



# Thompson Center

For Autism & Neurodevelopmental Disorders

University of Missouri

# Comprehensive Evaluations for Students with Autism

Training Experts in Autism for Missouri

(TEAM)

Education Program

# Overview

- Evaluation Plans for Autism
- Preparing for Assessment
- Targeted Evaluation Areas:
  - Special Considerations for Autism
  - Assessment Tools

# Medical vs Educational ASD Evaluations

	Medical/Clinical	Educational
Criteria Used	<p>Medical diagnostic criteria based on DSM-V</p> <ul style="list-style-type: none"> <li>• Qualitative impairments in social communication</li> <li>• Restricted repetitive and stereotyped patterns of behavior</li> </ul>	<p>Individuals with Disabilities Education Act</p> <ul style="list-style-type: none"> <li>• Autism one category for special education eligibility</li> </ul> <p>Section 504 of the Rehabilitation Act of 1973</p>
Evaluation Process	<p>Healthcare professionals conduct a diagnostic evaluation for ASD or other disorder in order to make a medical diagnosis</p> <ul style="list-style-type: none"> <li>• Licensed or specially trained physicians, psychologists, or mental health professionals</li> <li>• Typically conducted at a health/medical clinic</li> </ul> <p>Re-evaluation on case-by-case basis</p>	<p>Part C of IDEA – qualifies for First Steps with medical diagnosis</p> <p>Part B- assessments conducted by multidisciplinary team, including parents, to determine eligibility for special education services and identify areas that disability adversely affects education</p> <p>Re-evaluation considered triennially</p>
Intervention Planning	<p>May include recommendations for medical, supplemental therapies and education across settings</p>	<p>Conducted by IEP team to address needs through goals, accommodations, school-based services</p> <p>OR 504 if appropriate</p>

