AUTISM COMPANION

TSHA SI DISABILITY DETERMINATION GUIDELINES FOR LANGUAGE DISORDER

REVISED 2021

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Table of Contents

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General Information

*The SI Disability Determination Guidelines have been prepared by the Texas Speech-Language-Hearing Association (TSHA). Please note that they are **guidelines**. TSHA has no regulatory or administrative authority and there is no requirement to use the guidelines. They are provided by TSHA as a public service to enhance the quality of SLP services in public schools.*

Purpose and Intended Use of the Autism Companion to the SI Disability Determination Guidelines for Language Disorder

The purpose of these Eligibility Guidelines is to provide a structure within which the speech-language pathologist can participate as an integral member of the multidisciplinary team in using consistent evaluation practices to describe the social communication impairment that is present in children with autism, and to assist in the deliberation of eligibility for special education on the basis of autism and/or speech impairment. As a member of the multi-disciplinary team, the SLP may support the team in:

- Completing a comprehensive evaluation of a student's communication, language, and learning profile;
- Describing the nature of the social communication impairment that is present for students identified with autism; and
- Making recommendations to the Admission, Review, Dismissal (ARD) Committee regarding eligibility for special education services and supports based on autism and/or speech impairment.

The 2004 Individuals with Disabilities Education Act (IDEA) provides the following definitions:

- Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, which adversely affects 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 responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance as defined by IDEA criteria.

  A child who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in the preceding paragraph are met (Code of Federal Regulations [CFR], 2006; 34CFR § 300.7 (c) (1)).

- Speech-Language Impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance (CFR, 2006; 34CFR § 300.101 (c) (11)).

The Texas Administrative Code (TAC) defines a student with autism as one who has been determined to meet the criteria for autism as stated in (CFR, 2006; 34CFR, § 300.7 (c) (1)). Students with pervasive developmental disorders are included under this category.

The team's written report of evaluation shall include specific recommendations for behavioral interventions and strategies (TAC, 2018; 19TAC § 89.1040 (c) (1)).

SLPs play a central role in the screening, assessment, diagnosis, and treatment of persons with autism spectrum disorders (ASHA, *Autism,* 2016,). Individuals with autism have a developmental disability that affects social communication skills, that is, use of language. Regardless of the presence or absence of difficulties acquiring the form and content of language, individuals with autism spectrum disorders may be eligible for speech-language pathology services due to the varying levels of severity of their social communication impairment.

SLPs provide evaluation and services to students with autism spectrum disorders through an individualized educational program when the language disorder and social communication disorder result in an adverse effect on educational performance. In order for a student to meet the federal and state definition of Speech Impairment, the communication disorder must result in an adverse effect on educational performance (academic achievement and/or functional performance). The purpose of this manual is to provide guidance for the SLP in describing and documenting the student's communication profile whether or not there is an educational need for speech-language pathology services.

Definitions

Autism

Autism is a neurodevelopmental disorder defined by impairments in social reciprocity and lack of communicative competence and is accompanied by restricted, repetitive patterns of behavior, interests and activities.

Communication Disorder

A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired.

Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities (ASHA, 1993).

Language Disorder

A language disorder is an impairment in comprehension and/or use of a spoken, written, and/or other communication symbol system (e.g., American Sign Language). The disorder may involve the form of language (phonology, morphology, syntax), the content of language (semantics), and/or the function of language in communication (pragmatics) in any combination (ASHA, 1993). Language disorders may persist across the lifespan, and symptoms may change over time (Bashir, 1989). Further, a language disorder can be a distinct diagnosis or may occur within the context of other conditions.

A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language (ASHA, 1993; ASHA, *Language in Brief*, n.d.).

Social Communication Disorder (SCD)

SCD includes individuals who have significant problems using verbal and nonverbal communication for social purposes leading to impairments in their ability to effectively communicate, participate socially, maintain social relationships, or otherwise perform academically or occupationally, that is not otherwise explained by low cognitive ability. Notably, it does not include the presence of restrictive or repetitive patterns of behavior. A robust description, including the *DSM-5* criteria, is included in Appendix A.

Speech-Language Impairment

This term is used in IDEA 2004 to mean a communication disorder, such as stuttering, impaired articulation, language impairment, or voice impairment that adversely affects a child's educational performance (CFR, 2006; 34CFR § 300.101 (c) (11)).

Classification System for Autism

A multidisciplinary team (MDT) makes determinations using IDEA criteria in the schools; however, medical diagnoses are established through *DSM-5* criteria. A medical diagnosis of autism is not sufficient to establish eligibility for special education services under IDEA as other factors including educational need must be present.

The *Diagnostic and Statistical Manual of Mental Health Disorders*, Fifth Edition (*DSM 5*; APA, 2013) sets forth the most commonly used classification system for diagnostic criteria for autism spectrum disorder. The *DSM-5* has consolidated the previously categorized Pervasive Developmental Disorder (PDD), which included five diagnoses under the autism spectrum: autistic disorder, Asperger's Syndrome, childhood disintegrative disorder, Rett's Syndrome, and

Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) into one umbrella diagnosis of "Autism Spectrum Disorder" (ASD).

The *DSM-5* states ASD is characterized by:

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

      Specify current severity: Severity is based on social communication impairments and restricted repetitive patterns of behavior. (See table below.)
- Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:
    - Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
    - Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day).
    - Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interest).
    - Hyper- or hypo-reactivity to sensory input or unusual interests 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).

Specific current severity: Severity is based on social communication impairments and restricted, repetitive patterns of behavior. (See table below).

- Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learning strategies in later life).

- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

- These disturbances are not better explained by intellectual disability (intellectual development disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnosis of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established *DSM-IV* (APA, 1994) diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits of social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

- With or without accompanying intellectual impairment.

- With or without accompanying language impairment.

- Associated with a known medical or genetic condition or environmental factor (Coding note: Use additional code to identify the associated medical or genetic condition.).

- Associated with another neurodevelopmental, mental, or behavioral disorder (Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].).

- With catatonia.

Table 1

Severity Levels for Autism Spectrum Disorder

Severity Level	Level 3 "Requiring very substantial support"	Level 2 "Requiring substantial support"	Level 1 "Requiring support"
Social Communication	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.
Restricted, Repetitive Behaviors	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence

Core Characteristics of Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and social interaction and the presence of restricted, repetitive behaviors. Social communication deficits include impairments in aspects of joint attention and social reciprocity, as well as challenges in the use of verbal and nonverbal communicative behaviors for social interaction. Restricted, repetitive behaviors, interests, or activities are manifested by stereotyped, repetitive speech, motor movement, or use of objects; inflexible adherence to routines; restricted interests; and hyper- and/or hypo-sensitivity to sensory input.

There is great heterogeneity in the population of individuals identified with ASD with a wide range of cognitive, social communication, motor, and adaptive abilities. However, noticeable difficulty in the area of social communication is the common characteristic integral to the diagnostic criteria of ASD. Many students with ASD have difficulty acquiring the form and content of language and/or augmentative and alternative communication systems; and all the students with ASD have difficulty acquiring social use of communication.

Joint Attention

Joint attention includes social orienting, establishing shared attention, monitoring emotional states, and considering another's intentions. In typical development, infants demonstrate predisposition to orient to social stimuli by focusing on a caregiver's eyes and direction of gaze, facial expressions, voice, and gestures. All of these behaviors support the development of joint attention. With joint attention, a child recognizes another's visual line of regard, directs another person's attention to objects or actions, determines another person's intentions, and in time, learns to modify language use based on knowledge of another person's experiences. Early joint attention routines are critical for developing the ability to share ideas, internal states, and plans.

For individuals with ASD, challenges in acquiring joint attention skills inhibit development of early communicative intent, social functions of communication, and language acquisition. Young children with ASD may demonstrate limited ability to notice people in their environment or respond to familiar voices. In addition, they often show limited ability to follow another person's focus of attention, shift gaze between people and objects, and follow gestures. These early limitations in turn affect later social language use for commenting, requesting information, and sharing experiences (Dawson et al., 2004; Wetherby et al., 1998).

Shared Enjoyment/Emotions

Sharing emotions and inferring the emotional state of others are important aspects of social communication. Individuals with ASD tend to show less attention to emotional displays of distress or discomfort than typically developing peers, and they tend to display less shared positive affect and less emotional reciprocity following praise. As communicative intent

develops, children with ASD may communicate for requesting and protesting objects or activities, but show restricted or delayed development of communicating functions of seeking comfort, initiating social games, praising others, and commenting to share enjoyment and interests (Wetherby, 1986; Wetherby et al., 1998; Wetherby & Prutting, 1984).

Social Reciprocity

Social reciprocity includes behaviors such as initiating bids for interaction, maintaining interactions by taking turns, and providing contingent responses to bids for interaction initiated by others. Children who both initiate and follow the attentional focus of communication partners are most likely to develop sophisticated social communication and language (Carpenter & Tomasello, 2000). Children with ASD often show a developmental history marked by a decreased frequency of spontaneous bids for communication and a reliance on more structured situations to engage in conversational exchanges (Landry & Loveland, 1989). This pattern of development results in limited opportunities for children with ASD to initiate conventional communication, respond to the model of others, and acquire more sophisticated language.

Early in development many children with ASD demonstrate limited gestures for communication, limited back-and-forth communication exchanges, inattention to breakdowns in communication, and a passive conversational style. Later in development, difficulty with social reciprocity is marked by difficulty providing relevant remarks in response to topics initiated by others, providing expansion comments, requesting information to maintain the conversational exchange, and providing essential background information (Lord & Paul, 1997).

Nonverbal Communication

Using and understanding nonverbal communication, including facial expressions, gestures, body language, proximity, and eye gaze are fundamental to successful social communication. A meta-analysis of research related to recognition of emotions found there is indeed a general impairment in emotion recognition in individuals with ASD. Individuals with autism might be slower to recognize emotions, or might have more difficulty with dynamically moving faces than with static photos. Tentative evidence for poorer recognition of negative emotion was also provided (Uljarevic & Hamilton, 2012).

Behavior and Emotional Regulation

Behavior and emotional regulation involve effectively regulating one's emotional state and behavior while focusing attention on salient aspects of the environment and engaging in social interaction. Typically developing children develop a range of strategies for self-regulation (e.g., carrying a security blanket, playing with a preferred toy, retreating to one's room when overwhelmed). With the development of symbolic language, children begin to organize their actions within an activity (e.g., first…then) and to prepare for upcoming activities during transitions (Vygotsky, 1978). Language is used to request assistance or the need for breaks from others. The ability to use language to express emotional states of self and others enables the

development of more advanced negotiation and or collaboration skills, leading to coping strategies during interactions with peers (Prizant et al., 2003).

Children with ASD often continue to use early developing and idiosyncratic strategies for self- regulation far beyond early childhood due to limited ability to benefit from models provided by others. Immature patterns of behavior such as chewing on clothing, carrying/holding certain objects, or rocking may be observed during situations causing mild emotional dysregulation.

Aggression, tantrums, or bolting from the social setting are examples of behavioral strategies and emotional expressions that may be observed during periods of extreme emotional dysregulation.

The compromised ability to benefit from models provided by others and reliance on early developing strategies often result in the development of idiosyncratic language for self-regulation (e.g., repetitively initiate a topic of special interest to cope with social anxiety; reciting lines of a favorite movie or book when faced with stressful social circumstances; Rydell & Prizant, 1995).

Restricted, Repetitive Behaviors, Interests, or Activities

Presence of restrictive and repetitive behaviors (RRBs), interests, and activities are a defining characteristic of ASD. RRBs manifest in patterns specific to individuals. These behaviors may include stereotyped and repetitive motor movements (e.g., hand flapping or lining up items) or speech (e.g., echolalia). Individuals with ASD may demand sameness in their routine, such as wearing the same clothing, taking the same daily route, or requiring activities to be completed in the same order every time. RRBs can negatively affect individuals with ASD when they interfere with the ability to engage in other activities or impact their relationships. Those with ASD may experience anxiety when prevented from engaging in repetitive behaviors or routines, which may result in problem behaviors such as emotional dysregulation, aggression towards others or self-injurious behaviors. Evidence from research indicates that behavioral interventions can decrease RRBs and improve coping (Kennedy Krieger Institute, n.d.).

Data Collection for District Referral/RTI/MTSS Process

Data Collection

The following data are considered essential to completing a comprehensive evaluation of the student's communication skills; however, the method in which the data are collected is district specific and is therefore not included in this manual.

- ***Parent data*** provides information on sociological factors, achievement of developmental milestones, parent identified strengths and concerns for the student, information on emotional/behavioral functioning, and functional skills.

- ***Teacher data*** provides information on the educational impact of the student's communication difficulties as well as information related to the student's performance academically and behaviorally in the general education classroom as well as information related to state/district assessments.

- ***Health data*** provide information on recent hearing and vision screenings as well as any other known health conditions.

- ***Home language data*** provide information on the language(s) of the home and whether or not the child is exposed to languages other than English.

- ***Documentation of interventions*** provides information on the specific interventions provided to the student and whether or not progress was made.

- ***RTI/MTSS team deliberations*** provide information on the decisions made by the Student Support Team as part of the Response to Intervention process.

Referral Considerations

If language, communication, or unusual behavior is indicated as a concern, the RTI/ MTSS members should review existing concerns with consideration of what may be atypical for the student's age/grade. See *Appendix D Language Milestones to Consider.*

1. For a non-identified student, teacher or parent brings learning and behavior concerns to the Response to Intervention (RtI) Team/Multi-Tiered Systems of Support Team (MTSS). If language, communication, or unusual behavior is indicated as a concern, the SLP along with other Multidisciplinary team (MDT) members review existing data. Parent and teacher complete information about the student to bring to the RTI/MTSS meeting, including vision and hearing screening and Parent and Teacher Language Surveys. Please refer to the Guiding Questions form (see Forms section) to assist the team in determining whether a referral is needed.

2. RTI/MTSS members discuss concerns of parent and teacher and

a. make recommendations for pre-referral intervention by teacher and parent, **OR**

b. make a referral for autism evaluation if the student has an obvious disability and the concerns expressed about the student are in the areas of social interaction, communication, or unusual responses to the environment.

In the case of 2(a), the RTI/MTSS reconvenes after the recommended support and intervention have been provided and determines from data collected if referral for a full and individual evaluation is warranted or if interventions have been successful.

In the case of 2(b) or if classroom support and interventions have not been successful, the RTI/MTSS makes a referral for a full and individual evaluation to address the areas of autism and speech impairment.

3. In the case of a student already identified as having a disability but for whom ASD is suspected in addition to the identified disability, the RTI/MTSS or the ARD Committee reviews existing data including prior evaluations. Because autism includes qualitative impairment in communication, the SLP participates in the review of existing data.

4. If a referral is initiated or additional evaluation is planned, the Guide to the Admission, Review and Dismissal Process is given to parents along with Notice of Procedural Safeguards. Notice and Consent for the Full and Individual Evaluation are provided and obtained.

Components of a Comprehensive Autism Evaluation

Comprehensive Multidisciplinary Team Evaluations for Autism Spectrum Disorder

IDEA 2004 requires the use of a multidisciplinary team (MDT) to determine eligibility and to develop the IEP for students with disabilities. Required team members include "an individual who can interpret the instructional implications of evaluation results …" and/or "other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate" (CFR, 2006; 34CFR § 300.321; TAC, 2018; 19TAC § 89.1050 (c) (1)). For students with a suspected disability in the areas of autism spectrum disorders or speech-language-communication disorders, this requirement is met with the inclusion of an SLP on the multidisciplinary evaluation team.

Given the importance of social communication in the diagnosis of autism spectrum disorder, as well as the complexity of the disorder, the SLP has an important role in the interdisciplinary collaboration needed for evaluation, eligibility deliberation, planning, and service delivery.

As the specialist in the area of social communication and communication disorders, the SLP becomes an integral part of the MDT for:

- Defining the assessment question/s.
- Collecting data from multiple sources.
- Assessing communication competence, especially in the areas affected in ASD
    - Joint Attention
    - Reciprocal Social Interaction
    - Understanding and Using Verbal and Nonverbal Communication
    - Symbolic Play
    - Literacy Skills
    - Executive Functioning
    - Behavior and Emotional Regulation
- Determining the communication profile and social communication competence with a variety of people and in a variety of contexts.
- Identifying the nature of the social communication disorder.
- Evaluating the impact of the communication disorder on academic achievement and functional performance, if any.
- Developing an educational plan to address the student's needs.

SLPs have specialized training and are able to provide a thorough evaluation of students with communication disorders. ASHA's Scope and Practice in Speech Language Pathology states, "SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional." It is also stated, "Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing" (ASHA, *Scope of Practice*, 2016).

In the school setting, the SLP is the most knowledgeable and highly skilled evaluation team member to determine the presence of a speech impairment and make recommendations for remediation and support. The SLP should be prepared to guide the ARD Committee in making eligibility decisions.

