



CALECSE
California Early Childhood
Special Education Network


**The ABCs of Comprehensive
Early Childhood Assessments**

October 12, 2023
9:00 - 10:20 a.m.

Today's Presenters


Carrie Rodrigues, M.S., LEP, NCSP
CALECSE Exemplar Lead, Assessment Practices
School Psychologist
Preschool Program Specialist
Piedmont USD

Marion Springett, M.A.
CALECSE Project Coordinator
School Psychologist/Administrator
Saddleback Valley USD



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in (626) 956-1679 CALECSE.org



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Funded by the CDE



Implementation Leadership

Co-Executive Director- Dr. Scott Turner, East San Gabriel Valley SELPA
Co-Executive Director-Melanie Hertig, Irvine Special Education/SELPA
Project Coordinator-Marion Springett, Saddleback Valley USD



CaIECSE

California Early Childhood Special Education Network

Funded by the CDE

CalECSE.org



CaIECSE is a new technical assistance project funded under the California Department of Education (CDE) that will support Local Educational Agencies (LEAs), Special Education Local Plan Area (SELPA), County Offices of Special Education (COEs), and other Agency Partners in the areas of IDEA Part C to B Transitions, Preschool Assessment Practices, and Preschool Child Find by providing technical assistance, professional learning, and demonstration of tangible practices that have been proven successful.

The CaIECSE Network will leverage collaboration amongst agencies, disseminate resources, highlight existing exemplary practices, and provide direct technical assistance to improve the capacity, knowledge, collaboration, and implementation of evidence-based practices across agencies throughout California.

The CaIECSE Network is committed to improving outcomes for children and their families by eliminating and addressing barriers to successful transition for California's youngest children with disabilities.

What We Will Be Covering Today



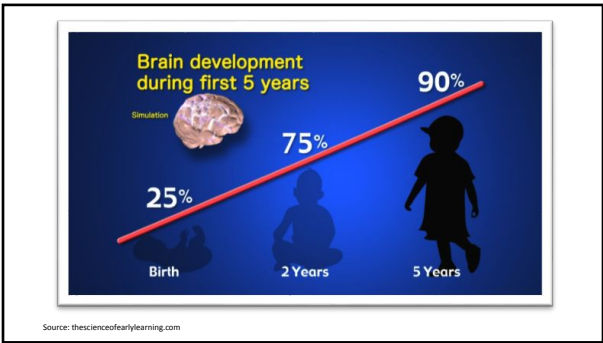
- How Are Early Childhood Assessments Different
- Making Sure It's Comprehensive
- Typical Early Childhood Development
- Team Approach
- Diagnostic Preschool Approach
- Naturalistic Observations
- Incorporating Caregivers
- Play-Based Assessments & the ADOS-2
- Standardized Measures
- Bilingual Assessments
- Ed Code Criteria: Autism & Intellectual Disability
- Report Templates
- Breaking Hard News
- Questions

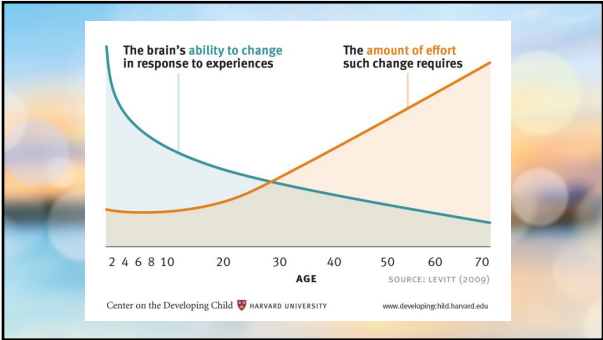


The Why

- **Early Identification and Intervention Changes Lives and Long-Term Outcomes**
- **Improve:**
 - IDEA Part C to B Transitions
 - Preschool Assessment Practices
 - Preschool Child Find







Research Shows Long-Term Benefits of Early Intervention

Intervention before age 5 has huge academic, social, and economic benefits. Studies have shown that children who receive early treatment for developmental delays are more likely to:

- ★ Graduate from High School
- ★ Hold Jobs
- ★ Live Independently
- ★ Avoid Teen Pregnancy
- ★ Avoid the Criminal Justice System

All of which results in a savings to society of about \$30,000 to \$100,000 per child.

Source: Glascoe, F.P., Shapiro, H.L. (2004, May 27). Introduction to Developmental and Behavioral Screening. developmental behavioral pediatrics online.

