



1005 State Street
East St. Louis, IL 62201

East St. Louis Area Joint Agreement
School Districts 188 & 189
Department of Special Services

Phone: (618) 646-3160
Fax: (618) 646-3015

ELIGIBILITY CRITERIA FOR AUTISM

“AUTISM” DEFINITION{from 23 Illinois Administrative Code 226.75 Subtitle A Subchapter f}

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child’s performance. Other characteristics often associated with Autism include engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the child had an emotional disturbance.

ELIGIBILITY CRITERIA

The eligibility for special education and related services appropriated for students with Autism shall be determined by the presence of at least two (2) behaviors from group A, one (1) behavior from Group B, and one (1) behavior from Group C.

GROUP A: Failure to Develop Reciprocal Social Interactions (minimum of two)

1. Lack of awareness of others in the immediate environment, e.g., not responding when someone enters a room, appearing isolated when others are present;
2. Lack of facial responsiveness e.g., averting gaze, fleeting eye contact;
3. Lack of awareness or feelings of others;
4. Failure to make reciprocal responses to physical or social contact, e.g., peek-a-boo, smiling;
5. Lack of responsiveness to stress or distress of others e.g., indifference or aversion to affection;
6. Failure to seek comfort from others in time of stress;
7. Utilize others as an extension of self, e.g., using others hand to pick up desired objects;
8. Experiences difficulty differentiating self from others, e.g., imitating behaviors of children near them;
9. Peer relationships may develop, but are superficial, e.g., lacking understanding of the conventions of social interaction;
10. Absence of or impaired imitation, e.g., imitating others in a mechanical way.

GROUP B: Qualitative Impairment in Verbal and Nonverbal Communication (minimum of one)

1. Delay in or total lack of the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime);
2. Lack of nonverbal responses, e.g., absent or delayed development of appropriate gestures, failure to assign symbolic meaning to gestures;
3. Immediate echolalia or delayed echolalia without communicative intent;
4. Marked abnormalities in the production of speech, e.g., volume, pitch, articulation, stress, rate, intonation, dysrhythmia;
5. Lack of varied spontaneous make-believe play or social imitative play appropriate to developmental level;
6. Marked abnormalities in the form and content of language, e.g., immature syntax, pronominal reversal, stereotyped and repetitive speech, idiosyncratic use of words and/or phrases;
7. Failure to develop the use of abstract terms, concepts and reasoning.

GROUP C: Markedly Restricted Repertoire of Activities and Interests and/or Atypical Responses to Sensory Stimuli (minimum of one)

1. Stereotypic body movements e.g., finger flicking , rocking, spinning, head-banging, other self-injurious behaviors;
2. Visual symptoms e.g., close scrutiny of visual details, staring, prolonged regarding of hands or objects, attention to changing levels of illumination;
3. Auditory symptoms e.g., close attention to self-produced sounds, no response or over-response to varying levels of sound;
4. Tactile symptoms e.g., hypo - or hyper – response to touch, pain, or temperature, prolonged rubbing of surfaces, sensitivity to food textures;
5. Vestibular symptoms e.g., hypo – or hyper reactions to gravity stimuli, whirling without dizziness, and preoccupation with spinning objects;
6. Olfactory gustatory symptoms e.g., repetitive sniffing, specific food preferences, mouthing, licking, or swallowing of inedible objects;
7. Proprioceptive symptoms, e.g., posturing, darting, lunging movements, hand flapping, gesticulating, grimacing, pressure seeking;
8. Unreasonable insistence of following routines, e.g., seeking consistency in environmental events to the point of exhibiting rigidity in routines;
9. Encompassing preoccupation with one of more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, e.g., preoccupation or fixation on a certain color, number, object, texture.

Many children with “Autistic-like” characteristics have educational needs very similar to those of children with Autism and will require very similar services. Others may have needs which may require special education intervention under another eligibility category, such as Emotionally Disability, etc. Still others may have needs which do not require special education intervention, but may require services and accommodations under Section 504 of the Rehabilitation Act of 1973.

ASSESSMENT PRACTICES

An IEP meeting will be conducted to determine eligibility of a child suspected of or known to have Autism. In addition to the required representatives participating on the IEP team, specialized evaluations by a certified school psychologist and a speech and language therapist should be completed. In addition, the “Checklist of Eligibility Criteria for Autism” should be completed by parent, teachers, and/or other known to be familiar with the child. Specialized evaluations by an occupational therapist, physical therapist, medical specialist, or other specialists may be warranted as individual needs indicate.

Since Autism is a pervasive disorder, it is important that a broad array of functional areas be assessed. Areas to be addressed may include:

1. Academic achievement/readiness skills
2. Cognition
3. Communication/language skills
4. Fine and gross motor skills
5. Sensorimotor
6. Social/behavioral skills

Due to interpersonal and communication deficits often exhibited in children with Autism, results obtained on standardized tests may be insufficient. Therefore, the use of systematic observation and interview is strongly recommended.

It should also be noted that these children may exhibit some significant changes in behavior and skills over time. Therefore, it is imperative to carefully review current educational functioning in order to prepare and appropriate assessment plan prior to any reevaluation.

PROGRAM AND PLANNING

The goal of the assessment process described above is to gather information and data that will allow personnel to address the following questions:

1. What are the adverse educational effects?
2. What are the educational needs of the student?
3. What services and programs will be necessary to address the needs of the student?

In addressing the above questions about students with Autism, it is necessary to look at the development of the Individualized Education Program (IEP) within the continuum of services in planning for the student’s involvement in the least restrictive environment. The student’s program should be designed to the individual needs in the identified areas. A variety of related services may be needed in order to meet the student’s individual needs.

The education of a student with autism includes the following:

1. Case management which includes consultation and coordination with personnel (e.g., medical , school, agencies, family, etc.) as appropriate;
2. Informing all personnel who will have regular contact with and/or provide service to the student of the special characteristics and needs of the student;
3. Development of appropriate short – and long –term goals for the student’s IEP;
4. Provision of a variety of necessary special materials, media, and equipment in order to meet the student’s short – and long –term IEP goals.

A diagnosis of autism does not dictate a specific placement. Students with Autism may be served in a variety of educational settings, including the regular education setting.