of autism. To assist the ARC in its discussion, the Autism Eligibility Determination Guiding Questions tool [Appendix B] includes a list of guiding questions that may be considered.

Below is an example, from the tool, of the guiding questions and potential data sources provided for one of the required eligibility criteria for autism:

Criterion 1a. The student has a developmental disability, generally evident before age 3, significantly affecting verbal and nonverbal communication.

Guiding Questions:

1. Is there a delay in, or total lack of, the development of expressive language?
2. Is there a marked impairment in the use of multiple nonverbal behaviors such as eye contact, facial expression, body postures or gestures to regulate social interaction?
3. Is there evidence of the student having difficulty following directions?
4. Is there evidence of unusual language (e.g., repetitive or echolalic speech, made up words or use of memorized scripts)?
5. Is there a tendency to focus on one topic?
6. Is there evidence of the student having difficulty with understanding the nonverbal cues of others?
7. Is there unusual prosody (e.g., rate, rhythm and volume of speech, modulation of speech to express emotion)?
8. Is there a marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others?
9. Is there evidence of the student having difficulty initiating, responding to or maintaining on-topic social conversations with others?
10. Is there evidence that the student has difficulty comprehending non-literal language (e.g., metaphors, idioms, puns)?
11. Is there evidence that communication breaks down due to a lack of understanding of context variables such as familiarity with a speaker or familiarity with a physical setting?

Potential Data Sources:

- Speech/Language communication evaluation information;
- Teacher and parent rating scales;
- Teacher anecdotal notes;
- Observations of classroom performance;
- Amount and degree of ongoing IEP services (at reevaluation); and
- Current ongoing progress data (at reevaluation).

The questions guide ARC discussions and should only be used as discussion points to determine if the student meets each criterion. Therefore, no set number of questions are required to make an eligibility determination. In addition, other questions and information may be appropriate for consideration as the ARC makes an eligibility determination. The ARC is not limited to the potential data sources listed in the tool, but the list provides guidance for ARCs as they triangulate a variety of data sources.

The ARC must carefully consider information obtained from all sources, including parents. The ARC should document the most relevant information and data to support the eligibility determination. As the foundation for the eligibility decision, specific documentation of information and data should demonstrate that multiple sources were used to substantiate the existence of an educational eligibility of autism and to what extent the progress of the student is impeded by their disability. [707 KAR 1:310, Section 1]

Developing the IEP

"If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed for the child." [707 KAR 1:310, Section 1 (6)] The Guidance Document for Individual Education Program (IEP) Development provides instructions and examples for the ARC members on how to develop an appropriate IEP. The ARC should consider the students present levels in the areas of health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities when developing an IEP for students with autism.

Communication Status: Since verbal and nonverbal communication deficits are part of the eligibility requirement for autism, all children with autism will have some level of communication needs that should be addressed in the IEP (e.g., expressive, receptive or social communication and pragmatics). For additional considerations, refer to the communication status information in the evaluation section of this document. There are no requirements, however, a Speech/Language Pathologist can be the service provider to address the communication needs. Speech therapy as a related service may not be required to implement the goals of the IEP. A special education teacher may be assigned to implement goals targeting communication needs if appropriate.

Academic Performance: Students with autism may or may not have academic deficits. Academic needs should be determined by review of student performance data (as defined in the Guidance Document for Individual Education Program (IEP) Development) which may include a review of progress data, standardized assessments, classroom assessments and observations. For additional considerations, refer to the academic performance status information in the evaluation section of this document.

Social and Emotional Status: Since social interaction deficits are part of the eligibility requirement for autism, all children with autism will have some level of social/emotional needs that should be addressed in the IEP. For additional considerations, refer to the social/emotional status information in the evaluation section of this document.

ARC members should refer to the guiding questions provided in the Guidance Document for Individual Education Program (IEP) Development as well as those in Appendix B of this document to assist in addressing these areas of the IEP, specifically as they relate to students with autism.

Evidence-based Practice

Providing high-quality programs for the diverse needs of students with autism is a complex endeavor. Central to this work is the careful selection of educational practices. Teachers must recognize that not all interventions are equal and select those that have been demonstrated to be effective using rigorous research methods. The IDEA (2004) mandates educators' use of research-based practices [34 CFR §300.320(a)(4)].

Prior to 2008, school staff had difficulty knowing which interventions were effective and were often asked by parents and advocates to implement the latest intervention spotlighted in the media. Fortunately, special education researchers continue to strive to identify effective evidence-based practices in the area of autism. Two groups, the National Autism Center (NAC) and the National Professional Development Center (NPDC) on ASD, have reviewed the available literature on autism and identified sets of evidenced-based practices (EBP) for use with this unique population of students. “An Educator’s Manual to Evidence-based Practice and Autism,” 2nd Edition provided through the NAC Publications sign up link provides access to the most updated EBPs identified in current reviews from the NAC. The NPDC also provides a list of EBPs on the Evidence-Based Practice webpage of the website.