Expansion of Transitional Kindergarten in CA = More Early Childhood Referrals



- ✓ In 2023–24, children are eligible for TK if they turn 5 between September 2 and April 2
- ✓ In 2024–25, children are eligible for TK if they turn 5 between September 2 and June 2
- ✓ In 2025–26, LEAs are required to make TK available to all children who will have their fourth birthday by September 1 of the school year



Early Childhood Assessments: They Forgot to Cover this in Grad School



- ✓ Different from assessments of older children
- ✓ Dynamic, flexible, creative, play-based, standardized measures may not work
- ✓ Parents/caregivers important source of information/integral to assessment
- ✓ Observations crucial: California Code of Regulations, Title 17 Section 52084(e) requires evaluations and assessments to be conducted in "natural environments"



Know Typical Early Childhood Development First: Know the Milestones



CDC Developmental Milestones Tracker

Learn the Signs. Act Early.

Checklist

Resources for Early Childhood

Educators from the CDC website

MILESTONES MATTER: LET'S TALK ABOUT THEM!

<p>MILESTONES AT 4 MONTHS</p> <ul style="list-style-type: none"> ☑ Begins to babble ☑ Responds to affection 	<p>MILESTONES AT 6 MONTHS</p> <ul style="list-style-type: none"> ☑ Likes to play with others ☑ Responds to own name 	<p>MILESTONES AT 9 MONTHS</p> <ul style="list-style-type: none"> ☑ Has favorite toy ☑ Understands "no"
<p>MILESTONES AT 1 YEAR</p> <ul style="list-style-type: none"> ☑ Starts to say words you say ☑ Waves "bye-bye" 	<p>MILESTONES AT 2 YEARS</p> <ul style="list-style-type: none"> ☑ Begins to run ☑ Begins to use shapes, colors 	<p>MILESTONES AT 3 YEARS</p> <ul style="list-style-type: none"> ☑ Knows name and age ☑ Climbs and runs well

Get free milestone checklists for these signs and more at www.cdc.gov/Milestones or by calling 800-CDC-4A-0000 (202-690-6000).

Learn the Signs. Act Early.



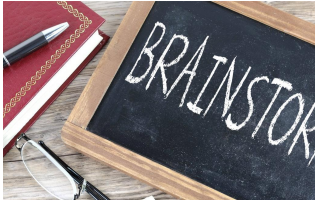
Assessing in All Areas of Suspected Disability

- Early Childhood referrals come in from many sources:
 - Regional Center Part C to Part B referral (32-34 months) or Family Resource Center
 - Parent referred due to concerns with an area or areas of development/may have no diagnosis
 - Teacher referred—new influx of Transitional Kindergarten referrals
 - Pediatrician referred
 - Medical/private diagnosis triggers a request for assessment
 - Community developmental screenings

Assessing in All Areas of Suspected Disability, Continued

- A **comprehensive intake process** for referrals to ensure the team is assessing in ALL areas of suspected disability.
- Intake process include specific questions about **behavior**, **sensory processing**, **language**, **socialization/play**, **self care**, **motor skills**, etc so that the assessment plan reflects all areas of concern.
- In most cases, the approach of “waiting and seeing” or “screening” is NOT recommended and NOT legally defensible practice.
- If **Autism** or **Intellectual Disability** is suspected, a full assessment is warranted including OT on initial assessment plan, if sensory or motor concerns are present.

A parent of a 3 year old calls you and says they are concerned about their child. What questions can you ask to gather information?



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Sample Intake Form



EARLY SIGNS OF AUTISM



Don't Wait to Assess for Autism



- Breaking News: 1 in 36 children in United States diagnosed w Autism [\(CDC, 2023\)](#)
- Girls are often missed and "hide in plain sight." See link to [Child Mind Institute Article](#)
 - DSM-V criteria based on research on males
 - Rating scales and tests normed mostly on males
- School Districts **DO NOT** need a child to have a medical diagnosis to find a child eligible for special education under Autism.
- School districts can be the first identifiers.


MARCH 2023

1 in 36

CHILDREN HAS AUTISM,
NOW ESTIMATED BY THE CDC

#LATESTNEWS #WCLGABART

When in Doubt: Assess




Special Ed Law *requires* us to assess in all areas of suspected disability: if referral includes concerns with:

- social skills
- transitions
- excessive tantrums
- solitary play
- friendship difficulties
- rigidity/intense need for routine/sameness
- atypical/no language
- atypical play
- intense interests
- low eye contact or lack of eye to eye gaze for purposeful communication
- sensory challenges
- OR other markers of Autism...


