

SPREAD THE WORD

AUTISM SPECTRUM DISORDER

DECEMBER 2016

A medical diagnosis of an Autism Spectrum Disorder (ASD) does not automatically entitle a student to special education services. While a medical diagnosis can provide some insight and determine medical necessity, schools need to conduct their own evaluations to determine educational eligibility and whether there is a need for special education and related services. The primary focus in determining educational eligibility is the impact an ASD has on the student's learning.

In 2014, the Center for Disease Control (CDC) estimated that about 1 in 68 children have an ASD. Indiana estimates that about 1 in every 68 public school students have a diagnosis of an ASD and receive special education and related services from the public school. It is important that both school professionals and parents have an understanding of the differences between a medical diagnosis and an educational determination of eligibility for special education services because the prevalence of students identified as having an ASD continues to rise.

This information has been compiled to assist school district personnel and families in becoming familiar with the differences between a medical diagnosis and Indiana's eligibility category of ASD to identify students eligible for special education and related services.

DIAGNOSING STUDENTS WITH AN AUTISM SPECTRUM DISORDER

A medical diagnosis is different than an educational determination. A medical diagnosis from a physician does not necessarily mean a child will qualify for special education and related services. Because educational eligibility does not rely on a medical diagnosis, schools will need an educational assessment conducted by school psychologists and other school professionals before determining if the child meets eligibility criteria for receiving services under an ASD.

Receiving a medical diagnosis of an autism spectrum disorder for your child is an important step in identifying services that are deemed as a "medical necessity" and that can potentially be covered by certain insurance providers. A medical diagnosis is formal and made by a doctor or other specially trained clinician by using symptom criteria set in the Diagnostic and Statistical Manual of Mental Disorders (DSM), a book published by the American Psychiatric Association (APA). Prior to May 2013, individuals were diagnosed using the 4th edition of the DSM with three different autism spectrum disorders: Autistic disorder, Asperger's disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). In May 2013, the APA published DSM-5, which eliminated and grouped all three conditions under the name of Autism Spectrum Disorder (ASD). Under both DSM-IV and DSM-5, an individual must meet a specific number of symptoms, including repetitive behaviors and difficulties with social interactions, to be diagnosed as ASD. DSM-IV requires qualitative impairments, while DSM-5 requires that symptoms limit and impair everyday functioning, but this is to be interpreted broadly.

By contrast, educational eligibility is decided by the case conference committee (CCC) which is comprised of various school professionals and the student's parents. In making that decision, the CCC considers information provided by the multidisciplinary team (M-Team) which is a group of qualified professionals who conduct the educational evaluation. The M-Team must include a teacher licensed in, or other specialist with knowledge in, the area of suspected disability. The M-team may also include a general education teacher; a special education teacher; a school psychologist; a speech language pathologist; or other qualified professional based on the student's unique needs or suspected disability.

The M-Team reviews existing information related to the student and input from the parent. Through this review process the M-Team identifies the suspected disability or disabilities for which the student should be evaluated, and determines what additional information is needed to help the CCC determine whether the student is eligible for special education services. This process may include administering tests, conducting observations, and collecting information from a variety of sources. The CCC must find that the

student qualifies for services under the IDEA, which is implemented through Indiana's special education rules known as Article 7. To be eligible, a student must have at least one of 13 specified disabilities and be in need of special services. ASD is one of the 13 categories.

In Indiana, the CCC must conclude that an ASD interferes with learning and that the student needs special education and related services. Because of this additional requirement, it is possible that a student has a medical diagnosis of an ASD but is ineligible for special education. (Students who are found ineligible for special education may qualify for other services, such as accommodations, under the Rehabilitation Act of 1973.)

ASD is a lifelong developmental disability that includes autistic disorder, Asperger's syndrome, and other pervasive developmental disorders, as described in the current version of the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders. The disability is generally evident before three (3) years of age and significantly affects verbal, nonverbal, or pragmatic communication and social interaction skills and results in an adverse effect on the student's educational performance. Other characteristics often associated include the following:

- (1) Engagement in:
 - (A) repetitive activities; and
 - (B) stereotyped movements.
- (2) Resistance to:
 - (A) environmental change; or
 - (B) change in daily routines.
- (3) Unusual responses to sensory experiences. 511 IAC 7-41-1(a).

MEDICAL TREATMENT VERSUS SPECIAL EDUCATIONAL SERVICES

The treatment and services options within the medical care system versus the educational environment are varied and target different skills. Treatment within the medical care system usually consists of therapeutic interventions, such as behavior therapy, speech therapy, occupational therapy, individual counseling, or medication intervention to treat symptoms associated with an ASD. Services provided in the educational system, on the other hand, focus on academic and functional skills aligned to state academic standards.

For a student to be eligible for special education and related services, the case conference committee (CCC) must determine, based on the evaluation results that the child is a student with a developmental delay, or that the student's disability or impairment adversely affects the educational performance. As a result, the student needs special education or related services. The CCC will determine the particular services required and develop an individualized education program (IEP). The CCC may include general and special educators, speech therapists, occupational therapists, physical therapist, administrators, and family members. Educational decisions are made within the context of the CCC meeting. While medical diagnoses made by physicians will be examined, final decisions about goals, staffing, and therapies are decided the CCC based on the educational need of the student. Services may include some of the same interventions as used in the medical care system (for example behavior or speech therapy), as well as other supports and specialized educational placements as determined by the CCC team.

CONCLUSION

A medical diagnosis of an ASD does not automatically entitle a student to special education services. The primary focus in determining educational eligibility is the impact the ASD has on the student's learning. Because educational eligibility does not rely on a medical diagnosis, schools will need an educational assessment conducted by school psychologists and other school professionals before determining if the child meets eligibility criteria for receiving special education and related services under an ASD.

AUTISM (ASD): MEDICAL DIAGNOSIS VS. EDUCATIONAL ELIGIBILITY

	MEDICAL DIAGNOSIS	EDUCATIONAL ELIGIBILITY
Purpose	Reflects the functioning of the whole child across many situations and settings. Intervention and treatment options are based on medical necessity and can be potentially covered by certain insurance providers.	Determines whether ASD has an adverse effect on the child's learning such that the child needs special education and related services. If necessary, identify the special education and related services necessary in order to provide the child with a free and appropriate education (FAPE).
Prevalence of ASD	1 in 68 children in the U.S. are diagnosed with an ASD.	1 in every 68 Indiana public school students are diagnosed with an ASD and receive special education and related services.
Diagnosis Team	Formal process made by a doctor or other specially trained clinician using symptom criteria set in the Diagnostic and Statistical Manual of Mental Disorders (DSM), a book published by the American Psychiatric Association (APA).	A multidisciplinary team (M-Team) conducts the educational evaluation. The parent plays an important role with the M-Team by providing input and information about the student. Then the Case Conference Committee (CCC) meets and determines whether the student is eligible for special education and related services under Indiana's special education law, commonly known as Article 7.
Criteria	To receive an ASD diagnosis under DSM-5, the child must meet a specific number of symptoms, including repetitive behaviors and difficulties with social interactions. DSM-5 requires that the symptoms limit and impair everyday functioning and is interpreted broadly.	Indiana's Article 7 defines an ASD as a lifelong developmental disability that is generally evident before three (3) years of age and significantly affects verbal, nonverbal, or pragmatic communication and social interaction skills resulting in an adverse effect on educational performance. Other characteristics often associated include the following: (1) Engagement in: (A) repetitive activities; and (B) stereotyped movements. (2) Resistance to: (A) environmental change; or (B) change in daily routines. (3) Unusual responses to sensory experiences. 511 IAC 7-41-1(a).
Evaluation	General developmental screening followed by hearing assessments and additional medical testing specific to parent and physician concerns. Administration of specific ASD diagnostic screening tools and other tools including previous evaluations (diagnostic, speech, occupational, medical), observations, and reports from teachers and therapists.	A multidisciplinary team (M-Team) will conduct a comprehensive educational evaluation. The educational evaluation for ASD may include evaluations completed by the school's psychologist, speech-language pathologist, occupational therapist, and special education teacher. The evaluation may also include a review of: academic achievement; functional skills or adapted behaviors; communication skills; motor skills and sensory responses; and social and developmental history including family and environmental information.
Treatment & Services	Usually consists of therapeutic interventions (behavior therapy, speech therapy, occupational therapy, individual counseling) or medication intervention to treat symptoms associated with an ASD.	Services provided in the educational system focuses on academic and functional skills, and may include some of the same interventions as used in the medical system like behavior or speech therapy, as well as other supports and specialized educational placements as determined by the CCC.
Timeframe	Up to 6 months in local clinics; less if seeing an individual practitioner.	Up to 50 instructional days to complete the initial evaluation after the school receives parental consent.

RESOURCES

Bellini, Scott, Ph.D., HSPP. (n.d.). Racial Disparities in the Identification of Students with Autism Spectrum Disorders.

Center for Disease Control and Prevention (2016). Data & Statistics. (2016). Retrieved May 17, 2016, from <http://www.cdc.gov/ncbddd/autism/data.html>

HANDS in Autism®, Next Steps™ Manual. www.handsinautism.iupui.edu/nextsteps. HANDS in Autism® Interdisciplinary Training and Resource Center is located at Fesler Hall 302, IU School of Medicine, 1130 W. Michigan Street, Indianapolis, IN 46202.

Indiana's Article 7. Indiana's Autism Spectrum Disorder eligibility criteria can be found in Indiana's Special Education Rules located under Title 511 Article 7, Rule 41. 511 IAC 7-41-1 (2014).

Indiana IEP Resource Center. Increasing Indiana educators' knowledge and skills that will (a) support the use of Indiana IEP (IIEP), (b) provide technical assistance and professional development for Indiana educators and staff who are involved in developing IEPs, and (c) support local educational agencies (LEAs) in the development and use of procedures to insure compliance and the development of high quality IEPs.

Indiana Institute on Disability and Community (2016). Retrieved from <https://www.iidc.indiana.edu/styles/iidc/defiles/IRCA/AftertheDiagnosisBooklet.pdf>
<https://www.iidc.indiana.edu/pages/how-and-where-to-obtain-a-diagnosis-assessment-in-indiana>

Indiana Resource Center for Autism, Indiana Institute on Disability and Community, Indiana University. 1905 North Range Road, Bloomington, Indiana 47408.

INSOURCE. IN*SOURCE is a parent organization that provides assistance, support services and educational resources to the community of individuals and organizations that serve and support persons with disabilities.

Pratt, Cathy, BCBA-D. (n.d.). Increasing Incidence of Autism Spectrum Disorders Continues in Indiana. Retrieved June 28, 2016, from <https://www.iidc.indiana.edu/pages/increasing-incidence-of-autism-spectrum-disorders-continues-in-indiana>. This identification rate is based only on child count data collected by the Indiana Department of Education and is solely based on the number of students enrolled in Indiana's public schools. It does not include children who are not on special education service plans, are home schooled, or are in non-public schools.