# Evaluating Student Needs

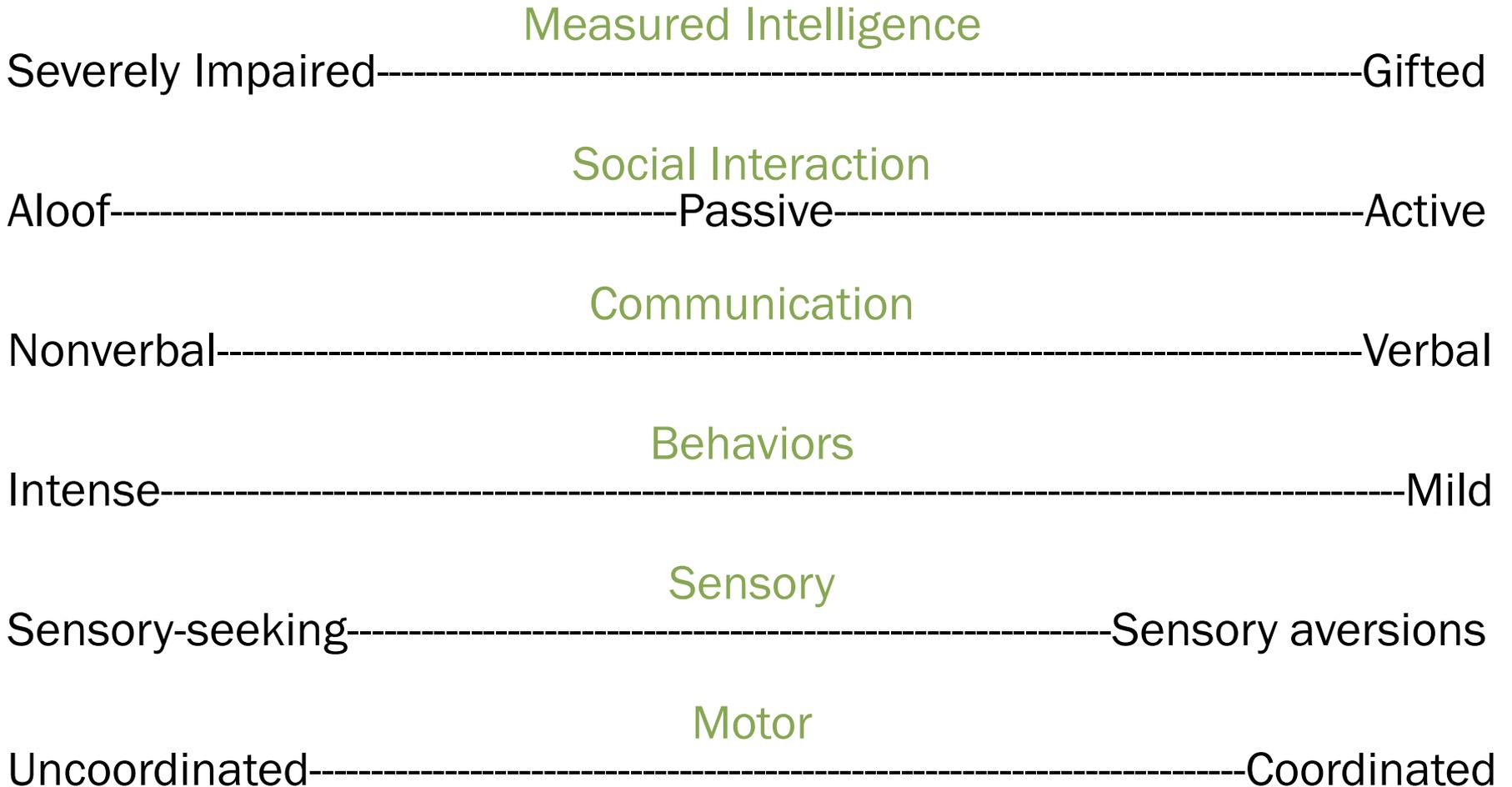
## General Evaluation Process



## Purposes of School Based Evaluations

- Determine categorical eligibility for special education services
  - Does a disability exist
  - What is the educational impact
- Gather information to better inform programming decisions

# Heterogeneity of Autism



# Evaluation Plans for Autism

A balanced assessment plan will include:

1. Indirect assessment (parent/teacher rating scales and interviews)
2. Direct, standardized assessments
  - appropriate for age and development of student
3. Structured observations across multiple settings
  - situation may need to be contrived
4. Emphasis on social communication
  - both skill and performance

# Consideration of Assessment Tools

## Indirect Assessments: Rating Scales

- Pros:
  - Gain multiple perspectives
  - Typically easy to complete
  - Usually not time consuming
- Cons:
  - Raters may not witness the behaviors
  - Raters may not pick up on more subtle nuances
  - Can be more subjective

# Consideration of Assessment Tools

## Direct Assessments:

- **Pros:**
  - Standardized
  - Directly test or observe the student and behaviors
- **Cons:**
  - Student could know rote correct responses, but not perform the skills correctly
  - Can be time consuming

# Consideration of Assessment Tools

## Direct Observations:

- Pros:
  - Watch student in natural environments
  - Can see performance deficits
- Cons:
  - May not observe at times when skills are performed
  - Observer may not know what skills to look for (tend to focus on level of disruption/compliance)
  - Often report what is observed, but not what is not observed (using typical peers as comparison)

# Consideration of Assessment Tools

## Other considerations:

- Consider settings- students with ASD typically perform better and appear more skilled in structured vs. unstructured settings
- Consider language and intellectual impact
- Consider behavioral interference – i.e. can look worse if have ADHD

# Preparing for Evaluation

# Preparing Team for Evaluation

- Entire team to give input into what assessments should go onto the evaluation plan prior to getting consent
- Share with team the evaluation plan, timeline and expectations of participation
- Plan in advance for timelines

# Preparing Team for Evaluation

- Get tips from the teachers and/or caregivers on how to best support the student
- Talk with team members specifically about observation needs to ensure appropriate observation times
- Prepare team members to not:
  - Point out the student to you in an obvious way
  - Talk about the student in front of others or the student

# Supporting the Student

## Prior to Testing:

- Prepare student for disruption of schedule
- Build rapport with student
- Be prepared to explain purpose of testing
- Prepare for possible testing modifications
  - Document any adjustments or broken standardization

# Supporting the Student

## During Testing

- Be flexible with test administration:
  - Location of testing (floor)
  - Providing frequent breaks (snacks)
  - Increased examiner excitement/praise
  - Additional teaching trials on *how* to respond

# Supporting the Student

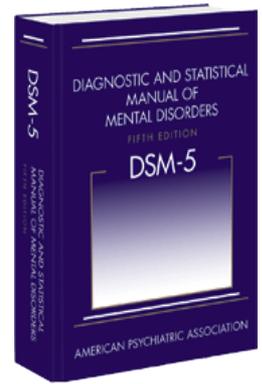
## During Testing: If Applicable

- Use visual supports (schedule, checklist, timer)
- Use a reinforcement system pro-actively
- Provide choice on testing activities (e.g., order)
- Visually organize materials not to overwhelm
- Examiner position to the side of the student
  - If applicable, assistant sit next to the student

# Targeted Evaluation Areas

# Autism Symptomology

# The Diagnostic & Statistical Manual-5<sup>th</sup> Edition (DSM-5)



## One diagnosis: Autism Spectrum Disorder

The DSM-5 no longer recognizes specific diagnoses, such as Autistic Disorder, Asperger's Syndrome, or PDD-NOS

