

Case study Option 2 Modules 1-3

- After completing each module, answer the discussion question(s). Your responses to each question should be thorough, complete, and incorporate information presented in the module. This means each response will likely be at least 2 full paragraphs. Your responses to these questions will then be used in your final case study report (with any necessary edits or revisions based on feedback from the instructor).
- The objectives for each module are listed just to remind you of the main take-aways from each module.

Module 1 Objectives:

After completing the **Autism Assessment Toolkit Part 1: Autism Assessment in the Schools and the Law**, the participant will be able to discuss:

- The primary characteristics of federally mandated rules for special education evaluation
- The primary definitions of Autism Spectrum Disorder according to the law
- What is FAPE, IDEA, ChildFind, and other federal laws?
- Who is responsible for evaluation in public schools?

Module 1 Discussion Questions:

1. Imagine you are a resource room teacher and the parents of a general education student come talk to you because they think their 2nd grade son, Tim, might have a disability. The parents state he is behind in reading and writing and he does not have many friends. He seems to understand what is being said to him, but typically offers little information on his own. The parents are concerned he is not making adequate progress and will become socially isolated. They ask what they should do and how they can get him extra support. How would you respond? Based on your state/district guidelines, provide a detailed description of the process (e.g., child find, referral procedures, evaluation, and eligibility determination) and timeline you would need to follow in order to determine if the child has a disability or not.

Based on the rules of Child Find, every district must have policies and procedures to ensure that all children who are in need of special education are identified, located, and evaluated and a practical method is developed to determine which children are receiving special education and related service. Before initiating any evaluation, I would first speak to the child's general education teacher to share the parent concerns. If they are aware that an individual displayed sign of autistic behavior or that autism was a suspected disability, it is required to assess him. The school is then legally required to follow the district referral procedures. The school would need to obtain informed consent for assessment, the district must evaluate or pay for evaluation to be completed within the IDEA timelines, and then test in any and all areas of suspected need. Simply referring parents to child development center for testing does not ensure that the child was assessed. By following these guidelines, the evaluation will allow the child to receive free appropriate public education.

2. Pose a common procedural or substantive mistake school districts make when identifying/evaluating students for disabilities. Describe how the mistake is a violation of FAPE and/or IDEA. Discuss ways the school district can avoid the mistake and be in compliance with federal law.

A common procedural mistake school districts make when identifying/evaluating students for disabilities is suspecting a disability and not taking steps to an evaluation for a long period of time. States have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied, even if there is an RTI strategy in place. Even though a district might suggest an evaluation from a child development center, it does not ensure that the child will be assessed. Another reason for this delay could be caused by a previous diagnosis that is already in place, which districts may think there is no need for another evaluation. It is not possible for the IEP team to develop a plan to provide a meaningful education if a child is not tested in all areas of a suspected disability. In order to avoid these mistakes, school districts need to follow the IDEA timelines and follow the procedures once a disability is suspected. Schools do not have to wait to proceed with the process while they are using any RTI strategies. If a school does not have the resources to provide an evaluation, they still need to pay for the assessment, or they are denying the student of FAPE.

Module 2 Objectives:

After completing the **Autism Assessment Toolkit Part 2: Myth and Realities of Autism Awareness**, the participant will be able to discuss:

- The range of students who are eligible for assessment and services
- Current statistics of diagnoses for ASD
- The myths and realities of behavioral and social characteristics in students with ASD

Module 2 Discussion Questions:

1. Pose 3 common myths regarding individuals diagnosed with ASD. Describe why the myth is harmful, the reality, and things schools can do to prevent those myths from impacting the determination of educational eligibility process for individuals suspected of having ASD.

