Autism Spectrum Disorders Services Guidelines and Policies

Glenn Co. SELPA
311 S. Villa
Willows, CA 9588
(530) 934-6575

Vicki Shadd
SELPA Director

Contributing Staff:
Jacki Campos, Autism/Program Specialist

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Website: www.glenncoe.org
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Mission Statement

To provide and implement policies and procedures that will meet the behavioral, social and communication needs for students on the Autism Spectrum in a uniform and consistent manner throughout Glenn County in compliance with federal regulations, state laws, and professional standards of practice.

1. Definition of Autism Spectrum Disorders

California Educational Code Definition 56846.2.
(a) For purposes of this chapter, a "pupil with autism" is a pupil who exhibits autistic-like behaviors, including, but not limited to, any of the following behaviors, or any combination thereof:

(1) An inability to use oral language for appropriate communication.
(2) A history of extreme withdrawal or of relating to people inappropriately, and continued impairment in social interaction from infancy through early childhood.
(3) An obsession to maintain sameness.
(4) Extreme preoccupation with objects, inappropriate use of objects, or both.
(5) Extreme resistance to controls.
(6) A display of peculiar motoric mannerisms and motility patterns.
(7) Self-stimulating, ritualistic behavior.

(b) The definition of "pupil with autism" in subdivision (a) shall not apply for purposes of the determination of eligibility for services pursuant to the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code).
2. Services for Students with Autism Spectrum Disorders in California Public Schools

A. Eligibility for Services

I. If the student does not have an IEP and does not have a diagnosis of Autism Spectrum Disorder but the team has reason to suspect an Autism Spectrum Disorder please refer to Appendix A.

II. If the student does not have an IEP and the SST team feel the student might need support then refer to the process outlined in Appendix B.

III. In order to receive Autism Support Services as a related service, a child must first be eligible for special education and have the primary or secondary category of Autism as the qualifying disability. This means that the child must be determined to be an “Individual with Exceptional Needs” as defined by the Education Code and local SELPA guidelines. All the requirements for eligibility must be met.

Once a child has been found to be eligible for special education, a listing of all his needs which cannot be met by the regular education program must be made. These become his special education needs. Needs in the areas of communication, behavior and social skills, which cannot be met by the general or special education teacher, raise the possibility of Autism support services (consult, monitor, direct service, staff training).

Public schools are not required to provide a service to a disabled child just because the child will benefit from the service or even if the child requires the service for other than educational reasons. According to the CA Ed Code and IDEA 2004, the IEP team is addressing the question, "Is ASD support necessary for the child to benefit from his/her educational instruction?"

The IEP team needs to thoroughly consider the level of professional expertise needed to address educational goals and to assure that alternate special education resources have been explored before determining that Autism Support Services are required for a student to benefit from their special education program.

Simply having an Autism Spectrum Disorder does not mean that a child needs an Individualized Education Plan or Autism Support Services. In Glenn County students are diagnosed by outside agencies or through a medical diagnosis and on rare occasions the IEP will make the determination through screeners. Education Specialist Teachers can assess and assist children who have special needs in behavior, communication and social skills. Most students with special needs in these areas can and should be served by their teachers.

If the IEP team has determined that they need additional resources, activities and training for staff within the instructional program, including the general education teacher, special education teacher, paraprofessional, etc, a referral for such services should be made. Refer to Appendix C.
B. Accessing Autism Support Services

If a student meets the above criteria, i.e. the SST or IEP team has completed the **Student Needs Survey** and deemed a referral is appropriate, a **Request for an Observation** is made.

To schedule an Observation, the therapist must first have a signed **Consent for Observation** from the parent or guardian along with a completed **Observation Survey** from the teacher. The Autism Specialist then has 30 instructional days to perform the observation and hold an SST or IEP to discuss the needs of the student and recommendations.

In the event a parent presents a medical doctor’s prescription for Autism Support Services, it must be remembered that an **IEP team is the only legal body that determines special education services for a child**. Any relevant input from a medical practitioner would be considered by an IEP team along with other information but there is no educational requirement to serve or identify based on a physician’s prescription.

