

# A publication of the Colorado Department of Education

201 East Colfax Avenue, Room 300  
Denver, CO 80203-1799

<http://www.cde.state.co.us/cdesped/index.htm>

Developed by the Colorado Autism Task Force

June 2000



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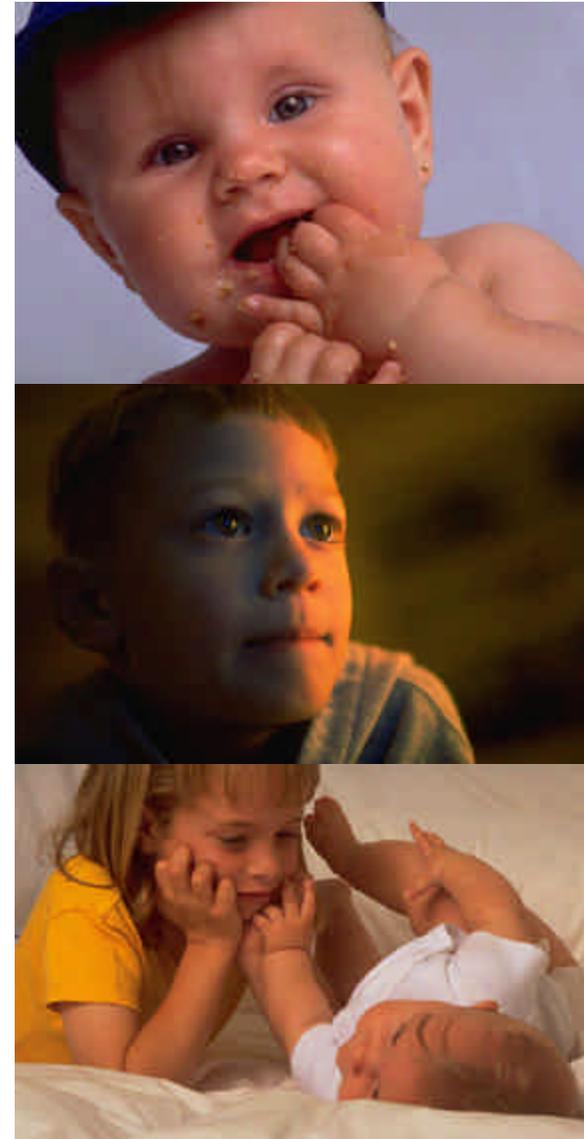
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# Colorado Resource Guide for Autism Spectrum Disorders



Developed by the Colorado Autism Task Force

## The Federal Definition of Autism

The Individuals with Disabilities Education Act [IDEA 300.7 ©(1)(i)] defines Autism as “A developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects a child’s educational performance. Other characteristics often associated with Autism are engagement in repetitive activities and stereotyped movement, resistance to environmental change or change in daily routine, and unusual responses to sensory experiences. The term Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance.

## Colorado Eligibility Criteria for Autism

School districts in Colorado may use the IDEA educational eligibility criteria to determine a child’s eligibility for special education services. The disability “Autism” is a subcategory of “Physical Disability” in Colorado.

School district personnel who suspect that a child may have Autism are responsible for informing the child’s parent(s) of the suspected disability. Observations that led the assessment team to this conclusion should be discussed. The school district would also inform the parent(s) of their choice to seek a medical evaluation. However, a medical evaluation is not required for determining educational eligibility for special education services.

## Autism: Basic Facts

- ⤵ Is a life long developmental disability resulting from a neurological disorder that affects brain functioning.
- ⤵ Usually occurs during the first three years of life.
- ⤵ Affects 1 of every 500 births.
- ⤵ Interferes with communication, interaction, and sensory processing.
- ⤵ Can have symptoms ranging from mild to severe.
- 1 ⤵ Is more common in boys than in girls.

## Family and Personal Accounts

*Crossing Bridges: A Parent’s Perspective on Coping after Diagnosis of Autism/PPD*  
-Vickie Satkiewicz

*Nobody Nowhere*  
-Donna Williams

*Emergence: Labeled Autistic*  
-Temple Grandin

*Somebody Somewhere*  
-Donna Williams

*Let Me Hear Your Voice*  
-Catherine Maurice

*There’s a Boy in Here*  
-Judy and Sean Barron

*Mixed Blessings* -William and Barbara Christopher

*Thinking in Pictures*  
-Temple Grandin

*News from the Border*  
-Jane McDonnell

*Without Reason*  
-Charles Hart

## Periodicals

*Autism Research Review International*  
4182 Adams Avenue  
San Diego, CA 92116

*Focus on Autistic Behavior*  
Pro-Ed Journal  
8700 Shoal Creek Boulevard  
Austin, TX 78757-6897