Due to the growing body of intervention research in the education of students with autism, professionals may find themselves at a place where the research literature offers little guidance in specific programming areas for autism. Since students with autism are more alike than different from their peers, teachers may need to consider those evidence-based practices deemed effective for students without disabilities or students with other disabilities. For

example, teachers might consider embedding well-established prompting methods (e.g., time delay, system of least prompts) in novel areas of instruction. Below is a list of additional EBP resources for consideration.

1. Evidence-based Practices webpage of the KDE website provides tools and resources designed to make it easier for schools to identify and implement evidence-based practices with fidelity for all students.
2. The Progress Monitoring Resources listed on the KDE website were developed to support districts to collect, analyze and use data to make instructional decisions leading to improved educational outcomes for students with disabilities.
3. The Kentucky Academic Standards page of the KDE website includes general and content area specific instructional and EBP resources including the Evidence-Based Instructional Practices.
4. The Autism Focused Intervention and Resource Modules (AFIRM) provides a step-by-step process of planning for, using and monitoring an EBP for learners with autism.
5. The Research-Based Interventions section of this document includes additional EBP and intervention resources.

Programming for Students with Autism

Given that autism presents differently across individuals, programming efforts may be complex with no easy solutions. When designing complex educational programming for students with autism, it is important to address non-academic surroundings and academic settings. Critical skill areas, such as communication and social interaction, may not develop without explicit, frequent instructional opportunities throughout the day and across environments.

While all of the current EBPs may be effective in addressing the needs of a specific student, there are common interventions that have been historically emphasized in practice and literature. Over the years, professionals have typically designed interventions around several specific EBPs due to the body of evidence in effectiveness and the range of skills potentially impacted. While no specific research indicates these specific EBPs are more effective than others, the EBPs included in the Evidence Based Practices in the Treatment of Challenging Behavior Exhibited by Individuals with Autism Spectrum Disorder are considered standard practices when programming for students with autism. Individuals with autism may need several different types of interventions related to various behavioral excesses, deficits and skill development, however, this research document is limited to EBPs specifically related to interventions for challenging behavior. The EBPs identified and described in the document include:

- Antecedent Based Interventions
- Differential Reinforcement of Alternative, Incompatible or Other Behavior (DRA/I/O)
- Exercise
- Extinction

- Functional Communication Training (FCT)
- Parent-Implemented Instruction and Intervention
- Picture Exchange Communication System (PECS)
- Prompting
- Reinforcement
- Response Interruption/Redirection
- Self-Management
- Time Delay
- Visual Supports

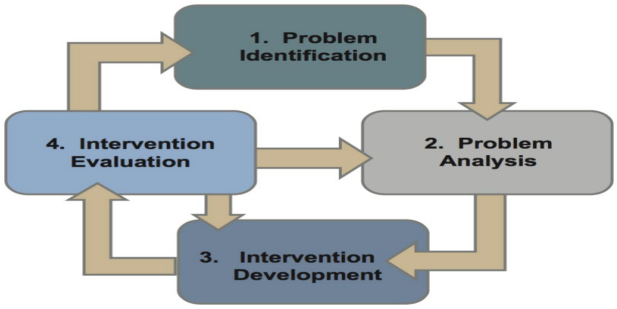
Fidelity of Implementation

When designing a program for students with autism, it is important that the program be implemented as intended and with fidelity. Identifying the appropriate intervention and SDI through a problem-solving process is important. However, implementing the intervention and SDI as designed is essential for positive outcomes for the students. "To produce behavior change, an intervention must actually be implemented as planned" (Sanetti & Kratochwill, 2008, p. 95). Fidelity is an essential consideration in order to draw valid conclusions about the extent to which an intervention leads to specific student outcomes (Sanetti & Kratochwill, 2008). If ARCs draw invalid conclusions about the effectiveness of a program, it could impact future programming efforts for the student.

With more attention to fidelity, EBP checklists with key components are being developed and used to ensure that interventions are being implemented as intended. When designing a program, it is recommended that a schedule for regular fidelity checks be a consideration in the plan. For further information, refer to the Autism Internet Modules or the Autism Focused Intervention and Resource Modules (AFIRM).

Problem-Solving Approach for Students with Autism

The School Mental Health Referral Pathways Toolkit (NITT-TA, Toolkit 2015) describes a four-step problem-solving approach developed to assist with mental health referral pathways. The Four-Step Problem-Solving Model is outlined on page 69 of the School Mental Health Referral Pathways Toolkit. The four steps within this particular problem-solving model (see graphic below) are: (1) problem identification, (2) problem analysis, (3) intervention development and (4) intervention evaluation. When followed closely, these four steps form a logical sequence that guides school personnel in effectively resolving problems for students with autism.



