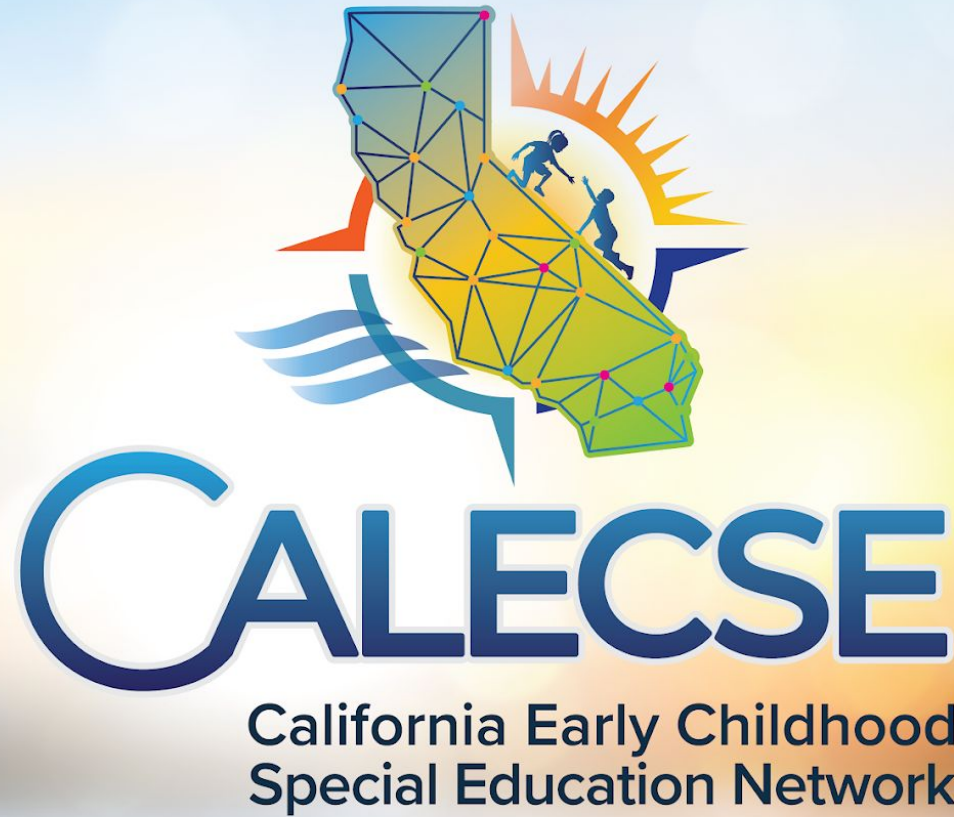
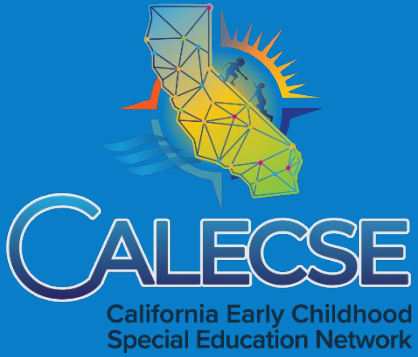




Early Childhood Autism Assessments

April 18, 2024

3:30-5:30 p.m.



CaIECSE

California Early Childhood Special Education Network

Funded by the CDE



Implementation Leadership

Co-Executive Director- Dr. Scott Turner, East San Gabriel Valley SELPA
Co-Executive Director-Melanie Hertig, Irvine Special Education/SELPA
Project Coordinator-Marion Springett, Saddleback Valley USD



CalECSE

California Early Childhood Special Education Network

Funded by the CDE

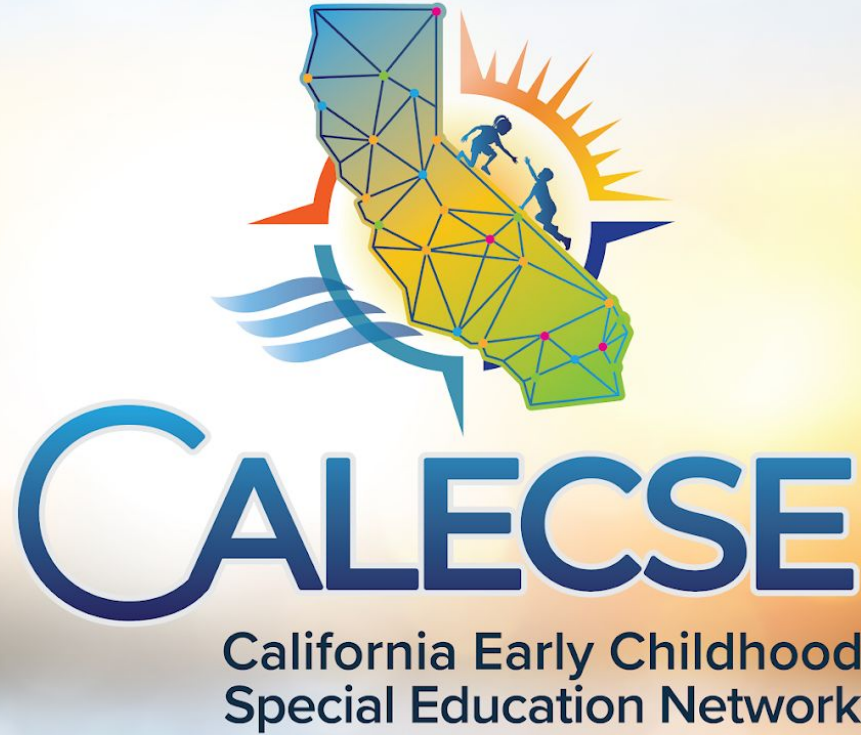
CalECSE.org



CalECSE is a technical assistance project funded under the California Department of Education (CDE) that supports Local Educational Agencies (LEAs), Special Education Local Plan Areas (SELPA), County Offices of Special Education (COEs), and other Agency Partners in the areas of IDEA Part C to B Transitions, Preschool Assessment Practices, and Preschool Child Find by providing technical assistance, professional learning, and demonstration of tangible practices *that have been proven successful*.

The CalECSE Network *leverages collaboration amongst agencies, disseminates resources, highlights existing exemplar practices, and provides direct technical assistance* to improve the capacity, knowledge, collaboration, and implementation of evidence-based practices across agencies throughout California.

The CalECSE Network is committed to *improving outcomes* for children and their families by *eliminating and addressing barriers* to successful transition for California's youngest children with disabilities.



Please tag us on social media:
#CalECSE

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Today's Presenters

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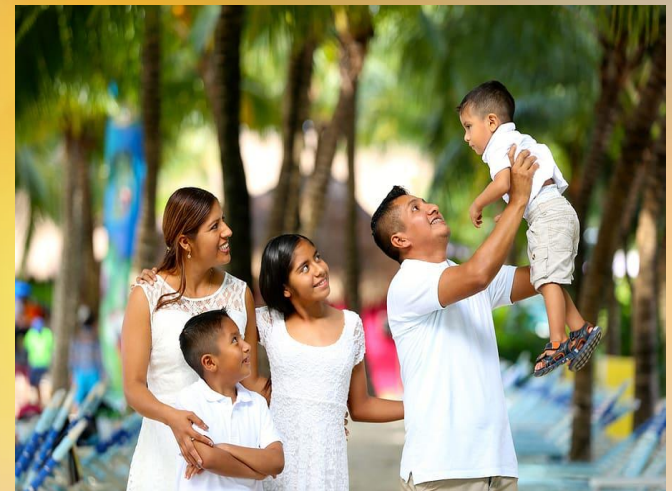
What We Will Be Covering Today



- **Why Are Accurate Autism Assessments So Important in Early Childhood?**
- **Neurodiversity**
- **Current Data and Research Around Autism with a Focus on Girls with Autism**
- **Autism Under Ed Code**
- **Ed Code vs Medical Diagnosis**
- **Components of a Comprehensive Assessment: Importance of Parent Involvement and Naturalistic Observations**
- **Play Based Assessment**
- **Standardized Measures**
- **Language Assessments and Gestalt Language Processing**
- **Making Eligibility Recommendations**
- **Delivering Hard News**

