Wanzenberg & Associates

Matthew Wanzenberg, Ph.D.
Wanzenberg & Associates
386 Pennsylvania Ave
Suite 3SW
Glen Ellyn, IL 60137

Office 630 545 0234
Fax 630 545 0234
Mobile 630 926 6385
www.IEPGuardians.org

***Autism for Attorneys*:**
Practical Information for Legal Professionals

9/29/10

To DuPage County Bar Association CLE Participants:

On behalf of over 30,000 Illinois children with Autism Spectrum Disorders, I want to thank you for your thoughtful consideration of today's subject matter. As counsel to the families of this exceptional group of individuals, your resourcefulness can contribute to positive outcomes in the home, school, community, and workplace.

At the request of many parents and practitioners, I have compiled resources and links for further information related to our topic.

These attachments will be available in html "clickable" format and in pdf form at:

http://www.iepguardians.org/WAEDCONSULTING/DCBA.html

Again, thank you for service to the families of these exceptional people!

Sincerely,

Matthew Wanzenberg, Ph.D.
Chief Consultant, Wanzenberg & Associates

Links

Name	HTML
The Council for Disability Rights	http://www.disabilityrights.org/index.htm
The Autism Program of Illinois (TAP)	http://www.theautismprogram.org/
Autism Society of Illinois	http://www.autismillinois.org/
Special Education Terms/Abbreviations	http://www.disabilityrights.org/glossary.htm
Wrightslaw.com	http://www.wrightslaw.com/
Autsimlink.com	http://www.autismlink.com/
Online Aspergers Syndrome Information & Support (OASIS)	http://www.oasisautism.org/index.html
Autism in Plain Language: The DSM-IV TR Criteria Explained	http://www.actearly.org/site/PageServer?pagename=ans_dsm_intro
Autism Society of America	http://www.autism-society.org/site/PageServer
Autism Speaks	http://www.autismspeaks.org/
Autism Today	http://autismtoday.com/
Childnet.tv (Dan Marino Foundation)	http://www.childnett.tv/
OASIS @ MAAP	http://aspergersyndrome.org/
National Institute of Health: National Institute of Neurological Disorders & Stroke	http://www.ninds.nih.gov/disorders/asperger/asperger.htm
Department of Human Services (DHS)	http://www.dhs.state.il.us/page.aspx?item=40931
TalkAutism	http://www.talkautism.com/Default.aspx
Autism Acronyms	http://www.autism-resources.com/autismfaq-glos.html

Books and Publications

Ten Things Every Child with Autism Wished You Knew (Ellen Notbohm)	Every parent, teacher, social worker, therapist, and physician should have this succinct and informative book in his/her back pocket. Framed with both humor and compassion, the book defines the top ten characteristics that illuminate the minds and hearts of children with autism. Ellen's personal experiences as a parent, an autism columnist, and a contributor to numerous parenting magazines coalesce to create a guide for all who come in contact with a child on the autism spectrum.
Asperger Syndrome and Adolescence: Practical Solutions for School Success (Brenda Smith Myles and Diane Adreon)	Another great resource for activities and strategies to teach independence and success in the classroom (and beyond)
The Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities (Alison Ford, et. al.)	Don't be overwhelmed by the manual presentation of this great resource… It is the go to guide on how to identify, stage, and roll out solid transitional goals for students with Autism as they move from school to community/workplace.
The Eclipse Model: Teaching Self-Regulation, Executive Function, Attribution, and Sensory Awareness to Students with Asperger Syndrome High Functioning Autism, and Related Disorders (Sherry Moyer)	An excellent curriculum for teaching organizational and soft skills that promote self-awareness and independence in home, school, and community. Highly recommended for DIY parents!
Organizing the Disorganized Child (Martin Kutscher & Marcella Moran)	Primarily a parent tool for students with ADHD, this resource can be quite helpful for working with children with ASD who commonly exhibit executive skills dysfunction.
Look Me In The Eye: My Life with Asperger (John Elder Robinson)	Excellent biographical work on living with Asperger Syndrome. Highly recommended.

