



# Using the DRDP (2015) with Children with Autism Spectrum Disorder

The Desired Results Developmental Profile (DRDP) (2015) is an authentic assessment based on ongoing observations of children in their daily routines and typical environments. This guide is designed to assist teachers and service providers in using the DRDP (2015) to conduct informed and meaningful assessments of children with autism spectrum disorder (ASD) by better understanding:

1. How autism spectrum disorder may influence the child's social communication skills and patterns of behaviors and interests;
2. An individual child's unique pattern of abilities and learning needs; and
3. How to provide an appropriate learning environment that leads to a more accurate assessment of children's knowledge, behaviors, and skills.

This guide is a supplement to the guidance that appears in the DRDP (2015) Assessment Manual ([draccess.org/assessors](http://draccess.org/assessors)). It provides information about suggested practices that will facilitate appropriate assessment of young children with ASD on the DRDP (2015). Please read the Introduction and Appendices in the Assessment Manual in their entirety, paying careful attention to the sections focused on the following topics:

- **Adaptations:** The DRDP (2015) includes a system of adaptations to be used for children with Individualized Family Service Plans (IFSPs) and Individualized Education Plans (IEPs) so that they can demonstrate what they know and can do, rather than be penalized by the presence of a disability. DRDP assessors need to be knowledgeable about using the adaptations identified for a child with ASD. For more information about adaptations, refer to appendix D in the Assessment Manual and to additional tools found on the [Desired Results Access Project web site: draccess.org/adaptations](http://Desired Results Access Project web site: draccess.org/adaptations)
- **Collaboration:** An accurate assessment of a child with ASD involves collaborating with the child's family and all relevant service providers, including childcare providers. Refer to Appendix F of the DRDP (2015) Assessment Manual for further guidance on collaboration.
- **Universal Design:** The measures of the DRDP (2015) were developed by applying the principle of Universal Design so that *all* children can demonstrate their knowledge and skills in a variety of ways. For more information, refer to the Introduction of the DRDP (2015) Assessment Manual.
- **Mastery Criteria:** It is important to adhere to the DRDP (2015) criteria for demonstration of mastery when scoring the DRDP. Sometimes a child with ASD will demonstrate a skill but in limited settings or inconsistently over time, which does not meet the criterion of mastery for rating measures of the DRDP (2015).

In addition to the information included in the Assessment manual, many useful resources are available at the [Desired Results Access Project web site: draccess.org](http://Desired Results Access Project web site: draccess.org)

# Recommended Practices for Using the DRDP (2015) with Children with Autism Spectrum Disorder

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## 1. Become knowledgeable about the child with autism spectrum disorder

- Variability among and within children with ASD
- The child's social communication skills and needs
- The child's patterns of behaviors and interests
- The child's home language
- Use of augmentative and alternative communication (AAC)

## 2. Support the child's social communication skills

- Provide structure and predictability in the child's daily routines
- Display visual schedules
- Ensure that communicative partners are familiar with the child's AAC system
- Provide opportunities for the child to make choices
- Support frequent opportunities for interactions with peers
- Help children recognize and use facial expressions and gestures appropriately

## 3. Build on the child's patterns of behaviors and interests

- Identify the child's preferences and interests
- Use salient characteristics of the child's preferences and interests to expand the child's repertoire of activities
- Implement a motivational system that maximizes the child's participation in unfamiliar and less preferred activities

## 4. Optimize the environment for observation

- Optimize positioning
- Optimize attention and participation

## 5. Rating the measures of the DRDP (2015)

- Determine mastery
- Note splinter skills
- Identify Interests and preferences
- Be aware of prompt dependency
- Consider social communication skills in assessment

# 1

## Become knowledgeable about the child with ASD

- Variability among and within children with ASD
- The child’s social communication skills and needs
- The child’s patterns of behaviors and interests
- The child’s home language
- Use of augmentative and alternative communication (AAC)

### Variability among and within children with ASD

Autism Spectrum Disorder is characterized by social communication difficulties and repetitive patterns of behavior (American Psychiatric Association, 2013). These difficulties are especially likely to influence development in the areas of self-regulation, social emotional skills, language and literacy, and may influence the development of skills in other domains. To observe a child’s skills accurately using the DRDP (2015), the assessor should be familiar with the child’s social communication skills and needs, as well as patterns of behaviors and interests in order to inform rating the measures of the instrument across all domains. The assessor should also review information from the IEP and the child’s records. Additionally, families and service providers who know the child well are important sources of information as the child with ASD may demonstrate skills in one context (e.g., at home with his brother) and not in another.