The KDE autism workgroup used the Four-Step Problem-Solving Model to create a checklist (Appendix C) that applies this four-step problem-solving approach for use with students with autism. The use of a problem-solving approach is a practical, efficient way to effectively resolve complex issues, such as behaviors, when programming for students with autism. Districts and schools should use a team approach as they strive to appropriately plan a program for students with autism to ensure effective planning and implementation which results in positive outcomes for students. The team should include ARC members and anyone who is knowledgeable about the student and about the general curriculum and the availability of the resources of the district.

Effective problem-solving and intervention require perseverance from the team. It is important to note that a process for problem-solving that is too simple may only yield a narrow, "band-aid" approach that will not sustain change. "Thus, a 'piecemeal' approach will, at best, provide temporary or partial improvement" (Aspy, & Grossman, 2011, p. 1).

Service Delivery

"In determining the educational placement of a child with a disability, the Local Education Agency (LEA) shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions" [707 KAR 1:350, Section 1 (5)].

Each student with autism is unique in their level of service needs. When determining the appropriate least restrictive environment (LRE) for a student with autism, the ARC must consider the level of services and supports that the student requires to make progress in the general curriculum. LRE is defined in Kentucky regulation as "…the maximum extent appropriate, children with disabilities, including children placed by the LEA in public or private institutions or other care facilities, are educated with children who are nondisabled. The LEA shall ensure that special classes, separate schooling or other removal of children with disabilities from the regular education environment occurs only if education in the regular education environment with the use of supplementary aids and services cannot be satisfactorily achieved due to the nature or severity of the disability" [707 KAR 1:350, Section 1 (1)].

Placement decisions should not be based on the student's disability, but where the student's needs may be appropriately addressed. Eligibility for autism should not automatically place the student in a self-contained classroom or an autism class or program.

The IDEA (2004) recommends that consideration of the LRE begin with placement in the general education classroom. However, the IDEA (2004) also recognizes that this setting is not appropriate for all students. ARCs are required to consider each setting by considering several factors, such as the curriculum content, socialization opportunities and SDI needs of the student.

The following considerations may assist the ARC in making an LRE determination:

- Degree and severity of the student's needs;
- Support the student requires to engage in the general education setting;
- Developmental level of the student;
- Ability of the student to generalize skills in multiple settings; and
- Intensity of the instructional level based on the student's strengths and needs with the goal of increasing independence.

When making a placement determination, the ARC must provide a written description of the options considered and the reasons why lesser restrictive options were rejected or accepted for each option. The ARC must consider the full continuum of alternative placements from the least restrictive setting to the most restrictive setting. The written descriptions should describe why that setting is the most appropriate setting to implement the IEP developed for that student. When a setting outside of the general education classroom is selected, the student's instructional needs which cannot be implemented in the general education setting should be specified. The justification statement must explain why the placement option is essential to the student's unique learning needs.

The resources below provide additional information on LRE and placement determinations being considered for a student:

- Guidance Document for Individual Education Program (IEP) Development
- Collaborative Teaching Practices for Exceptional Children Question and Answer Document
- Collecting, Analyzing and Utilizing Progress Monitoring Data for Students with Individual Education Programs (IEPs)

Annual Review/Re-Evaluation

"A LEA shall ensure that the ARC: (a) Reviews each child's IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved; and (b)

Revises the IEP..." [707 KAR 1:320, Section 2 (6)(a) and (b)]. In addition, the LEA "…shall ensure a re-evaluation…is conducted at least every three (3) years..." [707 KAR 1:300, Section 4 (18)].

A re-evaluation may sometimes show that a student's gap in learning (in both level of performance and rate of growth) has been reduced due to interventions in special education and perhaps also in general education. Reevaluation requires that members of the ARC exercise professional judgment when reviewing all of the evaluation data in light of a student's previous history as well as current progress. If the ARC determines that the student's gap in learning would re-emerge with the discontinuation of special education services, the student should continue to be identified as being eligible for special education services as a student with autism.

If the student has been diagnosed with a disability that seems to be impacting their learning and behavior, but does not qualify for an IEP, the ARC may want to consider a Section 504 plan. A 504 plan addresses the unique learning needs of a student with a disability and provides reasonable accommodations. More information about Section 504 plans are available in the resources listed below:

- The Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools
- The Office of Civil Rights: Protecting Students with Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities
- Section 504 of the Rehabilitation Act of 1973 (English) and Sección 504 de la Ley de Rehabilitación de 1973 (Spanish) from the Center for Parent Information and Resources (CPIR)

The ARC may find it appropriate to conduct a more comprehensive reevaluation at major school transitions, such as the transition from elementary to middle school or middle to high school. For example, providing a more comprehensive reevaluation during a student's high school years may help the ARC appropriately identify transition services, including courses of study that are needed to assist the student in reaching postsecondary goals. Additional resources on transition can be found on the Transition webpages of the KDE website.

For more information regarding annual reviews and re-evaluations, please review the Guidance Document for Individual Education Program (IEP) Development.