C. Service Delivery Models

In the educational setting, Autism Support Services may include **observation, assessment, direct service,** and several types of **consultation/collaboration** including staff training. These intervention activities are not mutually exclusive and may occur at the same time. It is important to remember that the service delivery is dictated by the current and ongoing needs of the student and should be flexible, using various options across the continuum of service delivery.

**Observation** - A request is made when the above criteria and Needs Survey indicate an observation is appropriate. The Autism Specialist makes a visit(s) to the school site to observe the student’s skills and behaviors in the current setting. This is the first step in determining the need for services.

**Assessment** - Information is gathered by any of the following: teacher/parent interview, classroom observation, direct, personal contact with the child or structured informal assigned tasks. A review of the file may also be conducted with the possibility of contacting past teachers.

**Consultation/Collaboration** is the collaboration among, educational staff, parents and/or child to plan and implement modifications and interventions, to meet the child’s needs. It can also include monitoring or periodic rechecking of the child’s progress and training staff.

Consultation services have proven as equally effective as direct services for some students as the interventions are: 1) set in natural environments, 2) embedded in class routines, 3) use functional life skills to increase the efficacy of intervention, and 4) increase the student’s motivation to participate and achieve their IEP goals. Consultation services also increase the opportunities for collaboration and skill building among team members along with practice opportunities for the child.
The nature of the consultation should be defined on the services page of the IEP. All consultation should have a written report delineating what the consultation encompassed and the results. Consultation services may include staff training.

**Direct Service** employs specific evidenced-based practices and strategies to remediate or prevent problems that are: 1) identified through the assessment process, 2) adversely affect educational performance, 3) are required to meet educational goals and 4) are based on program objectives developed by the multidisciplinary team.

Direct services may be delivered individually, in a “pull out” or “push in” model or may be done in small groups with other students with similar needs and goals. Direct services shall be defined on the services page of the IEP.

Direct services are provided for those students whose needs can not be met by collaboration/consultation with class staff.

**D. Autism Specialist’s Role in the IEP team:**

The Autism Specialist needs to be invited to the IEP meetings, if not consulted before the meeting all services cannot be addressed and a student cannot be exited from Autism Support Services. The IEP team should be responsible for writing appropriate goals based on the needs of the student. It is important to remember that the Autism Specialist supports the classroom educational goals. The Autism Specialist will only generate and write goals for a student receiving direct services when the goals cannot be implemented or tracked by other personnel and should be listed as the “person(s) responsible” on the goals page. Most students with Autism Support Services will likely need to have the goal that is implemented daily with ongoing tracking, therefore the Autism Specialist can be listed along with teaching staff as “person(s) responsible”, on the goals page of the IEP and the goal will be worked on in a collaborative manner.

For a student receiving consultation services, the Autism Specialist should be a collaborative partner on appropriate IEP goals. The Autism Specialist can be listed as one of the “person(s) responsible” along with teaching staff, on the Goals page of the IEP. Autism Specialist services at any frequency should be indicated on the “Services” Page of the IEP. It is also important to note that when deciding a service delivery for a student that the IEP determines team configurations but not method of delivery. The IEP should not contain any educational “Autism only” goals or services as Autism Support Services are not a stand-alone service. All services will be agreed upon by the IEP team before they begin, continue, or are exited.
3. Exit Criteria for Autism Support Services

An IEP meeting must be held to exit a student from services. Any or a combination of the following criteria may justify the dismissal of services:

1. A student has accomplished their IEP goals and is performing successfully within the educational environment.

2. Deficits are not interfering with child’s ability to function adequately within the school environment. As reported by the teacher, the student is now able to function within average range as compared to other children in the classroom.

3. Strategies can be effectively implemented by current educational team and no longer require the training and expertise of the autism specialist. The child has learned appropriate strategies to compensate for deficits/ Equipment and environmental modifications are in place and are effective.

4. The student continues to make progress in the areas being addressed by the Autism Specialist that is consistent with developmental progress in other educational areas despite a decrease in the service.