A child may display hypersensitivity (over-responsiveness) or hyposensitivity (under-responsiveness) to a variety of sensory stimuli in the environment. For example, a child may not respond when someone calls his or her name but may cover his or her ears when music is playing at a volume level that is fine for others to hear. Some children with ASD may have difficulty sitting quietly in a chair without wiggling or vocalizing. If a child has sensory-related difficulties, collaboration with an occupational therapist may be required to determine specific interventions and sensory supports (such as, adaptive cushions, earphones, or other materials and activities that stimulate or reduce sensory input). These interventions and supports will influence state of arousal, increase regulation of feelings or behaviors, and improve attention to learning activities.

An important characteristic of ASD is the wide range, or spectrum, of abilities. Children may have advanced skills in one developmental area and demonstrate delays in other areas. Children with ASD not only have varying patterns of skill levels across domains, but patterns may not follow the typical developmental sequence. If a child displays a skill at a later developmental level, it cannot be assumed that he has also mastered earlier skills. Children with ASD may have splinter skills, or skills that appear above age level in a particular developmental area when compared to their other skills for their age. For example, a child may be able to read an entire book by memory and name all the letters in the alphabet in print but may not recognize his or her name when seen out of the usual context. See [Rating the measures of the DRDP \(2015\)](#) on page 9 at the end of this document for further guidance.

Some children with ASD are diagnosed with additional disabilities. assessors and other service providers must become knowledgeable about the impact of any additional disabilities on the child’s development and skills. The Centers for Disease Control and Prevention (Christensen et al., 2016) report that 32 percent of children with ASD also have an intellectual disability. Estimates indicate that 6 -7 percent of children with visual impairments or hearing loss also have ASD (Kancherla, Van Naarden Braun, & Yeargin-Allsopp, 2013). Additionally, 44 percent of children with ASD have average to above average intellectual ability, and some are classified as gifted.

### The child’s social communication skills and needs

According to the American Psychiatric Association (2013), the complex area of social communication is comprised of three main components that can be challenging for a child with ASD. Each of these areas should be considered when observing a child and may have implications when rating the measures on the DRDP (2015):

- (a) social-emotional reciprocity (i.e., joint attention, social interaction, and social skills);
- (b) communication and language (i.e., speech, language, pragmatics, verbal and nonverbal communication); and

(c) relationships with others (i.e., adjusting to different social situations, interest in peers, and making friends).

## Social-emotional reciprocity

The absence of joint attention is one of the early signs of ASD. This means that the child may not switch attention between an object and an adult in order to share interest or excitement about a toy, other item, or event. Children with ASD may not respond to comments made by others, especially if they require social interaction. Adults may make comments about the environment, objects, or play that are directed to the child, but the child may not respond. Some children with ASD use gaze aversion and avoid looking at another person in the eyes or face. It is important to note that even if the child is not looking at the other person, he or she may be paying attention to what is being said.

Young children with ASD are most likely to demonstrate social communication skills during familiar routines and activities. A child may be more likely to respond to directions while involved in activities that are both preferred and familiar. For example, Rudi loves to play with blocks. This activity supports Rudi's attending behaviors and his ability to follow simple directions. He will follow directions with the blocks by placing them in a variety of positions, taking them in and out of containers, and handing a block to a peer upon request. In this situation, an assessor should consider Rudi's preference for blocks when observing skills such as carrying out a one-step request.

## Communication and language

Children with ASD may demonstrate a range of communication and language abilities, from an absence of oral language to the use of more sophisticated oral language and hyperlexic reading skills (advanced reading ability). However, even if a child with ASD has advanced speech and language skills and speaks in sentences to communicate, the child may not make comments to others because he or she is less interested in communicating for social reasons. For example, the child may take the hand of an adult and lead the adult to a preferred object or item without looking at the adult's face.

This range of abilities can be seen not only in how children with ASD communicate but also in how they respond to others. Children with ASD may learn to respond to questions as part of an instructional activity (e.g., correctly identifying the actions depicted in pictures) but may not respond to the same questions when asked in a different context.