## Two Core Domains

1. Deficits in social communication and social interaction
2. Presence of restricted and repetitive patterns of behavior

# Severity Levels

## Dimensional Ratings for DSM V ASD

Level 3

Requires very substantial support

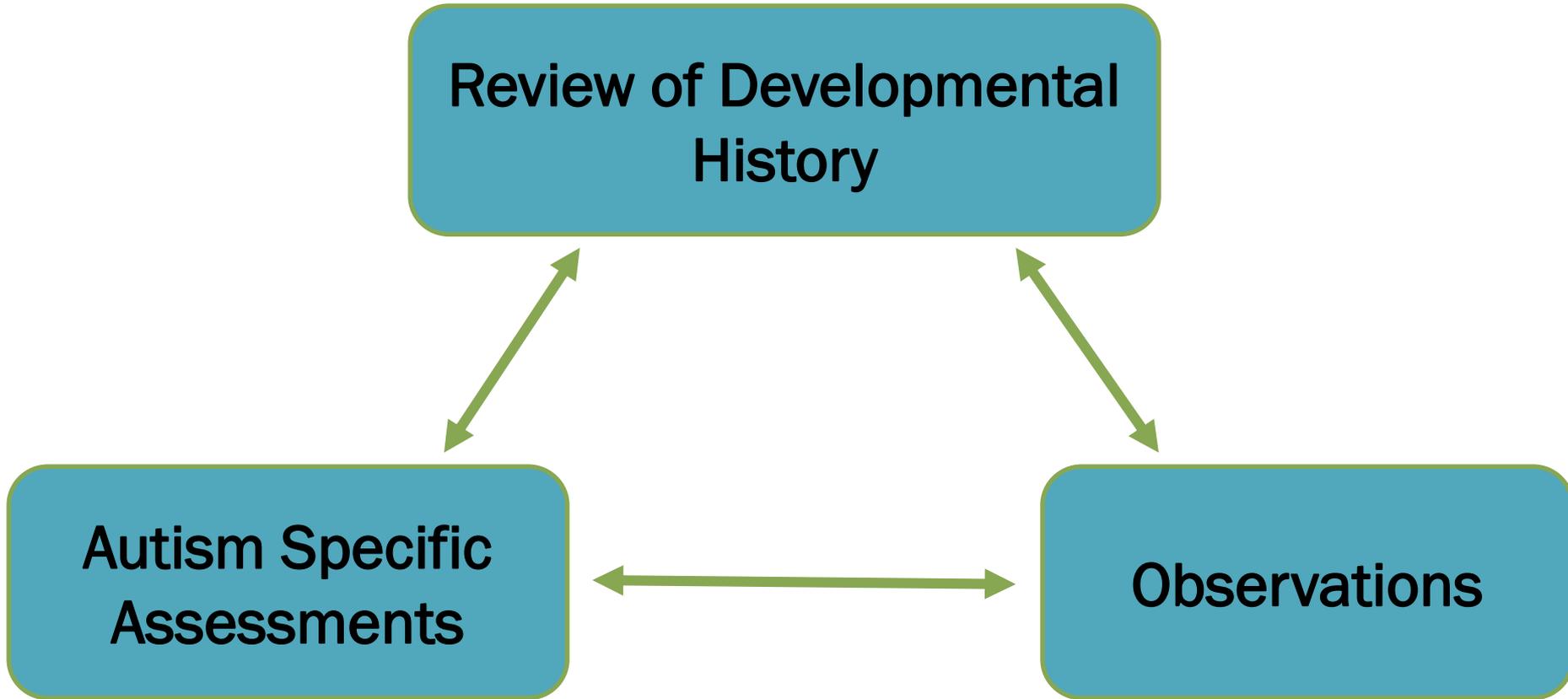
Level 2

Requires substantial support

Level 1

Requires support

# Identifying Autism



*It is essential to consider information from all three areas when making a determination regarding the presence of autism*

# Evaluating for Symptomology

- Know the purpose of the tools you are using and sensitivity and specificity
  - False positives: social difficulties may be associated with other eligibility categories and disabilities
  - False negatives: may not have the sensitivity to identify nuanced social difficulties
- Gender differences
  - Males more often captured by screening tools
- Population differences
  - Racial and cultural minorities, especially from lower educational backgrounds, less likely to be identified medically

# Evaluating for Symptomology

Awareness of  
*“of the type specified”*

# Evaluating for Symptomology

## Autism Diagnostic Observation Schedule 2 (ADOS-2)

- Semi-structured assessment of communication, social interaction and play 5 modules to meet particular age, developmental, and language level
- Administered in about 40-60 minutes by trained evaluator

## Autism Diagnostic Interview-Revised (ADI-R)

- Interview regarding development and behavior with primary caregiver
- Administered in about 2 hours by trained evaluator

# Evaluating for Symptomology

- **Record review** – medical, outside evaluations, mental health **In Depth Social History Interview**
  - Prenatal history
  - Perinatal history
  - Developmental milestones
  - Medical history, including developmental and mental health (past, current, and family)
  - Current presentation in communication, social, emotional, behavioral, cognitive ability, learning, memory, adaptive behavior and independence
    - TEAM example ASD social history

# Social History Interview

## TEAM Autism Social History Supplement

### *Supplemental Form: Social History Autism Specific Information*

#### **Communication**

Describe the student's use of language/communication (e.g., speaks in short phrases, non-verbal speech, uses communication device):

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Does/did the student engage in any repetitive speech or echolalia?

