
Autism Spectrum Disorders (ASD) Documentation Requirements

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, neuropsychologist).

Individuals with ASD have persistent communication deficits, along with a dependency on routines, sensitivity to environmental changes, and an intense focus on restricted interests, which all should be reflected in the documentation submitted to the OSSD by addressing all of the following:

- Symptoms involving social interaction and nonverbal communication; sensitivity to sensory input; fixated interests; and/or repetitive behaviors and adherence to routines should be determined through the administration of autism-specific behavioral evaluations to caregivers, teachers, and observers to support the diagnosis of ASD (e.g., Autism Diagnostic Interview-Revised, Gilliam Autism Rating Scale, Asperger Syndrome Diagnostic Scale, Childhood Autism Rating Scale, Autism Diagnostic Observation Schedule, Social Responsiveness Scale, Social Communication Questionnaire).
- Onset of symptoms is in the early developmental period, though functional impairment may not have fully manifested itself until later in life.
- Assessment of global intellectual functioning and current level of functioning in academic areas, as measured by aptitude and achievement tests respectively, should be reported in terms of specific subtests and standard scores (*a full neuropsychological evaluation may include this information and supplement the Verification Form for Autism Spectrum Disorder*).
- Symptoms of ASD must interfere with or reduce the quality of functioning, whether academically, socially, occupationally, or other area of functional impairment.
- Symptoms of ASD cannot be attributed to or better explained by another diagnosis, including but not limited to learning disability, intellectual disability, or another mental disorder.
- Symptoms of ASD and associated functional limitations in the academic environment and possibly other settings should warrant reasonable accommodations, which are presented in terms of a summary and recommendations (i.e., symptom and suggested reasonable accommodation to mitigate symptom).