Understanding the Unique Characteristics of Individuals with ASD

CHILDREN with autism spectrum disorders (ASD) are truly unique and special people. ASD, which manifests in children’s minds as well as in their bodies, is unlike any other disability; it results in a combination of many disabling conditions, which is why it is such a complex disability. It is difficult initially to understand what ASD is and thus why children who have it behave as they do.

Autism spectrum disorders fall under the American Psychiatric Association (APA) umbrella of pervasive developmental disorder (PDD). This classification consists of the following disorders: autistic disorder (aka autism), pervasive developmental disorder—not otherwise specified (PDD-NOS), Asperger’s syndrome, Rett’s disorder, and childhood disintegrative disorder. Children who are diagnosed with a pervasive developmental disorder exhibit “severe and pervasive impairments in the developmental areas of reciprocal social interactions skills, communication skills, and/or the presence of stereotyped behavior, interests, and activities.”\(^1\)

The three most distinctive and most frequently occurring disabilities that fall under the PDD umbrella and on which this chapter focuses are autistic disorder (from here on referred to as autism), PDD-NOS, and Asperger’s syndrome. They are three different disorders with three sets of distinct diagnostic criteria, yet they have similar characteristics. They are all on the autism spectrum and they span a continuum on which all people with ASD fall. The characteristics of ASD are discussed fully in this chapter; the diagnostic criteria for these three specific disabilities are available in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV TR).\(^2\)

Each person who is diagnosed with a disorder within the autism spectrum does not necessarily behave or function like another person diagnosed with the same label, and he or she may in some cases appear to be more like a person with a different label on the spectrum. Using the diagnostic criteria within the DSM-IV TR involves determining the quality and quantity of the characteristics that a person currently displays. People who are diagnosed with autism typically display the largest number of characteristics and exhibit the most severe impairments compared to other
people diagnosed with other disorders on the spectrum. Those diagnosed with Asperger’s syndrome, for example, typically display the least number of characteristics and exhibit the least severe impairments compared to other people on the spectrum. Those diagnosed with PDD-NOS typically fall between autism and Asperger’s syndrome because they don’t display as many characteristics as someone with autism and yet they display more impairments than those with Asperger’s.

Continuum of Autism Spectrum Disorders

As has already been noted, there is a degree of overlap among the PDD disabilities. There are people who are on the border between two labels, and a person may receive one label from one diagnostic professional and another label from another professional. Regardless of the label a person is given on the spectrum of ASD, there are similarities among all of the disorders, and what distinguishes each disorder from the others is the degree to which specific characteristics appear in the person being diagnosed.

The disabilities on the autism spectrum not only share many characteristics among them but also share many characteristics with other disabilities. This fact may be confusing to families of children with ASD and to educators who work with students with ASD because the label *autism* does not appear to be specific enough as a descriptor of this disorder’s disabling conditions as might be true of, for example, the label *physical disability*. Instead, the label *autism* essentially denotes the appearance of several disabling conditions within one person, but to varying degrees within each person who receives the diagnosis. In other words, each person diagnosed with an autism spectrum disorder is unique and displays a combination of characteristics that no other person diagnosed with the same disability displays. People typically look for and want to be able to

Exhibit 1.1. Continuum of Autism Spectrum Disorders
grasp a simple definition of autism or Asperger’s syndrome, but they are confused when the simple definition they are given does not help them to understand the disability that a particular child or student displays.

It is therefore imperative to understand that ASD encompasses multiple disabling conditions or multiple disabilities (although this definition is not to be confused with the Individuals with Disabilities Education Act [IDEA] multiple disabilities label). Essentially, people with ASD exhibit to some degree or another characteristics of all the identified disabilities listed in the IDEA: emotional and behavioral disorder, attention deficit disorder, visual impairments, physical impairments, hearing impairments, learning impairments, developmental impairments, and others. For example, a person with ASD often experiences mood swings with many unexplainable and often erratic emotions. He may also engage in numerous inappropriate behaviors (such as noncompliance, aggressiveness, verbal outbursts, or destruction of property), as do children with emotional and behavioral disorders; but because this behavior is not the only disabling condition the student with ASD displays, he or she is not diagnosed with an emotional or behavioral disorder. Some people with ASD behave as if they are deaf and do not respond to sounds that occur next to them or to a person talking to them. Some are mute and use sign language or pictures to communicate. Most individuals with ASD also display many attention deficit characteristics; they are often distracted by sounds or moving objects, have difficulty sitting still, and cannot focus on a given task for any length of time. There are numerous examples of characteristics of IDEA-defined disabilities that would also apply to persons with ASD. Therefore, if a parent or an educator can come to see his or her child or student as possessing multiple disabling conditions that make up the whole of his or her autism, they may begin to grasp what autism, PDD-NOS, or Asperger’s syndrome means for a particular child or student.

