# OCASD

**Oregon Commission on Autism Spectrum Disorders**
**ASD Program Self-Assessment and Action Plan**

District: _____ School: _____ Team: _____ Date: _____

## What is the purpose of the ASD Program Self-Assessment & Action Plan?

The ASD program self-assessment and action plan are tools used to help teams review their delivery of services and practices. Additionally, they assist in developing action plans for system improvements. Using the ASD program, self-assessment teams can determine indicators currently in place such as program design, level of implementation of critical evidence-based practices, fidelity of implementation of instructional strategies, and ongoing program review. The action plan can then guide school programs to create a plan for addressing prioritized areas of need.

The ASD program self-assessment and action plan is designed to focus on five essential component areas:

- Identification and assessment
- Qualified staff
- Family and community training and supports
- Appropriate development of IFSP / IEP / transition plans
- Systematic program development and implementation

Each component area contains specific indicators developed from nationally recognized evidence-based practices for working with students with autism. The specific indicators help teams to identify, develop and implement comprehensive programming from individual IFSP/IEP/transition plans for students with ASD. The five component areas can be divided into two categories: program-level supports and individual student supports:

| Program Supports | Individual Student Supports |
|---|---|
| I. Provide appropriate identification and assessment | IV. Provide appropriate development of IFSP/IEP/transition plans |
| II. Provide appropriate qualified staff | V. Provide appropriate systematic program development and implementation |
| III. Provide appropriate family and community training and supports | |

The ASD program self-assessment and action plan is derived from a review of the literature on critical evidence-based practices including the evidence-based strategies identified by the National Professional Development Center (2013) and the National Autism Center (2015). These practices are considered necessary for effective programming for all students with ASD and provide students with ASD a solid foundation for learning. Evidence-based instruction for students with ASD begins with system-wide supports, and continues with building-level and individual-student application.

## Definitions

**Completing the ASD Program Self-Assessment and Action Plan:**

**Who completes the ASD Program Self-Assessment and Action Plan?**

Each EI/ECSE, District, or ESD program will determine the appropriate team to complete the ASD program self-assessment and action plan. Each team should include a licensed ASD specialist or an ASD consultant with experience in the following areas: implementing systems for a range of learners with ASD, collaborating with leadership, and demonstrating mastery implementing the five components of a comprehensive ASD Program. In addition, programs should have access to supports from EI/ECSE, district and/or ESD leadership. Other team members include individuals with responsibility for implementing the action plan such as: learning specialists, speech / language pathologists. The regional programs and the OrPATS Project also have staff available to serve as ASD coaches for the review if needed.

**When should the ASD Program Self-Assessment and Action Plan be completed?**

It is recommended that EI/ECSE, district, and ESD programs establish an ongoing review process for the ASD program self-assessment and action plan. Ideally, the ASD program self-assessment and action plan will be reviewed twice a year (at the start of the year and at the end of the year). Ongoing reviews are necessary to ensure that the established components of the ASD program are being sustained, instructional strategies are implemented to fidelity, and any additional needs are identified in the action plan.

# COMPONENT I:

## Provide Appropriate Assessment and Identification

"Educational assessment of children serves three basic purposes: to provide an estimate of developmental functioning, to describe skills needed for planning intervention, and to document development and progress over time" (Quill p.39).

Component I assesses the school team's competencies in the areas of assessment and identification of students suspected of having ASD. Identification of Autism Spectrum Disorders (ASD) requires a formal evaluation in the areas of social behavior, language and nonverbal communication, adaptive behavior, motor skills, and cognitive development. These assessments should be conducted by a skilled team using evidence-based evaluation procedures and following established state rules and procedures related to identification of students with ASD under IDEA. It is expected that the team will be familiar with the latest version of the Oregon TAP (Technical Assistance Paper) for ASD to guide them in the eligibility process. The team should include members who have in-depth knowledge of the characteristics of ASD across all developmental levels and who are appropriately trained to interpret assessments. Ideally, competency-based teams in both healthcare and education should use similar criteria and procedures to identify students with ASD.

**Indicators #1 – #9**

| COMPONENT I:<br><br>Provide Appropriate Assessment and Identification | Level of Implementation | | | | | Priority Level<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
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| **Indicator 1:**<br><br>Two or more members of the team conducting and inter-preting the assessment for an individual suspected of having ASD meets identified compe-tencies. | ☐ 1<br><br>Two or more members of the team conducting and interpreting the assessment demonstrate NONE of the following competencies:<br><br>• Typical child development<br><br>• Atypical child development<br><br>• Core (DSM-5) and second-ary features of ASD<br><br>• Formal and informal assessment practices<br><br>• Specific assessment tools and methods for ASD and other disorders<br><br>• Family and environmental dynamics/systems<br><br>• Knowledge sufficient to identify "red flags" for conditions that (1) mimic or have overlapping features with ASD but are not ASD; and that (2) often co-occur with ASD<br><br>• Team process for differen-tiating eligibility categories /conditions, looking at overlapping and divergent characteristics. | ☐ 2 | ☐ 3<br><br>Two or more members of the team conducting and interpreting the assessment demonstrate SOME of the following competencies**:<br><br>Check any of the compe-tencies that are currently in place.<br><br>• Typical child development<br><br>• Atypical child development<br><br>• Core (DSM-5) and second-ary features of ASD<br><br>• Formal and informal assessment practices<br><br>• Specific assessment tools and methods for ASD and other disorders<br><br>• Family and environmental dynamics/systems<br><br>• Knowledge sufficient to identify "red flags" for conditions that (1) mimic or have overlapping features with ASD but are not ASD; and that (2) often co-occur with ASD<br><br>• Team process for differen-tiating eligibility categories /conditions, looking at overlapping and divergent characteristics. | ☐ 4 | ☐ 5<br><br>Two or more members of the team conducting and interpreting the assessment demonstrate ALL of the following competencies:<br><br>• Typical child development<br><br>• Atypical child development<br><br>• Core (DSM-5) and second-ary features of ASD<br><br>• Formal and informal assessment practices<br><br>• Specific assessment tools and methods for ASD and other disorders<br><br>• Family and environmental dynamics/systems<br><br>• Knowledge sufficient to identify "red flags" for conditions that (1) mimic or have overlapping features with ASD but are not ASD; and that (2) often co-occur with ASD<br><br>• Team process for differen-tiating eligibility categories /conditions, looking at overlapping and divergent characteristics. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT I:<br><br>**Provide Appropriate Assessment and Identification** | **Level of Implementation** | | | | | **Priority Level**<br><br>**1 – 3**<br><br>**1 = high**<br><br>**3 = low** |
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| **Indicator 2:**<br><br>Communication Assessment by an SLP or team member with extensive experience in communication:<br>The speech and language pathologist or other educator on the identification team conducts developmental assessments of social pragmatic and functional communication skills that (1) consider performance in natural contexts among peers, (2) utilize multiple tools and procedures sensitive to features of ASD, and (3) are individualized based upon the age, developmental level, and suspected degree of social-communicative impairment and difficulties in related domains (e.g., language, articulation, fluency). Records of hearing screening are examined; hearing impairment is ruled out.<br><br>*Refer to the ODE ASD Technical Assistance Paper for specific guidance for SLPs on best practice and selection of tools and procedures. | ☐ 1<br><br>The SLP/team conducts communication assessments that DO NOT (1) consider performance in natural contexts among peers, (2) utilize multiple tools and procedures sensitive to features of ASD, and (3) are individualized based upon the age, developmental level, and suspected degree of social-communicative impairment and difficulties in related domains (e.g., language, articulation, fluency, etc.)<br><br>Records of hearing screening are examined; hearing impairment is ruled out. | ☐ 2 | ☐ 3<br><br>The SLP/team conducts communication assessments that PARTIALLY or INCONSISTENTLY (1) consider performance in natural contexts among peers, (2) utilize multiple tools and procedures sensitive to features of ASD, and (3) are individualized based upon the age, developmental level, and suspected degree of social-communicative impairment and difficulties in related domains (e.g., language, articulation, fluency, etc.)<br><br>Records of hearing screening are examined; hearing impairment is ruled out. | ☐ 4 | ☐ 5<br><br>The SLP/team conducts communication assessments that ALWAYS (1) consider performance in natural contexts among peers, (2) utilize multiple tools and procedures sensitive to features of ASD, and (3) are individualized based upon the age, developmental level, and suspected degree of social-communicative impairment and difficulties in related domains (e.g., language, articulation, fluency, etc.)<br><br>Records of hearing screening are examined; hearing impairment is ruled out. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT I:<br><br>Provide Appropriate Assessment and Identification | Level of Implementation | | | | | Priority Level<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
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| **Indicator 3:**<br><br>A licensed speech and language pathologist conducts a functional a communication assessment with an emphasis on functional communication (verbal and nonverbal modes) and social competence in a variety of natural contexts with peers. | ☐ **1**<br><br>A licensed speech and language pathologist DOES NOT CONDUCT a communication assessment with an emphasis on functional communication (verbal and nonverbal modes) and social competence in a variety of natural contexts with peers. | ☐ **2** | ☐ **3**<br><br>A licensed speech and language pathologist has been trained and CONDUCTS AN INCOMPLETE COMMUNICATION ASSESSMENT (for example, the SLP does not emphasize functional communication,  verbal and nonverbal modes, or social competence in a variety of natural contexts with peers). | ☐ **4** | ☐ **5**<br><br>A licensed speech and language pathologist CONDUCTS A COMPLETE communication assessment with an emphasis on functional communication (verbal and nonverbal modes) and social competence in a variety of natural contexts with peers. The speech and language pathologist has been trained in the use of evidence-based, standardized tools. | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |
| **Indicator 4:**<br><br>The evaluation team conducting and interpreting the assessment for individuals suspected of having ASD creates a developmental profile. | ☐ **1**<br><br>The evaluation team DOES NOT create a developmental profile. | ☐ **2** | ☐ **3**<br><br>The evaluation team creates an INCOMPLETE (missing one or more key areas) developmental profile. | ☐ **4** | ☐ **5**<br><br>The evaluation team creates a COMPLETE developmental profile. | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |
| **Indicator 5:**<br><br>The evaluation team conducting and interpreting the assessment for individual suspected of having ASD uses standardized and informal tools to conduct interviews, Interviews include family surveys, and interviews to acquire a developmental history.<br><br>A list of appropriate standardized tools can be found in the Oregon Technical Assistance Paper (TAP) for ASD. | ☐ **1**<br><br>The evaluation team conducting and interpreting the assessment for individual suspected of having ASD DO NOT acquire a developmental history. | ☐ **2** | ☐ **3**<br><br>The evaluation team uses EITHER a standardized OR an informal tool to conduct interviews, but not both. The tool used does not include both a family survey and a developmental history. | ☐ **4** | ☐ **5**<br><br>The evaluation team uses BOTH standardized AND informal tools to conduct interviews. Interviews include family surveys and interviews to acquire a developmental history. | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |

| COMPONENT I: Provide Appropriate Assessment and Identification | Level of Implementation | | | | | Priority Level 1 – 3 1 = high 3 = low |
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| **Indicator 6:** The evaluation team conducting and interpreting the assessment for individual suspected of having ASD conducts observations using standardized AND informal assessment tools.<br><br>A list of appropriate standardized tools can be found in the Oregon Technical Assistance Paper (TAP) for ASD. | ☐ 1<br>The evaluation team DOES NOT conduct observations using standardized and/or informal assessment tools. | ☐ 2 | ☐ 3<br>The evaluation team conducts observations using standardized OR informal assessment tools. | ☐ 4 | ☐ 5<br>The evaluation team DOES conduct observations using standardized AND informal assessment tools. | **Priority:**<br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 7:** The evaluation team conducts at least two observations outside of the evaluation setting. | ☐ 1<br>The evaluation team DOES NOT conduct observations of the individual during unstructured activities or only observes the individual within the evaluation setting. | ☐ 2 | ☐ 3<br>The evaluation team ONLY CONDUCTS ONE observation during an unstructured activity outside of the evaluation setting. | ☐ 4 | ☐ 5<br>The evaluation team CONDUCTS AT LEAST TWO observations outside of the evaluation setting. | **Priority:**<br>☐ 1<br>☐ 2<br>☐ 3 |

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| | Not in Place<br>1----------------------------2-------------------------- 3----------------------------4---------------------------- 5 | | Partially in Place | | In Place | |
| **Indicator 8:**<br><br>The evaluation team conducts relevant, developmental assessments (including interviews) that are appropriate to the age, cognitive, and developmental level of the student in the following areas:<br><br>• Communication / social interaction (including social-emotional reciprocity, nonverbal communication, and understanding relationships).<br><br>• Restrictive / repetitive patterns of behaviors (including stereotyped or repetitive movements, restricted/fixated interests, hyper/hypo-sensitivity and rigid/inflexible thinking or routines).<br><br>• Current or previous medical conditions that can mimic symptoms of ASD.<br><br>(This accounts for the 4 areas listed in the OAR's; social, communication, sensory and patterns of repetitive behavior). | ☐ **1**<br><br>The evaluation team DOES NOT conduct developmental and relevant assessments, appropriate to the age, cognitive and developmental level of the student in **communication/social interaction** (including social-emotional reciprocity, nonverbal communication and understanding of relationships), and **restrictive/repetitive patterns of behavior** (including stereotyped or repetitive movements, restricted/fixated interests, hyper/hypo-sensitivity and rigid/inflexible thinking or routines).<br><br>In addition, the team DOES NOT rule out previous medical conditions that can mimic symptoms of ASD. | ☐ **2** | ☐ **3**<br><br>The evaluation team conducts SOME developmental and relevant assessments but may miss ONE or MORE of the following:<br>**Communication/social interaction** (including social-emotional reciprocity, nonverbal communication and understanding of relationships), and **restrictive/repetitive patterns of behavior** (including stereotyped or repetitive movements, restricted/fixated interests, hyper/hypo-sensitivity and rigid/inflexible thinking or routines).<br><br>In addition, the team team DOES NOT always rule out previous medical conditions that can mimic symptoms of ASD. | ☐ **4** | ☐ **5**<br><br>The evaluation team conducts developmental and relevant assessments, appropriate to the age, cognitive and developmental level of the student in BOTH **communication/social interaction** (including social-emotional reciprocity, nonverbal communication and understanding of relationships), and **restrictive/repetitive patterns of behavior** (including stereotyped or repetitive movements, restricted/fixated interests, hyper/hypo-sensitivity and rigid/inflexible thinking or routines).<br><br>In addition, the team ALWAYS rules out previous medical conditions that can mimic symptoms of ASD. | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |

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| **Indicator 9:**<br><br>For each evaluation, the team completes an assessment report that clearly describes:<br><br>• The assessments performed<br><br>• The interpretation and impact of the assessment results (including patterns and differences in performance)<br><br>• Summary of both the early and current developmental profile as it relates to the four areas required for ASD eligibility<br><br>• Indicators, if any, for further evaluation and any additional conclusions reached<br><br>An example of an appropriate assessment report can be found in the Oregon TAP for ASD. | ☐ **1**<br><br>For each evaluation, the team completes an assessment report that describes LESS THAN HALF of the following:<br><br>• The assessments performed<br><br>• The interpretation and impact of the assessment results (including patterns and differences in performance)<br><br>• Summary of both the early and current developmental profile as it relates to the four areas required for ASD eligibility<br><br>• Indicators, if any, for further evaluation and any additional conclusions reached | ☐ **2** | ☐ **3**<br><br>For each evaluation, the team completes an assessment report that describes MOST BUT MISSING ONE OR MORE of the following:<br><br>• The assessments performed<br><br>• The interpretation and impact of the assessment results (including patterns and differences in performance)<br><br>• Summary of both the early and current developmental profile as it relates to the four areas required for ASD eligibility<br><br>• Indicators, if any, for further evaluation and any additional conclusions reached | ☐ **4** | ☐ **5**<br><br>For each evaluation, the team completes an assessment report that clearly describes ALL of the following:<br><br>• The assessments performed<br><br>• The interpretation and impact of the assessment results (including patterns and differences in performance)<br><br>• Summary of both the early and current developmental profile as it relates to the four areas required for ASD eligibility<br><br>• Indicators, if any, for further evaluation and any additional conclusions reached | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |

## COMPONENT II:

### Provide Appropriate Qualified Staff

Component II assesses whether the EI/ECSE, ESD, and/or district program has staff who are qualified to implement the components of a quality comprehensive program for students with ASD. Effective implementation requires that staff be familiar with current statewide and nationally-recognized theory, research and evidence-based practices for children with ASD. In addition, support for program implementation is critical: "Scientifically-based research on instructional practices will not affect students' academic achievement unless such practices are actually used in classrooms…" (Drasgow, Lowrey, and Yell 2005). Component II of the self-assessment can assist programs in determining what types of training, coaching, and follow-up support are needed based on the current skills and qualifications of existing staff members. Ultimately, the goal of training and coaching is to build capacity to implement the components of the comprehensive program to fidelity.

