Autism Spectrum Disorder Policy Guidance

The purpose of this document is to guide educators’ interpretation and implementation of the policy changes specific to the evaluation and identification of autism spectrum disorder (ASD). The policy was approved by the North Carolina State Board of Education September 5, 2019 and is effective as of January 1, 2020.

Notes:

- Policy references in this document are not cited in their entirety and have been adapted to communicate information most relevant to the updated ASD policy. Please refer to Policies Governing Services for Students with Disabilities and respective citations provided throughout this document for relevant policy information in its entirety.  
  - Policies Governing Services for students with Disabilities  
    https://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities
- Definition of a parent throughout this document is the same as defined in the NC Policies (NC 1500-2.23)

Rationale: To support a high level of practice and improve alignment of NC Policies with universally accepted practices in the evaluation and identification of ASD.

Definition: The definition for ASD in the federal IDEA regulations and state policy are consistent, with the exception of a few wording differences as depicted in the table below.

- Federal Policy: https://sites.ed.gov/idea/regs/b/a/300.8
- State Policy: https://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities
<table>
<thead>
<tr>
<th>Federal</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that 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.</td>
<td>Autism (i) Means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotypical movements, restricted interests, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.</td>
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<td>(ii) Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.</td>
<td>(ii) Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disability, as described in paragraph (c)(4) of this section.</td>
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<tr>
<td>(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.</td>
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**Child Find: NC 1501-2.9; NC 1503-2.1**

The Local Education Agency (LEA) must have in effect policies and procedures that ensure that:

- All children with disabilities three through 21 residing in the LEA who are in need of special education and related services, are identified, located, and evaluated.
- A practical method is developed and implemented to determine which children are currently receiving needed special education and related services.

**What is Child Find?**

Federal Register 300.111

The State must have in effect policies and procedures to ensure that all children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated.
**Why is Child Find important?**

The purpose of Child Find is to bring public awareness of children and youth with special needs, to identify, locate and evaluate all children with special needs and to inform the public of available services.

**Who is responsible?**

Anyone who knows of a child who is diagnosed or is suspected of having an intellectual, physical or emotional disability and who may be in need of special education and related services and who are unable to benefit from a regular school program without special assistance. This includes school staff, parents, agencies and community programs who provide services to children. The following links provide more details on the Child Find procedures.

- [https://ec.ncpublicschools.gov/policies/project-child-find](https://ec.ncpublicschools.gov/policies/project-child-find)
- [https://ec.ncpublicschools.gov/policies/project-child-find/child-find-combined-memo.pdf](https://ec.ncpublicschools.gov/policies/project-child-find/child-find-combined-memo.pdf)

**Note:** General education staff are not responsible for having a thorough knowledge of the characteristics of all of the 14 disabling conditions. These staff are expected to have an awareness of typical educational development and should consult with other professionals who have a more thorough knowledge of interventions and disabilities if concerns arise regarding educational performance or progress.

**How do I know when to express Child Find concerns?**

Once an individual suspects that a child may have a disability that may require special education and/or related service, Child Find should be initiated.

A disability may be suspected as a result of firsthand knowledge of the child such as through a parent, teacher, health care provider, and/or day care provider where a disability is suspected. Sources of data school staff can utilize for Child Find purposes may include, but are not limited to:

- Existing data (i.e. classroom performance)
- Progress monitoring
- Screenings
- MTSS/ ECATS Early Warning System
- Parent information (i.e. evaluations from outside providers)
**How do I express Child Find concerns?**

When a public agency or parent suspects that a child may have a disability, he/she shall provide in writing the reason for referral. That referral should:

- Address the specific presenting concerns and
- Address the child’s current strengths and needs.
- Be given to the principal of the school, the child’s teacher or other school professional, or the Superintendent or other appointed official of the LEA.

