

Teamwork Makes the Dream Work: Autism Spectrum Disorder (ASD) Evaluations

Ashley Arnold, MA, LSSP, NCSP
Laura Stevenson, MS, CCC-SLP

Ashley Arnold

MA, LSSP, NCSP



- Nationally certified school psychologist
- Almost 20 years of experience as a school psychologist
- Past president of the Texas Association of School Psychologists
- Current Texas delegate to the National Association of School Psychologists
- PREPaRE 3rd Edition Trainer
- Contact Information:
aarnold@wpspublish.com
424.323.8553

Assessment Consultant

*I am an assessment consultant with Western Psychological Services.
I am a salaried employee and have no additional relevant financial
interests or conflicts of interest related to this presentation.*

Laura Stevenson

MS, CCC-SLP



- 22+ years of experience as a speech–language pathologist
- Certificate of Clinical Competence from the American Speech-Language-Hearing Association
- Licensed by the Arizona Department of Health
- Experienced in a variety of school settings (Pre-K to Grade 12), private clinics (toddlers to school-aged children), and home health (birth to young adults)
- Contact Information:
l Stevenson@wpspublish.com
424.318.9636

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For over 75 years, WPS has been the leading independent publisher of educational and psychological assessments and related intervention resources in the areas of autism, speech and language, school and clinical psychology, and occupational therapy.

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Workshop Outcomes

Participants will be able to:

- Identify a best-practices approach to the multidisciplinary team process for autism evaluations
- Acquire knowledge and skills in the overall process for assessing autism spectrum disorder (ASD), including selection of instruments, addressing classification issues, integrating data in the evaluation, and making appropriate recommendations for programming



Levels of Practice

Best Practices (aspirational practices)

Standard Practices (meet required standards)

Substandard Practices (do not meet required standards)

Autism Evaluations

A Best-Practices Model



Evaluation Components

- Best-practice guidelines identify the following six components of a comprehensive diagnostic evaluation:
 - Review of relevant medical, psychological, and/or school records
 - Parent/caregiver Interview
 - Cognitive/developmental assessment
 - Direct play observation
 - Measurement of adaptive functioning
 - Comprehensive medical examination

Source: <https://www.nationalautismcenter.org/autism/>

Evaluation Components

(cont.)

- National Research Council Committee on Educational Interventions for Children with Autism advised that each child suspected of having ASD have an evaluation that incorporates the following standards:
 - Assessment of multiple areas of functioning including adaptive skills
 - Appreciation that variability in performance and ability is common in autism
 - The use of a developmental perspective when assessing behavior and synthesizing results

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3269006/>

Evaluation Components (*cont.*)

- In addition to covering multiple domains, diagnostic evaluations should consider information from multiple sources.
- A comprehensive evaluation must, at minimum, include a parent interview and an observational assessment of the child's current functioning by an experienced clinician in a context in which social–communicative behavior & play or peer interaction can be observed.



Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3269006/>

Evaluation Components

(cont.)

- Detailed developmental history
 - Medical, behavioral, family
- Multiple observations in different settings
 - Social interaction, response to name, joint attention
 - Play skills
 - Use of language
 - Presence of atypical behaviors or stereotypes
- Speech/language testing
 - Standardized and nonstandardized
- Developmental/psychometric testing
 - Standardized tools (e.g., ADOS®-2, ADI®-R)

Multidisciplinary Team Evaluation (MDT)

A Best-Practices Model

Best Practices: MDT Evaluation

1. Team meets and reviews existing data to determine scope of evaluation and plan the assessment
2. Team conducts assessment; conducts mid-assessment staffing
3. Team generates integrated report
4. Team meets with parent to review evaluation and give copy of evaluation to parent prior to individualized education plan (IEP) meeting
5. Team reviews evaluation with school personnel prior to IEP meeting
6. Team participates in IEP development
7. Team attends IEP meeting to present results and assist in determining the educational program

MDT Composition

- Consists of appropriately credentialed professionals (e.g., school psychologist, speech pathologist, educational diagnostician, certified teacher, occupational therapist)
- Reflects members who are adequately trained in the evaluation, diagnosis, and intervention with autism spectrum disorders



MDT Evaluation: 5-Phase Process

- Phase 1: Team planning/coordination
- Phase 2: Evaluation planning
- Phase 3: Evaluation/testing
 - Phase 3a: Collecting the data/information
 - Phase 3b: Analyzing the data/information
- Phase 4: Report writing/integration of data
- Phase 5: Recommendations & IEP development
 - Phase 5a: Recommendations
 - Phase 5b: IEP development

Team Member Roles & Responsibilities

- 1. MDT Coordinator**—Responsible for coordinating team meetings and assessment schedules; also responsible for notifying team members of the referral and ensuring that team members have the necessary information regarding the case (e.g., access to file, copies of previous evaluations).
- 2. Evaluation Report Manager**—Responsible for receiving the reports from team members and integrating them into one document; also responsible for making edits and finalizing the evaluation report.

Team Member Roles & Responsibilities *(cont.)*



- 3. Member who reports evaluation to parents—**Responsible for scheduling a meeting with the parents prior to the IEP meeting, then meeting with the parents to provide them with a copy of the report and share the results of the evaluation. More than one team member may wish to meet with the parents.
- 4. Member who reports evaluation to the IEP Team meeting—**Responsible for attending the meeting, reporting the results of the evaluation to the committee, and interpreting the results for purposes of educational planning. More than one team member may wish to attend the meeting.

Team Member Roles & Responsibilities *(cont.)*

- 5. Member who participates on IEP team**—Responsible for meeting with the IEP team and assisting them in developing appropriate IEP goals and objectives based on the evaluation results. Other MDT members may wish to participate on the IEP team, as well.