Four Phases of the Language Evaluation

Components of a comprehensive language evaluation are outlined in the *SI Disability Determination Guidelines for Language Disorder.* The SLP has an important role on the multidisciplinary team addressing autism spectrum disorder and has the lead role in the disability documentation of Speech Impairment with a language disorder. There are four phases in a comprehensive evaluation of language.

Phase I – Assessment Plan

Review referral information and outside evaluations when available, collect information from the parent and classroom teacher, and complete a criterion-referenced story retell task along with a short conversational language sample. This information is used to determine language areas of concern. Plan evaluation activities based on information gathered in Phase I.

Phase II – Data Collection

Administer criterion-referenced measures, language sample, checklists, questionnaires, observations, and norm-referenced/standardized tests across school environments as outlined in the Evaluation Plan.

Phase III – Analysis and Interpretation

Complete the *Language Evaluation Summary Form* and analyze results from Phase II – Data Collection. Look for a pattern of performance that provides evidence of a language disorder or no language disorder. Interpret results of tests and activities to answer these questions:

- Is there a language disorder?

- If so, is there an adverse effect on educational performance (academic achievement or functional performance) resulting from the language disorder?

- When there is a documented language disorder with documentation of adverse effect on educational performance, the conditions for disability determination have been met.

The final question to answer when giving recommendations to the ARD Committee regarding eligibility for special education with a Speech Impairment is:

- Is specially designed instruction from the SLP needed to address the Speech Impairment (disability condition)?

Phase IV – Evaluation Report

Complete a comprehensive Full Individual Evaluation report with results of formal and informal tests/measures, description of the student's language system, interpretation of results, and clear description of disability determination. The Evaluation Report will include recommendations to the ARD Committee about eligibility for services based on speech impairment as well as recommendations about specially designed services from the SLP, or, if there is no documented disability, recommendations to support the student based on referral concerns.

Phase I of Evaluation:

Assessment Plan

Assessment Planning Activities

The purpose of this phase of the language evaluation is to determine assessment questions that will drive the selection of appropriate tools for further data collection. The multidisciplinary team, with input from the SLP as a team member, will develop the assessment plan to address autism spectrum disorders. The following planning activities may be useful for the SLP when planning the language evaluation and can be summarized on the *Assessment Planning Worksheet*.

Teacher Input

Teacher observations should be discussed and documented through the RTI/MTSS process for concerns regarding autism. The *Teacher Checklist: Initial Referral for Language Concerns* (see Forms Section) may provide useful information for planning the language portion of the evaluation. If not completed during the RTI/MTSS process, have the teacher complete the checklist during the Assessment Planning Phase, if needed.

Parent Input

Parent observations and concerns are documented on the *Parent Information - Initial Referral for Language Concerns* form (see Forms Section) obtained by the teacher during the referral process, or during the Assessment Planning Phase. This form may not be needed if the parent has provided more complete information to plan the multidisciplinary team evaluation.

Other Significant Student Factors

If needed, summarize significant student factors on the *Assessment Planning Worksheet* (see Forms Section):

- Excessive absences
- History of homelessness
- Instability at home
- Number of schools attended
- Discipline issues concerns or incidents.
- English Learner
- Recent Immigrant
- Poor academic progress in spite of intervention support.

Outside Reports

If any reports from an outside source regarding language are available, review and include information you consider relevant on the *Assessment Planning Worksheet.*

Student Interaction

Meet with the child to complete a story retell screen and quick conversational language sample. This should take no more than 10 minutes.

- Conversational language sample: Instructions and tips for obtaining a conversational language sample during the assessment planning stage are included in the Forms Section.

- Narrative screen: The Story Retell Screener with instructions and scoring are included in the Forms Section. This story retell task is scored as a criterion-referenced measure based on developmental expectations for young children and grade-level expectations (Texas Essential Knowledge and Skills) for school-age children. Select the Story Retell Screener at the child's grade level through fifth grade. Use the fifth-grade story for older students.

Complete the Assessment Planning Worksheet – Summary Section

Ask teacher for interventions provided and document response to intervention on worksheet.

Assessment Questions

Autism Spectrum Disorder

1. The Multidisciplinary Team (MDT) examines the referral information collected by the student support team/RTI/MTSS committee to determine the areas of concern. The MDT considers the Guiding Questions to Assist in Determining Need for Referral found in the Forms section of this manual. They can also develop additional assessment questions if needed.

2. The MDT develops assessment questions that, when answered, provide sufficient information about the student's social communication and learning profile to deliberate eligibility and guide instruction, intervention, and/or IEP decisions. MDT observations of the student are advisable early in the process to help form these assessment questions.

3. The assessment questions determine which formal and informal tests and procedures are selected for administration and by whom. When assessing for autism spectrum disorders,

the MDT poses questions about the deficit areas, and/or areas where the student seems to be struggling to meet grade-level expectations. Practical and social adaptive skills expected for age-level are also considered.

4. For three-year re-evaluations, the MDT uses the present levels of academic achievement and functional performance as well as data about progress on IEP goals and information from the student's curriculum (general education and/or special education) to develop the assessment questions.

5. For re-evaluations of students previously dismissed, the MDT should compare referral data with information related to the previous dismissal from speech/language therapy. The MDT must consider, on an individual basis, assessment questions for the student.

Language Disorder

Develop assessment questions based on the child's weaknesses and areas of concern in language form, content, and use in order to determine the tests and measures needed to fully evaluate the child's language system. Focused assessment activities allow the SLP to determine if the child's weaknesses and areas of concern are significant and interfere with the child's ability to be successful in school. The assessment questions guide the SLP's selection of assessments and evaluation activities to be administered. These include additional language sampling, criterion referenced assessments, observations and norm-referenced tests or subtests.

Assessment Plan

Autism Spectrum Disorder

IDEA 2004 requires that the child is assessed in all areas related to the suspected disability including, if appropriate CFR (2006; 34CFR §300.304 (c) (4)):

- Health
- Vision
- Hearing
- Social and Emotional
- General Intelligence
- Academic Performance
- Communicative Status
- Motor Abilities

The Assessment Plan allows the MDT to identify the areas that have been sufficiently addressed with data in the referral information, and the areas that need further in-depth assessment. The Assessment Planning Worksheet and Assessment Plan is then completed. MDT members' responsibilities are defined and a targeted completion date is given. The MDT should allow time for analysis and interpretation of assessment data along with collaboration to

determine if the assessment data is comprehensive enough to determine eligibility and make educational recommendations for the ARD Committee to consider. It is vital that the MDT collaborate and communicate effectively during the evaluation process to produce a true, multi-disciplinary evaluation.

The SLP's role in planning the evaluation is to review the available information and discuss the tests and subtests needed to address communication skills that may contribute to the student's struggle to meet grade-level expectations or make progress in their curriculum (general education or special education). Consideration should also be given to planning assessment activities that provide comprehensive information about the student's communication profile and adaptive functioning.

It is beneficial for the SLP to provide the MDT with examples of the student's current communication modes (e.g., nonverbal, Picture Exchange Communication System, pointing to objects from a field of five). This will help determine if standardized tests are valid measures for the student or if test(s) need to or can be modified.

Language Disorder

Compile information and develop the Assessment Plan (see Forms Section). When evaluating a student's language skills, complete a language sample, gather more specific teacher and parent information if needed, observe the student across school environments when the student is likely to use or attempt to use the language skills of concern, and administer norm-referenced tests or subtests that provide information about the areas of concern identified in the assessment planning phase of the evaluation.

When evaluating a student with possible ASD, the SLP should focus more on informal measures than formal measures. Due to the social communication deficits of the student, standardized scores typically do not yield complete information for describing or making recommendations to improve the student's communication skills. **Formal testing may be used for assessing the structure and form of language, but these evaluation tools may not provide an accurate assessment of the student's use of language**. Standardized measures can compensate and accommodate for social communication difficulties and provide extended processing time not representative of real-life social situations (Ward & Jacobsen, 2014). Determining the student's social and communication competence necessitates evaluation across a range of social settings using a variety of strategies for gathering information (ASHA, 2004).

Detailed information regarding various formal and informal assessment procedures is included in the *TSHA SI Disability Determination Guidelines for Language Disorder* (2020). Additional data collection tools are available in Forms Section of this manual.

Phase II of Language Evaluation:

Data Collection

Step-By-Step for Disability Determination

1. The district's MDT including an SLP, Psychologist (LSSP or Clinical Psychologist) and diagnostician or other evaluation specialist trained in the assessment of autism complete the autism evaluation. To prepare for the evaluation:

    a. The MDT should observe the student in at least two different school environments, preferably in one structured and one less structured context. The observations should be completed in order to plan an individualized autism evaluation for the student (Phase I of the Evaluation).

    b. The MDT develops an Evaluation Plan for the student's case (Phase I of the Evaluation).

    c. The MDT completes the autism assessment using a variety of assessments and procedures, including gathering information from parents and the teacher/s. Consider collecting information from more than one teacher if the student presents differing behavior in various environments (e.g., different teachers in rotations; PE teachers if the student has more difficulty in less structured activities).

    d. The SLP develops a plan of assessment for the student (Phase I of Evaluation) and gathers assessment data as needed. Coordination between SLPs is needed when both the campus SLP and a central Autism Assessment Team SLP are involved in the evaluation. Each district may have its own strategy for SLP involvement in Autism evaluations. Please refer to your district's guidelines for planning in this area.

2. The MDT writes an integrated Full and Individual Evaluation (FIE) report that addresses all areas of disability with recommendations for instruction. This includes:

    a. Documentation of disability condition/s and recommendations to the ARD Committee regarding eligibility conditions. Include information regarding the educational needs of the student,

    OR

    b. Documentation that the conditions for disability determination are not met. When there is lack of documentation of a disability condition, the ARD Committee documents that the student does not meet eligibility for the disability condition. Include relevant information that supports lack of documentation of the disorder and/or lack of documentation of adverse effect on educational performance resulting from the disorder.

3. When a communication disorder is present, the SLP compiles documentation to address whether there is an adverse effect on educational performance (i.e., academic achievement and/or functional performance) resulting from the communication disorder. In this case, the SLP should provide information to the ARD Committee about present levels of academic achievement and functional performance (PLAAFP) related to communication, with

recommendations or suggestions for IEP goals and objectives in coordination with teachers and other service providers.

4. The ARD meeting is scheduled to review the FIE to determine eligibility for special education and related/supportive services.

5. If SI eligibility is determined, the SLP develops recommended service delivery plans, including draft goals and objectives for ARD approval. Service delivery may be conducted through:

    a. Direct therapy services,
    b. Indirect services and/or consultation,
    c. A combination of these approaches.

6. If SI eligibility is not determined with direct services, the ARD Committee, with SLP input, defines the indirect/consultation role of the SLP, if any.

7. If SI eligibility is not determined, the SLP may make recommendations for instructional accommodations or modifications for the classroom teacher based on the evaluation data. The communication related instructional recommendations should be incorporated in the ARD/IEP.

Formal Assessment for Autism Spectrum Disorder

The following information should be gathered in a full and individual evaluation of students at risk for ASD:

- Review of background information and referral concerns to complete the IEP; Parent/ caregiver interview to gather health, developmental, behavioral, and social communication history of the child, and medical and mental health history of the family; ASD is a retrospective diagnosis, and as such, the family information is a critical component of differential diagnosis; **and**

- Parent interview to gather comprehensive information about current social communication, functional communication, and speech and language skills; **and**

- Direct testing and diagnostic tools that confirm or rule out a diagnosis of ASD; Direct/indirect testing and diagnostic tools that provide information about the student's social communication profile; **and**

- Direct behavior observation in multiple environments, with multiple communication partners.

A diagnostic evaluation to confirm or rule out ASD should be performed only by a multidisciplinary team of professionals who have specific expertise in the evaluation and treatment of autism (National Research Council, 2001). LSSPs and other team members may also incorporate information from other rating scales and measures that may be helpful in making final determinations. While this information may be considered, it should not serve as the sole basis of information for identification of a pragmatic language impairment. The following diagnostic tools for ASD have some published psychometric information including evidence of reliability and validity:

- ***Autism Diagnostic Observation Schedule***, Second Edition (ADOS-2; Lord et al., 2012)

  The ADOS-2 is a semi-structured play and/or interview-based assessment that includes activities designed to evaluate communication, reciprocal social interaction, play, stereotypic behavior, restricted interests, and other abnormal behaviors in individuals with ASD across the age range from preschool to adulthood. The ADOS-2 includes four test modules which have been developed for individuals with varying levels of linguistic ability. Speech-Language Pathologists who have received formal training in ADOS administration can administer this test as it is within their scope of practice.

- ***Autism Diagnostic Interview-Revised*** (ADI-R; Rutter et al., 2003)

  The ADI-R is a standardized, semi-structured interview of 93 items for parents that provides scores in three areas including quality of social interaction, communication and language, and repetitive, restricted, and stereotyped interests and behaviors. It is used for ages 2 and older.

- ***Childhood Autism Rating Scale***, Second Edition (CARS-2; Schopler et al., 2010)

  The CARS-2 is a 15-item rating scale completed by the clinician based on observation of behaviors exhibited during other assessment activities and collected parent/teacher information. It includes two protocols—high functioning (CARS2-HF) and standard (CARS2-ST)—as well as an unscored Parent/Caregiver Questionnaire (CARS2-QPC). Each of the 15 items uses a 4-point (with half steps) rating scale to indicate the degree to which the child's behavior deviates from age-appropriate norms. It yields a standard score, percentile rank, and severity grouping. It is worth noting that the CARS-2 was created with the framework of the *DSM-IV* (1994) definitions for Autism and other related disorders, and also includes comparison tables to compare answer profiles and scoring between students with different forms of Autism Spectrum Disorders that are no longer recognized by the *DSM-5* (2013).

- ***Gilliam Autism Rating Scale***, Third Edition (GARS-3; Gilliam, 2013)

  The GARS-3 is a rating scale consisting of 56 clearly stated items to be used by parents, teachers, and professionals to help identify and estimate the severity of symptoms of autism. Items are grouped into six areas including Restrictive/Repetitive Behaviors, Social Interaction, Social Communication, Emotional Responses, Cognitive

Style, and Maladaptive Speech. It yields standard scores, percentile ranks, severity levels, and the probability of Autism.

- ***Monteiro Interview Guidelines for Diagnosing the Autism Spectrum***, Second Edition (MIGDAS-2; Monteiro & Stegall, 2018)

  The MIGDAS-2 provides a way to organize a qualitative description of a student's language and communication, social relationships and emotional responses, and sensory use and interests needed for diagnosing an autism spectrum disorder for toddlers, children, adolescents, and adults. The MIGDAS-2 includes interviews and informal tasks as well as suggestions for sensory-based toys and materials that must be purchased separately. Two separate interview forms are available to use either for individuals with limited to no verbal fluency or persons with verbal fluency.

- ***Parent Interview for Autism*** (PIA; Stone & Hogan, 1993)

  The PIA is a structured interview designed to gather developmental information and symptom severity information from parents of young children under age 6 years suspected of having ASD. The PIA targets 11 areas including social behavior, communication, repetitive activities, and sensory behaviors.

The measures most frequently used for the diagnosis of ASD in research protocols are the ADI-R and the ADOS because of their strong psychometric features (Lord & Corsello, 2005).

In addition to formal measures specific to evaluation for Autism Spectrum Disorders, the SLP should thoroughly investigate pragmatic language. It is important to consider that a single pragmatic language test will not be appropriate to assess all students with social communication concerns as these deficits exist on a continuum (Elleseff, 2015). Further information about informal pragmatic language assessment can be found in the *TSHA SI Disability Determination Guidelines for Language Disorder,* Phase II of Language Evaluation: Data Collection starting on page 29.

Formal Assessment of Pragmatic Language

- ***Clinical Assessment of Pragmatics*** (CAPS, Lavi, 2019)

  The CAPs is a video-based assessment of six subtests that provides information on understanding and use of pragmatic language including nonverbal cues and overall dynamics of social context in students ages 7:0 to 18:11. It yields scaled scores and standard scores for three indexes.

- ***Social Emotional Evaluation*** (SEE, Wiig, 2008)

  The SEE includes five subtests to measure social language and higher-level language needed to interact successfully in everyday social situations for students ages 6:0 to 12:11. It provides Z-scores.

- ***Social Language Development Test-Adolescent: Normative Update*** (SLDT-A:NU; Bowers et al., 2017)

  The SLDT-A:NU contains five subtests intended to measure a student's ability to make inferences and interpret and respond to social interactions in students ages 12:0 to 17:11. It provides standard scores and a Social Language Development Index.

