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## Identifying Students with Autism Spectrum Disorders in Secondary Research

In order to fully understand the challenges faced by transition-age students with autism spectrum disorders (ASD), the National Technical Assistance Center on Transition (NTACT) assembled a Technical Work Group (TWG) of experts in the field of ASD. This TWG was charged with identifying research-based secondary practices that are effective for students with ASD who are transitioning from a secondary setting to postsecondary education and or employment opportunities. The purpose of this document is to highlight the issues inherent in the field around the definition of autism spectrum disorders and how that presents challenges when trying to identify what works with students with ASD.

In order to identify effective secondary transition practices for students with ASD, our literature review included describing of how students were identified as ASD in each study. However, as can be seen in Table 3 below, based on our review of research-based studies, we found that a definitive way of identifying ASD was lacking. This presented issues when trying to determine the level of severity of ASD represented by students in the research reviewed. Consistent definitions and criteria are needed to allow replication of studies to determine what works and what does not in high schools in preparing the students with ASD for postsecondary life.

As a result of discussions with the NTACT ASD TWG, ***we recommend researchers become more systematic in the way they describe participants with ASD by doing either of the following:***

- 1. Using a recognized set of criteria such as the DSM-5 or the Supports Intensity Scale (SIS) when describing participants or***
- 2. Providing clear descriptions that address social and communication, behavior, intellectual functioning, and level of language impairment of participants.***

Within this document, you will find the following:

1. The federal definition of autism (IDEA 2004, 34 CFR Section 300.8 (c)(1)(i-iii)
2. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria
3. Table 1 which summarizes the DSM-5 severity levels for autism spectrum disorder



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4. Description of the Supports Intensity Scale (SIS)
  5. Table 2 which describes the sections of the SIS
  6. Table 3 which cross-references our suggested criteria for identifying ASD with current ASD research by three of the *Taxonomy for Transition Programming 2.0* categories (i.e., student-focused planning, student development, and interagency collaboration). Two categories, family engagement and program structures, were not represented in the research base.
- Note: The following information uses the term (e.g., autism, ASD, Asperger's) used within the document or study being discussed.

## 1. Federal definition of autism

"Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences."

IDEA 2004, 34 CFR Section 300.8 (c)(1)(i-iii)

## 2. DSM-5: Autism Spectrum Disorder 299.00 (F84.0)

Diagnostic Criteria

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):
  1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
  2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
  3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.



Specify current severity based on social communication impairments (see Table 1):

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
  2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
  3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
  4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity based on restricted, repetitive patterns of behavior (see Table 1):

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: In addition to diagnostic criteria and current severity level, the DSM-5 indicates the following should also be specified for an individual with autism spectrum disorder:

- With or without accompanying intellectual impairment
- With or without accompanying language impairment
- Associated with a known medical or genetic condition or environmental factor
- With catatonia



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**Table 1. DSM-5 Severity levels for autism spectrum disorder**

Level	Social communication	Restricted, repetitive behaviors
Level 3: “Requiring very substantial support”	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2: “Requiring substantial support”	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place, limited initiation of social interactions; and reduced or abnormal responses to overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1: “Requiring support”	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

### 3. The Supports Intensity Scale (Thompson et al., 2004).

The SIS has been widely used to assist in the planning of individualized supports for individuals with intellectual disabilities. The SIS is empirically based, has been field tested, and has excellent psychometric properties. The SIS may be a useful tool in identifying support needs of students with ASD. Please note, although norm-referenced on a population of individuals with intellectual disabilities and related developmental disabilities, the population overlap does not consume the spectrum of individuals with ASD, as there are no separate norms for individuals with ASD. For those with ASD whose intellectual functioning and social communication abilities are higher, the SIS may not be as appropriate a tool to determine support needs. The tool is divided into 3 sections (a) the Supports Needs Scale, (b) Supplemental Protection and Advocacy Scale, and (c) Exceptional Medical and Behavioral Support Needs. Each section is described in Table 2. A Supports Intensity Level is determined based on the Total Support Needs Index which is a standard score generated from scores on the 6 subscales mentioned in Table 2.

**Table 2. Supports Intensity Scale (SIS) Sections and Descriptions**

Section	Section description
The Supports Needs Scale	Consists of 49 life activities that are grouped into six subscales: Home Living, Community Living, Lifelong Learning, Employment, Health and Safety, and Social activities.
Supplemental Protection and Advocacy Scale	Measures 8 activities, but the score from this section is not used in the determination of the total Support Intensity Score.
Exceptional Medical and Behavioral Support Needs	Measures supports needs in 15 medical conditions and 13 problem behaviors commonly associated with intellectual disabilities. <ul style="list-style-type: none"><li>• An underlying assumption is that certain medical conditions and challenging behaviors predict that a person will require increased levels of support, regardless of her or his relative intensity of support needs in other life areas.</li><li>• When completing this scale, the support needs for each life activity are examined with regard to three measures of support need: frequency, daily support time, and type of support.</li></ul>



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**Table 3. Secondary Practices by Identifying Criteria**

Secondary practice	Identification or diagnosis	Level of intellectual functioning	Level of social communication described	Level of behavior described	Level of language impairment	DSM-5 Severity Level Unknown	Associated with known medical, genetic condition, or environmental factor	Associated with another neuro-developmental, or behavioral disorder	Use of Supports Intensity Scale (SIS)
Taxonomy Category: Student-Focused Planning practices include IEP Development, Planning Strategies, and Student Participation									
Person centered planning to teach future expectations (Hagner et al., 2012)	Autism n=8 Asperger Disorder n=2 PDD NOS n=2 (ADOS was used to confirm presence of ASD; cutoff for ASD n=27; cutoff for autism n=20)	Yes (according to ABAS-II $M_1 = 6.42$ ; $M_2 = 6.75$ )	Unknown			X			
Post-school achievement through higher learning skills	ASD n=9	Unknown	Unknown			X			



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(PATHS) to teach self-awareness, advocacy, career and college preparation (Lindstrom et al., 2013)									
Self-Advocacy Strategy IEP to teach student involvement in the IEP meeting (Hammer, 2004)	PDD-NOS	No (according to IQ score)	Unknown			X			
Self-directed IEP to teach student involvement in the IEP meeting (Arndt et al., 2006)	ASD	Yes (according to non-verbal IQ score - mild)	Unknown			X			





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Take Charge curriculum to teach self-determination skills, knowledge and engagement in educational planning, persistence in school (Powers et al., 2012)	ASD n=3	Unknown	Unknown			X			
Take Charge curriculum to teach self-determination skills, knowledge and engagement in educational	ASD n=4	Unknown	Unknown			X			



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planning, persistence in school (Geenen et al., 2013)									
Whose Future Is It? to teach self-determination skills (Lee et al., 2011)	Autism n=7	Unknown (IQ not disaggregated by disability)	Unknown			X			
Taxonomy Category: Student Development practices include Assessment, Academic, Life/Social/Emotional skills, Employment and Occupational skills, Student Supports, and Instructional Context									
Anchored instruction to teach math (Bottge et al., 2014)	Autism n=27	Unknown	Unknown			X			
Collaborative Strategic Reading - High School (Reutebuch et al., 2015)	ASD n=3 1) Autism 2) Autism 3) Asperger's	No (according to inclusion criteria: reading on at least a second-grade	1) Unknown 2) Yes, reported speech impairment				2) ADHD 3) ADHD	3) Anxiety disorder	



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		instructional level with an IQ in the low-average to above-average range (80 and above))							
Computer-based video instruction to teach students to read grocery aisle sign words and locate items in actual grocery store in response to a photograph shopping	1) Autism (CARS - moderate range of autism)	Unknown	Unknown			X			



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list and a typed word shopping list (Mechling et al., 2002)									
Differential reinforcement to teach response latency and task completion (Donohue et al., 2012)	Profound autism n=1	Yes	Yes, reported severely limited verbal skills			X		Yes, reported self-injurious behavior, physical aggression, noncompliance, disruptive behavior, and perseveration	
Direct community instruction combined with videotape modeling to promote generalization of shopping skills	Autism n=17	Unknown	Unknown			X			



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(Haring et al., 1995)									
EnvisionIT curriculum to teach information technology skills (Lombardi et al., 2017)	Autism n=17	Unknown	Unknown			X			
External prompt to teach orienting responses to the environment to decrease stereotypic behavior (Frea, 1997)	Autism n=1	Yes, mild to moderate ID (SBIS=67)	Unknown (spoke in complete sentences)			X			
Graphic organizers to teach reading comprehension	ASD n=3	1) Yes, borderline to mild ID according to Full-Scale IQ of	3) minimally verbal			X			



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<p>sion (Zakas et al., 2013)</p>		<p>69 and adaptive behavior scores          2) Yes, mild ID according to Full-Scale IQ of 61 and borderline adaptive behavior scores          3) Yes, borderline range of intellectual functioning and moderately low to low adaptive behavior scores</p>							
<p>Graphic organizers to teach science</p>	<p>ASD n=3 (inclusion criteria was met DSM-4</p>	<p>Yes, inclusion criteria was IQ score</p>	<p>Unknown</p>			<p>X</p>			



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(Knight et al., 2013)	criteria for ASD)	that characterizes student as having a moderate to severe ID (IQ = <55) 1) moderate ID, IQ 44 according to Universal Nonverbal Intelligence Test 2) moderate ID, IQ 40 according to Woodcock Johnson Tests of Achievement III 3) moderate ID, IQ 55							
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		according Leiter							
Individual work system to teach on-task behavior and work completion skills (Hume & Odom, 2007)	Autism (one transition-aged participant. 20-years old)	1) Yes - ID (Leiter-R=64; severe autistic range on CARS; SIB-R= very limited range; VABS composite= 23)	Yes, nonverbal, communicated wants, needs, and emotions via a Dynvox			X			
Mobile video modeling to teach interview skills (Hayes et al., 2015)	ASD	Unknown	Unknown			X			
Mnemonics to teach social studies vocabulary (Marshak &	Autism n=5	Unknown	Unknown			X			





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Mastropieri, 2011)									
Multicomponent intervention (i.e., choice embedding, functional communication training, building tolerance for delay of reinforcement, and presentation of discriminative stimuli for non-problem behaviors) to teach how to complete shopping	1) Autistic 2) Autistic 3) Autistic	1) Yes (according to Stanford Binet (L-M) 2) Yes (according to Stanford Binet (L-M) 3) Yes (according to Stanford Binet (L-M)	1) Yes (according to Mecham Verbal Lang Dev Scale) 2) Yes (according to Mecham Verbal Lang Dev Scale) 3) Yes (according to Mecham Verbal Lang Dev Scale)			X			



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trip in community (Carr & Carlson, 1993)									
Multicomponent intervention including scaffolded instruction of a character event map plus review of the previous session's map to make a prediction about the coming chapter) to increase narrative text comprehension	ASD n=3	1) Unknown 2) SBIS-5 <sup>th</sup> full scale IQ=74 3) Unknown	Able to communicate using verbal and written forms 1) Received speech therapy; CELF-4, Core Language measure in 5 <sup>th</sup> percentile and 1 <sup>st</sup> percentile on Expressive Language measure 2) Received speech therapy; CELF-4, Core language measure in the 27 <sup>th</sup> percentile and 9 <sup>th</sup>			X			



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			percentile on Expressive language measure 3) Received speech therapy; CELF-4, Language scores both in the 1 <sup>st</sup> percentile						
Multicomponent PMI (i.e., peer training and participant instruction on the use of text cues) to teach assertive conversational skills, initiating, asking follow-up questions,	ASD (used CARS-2 to determine severity of autism; required extensive support needs)	Yes (1 student reported to have mild ID and 1 borderline intellectually functioning )	Unknown			X			



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and commenting; Bambara et al., 2018)									
Multimedia computer-based program using video captions and still photographs to teach students to read aisle signs and locate items in a grocery store (Mechling, 2004)	1) Autism	Yes, mild ID (Stanford-Binet-4=62)	Unknown			X			
Multimedia instruction to teach students to generalize the association	1) Autism	Yes, mild ID (Stanford-Binet-4=62)	Yes, difficulty with auditory processing and receptive language			X			



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of grocery aisle sign words with words on their list in order to locate items in vivo (Mechling & Gast, 2003)									
Multimedia social stories to teach knowledge of adult outcomes (Richter & Test, 2011)	Autism n=1	Yes, reported moderate ID	Unknown			X			
Multimodal Anxiety and Social Skills Interventions (MASSI) to teach social responsive	ASD diagnosis (n=15) reported by: ADOS, Autism n=3 Asperger's n=11	No, inclusion criteria = current verbal IQ of 70 or above and no previous	Unknown			X			



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ness (White et al., 2013)	PDD-NOS n=1 Reported mean verbal IQ, and adaptive behavior scores	diagnosis of ID							
Peer directed novel question training to teach conversation skills (Reilly et al., 2014)	Autism diagnosis as identified in school records and the CARS-2 1) mild to moderate ASD (CARS-2=28), historical diagnosis of Asperger's 2) mild to moderate ASD (CARS-2=41), historical diagnosis of PDD-NOS 3) severe ASD (CARS-2=50),	1) No, IQ of 102 according to WISC-IV and adaptive behavior composite of 34 according to BASC-2) 2)Yes, reported mild ID but IQ was 56 according to WISC-IV and adaptive behavior composite of 74	3) history of communication impairments			X	1) ADHD 3) ADHD	1) LD, Depression, history of social impairment, engaged in skin picking 2) Anxiety Disorder 3) history of social skills deficits	



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	historical diagnosis of PDD-NOS	3) Yes, reported mild ID, IQ of 60 according to Stanford-Binet Intelligence Test-4 <sup>th</sup> ed. and adaptive behavior composite of 76 according to ABAS							
Peer assisted instruction/support to teach social interactions (Carter et al., 2016)	ASD n=32 ASD & ID n=10					X			
Peer mediation, self-monitoring,	1) Autism (CARS=19.5; ABC=8, few ritualistic/ste	1) Unknown 2) Yes (PEP-R=4.5	1) No (per inclusion criteria of language and			X			



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peer monitoring, and reinforcement to teach social initiations and interactions (Morrison et al., 2001)	reotypic behaviors 2) Autism (CARS=31.5; ABC=72, mild to moderate autistic behaviors) 3) Autism (CARS=32, ABC=74, mild to moderate autistic behaviors)	years, participant was 13 yrs old) 3) Yes (PEP-R=4.4 years, participant was 11 yrs old)	comprehension skills sufficient to respond to peer mediation) 2) same as above 3) same as above						
Peer mediated instruction to teach conversational skills during lunch (Bambara et al., 2016)						X			
Peer network interventions to teach peer	ASD n=4 (inclusion criteria of educational or medical	1) Yes, reported ID, adaptive behavior	1) Yes, communication domain in the 1 <sup>st</sup> percentile			X		1) Social skills deficits according to SSIS (Appropriate	





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<p>interactions, social engagement (Hochman et al., 2015)</p>	<p>diagnosis of ASD)            1) mild to moderate ASD according to score of 32.5 on CARS-2            2) mild to moderate ASD according to score of 32.5 on CARS-2            3) severe ASD according score of 52 on CARS-2            4) severe ASD according score of 40.5 on CARS-2</p>	<p>composite score of 68 and communication domain in first percentile on VABS-II = low overall adaptive functioning            2) Yes, reported ID, adaptive behavior composite score of 46 (below 1<sup>st</sup> percentile)</p>	<p>according to VABS-II            2) Yes, communication domain in the 1<sup>st</sup> percentile according to VABS-II            3) Yes, reported minimally verbal            4) Yes, although participant could initiate conversation and maintain interactions for up to two exchanges, conversations were typically limited to narrow personal interests</p>					<p>social skills = 8th percentile, demonstrating problem behaviors = 82<sup>nd</sup> percentile, academic competence = 61<sup>st</sup> percentile)            2) Social skills deficits according to SSIS (Appropriate social skills = 17<sup>th</sup> percentile, demonstrating problem behaviors = 96<sup>th</sup> percentile, academic competence = 26<sup>th</sup> percentile)            3) Social skills deficits according to SSIS (Appropriate social skills = 1<sup>st</sup></p>	
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		4) Yes, reported ID, adaptive behavior composite score of 60 (below 1 <sup>st</sup> percentile)						percentile, demonstrating problem behaviors = 91 <sup>st</sup> percentile, academic competence = 3rd percentile) 4) Social skills deficits according to SSIS (Appropriate social skills = 10 <sup>th</sup> percentile, demonstrating problem behaviors = 97 <sup>th</sup> percentile, academic competence = 1 <sup>st</sup> percentile)	
Peer networks to facilitate increased social interactions	1) Autism/OHI (used CARS to determine he was in the 10 <sup>th</sup>	1) VABS=18 <sup>th</sup> percentile; SSIS=47 <sup>th</sup> percentile in academic	Unknown			X	1) ADHD	1) ODD	



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(Gardner et al., 2014)	percentile for ASD symptom levels) 2) Primary=ID; Secondary=A SD (used CARS to determine he was in the severe range, 72nd percentile, for ASD symptom levels)	competence 2) VABS= <1 percentile; SSIS=3 <sup>rd</sup> percentile in academic competence							
Peer tutoring to teach science (McDuffie et al., 2009)	Autism, n=6	Unknown	Unknown			X			
Photographic activity schedules taught with graduated guidance to	Autism	Yes	Yes, severe language deficits			X			



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teach on-task and on-schedule behavior (MacDuff et al., 1993)									
Self-determined learning model of instruction to teach goal attainment (Lee et al., 2008)	Autism n=1					X			
Self-management procedure with modeling to teach social communicative behaviors	Autism n=2	No, according to IQ scores 1) Full-scale IQ102, Performance IQ 112, Verbal IQ 94 on WISC 2) SBIS scores ranged	Unknown			X			



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(Koegel & Frea, 1993)		from 60 to 91							
Self-management strategy instruction to teach leisure skills and physical activity (Todd & Reid, 2006)	Autism n=3 (All participants diagnosed as having autism according to DSM-4)	No details reported but participants attended a school for individuals with ID	Yes, all were reported to be nonverbal			X	3) Congenital fiber-type disproportion	1) Self-mutilation 2) Anxiety 3) Anxiety, Aggressive behaviors towards self and others	
Self-Regulated Strategy Development + POW Tree to teach self-advocacy through persuasive writing (Cuenca-Sanchez et al., 2012)	Autism n=1	Unknown	Unknown			X			



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<p>Simulated instruction to teach basic finance (purchasing with debit card, tracking expenses, deposits, financial decision making (Rowe &amp; Test, 2012))</p>	<p>Autism and Emotional Disability n=1</p>	<p>Unknown</p>	<p>Unknown</p>			<p>X</p>		<p>Emotional Disability</p>	
<p>Small group training consisting of feedback and self-management to teach question-asking skills during tutorial conversations</p>	<p>HFA</p>	<p>No (FS IQ of 70 or above)</p>	<p>Unknown</p>			<p>X</p>			



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(Palmen et al., 2008)									
Social skills and sports program (direct instruction, modeling, and process training) to teach eye contact, turn taking, relevant information used in conversation (Alexander et al., 2011)	Autism n=1	Yes, reported ID	Yes, reported echolalia			X			
Surviving and Thriving in the Real World (STRW) to teach daily living skills	HFA	No	Unknown			X	Participants excluded from study if they had significant aggressive behaviors or mental health issues that required		



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(Duncan et al., 2017)							treatment outside the scope of the intervention		
Take Action: Making Goals Happen curriculum to teach goal-setting and attainment (Martin et al., 2014)	Autism n=3	Unknown	Unknown			X			
Task analysis to with prompting hierarchies to teach to teach on-task behavior (McKay et al., 2014)	PDD-NOS n=2	Yes, according to inclusion criteria all participants had an ID	Unknown			X			
Technology to teach	ASD n=4 (inclusion	1) borderline	Unknown			X			





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math (Yakubova et al., 2015)	criteria - met the ASD diagnostic criteria according to DSM-5	intellectual functioning (IQ = 71, WISC-IV) 2) borderline intellectual functioning (IQ = 82 (WIAT-II) 3) mild ID (IQ = 70, WISC-IV)							
Multicomponent intervention (orientation lecture, pre-task demonstration, 5-s constant time delay) to teach safety skills (Winterling et al., 1992)	Autism and moderate/severe ID (n=3) according to measures of IQ and adaptive behavior)	Unknown	Unknown			X		Seizure disorder n=2	



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<p>TouchMath to teach mathematics computation skills (Fletcher et al., 2010)</p>	<p>Autism and moderate ID n=2</p> <p>2) Autism, used GARS</p> <p>3) moderate autism used CARS, score was 31</p>	<p>Yes</p> <p>1) Full scale IQ = 40 on WISC V; Vineland Adaptive Behavior Scale scores were in the low range</p> <p>2) Stanford Binet Intelligence Scale-4<sup>th</sup> ed Test Composite = 54; Peabody Picture Vocabulary Test-R = moderate ID range</p> <p>3) WISC III = 45 (moderate</p>	<p>Yes</p> <p>1) Peabody Picture Vocabulary Test-4 receptive language scores very low; expressive language skills on the Expressive One-Word Picture Vocabulary Test below average; mild articulation disorder</p> <p>3) Peabody Picture Vocabulary Test-4 receptive language scores extremely low</p>			<p>X</p>			
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		ID); Adaptive Behavior Scale scores were in the low range							
Touch Math to teach money computatio n (Waters & Boon, 2011)	Autism n=2	Yes, dual diagnosis of mild ID 1) Full Scale IQ = 63 according to WISC-III, adaptive behavior composite = 83 according to ABAS-II 2) Full Scale IQ = 64 according to WISC-III, adaptive behavior composite	Unknown			X		2) Asperger's	



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		= 71 according to ABAS-II							
Video modeling to teach age-appropriate recreation and leisure skills (i.e. accessing video games; Spriggs et al., 2016)	1) Autism (CARS = 39.5, severely autistic and GARS-2=126, very likely probability of autism) 2) Autism (GARS-2=89, very likely probability of autism)	1) Unknown	1) Yes (functionally non-verbal and identified with secondary eligibility of speech-language impairment) 2) Yes (used AAC device and identified with secondary eligibility of speech-language impairment)			X			
Video modeling to teach fine motor office tasks, gift wrapping, completing crafts	ASD n=4 (inclusion criteria of diagnosis of ASD 1) mild/moderate autism, (CARS = 31)	1) Yes, moderate ID (IQ = 51 according to WISC-III, 51 composite score	1) Yes, reported to persevere verbally about past events in which he had made a mistake 2) Unknown			X			



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(Mechling & Ayers, 2012)	<p>2) moderate autism (no scores available)</p> <p>3) severe autism (CARS = 38)</p> <p>4) moderate autism (CARS = 35)</p>	<p>according to VABS</p> <p>2) Yes, moderate ID (IQ = 40 according to the WISC-III, 50 composite score on VABS)</p> <p>3) Yes, mild ID (IQ 64 according to WISC-III, 64 composite score on VABS)</p> <p>4) Yes, mild ID (IQ = 54 according to the WISC-III, 64 composite score on VABS)</p>	<p>3) Unknown</p> <p>4) Unknown</p>						
Video modeling	<p>1) PDD-NOS</p> <p>2) PDD-NOS</p>	<p>1) No</p>	<p>1) Unknown</p> <p>2) Unknown</p>			X	1) LD		



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<p>to teach vocational skill (Allen et al., 2010)</p>	<p>3) PDD-NOS</p>	<p>(according to cognitive/ adaptive functioning ) 2) No (according to cognitive/ adaptive functioning ) 3) Yes (according to cognitive/ adaptive functioning - Mild)</p>	<p>3) Unknown</p>						
<p>Video modeling to teach food preparation (Lasater &amp; Brady, 2005)</p>	<p>1) PDD 2) Autism</p>	<p>1) reported Full Scale IQ of 66 on WISC-R and Nonverbal IQ = 85 TONI 2) No, reported</p>	<p>1) reported speech "handicaps" 2) Unknown</p>			<p>X</p>	<p>1) reported "learning disabilities", Williams Syndrome</p>		



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		Full Scale IQ of 95 on WISC-R and grade equivalents on WRAT-R							
Video modeling to teach food preparation (Smith et al., 2013)	Autism n=4 1) no autism rating scale reported 2) "average probability of autism" on GARS-II, "severely autistic" range on CARS 3) "mildly-moderately autistic range" on CARS 4) mildly-moderately autistic range" on CARS	1) Yes, IQ of 58 on WNV; 64 on ABAS-II (parent), 63 on ABAS-II (teacher), 62 on VABS 2) Yes, mild ID, IQ of 60 on DAS-II, 62 on ABAS-II (parent) and 65 on ABAS-II (teacher) 3) No, IQ score of 86 on KABC-II; no adaptive behavior	1) reported speech/language impairment (pragmatic language disorder) 2) reported speech/language impairment 3) reported speech/language impairment 4) reported speech/language impairment			X			



# NTACT

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		<p>scores available</p> <p>4) Yes, moderate ID, IQ range between 42-58 on DAS-II; 64 on ABAS-II (parent), 69 ABAS (teacher), 51 on VABS</p>							
<p>Video modeling to teach home maintenance skills (Gardner &amp; Wolfe, 2015)</p>	<p>Autism n=1</p>	<p>Yes, secondary diagnosis of ID; significant adaptive behavior deficits as reported by the ABAS</p>	<p>Unknown</p>			<p>X</p>			
<p>Video modeling to teach home maintenance skills (Van</p>	<p>Autism n=4</p> <p>1) Autism</p> <p>2) ID (mild) and Autism</p> <p>3) Autism</p>	<p>1) No, IQ composite = 80, Stanford-Binet Intelligence</p>	<p>1) Unknown</p> <p>2) Unknown</p> <p>3) Unknown</p> <p>4) "basically nonverbal",</p>			<p>X</p>	<p>4) Down Syndrome</p>		





# NTACT

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Laarhoven et al., 2012)	4) ID (moderate) and Autism	Scale-4 <sup>th</sup> ed.; DAS scores = borderline (75) on Verbal Abilities, average (75) on Nonverbal Abilities, and average (100) on Spatial Abilities 2) Yes, ID mild, full scale IQ = 65, WISC-III, DAS scores = 83 in General Conceptual Ability, 71 on Verbal Abilities, and 104 on	mastered PECS and learning to use DynaVox						
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# NTACT

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		Nonverbal Abilities 3) No, full scale IQ = 88 (borderline), WISC-IV 4) Yes, moderate ID, full scale IQ = 42, WISC-IV;							
Video modeling to teach home maintenance skills (Mechling et al., 2014)	1) Mild to moderate autism	1) Yes, moderate ID, full scale IQ = 48, Stanford Binet Intelligence Scales-5 <sup>th</sup> ed., adaptive behavior composite score of 55 on VABS	1) Unknown			X			
Video modeling to teach	ASD N=5	Unknown	Unknown			X	1) facial dysmorphism		



# NTACT

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leisure skills (Cannella-Malone et al., 2016)							4) mild microcephaly scaphocephaly 5) mild microcephaly scaphocephaly		
Video modeling to teach social skills (Plavnick et al., 2013)	ASD n= 4 (inclusion criteria of prior diagnosis of ASD from a licensed psychologist or psychiatrist outside of context of study)	1) Yes, mild to moderate ID (Peabody Picture Vocabulary Test = low range; extremely low range of functioning on the reading, math, and written language subtests of WJTA-4 <sup>th</sup> ed., very low range on ABAS-2;	1) Unknown 2) Unknown 3) Yes, standard scores on the Oral and Witten Language Scales and the Test of Pragmatic Language = very low range of language 4) Unknown			X		1) Obsessive compulsive disorder	



# NTACT

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		parent rating on BASC indicated clinically significant concern in the general areas of externalizing and adaptive behavior) 2) Yes, mild ID according to WISC-IV; standard scores on SIB = low range of adaptive functioning 3) Yes, moderate ID 4) Unknown							
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# NTACT

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<p>Video modeling to teach vocational tasks (Van Laarhoven et al., 2012)</p>	<p>Autism n=4            1) Autism            2) ID (mild) and Autism            3) Autism            4) ID (moderate) and Autism</p>	<p>1) No, IQ composite = 80, Stanford-Binet Intelligence Scale-4<sup>th</sup> ed.; DAS scores = borderline (75) on Verbal Abilities, average (75) on Nonverbal Abilities, and average (100) on Spatial Abilities            2) Yes, ID mild, full scale IQ = 65, WISC-III, DAS scores = 83 in General</p>	<p>1)Unknown            2) Unknown            3) Unknown            4) “basically nonverbal”, mastered PECS and learning to use DynaVox</p>			<p>X</p>	<p>4) Down Syndrome</p>		
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# NTACT

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		<p>Conceptual Ability, 71 on Verbal Abilities, and 104 on Nonverbal Abilities</p> <p>3) No, full scale IQ = 88 (borderline), WISC-IV</p> <p>4) Yes, moderate ID, full scale IQ = 42, WISC-IV;</p>							
<p>Video prompting via an iPad to teach independent living skills (Kellems et al., 2017)</p>	<p>1) Autism 2) ASD</p>	<p>1) Yes, WAIS-IV FS IQ=46; VABS=87 composite score; SIB=46 in Broad Independence, very limited</p>	<p>1) Yes, limited expressive ability and limited receptive ability for understanding verbal and written directions</p> <p>2) Yes, significant</p>			X			



# NTACT

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		2) Yes, WISC-IV FS IQ=40; VABS=69 composite score; SIB=25 in Broad Independence, very limited	expressive limitations and limited receptive ability requiring one-word instructions; required significant level of support tasks and activities across all settings						
Videotape modeling to promote generalization of purchasing skills to community stores (Haring et al., 1987)	Autism n=3 ("conformed to standards for diagnoses of autism and developmental delay with autistic characteristics")	1) Yes, "estimated to be functioning at the 5-year-old level of the VABS" 2) Yes, estimated to be functioning at the 4-year-old	1) Yes, "most speech consisted of delayed echolalic phrases" 2) Yes, "expressive vocabulary consisted of echolalic phrases but did have functional use of yes/no responses"			X			



# NTACT

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		level of the VABS” 3) Yes, “estimated to be functioning at the 5-year-old level of the VABS	3) Unknown						
Working at Gaining Employment Skills (WAGES; Murray & Doren, 2013)	Autism n=1.6	Unknown	Unknown			X			
Taxonomy Category: Interagency Collaboration practices include those related to Collaborative Framework and Collaborative Service Delivery									
CIRCLES to teach self-determination and IEP meeting participation (Flowers et al., 2018)	ASD	Unknown	Unknown			X			





# NTACT

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Project SEARCH to teach employment status, hours worked, benefits, adaptive behavior (Wehmen et al., 2014)	ASD n=40 Diagnoses included: Autism; PDD-NOS, Asperger's	Unknown	Unknown			X			
Project SEARCH to teach social, communication, and job skills (Wehman et al., 2012)	1) ASD 2) Asperger syndrome	Unknown	Unknown			X			
Transition Choices Program to teach asking for assistance and respecting	Autism n=1	Yes, IQ scores for participants with developmental delays ranged	Unknown			X			



# NTACT

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the preferences of others in daily school routines (Stowitschek et al., 1999)		from 34 to 61							
Video modeling (VidCoach) to teach interviewing skills (Hayes et al., 2015)	ASD n=15	Unknown	Unknown			X			
Parent training to teach parent knowledge of transition services (Young et al., 2016)	ASD	Unknown	Unknown			X			
Self-determined learning	Autism n=4	Unknown	Unknown			X		Yes, inclusion criteria: a score of 63 or above	



# NTACT

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model of instruction to teach goal attainment (Family-Involved SDLMI; Kim & Park, 2012)							on internalizing OR external behavior scale on the Korean-Child Behavior Checklist	
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Note: ABAS-II = Adaptive Behavior Assessment System II; ABC=Autism Behavior Checklist; ASD=Autism Spectrum Disorder; CARS=Childhood Autism Rating Scale; CELF-4=Clinical Evaluation of Language Fundamentals-4; DAS-II = Differential Ability Scales II; GARS-II=Gilliam Autism Rating Scale; HFA=High Functioning Autism; ID=Intellectual Disability; KABC-II = Kaufman Assessment Battery for Children II, PDD-NOS=Pervasive Developmental Disorder-Not Otherwise Specified; PEP=Psychoeducational Profile-Revised; QRI-5=Qualitative Reading Inventory-5; SBIS=Stanford-Binet Intelligence Scales; SIB=Scales of Independent Behavior; VABS=Vineland Adaptive Behavior Scale; WJTA=Wechsler Intelligence Tests of Achievement; WNV = The Wechsler Nonverbal Scale of Ability

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