Tri-State Autism Spectrum Disorder Webinar Series

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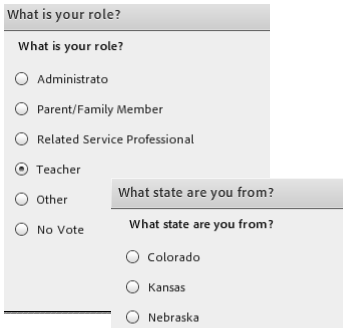
Polling Questions

- Questions will be asked throughout the webinar
- When the poll opens on your screen respond by clicking on or filling in your answer.



TRI-STATE WEBINAR SERIES

Educational Identification of
Autism Spectrum Disorders
Part 2

Presented by: Cara Woundy, M.Ed., CAGS
Content Collaborator: Sharon Krupa-Sirotek, Ph.D.

COLORADO Department of Education

NEBRASKA autism spectrum disorders NETWORK

TASN Autism and Tertiary Behavior Supports www.ksdetasn.org

Presenter Information

Cara Woundy M.Ed., CAGS
Occupational Therapist and School Psychologist
Autism Specialist
Colorado Department of Education

Learner Objectives

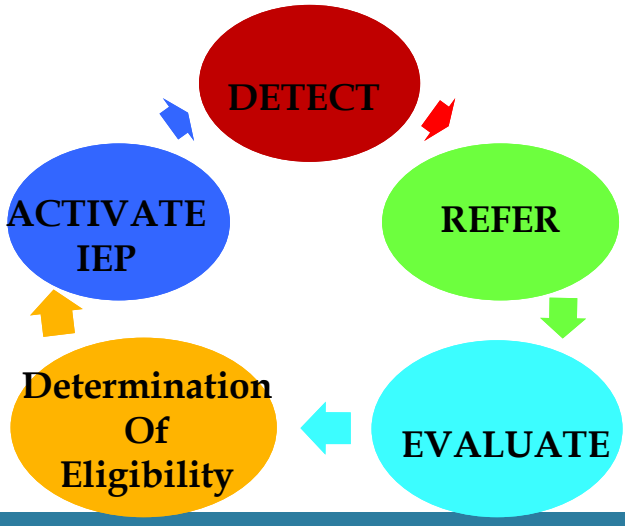
Today's webinar will focus on

- Areas to assess when determining eligibility for Autism Spectrum Disorder
- Useful assessment tools to use when conducting an interdisciplinary evaluation

Presentation Summary

Educational Evaluations are an interdisciplinary process. With a team approach (parents/guardians included) and the appropriate assessment tools, students will have an educational plan that is individualized to meet his/her needs. This can look different for each student but the end result will provide resources to school staff and family members.

Overview of ASD Evaluation



EVALUATE

Prior to the Protocols…

http://www.autismtrainingmodules.org/mod_view.php?nav_id=206

1. Plan and Prepare
2. Communicate and Inform
3. Work as a Team
4. Keep an Open Mind
5. Schedule Time to Process
6. Think Recommendations
7. Allow for Fun and Flexibility
8. Reinforce
9. Observe Across Settings
10. Be Responsive

1. Plan and Prepare

- Know the referral question
- Plan around the student's schedule
- Transition needs
- Level of cognitive functioning
- Mode of communication/expressive language level
- Attention Span
- Behavioral concerns
- Sensory Needs

Assessments to Consider

- Cognitive
- Executive Functioning
- Speech/Language
- Adaptive
- Sensory
- Motor (Gross and Fine)
- Functional Behavior Assessment

2. Communicate and Inform

- Share the plan for assessment with teachers, administrators and parents.

3. Work as a Team

- Interdisciplinary Teams provide the strongest assessment results.

POLL:

Does your team operate from a multidisciplinary or interdisciplinary model?

Assessments: A Team Approach

Case Manager

-Review of data on progress & present levels of performance (IEP quarterly progress reports)

-Appropriate standardized measurement

-Curriculum based measurements

-Areas of particular interest, intense focus or perseveration

-Excessive rigidity or concreteness of thinking

-Social interactions through formal/informal observations

-Parent/family input

School Nurse

Health History

Speech Language Pathologist

-Receptive language

-Expressive language

-Use of symbol systems

-Speech production

-Use of people as a means to end

-Use of immediate or delayed echolalia for communication function

-Problem Solving

-Pragmatic functions

Physical Therapist

-Gross motor needs

Occupational Therapist

-Sensory needs-over/under stimulation screener or assessment

-Fine motor needs

School Psychologist (Mental Health Provider)

-Cognitive Measurements

-Adaptive Scales

-Autism-specific measures

-Review of outside reports/testing

-Executive functioning

-Social interactions

-Functional Behavior Assessment

-Social Emotional

-Developmental History

4. Keep an Open Mind

- Approaching the evaluation without preconceived ideas provides the fairest assessment.

5. Schedule Time to Process

- Discussing observations with the team is helpful.

6. Think Recommendations

- We conduct evaluations to help a student in school. Always consider how the results can be transferred into the classroom.

7. Allow for Fun and Flexibility

- Taking time to get to know the student is an important part of any assessment.
- While the student may be rigid, it is our duty to be flexible (even if we have 1 day to complete the evaluation).

8. Reinforce

- Determining a motivator for the student will help move things a long when they have come to a stand still.

9. Observe Across Settings

- Autism is a spectrum of observable challenges. These will be apparent across all settings- not just one.

10. Be Responsive

- Behavior is a form of communication. Notice what the student is doing and respond. If he/she needs a break every 10 minutes, its time for a break.