Two common myths regarding individuals diagnosed with ASD are that they do not make good eye contact and cannot forge relationships in order to have specific needs met. While this may be true for some individuals, there is no single behavior that identifies autism. The IDEA definition states that autism affects verbal and non-verbal communication and social interaction, engagement in repetitive activities and stereotyped movements, resistance to change, and unusual responses to sensory experiences. These myths can both be harmful because it could lead to delayed identification or prevent other students from being identified and receiving services. In order to prevent these myths from impacting eligibility, professionals need more training experiences in looking at an individual as a whole versus looking at one specific character trait they may possess. A third common myth is that there is a medical diagnosis of ASD. Assuming there is a medical diagnosis means that there is a medical process. The reality is that professionals in the medical setting are using the same tools as professionals in an evaluation team. When parents hear the term “medical diagnosis”, they are under the impression that the

school professionals are not equipped to evaluate their child. Schools can make educate their employees and families about using the term “private evaluation” instead to ensure FAPE to all individuals.

Module 3 Objectives:

After completing the **Autism Assessment Toolkit Part 3: Two Tiers of Eligibility**, the participant will be able to discuss:

- how students who are diagnosed are eligible for special education services (according to the student's respective state of residence)
- many of the symptoms of autism spectrum disorder
- the "Levels" of ASD - how they are defined and what services should be offered for each

Module 3 Discussion Questions:

1. Using the Michigan Administrative Rules for Special Education (MARSE) guidelines for determination of educational eligibility for ASD, provide examples of supporting evidence in each area. For each item, provide a brief description of at least one student behavior that may meet the guideline and the possible source(s) of data for the behavior (i.e., interviews, observations, assessment).

MARSE Guideline	Supporting Evidence (Brief description of possible student behaviors AND possible sources of data)
Qualitative impairments in reciprocal social interactions (at least two of the following):	
<i>Marked impairment in the use of multiple nonverbal behaviors.</i>	Eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction (interviews, observations)
<i>Failure to develop peer relationships appropriate to developmental level.</i>	Theory of mind, difficulty taking perspectives into consideration (interviews, observations)
<i>Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people.</i>	Lack of showing, brining, or pointing out objects of interest, participating in solitary or parallel play (observations)
<i>Marked impairment in the areas of social or emotional reciprocity.</i>	Joint attention, restricted range of facial expressions (interviews, observations)
Qualitative impairments in communication (at least one of the following):	
<i>Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication.</i>	Use symbols as an alternative communication system such as cards or objects (interviews, observations, assessments)

MARSE Guideline	Supporting Evidence (Brief description of possible student behaviors AND possible sources of data)
<i>Marked impairment in pragmatics or in the ability to initiate, sustain or engage in reciprocal conversation with others.</i>	Difficulty understanding social norms, talking incessantly about personal interests, difficulty understanding semantics of language and sarcasm or subtle jokes (interviews, observations)
<i>Stereotyped and repetitive use of language or idiosyncratic language</i>	Imitating behaviors for a desired result such as keeping quiet to receive a piece of candy (observations)
<i>Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.</i>	Preference in self-stimulatory behaviors such as opening and closing doors or spinning wheels, tends to play by themselves (observations)
Restricted, repetitive and stereotyped behaviors (at least one of the following):	
<i>Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.</i>	Repeating needs over and over, buying one type of food from the same place (interviews, observations)
<i>Apparently inflexible adherence to specific, nonfunctional routines or rituals.</i>	Does not like when routines are violated or routines are changed, sitting in a specific chair at the table, going to a certain class at a specific time (observations)
<i>Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements)</i>	Hand or finger flapping or twisting, or complex whole-body movements (interviews, observations)
<i>Persistent preoccupation with parts of objects</i>	Focusing on the wheel of a toy train as opposed to playing with the train as a whole (interviews, observations, assessments)
<i>Determination may include unusual or inconsistent response to sensory stimuli:</i>	
<i>Describe all evaluation evidence for or against the presence or absence of unusual or inconsistent response to sensory stimuli as it relates to ASD.</i>	Focus on restricted range of environmental cues, responding to extraneous or irrelevant details (interviews, observations)