The Complete Guide to Asperger Syndrome (Tony Atwood)	Drawing on case studies and personal accounts from Attwood's extensive clinical experience, and from his correspondence with individuals with AS, this book is both authoritative and extremely accessible. Chapters examine: causes and indications of the syndrome; the diagnosis and its effect on the individual; theory of mind; the perception of emotions in self and others; social interaction, including friendships; long-term relationships; teasing, bullying and mental health issues; the effect of AS on language and cognitive abilities, sensory sensitivity, movement and co-ordination skills; and career development.
From Emotions to Advocacy: The Special Education Survival Guide (Peter Wright and Pamela Darr Wright)	Wrightslaw: From Emotions to Advocacy, second edition will teach you how to plan, prepare, organize and get quality special education services. In this comprehensive, easy-to-read book, you will learn your childs disability and educational needs, how to create a simple method for organizing your childs file and devising a master plan for your childs special education. You will understand parent-school conflict, how to create paper trails and effective letter writing. This book includes dozens of worksheets, forms and sample letters that you can tailor to your needs. Whether you are new to special education or an experienced advocate this book will provide a clear roadmap to effective advocacy for your child. You will use this book again and again.
You're Going to Love This Kid!: Teaching Students With Autism in the Inclusive Classroom (Paula Kluth)	Guide to understanding students with autism and including them fully in the classroom. Includes specific ideas for enhancing literacy; planning challenging, multidimensional lessons; supporting student behavior; connecting, communicating, and collaborating; fostering friendships; and adapting the physical environment. Softcover. DLC: Autistic children--Education—United States.
The Source for Asperger Syndrome (Timothy Kowalski)	Although there are many resources on Asperger, The Source for Asperger Syndrome is specifically designed to be a non-technical, yet clinically accurate, resource for the busy practitioner. You will quickly grasp the content and begin using the information in the diagnosis and treatment of clients who exhibit the symptoms of Asperger Syndrome.

Making a Difference: Advocacy Competencies for Special Education Professionals (Craig Fiedler)	*Making a Difference: Advocacy Competencies for Special Education Professionals* is the only single comprehensive source on the role and responsibility of special education professionals as advocates for children with disabilities. Most pre-service educational programs only cursorily cover the topic of advocacy, leaving many to enter the field without the knowledge and skills necessary for effective advocacy. This highly specialized book fills this training void by presenting the competencies, dispositions, knowledge, and skills necessary to become an effective advocate. Pre-service and in-service educators are introduced to topics such as ethical disposition, special education law, dispute resolution mechanisms, interpersonal communication skills, collaboration skills, and conflict resolution skills.

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Resources for Hospital-based Neuropsychological Evaluations that may be covered by insurance

Private evaluators available upon consultation with Dr. Wanzenberg
Updated 9/25/10

- Loyola Department of Neurology
  2160 S First Ave
  Maywod IL 60153
  888-LUHS-888

  http://www.loyolamedicine.org/Medical_Services/Neurosciences/What_We_Do/Neurobehavioral.cfm

- University of Illinois-Chicago
  UIC Behavioral Health Services
  912 S. Wood Street
  Chicago, IL 60612
  312-996-7383

  http://www.psych.uic.edu/ijr/patients.asp?p=clinicprograms

- Alexian Brothers Behavioral Health
  Pediatric Neuropsychology Clinic
  Eberle Building
  800 Biesterfield Rd. Ste. 610
  Elk Grove Village, IL 60007
  847-981-3630

  http://www.alexianbrothershealth.org/services/neurosciences/services/pediatric-neuropsychological/tests-treatments.aspx

- Rush University Medical Center
  1653 W. Congress Parkway, 310 Rawson
  Chicago, IL 60612
  312-942-5932

  http://www.rush.edu/rumc/page-1099918804049.html

- Hinsdale Hospital
  Salt Creek Therapy Center
  Salt Creek Therapy Center
  Salt Creek Lane, Suite 206
  Hinsdale, IL 60521
  630-850-2120

  http://www.saltcreektherapy.com/services/

- Central Dupage Hospital
  Department of Neuroscience/Behavioral Health Services
  25 North Winfield Road
  Winfield, IL 60190
  630-933-4000

  http://www.cdh.org/MedicalServices/Neurosciences/Neuropsychology.aspx

- University of Chicago: Child Psychiatric Services
  773-702-6826 (reception)
  773-702-3858 (child intake)

  http://psychiatry.uchicago.edu/clinical/cl_services.html#neuro

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2010-2011 School Year
Evaluative Timeline

Please note: school calendars vary and this tool is a general resource for the 60 school day evaluative timeline associated with initial evaluations and re-evaluations