Autism (defined by US Department of Education):

- **Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that aversely affects a child's educational performance. Other characteristic often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.**

http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CA%2C300%252E8%2Cc%2C1%2Ci%2C

To Be Eligible as a Child with ASD Criteria: An Autism Spectrum Disorder prevents the child from receiving reasonable educational benefit from general education as evidenced by at least one characteristic in each of the following three areas: ECEA 2.08(1)(a)(i – iii)

Social	• The child displays significant difficulties or differences or both in interacting with or understanding people and events.
Communication	• The child displays significant difficulties or differences which extend beyond speech and language to other aspects of social communication, both receptively and expressively.
Repetitive Activities and Restricted Interests	• The child seeks consistency in environmental events to the point of exhibiting significant rigidity in routines and displays marked distress over changes in the routine, and/or has a significantly persistent preoccupation with or attachment to objects or topics.

POLL:

True or False:

- Eligibility determination for ASD is an easy endeavor.

Collecting a Body of Evidence

A variety of measures (described in this next section) should be used when assessing a student for ASD. One measure alone, does not provide enough information to develop a comprehensive IEP.

Start with the past to move forward.

- Interviews that specifically ask questions related to characteristics of ASD is a natural way to prepare parents for the evaluation process.
- Information about the student's development is an important factor when looking into ASD because characteristics are often present by the age of 3.

Developmental/Medical/Family History

- Childhood Autism Rating Scale, 2nd Edition (CARS-2) Questionnaire for Parents and Caregivers
- Autism Diagnostic Interview-Revised (ADI-R)
- Developmental History
- Co-Morbid Disorders: Genetic, Medical, OCD, ADHD, Seizures, Anxiety, Depression

Autism Specific Assessments

- Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)
- Childhood Autism Rating Scale, 2nd Edition (CARS-2)
- Asperger Syndrome Diagnostic Scale (ASDS)
- Gilliam Autism Rating Scale, Third Edition (GARS-3)
- Underlying Characteristics Checklist (UCC)

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

Age: 12 months +

Description: a semi-structured, standardized assessment of communication, social interaction, play, and restricted and repetitive behaviors.

- Toddler Module: For children between 12 and 30 months of age who do not consistently use phrase speech
- Module 1: For children 31 months and older who do not consistently use phrase speech
- Module 2: For children of any age who use phrase speech but are not verbally fluent
- Module 3: For verbally fluent children and young adolescents
- Module 4: For verbally fluent older adolescents and adults

Childhood Autism Rating Scale, 2nd Edition (CARS-2)

Age: 2+

Description: helps identify children with autism providing quantifiable ratings based on direct behavioral observations.

- Relating to People
- Imitation (ST); Social-Emotional Understanding (HF)
- Emotional Response (ST); Emotional Expression and Regulation of Emotions (HF)
- Body Use
- Object Use (ST); Object Use in Play (HF)
- Adaptation to Change (ST); Adaptation to Change/Restricted Interests (HF)
- Visual Response
- Listening Response
- Taste, Smell, and Touch Response and Use
- Fear or Nervousness (ST); Fear or Anxiety (HF)
- Verbal Communication
- Nonverbal Communication
- Activity Level (ST); Thinking/Cognitive Integration Skills (HF)
- Level and Consistency of Intellectual Response
- General Impressions

Asperger Syndrome Diagnostic Scale (ASDS)

Age: 5-18

Description: examines specific behaviors to help quickly assess the likelihood of Asperger Syndrome. Scales include:

- Cognitive
- Maladaptive
- Social
- Sensorimotor

Gilliam Autism Rating Scale, Third Edition (GARS-3)

Age: 3-22

Description: helps identify autism, assess its severity, and determine appropriate intervention. Scales include:

- Restrictive and Repetitive Behaviors
- Social Interaction
- Social Communication
- Emotional Responses
- Cognitive Style
- Maladaptive Speech

Underlying Characteristics Checklist (UCC)

Age: 6 months- adult

Description: An informal, non-standardized assessment tool designed to identify characteristics across a number of domains associated with ASD.

If these assessments are not available to you….

An educational identification can still be determined.

Remember the BODY of EVIDENCE?

Social

- Social Responsiveness Scale (SRS-2)
- Social Communication Questionnaire (SCQ)
- Assessment of Social Skills for Children with Autism (adapted)
- Social Interaction Observation Form
- Triad Social Skills Assessment, Second Edition
- NEPSY-2 (Social Perception)
- Behavior Assessment Scale for Children – 3rd Edition (BASC-3)
- School Assessment Rating Scale for Asperger's Syndrome*

Social Responsiveness Scale-2nd Edition

http://www.wpspublish.com/store/p/2994/social-responsiveness-scale-second-edition-srs-2

Age: 2.5 to adult, completed by parent/teacher

Description: Identifies the presence and severity of social impairment within the autism spectrum and differentiates it from that which occurs in other disorders

Social Communication Questionnaire

http://www.wpspublish.com/store/p/2954/social-communication-questionnaire-scq

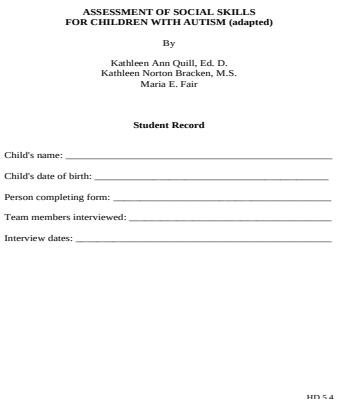
Age: Age 4 to adult, completed by parent/caregiver

Description: evaluates the communication skills and social functioning of an individual who may have autism or other autism spectrum disorders.

Assessment of Social Skills for Children with Autism (Quill, 2000)

Age: School age

Description: A checklist developed to drive intervention. Looks at the presence of skills and the generalization of the skill.



