



MYTHS & MISCONCEPTIONS IN THE
**EDUCATIONAL IDENTIFICATION
OF AUTISM**

O C A L I

Ohio | Department
of Education

Ohio | Interagency Work
Group on Autism

PURPOSE

This document was created to address the common myths and misconceptions surrounding the educational identification of autism. This includes topics such as:

- Educational identification and clinical diagnosis.
- Evaluation team.
- Educational performance.
- Assessment tools.

Additional links and resources are provided throughout for those wanting more information on educational identification, conducting evaluations, planning or designing instruction, and can also be found in [Ohio's Operating Standards and Guidance](#).

Audience

This document is intended for district evaluation teams. Some of the information may also be helpful to families, community clinicians, and other partners.

Contributors

This document was produced by the Ohio Department of Education in partnership with stakeholders from across Ohio. Sincere gratitude is extended to those who shared their time and expertise in autism. Contributors included representatives from:

- Special education
- Higher education
- Occupational therapy
- Speech language pathology
- School psychology
- Educational policy
- Family



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INTRODUCTION

Autism is the fastest-growing developmental disability, with the Centers for Disease Control and Prevention (CDC)ⁱ reporting 1 in 44 children as being diagnosed with autism. Nationally,ⁱⁱ 11% of students served under Part B of the Individuals with Disabilities Education Act (IDEA) are identified with autism (2019-2020 school year).

Districts are serving more students with autism than ever before. Over a five-year period in Ohio (2014-2015 to 2019-2020), the number of 6- to 21-year-olds eligible for special education services increased 7% (from 231,776 to 247,780). During that same period, the number of students eligible under the category “autism” increased 31% (from 19,173 to 25,181).ⁱⁱⁱ

The process to identify and serve students with autism spectrum disorder (ASD) requires adequately and appropriately prepared, trained members of an evaluation team. From assembling the team to administering quality assessments to accurately interpreting findings and communicating with parents and families, it is critical teams have the knowledge and skills to support students with ASD.

This document provides non-regulatory guidance (except when citing state and federal rules and statutes) to assist early childhood and school-based professionals with the process of ASD evaluation and eligibility, specifically addressing the more common misunderstandings related to that process.

Throughout the document, the term “educational identification” is used to mean eligibility for special education services under the federal Individuals with Disabilities Education Act (IDEA) in the category of autism.

ASD Educational Eligibility Definition

Eligibility determination for all disability areas, including autism, is the responsibility of local education agencies (LEA). To be eligible for special education services in Ohio, a student must require special education and/or related services because of his or her disability(ies) as defined under IDEA that have an adverse effect on educational performance.

Autism is one of 13 disability categories under the special education regulations (IDEA, 2004^{iv}). In Ohio^v, autism is defined as:

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a student’s educational performance. 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 responses to sensory experiences.

- A student who manifests the characteristics of autism after age three could be identified as having autism if the criteria [above] are satisfied.
- Autism does not apply if a student’s educational performance is adversely affected primarily because the student has an emotional disturbance.¹

¹ This does not mean, for example, a student with ASD and anxiety must be found eligible under “Emotional Disturbance” (ED) instead of ASD. Co-occurring conditions are very common in autism.



COMMON CHARACTERISTICS OF AUTISM^{VI}

These common characteristics may help teams “operationalize” the definition. The examples will not be present in all students, nor is the list exhaustive.



SOCIAL DIFFERENCES. Students with autism may have difficulty with “social cues” – reading body language, facial expression, or other non-verbal communication. Students with autism may be very literal, straightforward, and honest. The student with autism may correct teachers and peers or say things that are true but seem rude to others (i.e., “Your breath stinks.”).



PASSIONATE INTERESTS (sometimes called “special interests” or “restricted interests”). It is common to find students with autism are “experts” when it comes to certain topics like video games, movies, animals, trains, or space. In fact, this may be the main thing they want to talk about. They may talk about it when everyone else has moved on or when the teacher is covering a different topic.



COMMUNICATION. A student with autism may have difficulty following the “rules” of communication – they may interrupt, have difficulty staying on topic, starting, joining, or ending a conversation. They may talk a lot...or not at all. They may have differences in volume of speech, tone, or cadence. They may repeat phrases or whole scripts.



SENSORY DIFFERENCES. Teams may find students with autism respond differently than peers when it comes to sound, light, smell, taste, temperature, pain/pressure, movement, or texture. Autistic students may seek pressure or avoid textures. The bell may be too loud; the cafeteria may be too smelly; or the “sensory table” may be high interest.



MOTOR. Some students with autism may have an awkward gait, have trouble with balance, or seem “accident prone”. Motor planning and coordination may be challenging. Handwriting may also be difficult or slow.