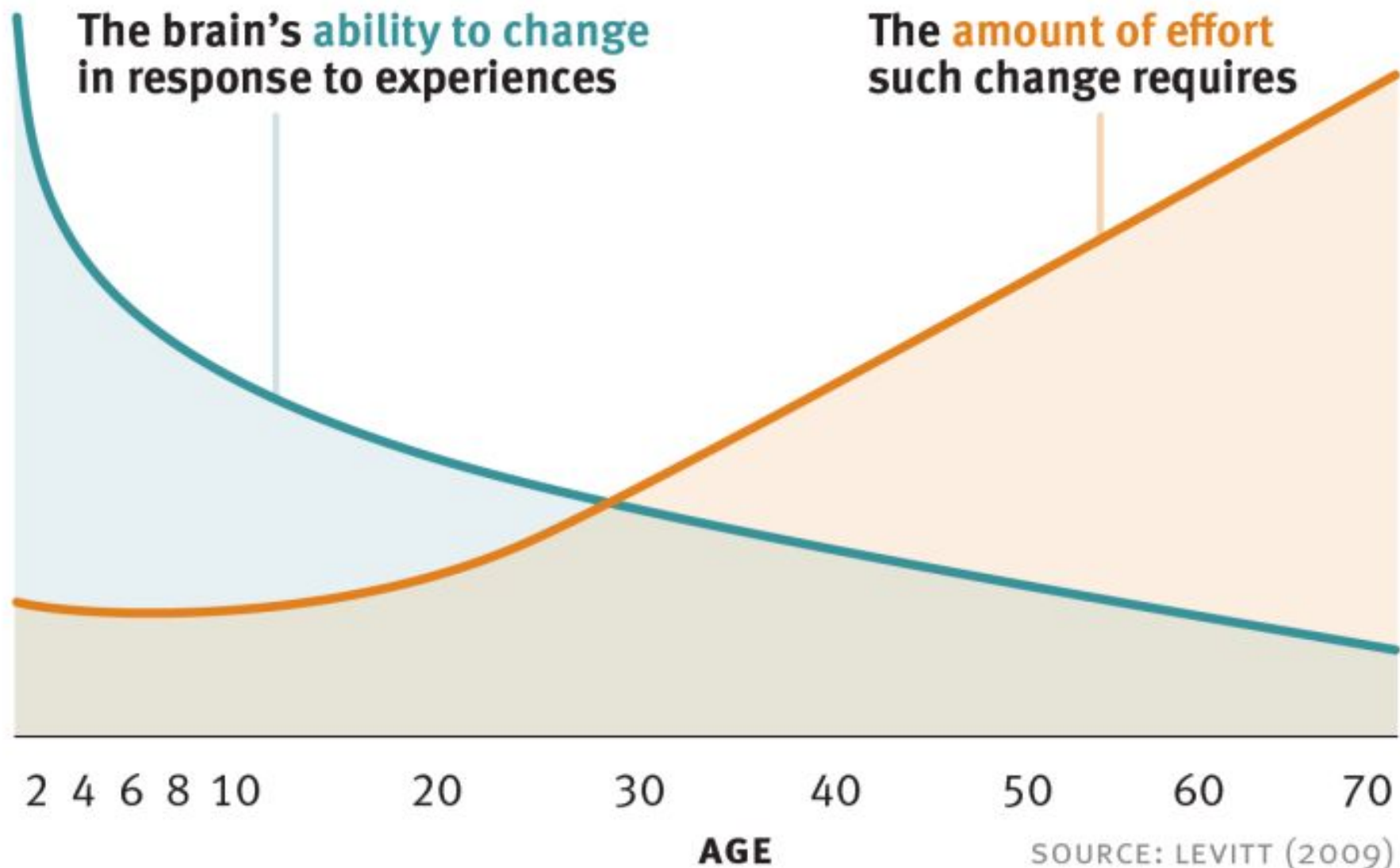
The Why

Early Identification and Intervention Changes Lives and Long-Term Outcomes



Brain development during first 5 years





Research Shows Long-Term Benefits of Early Intervention

Intervention before age 5 has huge academic, social, and economic benefits. Studies have shown that children who receive early treatment for developmental delays are more likely to:

- ★ Graduate from High School
- ★ Hold Jobs
- ★ Live Independently
- ★ Avoid Teen Pregnancy
- ★ Avoid the Criminal Justice System

All of which results in a savings to society of about \$30,000 to \$100,000 per child.

Source: 4 Glascoe, F.P., Shapiro, H.L. (2004, May 27). Introduction to Developmental and Behavioral Screening. developmentalbehavioralpediatrics.org online.

**Let's Learn About You First...Please take out
your phones and scan this QR Code**

<https://www.menti.com/ale3p97q4znc>

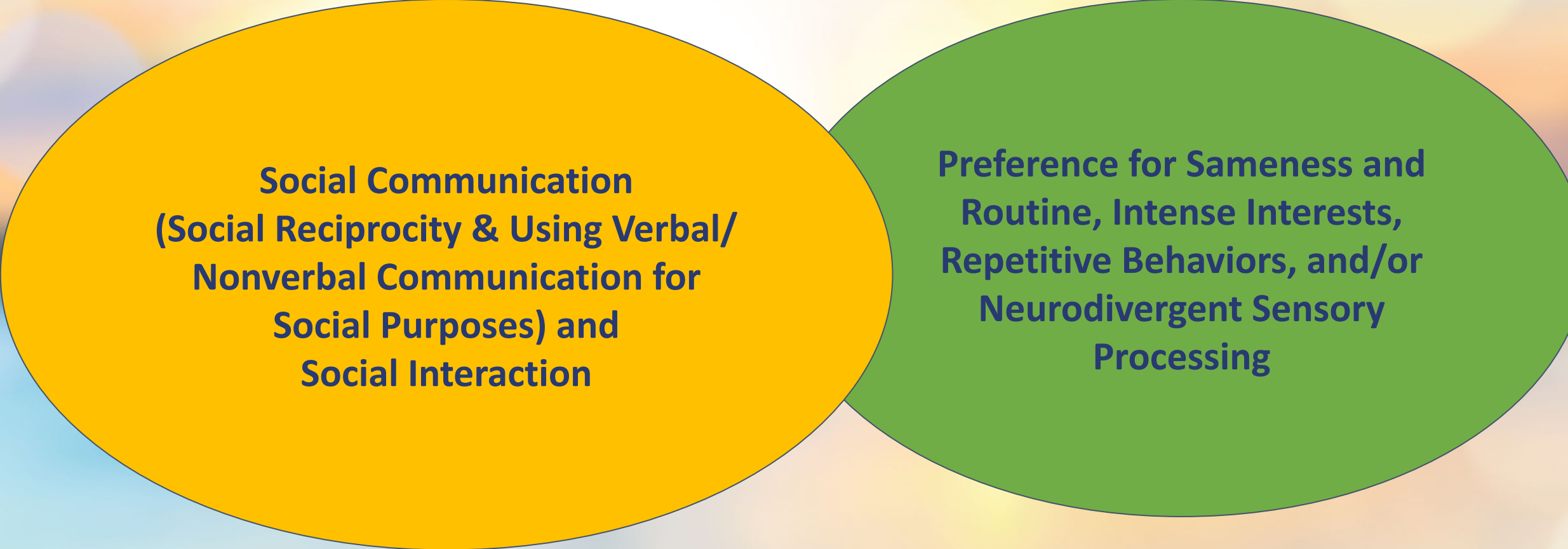
Access Code **7570 1971**



<https://www.mentimeter.com/app/presentation/alyftcwz8uhgd84hn49msmkx7p9q7uci/b4f8b9b8e69c>

What is Autism?

A neurodivergent way of processing information. Autistic individuals process, perceive and interpret the world differently from people with neurotypical processing. Autism primarily manifests in differences in:



**Social Communication
(Social Reciprocity & Using Verbal/
Nonverbal Communication for
Social Purposes) and
Social Interaction**

**Preference for Sameness and
Routine, Intense Interests,
Repetitive Behaviors, and/or
Neurodivergent Sensory
Processing**

Respecting the Neurodiversity Movement



What is Neurodiversity Affirming?: focus on *Difference* versus *Disorder*

- Reframing our language to be more affirming of neurodivergence:
 - Autism traits or characteristics (instead of “suffers from Autism” or “Autism symptoms”)
 - Nonspeaking (instead of “nonverbal”)
 - Avoid terms such as “high-functioning” and “low-functioning”
 - Avoid “normal” or “abnormal;” Neurotypical and neurodiverse is preferred
 - Avoid “special needs” use “in need of support” or “learning difference”
 - Many adults in the autistic community identify as “Autistic” but there are others who prefer identifying as “person with autism.” The neurodiversity paradigm does not endorse terms like ASD or Autism Spectrum Disorder.
 - Child with Autism is more affirming than “diagnosed with Autism”
 - Follow the family’s preferences.
- How to Write Neurodiversity Affirming Speech Goals

what people think the autism spectrum looks like:



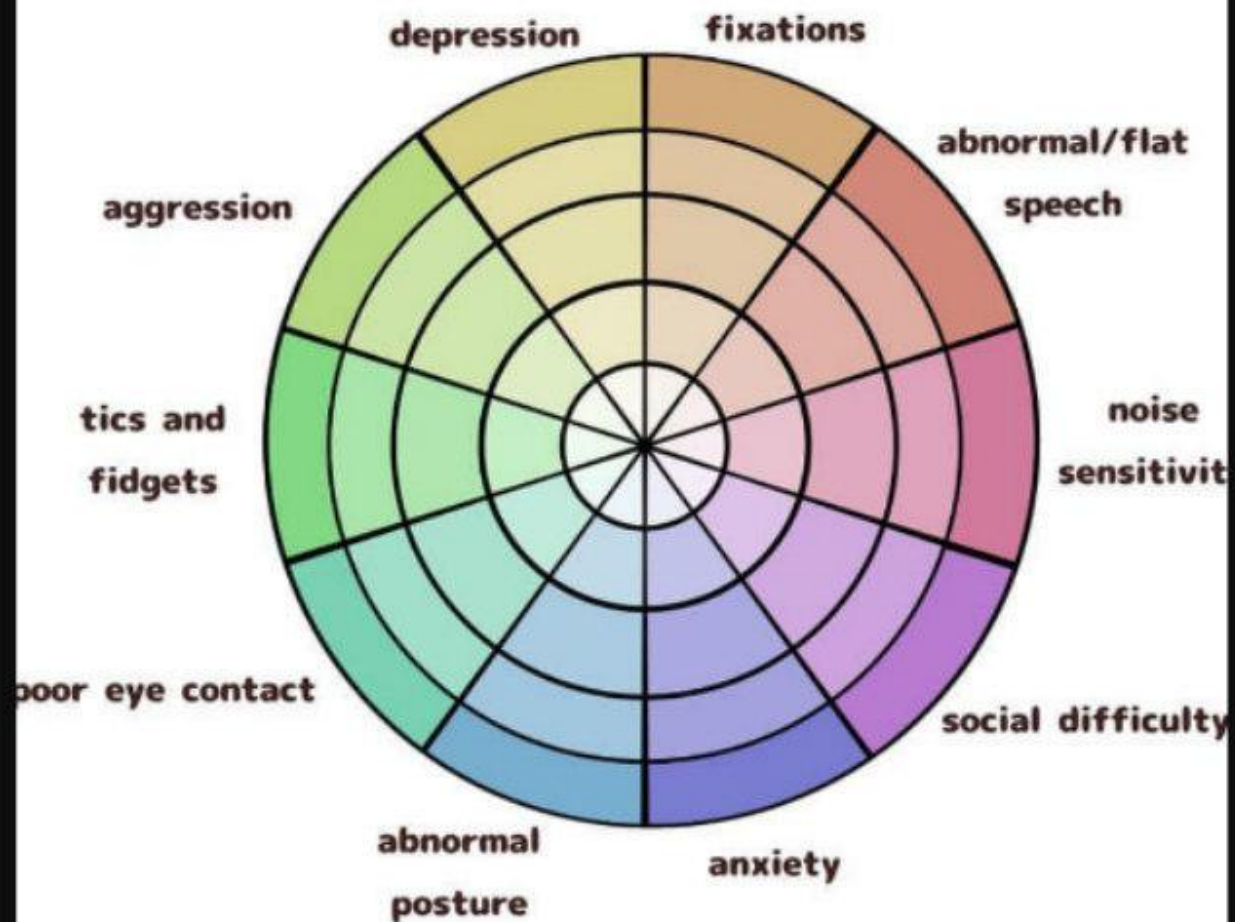
^

"less autistic"

^

"more autistic"

what it can actually look like:





“When a flower doesn’t bloom, you fix the environment in which it grows, not the flower.”

– Alexander Den Heijer

Let's Start with the Big Picture....



Autism Stats and Information

- 1 in 36 children in United States diagnosed w Autism ([CDC, 2023](#))
- Boys 4 times more likely to be diagnosed than girls. 4% of males and 1% of females in US have diagnosed Autism. ([CDC, 2023](#))
 - Some researchers propose that girls are underidentified and therefore 4:1 ratio is inaccurate.
- School Districts do not need a child to have a medical diagnosis to find a child eligible for special education under Autism.
- School districts can be the first identifiers and eligibility for special education under Autism can help families access early intervention through schools and/or seek outside supports in the interim when there are long wait lists for medical assessments.



Autism and Girls: Let's Look at the Research



- Girls are often missed and “hide in plain sight.”
- See links to [Child Mind Institute Article](#) and ASHA’s [Invisible Girls Article](#)
- Average age of diagnosis for girls = 8. Girls without ID/language delays often missed in preschool/early childhood. (Eaton, 2012).
- Girls diagnosed 14 months later than boys in large scale study due to average IQ/language and Autistic traits/challenges becoming more obvious in later development. Females without ID or behavioral challenges, less likely to receive a diagnosis than boys even with the same level of Autistic traits. (Kavanaugh et. al, 2023)
- Girls more likely to be given a different diagnosis first before later being diagnosed with Autism. (Giarelli et al, 2010)

Why are We Missing Girls?

- Behaviors are internalizing vs. externalizing so the impact of the environment results in less referrals.
- Diagnostic criteria and research is overwhelmingly based on white males.
- Rating scales and standardized measures are based on how Autism manifests in white males.
- There is a lack of research on girls with Autism who do not have ID/language impairments and therefore a lack of standardized assessment measures for these females, at this time.
- There are currently no research-proven, standardized measures available that account for the differences found in research in females with Autism.



How Autism May Present Differently in Girls v. Boys in Early Childhood Based on the Research



Girls

- Restricted interests more “socially acceptable” (e.g., “collections” and displaying/organizing toys, intense interest in animals/stuffies/character)
- Better sharing of interests—will converse with others (e.g., talk with peers/adults about *My Little Pony*)
- Higher social motivation for friendships
- Higher nonverbal communication (more frequent eye contact, gesture use, social smiles), but difficulty reading nonverbal cues persists
- Better conversational skills (but speech can be overly verbose/formal, repetitive questioning, monopolizes conversations, frequent interruptions of others)
- May be called “bossy” by peers, difficulty sharing items
- Better pretend play/ability to imitate (repetitive play schemes that look imaginative)
- “Flitting” between peers on the playground
- Can appear “shy” or to suffer from anxiety

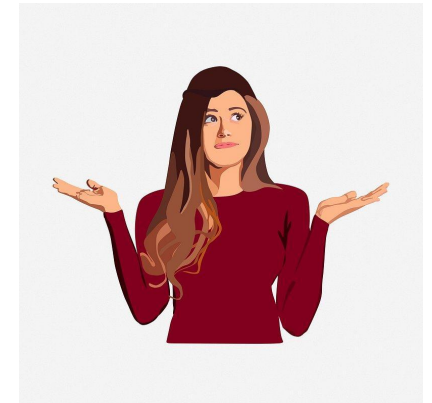
Boys

- More obvious restricted interests reported (e.g., fixation on port-a-potties)
- More likely to show interest in parts of objects
- More repetitive motor movements (e.g., hand-flapping, pacing, jumping)
- More likely to engage in solitary play, have limited peer interactions
- Repetitive play more stereotypical of Autism (e.g., lining up objects, driving a car back and forth in front of eyes)
- Less likely to show pretend play
- May be more likely to have externalizing behaviors (aggression, meltdowns, disruptive, self-injury, behavior in the preschool setting that result in referrals)

Autism and Girls: It Can Be More Nuanced

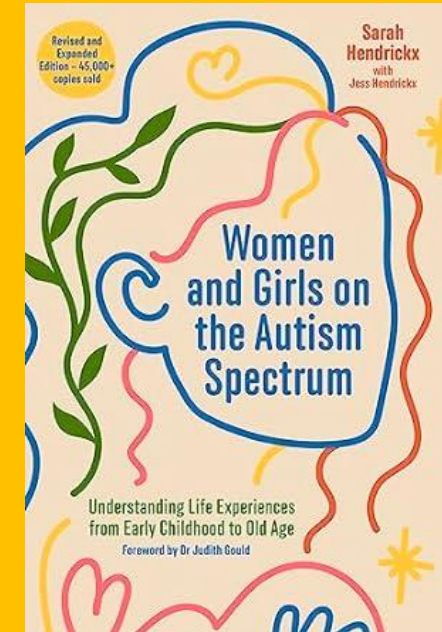
- One research study showed that respondents on rating scales often checked “sometimes” on behaviors indicative of Autism for girls who were later diagnosed
- Same study showed qualified clinicians with experience diagnosing Autism often were more ambiguous and unsure in their determinations for Autism for females versus males.
- Consider borderline results as potentially significant.

