

Autism Spectrum Disorders Information for Families

Autism Spectrum Disorders Educational Criteria and Medical Diagnosis

Autism Spectrum Disorder (ASD): An educational perspective

When a student is suspected of being at risk for Autism Spectrum Disorder (ASD) and depending on the results of the screening and parental consent, the team may move forward with an evaluation. The purpose of the evaluation is to determine if the student meets Minnesota Special Education criteria. The team, including the family, determines the areas of assessment. The team may consist of the following specialists: Special Education Teacher, Autism Specialist, Speech/Language

Pathologist, School Psychologist, and Occupational Therapist. During the evaluation planning meeting, the team will determine the areas to be assessed, what evaluation tools will be most appropriate, and who will be conducting the evaluation. The team must document behavioral indicators through at least two of the following methods:

- Structured interview with parents including developmental history
- Autism checklists
- Communication and developmental rating scales

- Functional behavior assessments
- Informational and formal standardized evaluation instruments
- Intellectual testing

After the evaluation is completed, a comprehensive report is compiled and reviewed with the family and team. The student's strengths and needs are identified, which then inform the decision on eligibility, possible goals, accommodations and modifications, services needed, and the least restrictive environment.

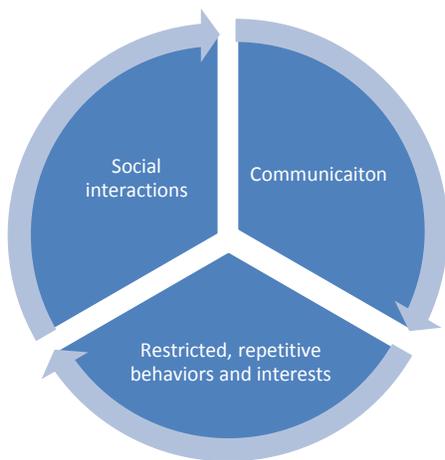
Educational criteria consists of three core areas: Qualitative impairment of reciprocal social interactions, Qualitative impairment in communication, and Restricted, repetitive or stereotyped patterns of behavior, interests, and activities. A student must

demonstrate skill deficits in two or more of the indicators for impairments of reciprocal social interactions and one or more indicator in either communication and/or restricted repetitive or stereotyped patterns of behavior interests and activities.

The Minnesota educational criteria for ASD is listed below. If you would like additional information on ASD from the Minnesota Department of Education please visit the following web-site.

<http://education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/AutSpecDis/index.html>

Minnesota Educational Criteria for Autism Spectrum Disorders



Core Area 1: Qualitative impairment of reciprocal social interactions **(two or more):**

- Limited joint attention and limited use of facial expressions towards others
- Does not show or bring things to others to indicate interest in activity
- Demonstrates difficulty relating to people, objects, and events
- Gross impairment in ability to make and keep friends
- Significant vulnerability and safety issues due to social naiveté
- Appears to prefer isolated or solitary activities
- Misinterprets others' behaviors and social cues



Core Area 2: Qualitative impairment in communication **(one or more indicator):**

- Not using finger to point or request
- Using others' hand or body as a tool
- Lack of spontaneous imitations or lack of varied imaginative play
- Limited understanding of nonverbal communication skills (gestures, facial expressions, tone of voice)
- Repetitive or idiosyncratic language
- Inability to initiate or maintain a conversation when speech is present

Core Area 3: Restricted, repetitive or stereotyped patterns of behavior, interests, activities **(one or more indicator):**

- Insistence on following routines or rituals
- Distress or resistance to change in activities
- Repetitive hand or finger mannerisms
- Lack of true imaginative play vs. Reenactment
- Overreaction or under-reaction to sensory stimuli
- Rigid or rule-bound thinking
- Intense, focused preoccupation with a limited range of play, interests or conversation topics.

Autism Spectrum Disorders (ASD): A medical perspective

The Diagnostic and Statistical Manual (DSM) was updated in 2013. During this update several changes were made to the area of Autism.

