



ASD District Guidance 2019

Team Competencies-7 Knowledge Areas

K1. Typical Child Development	K2. Atypical Child Development
K3. Mental Health Disorders	K4. Formal and Informal Assessments
K5. Tools for ASD Identification	K6. ASD Characteristics
K7. Family and Environmental Dynamics	

EECC Initial Differential ASD-Competencies

Team Leader: Psychologist/Autism Consultant	KA: 1, 2, 3, 4, 5, 6, 7
SLP	KA: 1, 2, 4, 6, 7
Learning Consultant	KA: 1, 2, 4, 7
ASD Consultant	KA: 1, 2, 4, 6, 7
ASD Evaluator (LC, SLP or Psych)	KA: 1, 2, 4, 6, 7

EECC Initial Autism Evaluation/Eligibility Requirements

Requirement	Who is responsible
<input type="checkbox"/> Review of Existing Information	School Team
<input type="checkbox"/> Developmental History	SLP, ASD Evaluator, School Psychologist
<input type="checkbox"/> Information from parents and other knowledgeable individuals regarding the students historical and current ASD characteristics	ASD Evaluator, School Psychologist
<input type="checkbox"/> 3 observations: <ul style="list-style-type: none"> • Direct interaction • Unstructured observation interacting with a peer or known adult • Must occur in multiple environments on different days 	SLP, ASD Evaluator, School Psychologist
<input type="checkbox"/> Social Communication Assessment	SLP
<input type="checkbox"/> Standardized Autism Identification Tool	ASD Evaluator, School Psychologist
<input type="checkbox"/> Vision Screening: Review existing documentation screening or if none has been completed, conduct a new screening.	School Team

<input type="checkbox"/> Hearing Screening: Review existing screening documentation or if none has been completed, conduct a new screening.	School Team
<p>Must answer yes to three (3) **Social Communication and Social Interaction deficits in:</p> <ul style="list-style-type: none"> • Social–Emotional Reciprocity • Nonverbal Communicative Behaviors • Developing, Maintaining, and Understanding Relationships <p>**Currently or by history in multiple contexts</p>	School Team
<p>Must answer yes to two (2) of four **Restricted, Repetitive Patterns of Behavior, Interests, or Activities in:</p> <ul style="list-style-type: none"> • Stereotyped or repetitive motor movements, use of object, or speech • Insistence on sameness, inflexible adherence to routines, or ritualized patters of verbal or nonverbal behavior • Highly restricted, fixated interests that abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment. <p>**Currently or by history in multiple contexts</p>	School Team
<input type="checkbox"/> The child demonstrates characteristics of autism spectrum	School Team
<input type="checkbox"/> The characteristics of autism spectrum disorder are not better described by another established or suspected eligibility for special education services;	School Team
<input type="checkbox"/> The child does not have a primary disability of Emotional Disturbance.	School Team
<input type="checkbox"/> The child’s disability has an adverse impact on the on the student’s educational performance for a student age 5 to 21	School Team
<input type="checkbox"/> The child needs special education services as a result of the disability.	School Team