- ***Social Language Development Test-Elementary: Normative Update*** (SLDT-E:NU Bowers et al., 2016)

  The SLDT-E:NU contains four subtests intended to measure language required to appropriately infer and express what others are thinking and feeling, make multiple interpretations, take mutual perspectives, and negotiate with/support their peers in students ages 6:0 to 11:11. It provides standard scores and a composite Social Language Development Index.

- ***Test of Narrative Language***, Second Edition (TNL-2; Gillam & Pearson, 2017)

  The TNL-2 measures the ability to understand and tell stories in children ages 4:0 to 15:11. It provides standard scores.

- ***Test of Pragmatic Language-2*** (TOPL-2; Phelps-Teraski & Phelps-Gun, 2007)

  The TOPL-2 includes six subtests intended to measure social skills and conflict resolution for students ages 6:0 to 18:11. It provides standard scores.

Formal assessment related to pragmatic language: *While not global assessments of pragmatic language, aspects of these assessments provide information that could be useful in pragmatic language assessment or be used for extension testing, if needed.*

- ***Clinical Evaluation of Language Fundamentals*****,** Fifth Edition-Metalinguistics (CELF-5 Metalinguistics; Wiig & Secord, 2014)

  The CELF-5 Metalinguistics includes a metalinguistics profile that can be completed by parents/teachers, two subtests in meta-pragmatics and two subtests in meta-semantic skills. This assessment is for students aged 9:00 to 21:11 with subtle language disorders or students identified with Autism that are lagging behind grade level peers. It yields test and composite standard scores.

- ***Comprehensive Assessment of Spoken Language***, Second Edition - (CASL-2; Carrow-Woolfolk, 2017)

The CASL-2 Supralinguistic subtests include Non-literal language (ages 7-21), Meaning from Context (7-21), Inference (3-21), and Double Meaning (9-21) that provide a Supralinguistic Index in ages 7:0 and up. Additionally, the CASL-2 includes a Pragmatic Language subtest for ages 3:0 and up. Each subtest yields a standard score.

- ***Test of Problem Solving Elementary-Third Edition Elementary: Normative Update*** (TOPS-3E:NU; Bowers et al., 2018)

  The TOPS-3E:NU is intended to measure how a student's language skills impact their ability to think, reason, problem solve, infer, classify, associate, predict, determine cause, sequence, and understand directions in students 6:0 to 12:11 years. While not primarily a test of pragmatic or social language skills, it yields information relevant to pragmatic competence. It provides standard scores.

- ***Test of Problem Solving-2: Adolescent*** (TOPS-2:A; Bowers et al., 2007)

  The TOPS-2:A is intended to measure five decision-making skill areas critical to academic, problem-solving, and social success in students ages 12:0 to 17:11. While not primarily a test of pragmatic or social language skills, it yields information relevant to pragmatic competence. It provides standard scores.

When evaluating students with possible ASD, formal assessment procedures allow the SLP to participate in the comprehensive multi-disciplinary team evaluation to confirm or rule out the diagnosis of ASD, as well as to gather sufficient information to identify the student's communication profile and to describe the nature of their social communication skills. However, the SLP should conduct informal measures in order to more fully describe the student's present levels of functional performance in the area of communication.

Indirect Formal Assessment of Pragmatic Language

These tools do not require direct elicitation of skills but are considered formal measures as they provide standardized or scaled scores. They allow evaluators to gather data from sources outside of direct contact with students in order to determine skills across settings but should not be used solely to determine a disability.

- ***Children's Communication Checklist*** (CCC-2; Bishop, 2006)

  The CCC-2 is a parental questionnaire for ages 4:0 to 16:11 that includes 70 questions divided into 10 scales. Four of the scales are devoted to pragmatic aspects of communication and two scales are specific to assess behaviors commonly impaired in children with ASD.

- ***Clinical Evaluation of Language Fundamentals***, Fifth Edition - Pragmatics Profile (CELF-5; Wiig et al., 2013)

  The CELF-5 - Pragmatics Profile is a subtest of the CELF-5 where information provided to the SLP from parents and teachers is used to rate discrete social/pragmatic

language behaviors on a 1-4 Likert scale. It can be utilized for ages 5:0 to 21:11. It provides a scaled score.

- ***Clinical Evaluation of Language Fundamentals - Preschool***, Third Edition - Descriptive Pragmatics Profile (CELF Preschool-3; Wiig et al., 2020)

  The CELF Preschool-3 Descriptive Pragmatics Profile is a parental questionnaire for ages 3:0 to 6:11 completed by a familiar adult that rates verbal and nonverbal pragmatic skills necessary for expressing intentions and obtaining, responding to, and giving information. It provides a scaled score.

- ***IMPACT Social Communication Rating Scale*** (IMPACT; Lavi, 2020)

  The IMPACT is a norm-referenced pragmatic language rating scale of 35-40 questions to be completed digitally by parent, teacher, and clinician. It focuses on pragmatic areas such as intent to socialize, nonverbal language, theory of mind, social reasoning, and cognitive flexibility for ages 5:0 to 21:11. It provides standardized scores and cut off scores.

- ***Language Use Inventory*** (LUI; O'Neill, 2009)

  The LUI is a parental questionnaire for ages 1:6 to 3:11 that includes 180 questions divided into three areas including communication with gestures, communication with words, and longer sentences. It has been recommended as an evaluation for language acquisition in children with ASD (Tager-Flusberg et al., 2009).

- ***Pragmatic Language Skills Inventory*** (PLSI; Gilliam & Miller, 2006)

  The PLSI is a 45-item rating scale for ages 5:0 to 12:11 that examines personal interaction, social interaction, and classroom interaction skills that provides cut off scores to indicate the need for further pragmatic language investigation. It utilizes cut off scores.

Criterion-Referenced and Informal Assessment of Pragmatic Language

Informal data collection for students with possible ASD yields a qualitative description of the student's communication skills. Informal measures allow for an analysis of the student's communication strengths and challenges across communication environments and with a variety of communication partners. Criterion-referenced measures can also be valuable in determining how a student compares to same-aged peers.

Information about informal pragmatic language assessment can be found in the *TSHA SI Disability Determination Guidelines for Language Disorder,* Phase II of Language Evaluation: Data Collection starting on page 29.

Resources for informal measures of communication skills are included in the Forms section of this manual:

- Parent/Teacher Communication Survey;
- Observation of Student Communication within School Environment;
- Observation of the School Environment to Facilitate Communication;
- Communicative Intent Checklist;
- Gestural Skills Checklist;
- Conversational Skills Checklist
- Play Based Skills Checklist

Informal data collection tools related to pragmatic language and social communication:

- ***Clinical Evaluation of Language Fundamentals***, Fifth Edition (CELF-5; Wiig et al., 2013)

  The CELF-5 includes a Pragmatics Activities Checklist, which is a criterion referenced measure that allows the evaluator to observe functional communication skills during authentic, conversational interactions. It observes both verbal and non-verbal communication skills.

- ***Clinical Evaluation of Language Fundamentals - Preschool***, Third Edition (CELF Preschool-3; Wiig et al., 2020)

  The CELF Preschool-3 includes a Pragmatic Activities Checklist, which is a criterion-referenced measure that allows the evaluator to observe functional communication skills during authentic conversational interactions to identify verbal and nonverbal behaviors that may negatively influence social and academic communication.

- ***Informal Social Thinking Dynamic Assessment Protocol***, (ISTDAP; Winner, 2007)

  The ISTDAP is a means of identifying and quantifying in real-time a student's social competencies and connecting student's social learning abilities and related academic strengths and challenges. *The ISDTAP is not published as a diagnostic tool*, however, it can be valuable in determining areas of strength and challenge and degree of impairment that will inform recommendations for intervention. The ISDTAP is recommended for students aged 8 and older.

- ***Narrative Assessment***

  Analysis of narrative may reveal pragmatic deficits as it assesses the integration of linguistic, cognitive, and social pragmatic abilities (Norbury, 2013). Elicitation of narrative may occur with use of wordless picture books, immediate retelling of a story just read with words occluded, or generation of a narrative given a prompt, stem, or picture stimulus. Narrative assessment can be conducted with students preschool-aged and older.

- ***Natural Language Samples***

  Natural language samples collected in different communicative and social contexts provide information about pragmatic skills that are difficult to measure using other types of assessment. Natural Language Sampling should occur in a context that aligns with the goals of assessment and should include adequate social presses. Ideally, a sample of at least 30 minutes is collected for analysis (Tager-Flusberg et al., 2009).

- ***Observation***

  Observation is a useful assessment tool as it provides an opportunity to assess difficult-to-test behaviors, validates information collected from formal testing sessions, extends assessment activities to other settings, and can provide helpful information in identifying the functional relationships between stimuli in the environment and a child's behavior. Some students with ASD perform within normal limits during formal testing, even though they demonstrate functional communication deficits in other situations. (Shipley & McAfee, 2008).

  Observation in a variety of settings (e.g., structured and unstructured) provides an opportunity to assess pragmatic language skills, both verbal and non-verbal, in real time, applicable social and academic situations. Refer to the Forms section of this manual to find observation forms that may be used in the classroom and in less structured environments.

  When writing about an observation, it is appropriate to include some interpretation of what your observations mean in regards to the student's strengths and challenges in social communication. A brief narration of a student's actions should be supplemented with analysis that allows the reader to understand the underlying areas of concern or strength that are impacting the student's ability to interact with others in various environments.

- ***Play-Based Assessment***

  Conducting a play-based assessment will allow the evaluator to observe the student's play skills, turn-taking and reciprocity in conversation and in games, as well as providing opportunities to observe the student's reactions to sabotage in play or adjustment to another person's verbal and nonverbal communication. This may be helpful with younger students, as there are fewer standardized assessments that can be utilized in this age range.

- ***SCERTS Assessment Process*** (SAP; Prizant et al., 2003)

  The SAP is a criterion-referenced, curriculum-based tool that examines strengths and weaknesses in social communication and emotional regulation. It provides information across eight social-emotional growth indicators. T*he SAP is <u>not</u> a tool of diagnosis*, rather it is intended to be used to gather information for intervention and educational planning.

Phase III of Evaluation:

Analysis and Interpretation

Disability Determination

Autism Spectrum Disorder

The multidisciplinary team, including the SLP, conducts parent and teacher interviews, formal and informal assessments and confirms or rules out ASD. The MDT provides recommendations to the ARD Committee regarding eligibility for special education services based on the presence of the disability ***and*** adverse effects on educational performance (academic achievement and/or functional performance resulting from the disorder). The disability and adverse effect of ASD is established with the following pattern and can be documented utilizing the Adverse Effects on Educational Performance Chart within this section:

- Impairments in reciprocal social interaction;
- Impairments in verbal and nonverbal communication; **AND**
- Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.

The SLP may participate in a cross-battery analysis (XBA) in order to look at the student's cognitive abilities in Gc (Crystallized Intelligence) as related to overall cognitive performance. Refer to the *Language with Learning Disabilities Companion: TSHA SI Disability Determination Guidelines for Language Disorder* for more complete information on cross battery analysis to aid in determining the presence of a language disorder.

Characteristics that overlap with other disability conditions (not exhaustive):

- Students who present with impairments in social communication, without evidence of restricted, repetitive, and stereotyped patterns of behavior, interests, and activities should be considered for Speech Impairment in the area of pragmatic language.

- Difficulty with social interactions is also observed in students with ADHD due to impulsivity and disinhibition. Poor social interaction is also symptomatic in Emotional Disturbance due to withdrawal from surroundings.

- Poor eye contact may be observed in students with ADHD who are hyperactive and/or highly distractible and consequently they may not sustain attention or struggle to focus on reciprocal social interactions. They may miss nonverbal social cues due to lack of attention.

- Students with Emotional Disturbance also demonstrate difficulty establishing and maintaining satisfactory interpersonal relationships with peers and teachers.

- Students with ADHD and Emotional Disturbance may have difficulty regulating their emotions and communication to match the context due to executive functioning deficits, limited self-control and sudden mood changes.

- Anxiety and depression can be comorbid with Autism Spectrum Disorder. For example, obsessive-compulsive behaviors, persistent irrational fears, low self-esteem, behavioral outbursts, excessive dependence and poor personal boundaries may be observed in students with either ASD or Emotional Disturbance. When these symptoms are observed, the MDT should consider the presentation of the student as a whole and how these characteristics manifest across all settings to assist with differentiating between eligibility criteria.

These examples are not an exhaustive list, but highlight the importance of sharing observations and data with your multidisciplinary team (particularly LSSP), so that a differential diagnosis is considered. If the MDT suspects ADHD, documentation from a physician would be required when recommending the eligibility code of Other Health Impairment, (Texas Education Code, 34 CFR, § 300.8(c)(9)).

Autism with Intellectual Disability

The diagnostician/licensed specialist in school psychology and the MDT members conduct formal and informal assessments and provide recommendations to the ARD Committee regarding a possible intellectual disability co-occurring with ASD. An intellectual disability is established when the answer is "yes" to the following two questions:

1. Does the student exhibit a significantly subaverage IQ: below 70 +/- the standard error of measurement?

2. Does the student exhibit significant limitations in adaptive functioning in at least two areas? (i.e., communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety)

However, when considering this identification in students with ASD, it is important for the MDT to consider the overall specific areas of strength and challenges noted in the cognitive profile for the student, as well as the impact of adaptive functioning deficits on the student.

Special Considerations for Autism in Girls

Symptomology of ASD is often notably different in girls. Differences in cultural expectations for boys and girls impacts our perceptions of what is considered deviant behavior (Shattuck, et al, 2009). Girls with ASD might appear more passive and better with social communication skills, as in a stereotype of the "typical girl." A girl's passivity may not be recognized as a social impairment at first glance, but may indicate deficits in social skills and understanding of expectations of the group, as well as difficulty with expressing thoughts to others. It is more socially acceptable for girls to be quiet and introverted or to be perceived as shy, immature, or naive. Girls are generally more able to speak about their feelings and are less prone to challenging behavior. Girls may not draw attention to themselves as boys with ASD are

likely to do, and may not cause disruptions in the classroom (Attwood, et al., 2006). Additional research has corroborated these statements and also indicates that in instances when a girl presents with no intellectual impairment or impacting behavior problem, identification is less likely. Girls may be more difficult to recognize as they are more likely to have developed coping mechanisms and strategies they can use to mirror the actions of others. Girls with ASD are often identified later than their male counterparts, and the older they become, it is less likely identification will occur.

The following are further differences in the presentation of ASD in girls:

- A preference for interactions with younger children (Kopp & Gillberg, 2011).
- The special or restricted interests of girls are more likely to be similar to those of any other typically developing girl, and may be functional. (Attwood, 2006)
- May more often be "mothered" by other girls (Attwood, 2006).
- Repetitive or restrictive pretend play (e.g., may arrange their dolls in a particular, never changing way and is unlikely to share them) (Attwood, 2006)
- Less obvious self-stimulation behavior, as the girl may have replaced her natural self-stimulation with something more socially acceptable.
- Exhaustion after social stimulation (school, playgroups) (Attwood, 1998)
- "Jekyll & Hyde" behavior—following rules at school and being the "ideal student," then coming home and melting down in a "4 o'clock explosion" (Attwood, 1998)

SLPs should continue to use evidence-based practices and monitor current peer-reviewed research in this area. Currently, international research is focused on the development of gender-specific autism assessment tools to improve the early identification of ASDs.

Special Considerations for Autism in Gifted Students

A gifted/talented student is a child or youth who performs at or shows the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment and who exhibits high performance capability in an intellectual, creative, or artistic area; possesses an unusual capacity for leadership; or excels in a specific academic field (Texas Education Code § 29.121).

Gifted students with a disability such as ASD or ADHD are referred to as twice-exceptional children. While twice-exceptional students tend to be in the minority, accurately identifying these students can pose a significant challenge in part due to the overlap of characteristics of higher functioning ASDs and typical giftedness.

Gifted students, especially those that are in a classroom environment that do not meet

their educational needs, may demonstrate behaviors that are more likely to be viewed as different or disruptive to their own or others' learning. Amend et al. (2008) have developed a pre-referral tool that organizes data in order to help develop appropriate interventions and aid in decision making regarding referral for evaluation.

When evaluating for autism in students identified as gifted, careful consideration should be given to the impact giftedness may have on memory and attention, speech and language (e.g., extensive and advanced vocabulary), social interactions, emotional regulation, and topics of interest. As a part of the multidisciplinary team, the SLP can provide valuable information regarding the subtle differences between speech and language comprehension and use between students with ASD and those who are gifted, or those who are twice-exceptional.