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Describe the student's ability to engage in a conversation with others:

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Does/did the student use communicative gestures when they speak or interact with others (e.g., pointing, descriptive movements with hands)?

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Do you have any concerns relating to the student's communication skills?

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#### **Social Interaction**

Does/did the student take interest in other children? Describe their interactions and relationships with peers (if any):

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Does/did the student enjoy playing social games (e.g., peekaboo/hide-seek)?

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# Social History Interview

## TEAM Autism Social History Checklist

### Autism Social History Interview Checklist

Use this checklist as a reminder of what areas to inquire about during a social history interview for an ASD evaluation.

	Major concerns
	Early developmental milestones (speech and motor)
	Means of requesting (consider eye contact and use of another's body to communicate)
	Pointing for purpose of showing
	Use of gestures (ex: nodding and shaking head)
	Stereotyped utterances and echolalia
	Verbal rituals
	Reciprocal conversation
	Inappropriate questions or statements
	Direct gaze
	Range of facial expressions
	Social responses (familiar and unfamiliar adults and peers)
	Social smiling
	Shared enjoyment
	Directing attention of others
	Offering comfort
	Play (types of playthings and manner of use)
	Spontaneous imitation

# Targeted Evaluation Areas

Language  
and  
Communication

# Language and Communication

## Special Considerations

- Caution against ruling out Autism when average scores on standardized tests of language
- Understand that the profile may emerge that expressive language is higher than receptive in some cases of HFA
- When presentation and/or assessment data is unclear, or there are possible alternative diagnoses, consider the child's desire to communicate
- Consider the impact on post-secondary success

# Language and Communication

## Special Considerations

- When second language influence:
  - Use an interpreter
  - Carefully consider response to non-verbal communication and play
  - Observe with caregivers and siblings

# Language and Communication

## “Of the Type Specified” ASD

- May have impaired nonverbal communication
  - Gestures
  - Eye contact
  - Body language
  - Facial expressions
- May have odd intonation
  - Robotic
  - Flat
  - Sing-song
  - Volume modulation
  - Sound as if giving lecture

# Language and Communication

## “Of the Type Specified” ASD

- May have idiosyncratic/peculiar speech
  - Repetitive utterances
  - Scripting
  - Neologisms
  - Referring to one’s self by name
  - Pronoun errors (ex: he to mean I)
  - Echolalia

# Language and Communication

## “Of the Type Specified” ASD

- Individuals with ASD may:
  - talk excessively about their own special interests
  - have perseveration (“stuck” on one idea)
  - have decreased abstract language
  - make inappropriate social remarks
  - have difficulty understanding humor
  - have difficulty with conversational skills

# Language and Communication

## Special Considerations

- Children with a language delay or disorder may or may not have nonverbal communication skills typical for their age
  - Their entire concept of language is impaired, nonverbal communication skills may be impaired along with verbal communication
  - For example: eye contact may be impaired but these students will tend to use it when requesting better than children with ASD

# Evaluating Language

## Language (& speech) Samples

- Go beyond mean length and sentence structure
  - use of syntax, semantics, morphology, pragmatics, speech atypicalities
  - communicative intent and response to others
  - How they attempt to get needs met
- Gain multiple informal samples
  - Conversation
  - Descriptive tasks
  - Play (have cause and effect, functional, and make believe toys)

# Evaluating Language

## Delay in Language/Communication

*(at or below 48 month developmental level)*

- **Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)**
  - Comprehensive language and communication profile
  - Developed considering children with autism and verbal behavior approach to teaching
  - Tool for progress monitoring and program planning
  - Examination of barriers to communication

# Evaluating Language

## Verbally Fluent-Typical Elementary Age

- **Clinical Evaluation of Language Fundamentals-5**
- **Speech and language sample**
- **Test of Language Competence**
- **Comprehensive Assessment of Spoken Language**
- **Children's Communication Checklist-2**
- **Oral and Written Language Scales**

# Evaluating Language

## Very Young Children

- **Clinical Evaluation of Language Fundamentals-Preschool – 2**
- **Preschool Language Scale-5th edition**
- **Speech and Language Sample**
- **Peabody Picture Vocabulary Test-4**
- **Expressive One Word Vocabulary Test -4**
- **MacArthur-Bates Communicative Development-3**
- **Reynell Developmental Language Scales-3**
- **Sequenced Inventory of Communicative Development-Revised**
- **Test of Early Language Development-3**

# Evaluating Language

## Students with Limited Verbal Abilities

- **Speech and Language Sample**
- **Parent Report**
- **Augmentative Communication Assessment Profile**
- **Matching Assistive Technology and Child**
- **Developmental Assessment for Individuals with Severe Disabilities-2**
- **Picture Exchange Trial**

*Include Assistive Technology specialist*

# Speech

## Special Consideration

- Articulation deficits can impact communication and social skills

# Social, Emotional and Behavioral

# Social, Emotional, Behavioral

*Assessment of pragmatic language is important, even for those students with appropriate expressive and receptive language*

- Obtain information from multiple sources

# Social, Emotional, Behavioral

## Need to Evaluate:

- Topography of social behaviors
- Contexts of social behaviors
- Overall level of social emotional functioning
- Functional communication skills
- Pragmatic language

# Social, Emotional, Behavioral

## Gain Pragmatic Information

*Does the student:*

- Show awareness and interest in others?
- Initiate/respond social interaction?
- Interact differently based on context?
- Display appropriate emotions for the environment?
- Pragmatic/social language (reciprocal interactions, facial expression, nonliteral language, conversations)?