One aspect of ASD that distinguishes it from all other disabilities and further supports the view that ASD encompasses multiple disabilities is that people with ASD display unbalanced patterns within the development of their skills. This imbalance in skill development has resulted in use of the term splinter skills. A child may have developed math skills that are several years beyond what is typical for children his or her age, yet the child may still not be able to use the bathroom on his or her own. The term savant has also been used to describe people who have a skill or talent in one area, (such as music, math, visual memory, and so on) that
surpasses even those who are considered masters in that area, yet they
cannot function age-appropriately within all other skill domains.

In order to address the uneven
development and multiple disabling
conditions that people with ASD display, it is necessary and beneficial to
take a closer look at the many possible characteristics of ASD. Looking
closely at the multifaceted characteristics of ASD enables parents and
educators to understand the developmental pattern and multiple
disabilities of a particular child or student. Only then are they able to identify the unique characteristics of that child or
student and establish a profile that explains that child’s disability.

Typically, a child suspected of having ASD undergoes a formal battery of
diagnostic tests and assessments. The results of these tests are then
provided and explained in reports to educators and parents in order to help
them understand their child’s or student’s disability. What is often missing
from such a report is a simple and comprehensive summary that includes
definitions and explanations of the child’s autism-like characteristics and
discusses how those characteristics result in that child’s particular skill
abilities and deficits.

The unique characteristics of ASD can be found in the following skill or
ability areas:

- Cognition
- Learning
- Social interaction
- Play
- Communication
- Adaptive behavior
- Behavior characteristics
- Motor skills
- Sensory sensitivities

These characteristics naturally affect each other yet remain distinctive
enough to be defined and explained separately. Each of the skill areas
consists of a body of abilities and deficits that characterize ASD in general.
Understanding the Unique Characteristics of Individuals with ASD

and that can then be used to describe the unique characteristics of a particular student with ASD.

To help parents and educators better understand the characteristics of ASD and then create a profile and appropriate plan of interventions for and placement of their own child or student, a brief but comprehensive overview of each of the nine skill areas is provided here.

Cognitive Abilities

Cognitive ability is one characteristic that distinguishes autism, PDD-NOS, and Asperger’s syndrome and holds a significant amount of weight in the diagnostic process. The cognitive abilities and deficits of children with ASD range from severe impairments to gifted abilities. Children who have been labeled autistic often display severe to moderate to average mental deficiencies while those with Asperger’s syndrome display average to gifted mental capacities. Those with PDD-NOS typically range from mild or moderate deficits to average cognitive abilities, overlapping on one end with autism and on the other with Asperger’s syndrome.

A recent review of the available literature identified three distinct cognitive characteristics that all individuals on the autism spectrum struggle with: metarepresentation, abstract reasoning, and joint attention. Metarepresentation is the “capacity to represent the mental states of others.” This means that children with ASD struggle with perspective taking (that is, with understanding the thoughts, feelings, and beliefs of others) and with theory-of-mind abilities (that is, with recognizing and interpreting sarcasm, irony, idioms, or pretenses). Abstract reasoning is the “capacity for generating mental representations, thereby permitting the development of novel thoughts and behaviors, hypothetical thinking, and flexible interaction with others in the environment.” It enables a child to make meaning out of events and to organize parts into a whole. Children with ASD typically focus on the parts of an event or task or object and fail to see the big picture or to synthesize the different aspects into a whole event. Joint attention, a nonverbal communication skill, is the “capacity to share attention between other individuals and objects.” Joint attention is the ability to maintain an ongoing conversation while simultaneously referring to an object, talking about it, and looking at it, while also noting that the other person in the conversation is also looking at and thinking about that object. Children with ASD are typically unable to share their attention with more than one thing or person. Joint attention has
been found to be a strong predictor of language development in children with ASD.10

Although children with Asperger’s syndrome have average to above average cognitive abilities, they often display uneven abilities on formal IQ assessments. They may perform well on item recall, definition of words, factual information, and block design, but perform poorly on comprehension, picture arrangement, problem solving, and coding.11 Performance scores on other tests administered to children with Asperger’s syndrome have demonstrated low abilities in understanding social situations, possessing common sense, interpreting interpersonal situations, and displaying good social judgment.12

