Deborah Parker Domain 3: Assessments

Literature Review Table

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| **Study (APA Citation)** | **Purpose(s) of Study** | **Key Findings** |
| Johnson, C. P., & Myers, S. M. (2007). Identification and evaluation of children with autism spectrum disorders. *Pediatrics*, *120*(5), 1183-1215. | **Competency: 3.1: 1. Use specialized terminology used in the assessment of individuals with ASD**  When most parents have concerns regarding their children, they first go to their child’s Pediatrician for answers. Once a diagnosis is made, it is also important that the Pediatrician lead the parents to the right support systems for education and other related help for their child.  **Purpose:**  This article discusses the importance of Pediatricians in identifying children with ASD. Since doctors are who are usually first contacted by parents, it is vital that they keep abreast of research and remain knowledgeable on characteristics that may identify individuals with ASD. | This article focused on the importance of Pediatricians in identifying children appropriately when parents have concerns regarding their child. Not only do Pediatricians seem to be the first person many parents contact, but they are also who the parents turn to when a diagnosis is made. Pediatricians need to be aware of support avenues for the parents and steer them to the correct places, especially in education. |
| Lord, C. (1995). Follow‐up of two‐year‐olds referred for possible autism. *Journal of child psychology and psychiatry*, *36*(8), 1365-1382. | **Competency: 3.4: Knowledge of the criteria used to diagnose or identify ASD as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders**  It is important that teachers of students with special needs know and understand the assessments used in identifying students, in my case, those with autism. The GARS-3 is researched and proven method.  **Purpose:**  The purpose of this study was to compare thirty 2 year old children referred for ASD using parent interviews, a rating scale, and psychometric  tests. These children were re-evaluated one year later to see differences in identification. | Results showed the clinical diagnosis remained stable across time; however, formal measures changed significantly, especially for younger and more developmentally delayed children. Children between the ages of 2-3 had increased in differentiation, thought to be due to development of clearly recognizable, repetitive behaviors in children with ASD and significant improvements in basic social skills in the children judged not to be ASD. Thus, I believe the diagnosis between developmentally delayed and ASD is more difficult to determine in younger children. |

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| Ozonoff, S., Goodlin-Jones, B. L., & Solomon,  M. (2005). Evidence-based assessment of autism spectrum disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, *34*(3), 523-540. | **Competency: 3.9:Use information from assessments and educational records to design instruction**  As a teacher, I believe it is crucial that we understand the assessments we use with our students. I need to know I can trust the results so I can plan appropriate interventions for my students.  **Purpose:**  This article reviewed Evidence Based Criteria that can guide teachers and others involved with individuals with ASD to selecting, using, and interpreting assessment tools. Relevant research on ASD was discussed along with an overview of the assessment process and important considerations that must be taken into account. Components of a core assessment tool  were described along with domains for a more comprehensive assessment. | This review discussed both evidence based assessments and others that are used, yet no real research has been done on them. The authors noted that there was not always a good correspondence between clinical practices and research. It is important to not this when choosing assessments for individuals. Assessments play an important role in planning instruction for students with autism. It is vital that teachers choose only evidenced based assessment tools in order to plan appropriately for their students. |
| Ganz, J. B. (2007). Classroom structuring methods and strategies for children and youth with autism spectrum disorders. Exceptionality, 15(4), 249-260. | **Competency: 3.2 :Ability to assess environmental conditions that promote maximum performance**  Students with ASD thrive on structure and schedules to help them be successful in school. Knowing how to provide this in the classroom is critical to their success.  **Purpose:**  This article is a review of visually based strategies used in setting up classrooms for students with ASD. Classroom structure, visual schedules, and visually based organization are discussed along with a justification, review of  research, how to implement, how to use effectively, and suggested resources. | This article discussed briefly research that has shown the benefits of environmental and visual structuring in classrooms of students with ASD. I also found it beneficial that it included advice on how to do this successfully in your own classroom and other resources that could help in doing this. |
| Horner, R. H., Carr, E. G., Strain, P. S., Todd,  A. W., & Reed, H. K. (2002). Problem behavior interventions for young children with autism: A research synthesis. Journal of autism and developmental disorders, 32(5), 423-446. | **Competency: 3.7: Develop strategies for monitoring and analyzing challenging behavior and its communicative intent** Challenging behaviors lead to all students in the classroom having difficulties. If a teacher implements techniques that diminish the chances of these behaviors, all students can be more successful in school.  **Purpose:**  The purpose of this article was to provide a summary of research on behavior interventions for younger children with autism, specifically | The article discussed the debate about what effective early intervention for young children with autism really should look like. The authors’ belief was that identifying the features of effective interventions for problem behavior was a major concern, thus they believe that any effort to define early interventions MUST include strategies for preventing and intervening with problem behaviors. As a teacher of PreK children with autism, I see their point and agree that this should be considered in any and all interventions for my students. |

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|  | ages 8 and younger. The research was published during the years1996-2000. An analysis was provided along with recommendations for strengthening existing  research and advancing behavioral technology to meet the needs of this targeted population. |  |