Date Referral Initiated	Last Date For MDC	Date Referral Initiated	Last Date For MDC	Date Referral Initiated	Last Date For MDC
08/09/10	11/03/10	10/20/10	02/02/11	01/19/11	04/21/11
08/10/10	11/04/10	10/21/10	02/03/11	01/20/11	04/25/11
08/11/10	11/05/10	10/22/10	02/04/11	01/21/11	04/26/11
08/12/10	11/08/10	10/25/10	02/07/11	01/24/11	04/27/11
08/13/10	11/09/10	10/26/10	02/08/11	01/25/11	04/28/11
08/16/10	11/10/10	10/27/10	02/09/11	01/26/11	04/29/11
08/17/10	11/11/10	10/28/10	02/10/11	01/27/11	05/02/11
08/18/10	11/15/10	10/29/10	02/11/11	01/28/11	05/03/11
08/19/10	11/16/10	11/01/10	02/14/11	01/31/11	05/04/11
08/20/10	11/17/10	11/02/10	02/15/11	02/01/11	05/05/11
08/23/10	11/18/10	11/03/10	02/16/11	02/02/11	05/06/11
08/24/10	11/19/10	11/04/10	02/17/11	02/03/11	05/09/11
08/25/10	11/22/10	11/05/10	02/18/11	02/04/11	05/10/11
08/26/10	11/23/10	11/08/10	02/22/11	02/07/11	05/11/11
08/27/10	11/29/10	11/09/10	02/23/11	02/08/11	05/12/11
08/30/10	11/30/10	11/10/10	02/24/11	02/09/11	05/13/11
08/31/10	12/01/10	11/11/10	02/25/11	02/10/11	05/16/11
09/01/10	12/02/10	11/15/10	02/28/11	02/11/11	05/17/11
09/02/10	12/03/10	11/16/10	03/01/11	02/14/11	05/18/11
09/03/10	12/06/10	11/17/10	03/02/11	02/15/11	05/19/11
09/07/10	12/07/10	11/18/10	03/03/11	02/16/11	05/20/11
09/08/10	12/08/10	11/19/10	03/04/11	02/17/11	05/23/11
09/09/10	12/09/10	11/22/10	03/07/11	02/18/11	05/24/11
09/10/10	12/10/10	11/23/10	03/08/11	02/22/11	05/25/11
09/13/10	12/13/10	11/29/10	03/09/11	02/23/11	05/26/11
09/14/10	12/14/10	11/30/10	03/10/11	02/24/11	05/27/11
09/15/10	12/15/10	12/01/10	03/11/11	02/25/11	05/31/11
09/16/10	12/16/10	12/02/10	03/14/11	02/28/11	06/01/11
09/17/10	12/17/10	12/03/10	03/15/11	03/01/11	06/02/11
09/20/10	01/03/11	12/06/10	03/16/11	03/02/11	06/03/11
09/21/10	01/04/11	12/07/10	03/17/11		
09/22/10	01/05/11	12/08/10	03/18/11		
09/23/10	01/06/11	12/09/10	03/21/11		
09/24/10	01/07/11	12/10/10	03/22/11		
09/27/10	01/10/11	12/13/10	03/23/11		
09/28/10	01/11/11	12/14/10	03/24/11		
09/29/10	01/12/11	12/15/10	03/25/11		
09/30/10	01/13/11	12/16/10	04/04/11		
10/01/10	01/14/11	12/17/10	04/05/11		
10/04/10	01/18/11	01/03/11	04/06/11		
10/05/10	01/19/11	01/04/11	04/07/11		
10/06/10	01/20/11	01/05/11	04/08/11		
10/07/10	01/21/11	01/06/11	04/11/11		
10/08/10	01/24/11	01/07/11	04/12/11		
10/12/10	01/25/11	01/10/11	04/13/11		
10/13/10	01/26/11	01/11/11	04/14/11		
10/14/10	01/27/11	01/12/11	04/15/11		
10/15/10	01/28/11	01/13/11	04/18/11		
10/18/10	01/31/11	01/14/11	04/19/11		
10/19/10	02/01/11	01/18/11	04/20/11		

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SAMPLE LETTER FOR INITIAL CASE STUDY EVALUATION

Notes on use:

- Always send in written form and try to hand deliver (or at a minimum certify mail) this request
- Always confirm receipt of this request
- School must contact you within 10 days if the request is in order
- If declined, response should be formalized in writing with rationale and copy of parent's rights

Date

Name of Administrative School Contact
Name of School
Street Address
City, State Zip Code

Name of Administrative School Contact:

We are the parents of **CHILDS NAME (DOB or STUDENT ID NUMBER)**, a student attending **SCHOOL**.

We are requesting an initial case study evaluation to determine if **CHILD** is eligible for special education services.