(Hiller et al, 2014)



Things to Keep in Mind when Assessing Girls for Autism

- **Information is emerging: take time to educate yourself about females with Autism.**
- Our assessment tools are normed primarily on males (4:1 ratio) and we don't currently have standardized assessments that target female presentation of Autism. Take assessment results with grain of salt, especially "borderline, on the cusp" findings
- Females may present with less disruptive and less stereotypically obvious behaviors.
- Comparison to same-age typically developing females whenever possible (naturalistic observations) and milestone markers.
- Although females may not qualify initially because there is not significant educational impact, signs of impairment related to Autism might manifest more clearly over time and *it is important to document early concerns related to Autism* – reassessment may be necessary down the road.



[Link to Free Training from Seattle Children's Hospital on Girls with Autism](#)

CDE [Diagnostic Center Trainings](#):
No-Cost Training on May 3, 2024

Early Childhood Autism Assessments



How Do Early Childhood Referrals Come In

- **Early Childhood referrals come in from many sources:**
 - **Regional Center Part C to Part B referral (32-34 months) or Family Resource Center**
 - **Parent referred due to concerns with an area or areas of development/may have no diagnosis**
 - **Teacher referred—new influx of Transitional Kindergarten referrals**
 - **Pediatrician referred**
 - **Medical/private diagnosis triggers a request for assessment**
 - **Community/preschool developmental screenings**

Assessing in All Areas of Suspected Disability

- A **comprehensive intake process** for referrals to ensure the team is assessing in ALL areas of suspected disability is critically important.
- Intake process should include specific questions about **behavior, sensory processing, language, socialization/play, self care, motor skills**, etc., so that the assessment plan reflects all areas of concern.
- The approach of “waiting and seeing” or “screening” is NOT recommended and NOT a legally defensible practice.
- If **Autism** is suspected, a full assessment is warranted including OT on initial assessment plan if sensory or motor concerns are present.

Sample Intake Form



EARLY SIGNS OF AUTISM



Minimal/No eye contact



Prefers alone time



Won't point at objects or show interest in them (by 14 months)



Delayed speech and language skills



Repeating Words and Phrases Continually



Resistant to Any Slight Change



Abnormal Body Movements



Become Obsessed with Certain Interests



Sensitivity to Light, Sound, Smell, Taste, Touch, etc.



Autism Spectrum Disorder

Early Signs

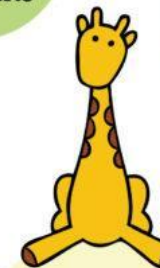


ASD typically appears during the early years of life.

Early assessment and intervention are crucial to a child's long-term success.

no smiling at people by 6 months

no babbling, pointing, or meaningful gestures by 12 months



no two-word phrases by 24 months

no one-word communications by 16 months

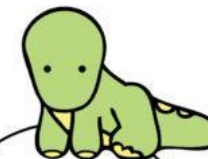
poor eye contact

using or focusing in on parts of toys or objects



loss of skills at any time

not showing items or sharing interests



Talk to your pediatrician about concerns.

not responding to sounds, voices, or name



National Autism Center
at
May Institute

877.313.3833
nationalautismcenter.org

Early Signs of Autism Video

[Play/Social Contrasts Typical/ASD](#)[Play/Social Contrasts Typical/ASD](#)

DSM-V Criteria for Autism, Part A



Persistent deficits in all 3 areas of **Social Communication** and **Social Interaction**

Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

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 communicative 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 a total 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.

DSM-V Criteria for Autism, Part B



Restricted, repetitive patterns of behavior, interests, or activities, as manifested by **at least two** of the following, currently or by history (examples are illustrative, not exhaustive):

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 hyporeactivity 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).

California Education Code Criteria for Autism



→ Autism means a developmental disability **significantly affecting verbal and nonverbal communication and social interaction**, generally evident before age three, **and** adversely affecting a child's educational performance.

Ensure you are considering Social Communication across the educational environment (not just language scores) when examining verbal and nonverbal communication under Ed Code

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 response to sensory experiences.*

- Adversely affects educational performance
- Requires specially designed instruction



When Considering California Education Code Criteria for Autism...



- People with Autism present with a range of language skills, for example a person might be:
 - Nonspeaking with High Receptive language
 - or have Significantly Low Receptive and Expressive Language
 - or Superior Expressive and Receptive Language
 - And many more combinations!
- Despite how Ed Code is worded, Social Communication and Social Interaction involve more than just having average verbal and nonverbal abilities. In terms of Educational Impact, it includes:
 - Reading of Social Cues in Real Life (Not Just on Pragmatic Tests)
 - Initiating, Joining, and Sustaining Interactions
 - Being Reciprocal in Play and Conversations
 - Integrating Verbal and Nonverbal Communication to Share Social Reciprocity and Develop Peer Relationships
 - Joint Attention
 - Code Switching
 - Joining and Working in Groups in the Classroom and on the Playground



Impairments and Differences in Verbal and Nonverbal Communication in an Early Childhood Context in Schools



Verbal (impairments can range...not all are needed)

- Atypical prosody (intonation differences: sing-song, flat)
- Evidence of gestalt language acquisition (e.g., echolalia, scripting)
- Repeating certain sounds apparently out of context
- Unusual rate and volume of speech
- Scripting, stereotyped speech
- Limited or no initiating or responding to verbal interactions
- Difficulty sustaining back and forth flow of conversation
- Limited or no asking or responding to questions
- Limited or no reciprocity in play or conversation
- Monologuing: only will talk about preferred topic or returns conversation or play to preferred topics, one-sided conversation with frequent interruptions
- Limited or no response to name
- Nonspeaking
- Significant language impairments

Nonverbal (not all are needed)

- Limited or no response to social smiles
- Limited or no response to greetings
- Limited or no joint attention
- Limited or no eye contact
- Limited or no nonverbal gestures (nodding, shaking head, clapping, pointing)
- Limited facial expressions or flat affect
- Using others' hands as tools, leading by hands/arms
- Difficulty with personal space
- Difficulty reading social cues

*Try to compare girls to same-age neurotypically developing girls



Impairment in Social Interaction in an Early Childhood Context in Schools

- **Relationships (not all are needed)**

- Limited interest in peers or adults
- Limited play with peers or adults
- Difficulties with peers because of rigidity/need to direct play
- Limited showing of affection, even with caregivers
- Not joining and sustaining play with peers for at least several minutes by age three
- Low reciprocity/one-sided interactions

- **Play (not all are needed)**

- Limited functional play with toys (e.g., rolls cars in front of eyes, lines items up)
- No or limited pretend play
- Limited parallel or associative play
- Rigid, repetitive or scripted play scenarios

- **Age-Appropriate Participation Social Situations (not all are needed)**

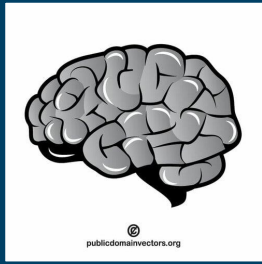
- Difficulty in social situations (birthday parties, group games, extended family dinners)
- Object-focused when in a room, rather than people focused
- No or limited ability to join or sustain age-appropriate group activities (circle time at preschool, presented activities at preschool such as daily art project)
- Limited or no response when spoken to even if child has the verbal skills
- On the perimeter of play yard/preference to play alone/flitting from peer to peer





Comprehensive Autism Evaluation: Looking at the Whole Child

Cognitive & Preacademic Skills



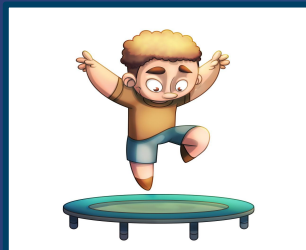
Speech & Language/Pragmatics



Adaptive Behavior



Motor/Sensory



Social-Emotional & Behavior



Components of a Comprehensive Autism Assessment

- ❑ [Health and Developmental History \(sample linked\)](#) [Spanish H&D](#)
- ❑ Hearing and Vision Screenings
- ❑ Parent/Caregiver Report/Interview
- ❑ Review and Consideration of Outside Reports/Diagnoses
- ❑ Preschool Teacher/Daycare Provider Report
- ❑ Naturalistic Observations (preschool, home, park)
- ❑ ADOS-2 Administration or [Play-Based Assessment](#)
- ❑ Autism Specific Rating Scales (Parent, Teacher)
- ❑ Adaptive Behavior Scales
- ❑ Assessment Observations
- ❑ Standardized Assessments
 - ❑ Speech and Language including pragmatics
 - ❑ Cognitive (unless working with an African American child due to Larry P case injunction)
 - ❑ Preacademic Skills
 - ❑ Motor/Sensory
- ❑ Statement of Validity
- ❑ Summary of Findings
- ❑ Discussion of Eligibility under Education Code

Know Typical Early Childhood Development

CDC Developmental Milestones
Tracker

[Learn the Signs. Act Early.](#)

[Checklist](#)

[Resources for Early Childhood](#)

[Educators from the CDC website](#)

MILESTONES MATTER: LET'S TALK ABOUT THEM!