# Social, Emotional, Behavioral

## Indirect Assessments for Pragmatics

- **Interviews, informal**
- Structured interviews
  - Diagnostic Interview Schedule for Children
  - Autism Comorbidity Interview-Present and Lifetime versions
- Rating Scales (comprehensive)
  - **Behavior Assessment System for Children-3**
  - **Achenbach Scales; Child Behavior Checklist**
  - Anxiety, depression, and attention-related

# Social, Emotional, Behavioral

## Direct Assessments for Pragmatics

- **Clinical Evaluation of Language Fundamentals-5th** (pragmatics)
- **Clinical Evaluation of Language Fundamentals- Preschool-2** (pragmatic profile)
- **Speech and Language Sample**
- **Social Language Development Test**
- **Verbal Behavior Milestones Assessment and Placement Program** (VB-MAPP, social/play profile)
- **Test of Pragmatic language**
- **The Pragmatic Rating Scale**
- **Test of Problem Solving** (elementary and adolescent)

# Social, Emotional, and Behavioral Limitations to Assessing Pragmatic Language

- PL assessments are not as well developed as tests of language fundamentals
- Only a few standard assessments available for higher functioning children with ASD
- PL assessments have limited valid norms for pragmatic development and objective criteria performance (Young *et al.* 2005).

# Social, Emotional, Behavioral

## Social Functioning/ Pragmatic Skills

- Do not rule out autism if student scores average on standardized measures of pragmatic language
  - Many students with autism can label the correct answer or convention but cannot apply this into everyday interactions and appropriate context
  - Most important to consider whether/how the child applies language skills in daily life

# Social, Emotional, Behavioral

## Special Considerations for Pragmatic Observations

- Observe across multiple settings
- Settings need to be social
- May need to structure or arrange interactions

# Social, Emotional, Behavioral

## Special Considerations for Pragmatic Observations

- Often observe for presence and not absence of behaviors
- Unstructured observations are impacted by what is emphasized in the write up
- Importance of:
  - Comparison to typical peers
  - Emphasis on social-pragmatics and not just disruptive behaviors

# Structured Observation Form

## University of Missouri Thompson Center –TEAM social-communication observation form

### TRAINING EXPERTS IN AUTISM FOR MISSOURI (TEAM)

#### EDUCATION PROGRAM

#### Structured Observation Form: Social-Communication Skills

Watch for the following behaviors and rate each based on the provided scale. On the lines provided for each item, give examples of the behavior observed.

1. Approached peers and adults with appropriate body proximity.

<i>Not observed</i>	<i>Used appropriately multiple times</i>	<i>Used appropriately but not consistently</i>	<i>Used inappropriately</i>	<i>Not demonstrated</i>
<input type="checkbox"/> n/a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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2. Approached peers and adults with appropriate (matched) facial expression and tone.

<i>Not observed</i>	<i>Used appropriately multiple times</i>	<i>Used appropriately but not consistently</i>	<i>Used inappropriately</i>	<i>Not demonstrated</i>
<input type="checkbox"/> n/a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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# Social, Emotional, Behavioral

## “Of the Type Specified” ASD

- Repetitive Motor Movements
  - Hand/finger, complex body, posturing
- Ritualized patterns of behavior
  - Echoing, scripting
  - Repetitive use of objects
- Highly Restricted, Fixated Interests
  - Rigidly held routines and distress when interrupted
  - Limited range of interests or odd interest
- Hyper or Hypo-Reactivity to Sensory Stimuli

# Social, Emotional, Behavioral

## Gain Behavioral Information

*Does the student:*

- Have any coping or self-advocacy skills?
- Behaviors that interfere with functioning (externalizing, internalizing, inappropriate)?
- Environmental factors that contribute to, motivate or alleviate problem behaviors?

# Social, Emotional, Behavioral Functional Behavior Assessments

- Essential information for program planning for ANY disruptive behaviors (not just for aggressive behaviors)
- Process includes:
  - Records review
  - Teacher interview
  - Student interview
  - Observations
  - SYSTEMATIC DATA COLLECTION on antecedents, behaviors, and consequences
  - Consideration of results in relation to development across domains of functioning (language, pragmatic, executive functioning, etc.)

