Linn Benton Lincoln ESD
Pre-Referral Screening Tool for Autism

Before sending in an ASD referral, it is essential to **do a complete file review**. File reviews sometimes reveal past reports that make it redundant to send in a referral.

In your file review, look for the following information:
*If you answer “yes” to any of the questions below, you may want to reconsider whether this is an appropriate ASD referral.

1. Are there any previous medical reports or reports from CDRC?
   - Yes
   - No

2. In any report, does the birth mother report drug or alcohol use during pregnancy?
   - Yes
   - No

3. Has the student sustained any traumatic brain injuries (e.g. falls, concussions from playing sports, etc.) or had a very high fever? If yes, please explain.
   - Yes
   - No

4. Has the student ever been hospitalized? If yes, please explain.
   - Yes
   - No

5. Has the student ever been placed in foster care?
   - Yes
   - No

6. Has the student ever been diagnosed with an Intellectual Disability?
   - Yes
   - No

7. Does the child have any other mental health diagnoses? If yes, please explain.
   - Yes
   - No
This tool is geared toward assisting the team in determining whether there is sufficient evidence to suspect a student may have an Autism Spectrum Disorder. This tool is most helpful when discussing a student who the team feels may have High Functioning Autism. Please highlight each characteristic that applies to the student and provide an example in the space below each item.

It will be up to the team’s discretion to determine if the child is referred. However, it may be helpful to review the following list of characteristics as a guideline before an official referral is made.

A strong referral: a student who exhibits several characteristics in the four areas of impairment that are significantly impacting the student’s education.

**Things to consider:**
1. Displays characteristics in these four areas:
   - Impairments in communication
   - Impairments in social skills
   - Patterns of behaviors: interests and/or activities that are restricted, repetitive, or stereotypic
   - Unusual responses to sensory stimuli
2. These characteristics must be inconsistent or discrepant with the child’s development in other areas.
3. These characteristics must be apparent over time and/or intensity.

**Impairments in Communication:**
1. Literal interpretation of language (doesn’t understand sarcasm, idioms, humor or jokes, difficulty understanding words with multiple meanings, etc.)
2. Repeatedly asks certain questions or makes statements, attempting to seek interaction or clarification
3. Delayed response time, delayed auditory processing
4. Repeatedly echoes statements or scripts from TV, videos, books, people, etc.
5. Lacks conversational reciprocity (doesn’t speak appropriately to audience, speaking as if reciting from a dictionary or scripted, doesn’t accommodate for the age of the listener, or will talk only on own topics, talks *at* someone rather than *with* them)
6. Difficulty with initiating, continuing, or ending conversations (does not gain partner’s attention before starting a conversation; does not give background information or introduction to topic; expects that others should know his/her thoughts, feelings, or perspective)
7. Is unaware of listener’s interest or understanding of topic
8. Problems with speed, volume, prosody, or tone
9. Talks to self, makes noises to self, mumbles, talks to nobody in particular
Impairments in Social Skills:
10. Difficulty identifying or expressing own or other’s emotions or perspectives
11. Difficulty using or understanding nonverbal cues (facial expressions or body language)
12. Struggles to maintain peer relations, friendships, may be indifferent to peer interaction or peer pressure, more comfortable with being alone
13. Social attempts are stilted, odd, or inappropriate
14. Lacks cooperative play
15. Inappropriate emotional responses (will laugh or smile when angry/anxious)
16. Unaware of social codes of conduct (will say something offensive, embarrassing, interrupt, or tattle excessively) or unaware of social surroundings (does inappropriate things in public: picks nose, talks to self, etc.)
17. Lacks sense of other’s boundaries/proximity issues (stands too close, touches too often, or needs a larger-than-normal space bubble)
18. Lack of or weak eye contact, or has an intense stare often used in uncomfortable situations
19. Trouble with competition (losing, winning, or being first)
20. Does not relate well with same-aged peers (relates better with adults, older or younger kids)

Patterns of Behaviors: Interests and/or Activities that are Restricted, Repetitive, or Stereotypic:
21. High anxiety or fear, easily frustrated
22. Difficulty with transitions (from place to place, activity to activity)
23. Difficulty with changes or new experiences
24. Repetitive activities (pacing, rocking back and forth, finger flicking, flapping, unusually stiff body posture)
25. Generally honest, naïve, and compliant when student understands what to do
26. Unmotivated by typical peers’ motivators
27. Unusual attachments to objects, talks obsessively about only a few topics of special interest
28. Becomes stuck on routines and rituals, or unable to stop before the end of a task
29. Needs clear-cut, concise directions (for rules, expectations, how or when to begin or end a task)
Unusual Responses to Sensory Stimuli (Either Hyper- or Hypo- Response):