MILESTONES AT 4 MONTHS

- ✓ Begins to babble
- ✓ Responds to affection



MILESTONES AT 6 MONTHS

- ✓ Likes to play with others
- ✓ Responds to own name



MILESTONES AT 9 MONTHS

- ✓ Has favorite toys
- ✓ Understands "no"



MILESTONES AT 1 YEAR

- ✓ Tries to say words you say
- ✓ Waves "bye-bye"



MILESTONES AT 2 YEARS

- ✓ Begins to run
- ✓ Begins to sort shapes, colors



MILESTONES AT 3 YEARS

- ✓ Knows name and age
- ✓ Climbs and runs well



Get free milestone checklists for these ages and more at www.cdc.gov/Milestones or by calling 800-CDC-INFO (800-232-4636).

Learn the Signs. Act Early.

Developed in partnership by the University of Missouri and the US Department of Health and Human Services, Centers for Disease Control and Prevention.



Speech & Language Milestones



7-12 months

- Babbles longer strings of sounds such as mimi upup babababa.
- **Says 1 or 2 words around first birthday.** Such as hi, dog, dada, mama, or uh-oh.



1-2 years

- Use many new words.
- **Puts 2 words together, such as "More apple." "No bed", and "Mommy book".**



2-3 years

- Follows 2-part directions such as "Get the spoon and put it on the table."
- **Puts 3 words together to talk about and ask for things.**



3-4 years

- **Puts 4 words together.**
- Talks about what happened during the day.



4-5 years

- Follows longer directions such as "Get the box of crayons, find some paper, and pick out three colors."
- **Tells a short story.**



Developmental History Flags For Possible Autism



By 6 months

- Limited social smiles with caregivers
- Limited sustained eye contact

By 9 months

- Limited to-and-fro sharing of smiles or sounds

By 12 months

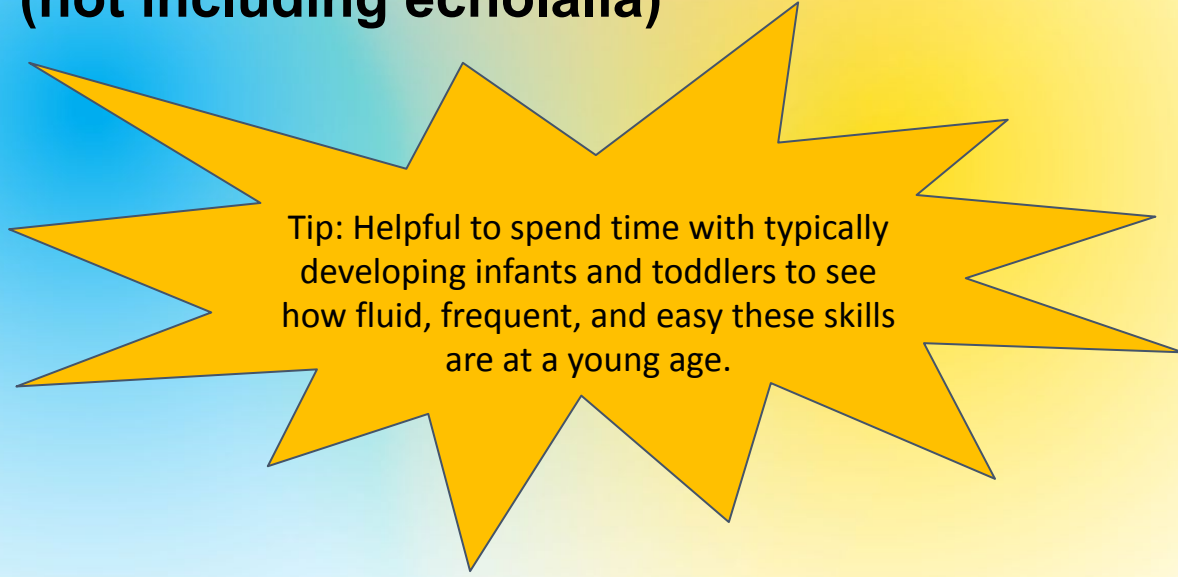
- Limited or no babbling
- Limited or no gestures such as pointing, showing, or waving
- Limited or no response to name

By 16 months

- Few or no words (should have about 40 words)

By 24 months

- Few or no meaningful, two-word phrases (not including echolalia)

A large, yellow, multi-pointed starburst graphic is positioned in the bottom right area of the slide. It has a black outline and a solid yellow fill.

Tip: Helpful to spend time with typically developing infants and toddlers to see how fluid, frequent, and easy these skills are at a young age.

Parents/Caregivers

- Know their children and are essential to the assessment process
- Involve parents/caregivers:
 - interview them
 - invite them in the assessment room
 - ask them what their concerns/goals are
 - involve them in play during assessments *listen* to what they have to say
 - first introduction to the school system: build trust
 - explain the process step-by-step
 - avoid acronyms and “SPED speak”
 - be kind, patient
 - be forthcoming (let them know you are considering Autism or Intellectual Disability if you are from the start)



Naturalistic Observations

- California Code of Regulations, Title 17 Section 52084(e) requires evaluations and assessments to be conducted in “natural environments”
- Preschool, Home, Daycare, Park
- Observe:
 - Play
 - Behavior
 - Social Interactions
 - Problem Solving
 - Ability to Transition
 - Speech/Language/Pragmatics
 - Self-Care Skills
 - Motor Skills
 - Attention & Joint Attention
 - Ability to Follow the Routine/Engagement with Presented Activities



Naturalistic Observations

- Observe and describe, [Sample of a Narrative Observation](#)
 - Mood (content, anxious, on edge)
 - Autism Traits:
 - Motor movements associated with Autism: flapping/pacing/jumping/spinning/tiptoe walking
 - Echolalia/scripting
 - Atypical use of toys or repetitive play actions
 - Prolonged or frequent meltdowns
 - Reduced eye contact
 - Limited or no response when name is called
 - Sensitivity to noise
 - Reduced nonverbals (nodding, pointing or following a distal point, smiles, clapping, demonstrative gestures)
 - Difficulty with flexibility (rigid play, “bossiness with peers”)
 - Difficult with transitions
 - Sensitivity to being touched or difficulty maintaining personal space (climbing onto laps)
 - Sensitivity to preschool materials (touching paint, washing hands, sand)

Naturalistic Observations

- Value cannot be understated: Assessors NEED time to do this
- Ed code and case law: most legally defensible stance is for all assessors to observe in child's natural environment
- LEAs have lost due process cases due to lack of naturalistic observations documented in assessment reports.

Key Things to Watch For in Naturalistic Observations & Play-Based Assessments



Typical v
Atypical Play



Response to
Name



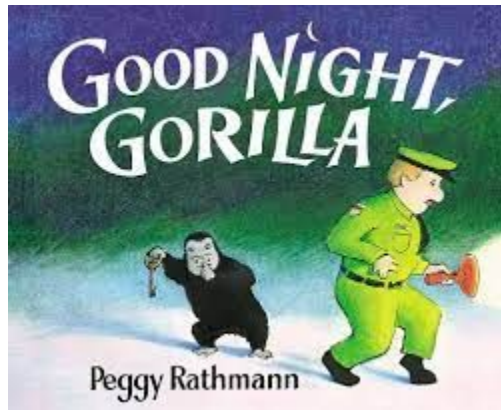
Joint
Attention

Play-Based Assessment



- Start with play on the floor to develop rapport
- Building trust is important. Follow their lead. Be silent to allow them to explore and initiate
- Use age-appropriate toys to elicit play, social communication, language, problem solving
- Typical Play Kit:
 - Free Play: Cause & Effect Toy, Blocks, Cars
 - Pretend play item: Baby doll, phone, animals, or fake food/cups/plate
 - Joint attention: Bubbles/Jack-in-Box/Balloons
 - Interactive Game: Blanket/Ball
 - Language Sample: Book
 - Sensory Toy/Playdough

Preschool Play Kit...



Play-Based Assessment Observational Notes Form

Informal Play-Based Assessment Sample Sequence



Play-Based Assessment: Possible Sequence



1. **Free Play** – Cause & Effect Toy, Blocks, Cars (Give the Child Time to Play/Silence)
2. **Join Free Play** – Call Child's Name and Note Response and Use a Point to Direct Child to Pretend Play Set up in Other Area of Room
3. **Pretend Play** – Try to Engage Child in Reciprocal Pretend Play (Baby Doll, Kitchen or Animal Play)
4. **Press for Joint Attention** – Bubbles, Balloons, Stomp Rocket, Jack in the Box
5. **Look at a Book Together** – Take Sample of Language and Joint Attention Opportunity
6. **Play Interactive Game** – Look for Shared Enjoyment, Reciprocity (Peek-a-Book or Ball Rolling)
7. **Give Opportunity with Sensory Material** – Remove Attention, See if They Seek Your Attention, Look for Self-Stimulatory Behavior, Repetitive Behavior (Playdough, Kinetic Sand, Sensory Toy, Wind Up Toy)



This is an assessment to see what the child *naturally* initiates and responds to – you should NOT be working hard to engage.