The reasons for this request include:

- Difficulty in school, specifically **LIST AREA OF SCHOOL NEED** which has been observed for **DURATION OF EDUCATIONALLY RELEVANT SYMPTOM**
- **ADD OTHER INFORMATION RELATED TO REQUEST HERE**

OPTIONAL: To date, we are aware of the following interventions that have been employed to assist CHILD in school:

OPTIONAL: **CHILD** maintains a diagnosis of **LIST DIAGNOSIS/DIAGNOSES HERE** which impact his/her education at SCHOOL.

OPTIONAL: **CHILD** has been evaluated by **THIRD PARTY** and we wish the referral team to fully consider the findings and recommendations outlined in the attached evaluation.

Please forward forms related to release of confidential information so **CHILD's** service providers in the community are included in this process.

Please contact us to discuss the next steps in this process, including any dates which might be set aside for **CHILD's** domain meeting.

We look forward to working with the school team on **CHILD's** behalf.

Sincerely,

_____ _____
SIGNATURE DATE

Parents
Address
City, State Zip Code
Phone

(if child is subject to joint custody, complete with both parental signatures)

_____ _____
SIGNATURE DATE

Parents
Address
City, State Zip Code
Phone

Att: **SUPPORTING DOCUMENTATION**

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Ecological Assessment/Survey

Directions: enter task code(s) in cell and tally total minutes in highlighted cell at bottom

Interval	Monday	Tuesday	Wednesday	Thursday	Friday
8:00a-8:15a					
8:15a-8:30a					
8:30a-8:45a					
8:45a-9:00a					
9:00a-9:15a					
9:15a-9:30a					
9:30a-9:45a					
9:45a-10:00a					
10:00a-10:15a					
10:15a-10:30a					
10:30a-10:45a					
10:45a-11:00a					
11:00a-11:15a					
11:15a-11:30a					
11:30a-11:45a					
11:45a-12:00p					
12:00p-12:15p					
12:15p-12:30p					
12:30p-12:45p					
12:45p-1:00p					
1:00p-1:15p					
1:15p-1:30p					
1:30p-1:45p					
1:45p-2:00p					
2:00p-2:15p					
2:15p-2:30p					
2:30p-2:45p					
2:45p-3:00p					
3:00p-3:15p					

Minutes	Task	Notes/Personnel	CODE
	Transitioning to/from activity/classroom		1
	Classroom instruction alongside nondisabled peers		2
	Classroom instruction outside of non-disabled student lesson (e.g., back table, parallel group of disabled students, etc.)		
	Time with pull out service		3
	Time with 1:1 para (instr.)		4
	Socializing with non dis. peers		5
	Other (specify)		6

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105 ILCS 5-14-8.02g
Pertaining to access to classroom for observation and data collection

(g-5) For purposes of this subsection (g-5), "qualified professional" means an individual who holds credentials to evaluate the child in the domain or domains for which an evaluation is sought or an intern working under the direct supervision of a qualified professional, including a master's or doctoral degree candidate.

To ensure that a parent can participate fully and effectively with school personnel in the development of appropriate educational and related services for his or her child, the parent, an independent educational evaluator, or a qualified professional retained by or on behalf of a parent or child must be afforded reasonable access to educational facilities, personnel, classrooms, and buildings and to the child as provided in this subsection (g-5). The requirements of this subsection (g-5) apply to any public school facility, building, or program and to any facility, building, or program supported in whole or in part by public funds. Prior to visiting a school, school building, or school facility, the parent, independent educational evaluator, or qualified professional may be required by the school district to inform the building principal or supervisor in writing of the proposed visit, the purpose of the visit, and the approximate duration of the visit. The visitor and the school district shall arrange the visit or visits at times that are mutually agreeable. Visitors shall comply with school safety, security, and visitation policies at all times. School district visitation policies must not conflict with this subsection (g-5). Visitors shall be required to comply with the requirements of applicable privacy laws, including those laws protecting the confidentiality of education records such as the federal Family Educational Rights and Privacy Act and the Illinois School Student Records Act. The visitor shall not disrupt the educational process.

(1) A parent must be afforded reasonable access of

sufficient duration and scope for the purpose of observing his or her child in the child's current educational placement, services, or program or for the purpose of visiting an educational placement or program proposed for the child.

(2) An independent educational evaluator or a

qualified professional retained by or on behalf of a parent or child must be afforded reasonable access of sufficient duration and scope for the purpose of conducting an evaluation of the child, the child's performance, the child's current educational program, placement, services, or environment, or any educational program, placement, services, or environment proposed for the child, including interviews of educational personnel, child observations, assessments, tests or assessments of the child's educational program, services, or placement or of any proposed educational program, services, or placement. If one or more interviews of school personnel are part of the evaluation, the interviews must be conducted at a mutually agreed upon time, date, and place that do not interfere with the school employee's school duties. The school district may limit interviews to personnel having information relevant to the child's current educational services, program, or placement or to a proposed educational service, program, or placement.