**Indicators #10– #19**

| COMPONENT II:<br><br>**Provide Appropriate Qualified Staff** | **Level of Implementation** | | | | | **Priority Level**<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
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| | Not in Place | | Partially in Place | | In Place | |
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| **Indicator 10:**<br><br>Staff has access to and use a * licensed ASD specialist* to provide training, coaching, program set-up, and follow up in the implementation of evidence-based practices that meet the need of all students with ASD.<br><br>* Licensed ASD specialist holds TSPC ASD specialization. | ☐ 1<br><br>The team DOES NOT have a licensed ASD specialist and DOES NOT have anyone with significant background in working with students with autism in a dedicated role of autism consultant who provides training, concentrated coaching and follow-up support in the implementation of the evidence-based practices that address the needs of all students with ASD across age levels and abilities. | ☐ 2 | ☐ 3<br><br>One or more team members are experienced in autism and serve as dedicated autism consultant(s). The district is also WORKING TOWARD identifying someone with the TSPC specialization, and the consultant is working toward obtaining the TSPC specialization or the district is working on identifying someone with extensive expertise and credentials (e.g. BCBA or PhD). | ☐ 4 | ☐ 5<br><br>The team has a licensed ASD specialist(s) who HOLDS the TSPC specialization. The licensed ASD specialist(s) provides training, concentrated coaching and follow-up support in the implementation of the evidence-based practices that address the needs of all students with ASD across age levels and abilities. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 11:**<br><br>The staff have access to a team member with expertise* in transition planning and implementation to provide training, coaching, program set-up, and follow-up to implement student transition plans.<br><br>*See the fact sheet developed by the Division on Career Development and Transition of CEC: Transition Specialist Competencies. | ☐ 1<br><br>The staff DOES NOT have access to a team member with expertise* in transition planning and implementation, using best practices to provide training, coaching, program set-up, and follow-up to implement student transition plans. | ☐ 2 | ☐ 3<br><br>The staff are IN THE PROCESS OF IDENTIFYING OR TRAINING a team member with expertise* in transition planning and implementation, using best practices to provide training, coaching, program set-up, and follow-up to implement student transition plans. | ☐ 4 | ☐ 5<br><br>The staff HAS ACCESS to a team member with expertise* in transition planning and implementation, using best practices to provide training, coaching, program set-up, and follow-up to implement student transition plans. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT II: Provide Appropriate Qualified Staff | Level of Implementation | | | | | Priority Level 1 – 3 1 = high 3 = low |
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| **Indicator 12:** The team has a licensed speech and language pathologist who is able to implement the most appropriate evidence-based strategies for teaching communication and social skills identified in the National Professional Development report and has the competencies identified by the American Speech and Hearing Association (ASHA). Example ASHA Compentencies: • The SLP ALWAYS contributes to the independence and self-advocacy of individuals with ASD by ensuring each individual has a functional communication system (including AAC) and by supporting communication in different social settings (including general education settings) with a variety of partners to promote generalization of skills. • The SLP is able to conduct assessments to (1) identify high priority functional skills to be taught; (2) establish baselines and (3) monitor progress and adjust as needed. | ☐ 1 The team DOES NOT have a licensed speech and language pathologist who is able to implement the most appropriate evidence-based strategies for teaching communication and social skills identified in the National Professional Development report and has the competencies identified by ASHA (see example of ASHA competencies in first column). | ☐ 2 | ☐ 3 The team is IN THE PROCESS OF SECURING/TRAINING a licensed speech and language pathologist who is able to implement the most appropriate evidence-based strategies for teaching communication and social skills identified in the National Professional Development report and has the competencies identified by ASHA (see example of ASHA competencies in first column). | ☐ 4 | ☐ 5 The team HAS a licensed speech and language pathologist who is able to implement the most appropriate evidence-based strategies for teaching communication and social skills identified in the National Professional Development report and has the competencies identified by ASHA (see example of ASHA competencies in first column). | **Priority:** ☐ 1 ☐ 2 ☐ 3 |

| COMPONENT II:<br><br>Provide Appropriate Qualified Staff | Level of Implementation | | | | | Priority Level<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
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| **Indicator 13:**<br><br>The team has an occupational therapist that is able to implement the services identified by the National Occupational Therapist Association for working with students with ASD using evidence-based practices.<br><br>These services include enhancing participation in the performance of activities of daily living (e.g., feeding, dressing), instrumental activities of daily living (e.g., community mobility, safety procedures), education, work, leisure, play, and social participation (from the American Occupational Therapy Association fact sheet for working with students with autism, 2015). | ☐ **1**<br><br>The team DOES NOT HAVE an occupational therapist who is able to implement the services identified by the National Occupational Therapist Association for working with students with ASD using evidence-based practices (see list of services in first column). | ☐ **2** | ☐ **3**<br><br>The team IS IN THE PROCESS of securing an occupational therapist who will be able to implement the services identified by the National Occupational Therapist Association for working with students with ASD using evidence-based practices (see list of services in first column). | ☐ **4** | ☐ **5**<br><br>The team HAS an occupational therapist who is be able to implement the services identified by the National Occupational Therapist Association for working with students with ASD using evidence-based practices (see list of services in first column). | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |
| **Indicator 14:**<br><br>The team has access to a licensed ASD specialist* who has been trained to assist/coach the team in the completion of the ASD program self-assessment and action plan.<br><br>* Licensed ASD specialist holds TSPC ASD specialization. | ☐ **1**<br><br>The team DOES NOT have access to a licensed ASD specialist* or someone trained to assist/coach with the completion of the ASD program self-assessment and action plan. | ☐ **2** | ☐ **3**<br><br>The team HAS access to someone trained to assist/coach with the completion of the ASD program self-assessment and action plan but they DO NOT have access to someone who holds the TSPC ASD specialization. | ☐ **4** | ☐ **5**<br><br>The team HAS access to a licensed ASD specialist* who has been trained to assist/coach with the completion of the ASD program self-assessment and action plan. | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |

| COMPONENT II: Provide Appropriate Qualified Staff | Level of Implementation | | | | | Priority Level 1 – 3 1 = high 3 = low |
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| **Indicator 15:**<br>Staff training needs are identified by a systematic review of student outcome data and fidelity of implementation data. | ☐ 1<br>Student outcome data and fidelity of implementation data (e.g. daily program data, curriculum-based assessments, expanded core checklist, behavioral data, fidelity checklists and standardized assessments) ARE NOT reviewed in order to drive decision-making around staff training needs. | ☐ 2 | ☐ 3<br>Student outcome data and fidelity of implementation data (e.g. daily program data, curriculum-based assessments, expanded core checklist, behavioral data, fidelity checklists and standardized assessments) ARE SOMETIMES reviewed AND USED to drive decision-making around staff training needs. | ☐ 4 | ☐ 5<br>Student outcome data and fidelity of implementation data (e.g. daily program data, curriculum-based assessments, expanded core checklist, behavioral data, fidelity checklists and standardized assessments) ARE ALWAYS reviewed AND USED to drive decision-making around staff training needs. | **Priority:**<br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 16:**<br>Currently recognized national and statewide resources focused on evidence-based practices for learners with ASD are used to train and coach staff on the impact of ASD characteristics of learning. | ☐ 1<br>The staff NEVER USE national resources focused on evidence-based practices for learners with ASD to train and coach staff on the impact of ASD characteristics of learning with all of the following staff:<br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related staff | ☐ 2 | ☐ 3<br>The staff SOMETIMES use National resources focused on evidence-based practices for learners with ASD to train and coach staff on the impact of ASD characteristics of learning with all of the following staff:<br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related staff | ☐ 4 | ☐ 5<br>The staff ALWAYS use National resources focused on evidence-based practices for learners with ASD to train and coach staff on the impact of ASD characteristics of learning with all of the following staff:<br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related staff | **Priority:**<br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 17:**<br>Currently recognized national and statewide resources focused on evidence-based practices for learners with ASD are used to train and coach staff on ASD evidence-based strategies.<br><br>Check any of the adjacent sub-indicators that are currently in place. | ☐ 1<br>The staff NEVER USE national resources focused on evidence-based practices for learners with ASD to train and coach:<br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related staff | ☐ 2 | ☐ 3<br>• The staff SOMETIMES USE national resources focused on evidence-based practices for learners with ASD to train and coach:<br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related staff | ☐ 4 | ☐ 5<br>• The staff ALWAYS USE national resources focused on evidence-based practices for learners with ASD to train and coach:<br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related staff | **Priority:**<br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT II: Provide Appropriate Qualified Staff | Level of Implementation | | | | | Priority Level 1 – 3 1 = high 3 = low |
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| | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | Priority: |
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| **Indicator 18:** Currently recognized national resources focused on evidence-based practices for learners with ASD are used to train and coach staff on functional behavior assessments and behavior support plans. | The staff NEVER use national resources focused on evidence-based practices for learners with ASD to train and coach staff on functional behavior assessments and behavior support plans with the following staff: • special education teachers • paraprofessionals • related staff | | The staff SOMETIMES USE national resources focused on evidence-based practices for learners with ASD to train and coach staff on functional behavior assessments and behavior support plans with the following staff: • special education teachers • paraprofessionals • related staff | | The staff ALWAYS use national resources focused on evidence-based practices for learners with ASD to train and coach on functional behavior assessments and behavior support plans with the following staff: • special education teachers • paraprofessionals • related staff | ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 19:** Currently recognized national resources focused on evidence-based practices for learners with ASD are used to train and coach staff on academic core curriculum and expanded functional core curriculum. | The staff NEVER use national resources focused on evidence-based practices for learners with ASD to train and coach staff on academic core curriculum and expanded functional core curriculum with the following staff: • administrators • general education teachers, • special education teachers • paraprofessionals • related staff | | The staff SOMETIMES use national resources focused on evidence-based practices for learners with ASD to train and coach staff on academic core curriculum and expanded functional core curriculum with the following staff: • administrators • general education teachers, • special education teachers • paraprofessionals • related staff | | • The staff ALWAYS use national resources focused on evidence-based practices for learners with ASD to train and coach for academic core curriculum and expanded functional core curriculum with the following staff: • administrators • general education teachers, • special education teachers • paraprofessionals • related staff | ☐ 1 ☐ 2 ☐ 3 |

| COMPONENT II:<br><br>**Provide Appropriate Qualified Staff** | Level of Implementation | | | | | Priority Level<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
|---|---|---|---|---|---|---|
| | Not in Place<br><br>1----------------------------2---------------------------- 3----------------------------4---------------------------- 5 | | | | | |
| **Indicator 20:**<br><br>Currently recognized national and statewide resources focused on evidence-based practices for learners with ASD are used to train and coach staff and local coaches. Trained local coaches are available to assist in the implementation of specific training, coaching (e.g. on-site practice-based coaching that includes reflection and feedback) and follow-up needs relative to:<br><br>• impact of ASD characteristics on learning<br>• ASD evidence- based strategies<br>• functional behavior assessments and behavior support plans<br>• practice-based coaching | ☐ 1<br><br>The program DOES NOT have local coaches trained in evidence-based practices for learners with ASD available to assist in the implementation of specific training, coaching and follow- up needs relative to:<br><br>• impact of ASD characteristics on learning<br>• ASD evidence-based strategies<br>• functional behavior assessments and behavior support plans.<br><br>Coaches provide training to:<br><br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related service staff | ☐ 2 | ☐ 3<br><br>The program is IN THE PROCESS of identifying local coaches trained in evidence-based practices for learners with ASD to be available to assist in the implementation of specific training, coaching and fol-low-up needs relative to:<br><br>• impact of ASD characteristics on learning<br>• ASD evidence-based strategies<br>• functional behavior assessments and behavior support plans.<br><br>Coaches provide training to:<br><br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related service staff | ☐ 4 | ☐ 5<br><br>The program HAS local coaches trained in evidence-based practices for learners with ASD to be available to assist in the implementation of specific training, coaching and follow-up needs relative to:<br><br>• impact of ASD characteristics on learning<br>• ASD evidence-based strategies<br>• functional behavior assessments and behavior support plans.<br><br>Coaches provide training to:<br><br>• administrators<br>• general education teachers<br>• special education teachers<br>• paraprofessionals<br>• related service staff | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

# COMPONENT III:

## Provide Appropriate Family and Community Training and Supports

**Provide Appropriate Family Training and Community Supports**

Component III assesses the school team's ability to support families through training and connection to community supports. The relationship between school and family should be characterized by mutual respect as all members of the IFSP/IEP team keep focus on the individual learner's strengths and needs. In order to do so, the team must take into consideration each family's cultural values, language, and parenting style and use this information to develop the IEP/IFSP. To maximize all resources available to address student needs, the school team should provide families with current information about curriculum, effective strategies, and services available through other community agencies. School teams should collaborate with community partners to maintain up-to-date information and assist families with connections and/or referrals. When planning for transition, school teams should involve relevant community service providers in the development and implementation of the transition plan.

**Indicators #21– #26**

| COMPONENT III: Provide Appropriate Family and Community Training and Supports | Level of Implementation | | | | | Priority Level 1 – 3  1 = high  3 = low |
|---|---|---|---|---|---|---|
| | Not in Place | | Partially in Place | | In Place | |
| | 1-----------------------------2-------------------------- 3-----------------------------4----------------------------- 5 | | | | | |
| **Indicator 21:** "Family Dynamics"—including parenting styles, culture, language, and needs—are considered and incorporated in the development of IFSPs/IEPs. | ☐ 1 Family dynamics are NOT considered when interacting with students and their families or when developing goals. | ☐ 2 | ☐ 3 An ATTEMPT is made to consider family dynamics. However, efforts are not made consistently and/or information is not provided in the family's native language. | ☐ 4 | ☐ 5 Family dynamics are CONSIDERED in the interaction with families.  • Information is provided to families in their native language.  A system is in place to communicate between home and school. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 22:** Family members are active, supported and informed participants in their child's education. | ☐ 1 Families attend IFSP/IEP meetings. However:  • There is NO communication prior to the meeting.  • Families are NOT involved in developing the IFSP/IEP. | ☐ 2 | ☐ 3 Families attend IFSP/IEP meetings:  • They attend only SOME classroom meetings.  • SOME information is provided to parents prior to an IEP meeting.  • Families are involved somewhat in the development of the IFSP/IEP. | ☐ 4 | ☐ 5 Families are FULLY involved in planning for and participating in the IFSP/IEP.  • Shared decision-making and collaborative problem-solving.  • Home-school communication occurs regularly.  • Families are fully involved in the development of the IFSP/IEP. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 23:** Families are provided opportunities to meet with other families and professionals. | ☐ 1 Opportunities to meet with other families and professionals are NOT available. | ☐ 2 | ☐ 3 There is an ANNUAL opportunity for families to meet with other families and professionals. | ☐ 4 | ☐ 5 Families are provided with SEVERAL opportunities to meet with other families and professionals over the school year. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 24:** The staff inform families about: a. General school based resources AND b. School-based resources relevant to students with ASD AND c. community resources that provide services and training to students with ASD. | ☐ 1 The staff ONLY inform families about:  • General school-based resources (not specific to ASD). | ☐ 2 | ☐ 3 The staff inform families about:  • General school-based resources AND  • School-based resources relevant to students with ASD | ☐ 4 | ☐ 5 The staff inform families about:  • General school-based resources AND  • School-based resources relevant to students with ASD AND  • Resources provided by community agencies relevant to students with ASD. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |

| COMPONENT III:<br><br>**Provide Appropriate Family & Community Training and Supports** | **Level of Implementation** | | | | | **Priority Level**<br><br>**1 – 3**<br><br>**1 = high**<br>**3 = low** |
|---|---|---|---|---|---|---|
| | Not in Place | | Partially in Place | | In Place | |
| | 1-----------------------------2----------------------------- 3-----------------------------4----------------------------- 5 | | | | | |
| **Indicator 25:**<br><br>The program offers training to families relevant to students with ASD. | ☐ 1<br><br>The programs offers training to families about GENERAL INFORMATION concerning ASD. | ☐ 2 | ☐ 3<br><br>The programs offers training to families about specific intervention strategies for ALL students with ASD. | ☐ 4 | ☐ 5<br><br>The programs offers training on interventions strategies to families CUSTOMIZED to their child. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 26:**<br><br>The team, including family, identifies components of the individual student support systems (e.g. visual systems, communication systems and positive behavior support plans) made available to imple-ment in the home. | ☐ 1<br><br>Individual student support systems are NOT available for use at home. | ☐ 2 | ☐ 3<br><br>The team identifies individual student support systems that MAY be used at home. | ☐ 4 | ☐ 5<br><br>The team identifies, plans for, and IMPLEMENTS individual student support systems for use at home. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

## COMPONENT IV:

### Provide Appropriate Family and Community Training and Supports

**Provide Appropriate Program Development and Implementation of IFSP/IEP/Transition Plans**

Component IV assesses the school team's ability to develop and implement appropriate educational programs for students with ASD, including effective IFSPs, IEPs, and transition plans.

The design of the IFSP/IEP focuses on individual needs related to two major components:

1. The academic curriculum: language arts, mathematics, science, social sciences, health, physical education, world languages, and the arts

2. Individual needs of the student related to characteristics associated with ASD (social, communication, sensory, routines, and behavioral development).

The second component can be addressed by an underlined expanded functional core curriculum, which teaches skills that all students need to progress academically. Expanded functional core curriculum skills include communication, social skills, self-advocacy, cognitive skills, sensory processing skills, organization skills, adaptive skills / life function, and transitional skills for life span. Many students with ASD require direct instruction of these skills in order to access their educational program.

The Individuals with Disabilities Education Act (IDEA) mandates that "schools must educate individuals with disabilities with children who do not have disabilities to the maximum extent possible." The team must therefore offer a continuum of placement options for students with disabilities. To determine the best placement for learners with ASD, the team should review each option to determine the best fit based on the curriculum, instructional strategies, activities, and environmental needs of the individual learner.

Effective transitions must be specifically planned for each level, environment, and for future adulthood, utilizing a concerted team approach between EI/ECSE, districts, ESDs, agencies, and families.

**Indicators #27- #31**

| COMPONENT IV: | Level of Implementation | | | | | Priority Level |
|---|---|---|---|---|---|---|
| **Provide Appropriate Development and Implementation of IFSP/IEP/Transition Plans** | Not in Place | | Partially in Place | | In Place | 1 – 3<br><br>1 = high<br><br>3 = low |
| | 1-----------------------------2--------------------------- 3-----------------------------4----------------------------- 5 | | | | | |
| **Indicator 27:**<br><br>The IFSP/IEP goals and objectives address the student's identified needs in academic and the expanded functional core curriculum areas of:<br><br>• Communication,<br>• Social<br>• Self-Advocacy<br>• Cognitive<br>• Sensory Processing<br>• Organization Skills<br>• Adaptive/Life Skills<br>• Transition Skills–level to level<br>• Transition Skills–post secondary | ☐ 1<br><br>The IFSP/IEP goals and objectives DO NOT address all of the student's identified needs in academics and the expanded functional core curriculum areas for students with ASD. | ☐ 2 | ☐ 3<br><br>The IFSP/IEP goals and objectives address SOME of the student's identified needs in academics AS WELL AS SOME of the expanded functional core curriculum areas for students with ASD.<br>Check any of the curriculum areas that are addressed in the student's goals and objectives:<br><br>• Academic<br>• Communication<br>• Social<br>• Self-Advocacy<br>• Cognitive<br>• Sensory Processing<br>• Organization Skills<br>• Adaptive/Life Skills<br>• Transition Skills–level to level<br>• Transition Skills–post secondary | ☐ 4 | ☐ 5<br><br>The IFSP/IEP goals and objectives address ALL of the student's identified needs in academics as well as ALL identified needs in the expanded functional core curriculum areas for the students with ASD. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 28:**<br><br>Generalization of skills in multiple environments is identified within the goals and objectives. | ☐ 1<br><br>Generalization of skills ARE NOT directly identified within the goals and objectives. | ☐ 2 | ☐ 3<br><br>Generalization of skills IS directly identified within the goals and objectives, BUT NOT individualized to specific environments. | ☐ 4 | ☐ 5<br><br>Generalization of skills in multiple environments is directly identified within the goals and objectives and a formalized plan is put in place, which includes specific, individualized skills for each environment. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT IV: | Level of Implementation | | | | | Priority Level |
|---|---|---|---|---|---|---|
| **Provide Appropriate Development and Implementation of IFSP/IEP/Transition Plans** | Not in Place | | Partially in Place | | In Place | **1 – 3**<br>**1 = high**<br>**3 = low** |
| | 1-----------------------------2--------------------------- 3-----------------------------4----------------------------- 5 | | | | | |
| **Indicator 29:**<br><br>Accommodations/ modifications to the general education curriculum are systematically implemented in all content areas/subjects to meet individual needs as reflected in IEP goals for students with ASD. | ☐ 1<br><br>Accommodations/modifications in all school settings are NOT specified or implemented for students with ASD. | ☐ 2 | ☐ 3<br><br>Accommodations/modifications in all school settings are included in the IEP and are implemented SOME of the time and in some subject/content areas. | ☐ 4 | ☐ 5<br><br>Accommodations/modifications in all school settings are systematically and effectively implemented in ALL content areas/subjects to meet individual needs as reflected in IEP goals; visual organizational strategies, graphic organizers, reinforcement system, prompt level procedure, task analysis –break down assignments/language, redirection strategies, as appropriate, to facilitate student comprehension. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 30:**<br><br>Systematic data collection is used to measure progress toward goals, which are assessed frequently to inform instruction, including frequency and intensity. | ☐ 1<br><br>Progress on the student's identified goals ARE ONLY assessed at the END OF EACH QUARTER.<br><br>Assessment information is not used to inform changes to instruction. | ☐ 2 | ☐ 3<br><br>Progress on the student's identified goals ARE formally assessed MONTHLY.<br><br>Assessment information is sometimes used to inform changes to instruction. | ☐ 4 | ☐ 5<br><br>Progress on all identified goals is formally assessed AT LEAST WEEKLY (or as appropriate for each goal) to ensure timely adjustments are able to be made to instruction to ensure progress. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 31:**<br><br>For post-secondary students, the IEP guides identified instructional support needs in a variety of community-based and structured work settings.<br><br>See the state guide on Transition (Oregon Transition Resource Handbook 2015-2016). | ☐ 1<br><br>The IEP DOES NOT guide identified instructional support needs in a variety of community-based and structured work settings. | ☐ 2 | ☐ 3<br><br>The IEP formally GUIDES individualized skills that a student needs in a variety of community-based and structured work settings, but they are NOT comprehensive or linked to an individual personal vision for adult life. | ☐ 4 | ☐ 5<br><br>The IEP formally GUIDES a comprehensive set of individualized skills that a student needs in a variety of community-based and structured work settings. They ARE linked to an individual personal vision for adult life. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

**Provide Systematic Program Development and Implementation**

Component V assesses the school team's ability to develop and implement effective programs. Gresham, MacMillan, Boebe-Frankenberger, & Bocian (2000) identify three key factors that impact any program of instruction. First, the instructional program must be delivered with a high degree of fidelity. Second, instructional components must systematically engage the student in learning activities. Third, data collection, analysis, and modification are applied throughout the program of instruction.