ASSESSMENT OF SOCIAL SKILLS FOR CHILDREN WITH AUTISM (adapted)

By

Kathleen Ann Quill, Ed. D.
Kathleen Norton Bracken, M.S.
Maria E. Fair

Student Record

Child's name: _____

Child's date of birth: _____

Person completing form: _____

Team members interviewed: _____

Interview dates: _____

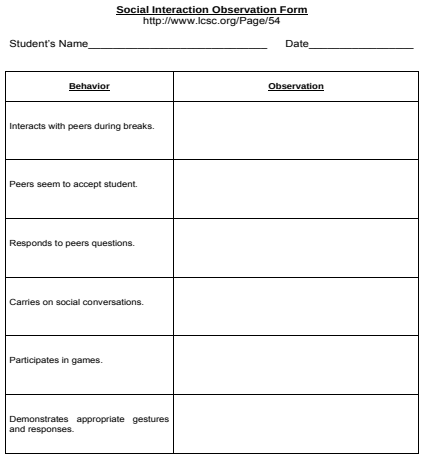
HD 5.4

Social Interaction Observation Form

http://www.lcsc.org/Page/54

Age: Preschool- adult

Description: A structured observation form that outlines specific typical social behaviors. Observations either support these behaviors or detail atypical interaction.



Social Interaction Observation Form
http://www.lcsc.org/Page/54

Student's Name_____ Date_____

Behavior	Observation
Interacts with peers during breaks.	
Peers seem to accept student.	
Responds to peers questions.	
Carries on social conversations.	
Participates in games.	
Demonstrates appropriate gestures and responses.	

Triad Social Skills Assessment

http://kc.vanderbilt.edu/kennedy_files/TSSAManual_102010.pdf

Age: 6-12 (1st grade reading level)

Description: criterion-based assessment that assesses knowledge and skills in three areas specific to social skills: (a) cognitive, (b) behavioral, and (c) affective.

The assessment kit has parent and teacher rating scales as well as direct child interaction activities.

NEPSY-2

http://www.pearsonclinical.com/psychology/products/100000584/nepsy-second-edition-nepsyii.html?Pid=NEPSY-II&Mode=summary#tab-resources

Age: 3-16

- The Social Perception domain includes the Affect Recognition and Theory of Mind subtests. The subcomponents of this domain include facial affect recognition and the ability to comprehend others perspectives, intentions, and beliefs (i.e., theory of mind).

Behavior Assessment System for Children-3rd Edition

http://www.pearsonclinical.com/education/products/100001402/behavior-assessment-system-for-children-third-edition-basc-3.html

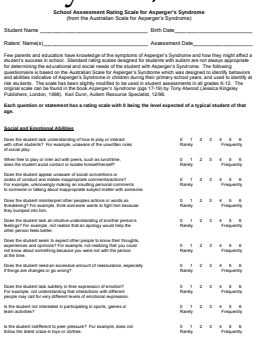
Age: 2-21

Description: A comprehensive set of rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Created to help understand the behaviors and emotions of children and adolescents.

School Assessment Rating Scale for Asperger's Syndrome http://www.lcsc.org/Page/54

Age: K-12

Description: was designed to identify behaviors and abilities indicative of Asperger's Syndrome in children during their primary school years, and used to identify at risk students.



School Assessment Rating Scale for Asperger's Syndrome
(from the Australian Scale for Asperger's Syndrome)

Student Name _____ Birth Date _____

Raters' Name(s) _____ Assessment Date _____

Few parents and educators have knowledge of the symptoms of Asperger's Syndrome and how they might affect a student's success in school. Standard rating scales designed for students with autism are not always appropriate for determining the educational and social needs of the student with Asperger's Syndrome. The following questionnaire is based on the Australian Scale for Asperger's Syndrome which was designed to identify behaviors and abilities indicative of Asperger's Syndrome in children during their primary school years, and used to identify at risk students. The scale has been slightly modified to be used in student assessments in all grades K-12. The original scale can be found in the book *Asperger's Syndrome* (pgs 17-19) by Tony Atwood (Jessica Kingsley Publishers, London, 1998). Kari Dunn, Autism Resource Specialist, 12/98.

Each question or statement has a rating scale with 0 being the level expected of a typical student of that age.

Social and Emotional Abilities

Does the student lack understanding of how to play or interact with other students? For example, unaware of the unwritten rules of social play.	0	1	2	3	4	5	6
	Rarely						Frequently
When free to play or interact with peers, such as lunchtime, does the student avoid contact or isolate himself/herself?	0	1	2	3	4	5	6
	Rarely						Frequently
Does the student appear unaware of social conventions or codes of conduct and makes inappropriate comments/actions? For example, unknowingly making an insulting personal comments to someone or talking about inappropriate subject matter with someone.	0	1	2	3	4	5	6
	Rarely						Frequently
Does the student misinterpret other peoples actions or words as threatening? For example, think someone wants to fight him because they bumped into him.	0	1	2	3	4	5	6
	Rarely						Frequently
Does the student lack an intuitive understanding of another person's feelings? For example, not realize that an apology would help the other person feels better.	0	1	2	3	4	5	6
	Rarely						Frequently
Does the student seem to expect other people to know their thoughts, experiences and opinions? For example, not realizing that you could not know about something because you were not with the person at the time.	0	1	2	3	4	5	6
	Rarely						Frequently
Does the student need an excessive amount of reassurance, especially if things are changes or go wrong?	0	1	2	3	4	5	6
	Rarely						Frequently
Does the student lack subtlety in their expression of emotion? For example, not understanding that interactions with different people may call for very different levels of emotional expression.	0	1	2	3	4	5	6
	Rarely						Frequently
Is the student not interested in participating in sports, games or team activities?	0	1	2	3	4	5	6
	Rarely						Frequently
Is the student indifferent to peer pressure? For example, does not follow the latest craze in toys or clothes.	0	1	2	3	4	5	6
	Rarely						Frequently