5. The service no longer has an impact on or is affecting change on the child’s level of function in special education: The child no longer shows potential for progress or change after a variety of intervention strategies and levels of service and delivery have been used for an extended period of time. Student is unresponsive or unwilling to participate in the service or no educational benefit has been observed over an extended period of time.
APPENDIX A
Glenn County SELPA

PROTOCOL FOR STUDENTS WITH SUSPECTED AUTISM SPECTRUM DISORDERS

Step 1. SST/IEP Meeting

1. Discuss Concerns with Parent.
2. Referral Survey - to be completed by Teacher/Parent
3. Universal Release – must be signed by parent and include Far Northern Regional Center and Glenn County Office of Education
4. Permission to Observe – must be signed by parent if the team agrees this is necessary

Step 2. Referral to Far Northern Regional Center

1. Collect necessary documents from file.
2. Possible Observation or Interviews.
3. Contact with Far Northern Regional Center – by Autism Specialist

Step 3. Collaborative Assessment

1. Far Northern Regional Center will contact the family to schedule a time and date.
2. Far Northern Regional Center will contact the Autism Specialist to coordinate with school staff to attend the collaborative.
3. All relevant parties attend and participate in the collaborative assessment.

Step 4. IEP/SST

1. The SST or IEP team will reconvene to discuss the results and recommendations.
Autism Support Services Survey for Student Referral

Student: ______________________ DOB: __________ SCHOOL: ______________________
Teacher: ______________________ Rm#: ______________ Receiving Special Ed: ______

Please indicate the areas below that influence your student’s school performance and describe how the student’s ability to gain from his educational program is affected. This information is needed for the referral process.

Please check those boxes that apply. Circle student behaviors listed in each area you observe and write any additional comments on back.

☐ 1 Social Communication Skills appear to be delayed relative to cognitive level, adversely affecting ability to participate in the educational program.

Areas of concern:
- Cannot develop or maintain age-appropriate relationships
- Cannot initiate or maintain a conversation
- Cannot identify their own feelings or those in others
- An inability to maintain joint attention
- Cannot work in groups or with a partner even with significant support
- Cannot use or understand non-verbal gestures used for social interactions
- Does not seek to share enjoyment/sadness with peers or teacher
- Overly fixated on the details of the classroom environment or the specific wording used by the teacher
- An inability to set goals and plan for assignments
- An inability to start or complete an assignment unless each item has been clarified
- Highly restricted interest in a particular topic that impedes in the student’s learning
- Hyper/Hypo reactions to sensory stimuli that interrupt or impede the student’s ability to learn.

Which may look like:
- Avoids playground equipment
- Prefers sedentary activities
- Seeks high risk movement
- Fidgets constantly/ leaves seat often
- Dislikes noise (covers ears)
- Over reacts to unexpected noise
- Has trouble keeping hands to self
- Hits/ hurts others when playing
- Craves tactile sensation
- Mouths objects
- High pain tolerance/ under-reactive to injuries
- Low pain tolerance/ over-reactive to bumps
- Dislikes textures- glue, paint, grass, sand, etc
- Dislikes being touched or cuddled/ withdrawals
- Reacts emotionally to unexpected touch
- Dislikes standing in line close to others

☐ 2 Repetitive and Restricted Patterns of Behavior impair the student’s ability to benefit from the current learning environment.

Areas of Concern:
- Insistence on sameness or will not transition
- Inflexible need to follow a predictable routine
- Repeated or ritualized behavior patterns that do not appear to serve a purpose and distract the student from engaging in the learning environment.
- Overly fixated on the details of objects
- Overly fixated on the details of the classroom environment or the specific wording used by the teacher
- An inability to set goals and plan for assignments
- An inability to start or complete an assignment unless each item has been clarified
- Highly restricted interest in a particular topic that impedes in the student’s learning
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- High pain tolerance/ under-reactive to injuries
- Low pain tolerance/ over-reactive to bumps
- Dislikes textures- glue, paint, grass, sand, etc
- Dislikes being touched or cuddled/ withdrawals
- Reacts emotionally to unexpected touch
- Dislikes standing in line close to others