MDT Process: Phase 2

- Assessment planning includes
 - A review of
 - All information in the referral packet and/or special education file
 - The student's cumulative educational record
 - The student's discipline file
 - Previous evaluations, if applicable
 - Consultation with referral sources for clarification

MDT Process: Phase 3a

- Conducting the assessments
 - Each team member evaluates in his/her area of expertise based on the plan agreed upon
 - Evaluations must be comprehensive in scope (cover all domains), domain (thorough assessment of a particular domain), and skills within each domain

Evaluation Categories

- Sociological
- Language/Communication
- Physical/Motor
- Intellectual/Cognitive
- Adaptive Behavior
- Emotional/Behavioral
- Achievement/Educational Performance
- Assistive Technology
- Special Assessments



Sociological

Includes

- Interview with parent/guardian
- Family, educational, and intervention history
- Review of previous evaluations, if applicable
- Parent needs assessment regarding home and community issues

Purposes

- Obtain family and educational history (stability is an important factor here)
- Determine the degree to which cultural, experiential, and/or linguistic factors impact development, behavior, and learning
- Describe in general prior placements, services, and education progression

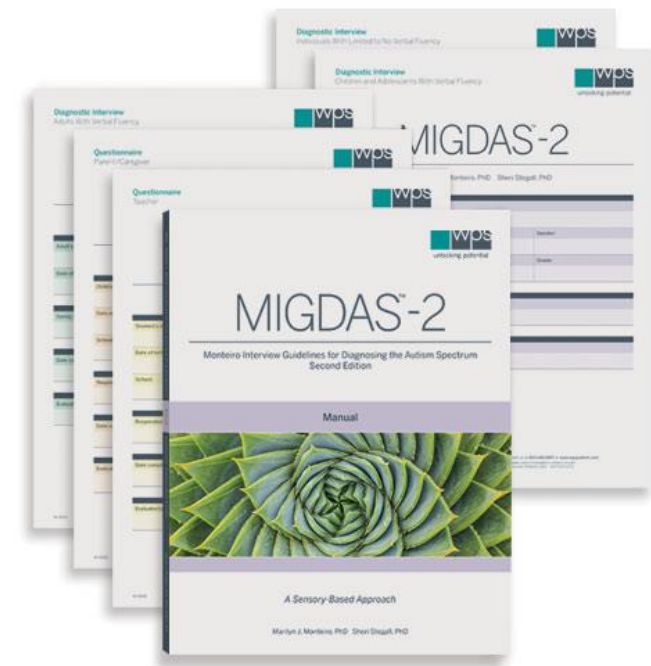
Sociological (*cont.*)

Techniques/Strategies/Tests

- Two major types of procedures under this category
 - Parent interview
 - General:
 - Developmental history
 - Diagnostic:
 - Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition (MIGDAS™-2)
 - Autism Diagnostic Interview-Revised (ADI®-R)
 - Review of records

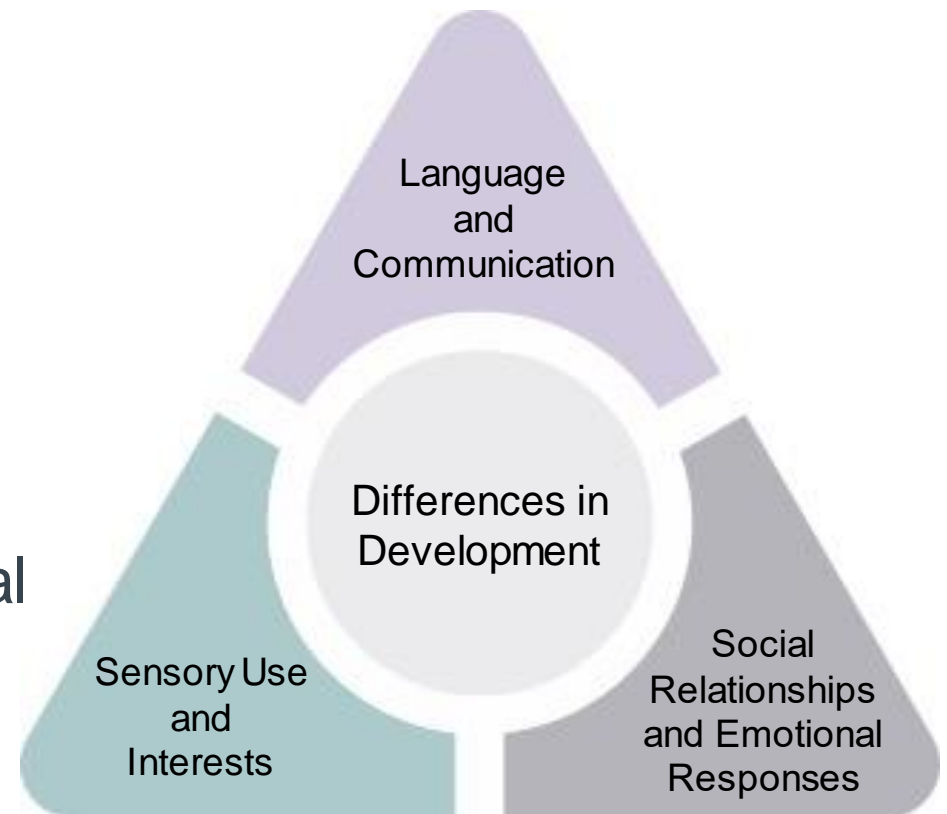
MIGDAS-2

- Interactive interview techniques
- Parent/caregiver and teacher participation (questionnaire)
- Comprehensive qualitative information
- Sensory-based approach
- Based on level of verbal fluency



MIGDAS-2 Diagnostic Interview

- The cornerstone of the MIGDAS-2 assessment process
- Covers 3 key areas of development affected in ASD:
 - Sensory use and interests
 - Language and communication
 - Social relationships and emotional responses
- Dynamic interview focusing on individual's areas of interest
- Uses sensory-based toys and materials (not included in the kit)



Speech/Language/Communication

Includes

- Developmental history regarding language and communication
- Progression of skills regarding receptive, expressive, and pragmatic areas
- Comprehensive speech–language evaluation

Purposes

- To describe language skills (articulation through pragmatic); descriptions placed in developmental context
- To determine if student meets criteria for speech impairment (SI)
- To characterize communication skills and needs (since disorders of communication are among the core symptoms of ASD, this is one of the essential tasks in evaluating ASD)

Speech/Language/ Communication *(cont.)*

Procedures

- Establish delay in language development using standardized test procedures
- If delay exists, assess communication
 - Prelinguistic communication (2–3 years)
 - Early linguistic communication (2–6 years)
 - Communication in children with advanced language

Speech/Language/ Communication *(cont.)*

Techniques/Strategies

- Checklists, direct assessment, observations, language samples
 - Articulation, oral-motor, voice, fluency
 - Single-word vocabulary
 - Language use (general receptive/ understanding; expressive and higher-level use [such as figurative])
 - Pragmatic language
 - Clinical Assessment of Pragmatics (CAPs)

Clinical Assessment of Pragmatics (CAPs)