Frequently Asked Questions

Question 1: Can parents bring a person with them to the ARC meetings?

Answer: Yes. The KARs for Special Education Programs indicates that LEAs shall ensure that one or both parents of a child with a disability are present at each ARC meeting or afforded the opportunity to participate. The regulations also indicate that a written invitation to the parents is provided and that the notice informs the parents that they may invite people with knowledge or special expertise of the child to the meeting [707 KAR 1:320, Sections 3 & 4].

Question 2: The current Kentucky autism eligibility criterion is based on the DSM-IV. When will the eligibility criterion be updated to be consistent with the DSM-5?

Answer: The federal definition of autism is described in federal law through the IDEA. States may establish standards for eligibility for special education and related services but are not required to use the precise definition of disability terms in the IDEA. The states definition must align to the federal definition; however, they must not narrow the definition in the IDEA. It is important to note that states define or adopt common definitions of certain ambiguous modifiers to guide evaluators in making individualized determinations of eligibility.

Question 3: When might a "multiple disabilities" eligibility be appropriate?

Answer: "Multiple disabilities or MD means concomitant impairments that have an adverse effect on the child's educational performance, the combination of which causes severe educational needs that cannot be accommodated in special education programs solely for one of the impairments. Examples of MD include mental disability-blindness, and mental disability-orthopedic impairment. Multiple disabilities does not mean deaf-blindness nor does it mean a speech or language impairment in combination with another category of disability" [707 KAR 1:002, Section 1 (39)].

A crucial part of the definition is that the combination of disabilities causes the student to have severe educational needs. In fact, those educational needs must be severe enough that they cannot be addressed by providing special education services for only one of the impairments.

The federal definition of multiple disabilities gives two examples of possible combinations of disabilities [34 CFR §300.8(c)(7)]:

- Intellectual disability and blindness; and,
- Intellectual disability and orthopedic impairment.

Note that these are just examples. A child may have another combination of disabilities that causes severe educational needs—orthopedic impairment and autism, for example. Whatever the combination, a child served under the IDEA's category of "multiple disabilities" will have a special education program that is designed to address the educational needs that arise from all of the child's disabilities, not just one. In addition, the eligibility criteria for each of the disabilities used to comprise the category of multiple disabilities must be met.

It is not necessary for an ARC to determine a student multiple disabled if the student meets the eligibility criteria of autism and the only other impairment identified is an intellectual disability. Intellectual disability can be addressed under the eligibility category of autism.

Question 4: Are students with an IEP required to have related services?

Answer: IDEA ensures that all children with disabilities are provided a free appropriate public education (FAPE) which includes "…special education and related services…" [707 KAR 1:002, Section 1 (27)]. FAPE includes related services designed to meet a student's unique needs "that are determined by the ARC to be necessary for the child to receive FAPE" [707 KAR 1:002, Section 1 (51)]. Students with an IEP are not required to have related services. Students may receive related services if the knowledge and expertise of related service provider is a necessary component of the student's educational program in order for the student to achieve identified outcomes. After developing goals, benchmarks, objectives and SDI in the student's IEP, the ARC will determine if a related service is necessary to implement the student's IEP. More information is available in the Guidance for Special Education Related Services document on the KDE website.

Question 5: Do students with autism receive a standard diploma?

Answer: The ARC determines what type of diploma any student with a disability receives, based on the students course of study. Students with autism receive a standard Commonwealth of Kentucky diploma or an Alternative High School diploma, depending on the student's program and course of study.

Students who meet the minimum graduation requirements, including a course of study leading to a standard diploma consistent with the requirements of 704 KAR 3:305, receive a standard diploma.

"If the severity of an exceptional student's disability precludes a course of study that meets the high school graduation requirements…leading to receipt of a high school diploma, an alternative course of study shall be offered" [704 KAR 3:305, Section 10 (1)]. Students completing an alternative course of study "…shall receive an alternative high school diploma..."

[704 KAR 3:305, Section 10 (3)]. The Alternative High School Diploma is not equivalent to a regular high school diploma. More information is available in the Course of Study Leading to Alternative Diploma document on the Instructional Resources page of the KDE website.

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Appendix A

The following list identifies impacted skill areas and possible interventions to be considered. It is not the intent of this appendix to recommend which interventions teams should or should not select. The unique needs of the student should determine the interventions that are selected. However, communication and social interactions are two skill areas that may require a particular focus since they are commonly impacted by autism. Interventions determined to be effective for students with other suspected disabilities may also be appropriate for students suspected of Autism.

Possible Interventions for Students Suspected of Autism

Adapted from the 2022 Underlying Characteristics Checklist-Classic from Aspy, R., & Grossman, B. (2007) and the General Strategies for Intervention Why a Team Approach? from Autism Speaks (2008) and Wong et al., (2014). The impacted skill areas listed are based on the areas of deficit identified in the DSM-5-TR.