Thus, the range of cognitive abilities and disabilities of children with ASD extends from severe impairment to giftedness. Many cognitive tests are available for professionals to use to test people with ASD, but cognitive assessment of these students continues to be very difficult. Some tests can be used with children who are nonverbal; the reliability of these tests, however, is often questionable, and until someone can verbally communicate knowledge and reasoning, a true picture of his or her cognitive skills remains elusive. Even when children with ASD do use verbal communication, testing can still be difficult due to their social and behavior deficits. Many children with ASD who are able to complete cognitive assessments may also reveal learning disabilities (such as reading comprehension or auditory processing disabilities) that affect their performance in school.

Learning Abilities

The learning abilities and disabilities of children with ASD are directly related to their cognitive abilities and deficits; therefore children with autism typically have significantly more learning difficulties than children with Asperger’s syndrome. Many types of learning difficulties span the ASD continuum; the differences between the specific disorders lie in the degree to which a child’s learning is affected. Children with autism struggle significantly with motivation, overselective responding (attending to only a few features or cues within their environment), and generalization (applying knowledge gained about one object or item to other environments and stimuli).13 They may learn a task using certain materials in one environment but not be able to perform the task with different materials.
in another environment. Many of these children appear withdrawn and preoccupied and therefore unmotivated to participate in general activities and educational tasks or to explore their environment. It is also not uncommon to find children with autism overgeneralizing (applying one learned concept to all items in that category, for example, all food becomes apple because that was the first food label learned). When a child uses the same label for many different objects or activities (for instance, when he calls all animals dog because the first animal he learned to identify was a dog, the child is not appropriately attending to or discriminating between different stimuli. Children with autism also do not learn at the same rate as typical children do and often show uneven progress in their academic skill development. If a child also has mental deficiencies, he or she will eventually reach plateaus in the learning of various concepts and tasks.

Many children with autism, PDD-NOS, and Asperger’s syndrome perform well on spatial, perceptual, and matching tasks, but auditory processing and abstract reasoning may be quite difficult. They also perform better when picture cues and symbols are added to their learning environment. Some children with ASD have said they think in pictures and not with words, and they have excellent memory and recall skills related to visual processing.

Children with Asperger’s syndrome exhibit learning difficulties in the areas of comprehension, imagination, problem solving, arithmetic calculations, organization, lapse of time, critical thinking, and attention to relevant stimuli (items, activities, or instructions) while often also demonstrating average to above average abilities in rote memory, concrete thinking, oral expression, decoding and reading, and using computers.

It is also important to mention that the motor difficulties that all children with ASD experience affect significantly their ability to express and apply any information they have learned. In summary, all children with ASD experience learning difficulties in many of the same areas (abstract reasoning, auditory processing, and comprehension), but it is the severity of their learning difficulties that greatly affects the type of educational interventions they need, as well as the location in which they need to be educated.
Social Interaction Skills

The social behavior of children with ASD is typically the deficit that people notice most often, it is the skill that parents are most concerned about in their child, and it is the most difficult skill for educators and parents to teach. Social interaction skills are the skills that children with ASD most often lack and that are the most difficult for them to gain.\(^{19}\)

Contrary to popular belief, many children with ASD do not necessarily lack the desire to interact with their peers and family members; rather, they lack the ability to interact with others appropriately. Because they are often unable to employ the cognitive skills of joint attention or perspective taking, they are unable to notice and understand, as well as provide, nonverbal social cues. Nonverbal social cues include facial expressions and body language, as well as tone of voice, prosody, and pauses within conversations. These are foundational social skills that people need to use and to understand as others use them.

Individuals with autism may appear completely isolated or aloof and not appear to show any interest in other children. Sometimes the only time a child with autism interacts with someone is to use that person physically as a tool to obtain something he or she wants. On the other side of the continuum, children with Asperger’s syndrome may be highly interactive yet peculiar in their social behavior. They may interact with individuals frequently, but only to talk about subjects in which they are particularly interested, and they may completely dominate the conversation, not realizing that the other person lost interest a long time ago. Individuals with Asperger’s syndrome may often upset another person with something they say or they may misunderstand things that people say to them. Words often used to describe these children are *stiff, inflexible, self-centered,* and *awkward* because such children do not use and understand nonverbal cues.\(^{20}\)

Many children with Asperger’s syndrome are painfully aware of their social ineptness but lack the ability to recognize their particular social deficits.
children with Asperger’s syndrome are painfully aware of their social ineptness but lack the ability to recognize their particular social deficits.

Overall, children with ASD display a broad range of social skill abilities. On one end of the continuum they may appear to have completely isolated themselves and to have attempted, at all costs, to remove themselves from the presence of all other children. In the middle of the continuum they may be totally passive, not caring if other children are around them or if they are touched, and they may initiate interaction only when they want something. On the far end of the continuum they may continually attempt to initiate interaction with others but do so inappropriately and without regard for the other person’s feelings.

**Play Skills**

The play skills that children with ASD do or do not possess stem directly from the types and amount of social skills they possess. Children who have socially isolated themselves from others typically do not initiate play or share toys with their peers. Children with autism often perform perseverative (repetitive and unending) actions with certain objects. The objects that these children enjoy “playing” with may not be toys at all, and typically they do not use the object (such as a stick, plunger, fork, or string) in the way in which it was designed to be used. These children typically lack the skills to engage in symbolic as well as spontaneous, functional play.\(^{21}\) It is not unusual to see these children become upset if someone else has “their” object or toy, and to see them exhibit aggressive behaviors in order to get the object back. Some children with autism or PDD-NOS exhibit parallel play behaviors in which they may tolerate children playing nearby but not interact with or show interest in them or their toys. Some may also be quite passive; if another child attempts to take their toy away they may show no reaction.

Many children with Asperger’s syndrome typically play with toys but they often limit their interest to specific toys or games and can become obsessed with playing with them and with all the rules and aspects of play. Children with Asperger’s syndrome typically are quite interactive in their play with others, but they can appear to be self-centered—dictating the actions of the other children or continually reciting the rules and pointing out the supposed wrongdoing of their peers. Sometimes these children do not pick up on the nonverbal and subtle verbal cues of their peers during games and may continually be confused or demonstrate exaggerated emotions about certain events.\(^{22}\) Many people with Asperger’s syndrome also display an extreme need to be first or to win or do something perfectly (or not at all), which often results in their peers not wanting to play with them.\(^{23}\)
Play skills thus cover a wide continuum on which children with ASD may perseverate on certain objects and actions during isolated play, parallel play next to their peers while not caring which toys they play with, or continually initiate play interaction but only on their own rule-bound terms.

Communication Skills

“Troubles within the domains of communication and language are so prevalent in children with autism that they have been used as the central descriptors of the syndrome.” Lack of communication and language skills is so pervasive in ASD that it significantly affects all of the person’s skills in other areas. Children on the spectrum of autism disorders display a significant range of abilities and disabilities, from completely nonverbal to excessively verbal.

A review of the literature identifies the following three categories of communication and language characteristics of children with autism:

1. Nonverbal communication
2. Verbal delays
3. Echolalic speech

The nonverbal communication of children with autism has been described as “intentional nonsymbolic communication,” which means they typically use few isolated and nonsophisticated gestures (such as reaching into the air for something but not pointing to a specific object) and they exhibit aggressive and self-injurious behaviors. Children with autism who display verbal delays—that is, do not use sentences that are typical and appropriate for their age—use some speech, but they often exhibit significant developmental delays in phonology, syntax, and semantics as well. The language of these children differs from the language of typical children both quantitatively—that is, in how many words they use—and qualitatively—that is, in how well they use language to communicate. Many verbal children with autism also exhibit echolalic speech; that is, they repeat vocal expressions they have heard in the near
echolalia) or distant past (delayed echolalia); this behavior is also sometimes referred to as scripting. Overall, the communication deficits displayed by children with autism affect their ability to function and to behave appropriately within both their home and their school environment.

Many children with PDD-NOS display several of the same communication and language characteristics as children with autism, but they are often more verbal and use more functional, albeit repetitive, communication. Children with Asperger’s syndrome and some children with PDD-NOS do not demonstrate any developmental communication and language delays (a crucial component of diagnosis for Asperger’s) but instead display abnormal expressive and receptive communication skills, including the following:

- Inability to use appropriate conversation speech and skills (pragmatics)
- Literal interpretation of comments
- Inappropriate use of prosody (speech modifiers)
- Inappropriate use of pedantic speech (formal or precise speech)
- Idiosyncratic use of words (creative or original words)
- Excessive vocalization of thoughts
- Inability to discriminate auditorally between noises and voices
- Excessive speech or selective mutism (talking rarely and only to specific people or in specific environments)

In summary, children with autism find it difficult or impossible to communicate their needs and desires effectively, and children with Asperger’s syndrome and high-functioning children with PDD-NOS particularly display communication deficits in the context of social communication.

**Adaptive Behavior Skills**

One of the skill areas in which children with ASD display uneven development compared to their development in other areas is adaptive behavior skills, that is, self-care or self-help skills, including the following:

- Toileting
- Sleeping
- Eating
- Bathing
- Dressing
Development of these skills ultimately leads to children’s acquisition of a repertoire of independent living skills and to success with social interaction skills. Not surprisingly, those children who are most severely affected with autism exhibit the least amount of adaptive behavior skills. What is surprising is that many children in the range of disabilities from PDD-NOS to Asperger’s syndrome who are considered to be higher functioning often also display low levels of adaptive behavior skills.

Children across the spectrum who have difficulty with self-care skills may

- Display significant delays in acquiring toileting skills (urination and bowel movements)
- Have significant sleep difficulties
- Have trouble feeding themselves
- Be interest in eating only a limited variety of foods
- Lack understanding regarding personal hygiene
- Have no interest in or show extreme aversion to washing themselves
- Exhibit delays in development of motor skills
- Have difficulty getting dressed
- Lack interest in fashion or appearance

**Behavior Characteristics**

The behavior problems exhibited by children with ASD are “among the most challenging and stressful issues faced by schools and parents in their efforts to provide appropriate education programs.” The problem behaviors that many children with autism and PDD-NOS display are significant barriers to effective social interactions as well as to educational placement and development. The range of these behaviors includes the following:

- Aggression toward others
- Self-injury
- Hyperactivity or underactivity (overstimulation and understimulation)
- Lack of compliance with instructions and ongoing routines and activities
• Destruction of property
• Disruption of classroom or family routines
• Obsession with specific objects, activities, or routines
• Excessive display of emotions (such as crying, laughing, and tantrums)
• Repetitive and self-stimulatory movements
• Inattention

The frequency and intensity of these behaviors typically coincide with the severity of the person’s cognitive deficits and the degree of development of their functional communication abilities. Many high-functioning children with autism, including those with PDD-NOS, may exhibit a few problem behaviors, but not to the degree of those whose cognitive deficits are more severe.

Children with Asperger’s syndrome typically do not exhibit severe behavior problems and are able to function to a high degree within a typical educational environment. The problems that these children often do experience involve feelings of stress, fatigue, loss of control, anxiety, and depression, resulting in social misconduct, obsessive and single-minded pursuit of particular interests, and defensive panic reactions to seemingly benign events. Overall, these behavior problems are connected with these children’s inability to predict the outcomes of their own and others actions.

Thus, the variety of behavioral characteristics displayed by individuals on the spectrum of autism disorders includes noncompliance, disruptiveness, destructiveness, aggressiveness, self-stimulatory and stereotypical behaviors, and talkativeness (asking questions and telling people how to do things, for example), excessive fidgeting, and self-injurious behaviors.

**Motor Skills**

One of the more mystifying characteristics of children with ASD is their motor and physical challenges, that is, their difficulties with both gross and fine motor skills. Due to the severity of the manifestations of disability in children with autism, little is known about their motor skills other than what can be observed. Many children with autism display uneven motor development, with significant delays in some skill areas and considerable advancement in others. For example, they may exhibit advanced fine motor skills in using their fingers (such as in picking up small objects.
or drawing), yet may not be able to catch a large ball or walk with a typical gait. Some children with autism may either lie on the ground or stand at a table as though they lack the muscle strength to sit and hold their upper body in an upright position.

There is much more knowledge about the motor difficulties of children with Asperger’s syndrome. The words used most commonly to describe the motor coordination of such children are clumsy and awkward. The areas in which these children experience motor coordination difficulties include the following:

- Locomotion (walking and running)
- Ball skills (catching and throwing)
- Balance
- Manual dexterity (coordinating the use of both hands for one action)
- Handwriting
- Speed of movement (rapid and impulsive versus slow and smooth)
- Rhythm (synchronizing movements)
- Imitation of movement (posture, gestures, body language)
- Executive functions (planning actions and carrying out planned actions)

Motor difficulties in these areas affect the ability and opportunities of children with Asperger’s syndrome to engage in sports, acquire typical leisure skills, perform simple motor actions, engage in fluid conversations, and communicate effectively through writing.

Because the development of motor skills in children with ASD is uneven, these children may display a wide range of skills that do not necessarily appear to correlate with their cognitive abilities. For example, even though they may not be able to perform the simple action of stacking blocks, they may be able to put together a thousand-piece puzzle without assistance; even though they may be unable to coordinate their movements in order to dress themselves, they may be able to operate a joystick and keypad at the same time while playing a complicated computer game.

