ASD TOOLKIT FOR EVALUATION AND PROGRAMMING

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Eligibility

How do individual states view eligibility for ASD? • Kansas

- Missouri
- Nebraska
- lowa
- Colorado

Identification / Diagnosis					
	An educational identification not the same as a medic				
	DIAGNOSIS	ELIGIBILITY			
	Based on set of criteria (DSM-5; ICD- 11)	Based on federal law and state law			
	Used in medical and private settings	Used only in public schools			
	May be determined by an individual or team	Must be determined by a team			
A medical diagnosis of ASD does not automatically translate into eligibility for Special Education services under ASD.					

Tools: Autism Specific

- Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)
- Childhood Autism Rating Scale, 2nd Edition (CARS-2)
- Underlying Characteristics Checklist (UCC)
- Checklist for Autism Spectrum Disorder (CASD)
- Autism Diagnostic Interview- Revised (ADI-R)
- Asperger Syndrome Diagnostic Scale (ASDS)
- Autism Spectrum Rating Scales (ASRS)
- Monteiro Interview Guidelines for Diagnosing Asperger's Syndrome (MIGDAS)

Tools: Social

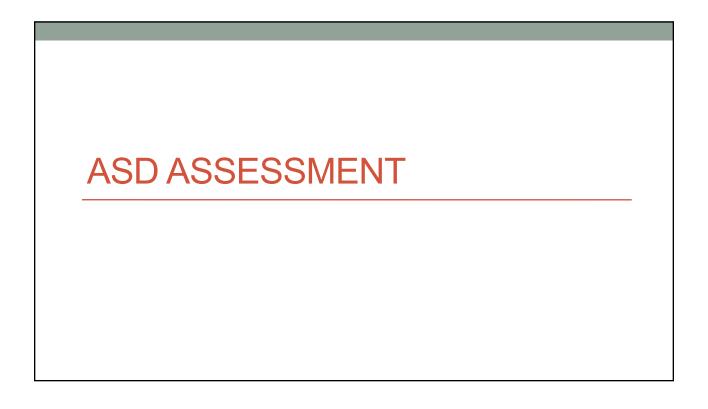
- Social Responsiveness Scale (SRS-2)
- Social Communication Questionnaire (SCQ)
- Assessment of Social Skills for Children with Autism (adapted)
- Social Interaction Observation Form
- Structured Student Interview- Asperger Syndrome
- Triad Social Skills Assessment, Second Edition
- NEPSY-2 (Social Perception)
- School Assessment Rating Scale for Asperger's Syndrome
- Social Skills Checklist

Tools: Communication

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

Tools: Repetitive Activities/Restricted Interests

- Functional Behavior Assessment
- Student Interviews
- Teacher Interviews/Classroom Observations
- Executive Functioning Checklist
- FAST
- Repetitive Behavior Scales Revised



Why Assess

- The assessment of learner needs is a crucial step in the development of effective education and training programs. (Fox and Bennett, 1998)
- We want to know where the gaps are: An educational needs assessment can be defined as the gap between what is known and what should be known. (Davis, 2008)

• What should be known based upon state standards.

• To meet the requirements of ESSA!

ESSA Requirements

- ESSA requires states to give the following academic assessments to *all* public school students each year:
- **Mathematics** | In each of grades 3 through 8; and at least once in grades 9 through 12
- **Reading or language arts** | In each of grades 3 through 8; and at least once in grades 9 through 12;
- Science | One time during grades 3 through 5; grades 6 through 9; and grades 10 through 12. (Parentcenterhub.org)

ESSA Requirements

Accommodations must be provided.

- These accommodations must also be provided to the student during his/her school day. (There are exceptions to this, for example, one would not read a reading assessment aloud to the student to get a reading score etc.)
- Remember for students with ASD these accommodations might include:
 - 1. Visual Schedule
 - 2. White Boards
 - 3. Timers
 - 4. Reinforcement systems
 - 5. Breaks
 - 6. Structured presentation of materials
 - 7. Priming activities
 - (Davis, Carriere and Kennedy, 2017)
- The goal is to get the student's best performance

Assessment for Educational Planning

Process

- · What do you know about this student
 - Value the informal pieces of assessment
 - Look at data
 - Behavioral and performance
 - Look at the artifacts
 - Interview those who work with the student
 - Interview parents
 - Interview the student where applicable
 - Where are the gaps in your knowledge of the student?

Personal Favorites

<u>VB-MAPP</u> (anyone whose language is not at a 4 year level)

- Level 1: mand, tact, listen responding, visual perception, matching to sample, independent play, social behavior and social play, motor imitation, echoic, spontaneous vocal behavior
- · Level 2: adds responding by function
- · Level 3: adds reading writing and math

ABLLS (all ages)

 25 functional areas: Including Reading, Math, Writing, Spelling Daily Living and Readiness Skills <u>AFLS</u> sample of areas addressed: (Early elementary to adulthood)

- Basic Living Skills- toileting, communication, self management
- Home Skills- clothing, leisure, kitchen
- Community- mobility, money
- · School- academics, technology
- Independent Living- problem solving safety
- Vocational- job search, interview

Brigance

- Developmental Skills (0-7 years)
- Academic Skills (5-12 years)
- Transition Skills (12-21)

References

- Fox, R. D. and N. L. Bennett (1998). Learning and change: implications for continuing medical education. BMJ 316(7129): 466-8.
- Davis N et al. (2008) Continuing Medical Education: AMEE Education Guide No. 35. Med Teach 30: 652-66.
- Retrieved 9/5/2018 from: <u>https://www.parentcenterhub.org/essa-fact-sheet-acad-assessments/</u>
- Retrieved 9/5/2018 from: http://casponline.org/eventhandouts/fall17/W-20.pdf

Child Interview of Social Functioning

Social

- 1. How many friends do you have? (If child responds that he/she does not have friends, go to question 5)
- 2. What are their names? What grade/How old are they?
- 3. Please describe them?
- 4. What kind of things do you do with your friends? (Skip to Question 6)
- 5. Would you like to have friends?
- 6. What is a friend?
- 7. How are you (or how would you be) a good friend?
- 8. Do you ever get teased or bullied? Why? What do you do when you are teased/bullied?
- 9. Do people ever do things that bother you? What?
- 10.Do you ever do things that bother or upset others? What?