**Resources on early warning signs of ASD**

- Autism Speaks - Learn the Signs: [https://www.autismspeaks.org/learn-signs-autism](https://www.autismspeaks.org/learn-signs-autism)

**Screening/Evaluation:** NC 1500-2.29; NC 1500-2.11

- Individual screenings, such as hearing, vision, and motor screenings, may be conducted as part of the evaluation process for eligibility for special education and related services.
- A full and individualized evaluation of a child's needs must be conducted before any action is taken with respect to the initial placement of a student with a disability in a special education program.
- Evaluation procedures may include, but are not limited to, observations, interviews, progress monitoring data, behavior checklists, structured interactions, play assessment, adaptive and developmental scales, criterion-referenced and norm referenced instruments, clinical judgment, and tests of basic concepts or other techniques and procedures as deemed appropriate by the professional(s) conducting the evaluations.

**Notes:**

- The determination of needed screenings and evaluations is based upon the unique needs of the student and not solely on the requirements for the suspected disability category.
- Vision, hearing, and motor screenings are required evaluation components for autism spectrum disorder.
**Evaluation Procedures: NC 1503-2.5**

A full and individualized evaluation of a child’s needs must be conducted before any action is taken with respect to determining eligibility for special education.

In conducting the evaluation, the LEA must--

- Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining
  - Whether the child is a child with a disability under NC 1500-2.4; and
  - The content of the child’s IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);
- Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and
- Ensure that the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the suspected disability category in which the child has been classified.
- Ensure that the evaluation is a collaborative and shared process. Knowledgeable and trained personnel collect evaluation data in their area of expertise and assist the IEP Team in integrating this information with other data sources to provide a comprehensive evaluation.

**Review of existing data NC 1503-2.6**

As part of an initial evaluation and as part of any reevaluation process under these Policies, the IEP Team and other qualified professionals, as appropriate, must review existing evaluation data on the child, including--

- Evaluations and information provided by the parents of the child;
- Current classroom-based, local, or state assessments, and classroom-based observations; and
- Observations by teachers and related services providers

**Note:**

- Qualifications to evaluate or screen are delineated within the definition of each evaluation or screening procedure within the NC Policies.
- The updated policy does not impact existing reevaluation policy/procedures. The IEP Team will meet, review their existing data and information and determine if they need formal evaluations to determine continued eligibility or needed services. Any time reevaluation is conducted, the most current criteria is considered and applied.
**Required screenings and evaluations specific to ASD NC 1502-2.5:**

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<tbody>
<tr>
<td>![Checkmark]</td>
<td>Hearing screening</td>
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<tr>
<td>![Checkmark]</td>
<td>Vision screening</td>
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<tr>
<td>![New]</td>
<td>Motor screening includes reviewing written and verbal information, observing the child in a variety of settings and/or administering screening instruments to determine adequacy of motoric functioning and need for further evaluation. Persons who may screen motor skills are psychologists, specially trained teachers of children with disabilities including adapted physical education teachers, occupational therapists, physical therapists, and other health professionals.</td>
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<tr>
<td>![Checkmark]</td>
<td>Observation across settings, to assess academic and functional skills</td>
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<tr>
<td>![Checkmark]</td>
<td>Summary of conference(s) with parents or documentation of attempts to conference with parents</td>
</tr>
<tr>
<td><strong>MODIFIED</strong></td>
<td>Social/developmental history; to include an examination of the characteristics of Autism Spectrum Disorder present during the early developmental period</td>
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<td><strong>Note:</strong></td>
<td>The investigation of symptoms present in the early developmental period will rely on historical information of the child’s functioning from birth to age 3 (when available). The social/developmental history will aid in this investigation. Considerations for LEAs to have in a social/developmental history when ASD is under investigation include: targeted questions related to the child’s social communication and interaction and any restricted repetitive patterns of behavior, interests, or activities present in the child’s early developmental period.</td>
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<tr>
<td>![Checkmark]</td>
<td>Educational evaluation</td>
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<td>![Checkmark]</td>
<td>Adaptive behavior evaluation</td>
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<tr>
<td><strong>MODIFIED</strong></td>
<td>Psychological evaluation; the yielding of an overall intellectual score is not required and should be considered on a case-by-case basis.</td>
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<tr>
<td><strong>Note:</strong></td>
<td>This modification acknowledges that an overall intellectual score provides meaningful information only when there is minimal scatter across abilities measured.</td>
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</table>
- Students with ASD often have scatter across cognitive domains; therefore, an overall score may not represent meaningful information for instructional planning purposes. When this is the case, the reporting of unreliable scores of this type is not required.