Impacted Skill Area: Communicative Behaviors

Students with Autism may:

- Not speak;
- Repeat sounds, words or phrases;
- Not respond when their name is called;
- Ask repetitive questions;
- Have difficulty with rules of conversation;
- Have difficulty using and understanding gestures and facial expressions;
- Have difficulty starting, joining and ending conversations;
- Have difficulty asking for help; and/or
- Have unusual voice and speech qualities.

General Strategies:

- Teach skills in the context of powerful reinforcers;
- Teach skills across a range of natural environments and communicative partners;
- Provide many opportunities for the student to communicate throughout the day;
- Identify student's interests and provide opportunities with established boundaries;
- Obtain student's attention prior to delivering directions;
- Keep instructions short and support with other cues (e.g., written, pictures);
- Give instructions and information in chunks;
- Label student's communicative intent and emotions;
- Model language for the student;

- Provide wait time to process language;
- Provide explicit instruction on rules of conversation;
- Provide concrete and real-life examples of abstract language and concepts; and
- Model social interaction, such as turn-taking and reciprocity.

Identified EBPs:

- Discrete trial training (DTT);
- Modeling (MD);
- Naturalistic intervention (NI) strategies;
- Picture Exchange Communication System (PECS);
- Parent-implemented interventions (PII): train parents to implement strategies;
- Peer-mediated instruction and intervention (PMII): train peers to implement strategies;
- Response prompting (RP): (e.g., near errorless teaching, time delay (TD), most to least (MTL) prompting, social narratives (SN): to describe social rules and expectations);
- Speech-generating devices (SGD);
- Scripts (SC);
- Video modeling (VM); and
- Visual supports (VS): to prompt language or to provide choices (e.g., cue cards, word banks, picture symbols).

Impacted Skill Area: Social Interaction

Students with Autism may:

- Show little interest in interacting with others;
- Have difficulty recognizing the feelings and perspectives of others;
- Have difficulty taking turns or compromising with others;
- Have difficulty imitating the actions and words of others;
- Have difficulty joining in an activity;
- Be easily taken advantage of or bullied;
- Have difficulty waiting;
- Have little imaginative play; and/or
- Show little interest in response to praise.

General Strategies:

- Explicitly teach critical interactions using modeling, rehearsal and feedback.
- Use communication intervention strategies (listed previously) during interactions with same-aged peers.
- Use strategies to pair peers and adults with powerful reinforcers (e.g., teach students to request preferred items from peers and teachers).

- Use peer support arrangements and establish peer networks (Carter, Cushing, & Kennedy, 2009).
    - Peer support arrangements involve equipping one or more peers to provide ongoing academic and/or social support to their classmate with Autism as they work together on activities designed for all students by the classroom teacher (Carter, Cushing, & Kennedy, 2009).
    - Peer network interventions are designed to foster the social connections of individual students with Autism beyond the classroom. They involve establishing a cohesive social group that meets formally with ongoing support from an adult facilitator (Carter et al., 2013; Haring & Breen, 1992).

Identified EBPs:

- Modeling (MD);
- Self-management (SM);
- Social scripting (SC);
- Social narratives (SN);
- Social skills training (SST);
- Social skills groups (SSG);
- Peer-mediated instruction and interventions (PMII); and
- Video-modeling (VM).

Impacted Skill Area: Intellectual Impairment/Social, Occupational, Adaptive

Students with Autism may:

- Attend to irrelevant instructional stimuli;
- Share information unrelated to the topic;
- Know facts/details but have difficulty with abstract reasoning;
- Have difficulty applying skills in new situations;
- Have difficulty producing legible text;
- Have difficulty producing cohesive written narratives;
- Have difficulty with organization and problem-solving skills; and/or
- Possess stronger decoding skills with weaker comprehension skills.

General Strategies:

Academic interventions for students with Autism will likely be similar to those provided for students with other suspected disabilities. Special consideration should be given to difficulties with problem-solving, comprehension, writing skills, concentration and organization.
Some strategies to consider include:

- Pre-teach vocabulary;

- Use visual supports to help facilitate comprehension (e.g., picture symbols, graphic organizers);
- Use systematic prompting procedures to reduce the number of student errors;
- Explicitly teach strategies for problem-solving and written expression (e.g., self-regulated strategy development);
- Implement comprehension strategies (e.g., cloze procedures, strategy instruction, highlighting texts, visual organizers); and
- Use technology.

It might also be helpful to arrange the instructional environment to support student performance by considering the following factors:

Physical Structure

- Create clear physical and visual boundaries to help students know where each area begins and ends.
- Minimize auditory and visual distractions.

Visual Schedules

- Visually inform the student what activities will occur and in what sequence through pictures or print.
- Provide the student with a way to manipulate the schedule to indicate when an activity is finished.

