

AUTISM ASSESSMENT CONSULTATION / REFERRAL

An autism spectrum disorder (ASD) is a developmental disability, with characteristics generally evident before age 3. Students may manifest impaired social interaction skills, verbal and/or nonverbal communication deficits, sensory issues, restricted, repetitive, or stereotyped patterns of behaviors interests and activities, resistance to environmental changes, and difficulty with self-regulation. There can be a great deal of variation in the manifestation of these behaviors and characteristics for each individual, often with some characteristics lessening as a child gets older. Some of these behaviors/characteristics are also present with other diagnoses or conditions. As such, the evaluation for an ASD can be a challenging endeavor.

To meet eligibility criteria for the educational classification “Autism”, the special education team at the student’s school conducts an assessment following the guidelines listed in the Canyons School District’s Special Education Programs and Procedures Handbook (E.1.a – E.1.b). Sometimes special education teams determine more information is needed or want assistance in interpreting the results of measures already administered. The Autism Assessment and Consultation Team is available to provide consultation as well as to conduct further evaluation including the administration of the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and the Autism Diagnostic Interview-Revised (ADI-R).

If the school team is working with a student suspected of having an autism spectrum disorder and would like consultation assistance with the evaluation process, please contact any of the members of the autism assessment team.

Alec Brown, Ph.D. alec.brown@canyonsdistrict.org
School Psychologist
Willow Canyon / Bella Vista
801-826-9630 / 801-826-7847

Taylor Pelchar, Ph.D. taylor.pelchar@canyonsdistrict.org
School Psychologist
Park Lane
801-826-9030

Maria Hawley maria.hawley@canyonsdistrict.org
Speech-Language Pathologist Coordinator
Special Education Department, District Office
801-826-5042

If the school team would like to refer the student for an ADOS and/or ADI-R, please complete the attached referral form and send the packet to:

CFC @ Mount Jordan Middle School: Attention-Autism Assessment Team

Evaluations will be scheduled after school/evenings at the Canyons Family Center unless special considerations require administration at the student’s school.

**CANYONS SCHOOL DISTRICT
AUTISM ASSESSMENT REFERRAL**

Date of packet submission _____

Student Name: _____ Age: _____ DOB: _____

School: _____ Grade: _____ School Phone #: _____

Special Education: ___ NO ___ YES, Classification: _____

Briefly describe the supportive and/or special education services this student is currently receiving or has received in the past:

Parent(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School Psychologist: _____ Phone: _____

The areas listed below should be assessed prior to the referral. Please attach a copy of the scoring page for each measure and copies of current and past reports. ‘

① **Developmental history** (A broader developmental history such as the Structured Parent Interview. The Social Communication Questionnaire (SCQ) *Lifetime* form can also be helpful.)

① **Cognitive** (such as the WISC-V, UNIT, WNV, SB-5)

① **Adaptive** (Vineland-3, ABAS-3 or other comprehensive adaptive measure)

① **Academic Ability** (norm-referenced measure such as the KTEA-3, WIAT-III, or a criterion referenced measure such as the Brigance, if the child is unable to perform on a norm referenced measure.

① **Language** (One broad measure such as the CASL or CELF-5; Include a measure of pragmatic skills)

① **Social/Emotional/Behavioral Functioning** (e.g., BASC-3, Conners-3, or other similar measure; and a measure of social functioning such as the SSIS-SEL or Social Responsiveness Scale)

① **Autism Spectrum Scale(s) rating form from the parent/caregiver and a teacher. Please include complete copies of these autism specific protocols)**

Scales more appropriate for lower cognitive functioning or classic autism

① Childhood Autism Rating Scale (CARS-2)

① Gilliam Autism Rating Scale-2 (GARS-2)

① ***Autism Spectrum Rating Scale (ASRS)**

Scales more appropriate for higher functioning autism and/or Asperger Syndrome

① Asperger’s Syndrome Diagnostic Scale (ASDS)

① Gilliam Asperger’s Disorder Scale (GADS-2)

① Krug’s Asperger Disorder Index

① ***Autism Spectrum Rating Scale (ASRS)**

① **Fine Motor** (Beery VMI Sixth Ed.) if an area of concern

① **Vision/Hearing** (Note that basic screenings have been conducted and the results)

① **Medical History/Reports/Contacts** with outside agencies. Please include any past reports from outside medical or mental health providers and contact information of any current providers. Please review records and ask parents about any prior ASD diagnosis.