

# The Odisha Gazette

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**DEPARTMENT OF SOCIAL SECURITY & EMPOWERMENT OF PERSONS WITH  
DISABILITIES  
NOTIFICATION**

The 14th December, 2016

**Sub: Guidelines for evaluation and assessment of Autism and procedure for certification.**

**S.R.O. No. 41/2017—** In pursuance to the Gazette Notification No.16-21/2013-DD-III, dated 25th April 2016, Govt. of India Deptt. of Empowerment of Persons with Disability, Ministry of Social Justice & Empowerment, New Delhi, the Govt. of Odisha has framed the Guidelines for evaluation, assessment & certification of people with Autism which shall come into force with immediate effect.

**2.** Autism has been recognized as one of the disabilities under section-2 of the National Trust Act.1999 read with Persons with Disabilities (Equal Opportunities Protection of Rights and Full Participation) Act.1995 (PwD Act.). The National Trust for the welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act.1999 provides for the constitution of National Trust for the welfare of this class of Persons with Disabilities.

**3.** In order to frame guidelines for evaluation and assessment of Autism and procedure for certification, as given in the Ministry of Health & Family Welfare O.M. (F.No.Z28020/106/2014-CH-RBSK) dated 9th July, 2014 and to recommend appropriate modifications/alternations keeping in view of Persons with Disabilities (Equal Opportunities Protection of Rights and full Participation) Act, 1995, the Ministry of Social Justice & Empowerment, Government of India has developed Guidelines for Assessment of Autism for the purpose of issuance of disability certificate in consultation with Union Ministry of Health & Family Welfare.

**4. Definition:** Autism Spectrum Disorders is a lifelong neurological condition typically appearing in the first three years of life that is marked by pervasive

impairment in the areas of social skills and communication: often associated with hyper-or-hypo-reactivity to sensory input; unusual interest of stereotypical rituals, or behaviors; and may or may not be accompanied by intellectual impairment.

**5. Processes of Certification:** Certification of disability of Persons with Autism shall be issued by an Autism Certification Medical Board, duly constituted by the State Govt., comprising members as follows:—

- |   |   |             |
|---|---|-------------|
| a) The Medical Superintendent/Principal/Director/<br>Head of the Institution or his nominee | - | Chairperson |
| b) Clinical Psychologist/Rehab. Psychologist  | - | Member      |
| c) Psychiatrist /Paediatrician or General Physician   | - | Member      |

At least two of the members including Chairperson of the Board shall issue the certificates to Persons with Autism.

**6. District Autism Medical Board (DAMB):** A disability certificate in the form as annexed to this notification as *Annexure-B* shall be issued by the DAMB duly constituted through this notification. The CDMO/Director functioning as the DMB for certification of disability under Person with Disability Act-1995 shall act as ex-office Chairperson of DAMB.

The members of DAMB shall be notified by the Chairman of the DAMB from time to time from among the category specified in Para.5.

**7. State Autism Appellate Medical Board (SAAMB):** A State Autism Appellate Medical Board (SAAMB) is constituted, comprising professionals trained by the Deptt. of Empowerment of Persons with Disabilities, MoSJE, Govt. of India. The SAAMB shall resolve any dispute arising with regard to issue of disability certificates to Persons with Autism. The SAAMB is also empowered to make assessment & certification of Persons with Autism Spectrum Disorders (ASD) as and when required.

**8. Application for Certificate:** The Persons with Autism Spectrum Disorders (ASD) shall apply for issuance of Disability Certificate online or offline in the prescribed *pro forma* enclosed with this notification as **Annexure-A** and applicants will be issued Disability Certificate in the prescribed *pro forma* enclosed at *Annexure-B*.

For identification of Autism cases the INCLIN Tools shall be used. INCLIN tools for identification of Autism cases is at **Annexure-C**.

The Indian Scale for Assessment of Autism (ISAA) has been developed which provides the detailed assessment procedure and tools for assessing the extent of

disability for persons with Autism beyond 6 yrs. age. The Indian Scale of Assessment of Autism is at **Annexure-D**.

Based on the identification of cases of Autism in terms of INCLLEN tools, certification of Autism on the basis of Indian Scale for Assessment of Autism (ISAA) tools shall be issued. The certificate would be valid for a period of 5 yrs. for those whose disability is temporary and are below the age 18 yrs. for those who acquire permanent disability; the validity can be shown as "Permanent" in the certificate.

Details of the *Annexure* appended with the guidelines are as under.

List of *Annexures*:-

<i>Annexure-A</i>	Application for obtaining Disability Certificate
<i>Annexure-B</i>	<i>Pro forma</i> for Certification of Autism
<i>Annexure-C</i>	INCLLEN diagnosis tools
<i>Annexure-D</i>	Indian Scale for Assessment of Autism(ISAA)

[No. 9253–SSEPD-DA-2(A) MISC-0024/2016/SSEPD.]

By Order of the Governor

NITEN CHANDRA

Principal Secretary to Government

## Form- II

## APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

(See rule 3)

1. Name: .....
2. Father's Name:.....Mother's Name:.....
3. Date of Birth:...../...../.....  
(Date) (Month) (Year)
4. Age at the time of application..... years
5. Sex: Male/Female
6. Address:
  - (a) Permanent Address: .....
  - (b) Current Address (i.e. for communication) .....
  - (c) Period since when residing at current Address: .....
7. Educational Status (Please tick as application):
  - (i) Post Graduate
  - (ii) Graduate
  - (iii) Diploma
  - (iv) Higher Secondary
  - (v) High School
  - (vi) Middle
  - (vii) Primary
  - (viii) Illiterate
8. Occupation: .....
9. Identification marks (i).....(ii).....
10. Nature of disability: Locomotor/Hearing/Visual/Mental/Others
11. Period since when disabled: From birth/since year:.....
12. (i) Did you ever apply for issue of a disability certificate in the past? \_\_ YES/NO  
(ii) if yes, details :
  - (a) Authority to whom and district in which applied.....
  - (b) Result of application.....
13. Have you ever been issued a disability certificate in the past ? if yes, please enclose a true copy.

**Declaration**

I hereby declare that all particulars stated above are true to the best of my knowledge and belief and no material information has been concealed or misled. I further, state that if any inaccuracy is detected in the application. I shall be liable to forfeiture of any benefits derived and other action as per law.

.....

(with disability, or of his/her legal guardian in  
Case of persons with Mental Retardation, Autism,  
Cerebral Palsy and Multiple disabilities) Signature  
or left thumb impression of person

Date:

Place :

End:

1. Proof of residence (Please enclose copy of on of the following documents)

- a) Ration Card
- b) Voter Identity Card,
- c) Driving License
- d) Bank Passbook
- e) PAN Card
- f) Passport
- g) Telephone, Electricity, water and any other utility bill indicating the address of Applicant
- h) A certificate of Residence issued by a Panchayat, Municipality, Cantonment Board, an Gazetted Officer or the concerned Patwari or Head Master of a Govt. School

- (i) In case of any inmate of a residential institution for persons with disabilities, destitute, mentally ill etc. a certificate of residence from the head of such institution.

2. Two recent passport size photographs

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**(For office use only)**

Date:

Place:

Signature of issuing Authority

Stamp

CERTIFICATE OF DISABILITY OF PERSONS WITH AUTISM  
GOVERNMENT OF -----

(Name and address of the State/authorized Autism certification Medical Board issuing the certificate)



This is to certify that  
Shri/Smt/Kum.....Son/Daughter  
of.....village/Town/City ( complete address of the applicant) with particulars  
given below:-

- a) Date of birth
- b) Sex
- c) Signature and thumb impression

has been examined by the State/Authorised Autism Certification Medical Board and he/she is found to be categorized as  
persons with no autism/mild Autism/moderate autism/severe autism. His/her percentage of disability is. \_\_\_\_\_ \_

Date:

Place:

Signature of Chairperson  
(With Seal)

State/Authorised Autism Certification Medical Board

7  
UNIQUE ID

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**NEURODEVELOPMENTAL DISABILITIES AMONG CHILDREN  
IN INDIA : AN INCLEN STUDY**

**INCLEN Diagnostic Tool for Autism Spectrum Disorder  
(INDT - ASD)**

State		Date of Interview								D	D	-	M	M	-	Y	Y
District																	
Tahsil		Commencing Time				AM/PM		Hr				Min					
Village (Cluster)		Concluding Time				AM/PM		Hr				Min					

**PERSONAL INFORMATION OF THE CHILD**

Name of the Child : \_\_\_\_\_

Date of Birth : DD/MM/YYYY

Age: \_\_\_\_\_ Year \_\_\_\_\_ Month

Sex :

Complete Address :

Phone Number :

Date of Assessment:

Name of the Assessor :

## INSTRUCTIONS FOR EVALUATION

- Primary caregiver must be present with the child.
- These behaviours are to be assessed in the context of children of same age.
- Explain to parents that the answers should be based on the child's behaviour most of the time.
- Follow the age directions given along with the question. For questions where no age cut-off is given, they should be asked for all children i.e. all ages (2-9 years).
- Ask the questions **verbatim**  
 Question can be **repeated if** the respondent cannot understand  
 Still, if the respondent cannot understand, give **example** for the particular  
 behaviour; **No further elaboration** is allowed.
- The questionnaire should be **supplemented by observations** for the suggestive behaviour in the child throughout the assessment.
- Observe the behavior of child during the entire interview to confirm the presence or absence of a particular behavior (First ask, then observe if observations is discrepant, then re ask the question and recheck the observation)
- When there is discrepancy between parental response and your observation, \* indicates whether parent report or observation should take precedence, and marked accordingly.  
 asterisk (\*)
- When the parent's response is "Unsure" your observation of the particular behaviour will be given weightage even asterisk (\*) is on parental response. In case you are also unable to observe the behaviour, and then only mark the response as "Unsure".
- Some criteria have multiple questions. **While scoring**, consider the criteria fulfilled even if response to **anyone** of the questions is abnormal. For example, the criterion **Ala** is considered fulfilled if anyone of i, ii, iii or iv is abnormal in the child.



SECTION - A			
	Ask (Tick V in the box if response is based on answer)	Observe (Tick V in the box if response is based on observation)	Encircle the appropriate response
A1a	<p><i>i) * For children aged less than 4 years:</i></p> <p>Does your child usually enjoy being taken in the lap or hugged?</p> <p><i>For children aged 4 years or more:</i> When your child was a baby / toddler. Did he/she enjoy being taken in the lap or hugged?</p> <input data-bbox="566 806 688 884" type="checkbox"/>	<p>In children below 4 years age; Response to being touched and cuddled by parent: enjoys/tolerates/squirms/stiffens/gets upset/Indifferent</p> <input data-bbox="1105 816 1235 898" type="checkbox"/>	Yes No Unsure
	<p>ii) Does your child usually make eye contact with you or other people?</p> <p>Eg: While playing, asking for things, talking to you</p> <input data-bbox="444 1167 550 1241" type="checkbox"/>	<p>* Quality of eye contact</p> <input data-bbox="1062 1178 1170 1247" type="checkbox"/>	Yes No Unsure
	<p>iii) * Does your child usually use various gestures appropriately during social interactions?</p> <p>Eg. Namaste, Salam, Waving bye-bye, hello, touching feet etc.</p> <p>(At least sometimes spontaneously)</p> <p>(use appropriate examples as required)</p> <input data-bbox="436 1728 545 1797" type="checkbox"/>	<p>Use of these gestures in response to your greeting and while departing</p> <input data-bbox="1073 1724 1182 1793" type="checkbox"/>	Yes No Unsure
Further elaborate if required about inappropriate gestures like repeatedly greets anybody without knowing			

	<p>Does your child usually show appropriate facial expressions according to the situation?</p> <p><i>Eg. Being, happy, sad, afraid etc.</i></p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>*Appropriateness of facial expressions while interacting with parents, with you (stranger), while playing, when given toy/favourite food or when scolded.</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
<b>A1b</b>	<p>i) * Does your child usually enjoy the company of other children?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Child's interaction with other children</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
	<p>ii) * Does your child aged 4 years or more: Does your child have friends of his/her age (In school and neighbourhood) with whom he/she love to chat, share food or play together?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of the child's interaction with other children of his/her age</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA
	<p>iii) * For children aged 4 years or more: Does your child play mostly with children who are much older or much younger than him/her?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of the child's interaction with other children</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA
<b>A1c</b>	<p>i) * <b>For Children aged less than 4 years:</b> Does/did your child ever point with his/her index finger to bring your attention to show the things that interest him/her? Eg: Kite, plane flying in the sky, cow/dog on the road etc. For children aged 4 years or more: Does your child usually bring things to show you on his/her own he/she has made printed or new toy/gift?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Observe how the child draws attention towards a toy/object of interest; Look for coordinated pointing</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure

	<p>ii) For children aged 4 years or more and are able to speak:</p> <p>Does your child talk to you about things he/she likes or has achieved without being asked about them?</p> <input type="checkbox"/>		Yes	No	Unsure
<b>A1d</b>	<p>i) * Does your child usually prefer to play alone and gets irritated/moves away when his/her sibs or other kids try to play with him/her?</p> <input type="checkbox"/>	Quality of play activity in a group of children or with siblings	Yes	No	Unsure
	<p>ii) * Does your child play games involving turn taking or rule based with order children properly?</p> <p>Eg: <i>Cricket, Hide and Seek/I-spy, Ludo, Stappoo, Ring-a-Ring roses etc.</i></p> <input type="checkbox"/>	Quality of child's involvement in rule-based games or games involving taking turns	Yes	No	Unsure
<b>A1e</b>	<p>iii) * Does your child usually share his/her happiness with you or come to you for comfort when hurt or upset?</p> <input type="checkbox"/>	Sharing happiness or distress with the parents	Yes	No	Unsure
	<p>iv) * <b>For Children aged 4 years or more</b> : Does your child usually share your happiness or try to comfort you when you are upset/sad?</p> <input type="checkbox"/>	Sharing of parent's happiness distress by the child	Yes	No	Unsure or NA
<b>A2a</b>	<p>* Does your child speak normally for his/her age? If the child cannot speak normally: Can he/she communicate with you by using gesture?</p> <p>Eg: by pointing with index finger, nodding/shaking head for yes/no etc.</p>	Use of age-appropriate language (words-and-phrases). Spontaneous use of gestures for communication; *Quality/maturity of pointing (Mature or immature pointing and hand over hand pointing)	Yes	No	Unsure

	<p>If the child cannot speak at all <b>AND cannot communicate by appropriate gestures</b>, then only mark as <b>"NO"</b></p> <p>If the child cannot speak <b>BUT</b> can communicate by appropriate gestures, then mark as <b>"YES"</b></p> <p style="text-align: right;"><input type="checkbox"/></p>	<p style="text-align: right;"><input type="checkbox"/></p>			
<p><b>Ask A2b only if child is speaking at 2-3 word sentences level</b></p> <p><b>Ask A2c only if the child is speaking at few words level</b></p>					
<b>A2b</b>	<p>i) * Does your child initiate a conversation with you?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of child's conversation with parents or yourself</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA
	<p>ii) * For children aged 4 years or more: Can you have conversation with your child during which he/she not only answers your questions, but also <b>adds</b> something <b>new to continue</b> the conversation?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of child's conversation with parents or yourself</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA
<b>A2c</b>	<p>i) * Does your child usually repeat words or phrases regardless of meaning (in part or whole) that he/she has heard?</p> <p><i>Eg: if you say, 'toffee' he will also say 'toffee' if you say, 'come' he will also say 'come' and if you ask, 'what is your name' he will also say 'what is your name'</i></p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>*Immediate echolalia (words or phrases)</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA

	ii) * Does he /she <b>incessantly</b> repeat things/T.V serial dialogue regardless of meaning/context,, whatever he/she has heard <b>later on</b> ?  <input type="checkbox"/>	* Delayed echolalia  <input type="checkbox"/>	Yes	No	Unsure or NA
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	iii) For children aged 4 years or more: Does your child usually use "I for me" and "me for you" incorrectly?  Eg. When you ask "do you want milk" he/she says "yes you want milk" or "Rohit wants milk" (referring to himself)  <input type="checkbox"/>	* Pronoun reversal  <input type="checkbox"/>	Yes	No	Unsure or NA
	iv) For children aged 4 years or more: During conversation does your child often speak out of context or irrelevantly?  <input type="checkbox"/>	Out-of-content speech and neologisms  <input type="checkbox"/>	Yes	No	Unsure or NA
	v) * For children aged 6 years or more: Does your child understand that somebody is making fun of him/her or can he/she understands jokes?  <input type="checkbox"/>	Child's response to an age-appropriate joke	Yes	No	Unsure or NA
<b>A2d</b>	Does your child participate in games like "Pat-a-Cake", Peek-a-boo", "Ring-a-ring rose", "Akkad bakked bambe po", "Posam paa", "Chal chameli baag mein" and "Totaa ud-maine ud" etc?  <p style="text-align: center;"><b>OR</b></p> Does your child play variable imaginative paly with toys like  For girls:- Kitchen set/dolls/clay or dough For boys : telephone/toy/gun/motor car?  <input type="checkbox"/>	Quality of child's play with toys or other objects  Look for any form or <b>variable</b> pretend play  <input type="checkbox"/>	Yes	No	Unsure Or NA

	<p>Has your child played different games like "ghar-ghar", "teacher-student" (school-schoo), "chor-police" etc. with other kids interactively</p> <input type="checkbox"/>	<p>* Pronoun reversal</p> <input type="checkbox"/>			
<p><b>( May odd age appropriate regional examples of variable pretend play as necessary)</b>  <b>Note for interviewer : If any one is positive will be marked as "YES"</b></p>					
<b>A3a</b>	<p>i) * Does your child have excessive interest in <b>odd</b> things/activities which other children do not have?</p> <p>Eg. Collecting toffee wrappers, polythene bags, piece of string or rope, pulling thread and rubber band etc.</p> <input type="checkbox"/>	<p>Any <b>unusual</b> interests i.e. unusual for child's age</p> <input type="checkbox"/>	Yes	No	Unsure
	<p>ii) * Does your child have <b>excessive</b> interest in typically things but the interest is so <b>all encompassing</b> that it <b>interferes</b> his/her activities?</p> <p>(Excluding T.V watching)</p> <input type="checkbox"/>	<p><b>Excessive and all-encompassing</b> interest in activities that are <b>typical</b> for other child his/her age.</p> <input type="checkbox"/>	Yes	No	Unsure
	<p>iii) * Does your child like lining or stacking objects/toys <b>excessively</b>?</p> <p>(Excluding blocks)</p> <input type="checkbox"/>	<p>Excessive lining of objects or toys</p> <input type="checkbox"/>	Yes	No	Unsure

<b>A3b</b>	<p>Does your child unreasonably <b>insist</b> on doing things in a particular way and /or become <b>upset</b> if there is any change in the daily routine?</p> <p>Eg. Talking exactly the same route to the school or market, insisting on food being served in the same pattern or sequence etc.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Child's insistence on any unusual routines or rituals.</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
<b>A3c</b>	<p>i) Does your child keep on repeating any of the followings, like</p> <ul style="list-style-type: none"> <li>* flapping hands,</li> <li>* hand wringing,</li> <li>* toe-walking,</li> <li>* rocking or spinning,</li> <li>* making <b>unusual</b> finger or hand movements near his/her face?</li> </ul> <p style="text-align: right;"><input type="checkbox"/></p>	<p>* Any type of motor stereotypes, unusual finger/hand movements near face.</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
<p><b>Note for interviewer: Ask with demonstration and answer yes if any one of above example is positive.</b></p>					

	<p>ii) * Does your child have <b>inappropriate</b> fascination with movement?</p> <p>Eg. Spinning wheels, opening and closing of doors, electric fan, running water and any other revolving object etc.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Child's <b>Inappropriate</b> fascination with objects in motion.</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
<b>A3d</b>	<p>Does your child prefer to play with a particular <b>part</b> of a toy/object rather than the whole toy/object?</p> <p>Eg. Wheels of a toy rather than the whole toy.</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>* Quality of child's play with different toys and objects.</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure

**SECTION – B**

Complete this sections (1-5) based on responses from section A and further history taking (6-12)

**1. No. of criteria fulfilled in A1 of the section A (Social Interaction)**

0: Less than two

1: Two or more

**2. No. of criteria fulfilled in A2 of the section A (Communication)**

0: Nil

1: One or more

**3. No. of criteria fulfilled in A3 of the section A (Restricted Interests)**

0: Nil

1: One or more

**4. Interpretation of questionnaire (1 to 3) (Restricted Interests)**0: **No ASD** (If response to 2 or more of 1 to 3 is "0")1: **ASD present** (if response to 1 is "1" **and** response to either or both of 2 and 3 is "1")**5. Total number of criteria fulfilled in A1, A2 and A3 together**

0: Less than Six

1: Six or more

**6. Does/ your child have any of the following?**

0: No 1: Yes

**A.** Significant delay in development of language of the child? (Not spoken single words by 2 years and communicative phrases by 3 years).

**B.** Difficulty in using language in daily activities or during interaction with other people?

**C.** Started participating in varieties of pretend play at a later age/Not started pretend play?

**D. ANY of the following (mark '1' if any one of the following is 'Yes')**

(Tick (v) the problems present in the child)

- To be separate and indifferent from other children-
- No/few friends
- Difficulty in school (due to behaviour or studies)
- Less understanding regarding societal norms.



**7. Did your child have these symptoms before three years?**

0: No

1: Yes/Do not know / Not Sure

**8. Does the child fulfill all the following criteria for diagnosis of Rett's Disorder?**

- Female Child
- Loss of purposeful hand skills between 5-30 months age and development of stereotyped hand wringing, hand washing or hand to mouthing movements.
- Loss of special engagement early in course during 9-29 months (although often social interaction develops later)
- Severely impaired expressive and receptive language development with severe psychomotor retardation.

0: No.    1: Yes

**9. Does the child fulfil all the following criteria for diagnosis of Childhood Disintegrative Disorder?**

- Normal development till 2 years age, by the presence of age appropriate verbal and nonverbal communication, social relationships, play and adaptive behaviour.
- After 2 years of age, loss of previously acquired milestones (before age 10 years) in 2 or more of the following areas (Tick (v) the areas in which milestones are lost)
  - < Expressive/respective language
  - < Social skills/Adaptive behaviour
  - < Bowel or bladder control
  - < Play Skills
  - < Motor skills

- Abnormalities of functioning in at least two of the following areas:-

- > Qualitative impairment in social interaction.
- > Qualitative impairment in communication
- > Restricted, repetitive and stereotyped patterns of behaviour

0: No    1: Yes

**10. There is no clinically significant delay in any of the following?**

- Language development (single words used by age 2 years, communicative phrase used by age 3 years)
- Cognitive Development OR Development of age-appropriate self-help skills
- Adaptive behaviour (other than in social interaction)

0: No    1: Yes

<p><b>11. Summary assessment of ASD</b>  <b>0. No ASD</b> (Response to 4 is "0")  1. Autism (Response to ALL of 1 to 7 is "1" and 8,9 is "0")  2. Asperger's Disorder (Response to 4 is "1" , 6D is "1" and 10 is "1")  3. PDD-NOS (Response to 4 is "1" and either 5 or 7 or both is "0")  4. Rett's Disorder (Response to 4 is "1" and 8 is "1")  5. CDD (Response to 4 is "1" and 9 is "1")  6. Indeterminate (Criteria non fulfilled, too many unsure response, could not be tested in appropriate condition)</p>		
<p><b>12. Can these symptoms be solely explained by Intellectual Disability?</b>   0: No    1: Yes    if yes, refer to TAG review</p>		
<p><b>13. Additional note and observation during the interview</b></p>		
<b>Name of the Assessor</b>	<b>Signature of the Assessor</b>	<b>Date of the Assessment</b>

### INDIAN SCALE FOR ASSESSMENT OF AUTISM

**Purpose:**

The purpose of developing an Indian Scale for Assessment of Autism (ISAA) was to assess persons with Autism for issuance of disability certificate.

Description of the Scale.

Indian Scale for Assessment of Autism is a rating scale comprising of 40 test items grouped under 6 domains:—

- I. Social Relationship and Reciprocity**  
Person with Autism generally remain aloof, socially withdrawn and do not interact with other people. They have difficulty in understanding another person's feelings, such as pain or sorrow. They have problems in maintain eye contact and do not develop age appropriate peer relationships.
- II. Emotional Responsiveness**  
Individual's with Autism do not show the expected feelings in a social situation. Emotional reactions are unrelated to the situation and may show anxiety or fear which is excessive in nature without apparent reason. They may show inappropriate emotional response.
- III. Speech – Language and Communication**  
  
Individuals with Autism have problems in speech development. They find it difficult to express their needs verbally and non-verbally and may also have difficulty in understanding the non verbal language of others. People with Autism often have echolalia and may repeat a word, phrase or sentence out of context.
- IV. Behaviour Patterns**  
Persons with Autism may engage in self-stimulatory behaviour in the form of flapping hands and using an object for this purpose. They insist on following routines and may resist change. Some Autistic children may be restless and exhibit aggressive behaviour.
- V. Sensory Aspects**  
  
Person with Autism are usually sensitive to sensory stimuli. A majority of them are either hypo or hyper sensitive to light, sound, smell and other external stimulation. Some Autism children explore their environment by smelling, touching or tasting objects.
- VI. Cognitive Component**  
Individuals with Autism may lack attention and concentration. They do not respond to instructions promptly or respond after a considerable delay. Some of them may have special or unusual ability known as savant ability in some areas like mathematics, music, memory and artistic abilities.

### Instructions for Test Administration

USUAA must be administered under standard testing conditions and testing methods as given below.

#### a) Testing Conditions

The examiner should be sensitive to the person's physiological conditions arising out of hunger, sleep and state changes. Testing should be avoided when the person is indisposed or unduly distressed.

#### b) Method of Assessment

Assessment involves:

- i. Observation
- ii. Informant/parent interview
- iii. Testing

#### c) Test Materials

Appropriate material and activities are to be used to elicit responses from individuals with autism during assessment. The kit should comprise the following items:

#### ITEMS:

- |                         |                             |  |
|-------------------------|-----------------------------|--|
| 1. Car                  | 2. Ball (different types)   | 3. Doll (different types)              |
| 4. Rattle               | 5. Picture Book             | 6. Peg board with rings                |
| 7. Sorting board        | 8. Cup                      | 9. Spoon                               |
| 10. Beads with a string | 11. Colour card/Board       | 12. Key                                |
| 13. Watch               | 14. Hand Bell               | 15. Paper and crayons / colour pencils |
| 16. Blocks              | 17. Squeezer – Cat/Dog      | 18. Apple / Banana / Orange /vegetable |
| 19. Box                 | 20. Bottle and pellets      | 21. Mirror                             |
| 22. Shape sorter        | 23. Slide with rolling ball | 24. Musical toys                       |

#### a) Testing time:

Time required for testing will vary according to the complexity of test items and subject's alacrity in responding. Assessment of persons with Autism using ISAA may take up to one hour.

### Scoring system

ISAA should be scored as per the scoring system given below.

Each of the 40 test items is to be rated on 5 categories, out of which one is to be checked. These are further quantified by providing percentages to indicate the frequency, degree and intensity of behavioral characteristics that are observed. The categories along with the percentage are assigned as follows:

**Rarely** (Up to 20%) indicates that the person exhibits this behavior pattern for up to 20% of the time. This score is normal for their age and socio-educational background - **Score 1**

**Sometimes** (21 % - 40%) indicates that the person exhibits this behavior pattern for 21 % - 40% of the time. Some of these behaviours may be a cause for attention and concern, but by and large they may be considered within normal limits for their age and socio-educational background.

Person is completely independent in activities in daily life - **Score 2**

**Frequently** (41 - 60%) indicates that the person exhibits this behavior pattern for 41 - 60% of the time. These behaviours occur with such frequency and regularity that they interfere with the persons' functioning in daily life. Behavior at this level will be definitely disabling.

Person may be able to perform activities of daily life with minimum assistance - **Score 3**

**Mostly** (61-80%) indicates that the person exhibits this behavior pattern for 61-80% of the time. The given behavior may occur without any discernible stimulus. The behavior under consideration occurs so regularly that it significantly hampers the person in performing daily activities.

Person needs assistance in activities of daily life - **Score 4**

**Always** (81-100%) indicates that the person exhibits this behavior pattern almost all the time, so much so that it would be considered a major handicap. The behavior is seldom appropriate to the given situation.

Person is completely dependent on activities of daily life - **Score 5**

**The minimum score that can be obtained is 40.**

**The maximum score that can be obtained is 200.**

Operational Definition of ISAA items

1. SOCIAL RELATIONSHIP AND RECIPROCITY

**1. Poor eye contact**

Individuals with Autism avoid looking people in the eye. They are unable to maintain eye contact as expected for a given age or required social norms. Eye contact may be unusual such as gazing for too long on one spot or looking sideways.

**2. Lack social smile**

Individuals with Autism do not smile when meeting people or in reciprocation. A smile that reflects social response and recognition cannot be elicited from such persons.

When a child enters see how he/she reacts to strangers. Whether smiles or not. How he responds to friendly overtures such as a smile or handshake.

**3. Remain aloof**

Individuals with Autism may remain aloof, self-absorbed, withdrawn and not responsive to people or environment. They seem to be preoccupied with their self and be away from the social world around. They hardly respond to or initiate contact with others. There is lack of age-appropriate pretend play.

**4. Do not reach out to other persons**

Individuals with Autism do not interact with other people and remain socially unresponsive. They do not initiate, seek or respond to social interactions. They may not respond to their name, and even if they do, it may not be appropriate.

Check if the child/individual takes any initiative to elicit a response or reaction from others. Does he respond to his name or not and how he reacts when to try to engage him in a social interaction.

**5. Inability to relate to people**

Individuals with Autism do not initiate contact with others and may not relate to people as expected of their age. Reminders are required to attune the individuals with autism to the presence of people and social situations.

**6. Inability to respond to social/environmental cues**

Individuals with Autism are not responsive to social and environmental demands or expectations. They show behavior which is not synchronous with the demands/requirements of the social environment.

Ask if the child behaves appropriately or not in keeping with what is expected in a given situation and also find out whether the child behaves appropriately when parents take him/her to visit friends or relatives, or behaves properly in a market.

**7. Engage in solitary and repetitive play activities**

Individuals with Autism play alone most of the time or prefer solitary activities. They avoid playing with others and may not engage in group oriented activities or tasks at all.

Ask if the child plays in a group with other children or he plays alone with some object or material repetitively.

**8. Inability to take turns in social interaction**

Individuals with Autism do not comprehend the significance of taking turns in reciprocal interactions with others. They do not wait until their turn comes or other's turn ends.

Check if the child can play with a ball by taking turns with someone or can he play bat and ball with someone, which requires turn taking and whether he waits for his turns when talking to others.

### **9. Do not maintain peer relationships**

Individuals with Autism do not develop age appropriate friendships. They may not engage in age appropriate peer interactions or maintain peer relationships as it is socially expected. Autistic persons appear to find it difficult to understand social rules and conform to social boundaries.

Ask if the child plays with children of his age, what he plays with them and how well he mixes with them or bonds with them.

## **II. EMOTIONAL RESPONSIVENESS**

### **10. Inappropriate emotional response**

Persons with Autism do not show the expected feeling in a social situation. They express inappropriate emotional responses like laughing when scolded or spanked and inappropriate degree of responses like excessive crying or laughing that is unwarranted. Emotional reactions are unrelated to the event or situation around the individual. They may show unpredictable shift in emotions, that is, they may become excited, agitated or distressed for no apparent reason.

### **11. Show exaggerated emotions**

Persons with Autism may show anxiety or fear which is excessive in nature and which may be triggered off without an apparent reason. At times, it may be exaggerated or atypical. The Autistic individual may show extreme fear of innocuous objects or events leading to uncontrolled behavior.

### **12. Engage in self-stimulating emotions**

Individuals with Autism may engage in self talk that is inappropriate for their age. The Autistic individual may smile to self without any apparent reason. Check if the child talks to self or laughs or smiles or whines for no apparent reason.

### **13. Lack of fear of danger**

Persons with Autism may not show fear of hazards or dangers which others of the same age would show or know.

### **14. Excited or agitated for no apparent reason**

Persons with Autism may show excitement, over activity or agitation that is both excessive and unwarranted. The Autistic child moves around with brisk energy and may be difficult to control.

## **III. SPEECH-LANGUAGE AND COMMUNICATION**

### **15. Acquired speech and lost it**

Speech development is not age-appropriate. The Autistic individual may have developed speech, but lost it subsequently. 50% of autistic may be mute.

### **16. Difficulty in using non-verbal language or gesture to communicate**

Persons with Autism find it difficult to express their needs non-verbally and may also have difficulty in understanding the non-verbal language of others, instead of gesturing or pointing, they may lead others to the desired object by dragging or pulling the latter's hand.

Arrange Cup, Doll, Car, Spoon and Key in a row and ask the child to point to one of the objects. Keep two or three objects at a time to check if the child can point to objects.

**17. Engage in stereotyped and repetitive use of language**

Persons with Autism may repeat a word, phrase or sentence out of context. They repeat the same statement many times.

**18. Engage in echolalia speech**

Persons with Autism may repeat or echo questions or statements made by other people. They may not understand that they have to answer the questions.

Observe if the child is repeating what you said either the whole or a part of what you said.

**19. Produce infantile squeals or unusual noises**

Persons with Autism may squeal, make bizarre, noises and produce unintelligible speech-like sounds. They may produce speech-like sounds that lack meaning.

**20. Unable to initiate or sustain conversation with others**

Persons with Autism may not be able to initiate or sustain conversation with others.

Check if the child can meaningfully respond to a series of questions or maintain a dialogue for adequate time.

**21. Use jargon or meaningless words**

Persons with Autism may use strange or meaningless words which convey no meaning.

**22. Use pronoun reversals**

Persons with Autism may show difficulty in the use of pronouns. They frequently reverse pronouns such as "I" for "You".

**23. Unable to grasp pragmatics of communication (real meaning)**

Persons with Autism have difficulty in understanding the true intent of speech of others. They may not understand the pragmatics of speech communication. For example, When somebody asks them "Can you tell the time?", they may say "Yes" and stop. Check if the person understands humour and sarcasm.

**IV. BEHAVIOUR PATTERNS****24. Engage in stereotyped and repetitive motor manners**

Persons with Autism may engage in self-stimulatory behavior in the form of flapping of hands or fingers, body rocking or using an object for this purpose.

**25. Show attachment to inanimate objects**

Individuals with Autism may be staunchly attached to certain inanimate objects which they insist on keeping with themselves such as string, rock, pen, stick, toy, bottle and the like.

Keep all the objects and check if the child shows attachment to inanimate objects. This can be seen if he likes to play with one object consistently and seems very much attached to it and shows resistance and temper tantrums when that object is taken away.

**26. Show hyperactivity/restlessness**

Individuals with Autism may be restless with boundless energy which makes it difficult for others to control them. The hyperactivity interferes with their learning and performance tasks.

**27. Exhibit aggressive behavior**

Persons with Autism may show unprovoked aggression and socially inappropriate behavior such as hitting, kicking and pinching.

**28. Throw temper tantrums**

Individuals with Autism may indulge in self-injurious behaviours like biting, hitting or mutilating self. Such individuals have to be constantly supervised to prevent injuring themselves.

**29. Engage in self-injurious behavior**

Persons with Autism may indulge in self-injurious behaviours like biting, hitting or mutilating self. Such individuals have to be constantly supervised to prevent them injuring themselves.

**30. Insist on sameness**

Persons with Autism may resist change in their routine and insist that things be the same as they were. Such individuals may insist on continuing the same activity and it would be very difficult to distract them from such repetitive activities. Any change in the schedule leads to frustration and temper tantrums. Thus, persons with autism show a degree of rigidity in their adherence to routine and accustomed ways.

Check if the child wants to sit at the same place, reads the same stories, prefers the same route, wants things to be kept in the same place and wants the same schedule of activities in a prescribed sequence always.

**V. SENSORY ASPECTS****31. Unusually sensitive to sensory stimuli**

Persons with Autism may react strongly to certain sounds, lights, touch or tastes by closing their ears, eyes or refusing to eat food of certain consistency. They may actively avoid certain sensory stimuli.