| Sensory processing evaluation (Defined as: Sensory evaluations are performed by occupational therapists. A sensory processing evaluation collects, organizes, and analyzes information specific to how a student's current level of sensory processing impacts occupational performance and participation at school. This information may be gathered through: review of educational and medical records; interviews with the student, teachers, parents, and others; detailed, in-context observations; and, the administration of formal testing instruments, procedures, and techniques. A sensory processing evaluation should include, but is not limited to, as many of the areas listed below as may be appropriate: (i) intensity of response to various sensory experiences, including (a) visual stimuli (b) auditory stimuli (c) olfactory stimuli (d) tactile stimuli (e) taste stimuli (f) vestibular stimuli (g) proprioceptive stimuli (ii) sensory-motor coordination (a) sensory-motor skills (b) praxis/motor planning skills) |
| Speech-language evaluation which includes, but is not limited to, measures of language semantics and pragmatics |

**Note:** A comprehensive evaluation in this domain is necessary when exploring the eligibility category of ASD. This includes a comprehensive look at pragmatic skills (the ability to use language for a variety of purposes, including social interaction) in addition to syntax, semantics, phonology, and morphology. The IEP Team determines the measures that will be used in the assessment. These measures should include if possible a variety of non-standard, curriculum based, authentic, dynamic, and standard assessment tools.

Information on these speech-language evaluation practices can be found through accessing the resources below:

- Speech-Language Evidence-Based Practices in Autism: [https://www.asha.org/Practice-Portal/Clinical-Topics/Autism/](https://www.asha.org/Practice-Portal/Clinical-Topics/Autism/)

| MODIFIED Behavioral assessment related to Autism Spectrum Disorder: (Defined as: An assessment conducted by trained and knowledgeable personnel using behavior rating tools measuring the range of characteristics associated with Autism Spectrum Disorder, yielding information of the child’s functioning across |
environments. This assessment may also include individually administered instruments that assesses the range of characteristics associated with autism spectrum disorder.)

**Note:** This modification clarifies that tools that specifically assess ASD characteristics must:
- be used to fulfill this requirement
- provide information about the child's functioning across a variety of environments

**Determination of Eligibility:** NC 1503-2.7
- A group of qualified professionals and the parent determines whether the child is a child with a disability
- The LEA must draw upon, document, and carefully consider information from a variety of sources, including aptitude and achievement tests, parent input (i.e. outside evaluations, medical reports, etc), and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior.
- When considering eligibility, the team must determine that the student meets the criteria for one or more of the fourteen disabling conditions, that the disability has an adverse effect on educational performance, and that the student is in need of specially designed instruction. This is often referred to as the three prongs for eligibility determination.

(A) Persistent deficits in social communication and social interaction across multiple contexts, manifested in ALL THREE of the following:
- social-emotional reciprocity
- nonverbal communicative behaviors
- developing, maintaining, and understanding relationships
Examples of deficits in social-emotional reciprocity may include abnormal social approach and failure of normal back-and-forth conversation, reduced sharing of interests, emotions, or affect, overly social response/interaction or failure to initiate/respond to social interactions.

Examples of deficits in nonverbal communicative behaviors used for social interaction, may include poorly integrated verbal and nonverbal communication, abnormalities in eye contact and body language, deficits in understanding and use of gestures or lack of facial expressions and nonverbal communication.

Examples of deficits in developing, maintaining, and understanding relationships may include difficulties adjusting behavior to suit various social contexts, difficulties in sharing imaginative play or in making friends, absence of interest in peers.
(B) Restricted, repetitive patterns of behavior, interests, or activities, manifested by one or more of the following:

- Stereotyped or repetitive motor movements, use of objects, or speech
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Atypical responses to sensory input or atypical interests in sensory aspects of the environment.