Cultural and Linguistic Differences

> Culture and cultural diversity can incorporate a variety of factors, including but not limited to age, disability, ethnicity, gender identity (encompasses gender expression), national origin (encompasses related aspects e.g., ancestry, culture, language, dialect, citizenship, and immigration status), race, religion, sex, sexual orientation, and veteran status. Linguistic diversity can accompany cultural diversity. (Keller-Bell, 2017)

The evaluating speech-language pathologist should consider how differences in cultural expectations may influence a student's presentation of pragmatic language abilities as well as parent report of abilities across settings. Possible areas of difference may include: eye contact, frequency of initiation, length of conversational turn, proximity, volume, body language, gesture use, deference, tone of voice, facial expressions, etc. *(Please note, this is not an exhaustive list)*

Speech Impairment for Pragmatic Language without Autism

When data supports ONLY deficits in social communication, with NO current or historic observation of restricted, repetitive patterns of behavior, interests, or activities, a code of Autism would not be recommended. Students should continue to be considered for the code of Speech Impairment in the area of pragmatic language using the staged eligibility process.

Pragmatic language concerns can arise outside of and without identification of Autism. The *DSM-5* (2013) has characterized a Social Communication Disorder, where pragmatic language concerns present in the absence of repetitive and restrictive behaviors. Pragmatic language concerns can also arise from other disability conditions as described above (e.g., Emotional Disturbance, ADHD, Intellectual Disability).

When significant deficits are noted in one or more of the areas of pragmatic language, i.e., communicative intent, conversation, narrative, presupposition, and social register; the evaluator should consider the impact of these areas of weakness and whether other factors may be involved. For instance, for a student with deficits in only narrative skills, expressive and receptive language skills should be considered in relation to these skills to determine how best to

characterize the cause of the deficit. For students with challenges with social register, considering whether impulsiveness or attention difficulties are impeding the students' ability to control their statements, rather than a difficulty with understanding the different expectations for social communication with different communication partners and in different settings.

Pragmatic language deficits should be addressed through a variety of service delivery models provided either directly or indirectly by the SLP, with consideration of the natural environment for the location of services, when an educational need is supported and specialized instruction from a Speech Language Pathologist/Assistant is required (see next sections for Stage II: Adverse Effects on Educational Performance and Stage III: Need for specially designed instruction from an SLP/SLP-A).

Speech Impairment with Language Disorder

Use the *Language Evaluation Summary Form* (see Forms Section) to summarize data collected during Language Evaluation – Phase II. Look for strengths and deficits in language form, content, and use across the language modalities of listening, speaking, reading, and writing.

Review the assessment questions developed based on the referral concerns and information gathered from the parent, teachers, and student during the autism evaluation. Make sure that sufficient data has been collected from a variety of sources to answer the questions.

Disability determination for Speech Impairment includes both the documentation of a communication disorder *and* documentation of an adverse effect on educational performance resulting from the communication disorder. When referral concerns include the student's language learning system, the questions that need to be answered are:

Stage I: Is there documentation of a language disorder?

Stage II: If so, is there evidence of an adverse effect on educational performance resulting from the language disorder?

If the answer to both Stage I and Stage II questions is "yes," a disability condition is present.

Stage I: Evidence of a Language Disorder

Evidence of Language Disorder	Yes	No
Is there evidence of a language disorder based on test manual specifications from a standardized language test?		
Is there evidence of a language disorder based on analysis of a language sample?		
Is there evidence of a language disorder based on analysis of other informal criterion-referenced assessment measures?		
Is the teacher concerned about the student's use of language for academic purposes?		
Is the parent concerned about the student's language and literacy achievement?		
Is the student stimulable for expanded language use?		
Does the professional judgment of the SLP support a concern?		
Does the student lack confidence for language and learning tasks?		
Total	____	

Scoring: If the answer to at least four of the above questions is "yes," it is likely that the student presents with a language disorder.

Stage II: Adverse Effect on Educational Performance

Academic Achievement	**Yes**	**No**
There is a direct, noticeable relationship between the student's communication disorder and academic performance or achievement		
The student's communication disorder contributes to academic struggle or below expected achievement on the IEP		
The student's communication disorder is out of proportion with overall functioning level		
Data indicates that the student's performance in the academic curriculum will require specially designed instruction from the SLP		
The student with other disabilities needs speech-language therapy to benefit from the special education program		
Functional Performance	**Yes**	**No**
Communication skills limit participation in self-care, interpersonal, and daily routines		
Communication patterns disrupt and interfere with interaction and functional performance		
Social communication skills disrupt effective interpersonal interaction		
Communication disorder is pervasive and noticeable across settings and interferes with interaction		
The student has no functional communication, limited means of expression, or social/emotional adjustment is affected by the communication disorder		
Total		

Scoring: If the answer to at least three of the above questions is "yes," it is likely that the student's language disorder results in an adverse effect on educational performance.

Sources of Documentation for Adverse Effect:

Grades		Teacher/Parent Information	
State, District, Local Assessments/Tests		Student Self-Report	
Student Work		Other	
Observation			

Recommendations to Admission, Review, Dismissal Committee

When the student exhibits a language disorder that has been documented with informal measures, and formal measures when appropriate, *and* there is evidence of an adverse effect on educational performance resulting from the language disorder, the disability condition has been established. The SLP's recommendation to the ARD committee is for consideration of eligibility for special education services on the basis of Speech Impairment.

When the ARD committee establishes Speech Impairment as an eligibility condition, the Stage III question is addressed:

> Stage III: Are specially designed SLP services needed for the student to make progress in the curriculum?

Use the *Language Evaluation Summary Form* to document recommendations regarding the need for specially designed SLP services that will support the student with a language disorder (Speech Impairment).

The services of a speech-language pathologist should be considered to support the core ***speech and language*** challenges observed in students with ASD, including (but not limited to):

- Phonology
- Fluency
- Voice
- Semantics
- Syntax
- Pragmatics
    - Joint attention
    - Communicative intent (forms of communication)

- Conversation (Initiation, turn-taking, overlap, "sharing the floor", topic maintenance, repair, social register, etc.)
- Presupposition
- Narrative (personal, fictional, expository)
- Understanding and use of nonverbal communication
- Understanding and use of nonliteral language
- Metalinguistics

When recommending whether support should be provided through social skills instruction from Special Education staff other than the SLP, or if specially designed instruction is required from a speech-language pathologist/assistant, the evaluators should determine the underlying deficit. When language is the primary deficit affecting a skill, specially designed instruction from the SLP should be considered. For example, if a student has difficulty with emotional regulation, SLP support would be indicated when a student needs support acquiring the language to request a soothing activity, break or assistance or being able to express their emotional state. Choosing and using calming strategies in a variety of settings, in contrast, could be supported by other instructional personnel.

Definition and separation of social skills from pragmatic language is a nebulous area (Elleseff, 2015). Identifying and quantifying a student's deficits in social interactions to determine if specially designed instruction from an SLP are necessary to remediate social difficulties can be challenging, especially in consideration of the multitude of variables that influence overall social success aside from pragmatic language skills. While many resources may use the terms "social skills" and "pragmatic language" interchangeably, ASHA provides some clarification regarding the role of the SLP in remediation of social communication difficulties.

Phase IV of Evaluation:

Evaluation Report

Report Writing Considerations

The evaluation report should provide a comprehensive picture of the child, with information about the referral concern for autism spectrum disorder and also related to language skills. In addition to charts and/or tables documenting language assessment results, a narrative section should be included to adequately analyze the results of the assessment in the areas of the qualitative impairment that is a component of autism spectrum disorder, in addition to language form, content, and use. The narrative section should contain student specific information rather than lengthy test descriptions followed by a score.

Sample Wording in Full Individual Evaluation Report

The FIE should contain a Summary/Conclusion section and a Recommendation section. In the Summary/Conclusion section the MDT explains the conclusions regarding each of the areas of disability, including Autism/ASD and Speech Impairment. If the MDT is also considering an Intellectual Disability, the Speech Impairment conclusion must consider the language skills in relation to intellectual abilities.

Example for Autism & Speech Impairment:

Summary/Conclusion

Autism. (The MDT defines the assessment results to determine autism.)

Speech/Language. As part of >>>>>'s evaluation, a qualified professional considered existing evaluation data, information provided by the teacher and parent/s, and observations to determine the presence or absence of a communication disorder which may be contributing to the educational need. According to the speech impairment eligibility criteria and the federal definition of speech-language impairment, a student must meet two prongs of eligibility in order to be identified with speech impairment. The following are the two criteria stages and the determination based on the evaluation results:

Stage I: Is there a communication disorder? (Answer the question and explain results.)

Stage II: Is there an adverse effect on educational performance (academic achievement or functional performance) resulting from the communication disorder? (Answer the question and explain results.)

The answer to **both** of these questions must be **yes** in order to make an eligibility recommendation **for Speech Impairment**.

- Based on test results and student data from a variety of sources, >>>>> meets/does not meet eligibility criteria as a student with speech impairment.

- Based on the assessment data, the student's language/communication skills indicate that >>>.

It is the professional judgment of the speech-language pathologist/multidisciplinary team that the student does/does not exhibit a communication disorder. Therefore, there are/are no language/communication factors that directly affect the student's ability to make progress in the educational programming.

It is the responsibility of the ARD Committee to determine eligibility and educational need for special education and related/supportive services.

Recommendations

This section includes recommendations that address all areas of concern. In regard to speech-language, the recommendations in the FIE include an answer to the Stage III question for SI:

Since the student meets the eligibility criteria for Speech Impairment, the third question is addressed in order to make recommendations to the ARD Committee.

Stage III: Are specially designed services by a speech-language pathologist/assistant needed in order for the student to benefit from a special education program?

Give specific examples of the recommended service delivery model/s and instructional recommendations for the student.

Sample Wording for Does Not Qualify (DNQ) SI. One of the most challenging cases is when the student meets criteria for Autism but does not meet criteria for SI. The following is an *example* of some wording to consider as you think through the evaluation data.

Stage I – Is there a communication disorder?

Based on the formal assessment data, >>>>>'s language skills are within the average range of functioning (give examples of strengths). During conversational or less structured portions of the evaluation, >>>>> exhibited some deficits in the area of social communication (give specific examples). The difficulties noted in the area of social communication align with one of the core features of Autism and indicate a communication disorder.

Stage II – Is there an adverse effect on educational performance in the current curricular/classroom setting resulting from the communication disorder (academic achievement and/or functional performance)?

While >>>>>'s social communication skills are mildly disordered, >>>>>'s overall communication skills are considered functional. Any social communication difficulties should be addressed within the context of the situation and/or curriculum by the educational staff.

Based on test results and student data from a variety of sources, >>>>> does not meet eligibility criteria as a student with speech impairment.

It is the responsibility of the ARD Committee to determine eligibility and educational need for special education and related/supportive services.

Thoughts Regarding Autism, Intellectual Disability, and Speech Impairment

When considering Autism, Intellectual Disability, and Speech Impairment, the MDT considers the student's language and communication skills in relation to cognitive skills and adaptive skills as well as ASD. The presence of a communication disorder will be evident. Careful consideration of the functional and academic implications of the communication disorder is important

Sample Intervention Goals Based on Core Challenges in Autism Spectrum Disorder

The ASHA website has provided a link to *Sample Intervention Goals Based on Core Challenges in Autism Spectrum Disorder* on the Practice Portal for Clinical Topics in Autism. These sample goals address underlying language challenges observed in individuals with ASD.

For many students that have been identified with Autism in the school setting, there may come a time when the student no longer presents with an educational need for specialized instruction from a speech language pathologist. This may occur after years of intervention, or after a short period of intervention, depending on that specific student's progress and areas of deficit.

Re-Evaluation

Re-Evaluation Considerations

A re-evaluation must occur at least once every three years, unless the parent and the school district agree that a re-evaluation is unnecessary after conducting a Review of Existing Evaluation Data (REED; CFR, 2006; 34 CFR § 300.303). The school district must ensure that a re-evaluation is conducted when the student's needs warrant a re-evaluation, when the student's parents or teachers request a re-evaluation, or when the ARD committee is considering exiting the student from special education services. See the *Disability Determination Guidelines for Speech Impairment* and follow district procedures for re-evaluation of students coded with Speech Impairment.

Language re-evaluation processes and procedures mirror initial evaluation processes and procedures with the added consideration of careful review of progress in therapy and analysis of strengths and weaknesses in the student's language learning system relative to the curriculum. Refer to Phases I-IV of Evaluation.

One of the considerations during re-evaluation should be a need for continued services based on educational need and need for specially designed instruction and whether dismissal from special education is appropriate.

The *Re-evaluation Disability Documentation Worksheet: Autism Spectrum Disorder* may be utilized to reconcile data between parent, teacher, and clinician observations. This worksheet includes dismissal considerations.

Dismissal

Dismissal Considerations

The goal of public-school speech-language pathology services is to remediate or improve a student's communication disorder such that it does not interfere with or deter academic achievement and functional performance. The first step in the dismissal process should occur when the student is first determined to be eligible for services through an IEP. There are three goals of speech-language pathology services in schools:

- to determine if the student's communication disorder is adversely affecting academic achievement and functional performance;

- to provide intervention for those communication disorders that are adversely affecting academic achievement and functional performance, specifying goals leading to specific criteria for dismissal;

- to dismiss the student from speech-language pathology services once the criteria for eligibility are no longer met (ASHA, *Eligibility and Dismissal,* n.d.).

ASHA's Code of Ethics Principle of Ethics I, Rules K and L state:

- Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

- Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure (ASHA, *Code of Ethics*, 2016).

These rules should be taken into account when contemplating the initiation or continuation of interventions.

A student may be considered for dismissal from speech-language therapy/IEP services, **based on a re-evaluation**, when one or more of the following conditions exist:

- Based on re-evaluation (formal or informal) and therapy data, the student no longer meets the district eligibility criteria for Speech-Language Impairment (document in Eligibility Stage I and Stage II).

- The student's speech/language/communication needs are being addressed through special education services or by other service providers without the need of the SLP (document in Eligibility Stage II as "no adverse effect on educational performance resulting from the communication disorder").

- The student's speech/language/communication skills are commensurate with the level of overall functioning, especially in adaptive skills and social communication skills which allow for effective interpersonal communication (document in Eligibility Stages I or II).

- The goals and objectives of treatment have been met and the educational need for services has been mitigated (document in IEP).

- The student's communication abilities are comparable to those of the same chronological age, gender, ethnicity, intellectual level, or cultural and linguistic background (document in Eligibility Stage I).

- The student who uses an augmentative or alternative communication system has achieved functional communication across environments and communication partners (document in Eligibility Stage II).

Additional conditions may include:

- The student is unable to tolerate treatment because of a serious medical, psychological, or other conditions. *

- The student demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful. *

- Speech-language therapy no longer affects change in the student's communication skills. There does not appear to be any reasonable prognosis for improvement with continued treatment. *

* When using these as a basis for dismissal, the campus SLP should work with the MDT to document minimal educational benefit from speech-language therapy services. The ARD committee and MDT should review the Factors to Consider in Dismissal from Speech and Language Therapy Services located in the Re-evaluation Eligibility Worksheet and document their justification based on all applicable criteria (Arkansas Department of Education [ADOE], *Eligibility Criteria*, n.d.).

For additional information regarding dismissal considerations, see the *TSHA SI Disability Determination Guidelines for Language Disorder*.

Each program should have established policies and procedures for following the individual after discharge. Follow-up is necessary because an individual's circumstances may change, new treatments may become available, or the individual may respond differently due to maturational changes or new life transitions (ASHA, *Decision Making in Termination of Services,* n.d.). If speech/language therapy services are discontinued, a student can be re-referred at a later date until successful completion of an educational program or until reaching the age of 21. If a student is re-referred, the referral committee should compare the reason(s) for referral

with information on the previous termination of speech/language therapy services in order to determine on an individual basis the appropriate course of action to be taken. This may result in revaluation, a reinstatement of services, or a decision that no further consideration for services is necessary (ADOE, *Eligibility Criteria*, n.d.).

Forms

Guiding Questions to Assist in Determining Need for Referral

Student: _____ **Date Completed:** _____

Individuals participating in questionnaire:

Parent: _____

Teacher: _____

Other: _____

1. Has the individual experienced any loss of previously acquired speech, babbling or social skills? If so, is there any known cause (e.g., trauma, head injury)? Please explain:

2. Has the individual experienced any delay in language development? If so, what did previous language testing indicate (receptive, expressive, pragmatic delay) and what was the outcome of intervention?

3. Does the person avoid eye contact (take into account differences in cultural norms)? If so, please describe:

4. Does the individual show a persistent preference for solitude? If so, what are some known factors that could be contributing to this?