# Social, Emotional, Behavioral

## Special Considerations for Behavior Observations

- Observe across multiple settings
- Observe both when behaviors are most and least likely to occur
- Report environmental characteristics, as well as the antecedents and consequences to any behaviors observed

# Adaptive Behavior

# Importance of Adaptive Behavior

- Should be assessed for all students evaluated for autism
- Students with Autism have poor outcomes after high school

## Post secondary outcomes

- 24.5% have any post-secondary training (not necessarily full-time or until completion)
- 79.5% have had some post-secondary employment
  - 26.7% were employed full-time
  - 73.3% were employed part-time
  - 19.9% held a job for more than 36 months
  - 39.3% received accommodations
- 5.8% living independently

(National Longitudinal Transition Study, 2009)

# Adaptive Behavior

## Questions to Consider:

- Is the student independent in self-care, such as feeding, dressing, hygiene, and toileting?
- Level of participation in home activities, such as chores and preparing meals?
- Level of community skills, like managing money, transportation, navigating community services, and self-advocacy?
- Appropriate safety?
- How well developed are skills necessary for the next environment?
- What supports are needed to plan for any foreseeable transitions?

# Adaptive Behavior

## Special Considerations:

- Obtain information on how much support is being provided to the student at home and in classroom on adaptive skills
  - What would happen if those supports weren't there?
- Adaptive behavior rating scales don't differentiate ASD from other disabilities
  - But do give broad scope look at independence in this area
  - Can narrow down to which area to target

# Adaptive Behavior-Assessment

- **Adaptive Behavior Assessment System-3**
- **Vineland Adaptive Behavior Scales-3**
  - Structured interview option

# Cognitive Functioning

# Cognitive Functioning

## Types of Intelligent Tests:

- Comprehensive IQ – assesses verbal and nonverbal abilities to provide a complete picture of the child’s broad cognitive ability, strengths, and weaknesses
- Brief IQ- abbreviated IQ test that provides estimate of cognitive ability and is usually a quick assessment
- Nonverbal IQ- does not test verbal cognitive ability, and instead typically measures visual reasoning skills

# Cognitive Functioning

## Special Considerations:

- Comprehensive IQ test is recommended for initial evaluation
- At minimum a brief IQ is recommended for follow-up evaluations
- Assess receptive and expressive language before administering IQ test to help determine tool
- Recommend obtaining IQ, for current representation of functioning (but interpret with caution as scores can be fluid, with scores changing after appropriate testing behaviors develop)

# Cognitive Functioning

## Cautions regarding interpretation:

- Be aware of threats to IQ score validity
  - ASD symptoms can interfere with testing
    - Ex: Lacking imitation and joint attention skills
    - Ex: scripting on verbal questions
    - Ex: repetitive behaviors with manipulatives
- Misinterpreting of scores
  - low scores as lack of engagement and higher subtest scores as more capabilities
  - Provide honest feedback, with compassion
- Interpret Overall IQ scores with caution (splinter skills, discrepant subdomain scores)

# Cognitive Functioning

## Common Cognitive Patterns of ASD

- Tend to focus on details instead of big picture
- May have impaired:
  - Theory of Mind
  - Complex and abstract information processing
  - Flexibility in thinking
  - Implicit/intuitive learning
- Look for tendencies of these types in responses, can be informative about thinking patterns

# Cognitive Functioning

- No “best test” for students with autism
  - Common for strengths to be in nonverbal/visual reasoning and weaknesses in verbal reasoning
- Consider the purpose of the assessment in selecting the test:
  - Overall abilities compared to same-age peers?
  - Discrepancy between visual and verbal reasoning?
  - Discrepancy between concrete and abstract reasoning?
  - Theory of mind?
  - Executive functioning?
- Nonverbal IQ may be used to consider ID and/or language impairment in the school setting

# Cognitive Functioning

## Age-Appropriate Language Functioning

- **Wechsler Scales (WISC-V; WPPSI-IV; WAIS-IV)**
- **Differential Ability Scales-2**
- **Stanford Binet Intelligence Scale-5**
- **Kauffman Ability Battery (version appropriate for age)**
- **Consider timing element for those with ASD**

# Cognitive Functioning

Delayed Expressive Language but  
Functional Receptive Language

- **Differential Ability Scales-2 (Special Nonverbal Composite)**
- Wechsler Nonverbal Scale of Ability

# Cognitive Functioning

Delayed Expressive and Receptive Language  
(Non-verbal IQ)

- **Leiter International Performance Scale-3**
- **Comprehensive Test of Nonverbal Intelligence**

# Cognitive Functioning

## IQ/Cognitive Screening Abbreviated

- **Wechsler Abbreviated Scale of Intelligence-2**
- Kaufman Brief Intelligence Test
- Reynolds Intelligence Assessment Scales
- Stanford Binet-5 screening

# Cognitive Functioning

## Very Young Child

- Should use an assessment that provides mental age equivalents for developmental level
  - **Mullen Scales of Early Learning**
  - **Differential Ability Scales-2**
  - Bayley Scales of Infant and Toddler Development-3
  - Observations and play-based assessment of development