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Questions to ask during analysis of current interventions/supports

Proper Instruction.

Is the instruction research-based and/or appropriate?

Does the instruction match the skill level of the student?

Is the instruction motivating and rewarding?

Is the instruction being provided by qualified teachers?

Behavioral Issues.

Were appropriate interventions planned?

Are the interventions being carried out?

Is the process for developing and implementing FBAs and BIPs reasonably likely to enable staff to decrease problem behaviors

Progress Monitoring.

Are there charts, graphs or plans to exhibit student performance at the beginning and throughout the interventions?

Have standards and implementations enabled staff to use data to drive decision-making for improved teaching and learning?

Interaction with Parents.

Were a sufficient number of meetings held?

Did a parent attend the meetings, or was there evidence of reasonable contacts?

Clear Standards.

Do clear standards delineate sufficiency of progress?

Are the standards followed consistently?

Is there sufficient time given for interventions to succeed?

Are the interventions changed based on performance?

Referral Process.

Do referrals for special education services seem to be appropriate?

Are there standards for referrals?

Are continued interventions appropriate?

Are the interventions modified and reasonable?

Were any referrals without prior general education interventions reasonable?

IEP's, 504 plans, RTI plans, and Post-High School Supports

	K-12 Individualized Education Program (IEP)	K-12 Section 504 of Rehabilitation Act	Response to Intervention Plans (RTI)	College and Agency (Section 504 and Americans with Disabilities Act)
School accountability	The student's public school is responsible for the student's performance as long as goals are identified in the IEP	The student's public school is not held accountable for specific areas of performance	The school is required to monitor student's performance in interventions	The student is responsible for his/her own academic performance. The school or agency is only required to consider supporting documentation
Identification	Public schools have a responsibility to find and evaluate students with disabilities that impact school performance	Parents must provide supporting documentation that meet federal guidelines for accommodation	Any school member or parent can initiate a request for an intervention plan	The student provides supporting documentation for disability and need for basic accommodations which may or may not be provided by college or agency
Costs of Identification	School districts bear the responsibility for a case study evaluation	In most cases, the family bears the costs of the eligibility evaluation for 504 services	School district bears the responsibility to design, implement, and monitor the intervention plan	The student is responsible for all costs associated with eligibility for supports at the school or agency
Termination	Services terminate at graduation or day after student's 22nd birthday if still in high school.	School services terminate upon graduation, but 504 plan may generalize to adult world	Intervention plan terminates at team discretion or upon graduation from high school	504 plan terminates upon completion of program or degree
Plan development	A multidisciplinary team of specialists develop and monitor the IEP	A limited committee of school team members develops and reviews the 504 plan	No requirement for specific team member, but casemanager is designated to monitor results of interventions	Student identifies needed accommodations; school or agency committee will review and determine if these are feasible in higher education
Entitlement	Student is subject to a free and appropriate public education outlined in IEP at no cost to parent. Due process rights allow for appeal.	Student is subject to a free and appropriate public education outlined in 504 plan at no cost to parent. Due process rights allow for appeal.	No specific rights exist for student or parent	Schools and agencies may determine eligibility for services with limited due process for student
Advocacy	Family is advocate	Family is advocate	School staff are the advocates	Student is advocate and seeks out supports needed
Changes allowed to course of study	Extensive and individualized modifications to course of study are allowed	Accommodations cannot fundamentally alter the nature of the course of study	No specific requirements, only that interventions must be established in research as effective interventions	Accommodations cannot fundamentally alter the nature of the course of study **or** cause undo hardship to school, agency, or employer.
Confidentiality	Strict confidentiality limited to school staff and specialists	Strict confidentiality limited to school staff and specialists	No specific requirements relating to achievement	Confidentiality between school/agency and student under FERPA
Funding	Federal, State, and Local funds	No funding	No funding	No funding; colleges may assess a "support fee" to offset costs of supports
Generalization	Carries over each year in public schools, K-12. Yearly progress updates and a re-evaluation each three years for continued eligibility. Meetings can be called at any time, as frequently as requested by school or parent	Carries over each year in public education, K-12. A brief yearly review is required.	No specific requirement: may be short term and not subject to carry-over in public school. Plans often do not generalize from elementary to middle to high schools	Plan is reviewed by college/agency at least yearly and renewed until program is completed

Adapted from: Brinckerhoff, L.B., Shaw, S.F., & McGuire, JM (2000)

SCREENING TESTS FOR AUTISM

Screening tests for autism are often used if there is a heightened concern about possible autism, or as part of a general assessment of a child's development. Screening for autism is often done prior to a more specific in-depth assessment for autism. Screening may be used as a part of the assessment process as a method intended to lead to a yes/no decision that autism is either unlikely or is possible and requires further evaluation. Most screening tests are designed to be brief and easy to administer.