COGNITIVE. It can be challenging for students with autism to both plan and organize things – initiating tasks may be hard as well as completing them. They may become distracted or overwhelmed by details or get lost in their own imagination. Reading comprehension may be weak but word recognition may be strong. It is not uncommon to see great variation in test scores measuring ability, achievement or memory skills



EMOTIONAL VULNERABILITY. Many students with autism experience worry, stress, and anxiety – this is common around transition, change and newness. They might have a hard time naming, expressing, or regulating those and other feelings. They may be perfectionists, have low self-esteem, difficulty accepting their own mistakes or asking for help. They might experience “meltdowns” (sensory overload may also result in “meltdowns”).

EDUCATIONAL ELIGIBILITY COMPARED TO CLINICAL DIAGNOSIS

While there is a significant overlap in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-5)^{vii} criteria used for clinical diagnosis and Ohio's educational criteria for ASD (based on IDEA), they are separate and distinct. Since this is often a point of confusion, it is important for district teams to understand and help others understand the difference.

A clinical diagnosis of ASD does not necessarily or automatically mean a child will be eligible for special education services under the category of autism, though the evaluation team must carefully consider this and any other relevant medical factors in determining eligibility. Even with a clinical diagnosis of autism, a team must complete the educational evaluation and corresponding team report (Evaluation Team Report or ETR) to determine eligibility.

It can be especially confusing when a student meets either clinical or educational criteria, but not both. Teams can support parents, caregivers, and community partners by explaining that each has its own criteria.

Unlike a clinical diagnosis, in education, teams must demonstrate not only that a student exhibits a pattern of skills and behaviors characteristic of ASD, but also that the disability results in an adverse impact on educational performance² (ages 3-21) which warrants specially designed instruction (SDI) and possibly related services. A family may come to the district with a clinical diagnosis or choose to pursue a clinical diagnosis, but a district cannot require³ or wait for a clinical diagnosis to begin the evaluation of a student suspected of a disability. Neither can a district rely solely on a clinical diagnosis to educationally identify a student.

The *Educational Identification and Clinical Diagnosis* chart on the following pages further outlines the differences.

² Educational performance is not the same as "academic performance" and is discussed further later in this document.

³ If a district determines an outside clinical evaluation would assist in the educational identification, the district is obligated to pay for that evaluation.

	Educational Identification	Clinical Diagnosis
Purpose	<p>The initial evaluation of a student is required by the Individuals with Disabilities Education Act (IDEA) before any special education and related services can be provided to that student. The purposes of conducting this evaluation are:</p> <ul style="list-style-type: none"> • To determine if the student is a “child with a disability,” as defined by IDEA. • To gather information that will help determine the student’s educational needs. • To guide decision making about appropriate educational programming for the student. 	<p>The clinical diagnosis guides parents to appropriate next steps in intervention (which may be in or outside of school) to promote overall wellness and optimal outcomes for youth with autism spectrum disorder (ASD) and their families. A clinical diagnosis is often required by insurance and/or other providers to determine “medical necessity” for a variety of services or interventions (i.e., speech language therapy, occupational therapy, etc.). In addition, some social service agencies may require a clinical diagnosis to determine eligibility for their services, supports, or funding.</p>
Definition (Criteria)	<p>Ohio law defines autism as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a student’s educational performance. 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 responses to sensory experiences.</p>	<p>To receive an ASD diagnosis under Diagnostic and Statistical Manual of Mental Disorders V (DSM-5), the person must meet a specific number of symptoms, including repetitive behaviors and difficulties with social skills/communication. DSM-5 requires the clinician to identify the severity level of impairment and to specify if ASD is with or without intellectual impairment or language impairment; whether it is associated with another disorder; with catatonia, or associated with a known medical, genetic, or environmental factor.</p>
Source of definition	IDEA/Ohio Administrative Code/Ohio’s Operating Standards for the Education of Children with Disabilities	DSM-5
Decider(s)	An appropriately and adequately trained and prepared team conducts the educational evaluation. The family plays a vital role on the team by providing input and information about the student. After the educational evaluation, the team determines whether the student is eligible for special education and related service(s).	Diagnosis is made by a doctor (i.e., primary care physician, neurologist, psychiatrist, etc.) or other specially trained clinician (i.e., psychologist) using symptom criteria set in the DSM-5. The doctor or clinician may or may not include other clinicians/evaluations (like occupational therapist or speech language pathologist).