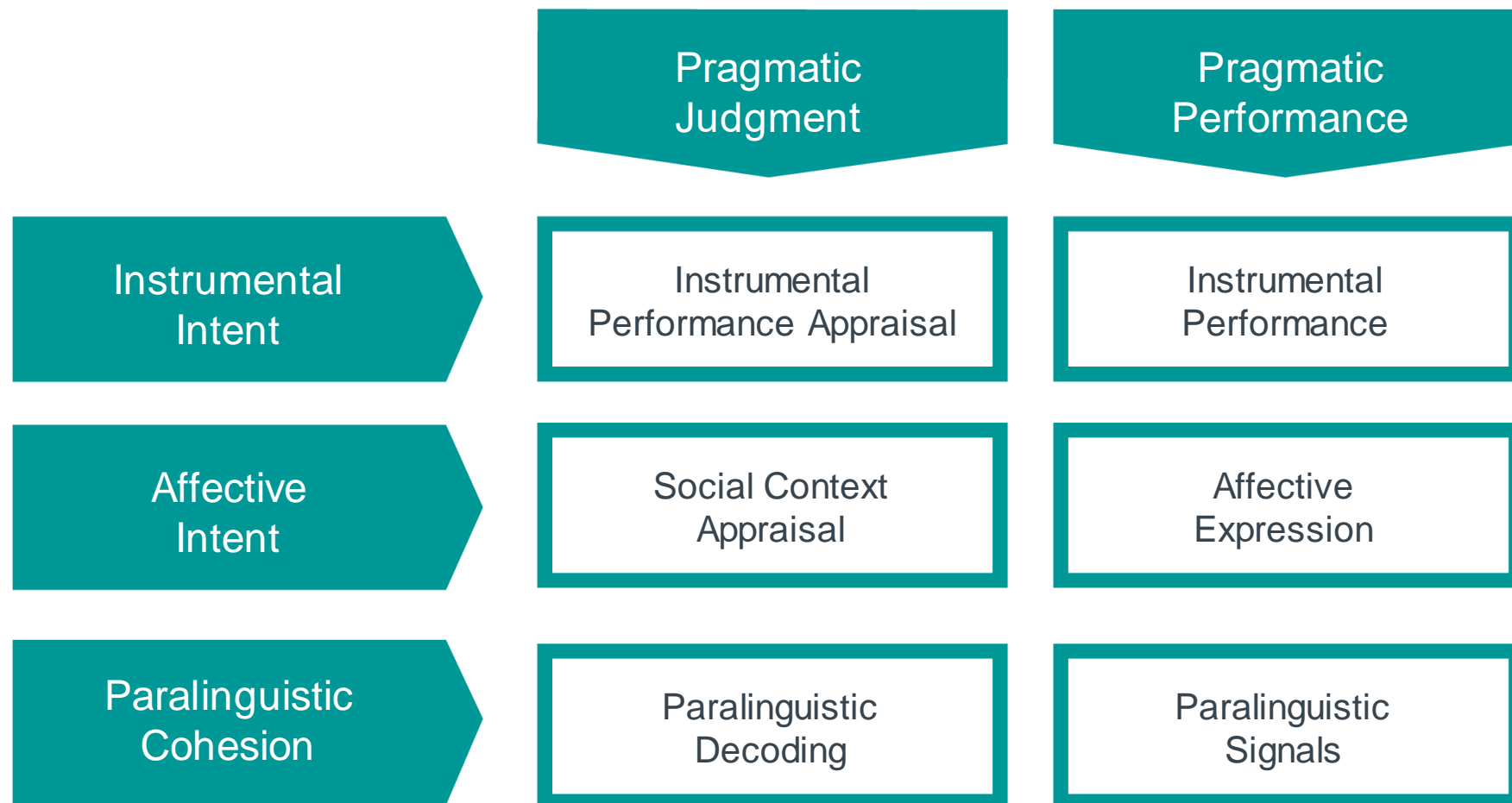
- Individually administered in about 45 minutes
- Ages: 7 to 18 years
- Uses video-based format
- Measures judgment (comprehension) and performance (expression) of pragmatic language
- Yields scores across 6 areas of pragmatic skills



Clinical Assessment of Pragmatics (CAPs) *(cont.)*

- The CAPs is useful to distinguish problems in understanding and using pragmatic language, particularly in those individuals with autism and pragmatic language impairment.
 - Score within the Average range on other language measures and even pragmatic tests because they know what the answer “should be.”
 - But when they are put in a social situation, they often cannot demonstrate this knowledge.
 - The CAPs videos mimic actual social exchanges and identify strengths and weaknesses in higher level language expression, inferential thinking, and understanding the mind of others when given verbal and nonverbal cues.

Six Constructs



Physical/ Medical/ Motor

Includes

- Developmental and medical history
- Current medical status, including medications
- Occupational therapy (OT) and/or physical therapy (PT) evaluation, if applicable
- Sensory status and needs



Physical/Medical/Motor *(cont.)*



Purposes

- To determine
 - Hearing and vision status
 - Any physical, sensory, or medical conditions that affect learning
 - If adapted physical education is required
 - If OT, PT, and/or other specialized services are needed for a physical condition

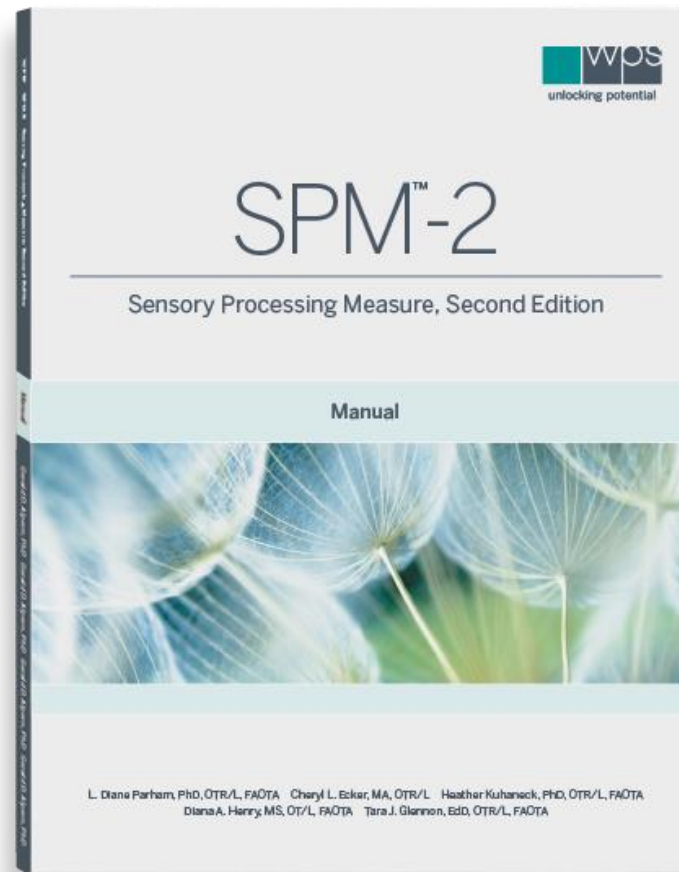
Physical/Medical/Motor (*cont.*)



Techniques/Strategies

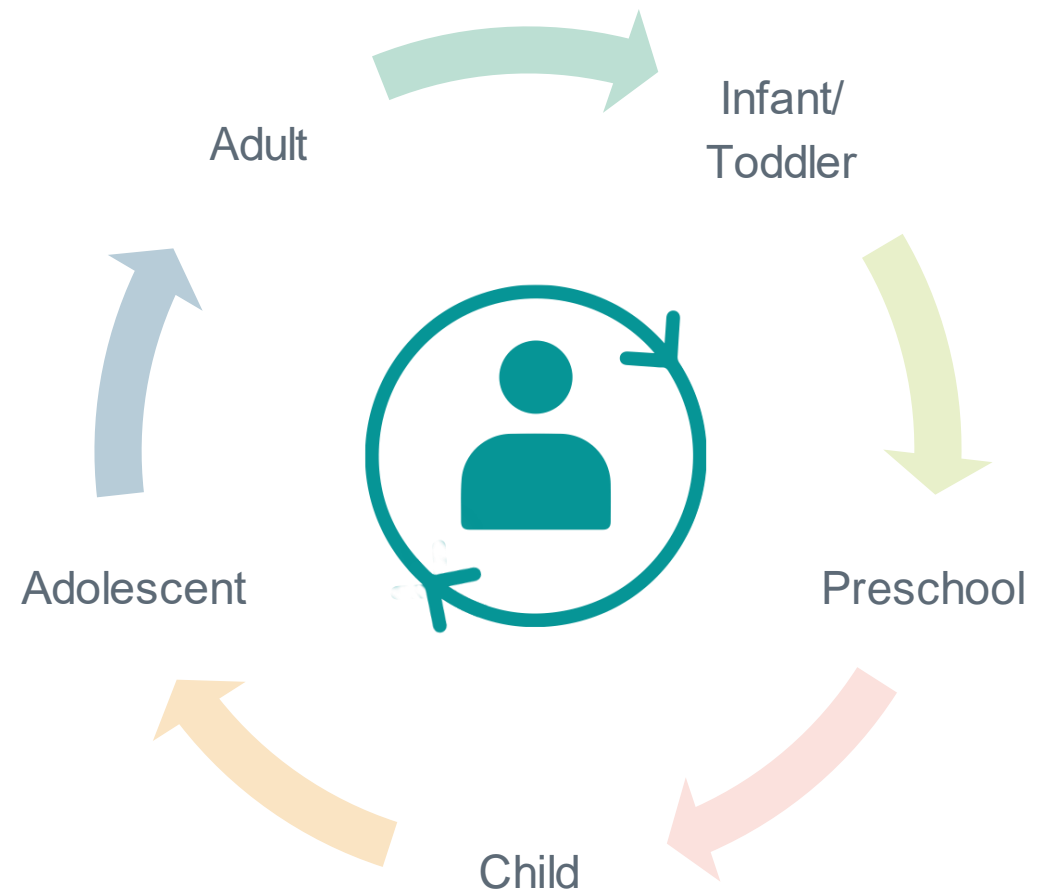
- Visual–motor integration
 - Examples: Developmental Test of Visual-Motor Integration, 6th Ed. (VMI) or Developmental Test of Visual Perception, 2nd Ed. (DTVP)
- Motor skills
 - Examples: fine and gross activities; handwriting
- Sensory skills
 - Examples: Sensory Processing Measure, Second Edition. (SPM™-2); direct assessment of sensory integration

Sensory Processing Measure, Second Edition (SPM-2)



SPM-2: Scales

- Vision (VIS)
- Hearing (HEA)
- Touch (TOU)
- Taste and Smell (T&S)
- Body Awareness (BOD)
- Balance and Motion (BAL)
- Planning and Ideas (PLN)
- Social Participation (SOC)



SPM-2: Components

Age Level	Primary Forms (Long Forms)	Secondary Forms (Environment)*
Adult 21–87	Self-Report Form Rater Report Form	Driving Self-Report Form Driving Rater Report Form
Adolescent 12–21 years	Home Form School Form Self-Report Form	Driving Self-Report Form Driving Rater Report Form
Child 5–12 years	Home Form School Form	Environment Forms: Art, Cafeteria, Music, Physical, Recess/Playground, School Bus
Preschool 2–5 years	Home Form School Form	
Infant/Toddler 4–30 months	Infant Form Toddler Form Caregiver Form	

***Environment forms included FREE**

SPM-2: Administration

■ Environment forms

- Art (ART)
- School Bus (BUS)
- Cafeteria (CAF)
- Music (MUS)
- Physical Education (PHY)
- Recess/Playground (REC)
- Driving
 - Adolescent
 - Adult

School Environment
Art (ART) Form
Ages 5-12

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SPM™-2

L. Diane Parham, PhD, OTR/L, FAOTA Cheryl Ecker, MA, OTR/L Heather Miller Kuharsch, PhD, OTR/L, FAOTA
Diana A. Henry, MS, OTR/L, FAOTA Tara J. Glennon, EdD, OTR/L, FAOTA

Name of student being evaluated	Grade
Respondent's name	Today's date

Instructions

Instructions: Please answer these questions based on the student's typical behavior in art class during the past month. Using the following rating scale, select the one answer that best describes how often the behavior happens.

Never: The behavior never or almost never happens.
Occasionally: The behavior happens some of the time.
Frequently: The behavior happens much of the time.
Always: The behavior always or almost always happens.

This student...	Never	Occasionally	Frequently	Always
1. Follows classroom rules and routines.	4	3	2	1
2. Easily shifts from one activity to another.	4	3	2	1
3. Shares classroom materials when asked.	4	3	2	1
4. Seems distracted by visual things nearby, such as items hanging on the wall or children moving around.	1	2	3	4
5. Is distressed by loud or unexpected sounds, such as a pencil sharpener or PA announcement.	1	2	3	4
6. Avoids touching or playing with messy things, such as paint or glue.	1	2	3	4
7. Colors with too much or too little pressure.	1	2	3	4
8. Fails to open or close scissors far enough to cut properly.	1	2	3	4
9. Shows poor coordination when using both sides of the body, such as for a two-handed activity like using a ruler or opening a container.	1	2	3	4
10. Has difficulty putting materials away in their proper places.	1	2	3	4
11. Fails to complete tasks with multiple steps.	1	2	3	4
12. Has difficulty generating ideas for arts and crafts projects.	1	2	3	4
13. Has trouble figuring out how to do things differently when a problem arises.	1	2	3	4
14. Fails to perform the proper sequence of actions for classroom routines.	1	2	3	4
15. Demonstrates limited imagination and creativity in use of materials.	1	2	3	4
Art (ART) Total Score				

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Intervention



Intellectual/Cognitive

Includes

- Developmental assessment
- Verbal and nonverbal skills
- Executive functions
- Processing clusters
- Memory and attention

Purposes

- To describe cognitive processing across domains or broad areas such as verbal skills, visual–spatial skills, fluid reasoning, attention, memory, etc.

Intellectual/Cognitive *(cont.)*

- To generate mental age/developmental levels for cognition
- To assist in determining intellectual disability (ID)

Techniques/Strategies/Tests

- IQ measures (e.g., WISC-V, CAS-2, DAS-II, KABC-II NU)
 - AU: $V < NV$; High functioning: $V > NV$
- Nonverbal measures (e.g., UNIT-2, Leiter-3)
- Specific processes (e.g., TOMAL-2, DKEFS, BRIEF-2, CEFI®)
 - Executive function, attention, memory

Adaptive Behavior

Includes

- Developmental history regarding self-help skills; formal adaptive behavior evaluation

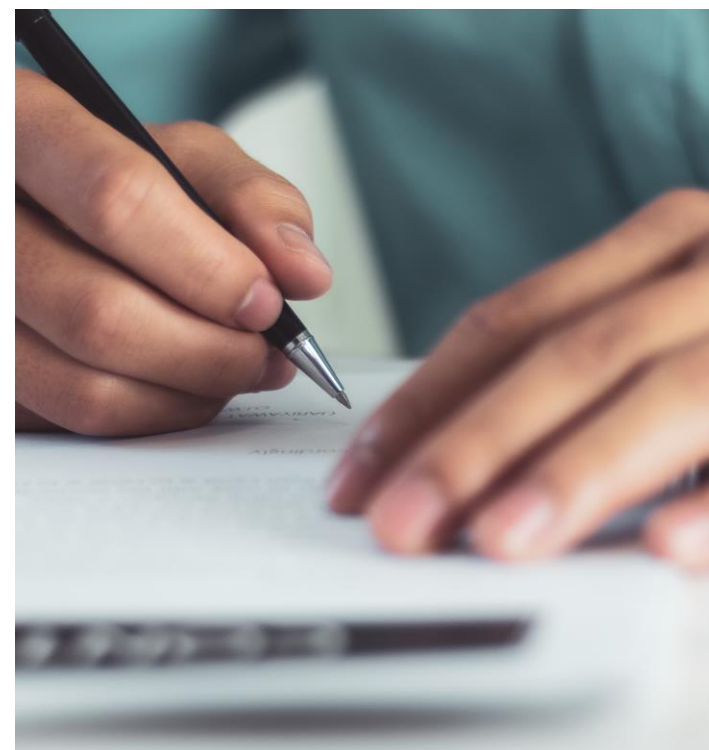
Purposes

- Determine the degree to which the student is personally and socially independent or has established levels of self-sufficiency across several domains
- Describe self-help skills
- Describe levels of functioning in communication and socialization
- Assist in determining intellectual disability

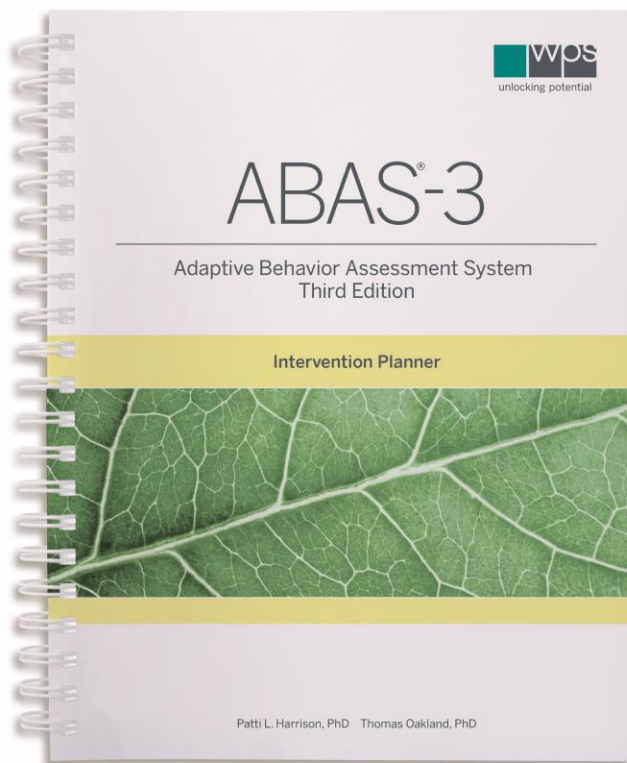
Adaptive Behavior (*cont.*)

Techniques/Strategies/Tests

- Formal adaptive behavior assessment using instruments that address communication and socialization
 - ABAS™-3
 - Vineland-3



Adaptive Behavior Assessment System, Third Edition (ABAS-3)



ABAS-3 *(cont.)*

10 specific skills in ABAS-3, ages 0–89

- Communication
- Community Use
- Functional Academics
- Home/School Living
- Health and Safety
- Leisure
- Self-Care
- Self-Direction
- Social
- Motor (for young children)
- Work (for young adults and adults)

Emotional/Behavioral/Social

Includes

- Functional behavioral assessment (FBA); behavioral observations; social skills assessment

Purposes

- Describe the student's affective, behavioral, and social functioning
- Identify the remaining two of the three components of the ASD classification (behavioral and social functioning)
- Determine a need for a behavior intervention plan (BIP) or behavior IEP
- Conduct an FBA, which can be included in the evaluation report as a separate section with its own heading

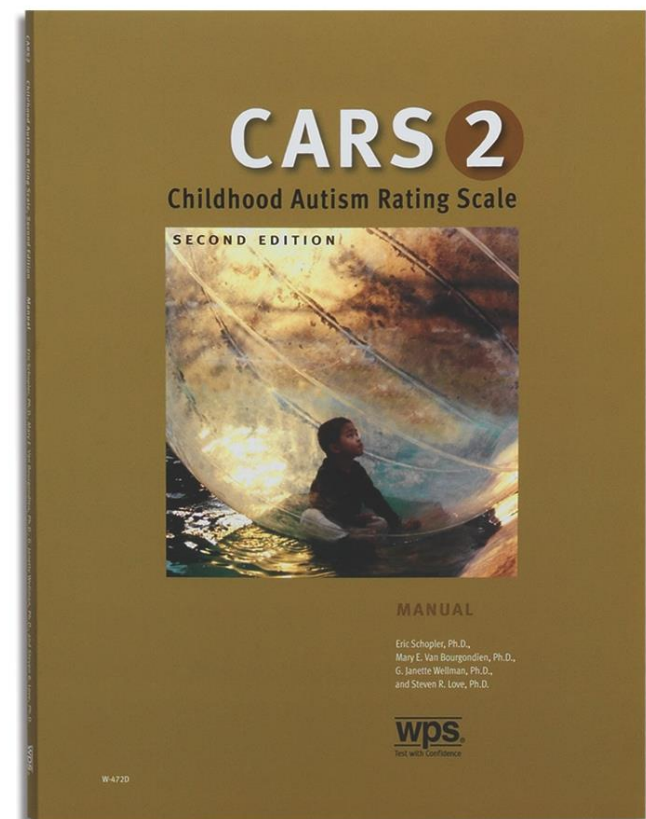
Emotional/Behavioral/Social (*cont.*)

Techniques/Strategies/Tests

- Interviews and observations
- Rating scales
 - Developmental Behavior Checklist (DBC™2) (narrow)
 - Childhood Autism Rating Scale (CARS™2) (syndrome specific)
- Informal measures
 - e.g., theory of mind tests

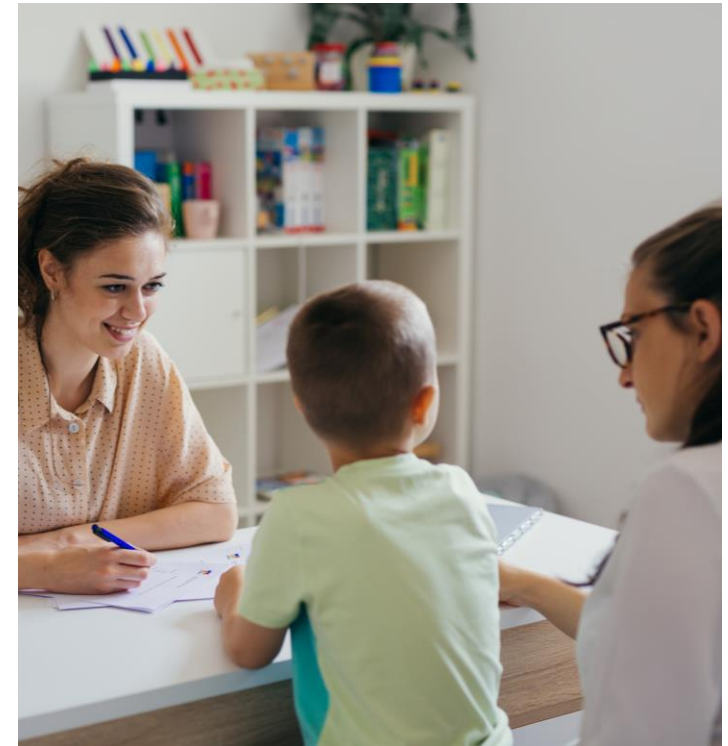
CARS2

- Ages 2 years and up
- Allows for quantifiable ratings based on direct observation
- Standard Version or High-Functioning Version which takes into consideration direct observation of the child, review of records, and the Parent or Caregiver Questionnaire



CARS2 *(cont.)*

- Assists in identifying children with autism and determining symptom severity
- Expanded to include “high functioning” individuals
- Provides cutoff scores, standard scores, and percentiles



CARS2 (*cont.*)

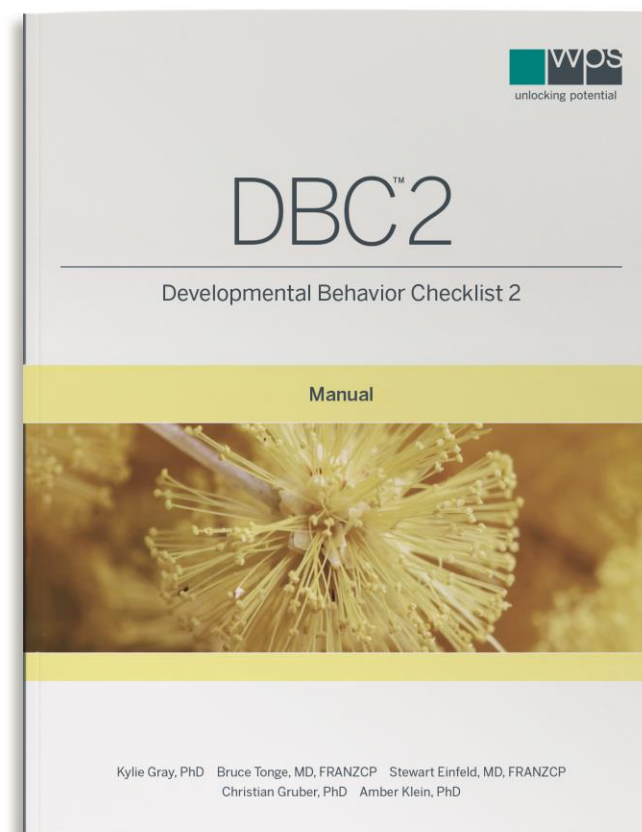
- Interpretation considerations
 - Review the overall pattern of strengths and weaknesses
 - Determine if there are discrepant patterns of skills or abilities
 - Review and evaluate any examples the parent or caregiver may provide (check for agreement between examples and behavior inquired about)
 - Check for consistency between the parent's information and other sources of information (determine if behavior is different across settings/raters or if it is just being reported on differently by different sources)

CARS2-ST

- Ratings can be made through the following:
 - Observations in various settings (e.g., psychological testing, classroom participation, recess, lunch, etc.)
 - Parent reports about their children (utilize specific examples when conducting interviews)
 - Comprehensive clinical records
- If basing ratings on information from multiple settings, direct observations should be given more weight than the reports of others

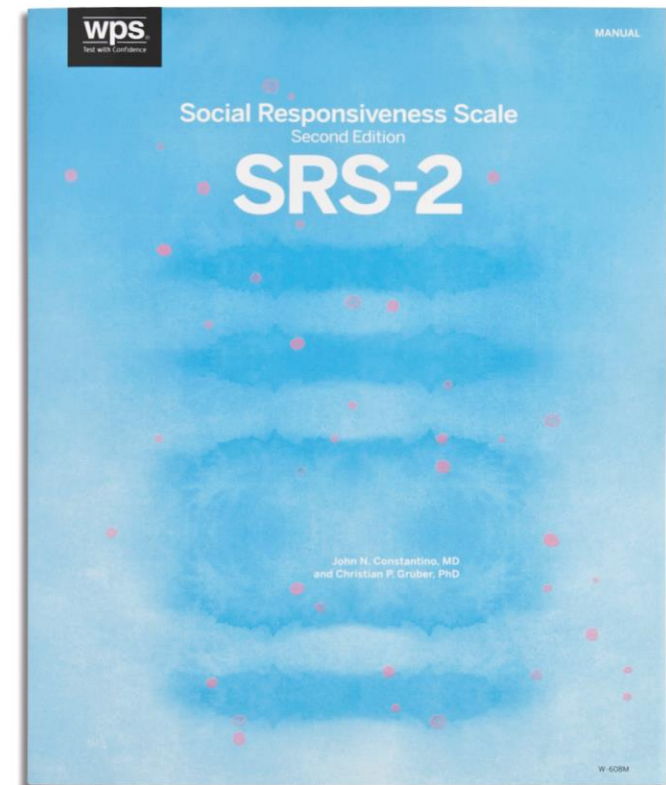
DBC2

- Ages: 4–18 years
- Describes emotional and behavioral problems
- Designed specifically for individuals with intellectual and/or developmental disability
- *T*-Scores are based on this population and can be compared with a clinical cutoff



Social Responsiveness Scale-2 (SRS™ -2)

- Identifies social impairments associated with ASD and quantifies severity
- Helps differentiate ASD from other disorders (e.g., ASD vs. social “pragmatic” communication disorder)
- Age 2 ½ through Adult
- Provides multiple perspectives
 - Parent
 - Teacher
 - Self-report for ages 19 and over



SRS™-2 (*cont.*)

SRS-2 Treatment Subscales

- Social Awareness
- Social Cognition
- Social Communication
- Social Motivation
- Restricted Interests and Repetitive Behavior
- T-score (Mean=50; SD=10)
 - Should be used exclusively for treatment planning

Achievement/Educational Performance

Includes

- Educational history regarding services, programs, progress; analysis of IEPs, if applicable; current functioning levels in academic areas based on achievement, criterion-referenced, and curriculum-based measures

Purposes

- Describe the student's pre-academic skills ("readiness skills") and academic skill levels
- Provide a history of previous and current performance levels (e.g., grades, benchmarks, state assessment, etc.)
- Describe previous interventions and modifications

Achievement/Educational Performance *(cont.)*

Techniques/Strategies/Tests

- Conduct teacher interviews; review educational records and grades; review district testing (e.g., benchmark assessment)
- Assess reading, writing, and math skills – emphasis on criterion-referenced and curriculum-based assessment (CBA) (e.g., Assessment of Basic Learning Skills, Revised [ABLLS-R], probes, or benchmarks)
- Emphasize what student can and cannot do and levels of learning in the skill (e.g., acquisition to generalization)

Assistive Technology

Includes

- Identification of supports and services that are needed to facilitate communication, independence, mobility

Purposes

- Describe the student's ability to access and participate in the educational environment and classroom setting
- Determine needs and services in areas of communication, motor skills, self-help, etc.

Assistive Technology (*cont.*)

Techniques/Strategies/Tests

- Interviews and observations
- Checklists
- Direct assessment (e.g., performing tasks under different conditions, such as handwriting as compared to using a computer; voice output devices; etc.)



Special Areas

- In-home and parent training evaluation
 - Needs assessment
 - Interviews
 - Observations
- Vocational and transition evaluation
 - Interviews
 - Interest and aptitude assessments
 - Determination of appropriate transition goals (need to know requirements of post-secondary transition goal and the student's skills and needs relative to the transition)

MDT Process: Phase 3b

- Analysis of information
 - MDT members meet/staff to discuss
 - Results from each area/domain assessed
 - Need (if any) for additional data or more specific information
 - Contradictory information or inconsistencies (these must be resolved either through obtaining additional information or through a thorough and valid explanation)
 - Use of data-based problem-solving approach

Addressing Inconsistencies

- Possible explanations for inconsistency in data
 - Actual differences in behavior across settings
 - Informants differ in their perception of behavior in certain settings or situations
 - Differences in instruments used
 - Differences in the behavior or construct being measured by certain instruments
 - Familiarity of informants with child
 - Severity is not the same across informants or settings, but behavior pattern is similar

MDT Process: Phase 4

- Report writing & integration of data
 - Each team member contributes to the report
 - One individual is designated as “report manager” (i.e., responsible for integrating information)
 - After report is prepared, all team members read the report and ensure consistency (or provide explanation if no consistency)
 - Report is signed when all team members have reviewed it and verified consistent information

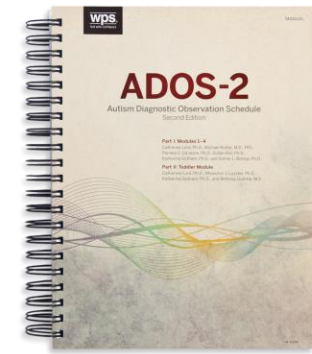
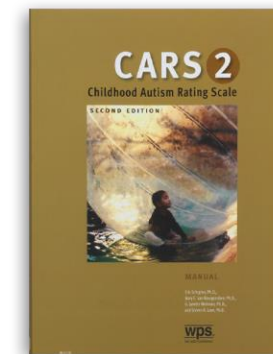
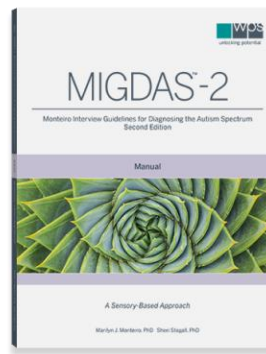
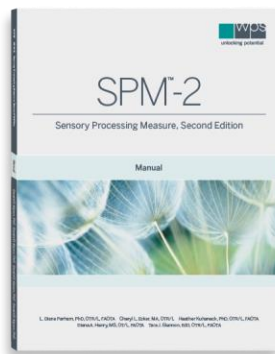
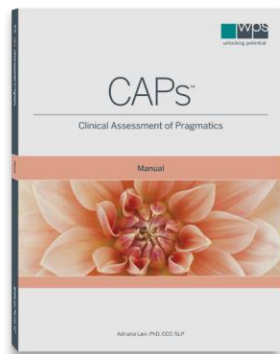
MDT Process: Phase 5a

- Recommendations
 - Each team member in his/her report preparation submits recommendations
 - Report manager integrates recommendations (if applicable) and team ensures consistency
 - Recommendations come directly from assessment and are specific regarding possible objectives and instructional techniques

MDT Process: Phase 5b

- Individualized Educational Program (IEP)
 - Targeted goals and objectives are written directly from data in the evaluation report and the recommendations are generated
 - Best practice is to have an IEP writing team
 - If IEP team not possible and one IEP manager is assigned, then members of the team should read the IEPs to ensure they are consistent with the assessment data

Offer expires April 28, 2023.

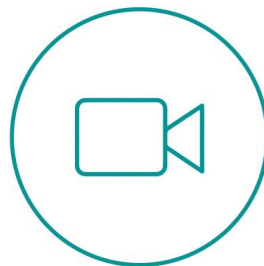


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WPS Resources *(cont.)*



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WPS Assessment Consultants



Ashley Arnold,
MA, LSSP, NCSP
aarnold@wpspublish.com
424.323.8553



Douglene Jackson,
PhD, OTR/L, LMT, ATP, BCTS
djackson@wpspublish.com
424.323.7323



Laura Stevenson,
MS, CCC-SLP
lstevenson@wpspublish.com
424.318.9636



Donna Berghauser,
PsyD, NCSP
dberghauser@wpspublish.com
310.294.0194



Stephanie Kneedler
SSP, NCSP
skneedler@wpspublish.com
424.399.7104

WPS Business Development Managers



**Ann K. Rogers,
PhD, NCSP**

arogers@wpspublish.com

424.488.4622

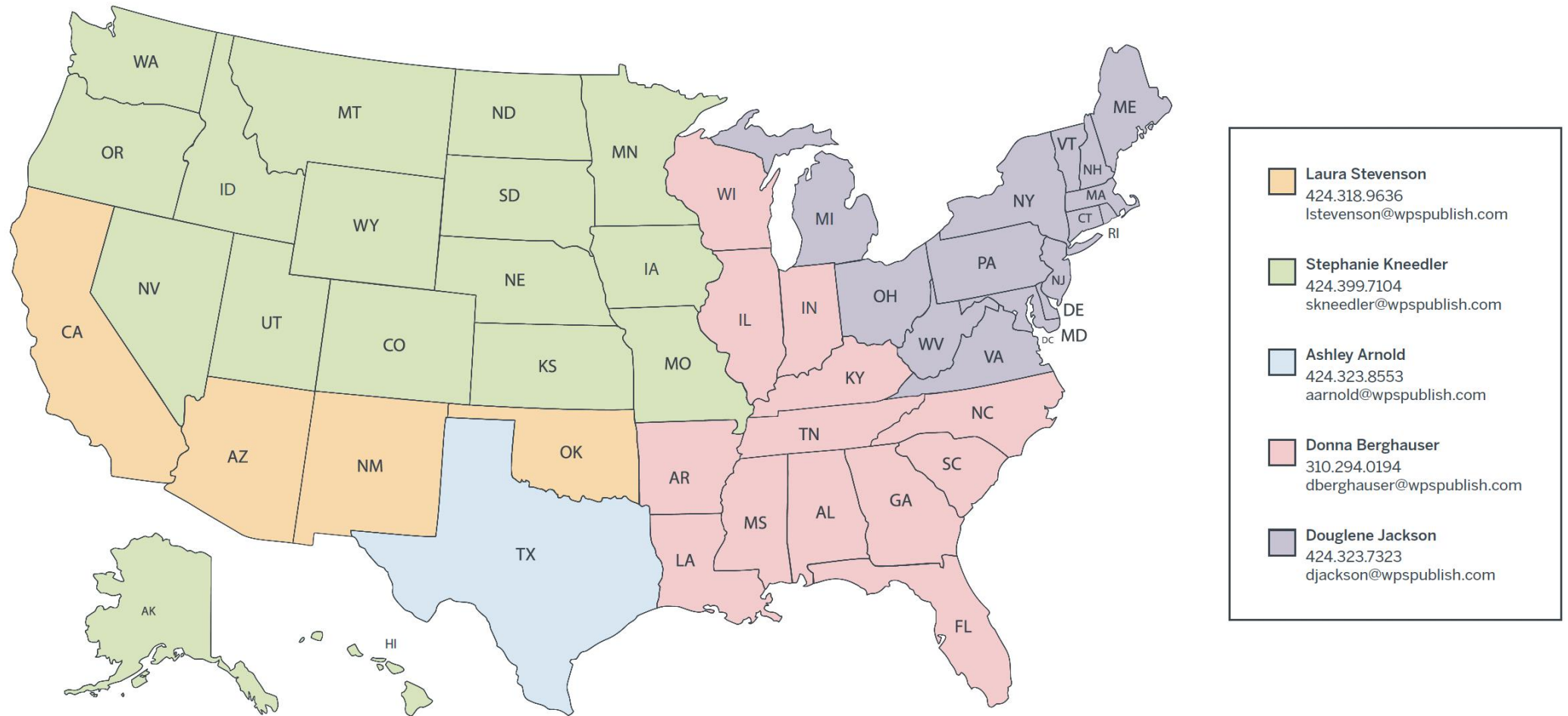


**Stephanie E. Roberts,
MA, CAS**

sroberts@wpspublish.com

424.488.4902

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