Many simple screening tests for autism are available to the public through a variety of sources and claim to be useful in identifying children with autism. Most of these tests have not been evaluated using standard research methods. The literature review found only one screening test for autism in young children, the Checklist for Autism in Toddlers (CHAT), that had been evaluated in studies meeting criteria for adequate evidence about efficacy.

Checklist for Autism in Toddlers (CHAT)

The Checklist for Autism in Toddlers (CHAT) is a brief screening instrument that is intended to detect possible autism in toddlers. Since it is a screening test, the CHAT provides a first level of evaluation leading to a yes/no decision that, at the current time, autism is either unlikely or is possible (and requires further evaluation). The CHAT was published in 1992 (Baron-Cohen, et. al., 1992). The CHAT takes only about five to 10 minutes to administer and score. Specific training is not required, and it can be administered by a variety of individuals. The CHAT is designed to be used with toddlers as young as 18 months of age.

The CHAT consists of nine yes/no questions to be answered by the child's parent. These questions ask if the child exhibits specific behaviors, including: social play, social interest in other children, pretend play, joint attention, pointing to ask for something, pointing to indicate interest in something, rough and tumble play, motor development, and functional play. The CHAT also includes observations of five brief interactions between the child and the examiner, which enable the clinician to compare the child's actual behavior with the parental reports.

Evidence Ratings: [A] = Strong [B] = Moderate [C] = Limited [D1] = Opinion/No evidence meeting criteria [D2] = Literature not reviewed

Recommendations

1. It is important to identify children with autism as early as possible. The CHAT is a useful first-level screening method for children from 18 to 36 months of age in which there is any level of concern about possible autism. [A]
2. If screening using the CHAT suggests possible autism, further assessment is needed to determine a diagnosis. [A]
3. If screening using the CHAT suggests autism is unlikely, it is still important to:
    - assess the child for other developmental or medical problems that may have caused the initial concern.
    - continue regular periodic surveillance for problems that may be related to the cause of the initial concern. [A]
4. It is important to remember that not all children with autism can be identified early. Because the time of onset and severity of symptoms vary, it is recommended that screening be repeated at various age levels when concerns for autism persist. [D1]

AUTISM ASSESSMENT INSTRUMENTS

Several standardized tests and checklists have been developed to help assess the behavior of children with possible autism. These tests are also intended to further evaluate children in whom autism is considered possible (due to parent concerns, clinical clues, and/or positive screening test results).

These assessment instruments can be used in various ways in assessing children with possible autism. Sometimes these

instruments can be used to determine if autism is likely, so that a decision can be made to seek a specific diagnosis. At other times, some of these assessment instruments may be used as part of the formal diagnostic process. Finally, in certain instances some of these instruments may be used to rate the severity of symptoms, which may be useful in assessing interventions, periodic monitoring of the child's progress, and assessing outcomes.

This section is divided into the following six parts:

- Autism Behavior Checklist (ABC): a behavior checklist completed by a parent.
- Autism Diagnostic Interview-Revised (ADI-R): a structured interview.
- Childhood Autism Rating Scale (CARS): a test combining parent reports and direct observation by the professional.
- Pre-Linguistic Autism Diagnostic Observation Schedule (PL-ADOS), a test using direct observation of the child's behavior as elicited by the examiner.
- Reviews of other evidence about behavior rating scales.
- Reviews of other evidence about structured interviews.

The first four tests reviewed in this section (ABC, ADI-R, CARS, and PL-ADOS) are individual autism assessment instruments (or tests) that have been specifically designed to assess children with possible autism and which are currently available for use by U.S. clinicians. All of these tests rely on either *historical information* about the child's behavior (usually provided by a parent), *direct observation* of the child by a professional, or a combination of these methods.

Tests that rely on historical information may be in the form of behavior checklists or structured interviews. Behavior checklists (such as the ABC) are lists of questions to be completed by parents and later scored by a professional. Structured interviews (such as the various versions of the ADI) are composed of a prescribed set of questions and interview protocol that the professional uses to question the parents.