Communication

- Children's Communication Checklist, 2nd Edition (CCC-2)
- Pragmatic Language Checklist
- Conversation Effectiveness Profile-Revised (CEP-R)
- Dyssemia Rating Scale
- The Communication Matrix

Children's Communication Checklist, 2nd Edition

http://www.asha.org/eweb/OLSDynamicPage.aspx?Webcode=olsdetails&title=Children%27s+Communication+Checklist-2+(CCC-2)

Age: 4-17

Description: 70 Question Caregiver/Parent questionnaire that rates aspects of communication such as speech, vocabulary, sentence structure, and social language skills of children and adolescents who speak in sentences.

Pragmatic Language Checklist

http://www.nesc.k12.mn.us/files/Pragmatic%20Language%20Checklist.pdf

Age: 4+

Description: Assessment based on an observation checklist. Looks at general conversation and nonverbal conversational skills.

PRAGMATIC LANGUAGE CHECKLIST

Conversation Effectiveness Profile-Revised

http://www.socialpragmatics.com/cep-r.html

Age: K-Adult

Description: A checklist that measure appropriate behavior within conversations. Scales include:

- Social Interaction
- Social Communication
- Social-Emotional Regulation

The Dyssemia Rating Scale

http://www.lcsc.org/Page/54

Age: K-12

Description: A nonverbal social communication rating scale. Cut-off scores indicate severity.

Student Name_____ **Date**_____
Rater_____

The Dyssemia Rating Scale (DRS) – School Screening

Dyssemia is a term used to refer to a ***nonverbal social communication deficit*** (Nowicki and Duke, 1992).

*This rating scale has been adapted, with the author's permission, from The Dyssemia Rating Scale published in the text: ***Will I Ever Fit In?*** by Stephen Nowicki and Marshall Duke (2002).

Directions*: Please circle the frequency of each of the following behaviors according to the 4-point scale below:*

0 = not observed
1 = rarely (once in 2 weeks)
2 = sometimes (several times each week)
3 = often (daily or more)

Section A: ***Gaze and Eye Contact***

0 1 2 3 Fails to look at people when conversing
0 1 2 3 Fails to look at others when speaking in a group
0 1 2 3 Avoids eye contact when walking by people
0 1 2 3 Fails to look up when addressed
0 1 2 3 Hangs head when listening to people
0 1 2 3 Stares at the floor when talking with people
0 1 2 3 Watches people out of corner of his/her eye
0 1 2 3 Stares excessively at people

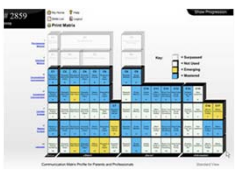
A Score: _____ (Max = 24)

The Communication Matrix

http://www.communicationmatrix.org

Age: Begins at the earliest stages of communication

Description: Looks at how a person is communicating by beginning at the basic foundations to expressive language.



Repetitive Activities and Restricted Interests

- Functional Behavioral Assessment
- Student Interviews
- Teacher Interviews/Classroom Observations

Student Interview

- Structured Student Interview- Asperger Syndrome*
- Have a conversation: note eye contact, reciprocity, prosody, gestures, range of facial expressions, any restricted areas of interest
- Do a self-inventory: how hard are you working with these interactions? Does it feel like a natural give and take?

Conversation Ideas

- Choose a topic of interest to the child, then change it to one of less interest to the child and of more interest to you. Can the child take turns within a conversation, sustain a narrative, and add information for your benefit?
- Drop leads or hints that beckon for a conversation, such as "the strangest thing happened at my house this morning..." and see if child follows your lead.

Conversation (continued)

- Ask the child to tell you about a recent vacation or recent holiday.
- Ask the child to tell you how to play a certain game.
- Ask about friends.
- Ask about feelings.
- Do you think others have these feelings?
- What do you do to feel better?

POLL

True or False:

Educational impact is evidenced through the subjects of reading, math and/or writing. If there is no delay in those areas, a student does not qualify for special education.

DETERMINATION OF ELIGIBILITY

Bring it all together

Like any eligibility meeting, the body of evidence needs to be brought to the team to determine if the student meets the criteria.

Strengths and challenges have been identified through this process. Those will lead to the creation of the IEP and student specific interventions.

Federal law specifies that an educational evaluation is designed to address two questions:

(1) Is this a child with a disability as defined in IDEA and the state regulations?

(2) Does the disability adversely impact the child's ability to benefit from regular education alone?

There must be a need for specially designed instruction for the student to qualify for special education services.