	Educational Identification	Clinical Diagnosis
<p>Information included in evaluation/assessment</p>	<p>The team is required to consider all suspected disabilities and complete an evaluation that is individualized and sufficiently comprehensive to identify all the student’s special education and related service needs.</p> <p>A comprehensive evaluation for ASD must include:</p> <ul style="list-style-type: none"> • Information provided by parent. Examples include: survey, questionnaire, interviews, developmental history • Academic skills • Classroom-based evaluations and progress in the general curriculum • Data from interventions • Communicative status: must assess verbal, non-verbal, and social communication (pragmatics) • Vision screening • Hearing screening • Social-emotional status • Physical exam/general health - this may include information provided by parent, recent well-child check, information from other medical providers, etc. It does not necessarily mean a district will conduct a physical exam. • Vocational/transition if the child is age 14 or above, unless the team decides it is appropriate before age 14 • Background history – could include information provided by parent, academic history, special education history, district/building history, etc. • Observations – must be current and relevant to the suspected disability, which may necessitate multiple observations across multiple settings. • Adaptive behavior <p>Recommended:</p> <ul style="list-style-type: none"> • Autism rating scale – can assess symptoms, behaviors, associated underlying characteristics of ASD • General intelligence – can be used to rule in or out other disabilities and guide services. Note: required for intellectual disability. <p>Depending on the needs/presenting issues of the student:</p> <ul style="list-style-type: none"> • Other behavior assessments • Assistive technology • Gross and fine motor skills • Sensory processing • Other 	<p>An evaluation will commonly include:</p> <ul style="list-style-type: none"> • Medical, family, and developmental history. • Caregiver reports of current functioning across settings. • Direct observation of social and communicative behaviors. • Standardized assessments of overall intellectual functioning, speech and language, motor, and/or adaptive behaviors. <p>May also include: physical exam; genetics testing; neurological exam, or other relevant medical follow up existing educational record and medical/ clinical reports as provided by family; further investigation into attention, mood, or other aspects of mental health, as needed.</p>

	Educational Identification	Clinical Diagnosis
Timeline for completion	Initial evaluation must be completed within 60 calendar days of receiving parental consent.	Varies greatly.
Functional Impairment	The disability must adversely affect educational performance. Educational performance should not be based on one item and should contain multiple data points. For example: ability to communicate effectively, work in groups and acquire social skills; organizational skills; emotional, behavioral and sensory regulation; attention skills; adaptive behavior skills; academic performance.	The doctor/clinician must document the “severity of impairment” in the areas of social communication and restricted, repetitive patterns. The severity levels are: Level 1 – Requiring support Level 2 – Requiring substantial support Level 3 – Requiring very substantial support
Interventions/ Services	Services provided in the educational system may focus on functional communication to more complex academic and social communication development, sensory regulation, functional skills (communication, choice-making, safety, self-care, etc.) adaptive behavior and academic skills, and may include some of the same interventions used in the medical system (i.e., counseling, social skills, speech and language or occupational therapy) as well as other supports determined by the team based on individual student needs.	Services are typically driven by a treatment plan that includes goals. These interventions may include behavior therapy, speech language therapy, occupational therapy, individual counseling or medication intervention to treat symptoms associated with an ASD. These may or may not be the same or similar to interventions received at school.
Use in Other Systems/For other Services	Depending on the educational identification, some community agencies will accept the IEP (Individualized Education Program) or evaluation as documentation of a disability – this does not automatically mean a student would be eligible for those services – documenting the disability is generally one step in the eligibility process. For example, educational identification of autism is commonly accepted as documentation of disability while a student who qualified under “Other Health Impairment” may need more information/documentation of the specific disability.	A clinical diagnosis is typically accepted (and in some cases required) by other systems/ services as documentation of disability -- this does not mean a student would automatically be eligible for those services – documenting the disability is generally one step in the eligibility process. Insurance companies may require a clinical diagnosis in order to reimburse for interventions or services related to autism.

EXAMPLE 1: A student with cerebral palsy and a clinical diagnosis of ASD is evaluated by the school team. After a comprehensive evaluation, the team determines the student’s educational performance is adversely impacted primarily by cerebral palsy. The student is found eligible for special education services under “orthopedic impairment”. In this scenario, the student has a clinical diagnosis of autism, is eligible for special education services and has not been “educationally identified” with autism.

EXAMPLE 2: A student has been clinically diagnosed with ASD. After an educational evaluation, the team has determined there are no adverse impacts on educational performance and no need for specially designed instruction or related services. This student has a clinical diagnosis of autism and is not eligible for special education services under any category.

EXAMPLE 3: In evaluating a student, the team documents a pattern of skills and behaviors characteristic of ASD that have an adverse impact on educational performance. The student needs specially designed instruction. The student is educationally identified with autism. This is the first time the family is hearing about or realizing their child may have autism. They are deciding whether to pursue a clinical diagnosis but have not yet done so. This student has been educationally identified with autism and does not have a clinical diagnosis of autism. The student will receive special education services at school to meet their needs.