Tests that rely on direct observation of the child by a professional (such as the PL-ADOS) often prescribe specific ways for the examiner to elicit responses from the child. These tests also have a standardized method for scoring the observed behaviors. The CARS was the only autism assessment instrument reviewed that combines both historical information from a parent and direct observation of the child by the professional. The CARS also provides a total score that can rate the severity of behavior.

Tests reviewed that are not readily available in the US

This section also includes additional evidence about the efficacy of two autism assessment instruments that are not readily available to U.S. clinicians. The instruments evaluated include several versions of the **Behavioral Summarized Evaluation** (BSE), which is a behavior rating scale, and the **Parent Interview for Autism** (PIA), which is a structured interview. Those studies which used the BSE (and met criteria for adequate evidence about efficacy) were done in France or Italy. The BSE is not commonly used in the U.S. as an assessment instrument. Although the PIA was developed in the U.S., it is described only in a few research studies, and is apparently not currently widely available to clinicians.

The panel considered the evidence regarding the PIA and BSE to be useful for supporting some general recommendations about the use of autism assessment instruments. However, since the BSE and PIA are not readily available in the U.S. at this time, the panel chose not to make any specific recommendation regarding these specific testing instruments.

Autism Behavior Checklist (ABC)

The Autism Behavior Checklist (ABC) is a list of questions about a child's behaviors. The ABC was published in 1980 (Krug et al., 1980) and is part of a broader tool, the Autism Screening Instrument for Educational Planning (ASIEP) (Krug et al., 1978). The ABC is designed to be completed independently by a parent or a teacher familiar with the child who then returns it to a trained professional for scoring and interpretation. Although it is primarily designed to identify children with autism within a population of school-age children with severe disabilities, the ABC has been used with children as young as 3 years of age.

The ABC has 57 questions divided into five categories: (1) sensory, (2) relating, (3) body and object use, (4) language,

and (5) social and self-help.

Evidence Ratings: [A] = Strong [B] = Moderate [C] = Limited [D1] = Opinion/No evidence meeting criteria [D2] = Literature not reviewed

Recommendations

1. The ABC appears to have limited usefulness in identifying children with autism who are under the age of 3. [A]

2. When used in conjunction with other diagnostic instruments and methods, the ABC may have some usefulness as a symptom inventory to be completed by parents or teachers. Clinicians could utilize this inventory in structuring their evaluation. [D1]

Autism Diagnostic Interview - Revised (ADI-R)

The Autism Diagnostic Interview-Revised (ADI-R) is a semi-structured interview for a clinician to use with the child's parent or principal caregiver. The original version of this test, the Autism Diagnostic Interview (ADI) was published in 1989 (LeCouteur et al., 1989) and was correlated to the ICD-10 definition of autism. The original ADI was intended primarily for research purposes, providing behavioral assessment for subjects with a chronological age of at least five years and a mental age of at least two years. The ADI-R (Lord et al., 1994) is a shorter version of the ADI, which has been developed for clinical use. It is intended to be briefer and more appropriate for younger children than the ADI. The ADI-R takes from 11/2 to 2 hours to administer and can be used with children as young as two years of age (with a mental age greater than 18 months). The ADI and the ADI-R focus on getting maximal information from the parent about the three key areas defining autism: (1) reciprocal social interaction; (2) communication and language; and (3) repetitive, stereotyped behaviors.

Recommendations

1. The ADI-R may be useful as part of a multidisciplinary intake assessment in diagnosing young children with possible autism. [C]

2. Because of the time needed to administer the ADI-R, and the extensive training needed, this test may not be a practical assessment method in all clinical situations. [D1]

3. A structured parent interview, such as the ADI-R, is a method that can help maximize parental recall but is not a substitute for direct observation of the child by a professional assessing the child. Therefore, it is important to supplement structured parent interviews with direct observation of the child. [D1]

Childhood Autism Rating Scale (CARS)

The Childhood Autism Rating Scale (CARS) is the most widely used standardized instrument specifically designed to aid in the diagnosis of autism for use with children as young as 2 years of age. Published in 1980 (Schopler et al., 1980), the CARS was originally correlated to the DSM-III and then to the DSM-III-R. The CARS is intended to be a direct observational tool used by a trained clinician. It takes about 20-30 minutes to administer.

The 15 items of the CARS include: Relationships with People, Imitation, Affect, Use of Body, Relation to Non-human Objects, Adaptation to Environmental Change, Visual Responsiveness, Auditory Responsiveness, Near Receptor Responsiveness, Anxiety Reaction, Verbal Communication, Nonverbal Communication, Activity Level, Intellectual Functioning, and the clinician's general impression.