Wait time. Pause. Silence. Follow the Child's Lead. Watch and allow for awkward pauses – that's where you get good information.



Play-Based Assessment, Continued

- **Observe:**
 - Which toys does the child choose?
 - Does the child show you toys?
 - Does the child try to involve you in their play?
 - Do they show *joint attention*?
 - Do they share enjoyment (smiling at you or a caregiver?)
 - Do they play with their toys the way intended?
 - Do they respond to their name?
 - Can they engage in make believe play (feeding a baby, doctor)?
 - Do they point to show you things?
 - Can they state their name/age when asked?
 - Will they request more of a fun activity such as bubbles or balloons being blown up? How do they request?
 - Will they engage in games like peek a boo, rolling a ball back-and forth?





Play-Based Assessment Observational Notes

Child's Name: _____ Date of Birth: _____
Chronological Age: 34 months Examiner: C. Rodrigues
Location of Assessment: Sped Office Date: 2/1/2024
Time: 8:30 a.m. Who Accompanied Child: Dad - John Smith

- ☒ 2 or 3 Free Play Toys (e.g., Cause and Effect, Cars, Blocks) ☒ Sensory Toy
☒ Press for Joint Attention (e.g., Bubbles, Balloons) ☒ Wordless Book for Language Sample
☒ Pretend Play (e.g., Baby Doll, Farm Animals, Toy Foods) ☒ Interactive Game (e.g., Peek a Boo)
☐ Other: _____ ☐ Other: _____

Neurotypical Behaviors with Typical Developmental Milestone Timeline Noted in Italics

Behavior (Circle those observed)	Notes
<u>Social Smile Directed at Others 2 months</u>	Constant smiles directed at others.
<u>Demonstrates Joint Attention 6-12 months</u>	frequent
<u>Sustained Eye Contact 6-12 months</u>	constant, fluid, used for social interaction
<u>Responds to Name When Called 9 months</u>	first press by examiner
<u>Uses Range of Facial Expressions 9 Months</u>	frequent shifts of facial expressions - directed to baby, dad, ex.
<u>Showing Items to Others in Room 12 months</u>	brings Dad cup to share, points to show items
<u>Pointing to Show Items 18 months</u>	points to show Elmo to ex + dad, points many times to show
<u>Following a Point 9-12 months</u>	follows examiner's point to babydoll. engages happily
<u>Demonstrates Shared Enjoyment/Sustained Back and Forth Interactions 9-12 months</u>	sustained shared enjoyment with peek-a-boo
<u>Uses Nonverbal Gestures (nodding, shaking head, clapping) 9-15 months</u>	waves to characters on cause + effect toy. shakes head "no" Points finger + wags it
<u>Seeks Attention From Others in Room (e.g., "Look at me!") initiates conversation/play) 18 months</u>	vocalizes to seek attention "no" to express displeasure. Approaches Dad/Ex often to gain attention. When attention removed, brings items to adult.
<u>Seeks to Engage Others in Play/Asks for Help 24-30 months</u>	Requests help with sign + vocalizing
<u>Demonstrates Pretend Play 4 years</u>	Pours milk for baby, covers baby with blanket, holds phone to ear
Describe Observed Use of Language/Communication:	Limited clear expressive lang. only a few clear words heard. mainly used nonverbals to communicate + vocalizations. Hi



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Play-Based Assessment Observational Notes

Potential Neurodiverse Characteristics

Behavior (Circle those observed)	Notes
Repetitive Use of Toys (e.g. lining up of toys, intense interest on one toy/activity)	None
Limited Eye Contact/Limited Joint Attention	No
Limited Nonverbal Gesturing	No
Sensory Interest in Materials (e.g., feeling texture of table, laying on floor watching car wheels roll, smelling items, mouthing items, peering at objects/lights/hands etc.)	No
Appearing More Interested in Objects in the Room versus People	No - Definitely People oriented
Limited Response to Name (e.g. may not respond on first or second prompt)	No
Difficulty Transitioning Between Activities	Some difficulty moving away from cause-and-effect toy
Limited Ability to Engage in Pretend Play	No
Rigid or Repetitive Play or Shows Fixated Interest and Difficulty Engaging in Presented Activities Other than Interest	No
Limited Back and Forth Engagement with Others in the Room	No
Atypical Motor Movements (e.g., hand-flapping, pacing)	None observed
Language Use Appears Atypical (e.g., echolalia, atypical prosody, scripting)	No
Other:	

Observational Notes:



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Autism Diagnostic Observation Schedule, 2nd Edition, ADOS-2

- **Age Range 12 months to Adulthood, 2012**
- **Semi-Structured, Standardized, Play-Based**
- **Four Modules, plus Toddler Module**
- **Assessor presents various activities**
 - For Example in Module 2 (Phrase Speech) 14 Activities:
Construction Task, Response to Name, Make-Believe Play, Joint Interactive Play, Conversation, Response to Joint Attention, Demonstration Task, Description of a Picture Telling a Story from a Book, Free Play, Birthday Party, Snack, Anticipation of a Routine with Objects, and Bubble Play



Autism Diagnostic Observation Schedule, 2nd Edition, ADOS-2



- **Overall Autism, Autism Spectrum or Non-Spectrum Classification Given**
 - Assessor Observations (Module 2)
 - **Language and Communication** (overall language, echolalia, conversation, pointing, gestures)
 - **Reciprocal Social Interaction** (eye contact, facial expressions, showing items, joint attention, reciprocal social communication)
 - **Play** (functional play with objects, imagination)
 - **Stereotyped Behaviors and Restricted Interests** (unusual sensory interest in play materials, hand and finger mannerisms)
- **Challenges with the ADOS-2:** must be HIGHLY trained and practiced; snapshot in time; [some research shows not sensitive to girls](#), difficult to administer/score, people may overly weight results
- **Upcoming Training Opportunities**
 - Through WPS*
<https://www.wpspublish.com/product/schedule>
Check back WPS offers frequent trainings
 - Through UCSF*
<https://autism.ucsf.edu/ados-2-adi-r-independent-trainers>

Autism Specific Rating Scales & Assessment Tools



ASRS

Parent/Teacher Form Age Range 2-5
2009

Autism-specific, provides Total Score and DSM-5 Scale Score

Domains in Peer Socialization, Adult Socialization, Social/Emotional Reciprocity, Atypical Language, Stereotypy, Behavioral Rigidity, Sensory Sensitivity, and Attention/Self-Regulation

Spanish available

SCQ

Parent Form: Lifetime or Current Age 4 and up
2003

Screeners looking at developmental history markers of Autism

Available in 11 languages

SRS-2

Parent/Teacher Form Age Range 2:6-4:6
2012

Social Awareness, Social Cognition, Social Communication, Social Motivation, and Restricted Interests and Repetitive Behavior.

Spanish available



Adaptive Behavior



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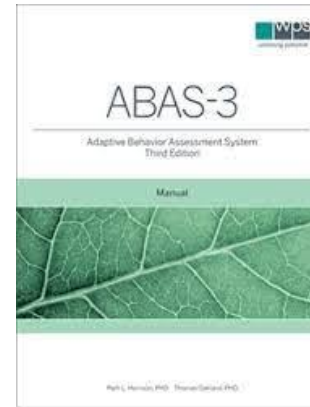
ABAS-III Infant & Preschool

Parent/Teacher Scales

Age Range Birth-5

2015

Available in Spanish



**Examine item responses in the
Social and Communication
Domains closely**

Vineland-3

Parent/Teacher Scales

Age Range Birth-90 (Parent), 3-21:11 (Teacher)

2016



Cognitive/Preacademic Assessments



Cognitive Assessments

WPPSI-IV*

Age Range 2:6-7:7
2012



DAS-II Early Years*

Age Range 2:6-6:11
2007
(Spanish supplement available)



CAYC*

Age Range 2 months-5
2010



Preacademic Assessment

WIAT-4

Age Range 4-50:11
2020



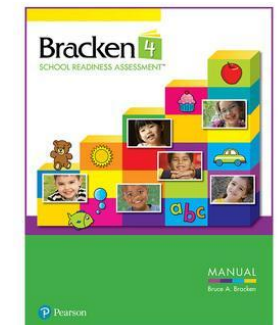
KTEA-3

Age Range 4-25:11
2014



Bracken-4

Age Range 3-7:11
Just released late
2022



*Do not use with African American children per Larry P. With DAS-II do not generate an overall Ability score, use only for processing indexes/subtests.