Educational Identification & Clinical Diagnosis	
Misconception	Correction
<p>An evaluation team can or must require families to get an autism diagnosis from a clinician.</p>	<p>Prior to beginning an evaluation, an educational team cannot require a family to pursue or wait for a clinical diagnosis. During the course of an evaluation, if a district team decides a clinical evaluation would assist with the educational identification, the district is obligated to pay for that evaluation.</p>
<p>A clinical diagnosis of autism means a student is automatically eligible for special education services under the eligibility category of autism.</p>	<p>To be eligible for special education services, teams must document that the presence of a disability has an adverse impact on educational performance and that the student needs specially designed instruction. A clinical diagnosis alone does not satisfy the teams' obligation. While school teams must carefully consider the diagnosis (along with any other relevant medical factors), a clinical diagnosis alone is not sufficient.</p>

EVALUATION

Team

According to IDEA, an educational evaluation must be “sufficiently comprehensive to identify all of the student’s special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified.”

The comprehensive nature of this evaluation requires a multi-disciplinary team – no one person or single team member can educationally identify a student. By law, an initial evaluation team⁴ must consist of the parent(s) and a group of qualified professionals, including, but not limited to: general education teacher, a person qualified to conduct individual assessments and interpret the results of those assessments, and a district representative.

In conducting any comprehensive educational evaluation, including for autism, teams should incorporate and include professionals with specific knowledge or expertise relative to the suspected disability. Team members must be adequately and appropriately prepared and trained, having the content knowledge and skills to serve children with disabilities.

The chart on page 16 further describes the educational team: members, roles, and when to include. In addition, the chart outlines the area(s) of assessment with which a member might assist.

Educational Performance

IDEA’s definition indicates the disability must “*adversely affect a child’s educational performance.*” It is important to note the definition does not say, “academic performance.” Grades, achievement test scores, and the like are only one area of educational performance. When planning an evaluation, teams need to consider:

1. Communication functioning
2. Social functioning
3. Pragmatic (social) communication
4. Organizational skills
5. Group work skills
6. Problem solving skills
7. Emotion regulation
8. Behavior regulation
9. Attention skills
10. Daily living skills, adaptive behavior, hygiene

Tools

Teams are responsible for determining whether a student has a disability and the individual educational needs of the student.

There is no tool or tool(s) district teams are required to use to make their determinations. In fact, teams cannot base their decisions on any single source of information, single test score or measure. Rather, teams must use a variety of tools, sources and strategies to gather relevant functional, developmental, and academic information about the student. Finally, teams must use valid and reliable tools that are selected and administered by trained professionals who use them as intended.

⁴ For reevaluations, the “team” is the IEP team.

DO	DON'T
Use a variety of tools –existing data, classwork, observation, parent report, test scores	Rely on a single test or instrument – there is no requirement to use the Autism Diagnostic Observation Schedule (ADOS-2), DSM-5 or any specific test
Use a variety of strategies – observations, interviews, curriculum-based assessments	Rely on a single strategy – grades or test scores alone cannot be the basis of a decision
Use a variety of sources – teachers, student, parent, specialists	Rely on a single source – decisions cannot be based on one person's input alone
Use technically sound tools – make sure tools are valid and reliable, avoid bias and discrimination, administer as intended by trained personnel	Rely on the same tool(s) for every student in every situation – not all tools are technically sound or appropriate in all situations for all students – the evaluation should be comprehensive and individualized

Special Populations

There are several groups that are under-represented and under-identified when it comes to autism: girls and children from racial and ethnic minority groups.

GIRLS^{viii}

A growing number of studies suggest that girls with autism are identified and diagnosed later or not at all, even when their symptoms are equally or more severe than boys. This results in missed or delayed intervention, and in the teen years greater experiences of anxiety and depression.

Considerations for teams:

- People often dismiss girls’ social or communication challenges – attributing them to either “shyness” or “talkativeness” rather than autism.
- Restrictive/repetitive behaviors and special interests present differently in girls than boys. Girls may have fewer restrictive/repetitive behaviors than boys, and their interests may be like other girls but present with unusual frequency or intensity.
- Girls tend to have more typical language development, stronger language skills and are better at mimicking and masking than boys.
- Many of our concepts of autism, research, and standardized tests/assessment are based on boys. A growing body of research is showing significant differences in how autism presents differently in boys and girls.

RACIAL & ETHNIC MINORITIES

Compared to white children, children from racial or ethnic minority groups experience delays in diagnosis, are significantly less likely to receive timely services after an autism diagnosis, and less likely to receive the recommended amount or type of service.^{ix} Like girls, these delays in diagnosis, identification, and service have long term effects.