Speech may be used in an idiosyncratic manner. Echolalia, the immediate or delayed repetition of another's spoken words, may be used by children with ASD and may be the only way some children use speech. For example, when asked, "Do you want a book or music?" the child may respond, "book or music" (immediate echolalia) or the child may repeat a phrase, slogan, or jingle of a commercial heard days ago (delayed echolalia) without comprehension of the content. Immediate and delayed echolalia may serve different communication functions for some individuals with ASD including a way to take a turn in the conversation, answer a question, or make a request (Prizant, 1983).

Difficulty using pronouns correctly is also common. When making a request, the child with ASD may say his name instead of using "I" to refer to himself. For example, Daniel may say, "Daniel wants to go outside".

## Relationships with others

Social interactions and communication with others may be the most challenging situations for young children with ASD. Some children seek out adults in order to make requests, but ignore or avoid peers. Others appear to want to interact with peers but may not know what to say or do to initiate an interaction and may simply stand close to peers as more of an onlooker. Others enjoy interacting with peers but may want to only play games that they suggest or use objects or toys that they prefer.

Although patterns may vary, children with ASD tend to discriminate between adults based on those who provide more structure and consistency and those who do not. Children with ASD prefer structure and are more responsive to people who interact in a consistent manner and follow through with contingent statements. A child with ASD benefits from predictability, so if the adult says "we are finishing after two turns," or "we will go outside when your shoes are on" and then follows through with these contingent statements, the child will know what to expect.

## The child's patterns of behaviors and interests

Children with ASD may exhibit restricted, ritualistic, or repetitive patterns of behavior, interests, or activities. Some children may display repetitive motor movements (hand flapping or rocking) or may use objects in a different way than

intended, such as lining up cars or spinning their wheels instead of moving them along a track. They may get upset with changes to a familiar routine such as when asked to transition between activities or when the classroom schedule is changed. Others may have highly restricted interests and may play with the same toy for long periods of time, or may eat only a few specific foods on a very limited diet. Some children may produce meaningless repetition of others' phrases (echolalia) or unusual speech patterns. Some children engage in repeated touching and smelling of objects or visually fixate on objects with lights or movement. Children may use a toy or object in a repetitive way such as pushing the same button on a sound toy, watching the same section of a video, or lining up blocks in a row but not building a structure.

Children with ASD may attend to others and to activities in unique ways. For example, during a small group activity Lucy is in constant movement, wiggling her fingers and swinging her legs. In this situation, her teacher may assume that these body movements indicate that Lucy is not paying attention when in fact, it is the movements that help her to attend to the lesson. On the other hand, children may appear to be attending to an object or activities but may be focused on a less relevant feature of the item or context (e.g., staring at the buttons on a shirt instead of listening to what is being said).

## The child's home language

Children with ASD may come from homes where more than one language is spoken. The education team needs to know what language(s) are spoken in the child's home, what language the child uses and understands, and how to communicate with the family in the home language. It is important to gauge the influence of multiple languages on the child's acquisition and use of language in order to plan assessment and instruction that support development of both the child's home language and English. The educational team must develop a plan for communicating with family members in those situations where the home language of the child's family is other than spoken English. Communication with parents of young children with ASD is crucial and may require the services of a qualified interpreter.

## Use of augmentative and alternative communication (AAC)

Different types of augmentative and alternative communication (AAC) systems are often used to support spoken communication, or to teach the concept of communicating in social situations. Augmentative communication is used by individuals to supplement difficult to understand or limited speech. Alternative communication is used by individuals who do not have spoken language and need another means of communication. These communication strategies are described in more detail below. However, the same types of communication systems (e.g., pictures, manual signs, speech generating devices or the Picture Exchange Communication System or PECS) are used for either alternative or augmentative communication. Research indicates that the use of augmentative systems (e.g., the Picture Exchange Communication System or manual signs) does not delay speech development and serves as an effective means of communication while a child is learning to talk (Lederer & Battaglia, 2015; Schreibman & Stahmer, 2014). A functional communication system enables the child to express needs and wants in an effective way and minimizes the occurrence of challenging behaviors.

- **Visual Communication.** Manual signs, pictures, or photographs may be used for receptive and expressive communication. Visual communication can be used to make a request such as for a food item or to repeat a favorite activity. Because a young child's use of the motor skills to produce a manual sign often precedes speech development, even typically developing children may use signs to make requests such as for "more" of a preferred item. Teaching the use of signs for key words when targeting the skills of requesting is standard practice in educational programs working with young children with ASD and their families. These visuals may be easier for children with ASD to understand than spoken information, and they may also be used when the child is responding to others.
- **The Picture Exchange Communication System (PECS).** This system was designed to teach the concept of communication exchange. When a child puts a picture or drawing of a desired item in the hand of an adult or peer, the child receives the item. The picture that communicates the request is immediately exchanged for the item. There are six phases that build on one another from making a request to making comments (The Six Phases of PECS, n.d.) Assessors should know what phase of PECS a child is currently using to accurately assess the child's skills using the DRDP (2015).
- **Technology-aided Instruction and Intervention.** These include voice output communication aids such as speech-generating devices (SGDs) or an app on a tablet to help young children communicate. The child must be able to use the system and understand the speech output. The child has to be taught to use the device for communication rather than just playing with it as a toy that makes sounds. If a child uses a SGD, it must be

available and used consistently across all environments including early education settings and at home.

When observing children with ASD on the DRDP (2015) make sure that adaptations and supports that have been identified are in place. These include methods of communication other than speech (such as signs, pictures, or communication devices) that allow a child who is unable to use spoken language to communicate with others:

## 2

### Support the child's social communication skills

- Provide structure and predictability in the child's daily routines
- Display visual schedules
- Ensure that communicative partners are familiar with the child's AAC system
- Provide opportunities for the child to make choices
- Support frequent opportunities for interactions with peers
- Help children recognize and use facial expressions and gestures appropriately

Appropriate social communication must occur in all aspects of the child's daily routine. Adults need to ensure that the child understands what is occurring in the environment. Strategies to help a child communicate and interact socially should be in place when assessing a child with ASD on all measures of the DRDP (2015) and are of particular importance for the social emotional development and language and literacy measures. Adults should encourage the use of appropriate and supportive interactions.

Strategies to help the child interact and communicate in the environment include the following:

#### Provide structure and predictability in the daily routine

Consistent routines for daily activities provide predictability. Use of video modeling, and picture schedules and sequences are evidence-based practices (Wong et al., 2015). Video modeling involves having the child, a peer, or an adult demonstrate the appropriate target skill in a video clip that is shown to the child followed by an opportunity to practice the skill. Video models are very effective for some children with ASD. In addition, visual and auditory warnings (e.g., a timer) help children anticipate when activities are ending or when an unusual event will occur. These are very helpful for preparing children for changes in the routine.

#### Display visual schedules

A visual schedule provides a concrete reminder of the routine. Provide easy-to-see photos, drawings, or objects that represent daily activities. Refer to them during transition times and for all daily routines. For example, involve children in removing the picture of a completed activity so it is easy to see what activity is next. The child should have access to the visual schedule particularly during transition times. Involve the child in identifying what activity has been completed and what will happen next.

#### Ensure that communicative partners are familiar with the child's AAC system

Adults who interact with the child should support the child's use of a communication system (e.g., the Picture Exchange System, manual signs for key words, and speech generating devices) in order to optimally support social communication. The system selected should be one that the child understands and that is concrete enough to be meaningful. Everyone in the child's home, school, and community should also be taught how to interact and communicate with the child. It is essential that children with ASD have access to, and use of, their communication systems across settings and with different people.

## Provide opportunities for the child to make choices

Creating opportunities for a child to make choices promotes communication and social skills. For example, a peer may offer a child two different toys in a play situation or an adult may offer a child a choice of activities by asking, “Do you want to read this story or play with the truck?”

## Support frequent opportunities for interaction with peers

Children with ASD need support to interact with peers. Simply placing a child close to other children does not ensure that social communication or interactions will take place. Use high preference objects and activities to encourage taking turns and playing with peers such as needing to request a turn when using an App on a tablet.

## Help children recognize and use facial expressions and gestures appropriately

Children with ASD benefit from multiple learning opportunities to recognize the meaning of different facial expressions and gestures. Provide many opportunities for communicating with others throughout the day so that these skills can be practiced until the child demonstrates them across situations and with different people. Providing a verbal description of what a child is observing further reinforces attention to facial expressions and gestures. For example, pointing to a new three-year-old classmate who is crying because his mother dropped him off in class, an adult might say, “Leon is crying, he is sad because he misses his mom.”