ACTIVATE IEP

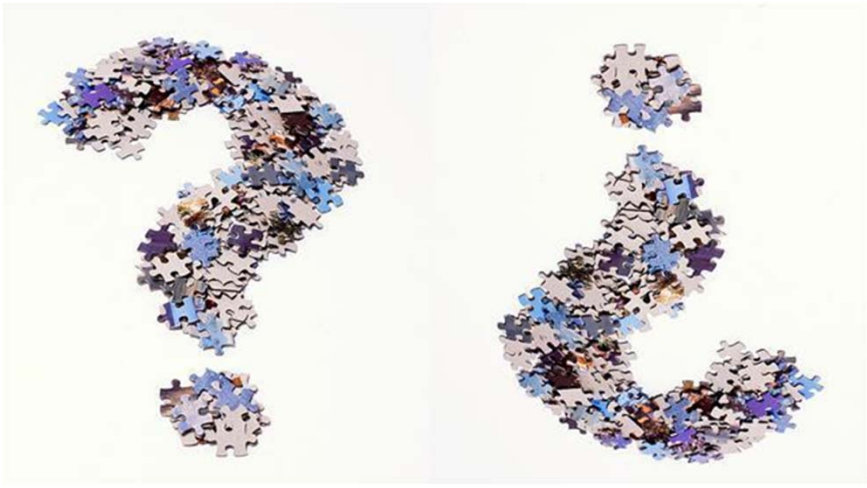
Tri State Webinar Series 2015-2016

Services & Goals are directed to All Areas of Need:

For Students with ASD we must consider how their disability affects their ability to access education, especially in three areas of deficit:

- Communication
- Social/Emotional
- Behavior

Questions



THANK YOU!

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COLORADO Department of Education

NEBRASKA autism spectrum disorders NETWORK

TASN Autism and Tertiary Behavior Supports www.ksdetasn.org

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Resources

- Autism and Tertiary Behavior Supports
  - www.ksdetasn.org
- Autism Speaks
  - https://www.autismspeaks.org
- Centers for Disease Control: Autism Spectrum Disorders
  - http://www.cdc.gov/ncbddd/autism/index.html
- Colorado Department of Education
  - http://www.cde.state.co.us

Resources

- Nebraska Autism Spectrum Disorders Network
  - www.unl.edu/asd**network**/home
- Ohio Center for Autism and Low Incidence OCALI
  - http://www.ocali.org
  - http://www.autisminternetmodules.org/mod_view.php?nav_id=1499
- US Department of Education
  - www.**ed**.**gov**/

ASSESSMENT OF SOCIAL SKILLS FOR CHILDREN WITH AUTISM (adapted)

By

Kathleen Ann Quill, Ed. D.
Kathleen Norton Bracken, M.S.
Maria E. Fair

Student Record

Child's name: _____

Child's date of birth: _____

Person completing form: _____

Team members interviewed: _____

Interview dates: _____

INVENTORY OF SOCIAL BEHAVIOR

A. Social behavior	**Yes/No**	**Comments**
Does the child play		
1. Alone	Y N	
2. With adults	Y N	
3. With peers	Y N	
Does the child play		
1. Social interactive games	Y N	
2. Appropriately with a variety of toys	Y N	
3. Creatively with toys	Y N	
Does the child play best when others are		
1. Active	Y N	
2. Quiet	Y N	
3. Predictable	Y N	
4. Creative	Y N	
Does the child		
1. Accept changes in routines	Y N	
2. Transition when directed	Y N	
Does the child have any of the following social-behavioral challenges?		
1. Self-stimulatory behaviors	Y N	
2. Perseverative and/or ritualistic play	Y N	
3. Negative reaction to change	Y N	
4. Behavior challenges at home	Y N	
5. Behavior challenges in the community	Y N	

SOCIAL SKILLS CHECKLIST

A. Play	**Skill Yes/No**	**Generalized Yes/No**	**Target three objectives**
Solitary Play			
1. Functional: Uses one action with one toy	Y N	Y N	
2. Functional: Closed-ended activities	Y N	Y N	
3. Functional: Open-ended activities	Y N	Y N	
4. Symbolic: Routine scripts	Y N	Y N	
5. Symbolic: Creative	Y N	Y N	
6. Plays independently for ____ minutes	Y N	Y N	
Social Play			
1. Play parallel with own set of toys/materials	Y N	Y N	
2. Plays parallel with organized toys/materials	Y N	Y N	
3. Participates in choral/unison group activity	Y N	Y N	
4. Turn-taking with one partner with predictable turns	Y N	Y N	
5. Turn-taking in a group game with predictable turns	Y N	Y N	
6. Shares materials	Y N	Y N	
7. Cooperative play with one partner	Y N	Y N	
8. Cooperative play in structured groups	Y N	Y N	
9. Cooperative play in unstructured groups	Y N	Y N	

B. Group Skills	**Skill Yes/No**	**Generalized Yes/No**	**Target three objectives**
Attending			
1. During meals (snack time, lunchtime)	Y N	Y N	
2. During structured projects (art, work)	Y N	Y N	
3. During listening activities (stories, music)	Y N	Y N	
4. During structured games (board games, outdoor games)	Y N	Y N	
5. During play activities (play center, recess)	Y N	Y N	
6. During discussion activities (circle time, meeting)	Y N	Y N	
Waiting			
1. Sits for group activity	Y N	Y N	
2. Raises hand for a turn	Y N	Y N	
3. Stands in line	Y N	Y N	
Turn-taking			
1. During structured activity	Y N	Y N	
2. During unstructured activity	Y N	Y N	
Following group directions			
1. Nonverbal directions (quiet gesture, turn off the light)	Y N	Y N	
2. Attention-getting directions ("Everybody_____")	Y N	Y N	
3. Routine verbal directions ("Clean up," "Line up")	Y N	Y N	
4. Verbal directions in novel contexts	Y N	Y N	