Ensure you are considering Autism eligibility as part of your initial assessment

Comprehensive Early Childhood Evaluation: Looking at the Whole Child


Cognitive & Preacademic Skills



Speech & Language




Adaptive Behavior



Motor/Sensory



Social-Emotional & Behavior



Components of a Comprehensive Early Childhood Assessment

- ❑ [Health and Developmental History \(sample linked\)](#) [Spanish H&D Template](#)
- ❑ Hearing and Vision Screenings
- ❑ Parent/Caregiver Report/Interview
- ❑ Review and Consideration of Outside Reports/Diagnoses
- ❑ Preschool Teacher/Daycare Provider Reports
- ❑ Naturalistic Observations (preschool, home, park, etc.)
- ❑ Assessment/Clinical Observations
- ❑ Play-Based Assessment
- ❑ Standardized Assessments
 - ❑ Speech and Language
 - ❑ Cognitive (unless working with an African American child due to Larry P case injunction, then use alternative assessment)
 - ❑ Preacademic Skills
 - ❑ Adaptive Behavior
 - ❑ Social-Emotional/Behavior (including Autism if warranted)
 - ❑ Motor/Sensory (if warranted)
- ❑ Statement of Validity
- ❑ Summary of Findings
- ❑ Discussion of Eligibility Recommendations under Education Code



Assessment Team vs. Individual Assessors



- **Assessment Teams: work together to assess and typical write one multidisciplinary report**
 - Team members can consist of:
 - School Psychologist
 - Speech Language Pathologist
 - Early Childhood Special Education Teacher
 - Occupational Therapist (to address motor/sensory concerns)
 - Nurse and/or others as appropriate
 - Other teachers and/or specialists as appropriate (i.e. O&M specialist, Teacher for VI, Teacher for DHH)
- **Individual Assessors: typically submit separate reports (not best practice)**

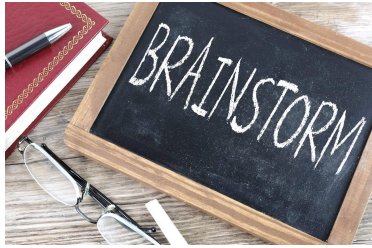
Diagnostic Preschool Approach



- Students attend a diagnostic preschool program over a period of time (i.e. approx. 3 hours per day, for approx. 5 - 15 days).
- All students attending are undergoing a comprehensive or "full" assessment and placed in an assessment "cycle" (i.e. two weeks of assessment and two weeks of IEPs before new cycle begins).
- A preschool teacher runs the classroom while the multidisciplinary team members conduct assessments and observations over the assessment period.
- Each team consists of: School Psychologist, ECSE Teacher, Speech Therapist, Student Attendant and Nurse, OT, PT and/or APE or other specialist based on student need.
- Team is able to observe the child in a preschool environment to determine supports needed in all domains and during each part of a preschool day. They are also able to determine rate of progress over the assessment period leading to very robust and comprehensive evaluations.



How might parents/caregivers roles be different in early childhood assessments versus assessments of older students?



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Parents/Caregivers

- Know their children and are essential to the assessment process
- Involve parents/caregivers: interview them, invite them in the assessment room, ask them what their concerns/goals are, involve them in play during assessments, *listen* to what they have to say
- First introduction to the school system: use it as an opportunity to build trust
- Explain the process and explain it again
- Define acronyms and "SPED speak" terms, first defining all acronyms
- Be kind: parenting a toddler/preschooler is difficult



Parents/Caregivers/Families & Cautions

- Do not assume you know how parents or a family may be functioning
- Be aware of possible cumulative effects of experiences or information caregivers may have received
- Watch for guarded/protective responses to interview questions - be prepared to share additional insights and probe responses
- Cross reference all assessment information
- Do not take reactions personally



Naturalistic Observations

- Value cannot be understated
- Ed code and case law: most legally defensible stance is for all assessors to observe in child's natural environment
- Preschool, Home, Daycare, Park
- Observe:
 - Play
 - Behavior
 - Social Interactions
 - Problem Solving
 - Ability to Transition
 - Speech/Language
 - Self-Care Skills
 - Motor Skills
 - Attention
 - Ability to Follow the Routine/Engagement with Presented Activities

Naturalistic Observations

- Observe, continued:
 - Mood (content, anxious, on edge)
 - Unusual Behavior:
 - atypical motor movements: flapping/pacing/jumping/spinning/tiptoe walking
 - echolalia/scripting
 - atypical use of toys
 - aggression
 - prolonged or frequent tantrums
 - lack of eye contact
 - lack of response when name is called
 - sensitivity to noise
 - lack of nonverbals (nodding, pointing, smiles, clapping, demonstrative gestures)
 - sensitivity to touch
 - sensitivity to preschool materials (touching paint, washing hands, sand)

Things to Look For in Your Observations

[Joint Attention](#)