Ring the bell or any sound making object to see how the child reacts. Check if he is finding the sound aversive or distressing or if he closes his ears. This is for auditory stimuli. Check how the child reacts to your touch. Observe how the child reacts to bright illumination or darkness.

**32. Stare into space for long periods of time**

Persons with Autism may stare at some distant spot or space for long periods of time. They seem to be unaware of surroundings when thus occupied.

**33. Difficulty in tracking objects**

Persons with Autism may have difficulty in tracking objects or persons in motion. They are unable to follow or fix their gaze on moving objects or persons for the required period of time.

Throw the ball or rattle and see if the child tracks it or not. Veer a car and move it around or spin the top and check if the child is looking at it if it twirls and moves away or not.

**34. Has unusual vision**

Persons with Autism may be able to observe tiny details which may not be apparent to others. Such individuals focus their attention on some insignificant part of an object that is generally ignored by others.

Check if the child is looking at some miniscule part of the object or toy or watching from the corners of his eyes or brings objects very close to his eyes and stares.

**35. Insensitive to pain**

Persons with Autism may hardly react to pain. They seem not to be distressed or cry when hurt. They seem to have high thresholds for pain.

**36. Respond to objects unusually by smelling, touching or tasting**

Individuals with Autism may go around exploring their environment by smelling, touching or tasting objects. Some of them may not show appropriate use of objects or toys.

Keep all the objects and observe if the child is smelling, touching or tasting the objects or if he is using the objects appropriately.

#### **IV. COGNITIVE COMPONENT**

##### **37. Inconsistent attention and concentration**

It is difficult to arouse the attention of individuals with autism. They do not concentrate, and if they do, then it may not be on relevant aspects of the object or event. As a result of this, they may be inconsistent in their response.

Ask the child to put the pegs on the board and sort the pieces and put them in their right places on the sorting board or fill the bottle with the beads or string the beads in a twine. Check if the child can attend and concentrate on the task.

##### **38. Delayed response time**

Persons with Autism do not respond to instructions promptly or respond after considerable delay. Quick response to instructions is hardly even to be expected.

Show picture books blocks and ask the child to show some object in a picture book. Observe if the child is responding after a delay or with repeated instructions. Ask for the name of things or objects or its uses or differences between objects depending on the age of the child.

##### **39. Unusual memory**

Persons with Autism may show memory for things which most of the individuals would have long forgotten. Some of them have exceptional ability to remember things from the distant past. Check if the child recognized people he met long time back or remembers the routines taken or places visited or dates or time or locations or names of things to an extraordinary extent.

##### **40. Savant ability**

Persons with Autism may have special or unusual ability in some areas like reading early, mathematical feats or artistic talent. Some of them may show superior ability, but in a restricted field of interest.



Proforma

An ISO9001:2000 Institution  
Manovikas Nagar  
Secunderabad - 500009

Name of the child \_\_\_\_\_

-

Gender \_\_\_\_ Date \_\_\_\_\_

D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Examiner \_\_\_\_\_

## Direction:

Below are given 40 statements which are divided under six domains, Please tick (√) mark the appropriate rating for each item of the scale by observing the child and by interviewing the parents in order to assess Autism.

Items	Rarely Upto 20% Score 1	Sometimes 21-40% Score 2	Frequently 41-60% Score 3	Mostly 61-80% Score 4	Always 81-100 % Score 5
<b>I. SOCIAL RELATIONSHIP AND RECIPROCITY</b>					
1.	Has poor eye contact				
2.	Lacks social smile				
3.	Remains aloof				
4.	Does not reach out of others				
5.	Unable to relate to people				
6.	Unable to respond to social/environmental cues				
7.	Engages in solitary and repetitive play activities				
8.	Unable to take turns in social interaction				
9.	Does not maintain peer relationships				

<b>II. EMOTIONAL RESPONSIVENESS</b>						
10.	Shows inappropriate emotional response					
11.	Shows exaggerated emotions					
12.	Engages in self- stimulating emotions					
13.	Lacks fear of danger					
14.	Exited or agitated for no apparent reason					
<b>III. SPEECH – LANGIAGE AND COMMUNICATION</b>						
15.	Acquired speech and lost it					
16.	Has difficulty in using non verbal language or gestures to communicate					
17.	Engages in stereotyped and repetitive use of language					
18.	Engages in echolalia speech					
19.	Products infantile squeals/unusual noises					
20.	Unable to initiate or sustain conversation with others					
21.	Uses jargon or meaningless					
22.	Uses pronoun reversals					
23.	Unable to grasp the pragmatics or communication					
<b>IV. BEHAVIOURS PATTERNS</b>						
24.	Engages in stereotyped and repetitive motor mechanisms					
25.	Shows attachment to inanimate objects					
26.	Show hyperactivity / restlessness					
27.	Exhibits aggressive behavior					

28.	Throws temper tantrums					
29.	Engages in self – injurious					
30.	Insists on sameness					
<b>V. SENSORY ASPECTS</b>						
31.	Unusually sensitive to sensory stimuli					
32.	Stares into space for long period of time					
33.	Has difficulty in tracking objects					
34.	Has unusual vision					
35.	Insensitive to pain					
36.	Responds to objects/people unusually by smelling, touching or tasting					
<b>VI. COGNITIVE COMPONENT</b>						
37.	Inconsistent attention and concentration					
38.	Shows delay in responding					
39.	Has unusual memory of some kind					
40.	Has savant ability					