Prior to this update the area of Autism contained several different diagnostic labels. The most commonly known were Autistic Disorder, Asperger's Syndrome, and Pervasive Developmental Disorder – Not otherwise specified. Each of these diagnoses had their own, yet similar criteria. When the 5th edition of the DSM was published all these separate diagnoses became known as Autism Spectrum Disorders or

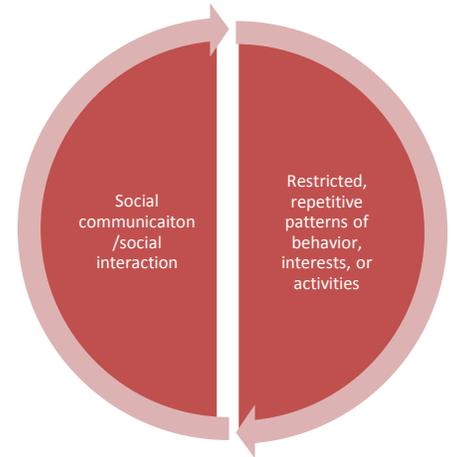
ASD. The criteria was adjusted to meet a wider spectrum of ability and disability.

The DSM –V also combines the difficulties with communication with the concerns in the area of social interaction instead of listing these as two separate criteria areas. This change is thought to allow for earlier diagnosis of ASD.

The last major change included adding a level of severity to the criteria areas. This simply is an indication of the amount of support needed in each area.

The DSM-V criteria for a medical diagnosis of ASD is listed below. If you would like more information regarding the medical diagnosis of ASD, the following link on the Autism

Speaks web-site can provide you with additional information.
<https://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>



Diagnostic and Statistical Manual 5th Edition (DSM-V) Autism Spectrum Disorder 299.00 (F84.0)

A. Persistent deficits in social communication and social interaction across multiple context, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

1. Deficits in social-emotional reciprocity.
2. Deficits in nonverbal communicative behaviors used for social interaction.
3. Deficits in developing, maintaining, and understanding relationships.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text)

1. Stereotyped or repetitive motor movements, use of objects, or speech.
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.

3. Highly restricted, fixated interests that are abnormal in intensity or focus.
4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment.

C. 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 learned strategies in later life).

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

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

Educational Services vs. Agency Services

When it comes to providing individuals with ASD services and programming in the school setting, it is not necessary to obtain a medical diagnosis. If a medical diagnosis is provided to your child's educational team, this information will be taken into consideration and reported within the evaluation report. However, a medical diagnosis does not guarantee that your child will meet eligibility criteria within

the educational setting. Your child's educational team is required by the state of Minnesota to complete a comprehensive evaluation to determine whether an individual meets Minnesota eligibility in the educational setting for ASD. Educational eligibility for ASD cannot be determined solely on a medical diagnosis of Autism.

In a similar fashion, agencies that provide services outside of the educational setting have their own set of criteria and procedures to determine whether an individual is

eligible to receive services. These agencies may or may not require a diagnosis from a Medical Doctor (MD) or licensed psychologist (PhD). Depending on your location; therapeutic, medical, or community services may vary in availability. These services may consist of county social services, mental health services, transitional services, and/or medical, etc. If you are unaware of what services may be available for your child, you can contact your child's case manager and/or autism consultant.

Reminders:

1. We would like to send out the newsletters via e-mail, please email Jill Yost at jyost@bric.k12.mn.us to be added to the e-mail list.

E-mail addresses will be confidential when newsletters are sent.

2. All the newsletters will be available on the BRIC website, <http://www.bric-k12.com/> look under the "Resources and Services" dropdown then click on "parent resources".
3. If you did not get a chance to provide us with your survey responses. You may still access the survey by using the following link: <https://www.surveymonkey.com/r/5MW37M2> Thank you in advance for your feedback.