(C) Symptoms generally present in the early developmental period, (but may not manifest until social demands exceed coping capacities or may be masked by learned strategies in later life). A child who manifests the characteristics of autism after age three could be identified as having autism spectrum disorder if the criteria in (A) and (B) are satisfied.

AND

- IEP Teams should be aware that students may use strategies (learned or developed) to suppress stereotypical and or repetitive behaviors in the school environment, which then manifest in other ways or in other environments. Restricted interests are sometimes more subtle in girls as they may not be “unusual” as much as they are restricted.

- When considering atypical sensory responses. IEP teams should consider both under-responsivity and over-responsivity.
The disability must have an adverse effect on educational (academic and/or functional) performance.

**Areas to consider include but are not limited to:**
- Academic performance
- Social functioning
- Organizational skills
- Problem solving skills
- Hygiene
- Attention challenges
- Transition
- Communication functioning
- Pragmatic language
- Group work skills
- Emotional regulation
- Behavior
- Daily living skills/adaptive behavior

**Prong 2 Adverse Effect**

The disability must require specially designed instruction.

Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—

- To address the unique needs of the child that result from the child's disability; and
- To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

IDEA Part 300(A)300.39; NC 1500-2.34(b)(3)

**Prong 3 Need for SDI**

A child must not be determined to be a child with a disability if the primary factor for that determination is:

- Lack of appropriate instruction in reading, including the essential components of reading instruction
- Lack of appropriate instruction in math; or
- Limited English proficiency;

Based on the federal and state definition, Autism Spectrum Disorder does not apply if a child’s educational performance is adversely affected primarily because of an emotional disability.

**Rule Outs**

November 2019 11
Placement Decisions: NC 1501-3.3
In determining the educational placement of a child with a disability, including a preschool child with a disability, each LEA must ensure that the placement is made by the IEP Team, which includes the parents and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options, including Least Restrictive Environment.

Definition of Individualized Education Program: 34CFR 300.320(a)(4) and NC 1503-4.1
The IEP includes a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child.

ASD is unique in that there are a set of evidence-based practices that scientific research has found to be effective when working with students with autism. Research also shows that early intervention is key to improving outcomes for students with ASD. The designation of ASD as the student’s disabling condition guides educators to utilize these evidence based practices in their teaching and early intervention services. Information on these Evidence-Based Practices and early intervention can be found through accessing the resources below.

- National Professional Development Center on Autism Spectrum Disorder: https://autismpdc.fpg.unc.edu/evidence-based-practices
- Early Intervention: https://www.nichd.nih.gov/health/topics/autism/conditioninfo/treatments/early-intervention

Note: A student’s eligibility identification does not drive service delivery. Service delivery is determined by the IEP Team based on the student’s unique strengths and needs.

Supporting Students Who are Not Eligible for Special Education and Related Services
Eligibility for special education and related services within public schools is distinct and separate from a diagnosis of ASD from an external community provider. The following chart provides examples of potential decisions IEP Teams may make, based on multiple sources of data, when a child is suspected of ASD.
<table>
<thead>
<tr>
<th>Scenarios</th>
<th>External Community Provider Diagnosis of ASD</th>
<th>Meets One of the Fourteen Disabling Conditions</th>
<th>Adverse Effect to Educational Performance</th>
<th>Requires Specially Designed Instruction</th>
<th>Eligible for Special Education and Related Services (if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student #1: ASD Suspected</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Student #2: ASD Suspected</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Student #3: ASD Suspected</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>Student #4: ASD Suspected</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Student #5: ASD Suspected</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

For students who are not eligible for special education services, other avenues of support include:

- Interventions provided through a school’s multi-tiered system of support (MTSS) or similar framework that matches intervention resources available within a school to the student’s academic and social emotional needs.
- Accommodations and/or modifications provided through Section 504 of the Rehabilitation Act (if determined eligible for Section 504)
  - [http://www.dpi.state.nc.us/parents/disabilities/section504/](http://www.dpi.state.nc.us/parents/disabilities/section504/)

*Note:* It is important for school staff to communicate the available resources and supports with the parent.