[Response to Name](#)

[Typical v Atypical Play](#)

[Play/Social Contrasts Typical/ASD](#)



Sample Summary of Observations

Sample of a Narrative Observation

Preschool Observation Impressions

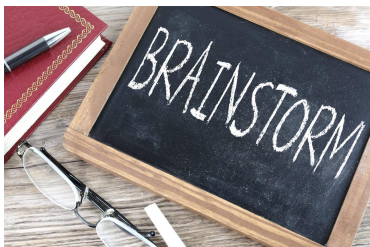
- Jack participated appropriately in all preschool activities including work time, a transition, and a group meeting.
- He used age-appropriate oral language with adults and peers. He spoke in full sentences and showed appropriate social pragmatics (eye contact, gestures, waiting his turn in a conversation, commenting to peers).
- He showed an age appropriate ability to attend to both independent work and group instruction.
- He engaged in peer interactions appropriately and initiated peer interactions.
- He followed routines independently.
- He followed all adult directions.
- He sat calmly and moved around the room in a controlled manner. No hyperactivity or impulsive behavior was observed.

Play-Based Assessment



- Start with play on the floor to develop rapport
- Provide a variety of age-appropriate toys and see what the child gravitates to without leading play.
 - Baby doll
 - Cars
 - Nesting Cups
 - Bubbles
 - Ball
 - Book
 - Sensory Toy
 - Puzzle
 - Stuffed Animal
 - Playdough/Dishes

What are some ways to engage young children in play?



Play-Based Assessment, Continued



• **Observe:**

- Which toys does the child choose?
- Does the child show you toys?
- Does the child try to involve you in their play?
- Do they show *joint attention*?
- Do they share enjoyment (smiling at you or a caregiver)?
- Do they play with their toys the way intended?
- Do they respond to their name?
- Can they engage in make believe play (feeding a baby, doctor)?
- Do they point to show you things?
- Can they state their name/age when asked?
- Will they request more of a fun activity such as bubbles or balloons being blown up? How do they request?
- Will they engage in games like peek a boo, rolling a ball back-and forth?



Autism Diagnostic Observation Schedule, 2nd Edition, ADOS-2



- **Age Range 12 months to Adulthood**
- **Four Modules, plus Toddler Module**
- **Assessor presents various activities** (e.g., Free Play, Response to Name, Response to Joint Attention)
- **Overall Autism, Autism Spectrum or Non-Spectrum Classification Given**
 - Assessor Scores in Language & Communication, Reciprocal Social Interaction, Play, Stereotyped & Restricted Interests, Abnormal Behaviors
- **Drawbacks:** must be trained; snapshot in time; girls can be missed; difficult to administer/score
- **Upcoming Training Opportunities**

Through WPS
<https://www.wpspublish.com>

Through UCSF
<https://autism.ucsf.edu>



Comprehensive Early Childhood Evaluation: Standardized Assessments

Cognitive & Preacademic Skills



Speech & Language



Adaptive Behavior




Motor/Sensory




Social-Emotional & Behavior




Assessments that Cover All Domains




DP-4
Age Range Birth-21
Recently Updated-2020




Bayley-4
Age Range 16 Days-3:6
Recently updated-2019





DAVC-2
Age Range Birth-5
2012



Battelle-3
Age Range Birth-7:11
Recently updated-2020
Spanish version available
Academic Assessment portion for 3:6-7:11




Cognitive/Precademic Assessments





Cognitive Assessments

WPPSI-IV
Age Range 2:6-7:7
2012




CAVC
Age Range 2 months-5
2010




Precademic Assessment


WIAT-4
Age Range 4-50:11
2020




KTEA-3
Age Range 4-25:11
2014



Bracken-4
Age Range 3-7:11
Just released late
2022



What are some possible challenges of assessing preschoolers ?



While challenges may exist, they can also yield pertinent assessment and diagnostic information:

- Time it takes to warm to a new environment or people
 - May take multiple assessment sessions
- Separation difficulties - child and/or parent may be unwilling to separate
- Performance when parents/caregivers are present
 - Child may perform differently
- Attention - some preschool age children may not be able to sit, attend, or establish joint attention
- Behavior/Refusal to participate
 - Tantrums

Possible Challenges of Assessing Children with Autism & Intellectual Disabilities



Consider limiting factors to conducting valid standardized assessments

- o Language impairments - verbally loaded assessments may not be valid
- o Limited engagement with non-preferred tasks
- o Limited joint attention (limited ability to look at what you are looking at and share attention)
- o Limited ability to respond when spoken to
- o Difficulty with change in routine (testing in an unknown setting, with unknown person, or disruption to normal schedule may cause upset/low scores)
- o Inability to point to indicate answers affects scoring

Standardized Assessments with Supports for Autism



Create a supportive setting

- o Have parent/teacher prep child about change to routine
- o Use preferred interests to build rapport
- o Test in a familiar setting: child's school/home
- o Use a visual schedule of tests/breaks/reward time



For Intelligence testing: consider using a nonverbal assessment depending on language skills

- o Kaufman Assessment Battery for Children, 2nd Ed (KABC-II NU)* (minimal language)
 - Age 3 and up
 - Nonverbal Index & Mental Processing Index
- o Wechsler Nonverbal Scale of Ability (WNV) (nonverbal)*
 - Age 4 and Up
 - Also appropriate for non-English speakers
 - Overall cognitive ability score in four subtests



Use token boards/reinforcers: consult w parents/ABA providers/teachers

*Do not use with African American children per Larry P case injunction.

Tip of the Trade: You may have to conduct testing on the floor and intersperse subtests with "first...then" play breaks.



Speech and Language/ Pragmatic Assessments



Language

- Receptive One Word Picture Vocabulary Test- 4 (Spanish/English)(2 yrs.-70 yrs.+)
- Expressive One Word Picture Vocabulary Test-4 (Spanish/English)(2 yrs.-70 yrs.+)
- Peabody Picture Vocabulary Test-5 (PPVT-5) (English) (2 yrs.,6 months-90+ yrs.)
- Test de Vocabulario en Imagenes Peabody (Spanish)(2 yrs, 6 months- 17 yrs., 11 months)
- Receptive Expressive Emergent Language-3 (REEL-3)(English) (Birth-3 yrs.)
- The Rossetti Infant-Toddler Language Scale (Birth- 3 yrs.)(Total Language, including Pragmatics)
- Boehm-3 Preschool
- Informal Language Sample (50 word utterance)

Pragmatics

- Preschool Language Scale-5 (PLS) Total Language (Spanish/English)(Birth-7 yrs.) includes pragmatics
- Comprehensive Assessment of Spoken Language-2 (CASL-2) (3yrs-21) includes pragmatics/supralinguistic
- Clinical Evaluation of Language Fundamentals Preschool-3 (CELF P-3) (Total Language, including Pragmatics) (3 yrs.-6 yrs, 11 month)

Speech and Language Assessments



Articulation/Fluency

- Goldman Fristoe Test of Articulation-3 (GFTA-3) Spanish/English)(2 yrs.-21 yrs.)
- Stuttering Severity Instrument - Fourth Edition (SSI-4)(2 yrs.-10 yrs. & up)

Adaptive Behavior



ABAS-III Infant & Preschool

Parent/Teacher Scales
Age Range Birth-5
2015
Available in Spanish



Vineland-II

Parent/Teacher Scales
Age Range Birth-90 (Parent), 3-21:11 (Teacher)
2005



Motor/Sensory



Sensory Processing

Sensory Profile-2
Age range 3-10:11
2014



Sensory Processing Measure-Preschool
Age range 2-5
2010



Motor Skills


Peabody Developmental Motor Scales (PDMS-2)
Age range Birth-5
2000




Miller Function and Participation Scales (M-FUN)
Age range 2-7:11
2006




Social-Emotional and Behavioral Assessments




BASC-3
Parent/Teacher Form Age Range 2-5
2015
Spanish available



Conners Early Childhood
Age Range 2-6
2009




BRIEF-P
Parent/Teacher Form Age Range 2-5:11
2003




ASEBA Preschool
Parent/Teacher/Teacher Form Age Range 1:6-5
2000
Looks at variety of DSM-5 diagnostic categories: Depressive Problems; Anxiety Problems; Autism Spectrum Problems; Attention Deficit/Hyperactivity Problems; Oppositional Defiant Problems.
Spanish available


Autism Specific Rating Scales & Assessment Tools




ASRS
Parent/Teacher Form Age Range 2-5
2009
Autism-specific, provides Total Score and DSM-5 Scale Score
Spanish available



CARS-2
Age 2 and up
2010
Clinician completes rating scale based on observations and parent-completed form



SRS-2
Parent/Teacher Form Age Range 2:6-4:6
2012
Social Awareness, Social Cognition, Social Communication, Social Motivation, and Restricted Interests and Repetitive Behavior.
Spanish available



SCQ
Parent Form: Lifetime or Current Age 4 and up
2003
Screening looking at developmental history markers of Autism
Available in 11 languages

Never rely on a single measure for eligibility or never rule out eligibility because of single measure: Use your clinical judgement looking at the whole picture and always cross reference all information that the intake and assessment yields.



A Word About Cultural & Linguistic Competence

Credit/Adaptations from: [Guiding Principles of Systems of Care: Cultural Competence - Child Welfare Information Gateway](#)

Cultural & Linguistic competence refers to:

- ★ Organizations understanding and responding effectively to the cultural and linguistic needs of the people that they serve
- ★ Involves a defined set of values, principles, as well as behaviors, attitudes, policies, and structures, that enable systems to work effectively cross-culturally
- ★ Involves the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity & the cultural contexts of communities served
- ★ The incorporation of the above in policymaking, practice, and service delivery

Why is cultural competence important?

- ★ Addressing issues of culture, race, and ethnic background increases the likelihood of positive interventions
- ★ By working to understand the cultural needs of the families within systems of care, service providers convey the importance of respect, dignity, nondiscrimination, and self-determination to all participants
- ★ Being willing and able to understand the needs of unique families seeking or needing services will improve both the families' willingness to participate and the system's capacity to provide effective services

Cultural & Linguistic Considerations

Credit/Adaptations from: [Guiding Principles of Systems of Care: Cultural Competence - Child Welfare Information Gateway](#)

Questions to ask about systems of care including cultural and linguistic competence:

- Is there bilingual/bicultural staff available to provide interpretation and/or translation services as needed?
- Is leadership committed to the cultural competence effort?
- Are policies in place to support cultural competence within our system?
- Are recommended services responsive to each child and family's culture?
- Are staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are families involved in developing the system's cultural competence efforts?
- Do staff interact with children and families in culturally and linguistically competent ways?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

Bilingual Assessments



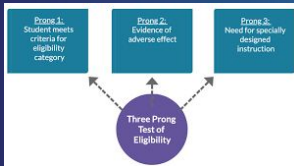
- **Cognitive**
 - Differential Abilities Scale-II (DAS) [English and Spanish protocols and Nonverbal Index]
 - Cognitive Assessment of Young Children (CAYC) (with translation support)
 - Developmental Profile 4 (rating scales in English and Spanish)
 - Kaufman Assessment Battery for Children (KABC) - Nonverbal Index & Mental processing Index (minimal language)
 - Wechsler Preschool & Primary Scale of Intelligence (WPPSI-IV)-available in Spanish
- **Autism/Behavioral available in multiple languages**
 - Adaptive Behavior Assessment System (ABAS)
 - Autism Spectrum Rating Scales (ASRS)
 - Gilliam Autism Rating Scale (GARS)
 - Behavior Assessment System for Children (BASC)
 - Vineland II
- **Communication**
 - Developmental Assessment of Young Children - (DAYC) (communication domain for expressive and receptive language with translation support)
 - Preschool Language Scale-5 (PLS) (Spanish version)
 - WESTBY Symbolic Play Scale

Bilingual Assessment Considerations



- Comprehensive record reviews, interviews and observations
 - Interview caregivers - what language is spoken amongst the adults at home? What language is spoken to the child at home? What language do they feel the child is most comfortable in?
 - Speak to the child in both languages to observe their overall receptive and expressive preference with staff and peers
- Rule out cultural and linguistic factors
 - Language Acquisition vs Disability
- Interpreters
 - Hire out for support with assessment as needed
- Use a variety of assessment tools
 - We never base eligibility on only one measure or test
 - Cross referencing of all assessment information is critical

Determining Education Code Eligibility and Special Education Eligibility



Decisions are made by IEP Team.

Recommendations are made by assessors.

Special Ed Federal Eligibility Categories
California Ed Code

- Speech and Language Impairment
- Autism
- Intellectual Disability
- Other Health Impairment
- Emotional Disturbance
- Vision Impairment
- Orthopedic Impairment
- Hearing Impairment
- Multiple Disabilities
- Traumatic Brain Injury
- Specific Learning Disability*

California Education Code Criteria for Autism



→ Autism means a developmental disability **significantly affecting verbal and nonverbal communication and social interaction**, generally evident before age three, **and adversely affecting a child's educational performance.**

→ Ensure **social pragmatic communication (not just language)** is considered when determining whether or not student meets Ed. Code criteria

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 response to sensory experiences.*

→ Adversely affects educational performance

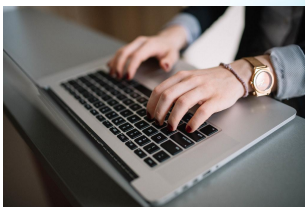
→ Requires specially designed instruction

Special Ed Eligibility vs Medical Diagnosis



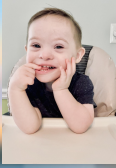
- Medical Diagnosis is not needed for Ed Code eligibility
- Medical Diagnosis does not automatically equal Ed Code eligibility
- Having both Ed Code eligibility and a Medical Diagnosis can be important for family to access maximum supports
- [Handout for Families](#) to explain the difference

Multi-Disciplinary Autism Report Template



[Report Template Provided](#)

Intellectual Disability



- Developmental disorder that includes both **intellectual** and **adaptive behavior** functioning deficits.
 - **Intellectual functioning:** verbal reasoning, problem solving, planning, abstract thinking, perceptual reasoning, cognitive efficiency
 - **Adaptive behavior:** conceptual, practical, and social domains
 - On standardized tests, scores typically 2 SDs below the norm (SS = 65-75) or at or below the 2nd percentile
- 31% of people with Autism have a co-occurring Intellectual Disability. (CDC, 2023)
- Multiple causes: prenatal exposures, genetic syndromes (e.g., Down Syndrome), labor and delivery-related events leading to brain injury, acquired after illness such as meningitis, trauma to the brain, chronic social deprivation, lead intoxication, sometimes unknown.
- Signs can become apparent in the first two years of life: delayed social, motor, and language milestones.
- Common co-occurring conditions: ADHD, mental disorders, anxiety, autism, cerebral palsy, epilepsy.

Sources: *DSM-V, 2013* & *CDC, 2023*

California Education Code Criteria for Intellectual Disability



Intellectual disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

Larry P Case Law



- Larry P case: 1972 US District Court in California ruled that school districts were no longer allowed to use standardized intelligence tests due to inherent bias for the identification of **African American students** for special education. Case law remains in effect.
- No assessments/measures that generate a single cognitive score or measure "intelligence" (WISC-V, CAS-2, WJ-IV, DP-4, DAYC-2, Peabody Picture Vocab Test, any many more) or anything that measures anything similar to an intelligence test (DAS-2 is debatable based on case law).
- [FAQs from CASP](#) / [Recent CDE memo](#)



Assessing African American Children considering Larry P



- As always, make sure your assessment is comprehensive, reliable, valid and includes multiple measures/sources of information: caregiver information, rating scales, play-based measures, compare progress on milestones to look at rate of learning, authentic assessments, the Southern California Ordinal Scales, and observations are even more essential.
- Do not generate an overall cognitive (e.g., FSIQ) score.
- Use processing measures to look at strengths and weaknesses.

Children Who Cannot Participate in Testing Because of Severity of Impairments



Some children's cognitive, language, or motor impairments are so profound that they cannot point, sustain attention to or engage in cognitive testing in a valid manner.

- Detailed/multiple observations across various settings
- Detail attempt to test in assessment observations
- Parent/caregiver/teacher/provider interviews
- Adaptive behavior scales with detailed descriptions of what child can do/cannot do and
- Scores on all measures often well below SS=70 (typically 60 and below)
- Sometimes a child can participate in select domains that are hands-on (e.g., Visual Spatial Index)
- Even if you cannot generate a FSIQ, you can still qualify a child under ID based on preponderance of data supporting significantly below average intellectual functioning (observations, adaptive rating scales below 70, speech/lang scores below 70, years behind on milestones, inability to participate in testing described, parent/teacher reports supporting this finding)

Children Who Cannot Participate in Testing Because of Severity of Impairments, continued



Sample assessment attempt report write-up:

Sabrina was seen for one testing appointment in her preschool classroom. She presented as an adorable little girl with profound challenges. At this time, she is unable to use oral language or nonverbal gestures to communicate. Standardized intelligence tests were not administered because of the Larry P. case injunction in effect (California only) that prohibits their use with African/African American students. The examiner attempted to administer select subtests from the NEPSY-II to gather information about Sabrina's basic psychological processing skills. Sabrina needed physical prompting and support to remain seated in a chair. When physical assistance was removed, she slipped out of the chair. She was unable to follow simple directions such as ("Sit down" or "Touch your head"). She was unable to visually reference visual testing stimulus when the examiner attempted to show it to her. Sabrina was also unable to hold blocks when given to her and she immediately dropped them when placed in her hands. Sabrina did not appear able to engage with testing materials or participate in standardized testing in a valid manner. As a result, formal testing with Sabrina could not be conducted and alternative means of assessment have been used.

Sample ID Report



[Sample Report](#)

Breaking Hard News

- Don't share information about an Intellectual Disability or Autism for the first time via a report, email, or at the IEP meeting—conversations should happen throughout assessment process.
- Ask parents to meet before the IEP meeting in-person or virtually. If both parents are in the child's life, try to meet with them at the same time.
- Make sure you have a private setting to meet, free of distractions. Have tissue nearby.
- Set aside at least 30 minutes to meet with the caretakers (without interruptions) so you are fully focused on their needs (don't be tempted to check your phone or email).
- Share child's strengths first.
- Signal why you have asked to meet. "I have asked to meet ahead of Johnny's IEP meeting to share some potentially difficult information with you."

Breaking Hard News, Continued

- Explain that the IEP team makes the decision on eligibility at the IEP meeting, but that you are seeing challenges with X, Y, Z related to Autism and/or ID
- Be clear about your findings: "This is what Autism means under Education Code... and this is what we are seeing ..."
- Ask what they already know about Autism/ID and ask if they have any questions.
- Be ready to follow the caregivers lead:
 - Sitting with silence can be necessary.
 - Answer questions and try not fall into temptation to paint an overly optimistic picture.
 - Parents may be defensive and not see their child in same way. They may become angry. You do not need to defend your findings in this meeting, just listen empathetically.
 - Acknowledge feelings: "I hear this information is upsetting to you and you do not agree."

Resources for Families

- Refer families to their [local Regional Center](#) if they are not connected yet. Families with children who have developmental disability can qualify for support from Regional Centers after age three including respite care, summer programming, and more.
- Connect them with their local [Family Resource Network](#)
- Encourage families to share this information with their pediatrician and share this [doc](#)
- General [Information on Autism](#) for Parents
 - Website with videos <http://www.interactingwithautism.com/>
 - Book *Uniquely Human* by Barry Prizant
 - [Information about Autism in Spanish](#)
- [Parent Information on Intellectual Disabilities](#) (also available in Spanish on site)
 - [Video](#) about Intellectual Disabilities from Special Olympics
 - [American Association on Intellectual and Developmental Disabilities](#)

Questions?



Links, References, & Additional Information

- Center for Disease Control "Developmental Milestones Full Checklist PDF"
https://www.cdc.gov/npcd/topics/autism/essentials/full-checklist-2021_Fng_FNI_2_908.pdf
- Center for Disease Control "Data and Statistics on Autism Spectrum Disorder, March 2023"
<https://www.cdc.gov/ncbddd/autism/data.html>
- Child Mind Institute Article
Why May Autistic Girls Are Overlooked by Beth Arky
<https://childmind.org/article/autistic-girls-overlooked-undagnosed-autism/#text=Epstein%20says%20there's%20another%20reason-social%20ysfunction%20is%20%20raised%20by%20autism>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.)
- California Ed Code Criteria
https://www.caepnrfp.org/pdfs/pdfs/Title%205%20Regs_%20CCR%20update.pdf
- CaE/CSE Autism Medical Diagnosis v. Educational Eligibility Explained
<https://thepeople.com/news/1676557/autism-diagnosis-vs-educational-eligibility-explained>
- Sample of Preschool Health & Developmental History
<https://thepeople.com/news/1676557/autism-diagnosis-vs-educational-eligibility-explained>
- Sample of Spanish Preschool Health & Developmental History provided by Chula Vista Elementary School District
https://docs.google.com/document/d/1Tdg2ovwSQRsd_g6d4p4ETXGadh_3J3rdITUapm-sharing6ouq1=1015245315104101754908ktpofbtvua&edit

Links, References & Additional Information Continued...

Early Signs of Autism Tutorial by the Center for Autism and Related Disorders at the Kennedy Krieger Institute
<https://www.youtube.com/watch?v=7y9P6SC0h4>

Joint Attention Video by the Center for Disease Control
<https://www.youtube.com/watch?v=yL-BuoQW0GDE>

Response to Name Video by the Center for Disease Control
<https://www.youtube.com/watch?v=80HvW0f0C88>

Typical versus Atypical Play by the Center for Disease Control
<https://www.youtube.com/watch?v=1Q2CzT4h7nI>

Sample of a Narrative Observation
https://www.youtube.com/watch?v=1A4vQlFhT69501d9wSG1d4YnhEE_rfDd3_NjTCY1aH4A6dlr7u5peshating

CASP Larry P Assessments and Related Issues FAQ
<https://casp.cde.ca.gov/about/casp/2019-2020/assessments-and-related-issues-faq/>

CDE Memo Regarding Larry P, 2022
<https://www.cde.ca.gov/asp/era/cmemo091422.asp>



 **Contact Us!**

www.calecse.org

Marion Springett
CALECSE Project Coordinator
mspringett@calecse.org

Carrie Rodrigues
CALECSE Assessment Practices, Exemplar Lead
crodrigues@piedmont.k12.ca.us