# Cognitive Functioning

## Severely Impaired

- Psychoeducational Profile-3
- Developmental Profile
- Developmental Assessment for Individuals with Severe Disabilities-3
- Early Learning Accomplishment Profile

# Cognitive Functioning

## Executive Functioning Skills

- Executive functioning deficits may be misinterpreted as behavior concerns
- Understanding executive functioning deficits can inform programming to promote academic achievement

# Cognitive Functioning

## Executive Functioning Skills

- **A Developmental Neuropsychological Assessment 2 (NEPSY-2)**
- **Behavior Rating Inventory of Executive Function-2**
- **Barkley Deficits in Executive Functioning Scale**
- **Observations (such as time on task, motor restlessness)**
- **Connor's Continuous Performance Test-3**

# Health and Co-Morbid Considerations

# Health

## Guiding Questions

- Past diagnoses and treatments?
- Current diagnoses and treatments?
- Does the child have any co-morbid medical or mental health related issues that impact school functioning?
  - GI, seizures, anxiety, sleep problems

# Motor Skills

# Fine Motor and Sensory

## Guiding Questions

- Are motor difficulties related to muscular weakness, sensory processing, or motor planning issues?
- Are motor issues interfering with participation in daily life activities and school?
- Is there evidence of oral motor difficulties associated with mouthing objects, decreased tolerance of foods, drooling, speech problems, or gagging?
- Under- or over- react to typical sensory information?
- Is activity level appropriate to environmental demands?
- Sensory seeking or defensive behaviors that interfere with daily functioning?

# Assessment

## *Fine Motor:*

- **Berry-Buktenica Developmental Test of Visual Motor Integration, 5**
- **Bruiniks-Oseretsky Test of Motor Proficiency-2**
- **Structured Observation**
- **Play-based Assessment**

## *Sensory:*

- **Sensory Profile-2**
  - Short form (caregiver report age 3-14 years)
- **Sensory Processing Measure**
  - Multiple reporter options

# Motor

## Special Considerations

- Sensory may be a characteristic of autism but is not a core area
- Administration and interpretation of scores concerns
  - Poor functional communication
  - Lacking skill to imitate
  - Repetitive behaviors
- Look at what skills will be needed to transition and caution against too narrow of skills reviewed and served in IEP

# Academic Achievement

# Academic Achievement

## Special Considerations

- Consider academic achievement as it relates to future employment
- Consider needs for accommodations vs. direct instruction to increase independence
- Caution against requiring below average standardized academic test scores for eligibility determination

# Post-Secondary Transition

# Post-Secondary Transition

## Guiding Questions

- What skills does the student need to develop to increase independence?
- What skills does the student need to develop in order to be successful in employment?
- What are the student's strengths and weaknesses as related to future employment?

# Post-Secondary Transition

## Special Considerations

- Assessments should include both Interest and Ability
  - Adaptive Behavior, Pragmatic Language, & Executive Functioning Information Applies to Transition Assessment Planning
- Consider the use of transition assessments early for the purpose of comprehensive program planning

# Re-Evaluation

# Re-Evaluation Purpose

Determine:

- Evidence of the disability
- Need for special services
- Present levels of achievement, developmental, and educational needs
- Adjustments to services

# Re-Evaluation Purpose

Given the:

- Heterogeneous characteristics of students with autism
- Variable gains in progress
- Bleak adult outcomes
- Possibility of developing splinter skills

A current and comprehensive understanding of a student's educational needs is recommended for programming

# Partnering with Families

# Understanding Parent Perspective

- Grieving process for parents
  - Over the loss of the ideal version of child
  - Over the loss of their own lifestyle
  
- Typical Stages of Development:
  1. Shock
  2. Denial
  3. Anger
  4. Resigned, feeling depressed
  5. Acceptance, positive regard
  6. Enjoyment of life