Emotional

- 1. What kind of things make you feel happy?
- 2. What kinds of things make you scared? What makes you nervous? Can you describe what scared feels like? Nervous? (Provide examples if necessary, for instance, "do your hands shake?") What do you do when you feel nervous? Does it help?
- 3. What kinds of things make you angry? What do you do when you feel angry? Does it help?
- 4. What kinds of things make you sad? What do you do when you feel sad? Does it help?
- 5. Do you ever feel lonely? When? What do you when you feel lonely? Does it help?
- 6. How do you know when someone else is (sad, happy, scared, angry, etc.)?

Interests/Routines and Stereotypical Behaviors

- 1. What kind of things do you like to do?
- 2. How much time do you spend on these interests?
- 3. Does it bother you when you are asked to switch from one activity to another?
- 4. Do any sounds bother you?
- 5. Does it bother you to be in a noisy, crowded room? Where do you work best?
- 6. What makes you different from other people? The same? (If the child engages in any stereotypical behaviors such as hand-flapping, use this answer to assess whether he is aware of the behavior, and if he/she perceives it as problematic.)

Additional Questions

- 1. What is your best quality? What do you like most about yourself?
- 2. What is your worst quality? What do you like least about yourself?
- 3. If you could change one thing about yourself or your life, what would it be?

"Problems I've got ... solutions I need!"

In addition to the general information gathering that takes place during the initial interviews, more structured interviews with primary stakeholders (parents and classroom teachers) are conducted to help direct and guide the intervention process. I hesitate to use the term "problem" when I discuss children's social skills, as I believe that we tend to focus too much of our attention on "problems." However, like it or not, it is problems that we have, and it is problems that motivate parents to seek my clinical services. To date, I have not received a single phone call from a parent saying, "Scott, everything is going great with my son, no problems at all ... can you fit him in for an appointment?" So until I receive this call, I can accept the reality that it is problems that prompt parents to seek my services, and it is solutions that they seek for their child. Problem Identification and Problem Analysis Interview

Executive Skills Questionnaire-Teen Version

Rate each item below based on how well it describes you, using this rating scale to choose the appropriate scored. Then add the three scores in each section. Use the key on the next page to determine your executive skills strengths (two to three lowest scores) and weaknesses (two to three highest scores).

	1	2	3	4	5	6	7	
	Strongly disagree	Disagree	Tend to disagree	Neutral	Tend to agree	Agree	Strongly agree	
	uisagiee		uisagice		agree		agree	
T.								C
Iten								<u>Score</u>
	I act on impul		to o morrale	in alaga				
2. 3.	I get in trouble I say things w	-		III class.				
5.	i say unings w	nnout unnk	ing.			ΤΟΤΛ	L SCORE:	
4.	I say, "I'll do	it later" and	then forge	et about it		1017	L SCORE.	
ч. 5.	I forgot home				ke home në	eded ma	terials	
<i>6</i> .	I lose or misp							
0.	riose or misp		51165 5461	1 45 00405,	510 VC3, 3P		L SCORE:	
7.	I get annoyed	when home	work is to	o hard or c	onfusing o			
	finish.				0		U	
8.	I have a short	fuse-am eas	sily frustra	ted.				
9.	I get upset wh	en things do	on't go as j	planned.				
						TOTA	L SCORE:	
10.	If the first solu different one.	ution to a pr	oblem doe	sn't work,	I have trou	uble think	king of a	
11	I get upset wh	an I hava ta	changa nl	ang or rout	tings			
	I have problem					clear de	ciding what	
12.	to write about						cluing what	
				, , , , , , , , , , , , , , , , , , ,			L SCORE:	
13.	I have difficul	ty paying at	ttention an	d am easil	y distracted			
	I run out of ste							
	I have problem						done.	
	-	_				TOTA	L SCORE:	
16.	I put off home	work or cho	ores until t	he last mir	nute.			
	I have difficul					rt homev	vork.	
18.	I need to be re	eminded to s	start chores	s or homev	vork.			
						TOTA	L SCORE:	

(cont.)

From *Executive Skills in Children and Adolescents* (2nd ed.) Copyright 2010 by Peg Dawson and Richard Guare. Reprinted in *Smart but Scattered Teens*. Copyright 2013 by The Guilford Press.

Executive Skills Questionnaire-Teen Version (cont.)

19. I have trouble planning for big assignments (knowing what to do first, second,
20. I have difficulty setting priorities when I have a lot of things to do.
21. I become overwhelmed by long-term projects or big assignments.
TOTAL SCORE:
22. My backpack and notebooks aren't organized.
23. My desk or workspace at home or school is a mess.
24. I have trouble keeping my bedroom or locker tidy.
TOTAL SCORE:
25. I have a hard time estimating how long it takes to do something (such as
homework).
26. I often don't finish homework at night and may rush to get it done in school
before class.
27. I need a lot of time to get ready for things (e.g., appointments, schools,
TOTAL SCORE:
28. I can't seem to save up money for a designed object-problems delaying
gratification.
29. I don't see the point of earning good grades to achieve a long-term goal.
30. I prefer to live in the present.
TOTAL SCORE:
31. I don't have very effective study strategies.
32. I tend not to check my work for mistakes even when the stakes are high.
33. I don't evaluate my performance and change tactics to increase success.
TOTAL SCORE:

KEY						
Items	Executive skill	Items	Executive skill	Items	Executive skill	
1-3	Response inhibition	13-15	Sustained attention	25-27	Time management	
4-6	Working memory	16-18	Task initiation	28-30	Goal-directed	
7-9	Emotional control	19-21	Planning/prioritizing		Persistence	
10-12	Flexibility	22-24	Organization	31-33	Metacognition	

Your executive skills strengths (lowest score)

Your executive skills weaknesses (highest score)

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Executive Skills Questionnaire for Children Grades 1-3

Read each item below and rate that item based on how well it describes our child. Then add the scores in each section. Find the three highest and three lowest scores.