5. Does the individual demonstrate difficulty understanding the feelings of others? For older children or adults, is it difficult for the person to understand when they are being teased or the meaning of non-literal information including jokes? Does the older child, adolescent, or adult, have difficulty considering the perspective of others? If so, please explain:

6. Does the person exhibit persistent repetition of words or phrases (echolalia), or manner of speaking that may be considered unusual for the individual's age (e.g., a child who uses a more advanced or formal style than others their age; a child who repeats learned phrases or scripts)? Does the person show demonstrate any differences in the quality of their speech? For example, do they speak in a monotone, or use a higher pitch? If so, please explain:

7. Does the person show resistance to minor changes to the environment or surroundings? How does the individual respond to changes in their routine or to unexpected events? Does the person show an insistence for things to happen just as expected? Please explain:

8. Does the individual have restricted interests, for example, an intense focus on certain topics? For a younger child, are they only interested in playing with particular toys rather than showing interest in a variety of toys or activities? For an older child or individual, this may be more observable in topics discussed in conversation. The individual may frequently refer to the topic in writing prompts or conversation when other conversational partners or audience are less interested in the topic.

9. Does the individual exhibit any repetitive motor movements such as rocking, flapping, spinning? If not currently, did the individual exhibit any such behaviors at a younger age? If so, please describe:

10. Does the person show or have a history of displaying unusual and intense reactions to sounds, smells, tastes, textures, lights and/or colors? If so, please explain:

Other questions to consider may include:
Does the individual show an interest in friendships and tries to interact with others, but struggles with unwritten rules (e.g., knowing when to stop talking about a subject, knowing how to add more comments in conversation)? Please explain:

Does the individual have difficulty with executive functioning such as planning and executing tasks? Please describe:

Adapted from: Autism Speaks (n.d.). *Learn the Signs*. Available at https://www.autismspeaks.org/learn-signs

Evaluation Phase I: Assessment Plan

Assessment Planning Worksheet

RTI/MTSS Pre-Referral Intervention

Assessment Plan

Assessment Planning Worksheet

Student: _____ DOB: _____ Date: _____

School: _____ SLP: _____

Teacher: _____ Grade: _____

Referral Concerns

Significant Student Factors	No Concern	Some Concern	Significant Concern
Attendance *Comments:*			
Discipline Incidents *Comments:*			
Instability at Home *Comments:*			
History of Homelessness *Comments:*			
Number of Schools Attended *Comments:*			
English Learner *Comments:*			
Recent Immigrant *Comments:*			
Poor Academic Progress in spite of intervention support *Comments:*			

Area	Significant Information Obtained	Completed
Teacher Input		
Parent Input		
Outside Reports		
Story Retell Screener		
Conversational Language Sample – Low Structure		
Other		

RTI/MTSS Pre-Referral Intervention

	Response to Intervention
Tier I Classroom Support	
Tier II / Tier III Interventions	

Phase I Summary: Strengths and Weaknesses

AREA	**DATA**	**Data Support Concern?**	
		YES	NO
Morphology/Syntax			
Semantics			
Phonology – articulation of speech sounds			
Phonology –reading readiness/ understanding letter-sound relationships			
Pragmatics			
Memory			
Auditory processing			
Social communication			
Attention			
Can communicate idea/ get point across			
Adult needs to ask questions to clarify meaning			
Other			

Is diagnostician needed for additional evaluation? (IQ, adaptive, literacy, achievement)	YES	NO

Assessment Plan

Assessment Questions:

	Assessment Question Addressed	Language Areas Assessed
Language Sample		Syntax & Morphology Semantics Pragmatics Metalinguistics
Teacher Information In-depth probes		Syntax & Morphology Semantics Pragmatics Metalinguistics
Parent Information In-depth probes		Syntax & Morphology Semantics Pragmatics Metalinguistics
Informal Criterion Referenced Measures Checklists, Interviews		Syntax & Morphology Semantics Pragmatics Metalinguistics
Norm-Referenced Tests/Subtests		Syntax & Morphology Semantics Pragmatics Metalinguistics
Observation Across School Environments – Academic and Nonacademic		Syntax & Morphology Semantics Pragmatics Metalinguistics
Other: _____ _____ _____ _____		Syntax & Morphology Semantics Pragmatics Metalinguistics

Evaluation Phase II: Data Collection Forms

Parent Teacher Communication Survey

Encuesta de Communicación Entre Padres/Maestros

Observation of Student Communication within the School Environment

Observation of the School Environment to Facilitate Communication

Play Based Skills Assessment

Communicative Intent Checklist

Gestural Skills Checklist

Conversational Skills Checklist

Parent/Teacher Communication Survey

Student: _____ **Date Completed:** _____

Informant: _____ **Relationship:** Parent/ Teacher/ Other: _____

1. With whom does the student interact on a regular basis?

2. Where does the student go on a regular basis? (sports events, meetings, etc.)

3. What strategies are most helpful to encourage the student to communicate? (e.g., standing close, pairing language & written cues, allowing frequent breaks)

4. List the student's communication strengths:

5. List the student's communication weaknesses:

6. Please check the student's most frequent method of communication.

Oral Speech	Pictures
Communication System: _____	Signs
	Gestures

7. Please check all the reasons the student communicates.
   - Request desired item or activity
   - Request help
   - Protest/refuse an undesired item or activity
   - Greet/ say good-bye
   - Request permission
   - Express empathy
   - Comment on immediate and past events
   - Request information regarding immediate and past events
   - Express feelings and opinions

Please choose one:	***Usually***	***Rarely***
1. Does the student consistently attempt to interact with others?		
2. Is the student's communication purpose easily understood		
3. Does the student notice when his/her communication is being misunderstood? If so, check the student's most frequent responses to being misunderstood: Attempts to clarify/repeats Becomes upset/frustrated Gives up Other:_____		
4. Does the student use and understand a variety of types of words? (See the list below for examples of "types of words")		

Please indicate word types that the student is observed to understand and/or use:

Understands		Uses		
Y	N	Y	N	Wh-words (e.g., what, where, who)
Y	N	Y	N	Words describing time (e.g., before, now, later)
Y	N	Y	N	Words describing size or number (e.g., small, many)
Y	N	Y	N	Words describing location (e.g., beside, between)
Y	N	Y	N	Pronouns (e.g., I/you, he/she, we/they)
Y	N	Y	N	Verbs (e.g., past, present, future tense)
Y	N	Y	N	Conjunctions that link (e.g., and, or)
Y	N	Y	N	Conjunctions that imply cause (e.g., but, so, because, if)
		Y	N	Uses grammatically correct sentences

Does the student:	***Usually***	***Rarely***
5. Initiate topics frequently?		
6. Introduce a variety of topics?		
7. Talk about things that are of interest to others?		
8. Understand the meaning of what is said in conversation?		
9. Talk turns as a speaker and listener?		
10. Adjust conversation based on audience? (e.g., talking to a teacher vs. talking to a peer)		
11. Request relevant information?		
12. Adjust length of turn based on partner's behavior?		
13. Shift topics smoothly?		
14. End conversations politely?		
15. Use and understand communication behaviors? (see the following list)		
Does the student:	***Usually***	***Rarely***
16. Adapt readily in new group situations		
17. Express distress or boredom similar to peers of ability level?		
18. Respond to feedback and guidance offered by others about regulating emotion?		
19. Speak fluently without repetitions or hesitations (stuttering)?		
20. Use vocal quality that is consistent with age and gender? (e.g., hoarseness, harshness, breathiness, and pitch)		
21. Recall words associated with specific situations or nouns? (e.g., salt and pepper, baseball and bat, bread and butter, garage and car)		
22. Understand and use antonyms and synonyms?		
23. Discuss the meaning of words/define words?		
24. Understand more than one meaning for words? (e.g., bat, park, foot)		
25. Put ideas into words and explain ideas?		

26. Understand subtleties in word and sentence meaning? (e.g., idioms, figurative language)		
27. Distinguish fiction from non-fiction, including fact and fantasy?		
28. Retell messages by summarizing or clarifying?		
29. Use and understand negation? (e.g., I will go to the movies if it is not too late.)		
30. Generate ideas before telling a story?		
31. Use suitable story structure?		
32. Use story grammar?		
33. Is the student's speech easy to understand in conversation? *If the student is difficulty to understand, note the problem sounds here:*		

Encuesta de Comunicación Entre Padres/Maestros

El estudiante: _____ **Fecha completada:** _____

El informante: _____ **Relación:** Padre / Maestro / Otro: _____

1. ¿Con quién interactúa el estudiante de forma regular?

2. ¿Dónde va el estudiante regularmente? (eventos deportivos, reuniones, etc.)

3. ¿Qué estrategias son más útiles para alentar al estudiante a comunicarse? (por ej., de pie cerca, emparejó el lenguaje y las señales escritas, permitiendo descansos frecuentemente)

4. Enumere las fortalezas de comunicación del estudiante:

5. Enumere las debilidades de comunicación del estudiante:

6. Por favor, marca el método de comunicación más frecuente del estudiante.

Lenguaje oral	Dibujos
Sistema de comunicación:	Señas
_____	Gestos

8. Please check all the reasons the student communicates.
   - Solicitar el objeto o la actividad deseados
   - Solicitar ayuda
   - Protestar/rechazar un objeto o actividad no deseada
   - Saluda/digan adios
   - Solicitar permiso
   - Expresar empatía
   - Comentar sobre los eventos inmediatos y pasados
   - Solicitar información sobre eventos inmediatos y pasados
   - Expresar sentimientos y opiniones

Por favor elija uno:	***Usualmente***	***Raramente***
1. ¿El estudiante constantemente intenta interactuar con otros?		
2. ¿Se entiende fácilmente el propósito de comunicación del estudiante?		
3. ¿El estudiante se da cuenta cuando su comunicación está siendo malentendida? Si es así, marca las respuestas más frecuentes del estudiante a ser mal entendido: Intenta aclarar/repetir Se vuelve molesto/frustrado Rendirse Otro:_____		
4. ¿El estudiante usa y entiende una variedad de tipos de palabras? (Consulte la lista siguiente para ver ejemplos de "tipos de palabras")		

Por favor, indique los tipos de palabras que el estudiante observa para entender y/o utilizar:

Entiende		*Usa*		
Sí	No	Sí	No	Las palabras de pregunta (por ej., qué, dónde, quién)
Sí	No	Sí	No	Las palabras que describen el tiempo (por ej., antes, ahora, más tar
Sí	No	Sí	No	Las palabras que describen el tamaño o el número (por ej., pequeñ
Sí	No	Sí	No	Las palabras que describen el lugar (por ej., al lado, entre)
Sí	No	Sí	No	Pronombres (por ej., yo/tú, él/ella, nosotros/ellos)
Sí	No	Sí	No	Verbos (por ej., el pretérito, el presente, el futuro)
Sí	No	Sí	No	Conjunciones que conectan (p. ej., y, o)
Sí	No	Sí	No	Conjunciones que implican la causa (por ej., pero, por lo tanto, por
		Sí	No	Utiliza oraciones gramaticalmente correctas

¿El estudiante:	***Usualmente***	***Raramente***
5. ¿Iniciar temas con frecuencia?		
6. ¿Presentar una variedad de temas?		
7. ¿Hablar de cosas que son de interés para los demás?		
8. ¿Entiende el significado de lo que se habla en la conversación?		
9. ¿Tomar turnos como orador y oyente?		
10. ¿Ajusta la conversación basado en el público? (por ej., hablar con un maestro a lo contrario de hablar con un compañero)		
11. ¿Solicitar información relevante?		
12. ¿Ajusta la duración del turno basado en el comportamiento del pareja?		
13. ¿Cambiar temas suavemente?		
14. ¿Terminar las conversaciones cortésmente?		
15. ¿Usa y entiende los comportamientos de comunicación? (véase la siguiente lista)		

Por favor, indique los comportamientos que el estudiante observa para entender y/o utilizar:

Entiende		Usa		
Sí	No	Sí	No	Expresión de la cara
Sí	No	Sí	No	Los gestos
Sí	No	Sí	No	Postura del cuerpo
Sí	No	Sí	No	Proximidad o distancia física a la pareja
Sí	No	Sí	No	Volumen o sonoridad de la voz
Sí	No	Sí	No	Entonación de la melodía de la voz
Sí	No	Sí	No	Indicadores de emoción (por ej., felicidad, tristeza, eno
Sí	No	Sí	No	El humor

Sí	No	Sí	No	Las burlas
Sí	No	Sí	No	El sarcasm
Sí	No	Sí	No	El engaño

¿El estudiante:	***Usualmente***	***Raramente***
16. ¿Adaptarse fácilmente en situaciones de grupos nuevos?		
17. ¿Expresar angustia o aburrimiento similar a los compañeros de mismo nivel de habilidad?		
18. ¿Responde a las observaciones y orientación ofrecida por otros acerca de la regulación de la emoción?		
19. ¿Hablar fluidamente sin repeticiones o vacilaciones (el tartamudeo)?		
20. ¿Usar calidad vocal consistente con la edad y el sexo? (p. ej., ronquera, aspereza, respiración y tono)		
21. ¿Recuerda las palabras asociadas con situaciones o sustantivos específicos? (p. ej., sal y pimienta, béisbol y bate, pan y mantequilla, garaje y coche)		
22. ¿Entiende y utiliza antónimos y sinónimos?		
23. ¿Discutir el significado de las palabras/definir palabras?		
24. ¿Entiende más de un significado para las palabras? (p. ej., “café” significa como el color y la bebida)		
25. ¿Poner ideas en palabras y explicar ideas?		
26. ¿Entiende las sutilezas en significado de palabra y oración? (p. ej., modismos, lenguaje figurativo)		
27. ¿Distinguir la ficción de la no ficción, incluyendo el hecho y la fantasía?		
28. ¿Volver a contar los mensajes resumiendo o aclarando?		
29. ¿Usa y entiende la negación? (por ej., Voy a ir al cine si no es demasiado tarde.)		

30. ¿Generar ideas antes de contar una historia?		
31. ¿Usar una estructura de historia apropiado?		
32. ¿Usar gramática de la historia?		
33. *¿Es fácil entender el discurso del estudiante en la conversación?* *Si el estudiante es difícil de entender, nota los sonidos de problema aquí:*		

Observation of Student Communication within the School Environment

Student: _____ **Date Completed:** _____

School: _____ **DOB:** _____

SLP: _____

Class/Subject Observed: (Observation should be in the area of suspected disability)

Communication			
Behavior Regulation	**Y**	**N**	**DNO**
1. Respond to simple gestures used by adults when given directions			
2. Independently carries out familiar, simple directions with minimal repetition			
3. Spontaneously communicates basic needs and desires clearly to others			
4. Asks for help by going to adult, raising hand, etc…			
5. Shows approval or rejection in an appropriate way			
6. Does not get upset when others are working or playing in close proximity			
7. Does not interrupt others			
8. Reacts to changes in routine/environment			
9. Insists on keeping certain objects with him/her			
10. Engages in repetitive behaviors			
11. Student appears to be in his/her "own world"			
Social Interaction	**Y**	**N**	**DNO**
1. Seeks out and initiates contact with others			
2. Interact with peers in routine structured work			
3. Interacts with peers in play situations			
4. Share and take turns with materials during group activities			
5. Gain attention of others appropriately			
6. Responds to others within environment by giving a response			
7. Use and respond to greetings in familiar settings			
8. Respond to own name			
9. Acknowledge and respond to feelings by others			
10. Use appropriate behavior to indicate desire to stop an activity			
11. Ask to move from tasks to task as appropriate			
Joint Attention			
1. Comments on object held by others or in his sight			
2. Adds new information to the topic of others			
3. Responds to simple questions			
4. Asks simple questions			
5. Requests information			
6. Clarifies			

Communication			
Sensory	**Y**	**N**	**DNO**
1. Shows sensitivity to loud noises/lights			
2. Engages in self-stimulatory behaviors (hand-flapping, rocking, spinning)			
3. Resists being touched or held			
4. Feels, smells and/or tastes objects in the environment			
Communication Method	**Y**	**N**	**DNO**
1. Understand and use gestures			
2. Engage in echolalia			
3. Display odd prosody or peculiar voice characteristics			
4. Display adequate volume or rate of speech			
5. Display scripted, stereotyped discourse			
6. Display pedantic characteristics			
7. Utilize idiosyncratic speech			
8. Inappropriate use of pronouns			
9. Use social rituals (please, thank you, excuse me)			
10. Respond or reciprocate to greetings			

Y = Yes, N = No, DNO = Did not observe

Comments:

Observation of the School Environment to Facilitate Communication

Student: _____ **Date Completed:** _____

School: _____ **SLP:** _____

Class/Subject Observed: (Observation should be in the area of suspected disability) _____

Observation of the School Environment to Facilitate Communication (Curriculum Setting)				
Area of Assessment	**Evidence/Examples**	**Yes**	**No**	**DNO**
I. Classroom support of environmental events:				
The classroom encourages imitation				
The classroom encourages the child to comprehend and use language				
The classroom encourages play				
The classroom provides opportunities for peer interaction.				
II. Classroom support of functional skills:				
Complying with adult requests				
Turn taking				
Responding to directions across various proximities				
Sitting quietly during activities				
Participating during teacher instruction				
Walking in line				
Using bathroom across settings				

III. The environment fosters:				
Independence				
Initiative				
Choice making				
A variety of teaching opportunities				
The classroom supports teaching of:				
Attention				
Compliance				
Imitation				
Communication				
Appropriate toy play				

Observation of the School Environment to Facilitate Communication (Social Skills/Interactions)				
Area of Assessment	**Evidence/Examples**	**Yes**	**No**	**DNO**
I. The classroom maximizes learning through:				
Repetition				
Predictability				
Classroom has a staff to child ratio of _____ to _____				
Student attends the program/school for an average of ___ hours per day				
Curriculum is integrated with typical peers				
Classroom uses a variety of prompts				
II. The classroom facilitates social interaction with:				
Adults				
Peers				
Routines are evident				
The student is motivated through a variety of classroom activities				
The classroom employs highly preferred play materials or topics				
III. Family involvement: (re-evaluations only)				
Curriculum offers opportunities for parents to be involved				
Curriculum offers home visits				
Curriculum offers the parents behavioral strategies				
Curriculum offers parent training				

DNO - Did not observe

Adapted from: Dawson, G., & Osterling, J. (1997). *Early intervention in autism: Effectiveness and common elements of current approaches*. In Guralnick, 1997.