Possible Challenges of Using Standardized Children with Autism & Intellectual Disabilities

Consider limiting factors to conducting valid standardized assessments

- Language impairments - verbally loaded assessments may not be valid
- Limited engagement with non-preferred tasks
- Limited joint attention (limited ability to look at what you are looking at and share attention)
- Limited ability to respond when spoken to
- Difficulty with change in routine (testing in an unknown setting, with unknown person, or disruption to normal schedule may cause upset/low scores)
- Inability to point to indicate answers affects scoring

Standardized Assessments with Supports for Autism

Create a supportive setting

- Have parent/teacher prep child about change to routine
- Use preferred interests to build rapport
- Test in a familiar setting: child's school/home
- Use a visual schedule of tests/breaks/reward time



For Intelligence testing: consider using a nonverbal assessment depending on language skills

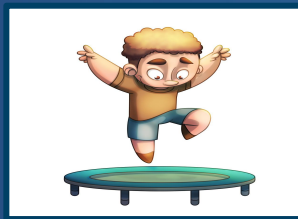
- **Kaufman Assessment Battery for Children, 2nd Ed (KABC-II NU)*** (minimal language)
 - Age 3 and up
 - Nonverbal Index & Mental Processing Index
- **Wechsler Nonverbal Scale of Ability (WNV) (nonverbal)***
 - Age 4 and Up
 - Also appropriate for non-English speakers
 - Overall cognitive ability score in four subtests

Use token boards/reinforcers: consult w parents/ABA providers/teachers

**Do not use with African American children per Larry P case injunction.*



Motor/Sensory



Sensory Processing

Sensory Profile-2

Age range 3-10:11

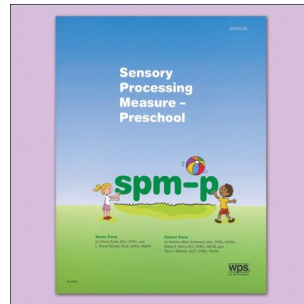
2014



Sensory Processing Measure-Preschool

Age range 2-5

2010



Motor Skills

Peabody Developmental Motor Scales (PDMS-2)

Age range Birth-5

2000



Miller Function and Participation Scales (M-FUN)

Age range 2.-7:11

2006



Autism and Speech and Language Assessments



Expressive and Receptive Language



Receptive and Expressive One Receptive Picture Vocabulary Tests- 4 (ROWPVT-4, EOWPVT-4)

Age range 2-70+

2010

Available in Spanish.



Peabody Picture Vocabulary Test-5 (PPVT-5)

Age range 2.6-90+

2018

Available in Spanish.



Clinical Evaluation of Language Fundamentals Preschool-3 (CELF P-3)

Age range 3-6:11

2020

2nd Edition available in Spanish.



Expressive and Receptive Language, Continued



Preschool Language Scales, 5th Edition (PLS-5)

Age range Birth-7:11

2011

Available in Spanish.



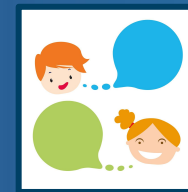
Receptive Expressive Emergent Language-4 (REEL-4)

Age range Birth-36 months

2020



Pragmatic Assessments



SRS-2

Parent/Teacher Forms Age Range 2:6-4:6

2012

Social Awareness, Social Cognition,

Social Communication, Social Motivation, and Restricted Interests and Repetitive Behavior.

Spanish available



Clinical Evaluation of Language Fundamentals Preschool-3 (CELF P-3)

Age range 3-6:11

2020

Has Pragmatic checklist.



Preschool Language Scales, 5th Edition (PLS-5)

Age range Birth-7:11

2011

Has Pragmatic-focused elements.



Tips on Taking Language Samples

- Take a language sample while playing, looking at a wordless book, having a conversation, or while observing child play with parent.
- Record and transcribe later.
- What to look for depends on the concerns:
 - If unintelligible, transcribe speech errors to look for phonological and articulation patterns
 - If looking at pragmatics, look at social responsiveness and communicative functions
 - If unintelligible or you suspect a language delay, look at syntax and morphology
 - Type-token ratio
 - Gestalt Language Processing
- The Preschool Language Scale-5 (PLS-5) has a guide for what to look for in a language sample
- Can use SALT (Systematic software to help with analysis)

Language Impairments and Differences You May See



- Apraxia
- Gestalt Language Processing
- Articulation errors
- Selective Mutism
- Language Delay
- Social Communication Challenges

Gestalt Language Processing

Nice toss,
Chase!

Are you OK?



Christmas
Lights?

Gestalt Language Processing



Many children with Autism are Gestalt Language Learners, as opposed to Analytic Language Learners. This looks like:

- Use of phrases that seem to be out of context (delayed echolalia)
- Rich intonation, sometimes a sing-song quality
- Repetition of long scripts - For some, the scripts may be unintelligible
- Inaccurate use of pronouns, especially 1st and 2nd person pronouns and other function words like prepositions
- May know the meanings of single words as well, typically nouns and verbs rather than function words
- Combining words to make novel phrases does not rule out GLP

Gestalt Language Processing - Stages



Stage 1: Delayed Echolalia

Stage 2: Mix and Match Stage or “Trimming down”
(Partial Gestalts)

Stage 3: Single Word and Two-Word Combinations

Stages 4-6: New Original Phrases
or Sentences With Beginning to More Advanced Grammar



- Provide silences and follow the child's lead
- If adding on to the child's idea, try to mimic their prosody
- Acknowledge the child's communication and respond if appropriate. Play detective or ask the parent to determine the meaning
- Use short, 1-3 word phrases and plenty of gesture, visuals, and physical information to communicate, join play, or give directions to the child
- Remember that just because a child uses a word as part of a gestalt it does not mean that they know the meaning of that word
- May still be valuable to do some standardized language testing as there may be some knowledge there that is not apparent due to the way that they communicate

“If you’ve met one individual with autism, you’ve met one individual with autism.”

- Stephen M. Shore

1 Data Collection



2 Data Preparation



3 Data Visualization



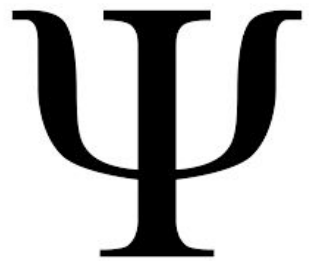
4 Data Analysis



5 Data Storytelling



Assessment Team vs. Individual Assessors



- **Assessment teams:** work together to assess and typically write one multidisciplinary report
Team members can consist of:
 - **School Psychologist**
 - **Speech Language Pathologist**
 - **Early Childhood Special Education Teacher**
 - **Occupational Therapist (to address motor/sensory concerns)**
 - **Nurse and/or others as appropriate**
- **Individual Assessors:** at minimum need a **School Psychologist** and a **Speech Pathologist**, typically submit separate reports (not best practice)

Multi-Disciplinary Autism Report Template



[Report Template
Provided](#)

Multi-Disciplinary Reports Allow for Real-Time Collaboration & IEP Planning

not yet able to say the names of people, repeat words, say short phrases, or speak clearly. He is able to use eye contact, laugh, and follow simple commands.

The Social domain score examines social and play skills. His mother's responses indicated average functioning in these areas and the score of 102 ranks at the 55th percentile compared to peers. Based on a review of his mother's responses, Mikey is not yet greeting other children and not yet seeking friendships with children his age.

The Practical domain examines the child's daily problem-solving skills required to live independently. This domain consists of community use, home living, health and safety, and self-care skill areas. By parent report, Mikey is showing average functioning in this domain and his score ranks at the 79th percentile compared to peers. Based on parent responses, Mikey can take off his shoes, feed himself, and wash his own hands. He is not yet toilet trained or dressing himself.

In the area of motor skills, Mikey was reported to show average skills.

Autism Spectrum Rating Scales (ASRS)

The ASRS is used to quantify observations of a child that are associated with Autism Spectrum Disorders. T-scores between 40-59 are considered within the average range. Scores between 60-64 are considered slightly elevated, 65-69 are elevated, and 70 and above are very elevated and are highlighted below. Elevated scores are associated with a higher degree of observed symptoms of Autism. Mikey's mother completed the ASRS form and scores are indicated below.

Scale	Mother T-Score	Common characteristics



Carrie Rodrigues
3:00 PM Yesterday

This is consistent with my observations at preschool (see section below): he did not respond to peer greetings--turned his body away. Also did not engage in play with peers, he was off in corner stacking rocks. Teacher reports this is typical. Let's develop goals for greetings and peer play.



Finn Jackson
3:04 PM Yesterday

Yep! Susie and I write a greetings goal for peer/adults and an associative play goal with peers that we can address in classroom and during push-in speech sessions.