Almost Always	4	
Often	3	
Sometimes	2	
Never	1	

_
-

19. Puts coat, winter gear, sports equipment in proper locations (may need reminder)	
20. Has specific places in bedroom for belongings.	
21. Doesn't lose permission slips, notices from school.	
Total Score	
22. Can complete a short task within time limits set by an adult.	-
23. Can build in appropriate amount of time to complete a chore before a deadline (may need assistance).	
24. Can complete a morning routine within time limits (may need practice).	
Total Score	
25. Will stick with challenging task to achieve desired goal (e.g., building difficulty Lego construct).	
26. Will come back to a task later if interrupted.	
27. Will work on a desired project for several hours or over several days.	
Total Score	
28. Plays well with others (doesn't need to be in charge, can share, etc.)	
29. Tolerates redirection by teacher when not following instructions.	
30. Adjusts easily to unplanned for situations (e.g., substitute teacher).	
Total Score	
31. Can adjust behavior in response to feedback from parent or teacher.	
32. Can watch what happens to others and change behavior accordingly.	
33. Can verbalize more than one solution to a problem and make the best choice.	
Total Score	

Key					
Items	Executive Skill	Items	Executive Skills		
1-3	Response Inhibition	4-6	Working Memory		
7-9	Emotional control	10-12	Sustained attention		
13-15	Task initiations	16-18	Planning/prioritization		
19-21	Organization	22-24	Time management		
25-27	Goal-directed persistence	28-30	Flexibility		
31-33	Metacognition				

Adapted from Smart but Scattered by Peg Dawson and Richard Guare. Copyright 2009 by The Guilford Press.

Functio	FAST
Client:	Date:
Informant:	Interviewer:

To the Interviewer: The FAST identifies factors that may influence problem behaviors. Use it only for screening as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results to guide direct observation in several different situations to verify suspected behavioral functions and to identify other factors that may influence the problem behavior.

To the Informant: Complete the sections below. Then read each question carefully and answer it by circling "Yes" or "No." If you are uncertain about an answer, circle "N/A."

Informant-Client Relationship

1. Indicate your relationship to the person:	Parent	Instructor
Therapist/Residential Staff		(Other)
2. How long have you known the person?	Years	Months
3. Do you interact with the person daily?	Yes	No
4. In what situations do you usually interact	with the per	son?
Meals Academic training		
Leisure Work or vocational tra	aining	
Self-care		(Other)

Problem Behavior Information

1. Problem behavior (check and describe):

Aggression	
Self-Injury	r
Stereotypy	7
Property d	estruction
Other	
2. Frequency:	HourlyDailyWeeklyLess often
3. Severity:	Mild: Disruptive but little risk to property or health
	Moderate: Property damage or minor injury
	Severe: Significant threat to health or safety
4. Situations in v	which the problem behavior is most likely to occur:
Days/Times	¥ ¥
Settings/Activ	vities
Persons prese	nt
	which the problem behavior is <u>least</u> likely to occur:
Days/Times	
	/ities
Persons prese	nt
	ly happening to the person right before the problem
	urs?
7. What usually	happens to the person right after the problem
	urs?
8. Current treatm	nents

Scoring Summary	
and these are treated, does the problem behavior usually go away?	
15. Is the problem behavior more likely to occur when the person is ill?16. If the person is experiencing physical problems,	Yes No N/A Yes No N/A
14. Does the person have recurring painful conditions such as ear infections or allergies? If so, list:	Yes No N/A
13. Is the problem behavior cyclical, occurring for several days and then stopping?	Yes No N/A
12. Is the problem behavior <u>less</u> likely to occur when sensory stimulating activities are presented?	Yes No N/A
11. Does the problem behavior appear to be a form of "self-stimulation?"	Yes No N/A
10. Does the person engage in the problem behavior even when leisure activities are available?	r Yes No N/A
9. Does the problem behavior occur even when no one is nearby or watching?	Yes No N/A
8. Is the person usually well behaved when (s)he is not required to do anything?	Yes No N/A
7. If the problem behavior occurs while tasks are being presented, is the person usually given a "break" from tasks?	Yes No N/A
6. Does the problem behavior occur when the person is asked to perform a task or to participate in activities?	Yes No N/A
5. Does the person usually fuss or resist when (s)he is asked to perform a task or to participate in activities?	Yes No N/A
4. Is the person usually well behaved when (s)he is getting lots of attention or when preferred activities are freely available?	Yes No N/A
3. When the problem behavior occurs, do care- givers usually try to calm the person down or involve the person in preferred activities?	Yes No N/A
2. Does the problem behavior occur when the person's requests for preferred items or activities are denied or when these are taken away?	Yes No N/A
1. Does the problem behavior occur when the person is not receiving attention or when caregivers are paying attention to someone else	Yes No N/A

Circle the number of each question that was answered "Yes" and enter the number of items that were circled in the "Total" column.