C. Community social skills	Skill Yes/No		Generalized Yes/No		Target three objectives
Shopping					
1. Grocery store	Y	N	Y	N	
2. Toy store	Y	N	Y	N	
Restaurant					
1. Fast food	Y	N	Y	N	
2. Sit down	Y	N	Y	N	
Indoor recreational activities					
1. Movies	Y	N	Y	N	
2. Swimming pool	Y	N	Y	N	
Outdoor recreational activities					
1. Organized sports	Y	N	Y	N	
2. Playground	Y	N	Y	N	
Visiting					
1. Relatives	Y	N	Y	N	
2. Neighbors or friends	Y	N	Y	N	
Safety					
1. Indoor	Y	N	Y	N	
2. Street	Y	N	Y	N	
3. Car/school bus	Y	N	Y	N	
Health					
1. Doctor	Y	N	Y	N	
2. Dentist	Y	N	Y	N	
Other settings					
1. Hair salon	Y	N	Y	N	
2. Photographer	Y	N	Y	N	
Holidays					
1. Birthday	Y	N	Y	N	
2. Halloween	Y	N	Y	N	
3. Winter holidays	Y	N	Y	N	
School community					
1. Assemblies	Y	N	Y	N	
2. Fire drills	Y	N	Y	N	
3. Field trips	Y	N	Y	N	

ASSESSMENT SUMMARY SHEET

Review the assessment checklist, and do the following:

1. Identify all items in the "Target three objectives" column.
2. Select up to three target objectives from the social skill area.
3. Transfer the objectives to the spaces provided, and write them as behavioral objectives.

SOCIAL SKILLS

Play	Group skills	Community social skills
1.		
2.		
3.		

Adapted from *Do-Watch-Listen-Say: Social and Communication Intervention for Children with Autism* by Kathleen Ann Quill (2000). Paul H. Brookes Publisher.

Social Interaction Observation Form

http://www.lcsc.org/Page/54

Student's Name_____ Date_____

Behavior	Observation
Interacts with peers during breaks.	
Peers seem to accept student.	
Responds to peers questions.	
Carries on social conversations.	
Participates in games.	
Demonstrates appropriate gestures and responses.	

Behavior	**Observation**
Participates in classroom group activities.	
Appears to enjoy group time.	
Responds to teacher during whole group instruction.	
Appears to have favorite peers.	
Talks to others at appropriate times.	
Demonstrates flexibility.	
Interacts with peers in a positive way.	
Interacts with adults in a positive way.	
Other	

School Assessment Rating Scale for Asperger's Syndrome
(from the Australian Scale for Asperger's Syndrome)

Student Name _____ Birth Date_____

Raters' Name(s)_____ Assessment Date_____

Few parents and educators have knowledge of the symptoms of Asperger's Syndrome and how they might affect a student's success in school. Standard rating scales designed for students with autism are not always appropriate for determining the educational and social needs of the student with Asperger's Syndrome. The following questionnaire is based on the Australian Scale for Asperger's Syndrome which was designed to identify behaviors and abilities indicative of Asperger's Syndrome in children during their primary school years, and used to identify at risk students. The scale has been slightly modified to be used in student assessments in all grades K-12. The original scale can be found in the book *Asperger's Syndrome* (pgs 17-19) by Tony Atwood (Jessica Kingsley Publishers, London, 1998). Kari Dunn, Autism Resource Specialist, 12/98.

Each question or statement has a rating scale with 0 being the level expected of a typical student of that age.

Social and Emotional Abilities

Does the student lack understanding of how to play or interact with other students? For example, unaware of the unwritten rules of social play.	0 1 2 3 4 5 6 Rarely Frequently
When free to play or inter act with peers, such as lunchtime, does the student avoid contact or isolate himself/herself?	0 1 2 3 4 5 6 Rarely Frequently
Does the student appear unaware of social conventions or codes of conduct and makes inappropriate comments/actions? For example, unknowingly making an insulting personal comments to someone or talking about inappropriate subject matter with someone.	0 1 2 3 4 5 6 Rarely Frequently
Does the student misinterpret other peoples actions or words as threatening? For example, think someone wants to fight him because they bumped into him.	0 1 2 3 4 5 6 Rarely Frequently
Does the student lack an intuitive understanding of another person's feelings? For example, not realize that an apology would help the other person feels better.	0 1 2 3 4 5 6 Rarely Frequently
Does the student seem to expect other people to know their thoughts, experiences and opinions? For example, not realizing that you could not know about something because you were not with the person at the time.	0 1 2 3 4 5 6 Rarely Frequently
Does the student need an excessive amount of reassurance, especially if things are changes or go wrong?	0 1 2 3 4 5 6 Rarely Frequently
Does the student lack subtlety in their expression of emotion? For example, not understanding that interactions with different people may call for very different levels of emotional expression.	0 1 2 3 4 5 6 Rarely Frequently
Is the student not interested in participating in sports, games or team activities?	0 1 2 3 4 5 6 Rarely Frequently
Is the student indifferent to peer pressure? For example, does not follow the latest craze in toys or clothes.	0 1 2 3 4 5 6 Rarely Frequently

Does the student take comments literally? For example, is confused or preoccupied with phrases such as “out on a limb” or “if looks could kill.”	0 1 2 3 4 5 6 Rarely Frequently
Does the student have an unusual tone of voice? For example, does he/she ever talk in a different voice or is his/her voice monotone or with the accent on the wrong word?	0 1 2 3 4 5 6 Rarely Frequently
When talking to the student, does he/she appear to be uninterested in your side of the conversation? For example, not asking about or commenting on your thoughts or opinions.	0 1 2 3 4 5 6 Rarely Frequently
When in conversation, does the student tends to use less eye contact than you would expect?	0 1 2 3 4 5 6 Rarely Frequently
Is the student’s speech overly precise or pedantic? For example, using overly formal speech.	0 1 2 3 4 5 6 Rarely Frequently
Does the student have trouble asking for clarification when confused? For example, if the student doesn’t understand, does she/he change the subject when confused?	0 1 2 3 4 5 6 Rarely Frequently