*Journal of Autism and Developmental Disorders*  
Plenum Press  
233 Spring Street  
New York, NY 10013

*The Morning News*  
Henison Public Schools  
2140 Bauer Road  
Jenison, MI 49428

## Resources: Colorado Autism Contacts

Autism Society of America, Colorado Chapter  
5031 West Quarles Drive  
Littleton, CO 80128  
(303) 978-1440

Autism Society of the Pikes Peak Region  
Attn: Alison Seyler  
918 Crown Ridge Drive  
Colorado Springs, CO 80904  
(719) 630-7072

## Internet Resources

*Yale Child Study Center Developmental Disability Clinic and Research:*  
<http://info.med.yale.edu/chldstudy/autism/>

Rett's Disorder:  
[http://www.familyvillage.wisc.edu/lib\\_rett.htm](http://www.familyvillage.wisc.edu/lib_rett.htm)

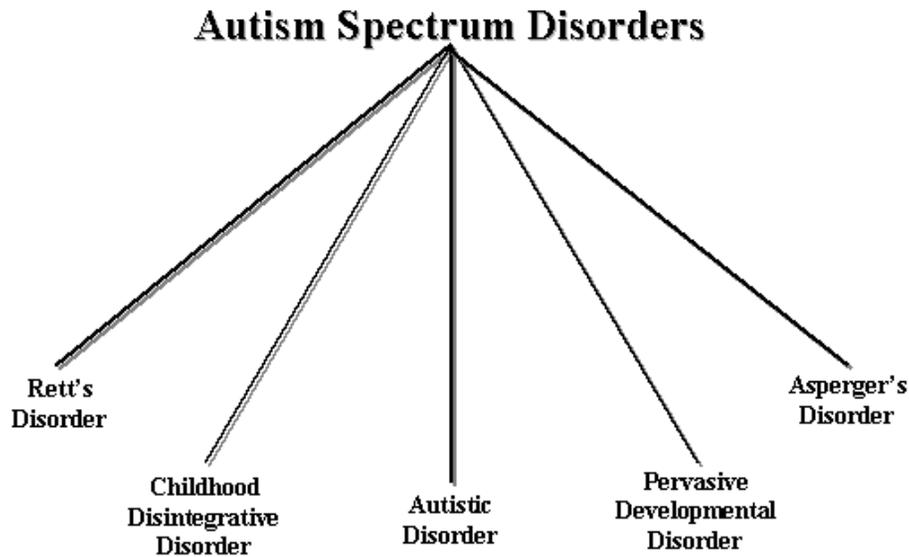
## Related Readings

- *Asperger's Syndrome: A Guide for Parents and Professionals* - Tony Atwood
- *Higher Functioning Adolescents and Young Adults with Autism* -Ann Fullerton, et. Al
- *Targeting Autism: What We Know, Don't Know, and Can Do To Help* -Shirley Cohen
- *Teaching Children wit Autism* -Kathleen Quill
- *The Effects of Autism on the Family* -Eric Schopler and Gary Mesibov
- *Understanding the Nature of Autism* -Janice Janzen
- *Using Visual Cues to Improve Communication* -Linda Hodgdon

## Possible Early Indicators of Autism

1. The child may appear to be deaf. Does not have typical startle response. Does not turn when you come into the room. Seems unaware of sounds in the room, etc.
2. May be an extremely "good" baby and seldom cries, is not demanding, and seems very content to be alone **OR** is very fussy, colicky baby who cries a lot, has sleep problems, and is not easily comforted.
3. May "hand gaze", looking at light through fingers, or may have other self-stimulatory behavior.
4. May be a fussy eater.
5. Does not have an anticipatory response. Does not raise arms to be picked up. Does not seem to want to be held.
6. Seems to avoid actively looking at people.
7. Seems to "tune out" a lot. Is not aware of what is happening around him/her.
8. Wants things to "stay the same". May have difficulty adapting to winter coat or boots. Wants to wear the same clothes. Does not want furniture or toys to be "out of place".
9. Does not begin to talk or use words in a communicative way at the appropriate age. Fails to develop language, or uses echolalic speech without really understanding the meaning of the words.
10. Often seems to be a perfectionist. Wants everything to be "just right". If he/she tries to make something work and it does not, he/she gets upset and will quit, or will become angry and will not try the activity again.
11. Often has "splinter skills" in areas like music, can do puzzles extremely well, has excellent gross motor skills, or is very interested in numbers and letters.
12. May have very high tolerance for pain. May get hurt but not come to an adult for comfort.
13. May become very upset by changes in routine.
14. May not spontaneously imitate the play of other children.
15. May have difficulty applying information form one setting to another.
16. May experience extreme sensory sensitivity.