Work Systems

- Provide an organizational system that gives the student information about what is expected when they arrive at a classroom location.
- Provide information on what work to do, how much work and when finished what to do next without adult prompting.
- Use the student's special interests for motivation when possible.

Visual Structure

- Use visual instructions (use objects, photos, icons, or words to direct student where to begin an activity and the sequence of steps to complete it).
- Use visual organization (show the student how the space and materials are limited or arranged).
- Use visual clarity (emphasize or draw attention to important or relevant information).

Identified EBPs:

Few EBPs have been identified for students with Autism in the area of academics. The following EBPs for other skill areas have been applied to academic instruction for students with Autism and may be useful:

- Modeling (MD);
- Systematic prompting (SP) strategies with academic tasks;

- Task analysis (TA) of academic concepts and tasks;
- Technology-aided instruction and intervention (TAII); and
- Visual supports (VS).

Impacted Skill Area: Interfering Behaviors/Relationships with Peers

Students with Autism may:

- Engage in a range of interfering behaviors to access attention, preferred activities or to escape non-preferred activities or settings;
- Engage in repetitive behaviors (e.g., rocking, vocalizations, waving fingers in front of eyes) that are automatically reinforced (i.e., they provide a reinforcing sensory experience that can be obtained independently of others);
- Show excessive signs of stress, anxiety or fear of common events;
- Not respond appropriately to dangerous situations;
- Have difficulties with new tasks or novel situations;
- Have difficulties with mistakes of others or self; and/or
- Be unmotivated by customary reinforcers.

General Strategies:

- Consider any potential medical factors that may contribute to the occurrence of interfering behaviors.
- Explicitly teach students to identify levels of arousal (e.g., stress, anxiety, fear) and to implement self-regulation strategies (e.g., calming strategies, leaving a situation).
- Consider key environmental factors that may contribute to the occurrence of interfering behaviors:
    - aversive features of the environment (e.g., loudness, lights, task difficulty, history of aversive consequences); and
    - availability of reinforcers (e.g., preferred materials, current levels of positive teacher feedback or other reinforcers, history of reinforcers for interfering behavior).
- Identify key skills students may use to access the reinforcers currently obtained through interfering behavior.
- Avoid using punishment-based procedures (e.g., time out from positive reinforcement, response-cost, overcorrection) unless prescribed in a behavior intervention plan and the other prescribed positive behavior supports have already been implemented.
- Collect continuous data to assess whether current interventions are effective or need to be adjusted or discontinued.

Identified EBPs:

- Antecedent-based interventions (ABI) (e.g., provide choices, incorporate student preferences/interests and enrich environments with reinforcers (e.g., noncontingent reinforcement);
- Cognitive behavior intervention (CBI);
- Exercise (ECE);
- Functional behavior assessment (FBA);
- Functional communication training (FCT);
- Reinforcement (R+)/differential reinforcement (DR);
- Response interruption/redirection (RIR);
- Visual supports (VS);
- Self-management (SM); and
- Social narrative (SN).

Impacted Skill Area: Sensory Difficulties

Students with Autism may:

- Perceive common stimuli to be aversive or may seek uncommon stimuli as reinforcers;
- Engage in repetitive motor movements;
- Have an unusual response to sound, taste, smell, light or color;
- Use objects in a repetitive, atypical manner;
- Engage in rituals/nonfunctional routines;
- Avoid areas with loud noises;
- Respond negatively to passive touch; and/or
- Place inedible objects in mouth, or waves toys in front of eyes.

General Strategies:

- Acknowledge student preferences for sensory stimuli.
- Provide student with choices that may lessen the intensity of environmental stimuli.
- Provide student with opportunities throughout the day to gain preferred sensory reinforcers.
- Teach student appropriate times and strategies for gaining sensory reinforcers.

Identified EBPs:

- Cognitive behavior interventions (CBI);
- Exercise (ECE); and
- Self-management (SM).

Appendix B

Autism Eligibility Determination Guiding Questions

The ARC determines a student to meet the eligibility criteria for autism and is eligible for specially designed instruction and related services when:

Criterion 1a. The student has a developmental disability, generally evident before age 3, significantly affecting verbal and nonverbal communication.

Guiding Questions:

1. Is there a delay in, or total lack of, the development of expressive language?
2. Is there a marked impairment in the use of multiple nonverbal behaviors such as eye contact, facial expression, body postures or gestures to regulate social interaction?
3. Is there evidence of the student having difficulty following directions?
4. Is there evidence of unusual language (e.g., repetitive or echolalic speech, made up words, or use of memorized scripts)?
5. Is there a tendency to focus on one topic?
6. Is there evidence of the student having difficulty with understanding the nonverbal cues of others?
7. Is there unusual prosody (e.g., rate, rhythm and volume of speech, modulation of speech to express emotion)?
8. Is there a marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others?
9. Is there evidence of the student having difficulty initiating, responding to or maintaining on-topic social conversations with others?
10. Is there evidence that the student has difficulty comprehending non-literal language (e.g., metaphors, idioms, puns)?
11. Is there evidence that communication breaks down due to a lack of understanding of context variables such as familiarity with a speaker or familiarity with a physical setting?