# 3

## Build on the child’s patterns of behaviors and interests

- Identify the child’s preferences and interests
- Use salient characteristics of the child’s preferences and interests to expand the child’s repertoire of activities
- Implement a motivational system that maximizes the child’s participation in unfamiliar and less preferred activities

Children with ASD may have limited individual preferences and interests and repetitive behaviors that restrict their learning opportunities. Assessors should plan observations during the child’s preferred activities to obtain accurate information about his or her skills.

## Identify the child’s preferences and interests

It is important to identify a child’s range of preferred items and activities through conversations with caregivers, observations of the child, or by conducting a preference or reinforcement assessment. A preference or reinforcement assessment is a strategy that can be used by adults to determine the items, activities, and events that are reinforcing for a child (Da Fonte, et al 2016; Peine, n.d.). Using identified preferences to engage the child’s attention in activities helps to keep the child motivated to participate. For example, if a child loves cars, use this interest to scaffold his or her participation in story time (book about cars) or development of number sense (how many cars?) or shapes (round wheels compared to square windows.) Assessors are likely to observe the most advanced skills of a child with ASD during activities that embed items of interest and that are highly motivating.

## Use salient characteristics of the child’s preferences and interests to expand child’s repertoire of activities

Identify the most meaningful features of a child’s preferences and interests through careful observations of the child’s behaviors and interactions with objects and activities. For example, if a child loves to listen to songs, try using a song to encourage participation in a less preferred activity, e.g., sing “this is the way we roll the playdough,” “paint the paper,” or “clean the table.”

## Implement a motivational system that maximizes the child's participation in unfamiliar and less preferred activities

Assessors should support the child's engagement and observe the child across all settings and activities, including those that are less preferred and/or unfamiliar, by using positive reinforcement and providing choices. Use information identified in the preference or reinforcement assessment, or knowledge about an individual child to implement consequences that reinforce the child's participation in less preferred and unfamiliar activities. For example, the use of first/then visual boards, which show the child pictures of what he or she needs to do (first) and the desired activity that will follow (then), can support a child's participation in a less preferred activity when he or she understands that a preferred activity will occur next.

### 4

## Optimize the environment for observation

- Optimize positioning
- Optimize attention and participation

Many children with ASD benefit from environmental arrangements that enhance their attention and participation. Some children have difficulty attending to the most salient aspects of materials or the environment so observing the child in an environment where distractions are minimized is likely to result in a more accurate assessment. For example, during transition from circle to snack, the teacher dismisses children by naming colors of their clothing. When the teacher says "If you are wearing blue, go wash your hands," Olivia knows that her shirt is blue but does not respond to the teacher's directions because she is distracted by counting the alphabet posters on the wall behind the teacher. Below are suggested strategies that can be used to reduce visual distractions and increase attention.

### Optimize positioning

- Make sure the child is not looking directly into a light source or distracted by glare or reflection of light from other surfaces.
- Obtain the child's attention by positioning him or her so that the child can easily attend to the specific activity or interaction and not be distracted by adjacent people, materials, or activities.
- If recommended by an occupational therapist, make sure that the child has the proper cushion, seat, or other devices that support his or her ability to self-regulate behavior.

### Optimize attention and participation

**Provide visual support:** Use visuals that enhance the child's understanding, communication, and participation skills. The National Professional Development Center on ASD has identified visual supports as an evidence-based practice for use with individuals with ASD. Visual supports are defined as: "any visual display that supports the learner engaging in a desired behavior or skills independent of prompts. Examples of visual supports include pictures, written words, objects within the environment, arrangement of the environment or visual boundaries, schedules, maps, labels, organization systems, and timelines" (Wong et al., 2015, p.1960).

A teacher might mark physical boundaries (e.g., stop sign on door), identify activity areas or learning centers with relevant materials, or provide choices (e.g., pictures of activity areas or songs). Pictures illustrating classroom rules also help children understand classroom expectations.

