

When a child is referred to SoonerStart who has a diagnosis of Autism Spectrum Disorder (ASD), the team may receive copies of reports, evaluations (i.e. diagnostic reports) and recommendations provided by the family. This information will be considered in the development of an appropriate Individualized Family Service Plan (IFSP).

Often at referral, a child does not have a diagnosis of ASD. However, parents may describe behaviors that are associated with ASD and that are not appropriate for the child's developmental age. Awareness of the warning signs associated with autism is the key to early identification.

Some behaviors indicative of ASD that may be observed or parents may describe are:

- Child does not respond to his/her name;
- Child has lost previously acquired skills;
- Child does not imitate others' behavior;
- Child is rigid in routines or has very difficult transitions;
- Child does not draw attention to objects in the environment (joint attention);
- Child is not pointing by age of 12 months; and
- Child engages in repetitive or stereotypical behavior.

At the time of the initial family contact, the service coordinator will inform families with children between the ages of 18 and 30 months that SoonerStart will screen their child to assess the risk for ASD.

Evaluation / Assessment for ASD

It is the responsibility of the SoonerStart multidisciplinary team to determine the developmental status of a child, not to offer a diagnosis. The multidisciplinary team is responsible for determining eligibility for SoonerStart as well as gathering information about the child's current levels of functioning so that appropriate intervention services can be coordinated.

Children with a confirmed diagnosis of an ASD by a qualified physician or mental health professional are automatically eligible to receive SoonerStart services. A child with a diagnosis and his/her family shall still proceed through the assessment process so the team can gather important information for developing the IFSP. Information about a child's abilities/levels of functioning in all areas of development should be obtained through assessment, even though this information is not needed to determine eligibility.

Without a diagnosis of ASD, a child must proceed through the eligibility determination process. During the initial evaluation and assessment, service providers screen all children who are between the ages of 18 and 30 months for ASD using the Modified Checklist for Autism in Toddlers (M-CHAT; Robins, Fein, & Barton, 1999). The M-CHAT is a Level 1 screening tool validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT is based on parental report. If a child qualifies for services and passes the M-CHAT, it is

recommended the provider re-administer the M-CHAT when concerns related to communication, play, social skills, and behavior continue as well as when there is a sibling diagnosed with ASD. Service providers may find the IFSP review an appropriate timeframe to revisit the discussion. For children receiving IFSP services prior to 18 months of age, service providers screen for ASD using the M-CHAT at their earliest convenience after the child reaches 18 months of age.

***Please refer to OSDH SoonerStart Public Folders- ASD Folder for the M-CHAT downloading link.*

A child fails the M-CHAT when two or more critical items are failed OR when any three items are failed. The M-CHAT Follow-Up Interview is designed to reduce the false positive rate (false positive cases are children who fail the M-CHAT but do not have ASD). Service providers administer the M-CHAT Follow-Up Interview only for the items the child fails.

If a child fails the M-CHAT and M-CHAT Follow-Up Interview and the child is between 24 and 30 months of age, a service provider who has successfully completed the reliability training administers the Screening Tool for Autism in Two-Year-Olds (STAT). The STAT is a Level 2 interactive screening measure developed to screen for autism in children between 24 and 36 months of age. Level 2 screening tools specific to autism spectrum disorder help to identify children at risk of having ASD rather than other developmental disorders. For the children who fail the M-CHAT and are between the ages of 18-23 months, a service provider who has successfully completed the reliability training is responsible for administering the STAT at their earliest convenience after the child reaches 24 months of age.

The multidisciplinary evaluation team must use their informed clinical opinion to assess a child's present level of functioning in each of the developmental areas and to establish a child's eligibility, even when other instruments fail to establish eligibility. Therefore, if a child does not meet eligibility criteria based on the developmental testing, but the child fails the M-CHAT/Follow-up Interview and/or STAT, the evaluation team should use that information as support for the basis of the eligibility decision. Additional information/testing may also help support the decision if determined a need by the evaluation team.

For children between the ages of 30 and 36 months, the Screening Tool for Autism in Two-Year-Olds (STAT) is administered when concerns are present related to communication, play, social skills, and behavior as well as when there is a sibling diagnosed with ASD. A service provider who has successfully completed the reliability training is responsible for administering the STAT.

Screening tools for autism such as the STAT identify whether or not a child is at-risk for Autism Spectrum Disorder, they are not diagnostic. Service Providers have a professional responsibility to inform the family when the results of the developmental evaluation and screening have raised concerns that are consistent with autism spectrum disorder. Service Providers should encourage the family to discuss the findings and concerns of the multidisciplinary team with their primary health care provider.

Intervention services are not contingent upon the child having a diagnosis of ASD. SoonerStart is not responsible for diagnostic services.

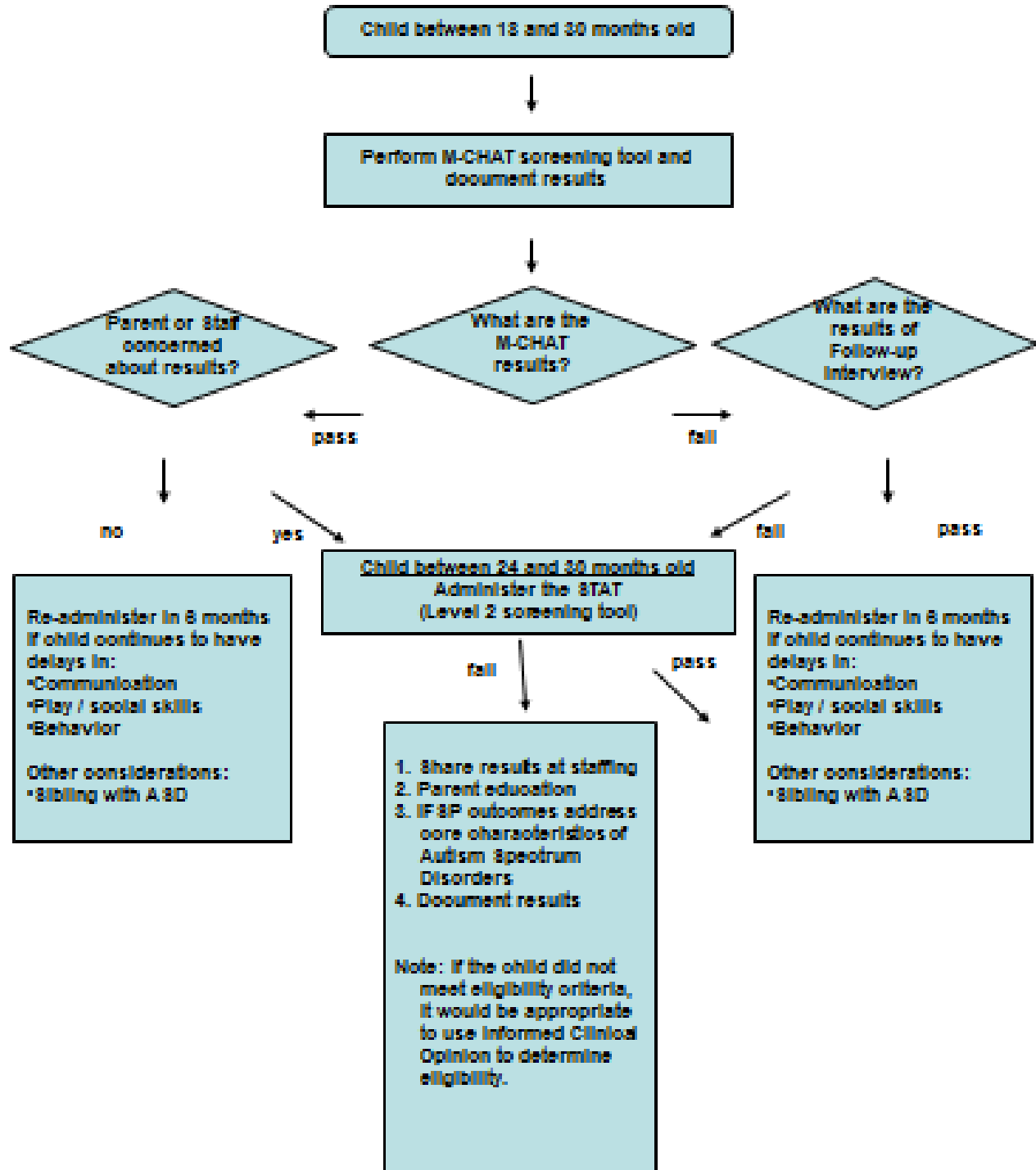
The results of the screening for ASD are documented on the Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) form in the *Other Screening section* when the screening is administered as part of the evaluation process. The family receives a copy of the MECATS. The service provider(s) document this activity in the service provider progress note for the visit as well as maintains the completed screening tool in the child's SoonerStart record. If the child is eligible for SoonerStart services, the results of the screening should also be included in the "Health" section under Present Levels of Development on the Individualized Family Service Plan (IFSP).

If the screening is administered outside of the evaluation process for a child currently receiving SoonerStart services, the service provider(s) records those screening results on the IFSP in the same location at the next IFSP review. The service provider documents the screening in the progress note for the visit as well as maintains the completed screening tool in the child's SoonerStart record.

A written statement of the results can also be provided to the family when the screening indicates a child is at-risk for Autism. An approved template letter was developed for this purpose (**Appendix O**).

***Please refer to the ASD Screening Results letter. The Screening for ASD Decision Tree was also developed as a tool for staff.*

SoonerStart Early Intervention Program Screening Decision Tree Child between 18 and 30 months old



**Sooner Start Early Intervention Program
Screening Decision Tree
Child between 30 and 36 months old**