Potential Data Sources:

- Speech/Language communication evaluation information;
- Teacher and parent rating scales;
- Teacher anecdotal notes;
- Observations of classroom performance;
- Amount and degree of ongoing IEP services (at reevaluation); and
- Current ongoing progress data (at reevaluation).

Criterion 1b. The student has a developmental disability affecting social interaction.

Guiding Questions:

1. Is there a failure to develop peer relationships at the same rate and in the same manner as same-age peers?
2. Is there a lack of spontaneous initiation to share enjoyment, interest or achievements with others?
3. Is there a lack of social or emotional reciprocity?
4. Is there a lack of a range of emotions?
5. Is there a lack of varied, spontaneous, make-believe play or social imitative play appropriate for the student's developmental level?
6. Is the student seen as socially naïve or unable to understand other's intentions?
7. Is the student more likely to interact with adults who are familiar (well known by the student) to the student or who are more responsive (responds readily and with interest) to the student?
8. Is there a preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal?
9. Is there evidence of an exaggerated need for routines or for rules to be followed?
10. Is there an inflexible adherence to specific nonfunctional routines or rituals?
11. Is the student more interested in objects or topics than people?
12. Is there a persistent preoccupation with parts of objects?
13. Is there evidence that particular activities or situations cause stress or anxiety?

14. Is stereotypic and repetitive motor mannerism present (e.g., hand or finger flapping or twisting)?

15. Is there difficulty with executive functioning (e.g., organization, goal setting, planning, initiation, decision-making)?

Potential Data Sources:

- Teacher and parent rating scales;
- Teacher anecdotal notes;
- Discipline records;
- Amount of teacher and adult support required;
- Observations of classroom performance;
- Amount and degree of ongoing IEP services (at reevaluation); and
- Current ongoing progress data (at reevaluation).

Criterion 2. The student's deficits are not primarily the result of an emotional-behavioral disability.

Guiding Questions:

1. Is there evidence that difficulties are only present in the behavior domain?

2. Is there evidence of a comorbid mental health diagnosis?

3. Is the student able to engage in reciprocal conversations when not in distress?

4. Are there behavioral concerns but an absence of many characteristics of Autism?

Potential Data Sources:

- Medical and mental health records;
- Behavior observations;
- Critical incident logs;
- Discipline records;
- Teacher and parent rating scales;
- Observations of classroom performance;
- Amount and degree of ongoing IEP services (at reevaluation); and
- Current ongoing progress data (at reevaluation).

Criterion 3. Evaluation information confirms there is an adverse effect on educational performance.

Guiding Questions:

1. Is the student's progress in the general curriculum impeded by disability?
2. How (specifically) does the student's disability affect their involvement and progress in the general curriculum?
3. Is the student's educational performance significantly below the level of same-age peers?
4. What are the unique differences of the student that require SDI?

Potential Data Sources:

- State testing;
- Individual, norm-referenced tests of academic achievement;
- Group achievement tests;
- District testing;
- Formative assessment (e.g., curriculum-based measures, benchmarks);
- Progress monitoring;
- Grade retention;
- Classroom work samples;
- Curriculum-based assessments;
- Criterion-referenced assessments;
- Observations of classroom performance;
- Previous years academic performance;
- Report card grades;
- Discipline records (e.g., type, frequency, suspensions or expulsions);
- Nurse or health room visits;
- Truancy (e.g., school, class);
- Level of curriculum (e.g., advanced, remedial);
- Amount of teacher support required;
- Amount of time and assistance needed to do homework;
- Amount of time needed for in-class work;
- Intervention history;
- Motivation history;
- Amount and degree of ongoing IEP services (at reevaluation); and
- Current ongoing progress data (at reevaluation).

Criterion 4. Evaluation information confirms lack of instruction in reading and math is not a determinant factor in the eligibility decision.

Guiding Questions:

1. Is there evidence the student was provided with learning experiences and instruction appropriate for the student's age or state-approved, grade-level standards?

2. Is there evidence that the student's attendance allowed for sufficient opportunity for instruction in reading and math (i.e., no pattern of chronic absenteeism of 10% of school days or more, especially in elementary years)?

Potential Data Sources:

- Enrollment and attendance records;
- Frequency of school moves;
- Universal screening data;
- Common assessment data;
- Intervention data and description of analysis;
- Progress monitoring data; and
- Classroom performance and grades.

Criterion 5. Evaluation information confirms limited English proficiency is not a determinant factor in the eligibility decision.

Guiding Questions:

1. Is English the primary language spoken in the home?

2. Is there a member of the ARC who has expertise regarding the student and understands how language develops as well as strategies that can be used when educating English learners? Has the disability evaluation been provided and administered in the child's native language or other mode of communication most likely to yield accurate information on what the child knows and can do academically, developmentally and functionally, unless it is clearly not feasible to do so?