Play-Based Skills Assessment

Student: _____ **Date Completed:** _____

School: _____ **SLP:** _____

Speech	
Articulation	Notes:
Fluency	Notes:
Voice	Notes:

Language: Form and Content
Cuing Codes: **I**: independent **R**: needs repetition **P**: needs pictures **G**: needs gestural cues **M**: needs model **D**: responds after a delay
Column Codes: **R**: Receptive **E**: Expressive

Follow commands:			Notes:
1 step	Routine	Novel I R P G M D	
2 step	Routine		
3+ step	Routine	Novel I R P G M D	
		Novel I R P G M D	

IDs/Names: objects/pictures from set of			Notes:
R	**E**		
☐	☐	Colors	I R P G M D
☐	☐	Shapes	I R P G M D
☐	☐	Body parts	I R P G M D
☐	☐	Clothing	I R P G M D
☐	☐	Animals	I R P G M D
☐	☐	Food	I R P G M D
☐	☐	Transportation	I R P G M D
☐	☐	Family	I R P G M D
☐	☐	Other:	I R P G M D

Pronouns: **R E** ☐ ☐ I ☐ ☐ Me ☐ ☐ My ☐ ☐ Mine ☐ ☐ Your ☐ ☐ Gender	Notes:
Spatial/Prepositions: **R E** ☐ ☐ In ☐ ☐ On ☐ ☐ Out ☐ ☐ Off ☐ ☐ Under ☐ ☐ Over ☐ ☐ Top ☐ ☐ Bottom ☐ ☐ Front ☐ ☐ Behind ☐ ☐ Between	Notes:
Quantity/Size: **R E** ☐ ☐ Big ☐ ☐ Little ☐ ☐ Tall ☐ ☐ Short ☐ ☐ Few ☐ ☐ Many ☐ ☐ More ☐ ☐ Less	Notes:
Descriptive Concepts: **R E** ☐ ☐ Hot/Cold ☐ ☐ Fast/Slow ☐ ☐ Wet/Dry ☐ ☐ Sad/Happy ☐ ☐ Same/Different ☐ ☐ Thirsty/Hungry ☐ ☐ Other:	Notes:

Mode of Communication: Limited verbal Verbal, gestures/signs AAC Picture Eye gaze Body movements Jargon	Notes:
Utterance Complexity: Single words words/ per phrase or sentence	Notes:
Uses: Nouns Plurals Verbs Progressive -ing Past tense (regular) Past tense (irregular) Contractions Conjunctions Articles	Notes:
Asks and Answers Questions: **R E** ☐ ☐ Yes/No ☐ ☐ What ☐ ☐ Where ☐ ☐ When ☐ ☐ Why ☐ ☐ How	Notes:

Language: Use (Pragmatic Language)

Cuing Codes: **I**: independent **R**: needs repetition **P**: needs pictures **G**: needs gestural cues **M**: needs model **D**: responds after a delay

Communicative Intent

Initiates to:

Greet	Verbal	Nonverbal
Respond	Verbal	Nonverbal
Comment	Verbal	Nonverbal
Request	Verbal	Nonverbal
Label	Verbal	Nonverbal
Protest	Verbal	Nonverbal
Converse	Verbal	Nonverbal

Notes:

Social Interaction

Responds to:

Name	I R P G M D
Noises	I R P G M D
Questions	I R P G M D

Notes:

Joint attention:

Sustained	I R P G M D
Fleeting	I R P G M D
Unable	I R P G M D

Notes:

Social Games:

Participates for ____ turns
Resists
Ignores

Notes:

Shares items:

Appropriate
Minimally
With verbal prompts
With gestural prompts

Notes:

Play:

Spontaneous
Alone
Parallel
Imitates
Functional (e.g. stacks blocks, pushes car)
Symbolic
Imaginary/pretend
Concrete
Sequenced
Interactive

Notes:

Follows another's lead Initiates themes in play	

Nonverbal Communication

Eye Contact: Appropriate Checks in Fleeting None	Notes:
Body Position: Appropriate Turns body away Difficulties with personal space	Notes:
Gestures: Points Waves Nods Grabs Shrugs	Notes:
Response to Gestures: Follows point with gaze Does not notice	Notes:
Facial Expressions: Appropriate Neutral Exaggerated Minimal variation Flat affect	Notes:

Restrictive and Repetitive Patterns of Behavior

Repetitive Speech, Motor, Object Use

Speech: Echolalia Delayed Immediate Jargon Rote phrases Pronoun reversals Uses own name instead of I Repetitive vocalizations	Notes:
Motor: *Hand*: Clapping, Flapping, Flicking, Finger posturing *Body*: Rocking, Spinning, Tensing, Toe walking, Body posturing *Face*: Teeth grinding, Facial grimacing *Other*:	Notes:
Object/Play: Functional Sensorimotor/exploration (mouthing/rubbing) Lines up Drops intentionally/repetitively Repetitive play Opens/closes doors Turns lights on/off	Notes:

Routines/Resistance to Change Transitions to and from testing: Appropriately Hesitant at first Runs away/cries Does not transition after time Transitions between tasks: Compliant Persistent difficulties Moving from preferred to non-preferred: Difficulties with examiner led tasks Easily transitions Patterns of thinking: Rule bound Concrete Flexible	Notes:
Interests/Focus Plays with: Wide variety Narrow range Carries object Sensory interests: Visual (light up) Movement Auditory Focus on details/parts	Notes:
Sensory Input Pain Response (parent report): Typical Hyper Hypo Describe any observations related to sensory seeking or response behaviors to visual, auditory, tactile, taste, or smell in notes.	Notes:

Communicative Intent Checklist

Student: _____ **Date Completed:** _____

School: _____ **SLP:** _____

PV: Preverbal OW: One Word MW: Multiple Word

	Skill	PV	OW	MW
Behavioral Regulation				
	Request Object			
	Request Action			
	Protest			
Social Interaction				
	Request Social Routine			
	Showing Off			
	Greeting			
	Calling			
	Acknowledgement			
	Request Permission			
Joint Attention				
	Comment			
	Request Information			
	Clarification			
Discourse Structure				
	Initiated			
	Respondent			
Mode of Communication				
	Gestural			
	Vocal			
	Verbal			
	Gestural-Vocal			
	Gestural-Verbal			

Adapted by Allan Bird from: Wetherby, 1988.

Gestural Skills Checklist

Student: _____ **Date Completed:** _____

School: _____ **SLP:** _____

The following checklist is designed to help the Speech-Language Pathologist assess the development of communication in the very young child. It is designed to contain items which are easily observed in normal interaction and can be scored with a minimum of interpretation on the part of the examiner.

Skill:	**Present**	**Not Present**
Six to Nine Months		
1. Extends arms when parents extend their arms to the child in the gesture of picking them up.		
2. Explores parent's face, hair, person, but not other individuals.		
3. Selects and crawls toward parent, but not others.		
4. Moves toward parents when alarmed.		
5. Localizes the bell when rung laterally to the ear.		
Nine to Twelve Months		
1. Makes excursions from parent and returns.		
2. Ceases activity when name is called or "no" is said.		
3. Offers objects to another person.		
4. Attends to adult when given simple command or gesture		
5. Imitates gesture games such as the "Raspberry"		
Twelve to Fifteen Months		
1. Responds to request for a toy when given a gestural cue.		
2. Pushes adult's hand toward a toy which the child cannot operate independently.		
3. Tugs on parent when the child wants something.		

4. Localizes to sounds presented from below and above his field of vision.		
5. Waves bye-bye or plays peek-a-boo.		
Fifteen to Eighteen Months		
1. Hugs and kisses adults.		
2. Points to an object which is out of his reach when he wants it.		
3. Responds to request for a toy without a gesture.		
4. Imitates simple motor activities such as patty-cake or others very automatically.		
5. Offers a toy to an adult and waits for the adult to activate the toy. If no response will attempt again		
Eighteen to Twenty One Months		
1. Gives an object to the parent upon request.		
2. Points and makes vocal/manual gesture towards an object to call adults attention to it.		
3. Imitates words.		
4.Points to a familiar person when requested to do so.		
5. Communicates “No” through some manner other than crying.		
Twenty One to Twenty Four Months		
1. Imitates pointing to 3-4 body parts or spontaneously points to on body part upon request..		
2. Responds to “Show me” by showing shoes or other clothing, or own toys or other common objects.		
3. Carries objects from one room to another when requested.		
4. Gestures for someone to “Give me that” or uses other gestures (other than pointing) to make wants known.		
5. Identifies 7-10 pictures of common objects		

Conversational Skills Checklist

Student: _____ **Grade:** _____ **Date:** _____

Observer: _____ **Position:** (Circle one) **Parent/ Teacher/ SLP**

The Conversational Skills Checklist may be used as a Pre/Post Test to determine the following:

- A student's strengths in using language skills in conversation
- A student's needs for developing language skills in conversation
- A student's progress towards proficiency of language skills in conversation

Directions for Observer: Mark (X) the student's frequency of use or proficiency for each of the skills listed on the chart. Base your responses on what has been observed at home (Parent), in the classroom (Teacher), or during assessment and/or therapy sessions (SLP)

Conversational Skill	Proficiency Codes		
Opening Section:	**Not Yet**	**Sometimes**	**Proficient**
Secures listener's attention			
Initiates topic of conversation			
Asks permission before touching or borrowing other people's things			
Makes eye contact with others			
Uses friendly body language			
Topic Selection:	**Not Yet**	**Sometimes**	**Proficient**
Chooses topics that deal with "here and now"			
Chooses topics that deal with the past			
Chooses topics that deal with the future			
Chooses interesting topics of conversation			
Chooses topics appropriate for situation			
Turn-Taking:	**Not Yet**	**Sometimes**	**Proficient**
Overlap			
Nature of Turn – Comment			
Nature of Turn – Response			
Nature of Turn – Directed			
Takes turns in conversation			
Waits to share at appropriate times			
Invites others into conversation			
Relinquishes turn to talk			

Topic Maintenance:	**Not Yet**	**Sometimes**	**Proficient**
Maintained through repetition			
Maintained through agreement			
Maintained by adding information			
Can sustain topic through several turns			
Asks appropriate questions that are on topic			
Topic Changing:	**Not Yet**	**Sometimes**	**Proficient**
Introduces new topics			
Reintroduces old topics			
Shades topic of discussion			
Can close or switch topics when appropriate			
Repair:	**Not Yet**	**Sometimes**	**Proficient**
Provides repairs when the listener doesn't understand			
Repeats what was said			
Confirms what was said			
Revises what was said			
Adds additional information to what was said.			
Provides cues			
Inappropriate response			
Seeks repairs when the speaker is not understood			
Gives neutral-nonspecific message of lack of understanding			
Requests confirmation as to what was understood			
Requests specific information to clarify			
Quality:	**Not Yet**	**Sometimes**	**Proficient**
A good listener when others are speaking			
Remembers to thank others for help			
Expresses sympathy when other people are hurting			
Considers how words affect others before speaking			
Manner:	**Not Yet**	**Sometimes**	**Proficient**
Keeps messages of conversation organized (tells things in order)			
Focuses on most important details, clearly and concisely			
Uses cohesion (links ideas)			
Relation:	**Not Yet**	**Sometimes**	**Proficient**
Responds appropriately to others' messages			
Asks for clarification of messages from other people			
Elaborates on a topic when appropriate			
Disagrees without disrupting			

Assertiveness:	**Not Yet**	**Sometimes**	**Proficient**
Asks question more than once if message not understood			
Continues to try to get messages across if listener does not understand			

Observer Comments:

Evaluation Phase III: Analysis and Interpretation Form

Language Evaluation Summary Form

Initial Disability Determination Worksheet

Language Evaluation Summary Form

Student: _____ **Campus:** _____ **SLP:** _____

Date of Birth: _____ **Grade:** _____ **Date Completed:** _____

Assessment Questions:

Evaluation Tool	Results		Data Supports Concern	
			Yes	**No**
Teacher Checklist/ Interview				
Parent Information/ Interview				
Standardized Test/Subtest Results	Score/s:			
	Standard Deviation			
	Confidence Interval			
	Sensitivity			
	Specificity			

Evaluation Tool	Results		Data Supports Concern	
	Language Skills:	**Results/Comments:**	**Yes**	**No**
Informal Criterion-Referenced Measures: Language Sample Checklists Interviews/ Questionnaires Skill Specific Probes	**Syntax/ Morphology**			
	Semantics			
	Metalinguistics			
	Phonology: *Speech Sounds* *Reading/ Reading Readiness*			
	Pragmatics*:* *Social Communication* *Narrative Skills* *Discourse Skills*			
	Social Interaction: *Nonverbal Behaviors to Regulate* *Interaction* *Turn-Taking* *Joint Attention* *Shared Emotion* *Use of Communication to Regulate Interactions* *Initiate/Sustain Conversation*			
	Intentionality: *Request, Protest, Reject*			

	Interaction: *Initiate, Respond,* *Maintain, Terminate,* *Repair, Request, Greetings*			
Focused Observations				
Other Assessment Information				

Recommendations to the ARD Committee			
		Yes	**No**
Stage I: Presence of a Language Disorder	**Evidence:**		
Stage II: Adverse Effect on Educational Performance	**Evidence** (enter rating from Adverse Effect Checklist): **Academic Achievement: _____** **Functional Performance: _____**		
If yes to Stage I and II, the Disability Determination for Language Disorder has been met			
Recommendation that ARD Committee consider eligibility for special education with a Speech Impairment		Yes	No
If ARD Committee determines SI eligibility, then address Stage III:			
Are specialized services by an SLP needed to help the student with a language disorder make progress in the curriculum?		Yes	No

Recommendations for SLP services:

Initial Disability Determination Worksheet
Autism/Speech Impairment

Student Name : _____ **Age:** _____

Data Reconciliation

Check areas where data supports concern in the listed areas.

	Parent	Teacher	Evaluator
Persistent deficits in social communication and social interaction			
Deficits in social-emotional reciprocity: from abnormal social approach and failure of normal back-and-forth conversation; to reduce sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	☐	☐	☐
Deficits in nonverbal communication behaviors used for social interaction: 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.	☐	☐	☐
Deficits in developing, maintaining, and understanding relationships: 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.	☐	☐	☐
Deficits in understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).	☐	☐	☐
Deficits in ability to change communication to match context or the needs of the listener, e.g. speaking differently in a classroom than on the playground, talking differently to a child than to an adult, and avoiding the use of overly formal language.	☐	☐	☐
Deficits reporting a personal experience in a logical sequence with sufficient information for listener understanding.	☐	☐	☐
Restricted, repetitive patterns of behavior, interests, or activities (currently or in history)			
Stereotyped or repetitive motor movements, use of objects, or speech e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases.	☐	☐	☐
Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat food every day.	☐	☐	☐
Highly restricted, fixated interests abnormal in intensity or focus e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interest.	☐	☐	☐

Hyper- or hyporeactivity to sensory input or unusual interests 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.	☐	☐	☐
	Parent	**Teacher**	**Evaluator**
Other Speech/Language Characteristics related to Autism:			
Loss of previously acquired language skills	☐		
Difficulty with pronouns	☐	☐	☐
Higher expressive language skills than receptive language skills	☐	☐	☐
Pedantic speech (overly formal; repetitive use of phrases (e.g. "well actually")	☐	☐	☐
Characteristics of typical stuttering (initial position sound, syllable, word repetitions; phrase repetitions; sound prolongations; blocks)	☐	☐	☐
Characteristics of atypical stuttering observed in ASD word-final disfluency (repetition of the last syllable in a word); word-medial blocks (stopping of airflow or sound in the middle of a word); mid-syllable insertion (inserting a syllable in a word); final sound prolongation (final sound continues beyond typical length); final phrase repetition (repeating the final phrase)	☐	☐	☐
Atypical speech prosody (intonation, tone, stress, and rhythm)	☐	☐	☐
Adaptive Behavior/Cognitive Observations			
Deficits social adaptive skills	☐	☐	☐
Splinter skills observed in cognitive or academic skills	☐	☐	☐
Deficits in working memory			☐
Visual processing noted to be a relative strength			☐

Executive Functioning			
Deficits with planning and organization	☐	☐	☐
Difficulty with initiation and sequencing of tasks	☐	☐	☐
Difficulty with shifting between tasks	☐	☐	☐
Difficulty with emotional regulation	☐	☐	☐
Difficulty with problem solving	☐	☐	☐
Other Considerations			
Family history of autism	☐		
Family history of ADHD	☐		
Family history of mental illness	☐		
Family history of cognitive/learning disability	☐		
Significant health concerns:	☐		

Stage I: Documentation of Disability

	Yes	No
Based on evaluation data (formal and/or informal), does the student demonstrate deficits in social communication and social interaction?		
Based on evaluation data (formal and/or informal), does the student demonstrate restricted, repetitive patterns of behavior, interests, or activities (currently or in history)?		
Are the student's communication skills disproportionate with the level of overall functioning, especially in adaptive skills and social communication skills which allow for effective interpersonal communication?		
Are the student's communication abilities disproportionate to those of the same chronological age, gender, intellectual level, or cultural and linguistic background?		

