

BOONE CLINTON JOINT SERVICES

For a student with a suspected disability of autism spectrum disorder, the educational evaluation report must include the results of the multidisciplinary team’s assessments, observations, and collection of information aligned to the characteristics of autism spectrum disorder as described in the current version of the American Psychiatric Association’s Diagnostic Statistical Manual of Mental Disorders (IAC 511 7-41-1-(a)).

Student Name: _____

Date of Conference: _____ School: _____

Meets criteria?	Autism Spectrum Disorder Eligibility Criteria
	(A) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history. (examples are illustrative, not exhaustive; see text):
	(1) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect, to failure to initiate or respond to social interactions.
	(2) Deficits in nonverbal communication behaviors used for social interaction; ranging for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to lack of facial expressions and nonverbal communication.
	(3) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.
	(B) Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least <u>two of the following</u>, currently or by history (examples are illustrative, not exhaustive; see text):
	(1) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
	(2) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
	(3) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
	(4) Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
	(C) Symptoms must be present in the early developmental period (generally evident before three (3) years of age, but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
	(D) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning and results in adverse effect on the student’s educational performance.
	(E) These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability. Social communication should be below that expected for general developmental level.