Cognitive Skills

Does the student primarily reads books for information rather than fiction? For example, choosing an encyclopedia type book for a book report rather than an adventure novel.	0 1 2 3 4 5 6 Rarely Frequently
Does the student have an exceptional long term memory for events or facts? For example, he/she remembers your child’s birth date or specific incidents from years ago.	0 1 2 3 4 5 6 Rarely Frequently
Does the student lack social imaginative play? For example, peers are not included in the student’s imaginary games or the student is confused by the pretend games of others.	0 1 2 3 4 5 6 Rarely Frequently
Is the student preoccupied or fascinated by a particular topic and/or avidly collects information? For example, collects information about maps, or train schedules.	0 1 2 3 4 5 6 Rarely Frequently
Does the student become unreasonably upset by changes in routine or expectations?	0 1 2 3 4 5 6 Rarely Frequently
Does the student develop elaborate routines or rituals that must be completed? For example, lining up personal items or toys before going to bed.	0 1 2 3 4 5 6 Rarely Frequently

Movement Skills

Does the student have poor motor coordination? For example, does he/she have trouble catching a ball.	0 1 2 3 4 5 6 Rarely Frequently
Does the student have an odd gait when running?	0 1 2 3 4 5 6 Rarely Frequently

Other Possible Characteristics

For this section, check whether the student in question has shown any of the following characteristics:

Unusual fear or anxiety due to:

- ordinary sounds such as electrical appliance _____
- light touch on skin or scalp _____
- wearing particular items of clothing _____
- unexpected noise _____
- seeing certain objects _____
- noisy, crowded places _____

A tendency to flap his arms or rock body when excited or upset _____

A lack of sensitivity to low levels of pain _____

Late in acquiring speech _____

Unusual facial grimaces or tics _____

Rating between 2 and 6 are significantly above the normal range and indicate the need for specialized interventions. Strategies developed for use with individuals with Asperger's Syndrome should be explored as a part of the student's educational program.

Resources for planning may include:

Asperger's Syndrome, Tony Attwood, Jessica Kingsley Publishers, 1998.

Asperger's Syndrome, Brenda Myles and Richard Simpson, ProEd., 1998.

High Functioning Adolescents and Young Adults with Autism, Fullerton et al., ProEd., 1997.

PRAGMATIC LANGUAGE CHECKLIST

Name _____ Evaluator _____ School _____

Birthdate _____ CA _____

RATING SCALE *Never: 1 • Rarely: 2 • Sometimes: 3 • Usually: 4 • Consistently: 5*	Date _____	Date _____	Date _____
Nonverbal Communication Skills			
1. Uses appropriate eye contact.			
2. Understands other's use of body language. Uses appropriate body language.			
3. Understands and uses appropriate physical space boundaries.			
4. Understands changes in tone of voice.			
5. Understands changes in facial expressions.			
General Conversation Skills			
6. Interrupts appropriately.			
7. Gives effective directions to others.			
8. Gives sufficient information for listener comprehension.			
9. Revises messages when listener misunderstands.			
10. Asks appropriately for repetition and clarification.			
11. Provides relevant answers to questions.			
12. Topic Maintenance:			
a. Initiates topic			
b. Joins an on-going conversation appropriately			
c. Maintains topic			
d. Shifts topic			
e. Closes topic			
f. Gets to the point			
13. Basic Social Language:			
a. Greets, says good-bye			
b. Uses polite forms (i.e., please, thank you, excuse me, etc.)			
c. Uses introductions			
14. Tells of wants, needs and preferences.			
15. Asks appropriately for help, assistance, and permission.			
16. Understands and shares feelings appropriately.			
17. Shares ideas, opinions and remarks in a socially appropriate manner.			
18. Identifies and uses compliments appropriately.			
19. Starts and maintains friendships.			
20. Gives appropriate explanations for actions.			
21. Understands and uses humor appropriately.			
22. Demonstrates affection appropriately.			
23. Other:			

(Comments on back)

Developed by Speech-Language Pathologists in the Cobb County School System, Marietta, GA

Student Name_____ **Date**_____
Rater_____

The Dyssemia Rating Scale (DRS) – School Screening

Dyssemia is a term used to refer to a ***nonverbal social communication deficit*** (Nowicki and Duke, 1992).

*This rating scale has been adapted, with the author's permission, from The Dyssemia Rating Scale published in the text ***Will I Ever Fit In?*** by Stephen Nowicki and Marshall Duke (2002).

Directions*: Please circle the frequency of each of the following behaviors according to the 4-point scale below:*

0 = not observed
1 = rarely (once in 2 weeks)
2 = sometimes (several times each week)
3 = often (daily or more)

Section A: ***Gaze and Eye Contact***

0 1 2 3 Fails to look at people when conversing

0 1 2 3 Fails to look at others when speaking in a group

0 1 2 3 Avoids eye contact when walking by people

0 1 2 3 Fails to look up when addressed

0 1 2 3 Hangs head when listening to people

0 1 2 3 Stares at the floor when talking with people

0 1 2 3 Watches people out of corner of his/her eye

0 1 2 3 Stares excessively at people

A Score: _____ (Max = 24)

Section B: ***Space and Touch***

0 1 2 3 Touches people inappropriately
0 1 2 3 Stands too close to people when interacting
0 1 2 3 Stands too distant from people when interacting
0 1 2 3 Seeks excessive physical contact with people
0 1 2 3 Pulls back when approached by people
0 1 2 3 Grabs people to get their attention
0 1 2 3 Spreads materials beyond his/her area or desk
0 1 2 3 Makes others uncomfortable with his/her physical positioning
0 1 2 3 Enters private spaces without knocking or seeking permission
0 1 2 3 Joins groups (lunch, recess) without invitation to do so

B Score: _____ (Max = 30)