Data supports **BOTH** deficits in social communication and social interaction and presence of restricted, repetitive patterns of behavior, interests, or activities (currently or in history); **AND** results are not better explained by Intellectual Disability or Emotional Disturbance **AND** communication skills are disproportionate with overall functioning and to those of same age/gender/intellectual level/CLD background:

- IF YES: Team concludes the presence of disability of **Autism and Communication Disorder**

Data supports **ONLY** deficits in social communication, with **NO** current or historic observation of restricted, repetitive patterns of behavior, interests, or activities **AND** communication skills are disproportionate with overall functioning and to those of the same age/gender/intellectual level/CLD background:

- IF YES: Team concludes the presence of **Social Communication Disorder/Pragmatic Language Disorder**

Data supports **BOTH** deficits in social communication and social interaction and presence of restricted, repetitive patterns of behavior, interests, or activities (currently or in history); **AND** results are not better explained by Intellectual Disability or Emotional Disturbance **BUT** communication skills are **NOT** disproportionate with overall functioning and to those of the same age/gender/intellectual level/CLD background **OR** social communication deficits are mild in nature:

- IF YES: Team concludes the presence of disability of **Autism**

Stage II: Adverse Effect on Educational Performance

Academic Achievement	**Yes**	**No**
There is a direct, noticeable relationship between the student's communication disorder and academic performance or achievement		
The student's communication disorder contributes to academic struggle or below expected achievement on the IEP		
The student's communication disorder is out of proportion with overall functioning level		
Data indicates that the student's performance in the academic curriculum will require specially designed instruction from the SLP		
The student with other disabilities needs speech-language therapy to benefit from the special education program		
Functional Performance	**Yes**	**No**
Communication skills limit participation in self-care, interpersonal, and daily routines		
Communication patterns disrupt and interfere with interaction and functional performance		
Social communication skills disrupt effective interpersonal interaction		
Communication disorder is pervasive and noticeable across settings and interferes with interaction		
The student has no functional communication, limited means of expression, or social/emotional adjustment is affected by the communication disorder		
Total		

Scoring

If the answer to at least 4 of the statements is "yes", it is likely that the student's language disorder results in an adverse effect on educational performance

Sources of Documentation of Adverse Effect

Grades	
State, District, Local Assessments/Tests	
Student Work	
Observation	
Teacher/Parent Information	
Student Self-Report	
Other	

Re-Evaluation Form

Re-Evaluation Disability Determination Worksheet

Reevaluation Disability Determination Worksheet
Autism/Speech Impairment

Student Name : _____ **Age:** ____;____

Data Reconciliation

	Parent	Teacher	Evaluator
Persistent deficits in social communication and social interaction			
Deficits in social-emotional reciprocity: from abnormal social approach and failure of normal back-and-forth conversation; to reduce sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	☐	☐	☐
Deficits in nonverbal communicative behaviors used for social interaction: 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.	☐	☐	☐
Deficits in developing, maintaining, and understanding relationships: 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.	☐	☐	☐
Deficits in understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).	☐	☐	☐
Deficits inability to change communication to match context or the needs of the listener, e.g. speaking differently in a classroom than on the playground, talking differently to a child than to an adult, and avoiding use of overly formal language.	☐	☐	☐
Restricted, repetitive patterns of behavior, interests, or activities (currently or in history)			
Stereotyped or repetitive motor movements, use of objects, or speech e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases.	☐	☐	☐
Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal-nonverbal behavior e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day.	☐	☐	☐
Highly restricted, fixated interests abnormal in intensity or focus e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interest.	☐	☐	☐
Hyper- or hyporeactivity to sensory input or unusual interests 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.	☐	☐	☐

	Parent	Teacher	Evaluator
Persistent deficits in social communication and social interaction			
Deficits in social-emotional reciprocity: from abnormal social approach and failure of normal back-and-forth conversation; to reduce sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	☐	☐	☐
Deficits in nonverbal communication behaviors used for social interaction: 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.	☐	☐	☐
Deficits in developing, maintaining, and understanding relationships: 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.	☐	☐	☐
Deficits in understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).	☐	☐	☐
Deficits in ability to change communication to match context or the needs of the listener, e.g. speaking differently in a classroom than on the playground, talking differently to a child than to an adult, and avoiding use of overly formal language.	☐	☐	☐
Deficits reporting a personal experience in a logical sequence with sufficient information for listener understanding.	☐	☐	☐
Restricted, repetitive patterns of behavior, interests, or activities (currently or in history)			
Stereotyped or repetitive motor movements, use of objects, or speech e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases.	☐	☐	☐
Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day.	☐	☐	☐
Highly restricted, fixated interests abnormal in intensity or focus e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interest.	☐	☐	☐
Hyper- or hyporeactivity to sensory input or unusual interests 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.	☐	☐	☐

	Parent	Teacher	Evaluator
Other Speech/Language Characteristics related to Autism:			
Loss of previously acquired language skills	☐		
Difficulty with pronouns	☐	☐	☐
Higher expressive language skills than receptive language skills	☐	☐	☐
Pedantic speech (overly formal; repetitive use of phrases (e.g. "well actually")	☐	☐	☐
Characteristics of typical stuttering (initial position sound, syllable, word repetitions; phrase repetitions; sound prolongations; blocks)	☐	☐	☐
Characteristics of atypical stuttering observed in ASD word-final disfluency (repetition of the last syllable in a word); word-medial blocks (stopping of airflow or sound in the middle of a word); mid-syllable insertion (inserting a syllable in a word); final sound prolongation (final sound continues beyond typical length); final phrase repetition (repeating the final phrase)	☐	☐	☐
Atypical speech prosody (intonation, tone, stress, and rhythm)	☐	☐	☐
Adaptive Behavior/Cognitive Observations			
Deficits social adaptive skills	☐	☐	☐
Splinter skills observed in cognitive or academic skills	☐	☐	☐
Deficits in working memory			☐
Visual processing noted to be a relative strength			☐
Executive Functioning			
Deficits with planning and organization	☐	☐	☐

Difficulty with initiation and sequencing of tasks	☐	☐	☐
Difficulty with shifting between tasks	☐	☐	☐
Difficulty with emotional regulation	☐	☐	☐
Difficulty with problem solving	☐	☐	☐
Other Considerations			
Family history of autism	☐		
Family history of ADHD	☐		
Family history of mental illness	☐		
Family history of cognitive/learning disability	☐		
Significant health concerns:	☐		

Stage I: Documentation of Disability

	Yes	No
Based on evaluation data (formal and/or informal), does the student demonstrate deficits in social communication and social interaction?		
Based on evaluation data (formal and/or informal), does the student demonstrate restricted, repetitive patterns of behavior, interests, or activities (currently or in history)?		
Are the student's communication skills disproportionate with the level of overall functioning, especially in adaptive skills and social communication skills which allow for effective interpersonal communication?		
Are the student's communication abilities disproportionate to those of the same chronological age, gender, intellectual level, or cultural and linguistic background?		

Data supports **BOTH** deficits in social communication and social interaction and presence of restricted, repetitive patterns of behavior, interests, or activities (currently or in history); **AND** results are not better explained by Intellectual Disability or Emotional Disturbance **AND** communication skills are disproportionate with overall functioning and to those of same age/gender/intellectual level/CLD background:

IF YES: Team concludes presence of disability of **Autism and Communication Disorder**

Data supports **ONLY** deficits in social communication, with **NO** current or historic observation of restricted, repetitive patterns of behavior, interests, or activities **AND** communication skills are disproportionate with overall functioning and to those of the same age/gender/intellectual level/CLD background:

IF YES: Team concludes presence of disability of **Social Communication Disorder** (**Pragmatic Language Disorder**)

Data supports **BOTH** deficits in social communication and social interaction and presence of restricted, repetitive patterns of behavior, interests, or activities (currently or in history); **AND** results are not better explained by Intellectual Disability or Emotional Disturbance **BUT** communication skills are **NOT** disproportionate with overall functioning and to those of the same age/gender/intellectual level/CLD background **OR** social communication deficits are mild:

IF YES: Team concludes presence of disability of **Autism**

Stage II: Adverse Effect on Educational Performance

Academic Achievement	**Yes**	**No**
There is a direct, noticeable relationship between the student's communication disorder and academic performance or achievement		
The student's communication disorder contributes to academic struggle or below expected achievement on the IEP		
The student's communication disorder is out of proportion with overall functioning level		
Data indicates that the student's performance in the academic curriculum will require specially designed instruction from the SLP		
The student with other disabilities needs speech-language therapy to benefit from the special education program		
Functional Performance	**Yes**	**No**
Communication skills limit participation in self-care, interpersonal, and daily routines		
Communication patterns disrupt and interfere with interaction and functional performance		
Social communication skills disrupt effective interpersonal interaction		
Communication disorder is pervasive and noticeable across settings and interferes with interaction		
The student has no functional communication, limited means of expression, or social/emotional adjustment is affected by the communication disorder		
Total		

Scoring
If the answer to at least 4 of the statements is "yes," it is likely that the student's language disorder results in an adverse effect on educational performance

Sources of Documentation of Adverse Effect

Grades	
State, District, Local Assessments/Tests	
Student Work	
Observation	
Teacher/Parent Information	
Student Self-Report	
Other	

Potential Additional Dismissal Considerations

The student is unable to tolerate treatment because of a serious medical, psychological, or other condition?
The student demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
Speech-language therapy no longer affects change in the student's communication skills. There does not appear to be any reasonable prognosis for improvement with continued treatment.

When using these as a basis for dismissal, the campus SLP should work with the multidisciplinary team to document minimal educational benefit from speech-language services.
The following factors should be considered:

Dismissal Form

Factors to Consider in Dismissal from SLP Therapy Services

Factors to Consider in Dismissal from SLP Therapy Services

DURATION, INTENSITY, & MODE OF SERVICE	
What has been the duration of speech therapy services?	
What has been the duration of therapy for current goals/objectives?	
How frequently does the student receive such therapy?	
Have alternative intensity levels of treatment been utilized?	
Have alternative modes of service (individual therapy, group therapy, integrated therapy, etc.) been utilized to stimulate progress?	
Have various models of service been used for a sufficient time period?	
FOCUS OF SERVICE	
Have treatment methods been appropriate for the diagnosed disorder?	
Were appropriate goals/objectives established?	
What has been the student's level of response to treatment method(s)?	
Within the scope of the treatment program, has the student been able to progress to the next level of the program or a branch of that program?	
Has treatment been at an appropriate level for the student?	
Has the SLP truly individualized instruction for the student?	
SETTING	
What is the student missing in the regular classroom during speech therapy?	
Have alternative therapy times (different time of day, etc.) been tried?	
Is SLP working with regular and/or special education teachers to assure curricular and/or instructional modifications are implemented if they are needed?	
PATTERN OF SERVICE DELIVERY	
How has therapy been provided in the past?	
What has been the focus of therapy in the past?	
Have there been gaps in service (has child moved frequently or had frequent absences)?	
CAPACITY OF STUDENT FOR CHANGE	
Has student been more responsive to therapy at times? Has there been a pattern of regression and/or progression? When has he/she been most responsive?	
How do other service providers regard the child's progress to date? His/her responsiveness to therapy?	
Does therapy and/or the IEP provide motivational incentives?	
Has the SLP maximized therapy when progress is being achieved?	

Adapted from: Texas Speech-Language Hearing Association. (2012). *Language Eligibility Manual Companion III: Autism Spectrum Disorders: Dismissal Considerations*. Available from https://www.txsha.org/page/speech-impairment-eligibility-guidelines and USA, Arkansas Department of Education, Special Education. (n.d.). *Eligibility Criteria and Program Guidelines for Children with Disabilities, Ages 3-21, PART III: Program Guidelines, Section 2: Use of Criteria for Dismissal from Speech or Language Therapy Services*. https://arksped.k12.ar.us/rules_regs_08/3. SPED ELIGIBILITY CRITERIA AND PROGRAM GUIDELINES FOR CHILDREN/PART III PROGRAM GUIDELINES/2. USE OF CRITERIA FOR DISMISSAL FROM SPEECH OR LANGUAGE THERAPY.

*The SI Disability Determination Guidelines have been prepared by the Texas Speech-Language-Hearing Association (TSHA). Please note that they are **guidelines**. TSHA has no regulatory or administrative authority and there is no requirement to use the guidelines. They are provided by TSHA as a public service to enhance the quality of SLP services in public schools.*

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Appendices

Appendix A

Classification System of Social Communication Disorder

The *Diagnostic and Statistical Manual of Mental Health Disorders*, Fifth Edition (*DSM 5*; APA, 2013) sets forth a classification system for diagnostic criteria for social communication disorder (SCD).

The *DSM-5* states SCD is characterized by:

- Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:
    - Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
    - Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on the playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
    - Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
    - Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).
- The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains or word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

Appendix B

Core Characteristics of Social Communication Disorder (SCD)

Social communication behaviors such as eye contact, facial expressions, and body language are influenced by sociocultural and individual factors (Curenton & Justice, 2004; Inglebret, Jones, & Pavel, 2008). There is a wide range of acceptable norms within and across individuals, families, and cultures.

Social Communication Disorder

Social communication disorder is characterized by difficulties with the use of verbal and nonverbal language for social purposes. Primary difficulties are in social interaction, social cognition, and pragmatics. Specific deficits are evident in the individual's ability to:

- communicate for social purposes in ways that are appropriate for the particular social context;
- change communication to match the context or needs of the listener;
- follow rules for conversation and storytelling;
- understand nonliterate or ambiguous language; and
- understand what is not explicitly stated.

This definition is consistent with the diagnostic criteria for Social (Pragmatic) Communication Disorder detailed in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5; American Psychiatric Association [APA], 2013). Social communication disorder includes difficulty participating in social settings, developing relationships, achieving academic and vocational success. Social communication disorder may be a distinct diagnosis or may co-occur with other conditions, such as

- intellectual disability
- developmental disabilities;
- learning disabilities;
- spoken language disorders
- written language disorders
- attention-deficit/hyperactivity disorder (ADHD);
- traumatic brain injury (pediatric and adult)
- aphasia
- dementia, and
- right-hemisphere damage.

In the case of Autism Spectrum Disorder (ASD), social communication problems are a defining feature, along with restricted, repetitive patterns of behavior. Therefore, social communication disorder cannot be diagnosed in conjunction with ASD.

Appendix C

Service Delivery Framework and Systems of Supports

Speech-language pathologists have a critical role in ensuring that the communication needs of persons with autism are met across the lifespan (ASHA, 2016). Specific to school settings, SLPs provide direct and indirect services for students with communication disorders when these services and supports are needed to assist students in making progress in the general curriculum or benefitting from the specially designed instruction specified in the Individualized Education Program (IEP). SLPs address communication skills that promote:

- Joint attention (e.g., social orienting, shared attention, monitoring emotional state);
- Social reciprocity (e.g., initiation, turn taking, response to others);
- Language and related cognitive skills (e.g., symbolic play, literacy skills, executive functioning); and
- Behavior and emotional regulation (e.g., maintaining social engagement, regulating emotional state/behavior), (ASHA, 2016).

Purpose of SLP Services for Students with Autism

The Individuals with Disabilities Education Act (IDEA, 2004) describes speech-language therapy as a related service, but gives states discretion to consider speech-language therapy as an instructional service. Specifically, the IDEA defines related services as transportation and such developmental, corrective, and other supportive services necessary for a child with a disability to benefit from special education. “In Texas, speech-language therapy is considered an instructional service. This means it can be a stand-alone service as well as a supportive service” (Texas Education Agency, 2009). When speech impairment is the only disability, speech-language therapy is considered an instructional service. Speech-language therapy services are considered a related or supportive service when there are one or more other disabilities.