**Minimize visual distractions:** This may include decreasing classroom decorations, being aware of the number of times people walk across the child's visual field, or minimizing other potentially distracting visual stimuli (e.g., lights on toys or computer screens) in the environment that are not part of the child's activity. It may be helpful to reduce visual distractions by using a screen to block areas of the classroom from the child, covering shelves of toys with plain fabric,



using cut out cardboard to isolate the visual target in a picture or on a page, or removing extraneous materials from a table where the child is seated. For an older preschooler, a cardboard carrel on a table may help focus the child's attention on target material in a table activity.

**Minimize auditory distractions:** To optimize participation and engagement in learning, limit background noise such as sounds from the street or classroom, air conditioner, or forced air heating. Eliminate background music in the room particularly when the child is focused on listening and speaking

# 5

## Rating the measures of the DRDP (2015)

- Determine mastery
- Note splinter skills
- Identify Interests and preferences
- Be aware of prompt dependency
- Consider social communication skills in assessment

### Determine mastery

A developmental level is mastered if a child demonstrates the knowledge, skills and behaviors defined at that level consistently over time and in different situations or settings (DRDP, 2015). A level can be rated as mastered even when earlier levels on the measure have not been observed.

Some children may demonstrate skills in a specific routine but not generalize the skill to similar routines or different settings. For example, a child may have just learned to count five objects using one-to-one correspondence during center time but is not able to do this with objects during snack. A child may identify letters or sing the words to a song when interacting with one staff member but not another, or select a car from a group of toys when it is large and blue but not when it is small and red. Assessors should consider what skill is being observed and provide multiple opportunities across people, materials, and activities for the child to demonstrate the skill in order to determine the child's level of mastery.

As noted previously, some children with ASD avoid eye contact or looking at a person's face (gaze aversion). It is important to note that even if the child is not looking at the speaker, he or she may still be paying attention to what is being said. When assessing skills other than those related to social interaction, a child's lack of eye contact should not preclude a rating of mastery. However, when assessing the area of social interaction, lack of eye contact would preclude a rating of mastery.

### Note splinter skills

A child may demonstrate a specific skill at a much higher level (i.e., splinter skills) than other skill areas. Note when this occurs so that this strength may be used to motivate learning and participation in instructional activities. If the child demonstrates mastery at a particular level, even if he or she does not show mastery at an earlier level on that developmental sequence, then the child should be rated at the most advanced developmental level where mastery is demonstrated.

### Identify interests and preferences

To accurately determine a child's level of development, make sure that the child has access to the use of preferred objects and activities during an observation. As discussed previously, building on a child's interests and preferences is likely to motivate the child, increase engagement and participation in activities, and help to identify his or her level of mastery.

## Be aware of prompt dependency

Assessors should be aware of any verbal, visual, or physical cues that may elicit a child's correct response. **Prompted behaviors do not reflect a child's true level of performance and should not be used to determine mastery.** Opportunities should be provided for the child to independently demonstrate the behavior or skill. A child with ASD may become dependent on prompts or cues and may not respond without them in place. If a child has received frequent cues (e.g. picture, pointing, or physical guidance), the child may wait for an adult to provide this assistance before initiating or completing a task. If cues are not faded (gradually decreased) the child is likely to wait for a hint and may become prompt dependent. Some children become so prompt dependent that they will wait to see the slightest movement of a finger from the fading of a prompt, or a slight eye movement toward the correct answer before they respond. During observations for particular skills, it will be important that the child has an opportunity to independently demonstrate these skills.

## Consider social communication skills in assessment

Except when directly assessing social communication and interaction skills, assess skills in a way that does not rely on the social communication of the child with ASD in order to rate the skill as mastered. For example, if Leon does not respond to questions about the number of cookies he has, what the printed sign says, or which photograph is a picture of himself, it does not mean that he does not have number, letter or self-identity concepts. It may be that the child is reluctant to communicate with others. Instead assess these skills during naturally occurring activities by telling the child to select a specific number of cookies to eat, to use a car to stop or go when a sign is displayed, or to sort a group of photographs into two piles, one for himself and the second for others in order to provide opportunities to demonstrate the same skills without the aspect of social communication.