Items Circled "Yes"		<u>Total</u>	Potential Source of Reinforcement		
1	2	3	4		Social (attention/preferred items)
5	6	7	8		Social (escape from tasks/activities)
9	10	11	12		Automatic (sensory stimulation)
13	14	15	16		Automatic (pain attenuation)

From Iwata, B.A., DeLeon, I.G., & Roscoe, E.M. (2013). Reliability and validity of the Functional Analysis Screening Tool. *Journal of Applied Behavior Analysis, 46, xxx-xxx.*

SOCIAL COMMUNICATION SKILLS – THE PRAGMATICS CHECKLIST

Child's Name	DateCompleted by	ent	Uses NO Words Gestures - Preverbal)	Uses 1-3 Words	plex ge
	skills develop over time. Read the behaviors below and place an X bes how your child uses words/language, no words (gestures –	Not Present	S - Pre	-3 M	Uses Complex Language
preverbal) or does not yet show a bel		Not	ses l	ses 1	Jses Lar
	Pragmatic Objective		⊃ હੁੱ	D	2
INSTRUMENTAL – States needs (I wa	nt)				
1. Makes polite requests					
2. Makes choices					
3. Gives description of an object wan	ted				
4. Expresses a specific personal need					
5. Requests help					
REGULATORY - Gives commands (Do	as I tell you)	1			
6. Gives directions to play a game					
7. Gives directions to make somethin	-				
	requests depending on who the child is speaking to and what the				
child wants					
PERSONAL – Expresses feelings 9. Identifies feelings (I'm happy.)					
10. Explains feelings (I'm happy becau	ico it's my hirthday)				
11. Provides excuses or reasons	use it's my bil thday)				
12. Offers an opinion with support					
13. Complains					
14. Blames others					
	n request (2 or 3 of the following: name, address, phone, birthdate)				
INTERACTIONAL - Me and You	rrequest (2 or 5 of the following, hame, address, phone, birthdate)				
16. Interacts with others in a polite m	anner				
	a as greetings, farewells, thank you, getting attention				
18. Attends to the speaker					
19. Revises/repairs an incomplete me	202306				
	loesn't just start talking in the middle of a topic)				
21. Maintains a conversation (able to					
22. Ends a conversation (doesn't just					
	ready established conversation with others				
24. Makes apologies or gives explanation	•				
25. Requests clarification					
26. States a problem					
27. Criticizes others					
28. Disagrees with others					
29. Compliments others					
30. Makes promises					
WANTS EXPLANATIONS - Tell me Wh	y				
31. Asks questions to get more inform	nation				
32. Asks questions to systematically g	ather information as in "Twenty Questions"				
33. Asks questions because of curiosit					
34. Asks questions to problem solve (What should I do? How do I know?)				
35. Asks questions to make prediction					
SHARES KNOWLEDGE & IMAGINATIO		1	T	r	1
36. Role plays as/with different chara					
37. Role plays with props (e.g., banan					
38. Provides a description of a situati					
39. Correctly re-tells a story which ha					
	e picture story using correct events for each frame				
	eginning, several logical events, and an end				
42. Explains the relationship between	•				
43. Compares and contrasts qualities	of two objects, actions or situations				
44. Tells a lie					
45. Expresses humor/sarcasm					
	TOTAL FOR EACH COLUMN				

AUTHOR OF CHECKLIST: Goberis, D. (1999) Pragmatics Checklist (adapted from Simon, C.S., 1984).

Goberis, Beams, Dalpes, Abrisch, Baca, Yoshinaga-Itano (2012). The missing link in language development of deaf and hard of hearing children: Pragmatic Language Development. Semin Speech Lang, 33(04), 297-309 <u>https://www.thieme-connect.de/ejournals/pdf/10.1055/s-0032-1326916.pdf</u>

The format of this information was designed by Karen L. Anderson, PhD, 2013, Supporting Success for Children with Hearing Loss https://successforkidswithhearingloss.com

REPETITIVE BEHAVIOR SCALE – Revised (RBS-R)

Instructions:

Please rate this person's behavior by reading each of the items listed and then choosing the score that best describes how much of a problem the item is for the person. Be sure to read and score all items listed. Make your ratings based on your observations and interactions with the person over the last month. Use the definitions in the box given below to score each item.

- 0 = behavior does not occur
- 1 = behavior occurs and is a <u>mild</u> problem
- 2 = behavior occurs and is a moderate problem
- 3 = behavior occurs and is a severe problem

At the end of each section, there will be three questions asking you to rate that section's behaviors in terms of (a) how <u>frequently</u> they occur, (b) how <u>upset</u> the person becomes when repetitive behaviors are interrupted, and (c) how much the behaviors <u>interfere</u> with ongoing events. You will indicate the score by marking along each line, which represents a range of frequencies and severities. For example, if this person does those behaviors many times a day you may put the mark quite close to the right side:

				-	
	Never /	Constar	ntly	•	
I. (def	Stereotyped Behavior Subscale INITION: apparently purposeless movements or actions that are repeated in a simil	ar mann	er)		
1	WHOLE BODY (Body rocking, Body swaying)	0	1	2	3
2	HEAD (Rolls head, Nods head, Turns head)	0	1	2	3
3	HAND/FINGER (Flaps hands, Wiggles or flicks fingers, Claps hands, Waves or shakes hand or arm)	0	1	2	3
4	LOCOMOTION (Turns in circles, Whirls, Jumps, Bounces)	0	1	2	3
5	OBJECT USAGE (Spins or twirls objects, Twiddles or slaps or throws objects, Lets objects fall out of hands)	0	1	2	3
6	SENSORY (Covers eyes, Looks closely or gazes at hands or objects, Covers ears, Smells or sniffs items, Rubs surfaces)	0	1	2	3
DI		· 1	1		.1

Please answer the following questions about the behaviors described above (put a vertical mark () on the line to show your answer):