30. **Hearing**: agitated with unexpected noise, little or no response to name or environmental noises, makes self-induced noises or likes sounds that are constant which mask outside noises, shuts down or has a tantrum when there is too much stimuli

31. **Touch**: aversion to tactile sensation (messy hands, being touched unexpectedly), thoroughly or frequently feels everything, chews on non-food items, impaired response to temperature or pain, wears only certain clothes (without tags, does not like socks), seeks deep pressure or locations that are closed off/tight fit, avoidance or attraction to water

32. **Taste**: strong preferences to certain textures, temperatures, tastes, or colors

33. **Vision**: Insists on objects staying in the same place, “stims” off of lights, spins or plays with items repeatedly, depth perception problems, distracted by too much stimuli, stares into space or at patterns or surfaces

34. **Smell**: frequently smells non-food items, overreacts, or oblivious to certain smells

35. **Vestibular/Motor**: fearful in space; moves part of his/her body often; walks on toes; needs to swing, jump, or be in motion to help calm self down or refocus

36. **Perceptual/Perceptual Motor**: trouble with paper/pencil activities, difficulty with body in space, clumsy, problems with the use of tools, distracted by items such as doors or cupboards being open or in motion

Please use the space below to list the item number with any additional information you wish to provide.
Use this form to help differentiate ASD from other disorders (e.g. depression, TBI, OCD, anxiety, ADHD, or FASO/drug-affected). Remember: there must be impairments in all four areas (communication, social skills, patterns of behaviors, and unusual responses to sensory stimuli) to be a strong ASD referral.

<table>
<thead>
<tr>
<th>Depression:</th>
<th>Anxiety:</th>
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<tr>
<td>Someone with depression may tend to avoid social interactions, but may have the necessary skills to interact appropriately.</td>
<td>People with social anxiety do not lack social skills; however, they are usually too anxious to put them into practice.</td>
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<tr>
<td>Does the student interact appropriately with a trusted adult and friend? Does the student interact differently with someone who has not earned that trust?</td>
<td>People with ASD are not typically fearful of social interactions—they usually lack the ability to understand non-verbal communication and do not know the appropriate way to act. This does not mean that people with ASD don’t want to make friends, but rather they do not know how to make friends.</td>
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<td>Someone with depression may have low communication or social skills because he or she avoids social interaction, but may not have impairments in the other two areas: patterns of behaviors, and unusual responses to sensory stimuli.</td>
<td>Someone with a social phobia or anxiety may display low communication or social skills because he or she avoids social interaction, but may not have impairments in the other two areas: patterns of behaviors, and unusual responses to sensory stimuli.</td>
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<th>TBI:</th>
<th>ADHD:</th>
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<td>Someone with a traumatic brain injury may have had appropriate social skills prior to the injury, but may have lost these skills as a result of the trauma.</td>
<td>This is a difficult disorder to differentiate from ASD, especially when the child is very young. A skilled evaluation team is recommended to assess these differences.</td>
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<td>Someone with TBI might have impaired communication or social skills resulting from the injury, but may not have impairments in the other two areas: patterns of behaviors, and unusual responses to sensory stimuli.</td>
<td>Someone with ADHD may have impaired communication or social skills because he or she is too distractible to observe non-verbal communication or unstated social norms, but may not have impairments in the other two areas: patterns of behaviors, and unusual responses to sensory stimuli. Unless it is very clearly ADHD to the team, it is best to make an ASD referral.</td>
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<th>OCD:</th>
<th>FASO/Drug-Affected:</th>
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<td>Obsessive Compulsive Disorder is an anxiety disorder characterized by a) persistent and distressing thoughts and b) behaviors used to “cope with” those thoughts. Typical compulsions might include ritualized washing, checking, ordering and/or rearranging, apologizing, or mental rituals (such as counting or praying). Social skills are usually appropriate.</td>
<td>When trying to rule out if a student has FASD or is drug-affected, it is important to conduct a parent interview to ask if the birth mother consumed alcohol or drugs during pregnancy. If the student has had a medical evaluation, this information may already be in the child’s file.</td>
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<td>Someone with OCD might have patterns of behaviors (e.g. ritualized hand washing), but may not have impairments in the other three areas: communication, social, and unusual responses to sensory stimuli.</td>
<td>Someone with FASD or is drug-affected may have impairments in patterns of behaviors and unusual responses to sensory stimuli, but might not have impairments in the other two areas: communication or social skills.</td>
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