For students with ASD, another essential component of effective programs is the use of evidence-based practices for ASD such as those documented at the National Professional Development Center (NPDC) for ASD. Use of the nationally-established evidence-based practices ensure that students with ASD are provided an appropriate instructional program.

Additional factors to consider: effective programs for students with ASD integrate a variety of functionally appropriate activities, experiences, and materials for students to engage in meaningful learning in all settings. Programs must provide structure, consistency, clearly defined roles, and ongoing progress monitoring. Carefully planned, research-based teaching procedures include plans for generalization and maintenance of skills. Challenging behaviors are addressed through the use of functional behavior assessments (FBA) linked to behavior support plans (BSP). The implementation of behavior plans aligns with the district/program Positive Behavioral and Interventions Support (PBIS) system or school-wide system.

**Indicators #32- #54**

| COMPONENT V:<br><br>**Provide Systematic Program Development and Implementation** | Level of Implementation | | | | | Priority Level<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
|---|---|---|---|---|---|---|
| | Not in Place | | Partially in Place | | In Place | |
| | 1----------------------------2---------------------------- 3----------------------------4---------------------------- 5 | | | | | |
| **Indicator 32:**<br><br>Students with ASD have consistent, supported academic opportunities in general education. | ☐ 1<br><br>Students are instructed ONLY in self-contained settings and do not receive instruction relevant to the general education curriculum. | ☐ 2 | ☐ 3<br><br>Students with ASD have SOME academic opportunities in general education. Opportunities are not consistent and may not be supported adequately. | ☐ 4 | ☐ 5<br><br>Students with ASD ALWAYS have supported academic opportunities in general education. Observations regularly occur to document that this is occurring and students are successful. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 33:**<br><br>Collaboration systematically occurs between general and special educators to ensure that accommodations/modifications are linked with curriculum content. | ☐ 1<br><br>No formal system is in place to meet and discuss IFSP/IEP. General and special education teachers DO NOT have a collaborative relationship and communication about accommodations and modifications rarely occurs. | ☐ 2 | ☐ 3<br><br>No formal system is in place to meet and discuss IFSP/IEP. Collaboration between general and special education teachers occurs only PERIODICALLY–primarily at IEP meetings, or only between some teachers. | ☐ 4 | ☐ 5<br><br>A formal system is in place to meet and discuss IFSP/IEP. General and special education teachers collaborate on a REGULAR SCHEDULED basis to ensure that accommodations and modifications are appropriate and well linked with curriculum content for all students who need these adaptations. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 34:**<br><br>Paraprofessional support is assigned based on specific and individual needs for academic, behavioral, or social support. | ☐ 1<br><br>All students are assigned the SAME TYPE and amount of paraprofessional support regardless of their specific needs. School resources or policies are taken into consideration more than each student's individual needs. | ☐ 2 | ☐ 3<br><br>Paraprofessional support is assigned for students who need direct support. Assignment is NOT based on careful consideration of the settings and circumstances under which specific students will benefit from direct adult support. | ☐ 4 | ☐ 5<br><br>Paraprofessional support is assigned only when data indicates a student needs direct academic, behavioral, or social support and a plan is in place to fade such support when appropriate. Assignment IS also based on careful consideration of the settings and considerations under which specific students will benefit from direct adult support. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT V: Provide Systematic Program Development and Implementation | Level of Implementation | | | | | Priority Level 1 – 3  1 = high  3 = low |
|---|---|---|---|---|---|---|
| | Not in Place | | Partially in Place | | In Place | |
| | 1------------------------2-------------------------- 3-----------------------------4----------------------------- 5 | | | | | |
| **Indicator 35:** Paraprofessionals are provided with a written daily schedule that provides for the imple-mentation of evidence-based practices. | ☐ 1 Paraprofessionals are NOT provided with a written daily schedule that use evidence-based practices related to implementing the students IFSP/IEP. | ☐ 2 | ☐ 3 Paraprofessionals are provided with a written daily schedule that includes SOME activities that use evidence-based practices related to implementing the students IFSP/IEP under the supervision of a licensed professional. | ☐ 4 | ☐ 5 Paraprofessionals are ALWAYS provided with a written daily schedule that includes a list of DETAILED activities using ONLY evidence-based strate-gies that are related to imple-menting the students' IFSP/IEP, UNDER the supervision of a licensed professional. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 36:** Adults in student environments actively promote student inde-pendence throughout the day. | ☐ 1 Adults CONSTANTLY PROMPT or "do" most steps of daily routines for students rather than encouraging students to perform tasks independently (e.g., adults verbally prompt students rather than using appropriate prompting strat-egies and fail to use visual supports when necessary to enhance independence). | ☐ 2 | ☐ 3 Adults are BEGINNING to implement evidence-based practices for teaching inde-pendence (e.g. consistent cues, appropriate prompting strategies, reinforcement and visual structures and sup-ports as needed) but they do not encourage students to try new tasks independently. | ☐ 4 | ☐ 5 All adults ALWAYS implement evidence-based practices for teaching independence (e.g. consistent cues, appropriate prompting strategies, reinforcement as needed, use visual supports) and generalize student skills (e.g. communication, social skills) within their daily activities. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 37:** Adults utilize an appropriate prompting level to support student learning. | ☐ 1 Staff is NOT taught to use prompting strategies for teaching. Data is NOT collect-ed on the use of prompts. | ☐ 2 | ☐ 3 Prompts are used but often in an UNSYSTEMATIC way and data is only occasionally used to inform the use of prompts. | ☐ 4 | ☐ 5 A prompting hierarchy (e.g., least to most prompting; most to least prompting/errorless learning; graduated guidance) is ALWAYS used in a systematic manner and informed by data. Prompt fading is used consistently to promote independence in completing tasks. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 38:** Fading of paraprofessional support is ongoing and is deter-mined by progress data. | ☐ 1 Students receive the same type and intensity of adult support, regardless of data to indicate a need for increased or decreased support or data is not available to determine whether current support is evidence-based. | ☐ 2 | ☐ 3 Data is SOMETIMES used to determine the type and in-tensity of adult support that is needed over time. | ☐ 4 | ☐ 5 Data is ALWAYS collected and systematically reviewed at least quarterly to determine the type and intensity of adult support that is needed for each individual student with ASD. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |

| COMPONENT V: Provide Systematic Program Development and Implementation | Level of Implementation | | | | | Priority Level 1 – 3  1 = high  3 = low |
|---|---|---|---|---|---|---|
| | Not in Place  1---------------------2 | | Partially in Place  ------------------------ 3 | | In Place  --------------------4---------------------------- 5 | |
| **Indicator 39:** Adults provide students with appropriate levels of reinforcement when needed to teach difficult steps of daily routines and skills. | ☐ 1  Staff does NOT provide reinforcement to teach difficult steps of daily routines and skills in a systematic way. | ☐ 2 | ☐ 3  Staff SOMETIMES provides reinforcement to teach difficult steps of daily routines and skills in a systematic way. | ☐ 4 | ☐ 5  Staff ALWAYS provides the appropriate schedule of reinforcement (including a process to fade reinforcement) to teach difficult steps of routines and skills in a systematic way. | **Priority:**  ☐ 1  ☐ 2  ☐ 3 |
| **Indicator 40:** The program is systematically implementing evidence-based practices including a comprehensive behavioral program using ABA instructional strategies based on student needs. | ☐ 1  The staff are NOT systematically implementing evidence-based practices including a comprehensive behavioral program using ABA instructional strategies based on student learning needs. | ☐ 2 | ☐ 3  The staff are implementing SOME evidence-based practices with students and are implementing a comprehensive behavioral program using ABA instructional strategies with SOME students who need this level of instruction. | ☐ 4 | ☐ 5  The staff ARE systematically implementing evidence-based practices including a comprehensive behavioral program using ABA instructional strategies for ALL students based on their learning needs. | **Priority:**  ☐ 1  ☐ 2  ☐ 3 |
| **Indicator 41:** Evidence-based practices are incorporated into the instruction of communication skills. | ☐ 1  Student programs DO NOT include the use of evidence-based practices to teach communication skills (e.g. behavioral intervention, pivotal response training, imitation training, the use of scripting, visual supports, PECS, or other augmentative communication devices or systems). | ☐ 2 | ☐ 3  SOME student programs include the use of SOME evidence-based practices to teach communication skills (e.g. behavioral intervention, pivotal response training, imitation training, the use of scripting, visual supports, PECS, or other augmentative communication devices or systems). | ☐ 4 | ☐ 5  As needed ALL student programs include the systematic use of evidence-based practices to teach communication skills (e.g. behavioral intervention, pivotal response training, Imitation Training, the use of scripting, visual supports, PECS, or other augmentative communication devices or systems). | **Priority:**  ☐ 1  ☐ 2  ☐ 3 |
| **Indicator 42:** Evidence-based practices are incorporated into the instruction of social skills, including the systematic use of peers and other adults. | ☐ 1  Student programs DO NOT include the use of evidence-based practices to teach social skills (e.g. video modeling, peer modeling, social narratives, social stories, reinforcement systems and visual supports) including the systematic use of peers and other adults. | ☐ 2 | ☐ 3  SOME student programs include the use of SOME evidence-based practices to teach social skills (e.g. video modeling, peer modeling, social narratives, social stories, reinforcement systems and visual supports), including the systematic use of peers and other adults. | ☐ 4 | ☐ 5  As needed ALL student programs include the systematic use of evidence-based practices to teach social skills (e.g. video modeling, peer modeling, social narratives, social stories, reinforcement systems and visual supports) including the systematic use of peers and other adults. | **Priority:**  ☐ 1  ☐ 2  ☐ 3 |

| COMPONENT V:<br><br>Provide Systematic Program Development and Implementation | Level of Implementation | | | | | Priority Level<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
|---|---|---|---|---|---|---|
| | Not in Place<br>1-------------------------------2---------------------------- 3 | | Partially in Place<br>-------------------------------4 | | In Place<br>------------------------------ 5 | |
| **Indicator 43:**<br><br>Evidence-based practices are incorporated into the instruction of organization skills. | ☐ 1<br><br>Staff DO NOT adjust instruction using evidence-based practices for students with difficulties in executive functioning (e.g. provide visual supports, behavioral intervention, modification of assignments to help students keep organized and/or complete assignments). | ☐ 2 | ☐ 3<br><br>SOME Staff adjust instruction using evidence-based practices for students with difficulties in executive functioning (e.g. provide visual supports, behavioral intervention, modification of assignments to help students keep organized, and/or complete assignments). | ☐ 4 | ☐ 5<br><br>ALL staff adjust instruction using evidence-based practices for students with difficulties in executive functioning (e.g. provide visual supports, behavioral intervention, modification of assignments to help students keep organized and/or complete assignments). | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 44:**<br><br>Evidence-based practices are incorporated into the instruction of adaptive living skills. | ☐ 1<br><br>Student programs DO NOT include the use of evidence-based practices to teach students who need to learn adaptive living skills (e.g. the use of task analysis, data based decision-making, visual supports, video modeling and behavioral intervention strategies to teach school, community and vocational routines). | ☐ 2 | ☐ 3<br><br>SOME student programs include the use of SOME evidence-based practices to teach students who need to learn adaptive living skills (e.g. the use of task analysis, data-based decision-making, visual supports, video modeling and behavioral intervention strategies to teach school, community and vocational routines). | ☐ 4 | ☐ 5<br><br>ALL student programs include the use of evidence-based practices to teach students who need to learn adaptive living skills (e.g. the use of task analysis, data-based decision-making, visual supports, video modeling and behavioral intervention strategies to teach school, community and vocational routines). | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 45:**<br><br>Evidence-based practices are incorporated into the instruction of self- management skills. | ☐ 1<br><br>Student programs DO NOT include the use of evidence-based practices (e.g. use of visual supports, behavioral skills training, timers, peer tutors, reinforcement systems) to teach students who need to learn self-management skills such as goal setting, self-monitoring, self-evaluation, and self-reinforcement. | ☐ 2 | ☐ 3<br><br>SOME student programs include the use of SOME evidence-based practices (e.g. use of visual supports, behavioral skills training, timers, peer tutors, reinforcement systems) to teach students who need to learn self-management skills such as goal setting, self-monitoring, self-evaluation, and self-reinforcement. | ☐ 4 | ☐ 5<br><br>ALL student programs include the use of evidence-based practices (e.g. use of visual supports, behavioral skills training, timers, peer tutors, reinforcement systems) to teach students who need to learn self-management skills such as goal setting, self-monitoring, self-evaluation, and self-reinforcement. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT V:<br><br>**Provide Systematic Program Development and Implementation** | **Level of Implementation** | | | | | **Priority Level**<br><br>1 – 3<br><br>1 = high<br><br>3 = low |
|---|---|---|---|---|---|---|
| | Not in Place<br>1------------------------------2--------------------------- 3 | | Partially in Place<br>-----------------------------4----------------------------- 5 | | In Place | |
| **Indicator 46:**<br><br>Evidence-based practices are incorporated into all areas of instruction to address the impact of assessed sensory issues/needs of each individual. | ☐ 1<br><br>The impact of sensory issues/needs is NOT addressed by the staff THROUGH THE USE OF nationally recognized evidence-based practices (e.g. behavioral intervention to teach competing appropriate adaptive behaviors, antecedent-based interventions to provide the student with prior knowledge of an expected event, exercise intervention to teach replacement skills and cognitive-behavioral intervention to teach self-management skills). | ☐ 2 | ☐ 3<br><br>The impact of sensory issues/needs is SOMETIMES addressed by the staff THROUGH THE USE OF nationally recognized evidence-based practices (e.g. behavioral intervention to teach competing appropriate adaptive behaviors, antecedent-based interventions to provide the student with prior knowledge of an expected event, exercise intervention to teach replacement skills and cognitive-behavioral intervention to teach self-management skills). | ☐ 4 | ☐ 5<br><br>The impact of sensory issues/needs is ALWAYS addressed by the staff THROUGH THE USE OF nationally recognized evidence-based practices (e.g. behavioral intervention to teach competing appropriate adaptive behaviors, antecedent-based interventions to provide the student with prior knowledge of an expected event, exercise intervention to teach replacement skills and cognitive-behavioral intervention to teach self-management skills). | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |
| **Indicator 47:**<br><br>Based on clearly defined objectives, instruction is taught systematically, in which the entire sequence of instruction is well thought out and designed in advance.<br>Skills and concepts are taught in a planned, logically progressive sequence. | ☐ 1<br><br>Based on clearly defined objectives, instruction is NOT taught systematically, in which the entire sequence of instruction is well thought out and designed in advance. Skills and concepts are NOT taught in a planned, logically progressive sequence. | ☐ 2 | ☐ 3<br><br>Based on clearly defined objectives, instruction is SOMETIMES taught systematically, in which the entire sequence of instruction is well thought out and designed in advance. Skills and concepts are SOMETIMES taught in a planned, logically progressive sequence. | ☐ 4 | ☐ 5<br><br>Based on clearly defined objectives, instruction is ALWAYS taught systematically, in which the entire sequence of instruction is well thought out and designed in advance. Skills and concepts are ALWAYS taught in a planned, logically progressive sequence. | **Priority:**<br><br>☐ 1<br>☐ 2<br>☐ 3 |