How often do they happen? (If Never, skip to Section II)	♦ Never	◆ Constantly
How upset does this person get when interrupted?	♦ Not at all	◆ Extremely
How much do these behaviors get in the way of ongoing events?	♦ Not at all	Severe interference

0 = behavior does not occur
1 = behavior occurs and is a <u>mild</u> problem
2 = behavior occurs and is a moderate problem
3 = behavior occurs and is a severe problem

II. Self-Injurious Behavior Subscale

(DEFINITION: movement or actions that have the potential to cause redness, bruising, or other injury to the body, and that are repeated in a similar manner)

7	HITS SELF WITH BODY PART (Hits or slaps head, face, or other body area)	0	1	2	3
8	HITS SELF AGAINST SURFACE OR OBJECT (Hits or bangs head or other body part on table, floor or other surface)	0	1	2	3
9	HITS SELF WITH OBJECT (Hits or bangs head or other body area with objects)	0	1	2	3
10	BITES SELF (Bites hand, wrist, arm, lips or tongue)	0	1	2	3
11	PULLS (Pulls hair or skin)	0	1	2	3
12	RUBS OR SCRATCHES SELF (Rubs or scratches marks on arms, leg, face or torso)	0	1	2	3
13	INSERTS FINGER OR OBJECT (Eye-poking, Ear-poking)	0	1	2	3
14	SKIN PICKING (Picks at skin on face, hands, arms, legs or torso)	0	1	2	3

Please answer the following questions about the behaviors described above (put a vertical mark (/) on the line to show your answer):

How often do they happen?	♦			
(If Never, skip to Section II)	Never	Constantly		
How upset does this person get	•	•		
when interrupted?	Not at all	Extremely		
How much do these behaviors get	•	•		
in the way of ongoing events?	Not at all	Severe interference		

0 = behavior does not occur
1 = behavior occurs and is a mild problem
2 = behavior occurs and is a moderate problem
3 = behavior occurs and is a severe problem

III. Compulsive Behavior Subscale

(DEFINITION: behavior that is repeated and is performed according to a rule, or involves things being done "just so")

15	ARRANGING / ORDERING (Arranges certain objects in a particular pattern or place; Need for things to be even or symmetrical)	0	1	2	3
16	COMPLETENESS (Must have doors opened or closed; Takes all items out of a container or area)	0	1	2	3
17	WASHING / CLEANING (Excessively cleans certain body parts; Picks at lint or loose threads)	0	1	2	3
18	CHECKING (Repeatedly checks doors, windows, drawers, appliances, clocks, locks, etc.)	0	1	2	3
19	COUNTING (Counts items or objects; Counts to a certain number or in a certain way)	0	1	2	3
20	HOARDING/SAVING (Collects, hoards or hides specific items)	0	1	2	3
21	REPEATING (Need to repeat routine events; In / out door, up / down from chair, clothing on/off)	0	1	2	3
22	TOUCH / TAP (Need to touch, tap, or rub items, surfaces, or people)	0	1	2	3

Please answer the following questions about the behaviors described above (put a vertical mark (/) on the line to show your answer):

How often do they happen? (If Never, skip to Section II)	♦ Never	◆ Constantly
How upset does this person get when interrupted?	♦ Not at all	◆ Extremely
How much do these behaviors ge in the way of ongoing events?	t 🔶	•
in the way of ongoing events:	Not at all	Severe interference

0 = behavior does not occur	
1 = behavior occurs and is a mild problem	
2 = behavior occurs and is a moderate problem	
3 = behavior occurs and is a severe problem	

IV. Ritualistic Behavior Subscale

(DEFINITION: performing activities of daily living in a similar manner)

23	EATING / MEALTIME (Strongly prefers/insists on eating/drinking only certain things; Eats or drinks items in a set order; Insists that meal related items are arranged in a certain way)	0	1	2	3
24	SLEEPING / BEDTIME (Insists on certain pre-bedtime routines; Arranges items in room "just so" prior to bedtime; Insists that certain items be present with him/her during sleep; Insists that another person be present prior to or during sleep)	0	1	2	3
25	SELF-CARE – BATHROOM AND DRESSING (Insists on specific order of activities or tasks related to using the bathroom, to washing, showering, bathing or dressing; Arranges items in a certain way in the bathroom or insists that bathroom items not be moved; Insists on wearing certain clothing items)	0	1	2	3
26	TRAVEL / TRANSPORTATION (Insists on taking certain routes/paths; Must sit in specific location in vehicles; Insists that certain items be present during travel, e.g., toy or material; Insists on seeing or touching certain things or places during travel such as a sign or store)	0	1	2	3
27	PLAY / LEISURE (Insists on certain play activities; Follows a rigid routine during play / leisure; Insists that certain items be present/available during play/leisure; Insists that other persons do certain things during play)	0	1	2	3
28	COMMUNICATION / SOCIAL INTERACTIONS (Repeats same topic(s) during social interactions; Repetitive questioning; Insists on certain topics of conversation; Insists that others say certain things or respond in certain ways during interactions)	0	1	2	3

Please answer the following questions about the behaviors described above (put a vertical mark (\checkmark) on the line to show your answer):

How often do they happen?		•
(If Never, skip to Section II)	Never	Constantly
How upset does this person get	•	
when interrupted?	Not at all	Extremely
How much do these behaviors g	et 🖕	_
in the way of ongoing events?	Not at all	Severe interference

- 0 = behavior does not occur 1 = behavior occurs and is a mild problem 2 = behavior occurs and is a $\frac{1}{1000}$ problem 3 = behavior occurs and is a $\frac{1}{1000}$ problem

V. Sameness Behavior Subscale

(DEFINITION: (resistance to change, insisting that things stay the same)