Name of Person Referring: ______________________ Role: ______________________

SIGNATURE____________________ DATE__________ Contact Number:______________
APPENDIX B
Glenn County SELPA

PROTOCOL FOR AUTISM SUPPORT SERVICE REFERRAL
FOR A STUDENT WITH AN AUTISM DIAGNOSIS THROUGH THE SST
PROCESS

A Request For An Observation Can Be Made By:
School Psychologist
School Counselor
Principal

Step 1. OBSERVATION

1. Observation Parent Consent Form- must be signed by parent
2. Referral Checklist- to be completed by Teacher/Parent
3. 30 Day Timeline begins for Observation of Student and Staff Interviews
4. Schedule SST to discuss the results of the observation and interviews with all pertinent team members.
5. Invite Autism Specialist to the SST.

Step 2. SST

1. Review the findings from the observations and interviews
2. Determine if the student requires staff training or CONSULTATION on a short term basis not to exceed 9 weeks.
3. Develop goals in the areas of student need and how it will be tracked.

Possible Next Steps

1. Invite Autism Specialist to future SST’s.
2. Staff must be made available if staff training is identified as an area of need.
3. Staff must be made available for consultation time which may include after-school hours if consultation services are required.
4. The students’ need for the service will be reviewed at each SST.
5. Student may be eligible for a Special Education Assessment.
6. Student may be eligible for a 504 plan.
Autism Support Services Survey for Student Referral

Student: _______________________________ DOB: __________________ SCHOOL: __________________
Teacher: _______________________________ Rm#: __________________ Receiving Special Ed: ______

Please indicate the areas below that influence your student’s school performance and describe how the student’s ability to gain from his educational program is affected. This information is needed for the referral process.

✔ Please check those boxes that apply. Circle student behaviors listed in each area you observe and write any additional comments on back.

1 Social Communication Skills appear to be delayed relative to cognitive level, adversely affecting ability to participate in the educational program.

Areas of concern:

- Cannot develop or maintain age-appropriate relationships
- Cannot initiate or maintain a conversation
- Cannot identify their own feelings or those in others
- An inability to maintain joint attention
- Cannot work in groups or with a partner even with significant support
- Cannot use or understand non-verbal gestures used for social interactions
- Does not seek to share enjoyment/sadness with peers or teacher

- Overly fixed on the details of the classroom environment or the specific wording used by the teacher
- An inability to set goals and plan for assignments
- An inability to start or complete an assignment unless each item has been clarified
- Highly restricted interest in a particular topic that impedes in the student’s learning
- Hyper/Hypo reactions to sensory stimuli that interrupt or impede the student’s ability to learn.

Which may look like:

- Avoids playground equipment
- Prefers sedentary activities
- Seems to crave excessive movement
- Seeks high risk movement
- Fidgets constantly/leaves seat often
- Dislikes noise (covers ears)
- Over reacts to unexpected noise
- Has trouble keeping hands to self
- Hits/hurts others when playing
- Craves tactile sensation
- Mouths objects
- High pain tolerance/under-reactive to injuries
- Low pain tolerance/over-reactive to bumps
- Dislikes textures—glue, paint, grass, sand, etc
- Dislikes being touched or cuddled/withdrawals
- Reacts emotionally to unexpected touch
- Dislikes standing in line close to others

2 Repetitive and Restricted Patterns of Behavior impair the student’s ability to benefit from the current learning environment.