Considerations for teams:

- Black boys are over 5x more likely to be misdiagnosed with a conduct disorder before being accurately diagnosed with autism.^x
- Black children are also significantly more likely to have a co-occurring intellectual disability than their white peers (50%, 33%, and 30% respectively).^{xi}



Evaluation	
Misconception	Correction
<p>A school psychologist is the only one who can educationally identify a student with autism.</p>	<p>A multidisciplinary team conducts the educational evaluation. Based on the results of the educational evaluation, the team determines whether the student is eligible for special education and related service(s) – no single team member makes this decision. Parents must be included in this team.</p>
<p>The Ohio Department of Education (ODE) requires the use of the Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)^{xii} in determining whether a student meets the educational definition of autism.</p>	<p>ODE does not require, nor can teams rely solely on any one specific assessment tool. ODE does require the use of a variety of tools, sources and strategies.</p>
<p>If a district does not have a school psychologist or someone trained to do the ADOS-2, they cannot determine eligibility under the category of autism.</p>	<p>Neither a school psychologist nor the ADOS-2 is required to educationally identify a student with autism. Teams can use existing data, observation, interviews, etc. While not required, a school psychologist can greatly benefit a team. Some districts contract for this service.</p>

**“Who’s Who?”
In Educationally Identifying Students with Autism**

Person	Role	Areas of Assessment (Planning Form PR-04)
<p>PARENT The term parent is defined in Ohio Administrative Code (OAC 3301-51-01) as a biological or adoptive parent, legal guardian, an individual who acts in place of the parent (e.g., grandparent, stepparent, other relative), or a surrogate parent.</p>	<p>Parents can provide important information about priorities, strengths and student needs as well as information about the cultural and developmental appropriateness of goals and intervention strategies.</p>	<ul style="list-style-type: none"> • Information Provided by Parent • Background History • Observations • Social-emotional Status • Behavior Assessment • Adaptive Behavior
<p>STUDENT</p>	<p>Depending on a student’s age, maturity, interest in, and willingness to participate, the student should be evaluated directly and included in meetings when appropriate.</p> <p>Beginning at age 14, teams must invite the student to IEP meetings, and may include in evaluation meetings as well.</p>	<ul style="list-style-type: none"> • Background History • Social-emotional Status • Vocational/Transition • Behavior Assessment
<p>GENERAL EDUCATION TEACHER</p>	<p>Person knowledgeable about the general education curriculum, shares classroom data (including group work, interaction with peers, etc.).</p>	<ul style="list-style-type: none"> • Classroom-Based Evaluations and Progress in the General Curriculum • Data from Interventions • Observations • Social-emotional Status • Behavior Assessment • Adaptive Behavior • Other: Autism assessment (i.e., may be an informant/complete an autism rating scale)
<p>SPECIAL EDUCATION PROVIDER/ INTERVENTION SPECIALIST</p>	<p>Knowledgeable in specially designed instruction, accommodations, and curricular modifications, may conduct some testing and observation.</p> <p><i>NOTE: If a student is eligible and a related service is their only need (i.e., speech language, occupational therapy), then the related service provider takes the place of the intervention specialist as a required team member, since no Intervention Specialist is involved.</i></p>	<ul style="list-style-type: none"> • Data from Interventions • Social-emotional Status • Observations • Behavior Assessment • Adaptive Behavior • Other: Autism assessment Vocational/Transition

**“Who’s Who?”
In Educationally Identifying Students with Autism**

Person	Role	Areas of Assessment (Planning Form PR-04)
DISTRICT REPRESENTATIVE	Often facilitates the meeting and gets the evaluation process started. It is important that the district representative have the authority to commit district resources and be able to ensure that whatever services are described in the IEP will be provided. This person should be a) qualified to provide or supervise the uniquely designed instruction that will meet the student’s needs, b) knowledgeable about the general education curriculum, and c) knowledgeable about available school resources.	Input as appropriate depending on the individual’s exposure to and experience with the student.
SCHOOL PSYCHOLOGIST	Administer and interpret a variety of assessments (i.e., cognitive, achievement, social-emotional, adaptive, and behavior), synthesize observational data, prioritize student’s educational needs, and advise the team on instructional and environmental supports, which leads to a collaborate determination of special education eligibility. If a School Psychologist conducts an assessment, observation, etc., they should present and explain their findings to the team (either in person or in advance of a team meeting if they cannot attend).	<ul style="list-style-type: none"> • Background History • General Intelligence • Academic Skills • Social-emotional Status • Behavior Assessment • Adaptive Behavior • Other: Autism assessment
SPEECH LANGUAGE PATHOLOGIST (SLP)	Can complete speech, language and social communication assessments that will help to differentiate between speech and language delays or deficits and communication patterns that are typically associated with autism. If an SLP conducts an assessment, observation, etc., they should present and explain their findings to the team (either in person or in advance of a team meeting if they cannot attend).	Communicative Status