29	Insists that things remain in the same place(s) (e.g. toys, supplies, furniture, pictures, etc.)	0	1	2	3
30	Objects to visiting new places	0	1	2	3
31	Becomes upset if interrupted in what he/she is doing	0	1	2	3
32	Insists on walking in a particular pattern (e.g., straight line)	0	1	2	3
33	Insists on sitting at the same place	0	1	2	3
34	Dislikes changes in appearance or behavior of the people around him/her	0	1	2	3
35	Insists on using a particular door	0	1	2	3
36	Likes the same CD, tape, record or piece of music played continually; Likes same movie / video or part of movie / video	0	1	2	3
37	Resists changing activities; Difficulty with transitions	0	1	2	3
38	Insists on same routine, household, school or work schedule everyday	0	1	2	3
39	Insists that specific things take place at specific times	0	1	2	3

Please answer the following questions about the behaviors described above (put a vertical mark (/) on the line to show your answer):

How often do they happen?	A	
(If Never, skip to Section II)	Never	Constantly
How upset does this person get when interrupted?	•	•
when interrupted:	Not at all	Extremely
How much do these behaviors g	et	
in the way of ongoing events?	• Not at all	Severe interference

0 = behavior does not occur
1 = behavior occurs and is a mild problem
2 = behavior occurs and is a moderate problem
3 = behavior occurs and is a severe problem

VI. Restricted Behavior Subscale

(DEFINITION: Limited range of focus, interest or activity)

40	Fascination, preoccupation with one subject or activity (e.g., trains, computers, weather, dinosaurs)	0	1	2	3
41	Strongly attached to one specific object	0	1	2	3
42	Preoccupation with part(s) of object rather than the whole object (e.g., buttons on clothes, wheels on toy cars)	0	1	2	3
43	Fascination, preoccupation with movement / things that move (e.g., fans, clocks)	0	1	2	3

Please answer the following questions about the behaviors described above (put a vertical mark (\checkmark) on the line to show your answer):

How often do they happen? (If Never, skip to Section II)	◆ Never	◆ Constantly
How upset does this person get when interrupted?	♦ Not at all	◆ Extremely
How much do these behaviors get in the way of ongoing events?	♦ Not at all	Severe interference

FINAL QUESTION: Overall, if you "lump together" all of the behaviors described in this questionnaire, how much of a problem are these repetitive behaviors (both for the person with autism, as well as how they affect the people around them)? Please rate on a scale from 1 to 100, where 1 = not a problem at all, and 100 = as bad as you can imagine:

Score from 1-100: _____

SOCIAL SKILLS CHECKLIST (Elementary/Pre-K)

Name of child: _____ Date: _____

Birth date: _____

Assessor's name: _____

Instructions: For each question, check if that particular social skill occurs Almost Always, Often, Sometimes, or Almost Never.

RATING SCALE

Almost always- the student consistently displays this skill in many settings and with a variety of people

Often- the student displays this skill on a few occasions, settings and with a few people

Sometimes- the student seldom displays this skill but may demonstrate it on infrequent occasions.

Almost Never- the student never or rarely exhibits this skill. It is uncommon to see this in their daily routine.

	SOCIAL PLAY & EMOTIONAL DEVELOPMENT	Almost Always	Often	Sometimes	Almost Never
	1.1 Beginning Play Beha	aviors			
1.	Maintains proximity to peer within 1 foot				
2.	Observes peers in play vicinity within 3 feet				
3.	Parallel play near peers using the same or similar materials				
	(e.g., playing cars near a peer who is also playing cars)				
4.	Physically imitates peer				
5.	Verbally imitates peer				
6.	Takes turns appropriately during simple games				
	1.2 Intermediate Play Bel	haviors			
1.	Shares toys and talks about the activity with peers, even though the play agenda of the other children is different				
2.	Physically and verbally responds to interactions from peers				
	(accepts toy from peer, answers questions)				
3.	Returns and initiates greetings with peers				
4.	Know appropriate ways of joining in an activity with peers				
5.	Invites others to play				
6.	Takes turns during structured activities				
7.	Obeys game rules				
8.	Requests toys, food, and materials from peers				
	1.3 Advanced Play Beh	avior			
1.	Plays cooperatively with peers during imaginative play				
2.	Makes comments about what he/she is playing to peers				
3.	Organizes play (suggests ideas to peers on how to play)				
4.	Follows peer play plans				
5.	Takes turns during unstructured activities without a time limit				
6.	Offers toys, food, and materials to peers				

EMOTIONAL REGULATION	Almost Always	Often	Sometimes	Almost Never			
2.1 Understanding Emotions							
1. Identifies likes and dislikes							
2. Identifies emotions in self							
3. Identifies emotions on others							
4. Justifies emotions once identified (eating because I'm hungry)							
5. Demonstrates affection and empathy toward peers							
6. Refrains from aggressive behaviors toward peers							
7. Refrains from aggressive behaviors toward self							
8. Does not exhibit intense fears or phobias							
9. Interprets body language							
10. Uses different tones of voice to convey messages							
2.2 Self Regulation	l						
1. Allows others to comfort him/her if upset or agitated							
2. Self regulates when tense or upset							
3. Self regulates when energy level is high							
4. Deals with being teased in acceptable ways							
5. Deals with being left out of a group							
6. Accepts not being first at a game or activity							
7. Accepts losing at a game without becoming upset/angry							
8. Says "no" in acceptable way to things he/she does not want to do							
9. Accepts being told "no" without becoming upset/angry							
10. Able to say "I don't know"							
11. Able to end conversations appropriately							
2.3 Flexibility							
1. Accepts making mistakes without becoming upset/angry							
2. Accepts consequences of his/her behavior							
3. Accepts unexpected changes							
4. Continues to try when something is difficult							
5. Ignores others or situations when it is desirable to do so							
2.4 Problem Solving	g						
1. Identifies/defines problems							
2. Generates solutions to problems							
3. Carries out solutions by negotiating or compromising							
4. Understands impact his/her behavior has on peers							

