Autism Spectrum Disorders (Including Asperger’s Syndrome) Documentation Requirements

EVALUATION BY AN APPROPRIATE EXPERT
Students requesting accommodations on the basis of an Autism Spectrum Disorder (ASD) are requested to provide documentation by a professional who has undergone comprehensive training and has relevant experience in differential diagnosis of a full range of psychiatric disorders (Ph.D.-level licensed clinical psychologist, neuropsychologist, psychiatrist or another relevantly trained medical doctor), and who has expertise in evaluating the impact of an ASD on an individual’s educational performance. Experience working with individuals with ASD is essential.

DOCUMENTATION MUST BE CURRENT
Generally, documentation must be no more than 3 years old for a high school student and no more than 5 years old for an adult. A school plan such as an IEP or 504 Accommodation Plan is insufficient documentation. All testing instruments must be standardized for use on adults.

DOCUMENTATION MUST INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING ELEMENTS:

1. MEASURES SPECIFIC TO AUTISM SPECTRUM DISORDERS
   a. Parent/Caregiver diagnostic interview assessing the 3 areas of difficulty associated with ASD, including social and interaction skills, verbal and nonverbal conversation skills, and obsessive interests and/or repetitive behaviors. The Autism Diagnostic Interview-Revised (ADI-R) is the preferred interview but unstructured diagnostic interviews covering these areas would be accepted.
   b. Structured interaction and observation of the student’s social and interaction skills, verbal and nonverbal conversation skills, and obsessive interests and/or repetitive behaviors. The Autism Diagnostic Observation Schedule (ADOS) is the preferred instrument but other structured observation of these skills would be accepted.
   c. An ASD-specific behavioral/skill checklist, such as the Social Responsiveness Scale, Social Communication Questionnaire, Gilliam Autism Rating Scale, or Gilliam Asperger’s Disorder Scale.

2. DIAGNOSTIC INTERVIEW
   The interview must relate a description of the presenting problem(s); developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student’s current level of English fluency); a discussion of comorbidity where indicated; and relevant information regarding the student’s academic history.
3. ASSESSMENT
For the evaluation to illustrate a substantial limitation to learning, the comprehensive assessment battery must address the following domains:

a. Aptitude/Cognitive Ability
   An assessment of global intellectual functioning is required, as measured by the latest version of one of the following acceptable instruments. Subtest and standard scores must be reported:
   
   **Acceptable Instruments**
   - Wechsler Adult Intelligence Scale (WAIS). The WAIS is the preferred instrument.
   - Woodcock-Johnson Psychoeducational Battery – Tests of Cognitive Ability. If using the WJ-COG, the GIA must be reported.
   - Stanford Binet Intelligence Scales

   **Unacceptable Instruments**
   - The Kaufman Brief Intelligence Test (KBIT) is not a comprehensive measure and is therefore not suitable.
   - The Wechsler Intelligence Scale for Children (WISC) is not standardized for use with adults.

a. Academic Achievement
   A comprehensive achievement battery with subtest and standard scores, indicating current level of functioning in the academic areas of reading, math, oral and written language, must be included, as measured by the latest version of one of the following achievement batteries:
   
   **Acceptable Instruments**
   - The Woodcock-Johnson Psychoeducational Battery – Tests of Achievement
   - Wechsler Individual Achievement Test (WIAT)
   - Specific achievement tests such as the Test of Written Language – 3 (TOWL-3), Woodcock Reading Mastery Tests – Revised, the Nelson-Denny Reading Tests or the Stanford Diagnostic Mathematics Test.

   **Unacceptable Instruments**
   - The Wide Range Achievement Test (WRAT)
   - Mini Battery of Achievement (MBA)
   (These are not comprehensive measures of achievement and are therefore not suitable for documentation purposes at WCU.)

c. Adaptive Behavior
   Assessment of current level of adaptive/daily living skills

d. Comorbid Assessment
   Assessment of symptoms of comorbid diagnoses, including symptoms of inattention, hyperactivity, anxiety, and depression.

4. DIAGNOSIS
   The report must address a specific, current diagnosis as per the DSM-V (including diagnostic codes) which indicates the nature, frequency and severity of the symptoms upon which the diagnosis was predicated. A diagnosis without an explicit listing of current symptoms is not sufficient.

5. MEDICATIONS
   Prescribed medications, dosages, schedules and side effects which may influence the type of accommodations provided should be addressed. Medication alone cannot be used to imply a diagnosis.
6. CLINICAL SUMMARY
   This portion of the evaluation must address:
   a. The **substantial limitations** to major life activities posed by the ASD and the extent to which these limitations impact the academic context for which accommodations are being requested.
   b. Suggestions as to how the specific effects of the ASD may be accommodated.
   c. **Rationale for such accommodations.** Any recommendation for an accommodation should be based on objective evidence of a **substantial limitation** to learning, supported by specific test results and clinical observations. Reports should establish the rationale for any accommodation that is recommended, using test data to document the need.

7. ADDITIONAL REQUIREMENTS
   a. Interpretation of results is required. Test protocol sheets, handwritten summary sheets or scores alone are not sufficient.
   b. All reports must be in narrative format, **typed**, signed by the diagnosing clinician, and must include the names, titles and professional credentials (e.g., licensed psychologist) of the evaluators as well as the date(s) of testing. Documentation must be submitted on the official letterhead of the professional diagnosing the disability. Chart or clinic notes are not acceptable forms of documentation.