

Frequently Asked Questions (FAQs)

Educational Identification of ASD in Young Learners (3 – 5)



COLORADO
Department of Education

Can school districts “diagnose” a preschooler with autism spectrum disorder (ASD)?

Receiving an educational identification through a district/AU evaluation is NOT the same as receiving a medical diagnosis of ASD. If a child has a medical report or diagnosis(es), it will be important to include this information as part of the body of evidence for your evaluation. The educational identification of ASD simply means that the student requires access to special education in order to participate in his or her education and that the underlying condition that has the greatest impact on the student's ability to access general education is ASD. It does not mean that the student has or will get a medical diagnosis. Conversely, a student with a medical diagnosis may not always qualify for the educational identification of ASD because the student is not demonstrating difficulty accessing the curriculum without substantial supports. It is important to remember that educational eligibility evaluations are designed to address two questions: (1) Is the student able to access his/her education without supports or (in other words): is there evidence of impact of a disability on student functioning? and (2) if there is evidence of impact, what condition is most directly related to the student's challenges in participating in her education?

**For More
Information:**

Please visit the

[CDE ASD
Webpage](#)

OR the

[ASD Resource
Page](#)

More Questions?

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Is it too early to give an educational identification of ASD in preschool?

No. It is important to identify a child with ASD as early as possible. The American Academy of Pediatrics recommends screening for ASD between 18 and 24 months at pediatrician well-check visits. Additionally, research suggests a reliable and stable identification can be made at this early age (Guthrie, Swineford, Nottke, & Wetherby, 2013; Ozonoff et al., 2014) and ASD can be accurately identified by age 2 through comprehensive assessment practices (Ozonoff et al., 2014). The earlier children are

identified, the sooner evidenced-based interventions associated with autism can begin for early learners.

We use the TPBA for all preschool evaluations. Can we use this for students we think may have ASD?

The TPBA may be used as part of a larger body of evidence included in the evaluation. A variety of measures should be used during an evaluation of a student suspected of having ASD. One measure alone does NOT provide enough information to inform eligibility for the educational identification of ASD. This body of evidence must include an autism-specific assessment, assessment of social and communicative functioning, and observations of students across settings. Evaluation reports from outside the school district (e.g., medical, private agencies) can also be a part of this body of evidence if available. * The TPBA is not designed as an autism-specific measure, and it does not provide opportunities to observe or learn about specific behaviors that are essential to interrogate when considering possible autism symptoms in a young child.

*Note: A medical diagnosis is NOT needed for the educational identification of ASD and should not delay the educational evaluation if families are concurrently seeking a medical diagnosis.

Can we qualify a student for services under DD (Developmental Disability) if it is unclear if eligibility for ASD best matches the student's needs?

If it appears that the student meets the criteria for ASD, the evaluation team should make the eligibility determination for ASD. If the evaluation team determines that a DD identification best fits the student currently, the student may be identified as DD. If any characteristics for ASD persist or are observed when the student is in school, it is imperative that the evaluation team reassess (e.g., 6 – 12 months after the student is in school) for the potential identification of ASD. If ASD is a more accurate identification or characterization of the student's needs, do not wait until the child is re-evaluated to change the DD identification (prior to age 8).

It is very important to note that the IEP process should be dynamic. Things can and do change when evaluation teams get solid observational information and data from classroom teams. IEP amendments can be used in recording additional pieces of the body of evidence. The IEP should be modified in a fluid way, to describe a student's current skills/needs and identification most accurately.

Can we qualify a student under DD if we think the family does not want an ASD educational identification?

Eligibility determination is always a team decision, and documentation is important regarding a family's decisions to consent or not consent for services. Meaningful participation with all team members, especially the family, is critical to the student's success. It is also important to have a candid conversation with the team (and family) about the characteristics of ASD that have been observed and reported and the relative advantages of identifying ASD (i.e., the more we understand a student's learning style, the better we can devise relevant interventions and prepare school teams to meet the needs of their students). The identification category is determined as a team and an active, collaborative discussion is often required to reach consensus. In the event of dissenting opinions, it is important to document the alternative views that were expressed but not ultimately adopted by the team. By making this process as transparent as possible, we are helping future school teams understand the complexity of the student's presentation.

How do I get more information about the educational identification of ASD for our preschool students?

Information on identifying young learners with ASD can be found below:

- CDE provides a free training, *ASD Educational Identification* (12 contact hours). Details can be found on the [CDE Autism Website](#). For the 2021-22 school year the training will be held three times (twice virtually and once in person).
- [Free webinar](#) on the Early Identification of Young Learners by Dr. Susan Hepburn sponsored by the CDE autism team and the Tri-State Autism Collaborative.
- [Center for the Young Child](#) at OCALI had resources for families and team members.

Can ASD eligibility be considered at young ages for children who are culturally and/or linguistically diverse?

ASD is equally prevalent across diverse racial, cultural, and linguistic backgrounds. However, significant disparities exist in the identification of certain populations. For example, Black and Latinx populations are more likely to receive a delayed or misidentification of ASD (Maenner et al., 2020). In addition, children from economically vulnerable populations are less likely to obtain an identification of ASD (Durkin et al., 2017). Due to these disparities, school teams need to receive training and routine professional development pertaining to culturally and linguistically responsive ASD assessment practices that will promote equitable service delivery. It is critical that we strive for all young learners to have equal access to data-based educational assessment.

The development of this document is due to the efforts of an ECSE Workgroup and was the collaboration of educators, administrators, special service providers, and university staff.