There is no doubt that early diagnosis and programming can lead to best outcomes for children either diagnosed or suspected of being on the autism spectrum. Often times, physicians are the first to hear parent’s concerns about their child’s developmental challenges. As such, physicians play a critical role in the family’s journey.

If this is an initial evaluation/screening for a child under the age of 3, the primary source of information will be the family. If the child is over the age of 3 and has been evaluated by the school district, then it will be helpful to ask the family to bring some critical pieces of information to their appointment. This information may include: an updated psychological report, documentation that shows under what disability eligibility category the child qualifies for special education services, a list of strengths and challenges for the child and information from teachers. If the child is receiving special education services, it would also be helpful to see the IEP (Individualized Education Program). This will provide insight into current services, present levels of performance, and goals for the child. Prior to the visit, it may be helpful to send parents a letter suggesting that a release is signed to allow information to be shared between school and the medical provider. It may also be helpful to list the documentation parents should bring.

Once a diagnosis of an autism spectrum disorder is given to a child, families begin to ask questions about treatments and programming options. Prior to the age of 3, service delivery options include private therapies and First Steps programming. Once the child reaches the age of 3, public school services kick into gear. Parents may also opt to pursue private therapies and services, such as ABA. In order to best guide parents on their journey with public education, here are some aspects of educational programming that are important to understand.

Educational Eligibility versus Medical Necessity. For families who wish to pursue treatment options (e.g., speech therapy, occupational therapy, applied behavior analysis) that may be covered by insurance, a medical diagnosis may be necessary. Parents will ask to have a prescription written as documentation to show medical necessity and to justify insurance coverage for therapy. However, if the child will be in an educational program, there still has to be an evaluation completed by the school to determine educational need and eligibility. The medical diagnosis done by a physician may provide some insight during this process. However, schools require their own evaluation process according to law and educational eligibility does not rely on a medical diagnosis.
Educational Programming versus Therapeutic Services. Therapeutic programs (including ABA and others) for young child on the autism spectrum use specific guidelines and checklists to identify desired outcomes. In schools, educational goals are based on state standards and on goals determined through the development of the Individual Education Program (IEP). As such therapeutic (ABA) programs may have a different focus for your patient than schools.

How are decisions made? In medical settings, physicians provide recommendations via prescriptions and through medical documentation. In an educational setting, programming is negotiated through a case conference process and the development of an Individualized Education Program (IEP). The child’s entire team is invited to the case conference meeting. Team members can include general and special educators, speech therapists, occupational therapists, physical therapist, administrators, and family members. Educational decisions are made within the context of this meeting. While prescriptions made by physicians may be examined, final decisions about goals, staffing, and therapies have to be negotiated during the team meeting and be related to the educational need of the student.

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