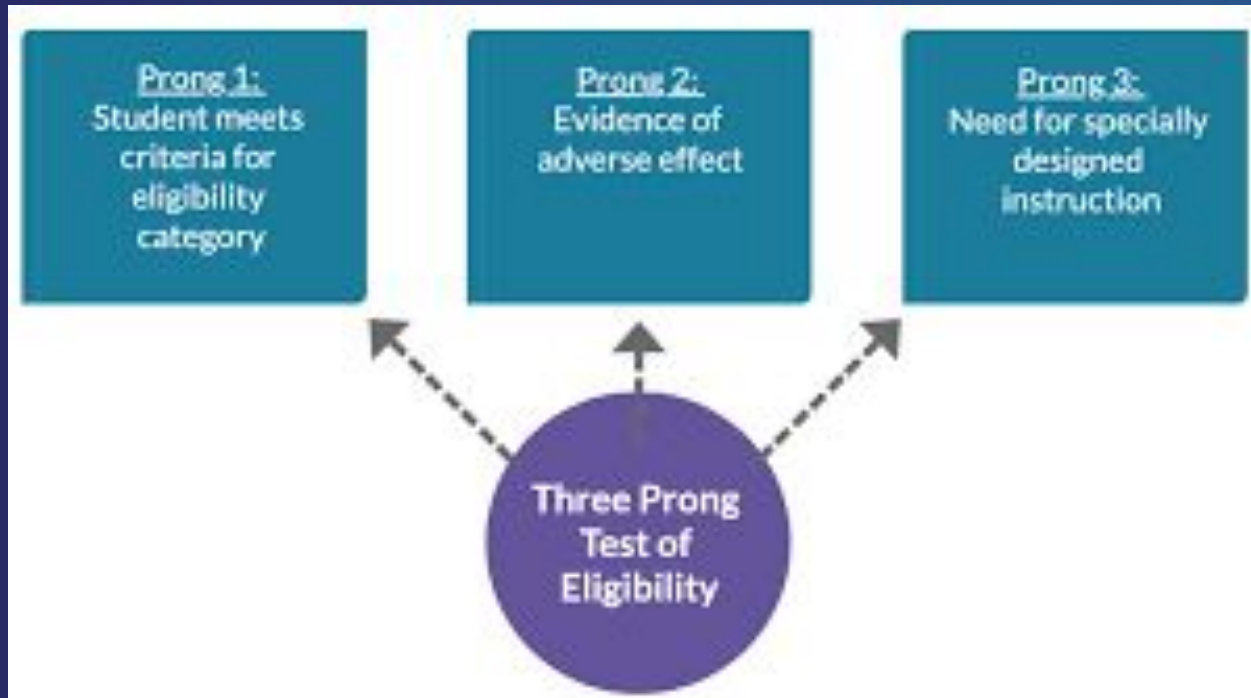
Never rely on a single measure for eligibility and never rule out eligibility because of single measure: Use your clinical judgement looking at the whole picture.





Three-Prong Test for
Special Education Eligibility
Based on Individual with Disabilities Act
Reauthorized 2004 IDEA (Federal Law),
California Education Code, and Case Law

Determining Eligibility



Educational Impact in Early Childhood = participation in age-appropriate activities (play, communication at home and at school, engagement in preschool activities, peer interactions, self-care, making needs known)

Recommendations Eligibility should be in report.

Decisions are made by IEP Team.

California Education Code Criteria for Autism: Making the Recommendation



→ Autism means a developmental disability **significantly affecting verbal and nonverbal communication and social interaction**, generally evident before age three, **and** adversely affecting 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 response to sensory experiences.*

→ Adversely affects educational performance: in early childhood = "participation in appropriate activities"

→ Requires specially designed instruction



Impairments and Differences in Verbal and Nonverbal Communication in an Early Childhood Context in Schools



Verbal (impairments can range...not all are needed)

- Atypical prosody (intonation differences: sing-song, flat)
- Evidence of gestalt language acquisition (e.g., echolalia, scripting)
- Repeating certain sounds apparently out of context
- Unusual rate and volume of speech
- Scripting, stereotyped speech
- Limited or no initiating or responding to verbal interactions
- Difficulty sustaining back and forth flow of conversation
- Limited or no asking or responding to questions
- Limited or no reciprocity in play or conversation
- Monologuing: only will talk about preferred topic or returns conversation or play to preferred topics, one-sided conversation with frequent interruptions
- Limited or no response to name
- Nonspeaking
- Significant language impairments

Nonverbal (not all are needed)

- Limited or no response to social smiles
- Limited or no response to greetings
- Limited or no joint attention
- Limited or no eye contact
- Limited or no nonverbal gestures (nodding, shaking head, clapping, pointing)
- Limited facial expressions or flat affect
- Using others' hands as tools, leading by hands/arms
- Difficulty with personal space
- Difficulty reading social cues

*Try to compare girls to same-age neurotypically developing girls



Impairment in Social Interaction in an Early Childhood Context in Schools

- **Relationships (not all are needed)**
 - Limited interest in peers or adults
 - Limited play with peers or adults
 - Difficulties with peers (e.g., frequent aggression) because of rigidity/need to direct play
 - Limited showing of affection, even with caregivers
 - Not joining and sustaining play with peers for at least 10 minutes by age three
- **Play (not all are needed)**
 - No or limited functional play with toys (e.g., rolls cars in front of eyes, lines items up)
 - No or limited pretend play
 - Limited parallel or associative play
 - Rigid, repetitive play, limited play repertoire

- **Age-Appropriate Participation Social Situations (not all are needed)**
 - Difficulty in social situations (birthday parties, group games, extended family dinners)
 - Object-focused when in a room, rather than people focused
 - No or limited ability to join or sustain age-appropriate group activities (circle time at preschool, presented activities at preschool such as daily art project)
 - Limited or no response when spoken to even if child has the verbal skills
 - On the perimeter of play yard/preference to play alone



Special Ed Eligibility vs Medical Diagnosis



- Medical Diagnosis is not needed for Ed Code eligibility
- Medical Diagnosis does not automatically equal Ed Code eligibility
- Having both Ed Code eligibility and a Medical Diagnosis can be important for family to access maximum supports
- [Handout for Families](#) to explain the difference

Use TLC with families....



Delivering Hard News

- Don't share information about an Intellectual Disability or Autism for the first time via a report, email, or at the IEP meeting—conversations should happen throughout assessment process.
- Ask parents to meet before the IEP meeting in-person or virtually. If both parents are in the child's life, try to meet with them at the same time.
- Make sure you have a private setting to meet, free of distractions. Have tissue nearby.
- Set aside at least 30 minutes to meet with the caretakers (without interruptions) so you are fully focused on their needs (don't be tempted to check your phone or email).
- Share child's strengths first.
- Signal why you have asked to meet. *"I have asked to meet ahead of Johnny's IEP meeting to share some potentially difficult information with you. "*

Delivering Hard News, Continued

- Explain that the IEP team makes the decision on eligibility at the IEP meeting, but that you are seeing challenges with X, Y, Z related to Autism and/or ID
- Be clear about your findings: *“This is what Autism means under Education Code... and this is what we are seeing ...”*
- Ask what they already know about Autism/ID and ask if they have any questions.
- Be ready to follow the caregivers lead:
 - Sitting with silence can be necessary.
 - Answer questions and try not fall into temptation to paint an overly optimistic picture.
 - Parents may be defensive and not see their child in same way. They may become angry. You do not need to defend your findings in this meeting, just listen empathetically.
 - Acknowledge feelings: *“I hear this information is upsetting to you and you do not agree.”*

Delivering Hard News, Continued

- Share next steps: *“We will meet as a team on Tuesday to formally discuss eligibility and craft a comprehensive plan to support Will. We are a team and are here to support him. Please reach out if you have any questions in the meantime. I know this is a lot of information to take in and I am available if you have any questions.”*
- Let the parents know that they have done the right thing by seeking assessment and/or early intervention and support for their child because all the research shows that the earlier we provide support for children, the better the long-term outcomes.
- Resist the temptation to apologize (it can make it seem like you are delivering tragic news, when it is not necessarily for every family). Respect for neurodiversity is coming along. Their child is still the wonderful child they loved before this news.

Resources for Families

- Refer families to their local Regional Center if they are not connected yet. Families with children who have developmental disability can qualify for support from Regional Centers after age three including respite care, summer programming, and more.
- Connect them with their local Family Resource Network
- Encourage families to share this information with their pediatrician and share this doc
- General Information on Autism for Parents
 - Book *Uniquely Human* by Barry Prizant
 - Information about Autism in Spanish

Questions?





Thank you for all you do to support children and families – it is life changing! And thank you for being here with us today.

Registration and Call for Proposals Now Open for CalECSE's 2nd Annual Symposium

[Link to Flyer](#)

[Registration Link Here](#)



“Building Bridges”

2nd Annual CalECSE Symposium

October 22-23, 2024