# Other Factors to Consider

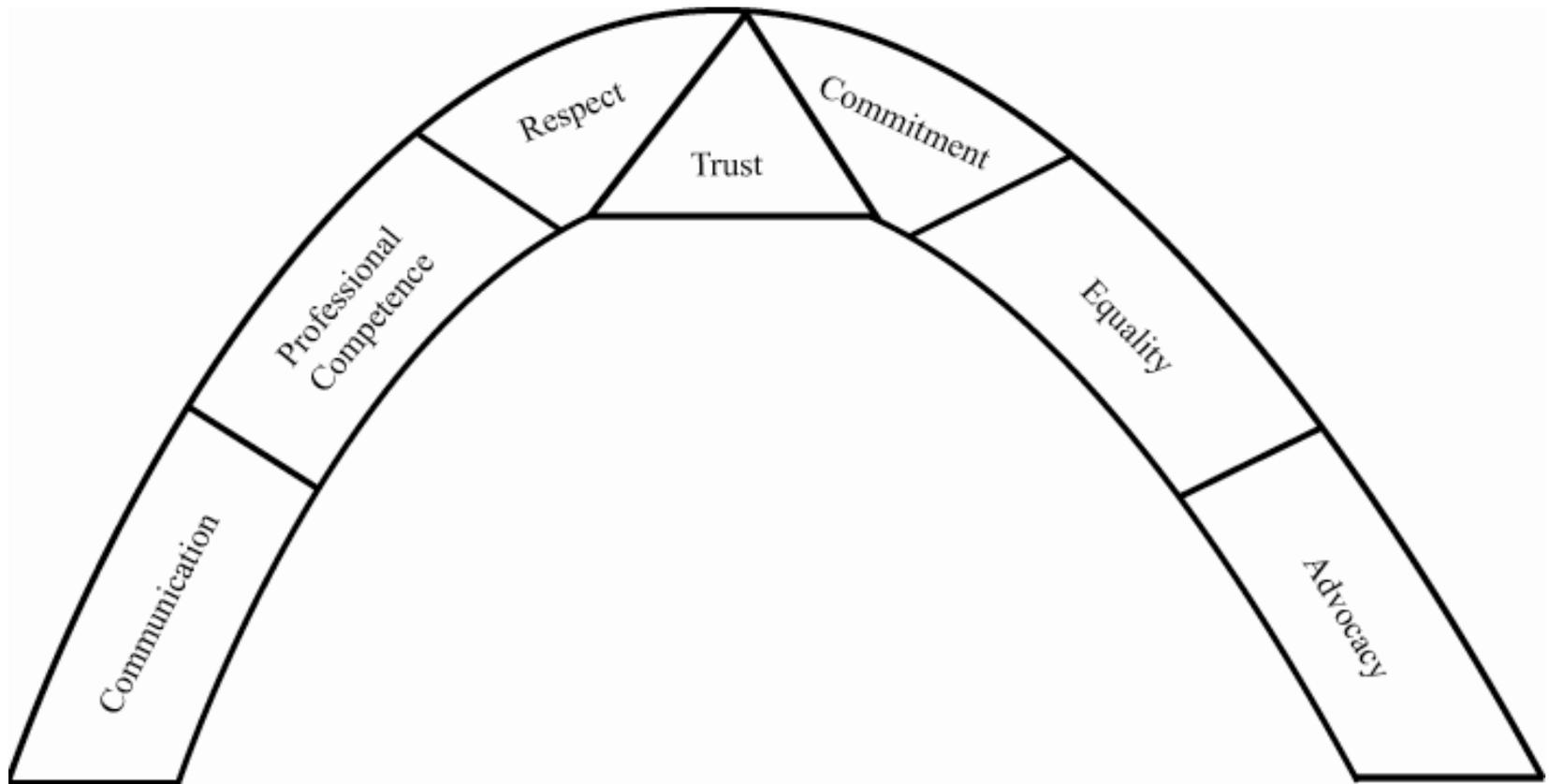
- Even after “acceptance” there can be setbacks
  - New life challenges
  - Reaction of others’ to their child
- Most parents need supportive guidance and positive experiences to be able to reach the highest level of adjustment
- Professionals are tasked with helping parents find a balance between hopes and realities to target pivotal goals with effective services

# Reporting Results

- Be aware of deficit focused language
- Understand guilt and tone of re-evaluation meetings
  - “Significantly below” used repetitively
- Be honest with compassion

# Principles of Partnership

(Turnbull, 2011)



# Partnership with Families

- “Truth” is based on perception
- Match your communication level to that of the families’ level of understanding
  - Set the tone for them to please stop you to ask questions
  - Refrain from: “Do you know what that means?”
- Some families are not forthcoming about themselves or their customs, values, or beliefs

# Summary

- Comprehensive evaluations for autism assess across domains of functioning
  - Recommended at initial and reevaluation due to wide range of strengths and weaknesses
  - Evaluation is not just for eligibility
  - Social-communication should be continually revisited

# References

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Wilkinson, L.A. (2010). *A best practice guide to assessment and intervention for Autism and Asperger syndrome in schools* [electronic resource].

Wilkinson, L.A. (2014). *Autism Spectrum Disorder in children and adolescents: Evidence-based assessment and intervention in schools*. Washington, D.C.: American Psychological Association.

**STRIVE is a post-secondary education program offering two semesters of non-credit employment skills development at the University of Missouri.**

- STRIVE prepares individuals for employment with it's 3 guiding pillars:
  - Direct Skill Instruction
  - Job experience and coached feedback
  - Peer mentoring
- Eligibility
  - Medical and/or Educational autism diagnosis
  - Ages 18-25 (not enrolled in high school)
  - Have comprehensive (verbal & non-verbal) IQ at or above 85
  - Have a strong desire to work competitively

For more information visit: <https://thompsoncenter.missouri.edu/STRIVE>

# Contact Information

## Thompson Center TEAM Education Program

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Thank you!  
Questions?