Areas of Concern:

- Insistence on sameness or will not transition
- Inflexible need to follow a predictable routine
- Repeated or ritualized behavior patterns that do not appear to serve a purpose and distract the student from engaging in the learning environment.
- Overly fixed on the details of objects

Name of Person Referring: _______________________________ Role: __________________

SIGNATURE _______________________________ DATE __________ Contact Number: _____________
AUTISM SPECIALIST
PERMISSION TO OBSERVE – INTERVIEW – REVIEW THE FILE

Child’s Name: ____________________________
Date of Birth: ____________________________
Age: ____________________________
School: ____________________________
Teacher: ____________________________
Parent’s Name: ____________________________
Address: ____________________________
Phone: ____________________________
Primary Language: Parent: ____________________________
Child: ____________________________

I give permission for my child to be observed in the current educational setting, for my child’s current and possibly past teachers to be interviewed, and permission to review any pertinent school records by Glenn County Office of Education Student Services AUTISM SPECIALIST
Jacki Campos Autism/Program Specialist  865-1267 Ext. 2102

Areas of Concern:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I understand that the observation will be completed during my child’s school day. My child’s days and hours of attendance are ____________________________.

_________________________________________
Parent/Guardian’s Signature 

Date: ____________________________
APPENDIX C
PROTOCOL FOR AUTISM SUPPORT SERVICE REFERRAL FOR A STUDENT WITH A CURRENT IEP
(The student must have Autism as the primary or secondary disabling condition.)

A Request For An Observation Can Be Made By:
Program Specialist
School Psychologist

Step 1. OBSERVATION
1. Observation Parent Consent Form- must be signed by parent
2. Survey Checklist- to be completed by Teacher/Parent
3. 30 Day Timeline begins for Observation of Student-Staff Interviews-File Review
4. Schedule IEP to discuss the results of the observation and interviews with all pertinent team members.
5. Hold an IEP to determine the need for further assessment.

Step 2. IEP/ IFSP
1. Review the findings from the observations and interviews
2. Determine if the student requires the service.
3. Determination the level of severity and the areas of needs for the student
4. Determine the type of service provided – staff training, consult, direct.
5. Develop IEP goals or collaborate on goals in the areas of student need.

Step 3. Implementation of Service
1. Invite Autism Specialist to Initial, Interim, Annual and Triennial IEP meetings.
2. The student must be made available in order to provide direct service.
3. Staff must be made available if staff training is identified as an area of need.
4. Staff must be made available for consultation time which may include after-school hours if consultation services are required.
5. Direct Services may be provided by the Autism Specialist or the Autism Support Specialist or a trained Autism Aide.
6. The students’ need for the service will be reviewed annually.
Autism Support Services Survey for Student Referral

Student: ________________________  DOB: _______________  SCHOOL: ________________________
Teacher: ________________________  Rm#: _______________  Receiving Special Ed: __________

Please indicate the areas below that influence your student’s school performance and describe how the student’s ability to gain from his educational program is affected. This information is needed for the referral process. ☑ Please check those boxes that apply. Circle student behaviors listed in each area you observe and write any additional comments on back.

1 Social Communication Skills appear to be delayed relative to cognitive level, adversely affecting ability to participate in the educational program.

Areas of concern:
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- Which may look like:
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  - Dislikes noise (covers ears)
  - Over reacts to unexpected noise
  - Has trouble keeping hands to self
  - Hits/ hurts others when playing
  - Craves tactile sensation
  - Mouths objects
  - High pain tolerance/ under-reactive to injuries
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  - Dislikes textures- glue, paint, grass, sand, etc
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  - Reacts emotionally to unexpected touch
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Name of Person Referring: ________________________ Role: ________________________
SIGNATURE ________________________ DATE __________ Contact Number: ________________
AUTISM SPECIALIST
PERMISSION TO OBSERVE – INTERVIEW – REVIEW THE FILE

Child’s Name:
Date of Birth: Age:
School: Teacher:
Parent’s Name:
Address:
Phone:
Primary Language: Parent: Child:

I give permission for my child to be observed in the current educational setting, for my child’s current and possibly past teachers to be interviewed, and permission to review any pertinent school records by Glenn County Office of Education Student Services AUTISM SPECIALIST Jacki Campos Autism/Program Specialist 865-1267 Ext. 2102

Areas of Concern:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I understand that the observation will be completed during my child’s school day. My child’s days and hours of attendance are ____________________________.

______________________________
Parent/Guardian’s Signature

______________________________
Date: