

Differences between educational identification and clinical diagnosis of ASD

	EDUCATIONAL IDENTIFICATION	CLINICAL DIAGNOSIS
Source for definition of ASD	IDEA (Reauthorized in 2004)	DSM-IV (APA, 2002) or DSM-V (APA, 2013)
Decider: (i.e., who chooses the ED ID category or clinical diagnosis?)	The Child Find or Individual Education Team (which includes parents, educational professionals and sometimes the student)	Psychologist or Physician or Speech-Language Pathologist – use ICD-10 coding for billing insurance
Time frame that applies	Evident & impairing right now, will be re-examined at least every 3 years	Lifelong, persistent condition, assumed to have been present in the past and assumed to be present in the future
Information included in the assessment or evaluation	<p>Medical, family & developmental history</p> <p>Review of educational records</p> <p>Caregiver reports of current functioning across settings</p> <p>Direct observation of social and communicative behaviors with other children/youth</p> <p>Observation of behaviors in structured and unstructured school situations</p> <p>Academic achievement across several areas</p> <p>Teacher/Parent report of problem behaviors and adaptive skills</p> <p><i>May include:</i></p> <p>Standardized assessments of intellectual functioning, language, motor skills, learning style, adaptive behaviors</p> <p>Further investigation into attention, mood or other aspects of mental health, as needed</p>	<p>Medical, family and developmental history</p> <p>Caregiver reports of current functioning across settings</p> <p>Direct observation of social and communicative behaviors with adult clinician, parents, possibly siblings</p> <p>Observation of behaviors in structured and unstructured clinic situations</p> <p>Standardized assessments of overall intellectual functioning, speech & language, motor, problem and/or adaptive behaviors</p> <p><i>May include:</i></p> <p>Physical exam, genetic testing, neurological exam or other relevant medical follow-up procedure</p> <p>Further investigation into attention, mood or other aspects of mental health, as needed</p> <p>Teacher report of youth behaviors, learning and adjustment at school</p>

	Review of previous evaluation reports, as provided by the family	Review of existing educational records Review of previous evaluation reports, as provided by the family
Cost to the family	Part of a free and appropriate public education	Estimated cost of \$1500-\$3500 (sometimes covered by insurance, sometimes not)
Access to experienced professionals	Professionals licensed by OSSE &, if applicable (e.g. psych & SLP), DOH Note charter schools not required to have OSSE licensed professionals	Licensed by DOH
Wait time	Up to 120 days to complete the evaluation (changing next year?)	Up to 6 months in local clinics
Functional impairment	The condition must affect educational performance (such as; academics, ability to communicate effectively, work in groups and acquire the necessary social competence to be successful after high school).	The condition may or may not be impairing to be clinically diagnosed.
Results are intended for:	Developing the student's individualized education program, (including identifying appropriate educational goals and objectives, accommodations, modifications, and determination of the least restrictive environment) in order to provide the student with a free and appropriate education.	Guiding parents to appropriate next steps in intervention (both in and outside of school) in order to promote overall wellness and optimal outcomes for youth with ASD and their family.

Adapted from: <https://www.webpsychology.com/difference-between-education-identification-and-medication-diagnosis-autism-spectrum-disorder>