**Sensory Sensitivities**

One distinctive characteristic of all children with ASD that many educators and parents attempt, often unsuccessfully, to understand is their sensitivity and abnormal reactions to various stimuli within their environment. This particular continuum of sensitivities—from hypersensitive to
hyposensitive—does not correlate with the severity of the overall disabling condition, but it does indicate the degree to which a child with ASD is sensitive to his or her environment.

It is not uncommon for a particular child with ASD to be hypersensitive to some stimuli and hyposensitive to other stimuli. In the typical environment, individuals with ASD are sensitive to visual stimuli (sight), auditory stimuli (sound), olfactory stimuli (smell), tactile stimuli (touch), and taste as well as to texture, pain, temperature, proprioception (body position), and the vestibular sense (movement). Visual stimuli include colors, brightness of light, and distorted perceptions. Auditory stimuli include pitch, volume, consistency of particular sounds, and sudden noises. Olfactory stimuli include the intensity or pungency of particular smells. Tactile stimuli include the texture of items touched, the amount of pressure applied to the body, and the location of touch on the body. The stimuli of food taste and texture include the types and intensities of tastes as well as the feel of the food while it is in the mouth. Many people with ASD are not sensitive to pain or temperature and may not react to typical sources of pain or to the temperature of their environment.

Properception stimuli are internal messages sent from a person’s muscles, joints, tendons, and ligaments that tell the body what position it is in and where it is in space. Vestibular stimuli are generated from the inner ear as it responds to movements and to positions of the body, indicating whether it is up or down, balanced or unbalanced, fast or slow, and so on. Both of these systems can result in great variations in how students with ASD interact physically and socially with others during play activities, as well as in their ability to sit, stand, or participate in physical activity for any length of time.

Many of these stimuli (and sometimes combinations of them) cause overstimulation and hypersensitivity in some children with ASD; other children may not even register these stimuli, resulting in understimulation and hyposensitivity. Children who experience hypersensitivity often exhibit many problem behaviors, such as screaming, tantrums, and crying, in reaction to the stimuli, while those who experience hyposensitivity may not react to dangerous situations or experience pain and therefore may become seriously injured.
Summary

When assessing a child’s abilities and planning his or her individualized educational intervention, professionals and parents must consider, measure, and plan according to the child’s ability and disability levels within the nine skill areas: cognition, learning, social interaction, play, communication, adaptive behavior, behavior characteristics, motor skills, and sensory sensitivities. In order to plan and execute an appropriate IEP for a particular child or student with ASD, it is important that educators and parents gain a clear understanding of the many complex characteristics of ASD through studying the spectrum of skill areas and their corresponding ranges of ability and disability. Subsequently they must generate and explain a comprehensive profile of the particular child or student with ASD. The informal method presented in this book of creating a profile that summarizes the child’s abilities and deficits is unique to working with children with ASD. The profile must incorporate information on the child from all available sources (including assessment, observation data, and verbal reports).

Form 1.1, ASD Characteristics: Student Profile, can be used by educators and parents to create a comprehensive yet concise description that summarizes a particular student’s skills and deficits across the skill areas. This tool is especially useful when an IEP team is planning to include the student in a general education environment. How to use the information contained in the profile in the inclusion program planning process is explained further in Chapter Four.
<table>
<thead>
<tr>
<th>Cognitive Abilities</th>
<th>Learning Abilities</th>
<th>Social Interaction Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths:</strong></td>
<td><strong>Strengths:</strong></td>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Difficulties:</strong></td>
<td><strong>Difficulties:</strong></td>
<td><strong>Difficulties:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Play Skills</strong></td>
<td><strong>Communication Skills</strong></td>
<td><strong>Adaptive Behavior Skills</strong></td>
</tr>
<tr>
<td><strong>Strengths:</strong></td>
<td><strong>Strengths:</strong></td>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Difficulties:</strong></td>
<td><strong>Difficulties:</strong></td>
<td><strong>Difficulties:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued)
### Form 1.1. ASD Characteristics: Student Profile (Continued)

<table>
<thead>
<tr>
<th>Behavior Characteristics</th>
<th>Motor Skills</th>
<th>Sensory Sensitivities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td>Strengths:</td>
<td>Strengths:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulties:</td>
<td>Difficulties:</td>
<td>Difficulties:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Copyright © 2009 John Wiley & Sons, Inc.