# The Spectrum of Autism



## What is Autism?

Autism is a life long disability that begins sometime during the first three years of a child's life. Autism is a neurologically based disorder; it affects the way a child communicates, interacts with other people and perceives and reacts to the world.

Patterns of behavior that are characteristic of Autism include impairment of reciprocal social interactions, impaired communication skills, repetitive behaviors, and a restricted range of interests. Note all children with Autism behave in the same way. This is what is meant by the "spectrum of autism". Each child might display a different combination of behaviors ranging from mild to severe.

Other disorders related to Autism are Rett's Disorder, Childhood Disintegrative Disorder, Pervasive Developmental Disorder, and Asperger's Disorder. The term "Autism" is generally used to describe the spectrum of these related disorders.

# The Colorado Department of Education's Regional Service Map



*To access the services of regional Autism Resource Specialists, contact the:*

*Colorado Department of Education  
Special Education Services Unit*

*201 East Colfax Avenue, Room 300*

*Denver, CO 80203-1799*

*Or call (303) 866-6694*

<http://www.cde.state.co.us/cdesped/index.htm>

# The Colorado Autism Network

Colorado Autism Resource Specialists have received advanced training in the following areas of competence:

- Characteristics of Autism and its implications
- Current trends and theories in Autism.
- Identification process and Autism criteria for eligibility for services.
- Comprehensive assessment of family strengths and needs.
- Planning and objective measurement methods for the IFSP (Individual Family Service Plan) and IEP (Individual Education Plan).
- Assessment of social and communication skills, and intervention with Autism.
- Assessment of behavior, and intervention with Autism.
- Consultation skills and knowledge of resources.



## What Causes Autism?

Researchers have not found a specific cause for Autism. Evidence indicates that there are genetic factors involved and that there are biological and/or neurological differences in the brains of children who have Autism. Autism is not a form of mental illness. It is not something that is caused by bad parenting or by any other psychological influences in the child's life. Children with Autism are not choosing to behave badly.

## How is Autism Identified?

Families seeking a diagnosis from some medical communities report frustration. Diagnosis is difficult for some medical personnel who have limited training or exposure to Autism because it is not a common disorder and because the characteristics vary widely.

There are not medical tests for diagnosing Autism. However, because many of the behaviors associated with Autism are shared by other disorders, a doctor may complete various medical tests to rule out other possible causes. In order to be diagnosed accurately, a child must be observed by professionals skilled in determining communication, social, behavioral and development levels. A brief observation in a single setting cannot present a true picture of an individual's abilities and behavior patterns. At first glance, the child may appear to have mental retardation, a learning disability, or problems with hearing. A medical diagnosis is not required for special education services, but it can provide for better understanding, direction, and guidance for families.

Parents who have concerns about their child's development should contact their local school district. For children birth through age five, parents should request an evaluation by contacting their school district's Child Find Coordinator. For an evaluation of a school age child, parents should contact the principal at their child's school.

# Characteristics of Autism Disorder

A child identified with Autism will exhibit characteristics under A and B, and one or more characteristics under C through F:

## *A. Social Participation*

The child displays difficulties, differences, or both interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.

## *B. Communication*

The child displays problems that extend beyond speech and language to other aspects of social communication, both receptively and expressively. The child's verbal language may be absent or, if present, lacks the usual communicative form, which may involve deviance or delay, or both. The child may have a speech or language disorder or both, in addition to communication difficulties associated with Autism.

## *C. Developmental Rates and Sequences*

The child exhibits delays, arrests, or regressions in motor, sensory, social, or learning skills. The child may exhibit precocious or advanced skills development, while other skills may develop at normal or extremely depressed rates. The child may not follow developmental patterns in the acquisition of skills.

## *D. Cognition*

The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness, and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.

## *E. Sensory Processing*

The child exhibits unusual, inconsistent, repetitive, or unconventional responses to sounds, sights, smells, tastes, touch, or movement. There may be a visual or hearing impairment, or both, in addition to sensory processing difficulties associated with Autism.

## *F. Behavioral Repertoire*

The child displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachments to objects. The child's capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The child may have difficulty displaying a range of interests or imaginative activities, or both. The child may exhibit stereotyped body movements.

*Adapted from Madison Metropolitan School District – Autism Eligibility Criteria*