COMMUNICATION SKILLS	Almost Always	Often	Sometimes	Almost Never		
3.1 Conversational S	kills					
1. Initiate conversation when it is appropriate to do so						
2. Initiates conversation around specific topic						
3. Asks "Wh" questions						
4. Responds to "Wh" questions						
5. Makes a variety of comments, related to the topic during conversation						
6. Introduces him/herself to someone new						
7. Introduces people to each other						
8. Ends conversations appropriately						
3.2 Nonverbal Conversation	onal Skills					
1. Maintains appropriate proximity to conversation partner						
2. Orients body toward speaker						
3. Pays attention to a person's nonverbal language and						
understands what is being communicated						
4. Waits to interject						
	3.3 Compliments					
1. Gives appropriate compliments to peers						
2. Appropriately receives compliments						
3. Asks for a favor appropriately						
4. Apologizes independently						

	Total % Marked as Almost Always	Total % Marked as Often	Total % Marked as Sometimes	Total % Marked as Almost Never
1.1 Beginning Play Behaviors				
1.2 Intermediate Play Behaviors				
1.2 Advanced Play Behaviors				
2.1 Understanding Emotions				
2.2 Self Regulation				
2.3 Flexibility				
2.4 Problem Solving				
3.1 Conversational Skills				
3.2 Nonverbal Conversational Skills				
3.3 Compliments				

SUMMARY OF SOCIAL SKILLS CHECKLIST

Calculation: For each section, calculate the percentage of questions marked as Almost Always, Often, Sometimes, and Almost Never. To calculate, total the number of questions checked under the category in that specific section and divide by the total number of questions in the section, then multiply by 100.

Example:

To calculate the total % of components marked "Almost Always" under the Beginning Play Behaviors section, first total the # of questions checked "Almost Always" in that section. Then, determine the # of total questions under Beginning Play Behaviors. Divide the # of questions checked by the total # of questions and then multiply by 100.

_____ questions marked "Almost Always" ÷ 6 total questions, x 100 = _____ %

SOCIAL SKILLS CHECKLIST (Secondary)

Name of child: _____ Date: _____

Birth date:	
-------------	--

Assessor's name: _____

Instructions: For each question, check if that particular social skill occurs Almost Always, Often, Sometimes, or Almost Never.

RATING SCALE

Almost always- the student consistently displays this skill in many settings and with a variety of people

Often- the student displays this skill on a few occasions, settings and with a few people

Sometimes- the student seldom displays this skill but may demonstrate it on infrequent occasions.

Almost Never- the student never or rarely exhibits this skill. It is uncommon to see this in their daily routine.

	Almost Always	Often	Sometimes	Almost Never		
1. Conversational Skills (Verbal and Non-Verbal)						
1. Initiate conversation when it is appropriate to do so						
2. Initiates conversation around specific topic						
3. Asks "Wh" questions						
4. Responds to "Wh" questions						
5. Makes a variety of comments, related to the topic						
6. Introduces him/herself to someone new						
7. Introduces people to each other						
8. Ends conversations appropriately						
9. Waits to interject in a conversation						
10. Maintains appropriate proximity to conversation partner						
2. Problem Solvir	ıg		1			
1. Seeks help from peers						
2. Seeks help from adult						
3. Plays a game successfully						
4. Identifies/defines problems						
5. Generates solutions to problems						
6. Carries out solutions by negotiating or compromising						
7. Understands impact his/her behavior has on peers						
3. Understanding Em	otions		l			
1. Identifies likes and dislikes						
2. Identifies emotions in self						
3. Identifies emotions of others						
4. Justifies emotions once identified (eating because I'm						
hungry)						
5. Demonstrates affection and empathy toward peers						
6. Refrains from aggressive behaviors toward peers						

Social Skills Checklist (Secondary) - 1 -

	Almost Always	Often	Sometimes	Almost Never		
3. Understanding Emotions (continued)						
1. Refrains from aggressive behaviors toward self						
2. Does not exhibit intense fears or phobias						
3. Interprets body language						
4. Uses different tones of voice to convey messages						
4. Compliments						
1. Appropriately receives compliments						
2. Asks for a favor appropriately						
3. Apologizes independently						
4. Says thank you						
5. Gives compliments to peers						
6. Gives compliments to adults						
5. Flexibility						
1. Accepts making mistakes without becoming upset/angry						
2. Accepts consequences of his/her behavior						
3. Accepts unexpected changes						
4. Continues to try when something is difficult						
5. Ignores others or situations when it is desirable to do so						

SUMMARY OF SOCIAL SKILLS CHECKLIST	Total % Marked as Almost Always	Total % Marked as Often	Total % Marked as Sometimes	Total % Marked as Almost Never
1. Conversational Skills				
2. Problem Solving				
3. Understanding Emotions				
4. Compliments				
5. Flexibility				

Calculation: For each section, calculate the percentage of questions marked as Almost Always, Often, Sometimes, and Almost Never. To calculate, total the number of questions checked under the category in that specific section and divide by the total number of questions in the section, then multiply by 100.

Example:

To calculate the total % of components marked "Almost Always" under the Conversational Skills section, first total the # of questions checked "Almost Always" in that section. Then, determine the # of total questions under Conversational Skills. Divide the # of questions checked by the total # of questions and then multiply by 100.