Evidence Ratings: [A] = Strong [B] = Moderate [C] = Limited [D1] = Opinion/No evidence meeting criteria [D2] = Literature not reviewed

Recommendations

1. The CARS may be useful as part of the assessment of children with possible autism in a variety of settings: early

intervention programs, preschool developmental programs, and developmental diagnostic centers. [A]

2. Among the autism assessment instruments reviewed, the CARS appears to possess an acceptable combination of practicality and research support, despite the limited research on its use in children under 3 years of age. [A]

3. Because it gives a symptom severity rating, the CARS may be useful for periodic monitoring of children with autism and for assessing long-term outcomes. [D1]

4. It is very important that professionals using the CARS have experience in assessing children with autism and have adequate training in administering and interpreting the CARS. [D1]

5. An autism assessment instrument that is practical, is supported by research, and includes a severity rating (such as the CARS) may be useful for collecting consistent information to assist with estimating the prevalence of autism and assess functional outcomes (especially if tied to other information about interventions and service delivery). [D1]

Pre-Linguistic Autism Diagnostic Observation Schedule (PL-ADOS)

The Autism Diagnostic Observation Schedule (ADOS; Lord et al., 1989) consists of eight tasks, four focusing on social behaviors and four on communicative behaviors. The test was intended primarily for older, higher-functioning, verbal autistic children. The Pre-Linguistic Autism Diagnostic Observation Schedule (PL-ADOS; DiLavore et al., 1995) is a version of the ADOS modified to diagnose young children (under the age of 6 years) who are not yet using phrase speech. It is a semi-structured assessment of play, interaction, and social communication and takes about 30 minutes for a trained clinician to administer.

Recommendations

1. The PL-ADOS may be useful as part of a multidisciplinary intake assessment in diagnosing young children with possible autism. [C]

2. Since extensive training is needed to learn how to administer the PL-ADOS, it may not be a practical assessment method in certain clinical situations. [D1]

Reviews of Other Evidence About Behavior Rating Scales for Autism

Because the BSE may not be readily available to U.S. clinicians, no specific recommendations on the use of this test were made. However, evidence from scientific studies about the use of various versions of the BSE for identifying young children with autism is used as the basis for supporting some general recommendations about the use of autism assessment instruments that provide a symptom severity rating.

The Behavioral Summarized Evaluation (BSE) (Barthelemy et al., 1992) is a rating scale developed in France and designed to measure changes in behavior in autistic children and adolescents. The BSE is intended to be completed by someone having daily contact with the child. Its primary use has been as a weekly or biweekly measure of clinical status of autistic children participating in various intervention studies. However, the original version of the BSE, a revised version (BSE-R) (Barthelemy et al., 1997) and a downward extension of the BSE known as the Infant Behavioral Summarized Evaluation (IBSE) (Adrien et al., 1992) have all been analyzed for their ability to identify autism in children.

Evidence Ratings: [A] = Strong [B] = Moderate [C] = Limited [D1] = Opinion/No evidence meeting criteria [D2] = Literature not reviewed

Recommendations

1. An autism assessment instrument that provides a symptom severity rating may be useful for periodic monitoring of children with autism and for assessing outcomes. [D1]

2. A behavior rating scale completed by someone familiar with the child (such as a parent, early childhood professional or teacher), when interpreted by a professional with expertise in assessing children with autism, may provide information that is useful in helping to identify and diagnose children with autism. [A]

Reviews of Other Evidence about Structured Parent Interviews for Autism

The Parent Interview for Autism (PIA) is an instrument that was used in a research study and might not be readily available to practicing clinicians. Therefore, the panel chose not to make specific recommendations on using the PIA, but reviewed evidence from the study to make general recommendations about the use of structured parent interviews for young children with possible autism.

The Parent Interview for Autism (PIA; Stone and Hogan, 1993) is intended to elicit relevant information about children functioning at the preschool level and below. The PIA is a respondent-based interview that requires parents to make judgments about the frequency of occurrence of specific behaviors. PIA items are administered verbally, so that parents' questions can be clarified. Administration of the PIA takes approximately 30-45 minutes.

Recommendations

1. A structured parent interview may be useful as part of the assessment of children with possible autism, especially if there is research evidence that the particular assessment instrument has adequate sensitivity and specificity for identifying children with autism. [A]

2. It is important to supplement the structured parent interview with direct observation of the child. [D1]