

## E.11 Autism Spectrum Disorder

### Definition

Autism Spectrum Disorder (ASD) is a term used to describe a group of lifelong neurodevelopmental disabilities characterized by the manifestation of behavioural characteristics across multiple areas of functioning. ASD is defined and diagnosed through the observation of behaviours. Characteristics are observed, in varying degrees, in social relationships, communicative competence, pattern and range of interests, and sensory responsiveness. The impact of ASD can range from mild to severe, and may improve or change across an individual's life. Students with ASD exhibit impairments in:

- communication;
- reciprocal social interaction; and
- restricted repetitive patterns of interests and behaviours.

The Ministry of Education and Child Care uses the definition of ASD as defined in the Standards and Guidelines for the Assessment and Diagnosis of Young Children with Autism Spectrum Disorder in British Columbia, produced by the Ministry of Health. ASD includes all of the following DSM-1V and ICD-10 categories:

- Autistic Disorder
- PDD-NOS/Atypical Autism
- Asperger Disorder/Syndrome
- Rett Syndrome
- Childhood Disintegrative Disorder

To be eligible for supplemental funding, the following conditions must be met:

- a diagnosis of ASD must have been made by appropriately qualified professionals (see Identification and Assessment section for further information);
- the ASD must adversely affect educational performance;
- a current IEP is in place that includes:
  - individualized goals,
  - adaptations and/or modifications where appropriate,
  - the strategies to meet these goals, and
  - measures for tracking student achievement in relation to the goals;
- Ongoing inclusive education service(s) are provided;
- the services being provided are beyond those offered to the general student population and are proportionate to level of need(s);
- the inclusive education services are outlined in the IEP and directly relate to the student's identified disabilities or diverse abilities; and
- reduction in class size is not by itself a sufficient service to meet the definition.

### Identification and Assessment

On January 1, 2004, the Province introduced Standards and Guidelines for the Assessment and Diagnosis of Young Children with Autism Spectrum Disorder in British Columbia, that govern the identification and assessment of students under the age of six for a diagnosis of autism. The Ministry of Education and Child Care adopted these Standards.

The Standards require that a clinical diagnostic assessment, undertaken after January 1, 2004 must be conducted by a qualified specialist (registered psychologist, paediatrician, neurologist or psychiatrist) with broad experience in diagnosing children with autism and developmental disabilities. The assessment must include and integrate information from multiple sources and various professions from different disciplines. Assessment must include psychological assessment of cognitive level and adaptive functioning using standardized norm-referenced instruments; a comprehensive speech-language-communication evaluation using standardized norm-referenced instruments; and a comprehensive medical evaluation by a paediatrician including a detailed physical exam and appropriate laboratory investigations. Additional assessments may include occupational therapy assessment, psychiatric assessment or other specialty assessment as indicated.

For more information, see the Standards and Guidelines for the Assessment and Diagnosis of Young Children with Autism Spectrum Disorder in British Columbia at [http://www.phsa.ca/Documents/asd\\_standards\\_0318.pdf](http://www.phsa.ca/Documents/asd_standards_0318.pdf).

For all children and youth diagnosed on or after establishment of provincial guidelines on Jan. 1, 2004 a confirmed BC Autism Assessment Network (BCAAN) Clinical Diagnostic Assessment report documenting diagnosis of ASD should be accepted without further review.

For students with a documented diagnosis of ASD from other than BCAAN, who were under the **age of six** at the date of diagnosis, documentation should be reviewed in terms of meeting the Standards and Guidelines criteria:

<p><b>A. Components of the Clinical Diagnostic Assessment</b></p> <ul style="list-style-type: none"> <li>• History from multiple sources</li> <li>• Mental status examination</li> <li>• Evaluation of developmental level</li> <li>• Review of community records and prior assessments</li> <li>• Consultation with other disciplines</li> </ul>
<p><b>B. Clinical History</b></p> <ul style="list-style-type: none"> <li>• History guided by use of a standardized ASD diagnostic interview with the primary caregiver(s) (ADI-R).</li> <li>• Documentation of use of appropriate tool as well as details of data that the tool generated.</li> </ul>
<p><b>C. Clinical Observation</b></p> <ul style="list-style-type: none"> <li>• Administration of a standardized ASD diagnostic observation of the patient (ADOS).</li> <li>• Documentation of use of appropriate tool as well as details of data that the tool generated.</li> </ul>
<p><b>D Supplemental/Prior Assessments Required</b></p> <ul style="list-style-type: none"> <li>• Paediatrics</li> <li>• Psychology</li> <li>• Speech and Language Pathology</li> </ul>