3. Have the parents been afforded the opportunity to provide information and participate in the ARC?

4. Is the student's performance on English proficiency assessments (e.g., ACCESS or Alternate ACCESS) evidence of a continued language barrier?

Potential Data Sources:

- Home Language Survey (HLS);
- Program Service Plan (PSP); and

- Assessing Comprehension and Communication in English State-to-State (ACCESS) for English Learners or Alternate ACCESS (see ACCESS for ELL's webpage).

Additional Resources:

Concerned About Your Child's Development? | CDC

Important Milestones: Your Baby By One Year | CDC

Signs and Symptoms of Autism Spectrum Disorders | CDC

Chapter 6 Tools and Resources for Addressing English Learners With Disabilities (ed.gov)

District Guide for the English Learners Program (ky.gov)

Appendix C

Four-Step Problem-Solving Process Checklist for Students with Autism

Step 1. Problem Identification

Completed	Problem-Solving Steps	Comments
	Clarify values and make a commitment to promoting valued behavior.	
	State the problem behavior in measurable terms.	
	Obtain a baseline for behavior(s) of concern.	
	Conduct discrepancy analysis.	
	Conduct an analysis of data to determine the function of problem behavior.	

Essential Questions:

- What are the key issues or concerns identified by the problem-solving team?
- What does the team value in regard to student behavior?
- What data sources (direct/indirect) do we need to consider?
- Do we have sufficient data to analyze the behavior?
- What are the students' strengths, gifts and reinforcers?
- What interventions are working? What progress has the student made?
- What are potential barriers to success (school and student)?

Step 2: Problem Analysis

Completed	Problem-Solving Steps	Comments
	Determine the factors that may be maintaining the behavior(s) of concern, including the underlying characteristics of autism.	

Completed	Problem-Solving Steps	Comments
	Identify EBPs that are connected to the function and maintaining factors of the behavior.	
	Link factors maintaining the problem behavior with an intervention strategy.	

Essential Questions:

- Which underlying characteristics of autism may be impacting the behavior of concern? Consider the following eight domains: social, communication, restrictive/repetitive behaviors, cognition, sensory, academic, emotional vulnerability and motor.
- Do any of the identified characteristics of concern overlap into multiple domains?
- Are weaknesses already addressed with interventions that are currently in place?
- Which weaknesses are impacting the student the most across multiple settings?
- Note: Identify EBPs for autism that are connected to the function and maintaining factors of the behavior.

Step 3: Intervention Development

Completed	Problem-Solving Steps	Comments
	Develop an intervention plan to positively influence the behavior(s) of concern.	
	Develop an implementation plan for interventions.	
	Determine a method for ensuring fidelity of implementation.	
	Determine the desired outcome behavior (replacement behavior) and evaluation procedure.	

Essential Questions:

- What antecedent or consequent interventions will positively influence the behavior of concern?
- How can we implement an intervention strategy to positively influence the behavior of concern?

- What is the "reactive" procedure when problem behaviors occur?
- How can we ensure that interventions are implemented with fidelity?
- How will we determine if the intervention is working?
- What training will be provided to implementers for increased fidelity of implementation?

Step 4: Intervention Implementation

Completed	Problem-Solving Steps	Comments
	Determine the level of fidelity of implementation and provide implementation support.	
	Graph progress monitoring data.	
	Use decision rules to determine intervention effectiveness.	
	Revisit the problem analysis and make instructional changes.	

Essential Questions:

- Is intervention being implemented as planned?
- Does the data support that the intervention plan is working? If not, what changes need to be made to the intervention plan to increase effectiveness?

Additional Resources

Autism Programs

- Organization for Autism Research (OAR)
- The SCERTS Model
- TEACCH Autism Program
- Ziggurat Group

Evidenced-Based Practices

- Autism Focused Intervention Resources and Modules
- Autism Internet Modules
- Evidence Based Practices in the Treatment of Challenging Behavior Exhibited by Individuals with Autism Spectrum Disorder
- Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder (unc.edu) working definitions for EBPs.
- Evidence-Based Practices by Outcome and Age (years)
- New IRIS Modules: Autism Spectrum Disorder
- National Professional Development Center (NPDC) Evidence-Based Practices
- KDE Evidence-based Practices
- Specially Designed Instruction (SDI): Supports for Admissions and Release Committee (ARC) Members
- Resources for Evidence-Based Instruction, Intervention and Supports
- KyMTSS

Peer Support Network

- Kentucky Peer Support Network Project

Social/Emotional Skills

- Kentucky Multi-Tiered System of Supports (KyMTSS)

Training & Information

- Autism Society of America
- Kentucky Autism Training Center
- Kentucky Advisory Council on Autism
- KDE Technical Assistance Networks

Visual Supports

- Do2 Learn