| COMPONENT V: **Provide Systematic Program Development and Implementation** | Level of Implementation | | | | | Priority Level 1 – 3 1 = high 3 = low |
|---|---|---|---|---|---|---|
| | Not in Place | | Partially in Place | | In Place | |
| | 1-----------------------------2--------------------------- 3-----------------------------4----------------------------- 5 | | | | | |
| **Indicator 48:** The classroom environment is clutter-free and organized visually. Environmental structure incorporates appropriate visuals supports. | ☐ 1 Classroom environment DOES NOT include visual supports and written or visual schedules that provide information about expectations (i.e. what should I do? for how long?, when am I finished?, what happens next?). In addition, the classroom environmental arrangement DOES NOT provide information to direct the student's attention to the appropriate activity (e.g. areas designated for a specific activity, materials organized, visual/written schedules within easy access). | ☐ 2 | ☐ 3 Classroom environment INCLUDES SOME visual supports and written or visual schedules that provide information about expectations (i.e. what should I do? for how long?, when am I finished?, what happens next?). In addition, the classroom environmental arrangement provides SOME information to direct the student's attention to the appropriate activity (e.g. areas designated for a specific activity, materials organized, visual/written schedules within easy access). | ☐ 4 | ☐ 5 Classroom environment INCLUDES visual supports and written or visual schedules that provide information about expectations (i.e. what should I do? for how long?, when am I finished?, what happens next?). The classroom environmental arrangement also PROVIDES information to direct the student's attention to the appropriate activity (e.g. areas designated for a specific activity, materials organized, visual/written schedules within easy access). | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 49:** Typical peers are recruited and trained to interact with students with ASD throughout the day. | ☐ 1 Typical peers DO NOT receive any form of training or direction in how to interact effectively with students with ASD. | ☐ 2 | ☐ 3 Typical peers receive INITIAL training, MINIMAL ongoing supervision and opportunities to reflect on their experiences. | ☐ 4 | ☐ 5 All typical peers ARE TRAINED to interact effectively with students with ASD. Adults prompt typical peers on an ONGOING basis, when needed, to initiate and sustain the interaction with students with ASD. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 50:** Clear and consistent expectations for student behavior are established and taught to all students (staff and team all know them and follow them). | ☐ 1 Behavioral expectations have NOT been developed/identified for the school building. Individual classrooms/teachers/settings have their own expectations. Expectations are not formally taught at any time. | ☐ 2 | ☐ 3 Consistent behavioral expectations have been developed for the building, but SOME OR ALL are stated negatively (e.g. no running, no talking loudly, no hitting). Expectations are formally taught at the beginning of the school year, but are not revisited throughout the school year. | ☐ 4 | ☐ 5 Positively stated and consistent expectations are posted in ALL school environments. Expectations are ALWAYS taught at the beginning of the school year and REVISITED throughout the school year. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |

| COMPONENT V:<br><br>**Provide Systematic Program Development and Implementation** | **Level of Implementation** | | | | | **Priority Level**<br><br>**1 – 3**<br><br>**1 = high**<br><br>**3 = low** |
|---|---|---|---|---|---|---|
| | Not in Place<br><br>1----------------------------2---------------------------- | | Partially in Place<br><br>3----------------------------4---------------------------- | | In Place<br><br>5 | |
| **Indicator 51:**<br><br>Behavior plans and strategies for students with challenging behavior patterns are developed based on functional behavior assessment and principles of positive behavior. | ☐ 1<br><br>An FBA is conducted for students who demonstrate persistent challenging behavior and includes LESS THAN HALF of the following components:<br>• operational definition of problem behavior (observable/measurable)<br>• multiple data collection methods<br>• antecedents<br>• consequences<br>• setting events<br>• hypothesized function of the behavior<br>• prior intervention information<br>• other information as necessary (medical, academic)<br>* Check any in place. | ☐ 2 | ☐ 3<br><br>An FBA is conducted for students who demonstrate persistent challenging behavior and includes MORE THAN HALF of the following components:<br>• operational definition of problem behavior (observable/measurable)<br>• multiple data collection methods<br>• antecedents<br>• consequences<br>• setting events<br>• hypothesized function of the behavior<br>• prior intervention information<br>• other information as necessary (medical, academic)<br>* Check any in place. | ☐ 4 | ☐ 5<br><br>An FBA is conducted for students who demonstrate persistent challenging behavior and includes ALL of the following components:<br>• operational definition of problem behavior (observable/measurable)<br><br>• multiple data collection methods<br>• antecedents<br>• consequences<br>• setting events<br>• hypothesized function of the behavior<br>• prior intervention information<br>• other information as necessary (medical, academic) | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |
| **Indicator 52:**<br><br>Individual behavior support plans include strategies for preventing problem behavior, responding to problem behavior and teaching replacement behaviors. | ☐ 1<br><br>Behavior support plans do not use information collected by the FBA and address LESS THAN HALF of the following components:<br>• Manipulation of antecedent events (prevention strategies)<br>• Teaching appropriate replacement behaviors and new skills<br>• Pairing of reinforcers with natural and logical consequences<br>• Positive reinforcement of desired behavior<br>• Problem behaviors are not reinforced<br>• Non-emotional, visual, non-punitive responses to problem behavior<br>• Crisis plan for emergency situation<br>* Check any in place. | ☐ 2 | ☐ 3<br><br>Behavior support plans do not use information collected by the FBA and address MORE THAN HALF of the following components:<br>• Manipulation of antecedent events (prevention strategies)<br>• Teaching appropriate replacement behaviors and new skills<br>• Pairing of reinforcers with natural and logical consequences<br>• Positive reinforcement of desired behavior<br>• Problem behaviors are not reinforced<br>• Non-emotional, visual, non-punitive responses to problem behavior<br>• Crisis plan for emergency situation<br>* Check any in place. | ☐ 4 | ☐ 5<br><br>Behavior support plans do not use information collected by the FBA and address ALL of the following components:<br>• Manipulation of antecedent events (prevention strategies)<br>• Teaching appropriate replacement behaviors and new skills<br>• Pairing of reinforcers with natural and logical consequences<br>• Positive reinforcement of desired behavior<br>• Problem behaviors are not reinforced<br>• Non-emotional, visual, non-punitive responses to problem behavior<br>• Crisis plan for emergency situation | **Priority:**<br><br>☐ **1**<br>☐ **2**<br>☐ **3** |

| COMPONENT V: Provide Systematic Program Development and Implementation | Level of Implementation | | | | | Priority Level 1 – 3 1 = high 3 = low |
|---|---|---|---|---|---|---|
| | Not in Place | | Partially in Place | | In Place | |
| | 1----------------------2------------------------ 3----------------------------4----------------------------- 5 | | | | | |
| **Indicator 53:** The support team routinely collects and reviews behavior support plan progress data for effectiveness, and makes changes as needed. | ☐ 1 MINIMAL or NO data is collected or reviewed by the team. | ☐ 2 | ☐ 3 Data is collected, but is NOT used for decision-making, or is NOT collected regularly. | ☐ 4 | ☐ 5 Data ARE collected daily, summarized and used as the basis for decision making for modifying the behavior support plan. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |
| **Indicator 54:** Behavior support plans provide information about who will carry out the plan, are implemented with fidelity across environments and documentation exists that the plan is being carried out across the student's school day. | ☐ 1 Behavior support plans DO NOT provide information about who will carry out the plan. There is NO documentation to show the behavior support plan is being implemented with fidelity across environments. | ☐ 2 | ☐ 3 Behavior support plans contain procedures for how the plan will be carried out, by whom, where, when, and for how long. Follow-up meetings are held only SOMETIMES resulting in limited documentation that the plan is implemented consistently. | ☐ 4 | ☐ 5 Behavior support plans contain detailed procedures for how the plan will be carried out, by whom, where, when, and for how long. REGULARLY scheduled follow-up meetings provide documentation that the plan is implemented with high fidelity across at least 80% of the student's school day and in most environments. | **Priority:** ☐ 1 ☐ 2 ☐ 3 |

**Oregon Commission on Autism Spectrum Disorders
and the Oregon Department of Education ASD Program
Self-Assessment and Action Plan**

School: _____     Date:_____

| Component | List all "1" Priorities | Goal and Activities to meet Goal | Timeline |
|---|---|---|---|
| **I. Provide Appropriate Identification and Assessment** | | | |
| **II. Provide Appropriate Qualified Staff** | | | |
| **III. Provide Appropriate Family and Community Training & Supports** | | | |
| **IV. Provide Appropriate Development of IFSP/IEP/ Transition Plans** | | | |
| **V. Provide Appropriate Systematic Program Development and Implementation** | | | |