_____ questions marked "Almost Always" \div 10 total questions, x 100 = _____ %

STRUCTURED STUDENT INTERVIEW

NAME	DATE SEX: M F
AGE _	D.O.B INTERVIEWED BY
A. <u>Sc</u>	<u>nool History</u>
	1. Grade in School School
	2. Special Classes or Services
	3. What subjects do you like best in school? Why?
	4. What subjects do you like least? Why?
	5. Who have been your favorite teacher(s)? Why?
	6. Who have been your least favorite teacher(s)? Why?
	7. How much homework do you have? When is it done? Does anybody help you with it?
	8. What subjects at school do you have trouble with?
	9. Do you ever get into trouble in school?
	10. Do you ever worry about school?
	11. How do you get to school in the morning?
	12. Do you like to read? Do you feel like you have problems reading? What types of books d you like to read? Do you read magazines/ Newspapers?
	13. Are you in any extra-curricular activities?
	14. Are you ever bullied or teased in school?
	15. If you could change something about school, what would it be?

B. Interpersonal Relationships

- 1. Do you make friends easily?
- 2. Describe someone you like (best friend). Why?
- 3. What kinds of activities do you do with your friends?
- 4. Do your friends come over to your house or do you go to their house? Do you try to get close and personal with other people? (Many or just a few?)
- 5. Are your friends older, younger, or about your own age?
- 6. Describe somebody you dislike? Why do you dislike them?
- 7. Do you ever have problems getting along with other kids?
- 8. Do you ever feel lonely or left out of things at school? What do you do about it? Do you try to avoid being alone? (Rarely or almost always?)
- 9. Do you ever get into fights or arguments with one person or a group? What starts the fights? How do they end? What are other ways to solve the problem, besides fighting?
- 10. Do you let other people tell you what to do? (Rarely or almost always?)
- 11. Do you belong to any clubs or organizations?
 - a. Have you been a member long?
 - b. Are you an officer in the club or group?
 - c. What do you do in your club or group?
 - d. Do you belong to a Sunday School or church group? If yes, do you attend regularly?
- 12. Do you date?

C. Family History

- 1. Father
 - a. What is your father's name?
 - b. What does your father do?
 - c. Describe your father's personality?
- 2. Mother
 - a. What is your mother's name?
 - b. What does your mother do?
 - c. Describe your mother's personality?

3. Siblings

- a. How many brothers do you have?
- b. How many sisters do you have?
- c. Give names and ages of your brothers and sisters
- 4. How do you get along with your brothers and sisters?
- 5. Who sets the rules in your house? What are the rules? Are they fair or unfair?
- 6. In what ways are you punished for misbehavior? Who punishes? Is it fair or unfair?
- 7. How do your mother and father get along with each other?
- 8. Do you and your family belong to a Sunday School or church group?
- 9. What is the worst punishment you have ever had?
- 10. Is your family a happy family or an unhappy family? Why?
- 11. How well can you talk to your parents-"confide in them?"
- 12. Which parent can you talk to easiest about your problems?
- 13. If you could change something about your family or your home, what would it be?

D. Brief Medical History

- 1. How was your health as a young child?
- 2. Do you get sick a lot?
- 3. Have you ever had any serious illnesses?
- 4. Have you ever been in the hospital? Why?
- 5. Are there any serious illnesses in your family background?
- 6. When were you last examined by a medical doctor?
- 7. Do you take any medications?
- 8. Do you have headaches?
- 9. Any other aches or pains?
- 10. How is your appetite?
- 11. Do you have any difficulty sleeping?

E. Personal/Social

- 1. List any faults you think you have.
- 2. List your good points.
- 3. What makes you happy?
- 4. What makes you sad? What do you do when you're sad? Do you feel sad a lot?
- 5. What makes you angry? What do you do when you're angry? Do you feel angry a lot? Do you lose your temper easily?
- 6. What makes you scared? What do you do when you're scared?

- 7. What do you worry about?
- 8. What do you like most about yourself?
- 9. What would you like to change about yourself?
- 10. Have you thought about hurting yourself or taking your own like?
- 11. If you had three wishes, what would you wish for?
- 12. Which of the following applied to your childhood:

Many nightmares	Bedwetting	Unhappy
Thumb-sucking	Nail biting	Stammering
Fears	Happy	Sleep Walking

- 13. Smoking habits drinking habits Drug habits
- 14. What are your five main fears
 - a. (Most severe)
 - b.
 - c.
 - d.
 - e. (Least severe)

F. Activities

- 1. What do you like to do in your spare time?
- 2. What is your favorite TV show/star/band/TV character or story character?
 - a. What do you usually do right after school?
 - b. In the evenings?
 - c. On Saturdays?

- d. On Sundays?
- 3. What are some favorite hobbies? Sports that you have?
- 4. What do you want to be when you grow up?
- 5. What do your parents want you to be when you grow up?
- 6. If you could be an animal, what would you like to be?
- 7. If I were to ask your teacher if you have problems in school (schoolwork or peers), what do you think she would say?
- 8. If I asked your parents the same question, what would they say?
- 9. Do you think you have problems in school?

Are they little problems or big problems?

What do you think causes your problems?

10. What kinds of jobs have you had?

G. Parent/Teacher Reported Problems

Select 5 to 6 problems that are reported by parents or teachers. Introduce these problems to subject by saying "I want to talk to you about problems kids sometimes have and hear your opinion about them. Some kids have problems with ______ is that a problem for you?

- 1.
- 2.
- ---
- 3.
- 4.
- 5.
- 6.

STRUCTURED CHILD INTERVIEW SUMMARY SHEET

Summarize the prominent information obtained through interview in each of the following areas. Information summary may be utilized in the Evaluation Report.

- 1. School Problems
- 2. Interpersonal/Social
- 3. Familial
- 4. Medical
- 5. Affective / Emotional
- 6. Behavioral / Social
- 7. Perception of degree /severity of reported problems
- 8. Recommendations