**“Who’s Who?”
In Educationally Identifying Students with Autism**

Person	Role	Areas of Assessment (Planning Form PR-04)
OCCUPATIONAL THERAPIST (OT)	<p>May evaluate sensory, motor, cognitive, social, and communication skills across all areas of educational performance and help determine functional limitations, eligibility, and educational needs.</p> <p>If an OT conducts an assessment, observation, etc., they should present and explain their findings to the team (either in person or in advance of a team meeting if they cannot attend).</p>	<ul style="list-style-type: none"> • Fine Motor • Other: Sensory
PHYSICAL THERAPIST (PT)	<p>Can complete a variety of assessments, including those which analyze motor differences commonly associated with ASD.</p> <p>If a PT conducts an assessment, observation, etc., they should present and explain their findings to the team (either in person or in advance of a team meeting if they cannot attend).</p>	Gross Motor
OTHER	<p>At the parent or school district’s discretion, other people who have relevant knowledge or expertise regarding the student can be included (i.e., parent mentor, medical professionals, psychologist, psychiatrist, mental health counselor, social worker, teacher of the visually impaired, teacher of the hearing impaired, assistive technology specialist, nurse, etc.)</p>	<ul style="list-style-type: none"> • Vision • Hearing • Physical exam/general health • Learning media assessment • Audiological needs • Assistive technology needs



DISABILITY CATEGORY

Students with autism commonly have co-occurring conditions such as an anxiety disorder or attention deficit hyperactivity disorder (ADHD).^{xiii}

- 45% of youth with ASD also have ADHD – the most prevalent comorbidity in youth with ASD.
- Individuals with ASD + ADHD are at an increased risk for developing a third psychiatric condition – usually anxiety or depression.
 - Depression Prevalence = 7% of children and 26% of adults
 - Anxiety Prevalence = 11-40%

In addition, students with ADHD, anxiety, or other diagnoses (but not autism) may share similar behavioral, communication and social interaction patterns. These comorbidities and commonalities can make it difficult for teams to determine not only which disability is present, but also which is “primary.” The decision about which classification is most appropriate is made at the team meeting. The team (including the parent) will discuss the options and choose the classification that best fits the child’s situation.

As noted previously, IDEA requires the evaluation to be “sufficiently comprehensive to identify all of the student’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.” Even when a child could fit into two (or more) categories, a team cannot “dually classify” – but the IEP must still address all the identified needs of the child. No category precludes the delivery of a needed service identified through the evaluation. Nor does the category determine the student’s least restrictive environment (LRE). Category does not dictate placement.

Example: A team is evaluating a student who has autism, ADHD, and dyslexia. The team realizes the student could be educationally identified under the category of “Autism” (ASD), “Other Health Impairment” (OHI) or “Specific Learning Disability” (SLD). Based on the evaluation, the team agrees on “Autism” and the IEP addresses all the student’s needs, including those resulting from ADHD and dyslexia.

In addition, when teams are unsure whether specific issues, like executive functioning, are due to autism or ADHD (or both), they should use their clinical skills to get to the “root” of what they are seeing and select the most appropriate educational identification. For example,

IF A STUDENT IS STRUGGLING WITH ATTENTION OR FOCUS:

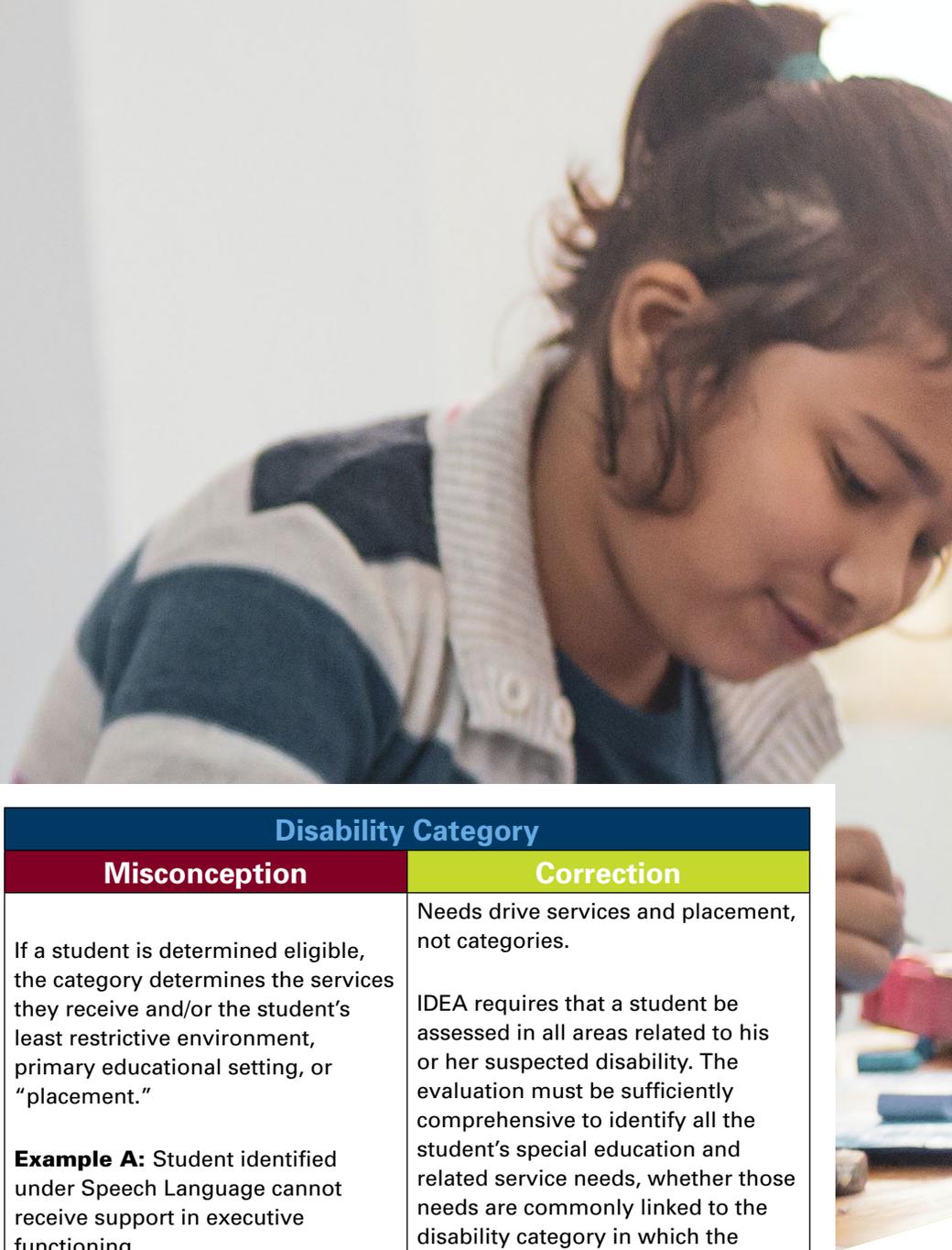
How, why or when does the student pay attention? Is the student able to consistently attend/focus on topics they prefer or enjoy but not other topics (i.e., when the topic is the solar system but not when the topic is world history? Does the student have trouble focusing when particular concentration is needed (i.e., completing a math test vs. watching a movie with class)?

IF A STUDENT IS EXPERIENCING CHALLENGES WITH PEER OR TEACHER RELATIONSHIPS:

What do you see during conversation? Does the student ask questions, reciprocate and exchange information? Do they interrupt? Is the conversation different if the topic is of particular interest? Does this change if they are talking with one peer, a group of peers, or an adult?

Given the commonalities and comorbidities, the table below highlights a few key differences in three categories: OHI, Emotional Disturbance (ED), and ASD.

	OHI	ED	ASD
Due to	Chronic or acute health problems	"A condition"	Developmental disability
Not due to		Intellectual, health, or sensory issues	Emotional disturbance
Significant impacts	Limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment.	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Ability to learn. • Ability to build or maintain satisfactory interpersonal relationships. • Ability to demonstrate appropriate types of behavior or feelings under normal circumstances. • A general pervasive mood of unhappiness or depression. • A tendency to develop physical symptoms or fears associated with personal or school problems. 	<p>Verbal and nonverbal communication.</p> <p>Other characteristics:</p> <ul style="list-style-type: none"> • Repetitive activities. • Stereotyped movements. • Resistance to environmental change or change in daily routines. • Unusual responses to sensory experiences.



Disability Category	
Misconception	Correction
<p>If a student is determined eligible, the category determines the services they receive and/or the student's least restrictive environment, primary educational setting, or "placement."</p> <p>Example A: Student identified under Speech Language cannot receive support in executive functioning.</p> <p>Example B: Student identified under Autism cannot receive speech and language services unless the student demonstrates significant expressive and receptive language delays.</p> <p>Example C: Student identified under Autism is "automatically" placed in the district's autism program/classroom.</p>	<p>Needs drive services and placement, not categories.</p> <p>IDEA requires that a student be assessed in all areas related to his or her suspected disability. The evaluation must be sufficiently comprehensive to identify all the student's special education and related service needs, whether those needs are commonly linked to the disability category in which the student has been classified.</p> <p>In addition, IDEA requires that "to the maximum extent appropriate, children with disabilities...are educated with children who are nondisabled; and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." Category alone will not determine this.</p>

FIVE KEY PRINCIPLES FOR THE EDUCATIONAL IDENTIFICATION OF AUTISM

1. Assemble a trained, well prepared multidisciplinary team. Members of the team must know how to select, administer, and interpret assessment tools, conduct observations and interviews, use clinical skill and consider a variety of sources in making their decisions. A team can have access to the best tools, but if no one knows how to use them, interpret them, or recognize their limitations, the tools will be of little use.
2. Use a variety of tools and strategies. No individual test or assessment indicates whether a student meets the eligibility criteria for ASD or any other special education eligibility category. The team must carefully analyze the results of each component of the evaluation and consider all components when determining eligibility (e.g., results from a standardized instrument are no more or less valid in determining eligibility than the informal observations, interviews, etc.)
3. Evaluate all areas of educational performance. “Adverse impact” is not the same as “bad grades”. Academic performance is only one area of educational performance, and teams are required to look at them all.
4. Consider setting and context. An evaluation should look at skills across a variety of situations (structured and unstructured), settings (classroom, playground, lunchroom, etc.), and environments (school, home, community). For example, a student with autism may communicate well one-on-one with an adult but may have difficulty with peers on the playground. Another example may be a student who performs well academically, unless it’s a group project.
5. Connect families with resources. When evaluating a student, it’s possible a team may identify issues or concerns a family was previously unaware of, an unaddressed need the student/family has, or other issues outside the scope of the school team. Teams should connect families with resources, help facilitate referrals, and share information with families regardless of the student’s eligibility for special education services.

ADDITIONAL RESOURCES

Office of Special Education (U.S.)

The U.S. Department of Education collects data from states about infants, toddlers, children and youth with disabilities who receive early intervention services, special education or related services under the Individuals with Disabilities Education Act (IDEA). The Office of Special Education Program's Fast Facts summarizes key facts related to specific aspects of the data collection authorized by section 618 of the IDEA.

Ohio Department of Education

Ohio Department of Education, Office for Exceptional Children • exceptionalchildren@education.ohio.gov

Universal Support Materials: universal support materials that provide guidance for completing the ETR and IEP forms and other basic IDEA guidance.

Preschool Universal Support Materials

Regional State Support Teams: available to support district, community and families with resources.

OCALI

Solutions and Strategies for Educational Identification of Students with ASD (Video)

Description: Introductory information on educational identification of ASD.

Length: 1 hour

Target Audience: Administrators and evaluation teams

Level: Introductory

Topics Covered:

- Legal foundations
- When to evaluate for ASD
- Diagnosis vs. eligibility
- Team process

Fact or Fiction? Myths and Misconceptions about the Educational Identification of Autism (Video)

Description: Addresses common myths and misconceptions about the educational identification of autism.

Length: 1 hour

Audience: General

Level: Introductory

Topics Covered:

- Can/must districts require a clinical diagnosis of autism to educationally identify?
- Does the Ohio Department of Education require the use of specific assessment tools?
- Are school psychologists the only ones who can educationally identify a student with autism?

Assessment for Identification (AIM Module) - UPDATED 2021

Description: This module provides more in-depth answers to commonly asked questions about the autism assessment process.

Length: Self-paced (average 1 hour)

Audience: General

Level: Advanced

Topics Covered:

- When is the right time to refer for an assessment?
- What factors contribute to early or delayed identification?
- Who should conduct the assessment?
- Avoiding Common Pitfalls
- What is the difference between diagnosis and eligibility?
- What should be included in an assessment?
- What is the difference between transdisciplinary and multidisciplinary assessment?

Other States

[Autism Spectrum Disorder Technical Assistance Paper](#). Oregon Department of Education Special Education – Regional Programs. January 2019.

[Guidelines for the Educational Evaluation of Autism Spectrum Disorder](#). Colorado Department of Education. Exceptional Student Services Unit. The Office of Special Education. August 2020.

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- ii Digest of Education Statistics. Table 204.30: https://nces.ed.gov/programs/digest/d20/tables/dt20_204.30.asp
- iii IDEA Section 618 Data Products: Static Tables: <https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html>
- iv IDEA Part B regulations can be found here: <https://sites.ed.gov/idea/regs/b>
- v Ohio Administrative Code sections 3301-51-01 to 3301-51- 09 and 3301-51-11
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- xiii Gordon-Lipkin E, Marvin AR, Law JK, Lipkin PH. Anxiety and Mood Disorder in Children With Autism Spectrum Disorder and ADHD. *Pediatrics.* 2018 Apr;141(4):e20171377. doi: 10.1542/peds.2017-1377. PMID: 29602900.