For students with a documented diagnosis of ASD from other than BCAAN, who were **over the age of six** at the date of diagnosis, documentation should be reviewed in terms of meeting the following criteria:

<p><b>A. Components of the Clinical Diagnostic Assessment</b></p> <ul style="list-style-type: none"> <li>• Mental Health Review (including history and mental status examination)</li> <li>• Evaluation of developmental level</li> <li>• Review of community records and prior assessments</li> </ul>
<p><b>B. Clinical History</b></p> <ul style="list-style-type: none"> <li>• History guided by use of a standardized ASD diagnostic interview with the primary caregivers (ADI-R).</li> <li>• Documentation of use of appropriate tool as well as details of data that the tool generated.</li> </ul>
<p><b>C. Clinical Observation</b></p> <ul style="list-style-type: none"> <li>• Administration of a standardized ASD diagnostic observation of the patient (ADOS).</li> <li>• Documentation of use of appropriate tool as well as details of data that the tool generated.</li> </ul>

For all children and youth with a documented diagnosis of ASD from another province in Canada who have moved to British Columbia, a confirmation of diagnosis of ASD by a qualified BC specialist should be accepted, provided the confirmation of diagnosis includes a copy of the original assessment and diagnostic report(s). Qualified specialists include paediatricians, psychiatrists, and registered psychologists with broad experience in diagnosing children with autism and developmental disabilities.

### **“Legacy provisions”**

Students of any age who were identified by school boards in the Autism category in the 2005/06 school year will remain eligible for continued placement in this category, provided a previous documented diagnosis of ASD was made by an appropriately qualified professional, a current IEP remains in place and the student continues to receive ongoing inclusive education services. Such students will remain eligible for continued placement in this category on the basis that they were identified in the autism category at 2005/06, consistent with Ministry of Education and Child Care requirements for that school year. All students with a documented diagnosis of ASD made by a qualified professional (registered psychologist, pediatrician, neurologist or psychiatrist) prior to Jan. 1, 2004 should be deemed eligible.

## **Planning and Implementation**

Individualized goals of each student’s education program must be documented in a timely manner in a current IEP. Taking individual needs into account, goals for students with ASD should usually address:

- socially adaptive behaviours and social responsiveness;
- motor development;
- communicative competence; and
- academic performance.

Many children with ASD receive services from other agencies. School personnel should work co-operatively with other agency staff to create services that are as integrated as possible.

Education programs for students with ASD may take place in a regular classroom, but this does not preclude the use of different learning environments such as small group instruction in a resource room, self-contained classes or other specialized settings. The goal of placement should be to meet the student’s educational needs.

Career exploration, job skills training and work experience should be an integral part of the secondary school experience for students with ASD.

Procedures and timelines for reviewing intended instructional outcomes should be clearly noted in each student’s IEP. The IEP must be reviewed at least once a year.

## **Evaluation and Reporting**

Many students with ASD will meet the Learning Standards of the BC curriculum if appropriate adaptations are made to instruction and assessment methods. As outlined in the Inclusive Education section of the [K-12 Student Reporting Policy](#), regular reporting procedures are used to communicate student learning for students who use adaptations to access and show their learning.

There will be some rare occasions where students require extensive modifications and are assessed and evaluated only on individualized learning goals as outlined in their Individual Education Plan (IEP), and not the Learning Standards of the curriculum for the course or grade they are enrolled. In these instances:

- Written Learning Updates and the Summary of Learning do not need to include a scale indicator or letter grade and percentage
- Written feedback is required that clearly explains the student’s progress made towards their individualized learning goals and areas for further growth
- If a scale indicator or a letter grade and percentage are used on Written Learning Updates and the Summary of Learning, it must be noted that the student is being evaluated in relation to their individualized learning goals as outlined in their IEP and not the Learning Standards of the curriculum for the course or grade for which they are enrolled.

For more information, see the K-12 Student Reporting Policy Information for Educators and School Leaders at <https://curriculum.gov.bc.ca/reporting/information-for-educators-and-school-leaders>, and the K-12 Student Reporting Policy Communicating Student Learning Guidelines at <https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/k-12-student-reporting-policy-communicating-student-learning-guidelines.pdf>

IEPs should identify any adaptations and modifications of student assessment procedures that are required to provide a fair appraisal of the knowledge and skills a student with ASD has acquired (see Appendix H.13 Relevant Governing Legislation: School Act - Ministerial Orders).

## Personnel

### Specialist staff

Specialist teachers with responsibilities for supporting students reported in this category should fulfill the qualifications described for a learning assistance teacher (see Section D.1 Learning Assistance Services).

Specialist teachers working with students with ASD should have or acquire skills and training in behaviour management and skill development in social interaction, verbal and non-verbal communication, and social skills. As well, specialist teachers should display those skills necessary to plan, develop, implement, and evaluate functional and realistic individual programs.

These specialist teachers should also have competence in consulting with agencies providing community services, establishing transdisciplinary teams for collaborative planning, and in supervising/co-coordinating the work of education assistants and other relevant personnel.

The need for specialist support personnel for students with ASD varies, depending on the student's situation. Where district support services are required, such as psycho-educational assessment/intervention or speech-language pathology, students with ASD should be granted equitable access to this assistance. Where specialized community services are being provided, collaborative planning among the specialists is recommended.

### Education assistants

Education assistants who work in classrooms with students with ASD should have sufficient skills and training for the duties they are assigned, including:

- observing and gathering data about behaviour;
- shaping appropriate behaviour using behavioural techniques;
- stimulating communication;
- developing skills for independent living; and
- facilitating peer interaction and relationships.

Education assistants work under the direction of a teacher and the general supervision of a teacher or school principal. In-service training should include opportunities to further develop key skills.

## Resources

### The Provincial Outreach Program for Autism & Related Disorders (POPARD)

The Provincial Outreach Program for Autism & Related Disorders (POPARD) outreach program is available to provide assessment and consulting services to school district personnel. Persons interested in finding out about these services to school personnel should make their inquiries through the appropriate local district contact, or via the Internet at: [www.autismoutreach.ca](http://www.autismoutreach.ca)

### Autism Spectrum Disorder Standards (for children under 6):

The Practice Standards require that a clinical diagnostic assessment must be conducted by a qualified psychologist, paediatrician, or child psychiatrist with broad experience in diagnosing children with autism and developmental disabilities. The diagnosis of ASD is clinical, based on the most current criteria in the DSM or ICD (presently DSM-IV-TR and ICD-10). The assessment must include and integrate information from multiple sources and various professionals from different disciplines. Integration of results from multi-disciplinary assessments is necessary and essential. Final synthesis of the information and the decision regarding the appropriate diagnosis needs to be taken by an individual who has been trained to weigh the evidence, integrate the findings, and deal with the issues regarding differential diagnosis. The clinical diagnostic assessment of a child with suspected ASD should include the following components:

- History from multiple sources, including interview(s) with the caregiver and other involved professionals;
- Consultation with professionals from other disciplines;
- An evaluation of developmental level based on history and examination, or formal measure;
- A standardized ASD diagnostic interview with the primary caregiver(s) with at least moderate sensitivity and specificity for ASD; and,
- A standardized observation of social and communicative behaviour and play.

Assessment must include psychological assessment of cognitive level and adaptive functioning using standardized norm-referenced instructions; a comprehensive speech-language-communication evaluation using standardized norm-referenced instruments; and a comprehensive medical evaluation by a paediatrician including a detailed physical exam and appropriate laboratory investigations. Additional assessments may include occupational therapy assessment, psychiatric assessment or other specialty assessment as indicated. For more information, please refer to the Standards, which can be viewed at:

[http://www.phsa.ca/Documents/asd\\_standards\\_0318.pdf](http://www.phsa.ca/Documents/asd_standards_0318.pdf)

### Autism Spectrum Disorder Standards (for children over 6):

Autism Spectrum Disorder Practice Standards for children and youth over the age of 6 are currently under development by BC Autism Assessment Network and will be posted on this site once developed.