# Summary

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Autism spectrum disorder can affect a child's ability to successfully interact and engage in the environment and consequently can affect the results of the DRDP (2015) assessment. This document has provided suggestions to make assessment with the DRDP (2015) as accurate as possible. The assessor should obtain information about the child prior to observation by communicating with the family and current teachers and service providers. The assessor must be knowledgeable about the child's social communication skills and patterns of behavior and interests so that opportunities to observe the child in situations that optimize performance can be arranged. In addition, the assessor or someone working with the assessor must be familiar with the child's AAC system so that the child's communication will be understood and he or she will understand others. It is most important that the assessor structure the environment in a way that facilitates the child's participation, communication, and engagement for accurate observation.

## For more information about the DRDP (2015):

**Website:** [draccess.org](http://draccess.org)

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## References

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- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Christensen, D. L., Baio, J., Braun, K. V., et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012. *MMWR Surveill Summ* 2016; 65 (No. SS-3) (No. SS-3):1–23. DOI: <http://dx.doi.org/10.15585/mmwr.ss6503a1> Retrieved from <https://www.cdc.gov/mmwr/volumes/65/ss/ss6503a1.htm>
- Da Fonte, M.A., Boesch, M.C., Edwards-Bowyer, M.E., Restrepo, M.W., Bennett, B.P., & Diamond, G.P. (2016). A three-step reinforcer identification framework: A step-by-step process. *Education and Treatment of Children*, 39, 389-401. DOI: <https://doi.org/10.1353/etc.2016.0017>
- Kancherla, V., Van Naarden Braun, K., & Yeargin-Allsopp, M. (2013). Childhood visual impairment, hearing loss and co-occurring autism spectrum disorder. *Disability Health Journal*, 6, 333-342. DOI: 10.1016/j.dhjo.2013.05.003. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4480618/>
- Lederer, S.H., & Battaglia, D. (2015). Using signs to facilitate vocabulary in children with language delays. *Infants & Young Children*, 28, 18-31. DOI: 10.1097/IYC.0000000000000025
- Peine, H.A. (n.d.). Assessing positive and negative reinforcers in children (2-6). Utah Department of Health/CSHCN/ABLE Program. Retrieved from [http://www.able-differently.org/wp-content/uploads/2012/01/Reinforcement\\_Survey\\_Ages\\_2-6.pdf](http://www.able-differently.org/wp-content/uploads/2012/01/Reinforcement_Survey_Ages_2-6.pdf)
- Prizant, B.M. (1983). Echolalia in autism; Assessment and intervention. *Seminars in Speech and Language*, 4, 63-77. Retrieved from [http://barryprizant.com/wp-content/uploads/2015/07/echolalia\\_sem\\_spl\\_lang\\_1983.pdf](http://barryprizant.com/wp-content/uploads/2015/07/echolalia_sem_spl_lang_1983.pdf)
- Schreibman, L.E., & Stahmer, A.C. (2014). A randomized trial comparison of the effects of verbal and pictorial naturalistic communication strategies on spoken language for young children with autism. *Journal of Autism and Developmental Disorders*, 44, 1244-1251. DOI: 10.1007/s10803-013-1972-y
- The Six Phases of PECS (n.d.). Retrieved from <http://www.pecsusa.com/pecs.php>
- Wong, C., Odom, S.L., Hume, K.A., Cox, C.W., Fettig, A., Kurcharczyk, S. Schultz, T.R. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of Autism and Developmental Disorders*, 45, 1951-1966.

## Resources

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### **The National Professional Development Center on Autism Spectrum Disorder** [autismpdc.fpg.unc.edu](http://autismpdc.fpg.unc.edu)

Federally-funded clearinghouse of resources on evidence-based practices including a link to the complete 2014 report describing each practice, the references used to determine the evidence, a tables describing the skills targeted by each practice and the ages of research participants. In addition, the website has a link to professional development modules (AFIRM) for each practice.

### **National Autism Center** [www.nationalautismcenter.org/autism](http://www.nationalautismcenter.org/autism)

An online resource for families, service providers, administrators, programs and organizations. Reports of the National Standards Project, Phase 1 (2009) and Phase 2 (2015) provide comprehensive research syntheses evaluating the effectiveness of interventions for individuals with ASD.

### **The National Clearinghouse on Autism Evidence & Practice (NCAEP)** [ncaep.fpg.unc.edu](http://ncaep.fpg.unc.edu)

Reviews research studies published between 2012-2017 to identify the effectiveness of a range of practices (behavioral, educational, clinical and developmental) and service models implemented with individuals (birth-21 years) with ASD.