When speech impairment is the only disability, the purpose of speech-language therapy is to provide specially designed instruction outlined in the IEP that the student needs in order to make progress in the general curriculum.

When speech impairment is present with autism, the purpose of speech-language therapy is a supportive service to help the student benefit from the specially designed instruction provided in special education. Speech, language, and communication skills are embedded in state standards - the Texas Essential Knowledge and Skills (TEKS) and core curriculum for each grade level and course. Speech, language, and communication skills are typically most

closely aligned with English Language Arts and Reading TEKS and should be addressed on a daily basis by the classroom teacher. The SLP should consider the assistance and support the teacher might need in order to address the speech, language, and communication skills that are part of the curriculum. As a supportive service, speech-language therapy is provided to enhance the student's academic and functional communication abilities for independence, self-advocacy, and to make progress through the curriculum.

Service Delivery Framework

The service delivery models used by SLPs for students with autism and communication disorders are individualized on the basis of each student's communication needs and the supportive services needed to help them benefit from his/her special education program. The dimensions of service delivery include the type of service: direct or indirect, where the services are provided, by whom, and on what schedule. The student's IEP must specify the frequency, location, and duration of special education and related/support services. In addition, the IEP should delineate the direct and/or indirect SLP services needed to support the student in his/her special education program.

The ARD Committee should consider the various service delivery models for speech-language services while considering that research emphasizes the need for speech-language services that are connected with functional and meaningful outcomes. The natural setting is critical when addressing the communication needs of students with autism. Pull-out services should only be considered when repeated opportunities do not occur in the natural learning environment. The ARD Committee determines the service delivery model or combination of service delivery models most likely to result in progress for the student, keeping in mind the overarching purpose of improving functional communication and supporting the student in making progress in the specially designed instruction provided through special education. "'Children [with autism spectrum disorder] should receive specialized instruction in settings in which ongoing interactions occur with typically developing children'. Individual skills should be targeted to provide optimum benefit from interactions with typically developing children and to provide the foundation for success in natural or inclusive settings" (ODDC, 2011).

- Direct Services: Direct services for students with autism refer to direct interaction between the SLP and the student. The location of the service may occur in a variety of settings. The critical points to consider are the provision of speech-language services in a natural learning environment and within the context of social communication with various communication partners.

    - Classroom-Based Model: The SLP provides direct and indirect services within the context of the classroom to support the communication skills needed to benefit from instruction. The classroom-based model typically consists of co-teaching approaches such as team teaching, station teaching, or parallel teaching provided by the classroom teacher and the SLP. It is best practice for the classroom teacher and paraprofessionals to remain in the classroom with the SLP in order to maximize opportunities for them to learn communication strategies.

- Non-Academic Setting (electives-music, PE, art, lunch, extra-curricular).
- Pull-Out or Pull-Aside Model: The SLP typically works with a small group outside of the classroom, often in a speech therapy room or pulled to the side within the classroom. The rationale for this model is that it may be more effective and efficient than other models for teaching specific skills that benefit from repeated trials (e.g., articulation training, picture exchange for requesting), for teaching new behaviors (e.g., initial use of an augmentative alternative communication (ACC) device), for structuring conversational exchanges, for minimizing auditory and visual distractions, and for privacy. Despite these considerations, exclusive use of the pull-out model for students with autism is rarely appropriate because of the compelling need to provide services and opportunities to use communication skills in naturally occurring contexts and environments.

- Indirect Services: Research supports that the greatest effect on the generalization of communication skills results from working with classroom personnel and parents (National Research Council, 2001). Collaboration in educational settings provides opportunities to develop more coordinated approaches to service, learn from one another, and ultimately, improve intervention outcomes for students. Intervention provided through a collaborative approach has been shown to be more beneficial to most students in terms of carryover of skills, generalization of new skills, and more consistent progress over time (Campbell, 1999). In addition, it allows the SLP numerous opportunities to train classroom teachers successfully on how to differentiate instruction, utilize a variety of learning modalities, and increase the teacher's resource library. By providing collaborative service delivery within the least restrictive environment, there is potential to have greater collaborative partnerships while increasing team-building opportunities with colleagues as well as the ability to gain valuable knowledge of the curriculum and the expectations for students within the classroom (Mount, 2014).

  The SLP provides indirect services to support communication skills in the classroom and across multiple contexts and environments at school, home, and in the community. Collaborative/consultation services are provided directly to the classroom teacher/s or other service providers on behalf of the student in order for the IEP to be implemented. These services may include (a) observations of the student, peers, and instructors in the learning environment, (b) discussions with teachers, paraprofessionals, and other service providers regarding methodology, and (c) strategies, or written recommendations provided to the classroom teacher or other service provider.

  - Collaborative Consultation Model
  - Monitor
  - Consultation
  - Curriculum Support
  - Contextual Support
  - Instructional Support
  - Assistive technology/alternative communication (AT/AC) Support

Appendix D

Language Development Milestones to Consider

If language, communication, or unusual behavior is indicated as a concern, the Student Support team members should review existing concerns with consideration of what may be typical or not for the student's age.

*It is important to note that children develop at their own rate and may not meet milestones until the end of the age range.

Early Childhood	
Age	**Expected Skill**
Birth to 3 months	May recognize caregiver's voice Quiets or smiles when caregiver talks Coos Cries will change for different needs
6 months	Responds to changes in caregiver's tone Moves eyes towards direction of noise/sounds Smiles Makes eye contact Coos and babbles (e.g., ba, me) Giggles
3-9 months	Exhibits exploratory/sensorimotor play (touching, mouthing objects; repetitive play) *will likely continue to age 2 and older At 9 months may start to exhibit relational/functional play (using objects as intended)
12 months	Responds to name Turns and looks towards source of sound Starts to comply with simple commands (e.g., Don't touch) Looks when adult points Listens to short songs Imitates simple speech sounds Babbles strings of sounds Gestures (showing, pointing) Says 1 or 2 words Plays simple turn taking games (peekaboo)
16 months	Should be producing single words

18-24 months	Points to body parts Follows one part directions Points to pictures as parent names them Has developed joint attention by looking back and forth between objects and caregivers Responds to simple questions (e.g., Who's that?) Has at least 50 words by age 2 Asks simple questions (e.g., Where's dada?) Uses 2 word phrases (e.g., more juice) Uses pronouns (e.g., I, me, you, my, mine) by 24 months May cling to parent in new situations and have temper tantrums Develops relational or functional play (objects used for their purpose (e.g., stacking blocks) Plays alongside others May pretend with objects (e.g., pretend to feed doll with spoon)
24- 36 months	Follows 2 step directions Engages in short dialogues Uses some politeness markers (e.g. please) Relates own experiences May show defiance Introduces and changes topics Uses two to three word combinations Talks about things that are not in the immediate context Asks why May engage in pretend or dramatic play with sequences Uses some objects symbolically (e.g., block used as a phone)
3-4 years	Answers simple who, what, where questions Understands words for relatives (e.g., brother, aunt) Engages in longer dialogues and anticipates next turn Sustains topics at least 20% of the time Repairs conversation when not understood with repetition Uses more pronouns (e.g., I, me, you, we, they) Uses 4 word phrases Talks about what happened during the day Shows emergence of constructive play (e.g., making and building) May show emergence of more social pretend play with parents, siblings and peers
4-5 years	Develops a basic understanding of Theory of Mind Follows classroom directions Produces four to five word sentences Keeps a conversation going when explaining how something works; more difficulty sustaining dialogue May abruptly change topic

	By 5, topics may be maintained for 5 turns although some are repetitions By 5, responds to requests for clarification most of the time Talks in different ways based on listener and place Shows development in playing simple turn taking games Rough and tumble play may peak Continued more elaborate development of pretend play through age 6

Early Childhood Indicators for Concern:

At 6 months:
Few or no smiles or engaging expressions
Limited or no eye contact

At 9 months:
Limited or no back and forth interpersonal play with sharing of sounds, facial expressions and smiles

At 12 months:
Limited or no babbling
Does not respond or limited response to name
Limited or no gestures such as pointing, showing, waving

By 16 months:
Very limited use or no words

By 24 months:
No or limited use of spontaneous meaningful two word phrases
Limited vocabulary, for example, fewer than 50 words

Between 2 and 3 years of age, difficulties in:
Communication:
Impairment and/or delay in language development, especially comprehension
Unusual use of language
Limited response to name
Reduced sharing of positive affect (e.g., failure to smile socially, to share enjoyment, and to Respond to the smiling of others)
Lack of coordination of nonverbal communication including eye gaze
Limited use of gestures
Unusual prosody and atypical intonation
Lack of communicative vocalizations with consonants (e.g., ma, ba)

Social impairments:
Limitation in, or lack of imitation of, actions (e.g., clapping) or use of use of toys or other objects
Limited spontaneous showing
Lack of interest in other children or odd approaches to other children
Limited recognition or responsiveness to other people's emotions
Limited variety of symbolic and imaginative play, especially social imagination (i.e., not joining with Others in shared imaginary games)
May seem as if they are "in his/her own world"
Failure to initiate simple play with others or participate in early social games
Preference for solitary play
Atypical or limited responses to interactions from others

Impairment of interests, activities, and other behaviors:
Unusual sensory responses (with touch, sound, light, taste, smell)
Motor mannerisms (rocking, hand flapping, etc.)
Sudden shifts in emotional states
Excessive reactions to removal of objects
Excessive pattern of tantrums that consistently involve aggression
Strong preference for sameness/inability to cope with change
Repetitive play with toys (e.g., lining up objects; repetitive routines of knocking toys off, spinning wheels with close visual inspection)

School Aged

Age/Grade Level	Expected Skill
By the end of Kindergarten or age 6	Follows 1-2 step directions in order Listens to and understands stories read Follows a simple conversation Shows interest by starting a conversation Talks about something they did or about an activity Works collaboratively with others including taking turns Shows development in playing rule games
By the end of the 1st Grade or age 7	Stays on topic Starts conversations Takes turns in conversation Repairs conversation with more information but still uses repetition most often to repair Follows agreed-upon rules for discussion such as listening to others, and speaking when recognized Retells stories in a way the listener understands

By the end of the 2nd Grade or age 8	Stays on topic Selects topics that are concrete Uses eye contact within conversation Begins and ends conversations
By the end of the 3rd grade or age 9	Is able to be a part of a group discussion Stays on topic for 6 turns Shows a reduction in abrupt topic changes Turn takes in conversation and makes eye contact Is able to understand where communication breakdown occurs and repairs by adding more background and contextual information Summarizes a story
By the end of the 4th grade or age 10	Listens for different purposes (e.g., learning, enjoying) Uses language for varied purposes such as inquiring, expressing opinions, and joking Demonstrates understanding of some figurative language Participates in group discussions Presents information in a clear and organized manner
By the end of the 5th grade or age 11	Participates in student-led discussions and considers suggestions from others in the group Plans speeches that are appropriate for the audience Presents a speech with appropriate eye contact, gestures, and volume Writes for a variety of purposes Discusses what poetry means Shows emerging abstract discussion in conversation
Adolescent Years	Continues to develop vocabulary with abstract meaning (e.g., oppression) Continues to develop figurative language including idioms and metaphors Shows the ability to take perspective of the writer Begins to code switch among different groups (e.g., between acquaintances and peers) Capable of using slang to identify with peer group Expected to be active listeners Consider taking perspective and turn taking in conversation as important skills for their peers Expected to form expository texts and to rely on metalinguistic skills (Reed, 2016).
Elementary Indicators for Concern: A history significant for any/all of the **early childhood** indicators as well as red flags for any age listed below.	

Difficulties with subtleties of communication including interpreting tone of voice, facial expressions, or body language.
Delays or differences in several expected skills seen across settings.
*For older students, signs may become more apparent as the social and academic demands are greater and exceed the child's ability to adapt (Haute Autorité de la Santé, 2018).

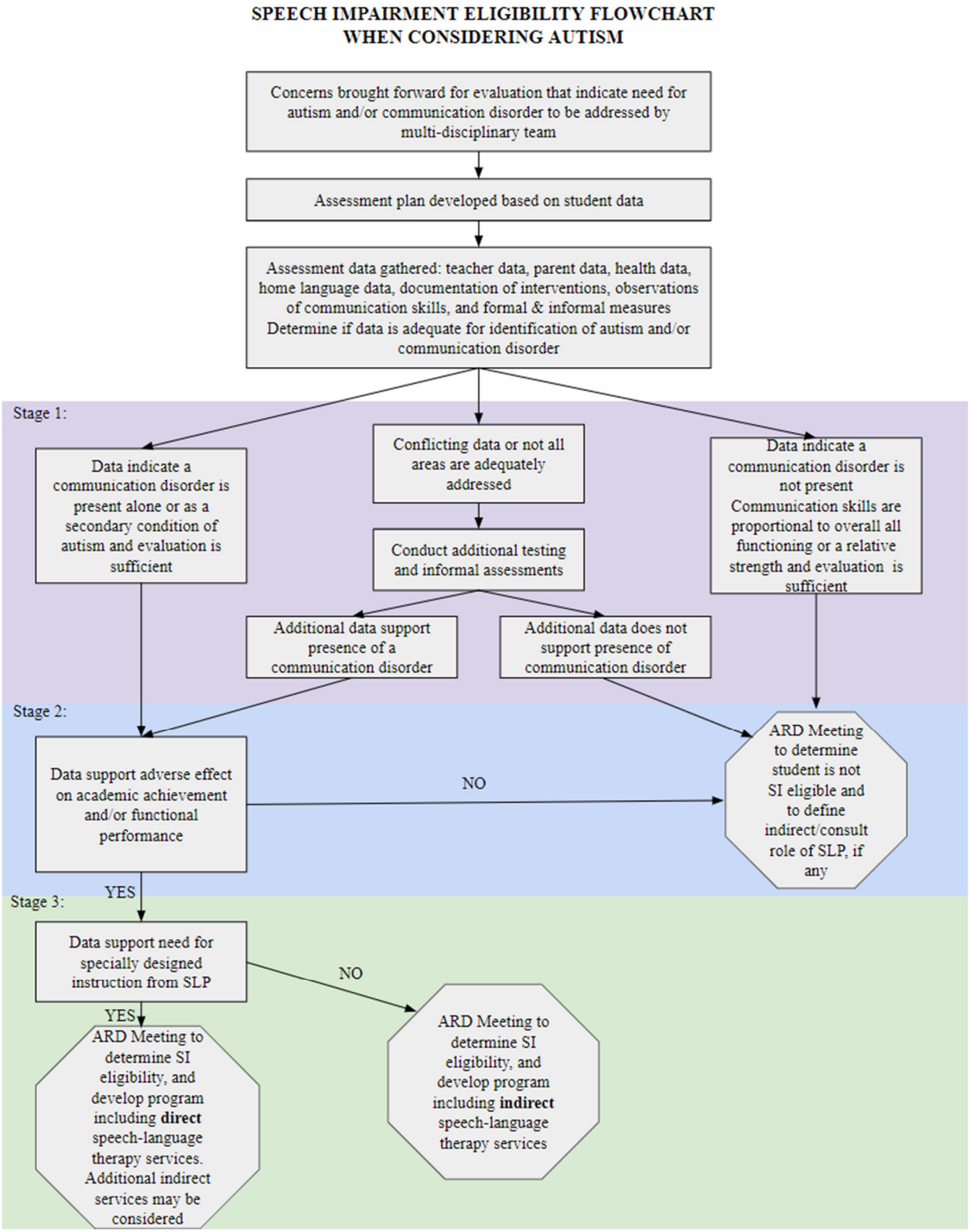
Secondary Ages/Adolescent Indicators for Concern:

A history significant for any/all of the **early childhood** indicators, anxiety in social situations, as well as those listed below.
Delays or differences in several expected skills seen across settings.
Persistent difficulties in executive functioning and theory of mind. An older individual with autism may continue to struggle with empathy.
Continued difficulties with social interactions, cognitive flexibility, and atypical communication, as well as interpreting non-literal information (e.g., jokes, sarcasm).
*Signs may become more apparent as the social and academic demands are greater and exceed the child's ability to adapt (Haute Autorité de la Santé, 2018).

Possible Indicators for Concern at Any Age:

Loss or regression of previously acquired skills
Avoidance of eye contact (cultural norms should be considered)
Ongoing pattern of preference to be alone
Difficulty understanding how others are feeling
Delayed development of language
Use of echolalia
Ongoing resistance to change
Excessive restrictive interests
Repetitive behaviors such as flapping and rocking
Unusual responses to sensory input (sounds, smells, tastes, lights, colors)

Appendix E



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