Section C: ***Paralanguage***

0 1 2 3 Speaks too softly to be heard easily
0 1 2 3 Speaks too loudly for situation
0 1 2 3 Uses vocabulary inappropriate to listeners or situation
0 1 2 3 Tone of voice does not fit emotional state
0 1 2 3 Tone of voice does not fit situation
0 1 2 3 Mumbles when speaking
0 1 2 3 Speaks in a monotone
0 1 2 3 Speaks with “baby talk” beyond early elementary years
0 1 2 3 Fails to alter speech volume to fit situation

C Score: _____ (Max = 27)

Section D: ***Facial Expression***

0 1 2 3 Facial expressions do not fit emotional state

0 1 2 3 Uses inappropriate facial expressions

0 1 2 3 Face is blank when being reprimanded

0 1 2 3 Usual resting facial expression is negative (sad or angry)

0 1 2 3 Does not smile back when smiled at

0 1 2 3 Looks disinterested or bored

0 1 2 3 Facial expressions are hard to read

0 1 2 3 Facial expressions are exaggerated

D Score: _____ (Max = 24)

Section E: ***Objectics*** (Fashion)

0 1 2 3 Problems with personal hygiene

0 1 2 3 Problems with inadequate grooming (hair, teeth)

0 1 2 3 Clothing inappropriate for age

0 1 2 3 Clothing inappropriate for school setting

0 1 2 3 Uses excessive perfume or cologne

0 1 2 3 Uses poor manners when eating or drinking

0 1 2 3 Seems unaware of styles within peer group

0 1 2 3 Choice of accessories provokes undue negative attention

E Score: _____ (Max = 24)

Section F: ***Hands and Hand Gestures***

0 1 2 3 Hands communicate nervousness or confusion
0 1 2 3 Hand gestures are too intense for situation
0 1 2 3 Fidgets with pens, pencils or other objects
0 1 2 3 Cracks knuckles in class or drums fingers unconsciously
0 1 2 3 Hides hands in pockets or behind back
0 1 2 3 Does not attend to grooming of hands and fingernails
0 1 2 3 Hand gestures are poorly timed with speech content

F Score: _____ (Max = 21)

Section G: ***Social Rules/Norms***

0 1 2 3 Has difficulty understanding social rules and etiquette
0 1 2 3 Makes embarrassing behavioral mistakes
0 1 2 3 Lacks common sense in peer interaction
0 1 2 3 Seems tactless
0 1 2 3 Does not seem to follow the "hidden social curriculum" (tattles, reports other students)
0 1 2 3 Raises conversation topics out of nowhere

G Score: _____ (Max = 18)

Section H: ***Nonverbal Receptivity***

0 1 2 3 Misreads the intentions of others
0 1 2 3 Perseveres in action or comments regardless of adverse impact
0 1 2 3 Seems insensitive to others' feelings
0 1 2 3 Seems hypersensitive to others' feelings
0 1 2 3 Behavior is out of synch with demands of situation
0 1 2 3 Fails to respond appropriately (or at all) to greetings
0 1 2 3 Doesn't seem to sense interpersonal trouble
0 1 2 3 Appears unaware of things going on around him/her
0 1 2 3 Does not check his/her appearance in mirrors or in window reflections (unaware of how others view him)

H Score: _____ (Max = 27)

Section I: ***Conversational Skills***

0 1 2 3 Starts talking before others finish
0 1 2 3 Does not read cues regarding desire of other people to converse or not
0 1 2 3 Does not pick up "your turn" signals
0 1 2 3 Speaks too fast for situation
0 1 2 3 Speaks too slowly for situation
0 1 2 3 Uses "y' know" or other noncontributing phrases excessively
0 1 2 3 Doesn't seem to listen to what others are saying
0 1 2 3 Choice of conversation topics is inappropriate to situation

I Score: _____ (Max = 24)

Section J: ***Chronemics and the Use of Time***

0 1 2 3 Arrives late for class
0 1 2 3 Leaves classes or goes on a personal errand at inappropriate times
0 1 2 3 Transitions slowly between classes
0 1 2 3 Walks too fast for situation
0 1 2 3 Walks too slowly for situation
0 1 2 3 Does not wait appropriate amounts of time for people
0 1 2 3 Finishes eating long before or long after others
0 1 2 3 Makes people feel pressured to move more quickly
0 1 2 3 Checks time too frequently
0 1 2 3 Bolts to leave as soon class or event is over

J Score: _____ (Max = 30)

Total Score (sum of A-J): _____ (Max = 254)

Interpretation:

Scores of 3 – 6 on any of the individual sections merits attention.

An overall score of 15 – 25 is an indication of moderate dyssemia

An overall score of > 25 indicates problematic dyssemia

*Note: Dr. Stephen Nowicki and Dr. Marshall Duke suggest that a lack of competence in the area of nonverbal communication can have a devastating effect on a child's social development. The nature of nonverbal communication impacts not only how the child perceives the world, but also how the world perceives the child's motives and mental stability. How caregivers ***think*** about a child's motives, often dictates the strategies chosen to change that child's behavior. This rating scale can be used as a screening instrument for educators and parents when evaluating children who demonstrate interpersonal problems at school. Problems in the area of Dyssemia could indicate the need for IEP goals and objectives that directly address the behaviors described in this tool.

References:

Duke, M., Nowicki, S. and Martin, E.1996. Teaching Your Child the Language of Social Success. Peach Tree Publishers.

Nowicki, Stephen and Duke, Marshall. 1992. Helping the Child Who Doesn't Fit In. Peachtree Publishers.

Nowicki, Stephen and Duke, Marshall. 2002. Will I Ever Fit In? The Free Press.