Student Interview
Things to Consider

Language and Communication:
- pragmatic language
- joint attention
- intonation and inflection
- preferred topics/areas of interest
- conversational interaction (quantity and quality)
- conversational interaction (clarity and relevance)
- reciprocity
- use of abstract language
- jokes/sarcasm/idioms

Social Interactions and Emotional Responses
- eye contact
- facial expressions
- perception of self in relation to others
- emotional range
- anxiety level
- response to feelings

Repetitive Behaviours/Sensory Features:
- quality of body movements
- unusual body movements or mannerisms
- response to clothing
- response to sounds
- response to manipulative materials

Other:
- Friendships
- Family relations
- School
- Interests
- Feelings
- Goals

Adapted from Ruth Aspy and Barry Grossman, The Ziggurat Group.
Parent Interview
Things to Consider

General/Introduction:
- perception of child’s strengths and weaknesses
- fears about the assessment process as well as fears/hopes about the child’s future
- what they think the child’s symptoms signify
- support network and resources

Developmental History:
- birth history
- medical history (medications, diagnoses, sensory issues, hearing/vision, GI issues)
- family history (genetic predisposition)
- milestones (language, social, motor, emotional, regression/interruption)
- adaptive skills
- history of interventions
- significant events

Adapted from Ruth Aspy and Barry Grossman, The Ziggurat Group.
Teacher Interview
Things to Consider

- perception of child’s strengths and weaknesses
- what they think the child’s symptoms signify
- what are the behaviours in the classroom
  - temper tantrums
  - self injurious behaviours
  - response to sensory stimuli
- what are the child’s academic skills
- what are the child’s social skills
  - do they have friends
  - what do they do on the playground/schoolyard
  - how do they integrate into group tasks
  - where do they eat lunch
  - what do they do at recess
  - do they demonstrate unusual fears, affection
  - do they like to spend time with others
- what are the child’s communication skills
  - are they able to read nonverbal cues
    - facial expression
    - gestures
    - body language
  - would they know if someone is interested in what they’re saying
  - are there signs of echolalia
  - do they respond to simple commands
  - how do they let you know what they want
  - do they get jokes, idioms, sarcasm, metaphors
FACTORS INCOMPATIBLE WITH AS

- neurotypical interpersonal relationships with same age peers
- extensive knowledge of special interest topic, but lacking other AS type characteristics
- sense of comfort with abstract ideas and unstructured situations
- motor mannerisms typically under conscious control
- odd motor mannerisms are associated with stress or excess energy
- lack of motor clumsiness
- insight into emotions of others and interpersonal situations
- emotion is typically appropriate to topic or content
- able of displaying empathy and sympathy across situations
- typical speech patterns and sense of humour
- understands and uses humour relating to social issues rather than one-sided humour, slapstick, word play, or memorized one-liners
- awareness of self, and recognizes impact of own behaviour on others
- aware of how others perceive him/her
- tolerates quick changes in routine
- understands meaning of metaphors, idioms and slang phrases

(Webb, J. T., et al., 2005, Misdiagnosis and Dual Diagnosis of Gifted Children and Adults, p. 104)

These would not preclude a diagnosis of AS necessarily. However, they are red flags that would make the diagnostician think of other explanations for the behaviours.
Christopher Gillberg’s Criteria for Asperger Syndrome

Severe impairment in reciprocal social interaction (at least two of the following):
   a) inability to interact with peers
   b) lack of desire to interact with peers
   c) lack of appreciation of social cues
   d) socially and emotionally inappropriate behaviour

All-absorbing narrow interest (at least one of the following):
   a) exclusion of other activities
   b) repetitive adherence
   c) more rote than meaning

Imposition of routines and interests (at least one of the following):
   a) on self, in aspects of life
   b) on others

Speech and language problems (at least three of the following):
   a) delayed development
   b) superficially perfect expressive language
   c) formal, pedantic language
   d) odd prosody, peculiar voice characteristics
   e) impairment of comprehension including misinterpretations of literal/implied meanings

Non-verbal communication problems (at least one of the following):
   a) limited use of gestures
   b) clumsy/gauche body language
   c) limited facial expression
   d) inappropriate expression
   e) peculiar, stiff gaze

Motor clumsiness: poor performance on neurodevelopmental examination

All six criteria must be met for confirmation of diagnosis.
DIAGNOSTIC CRITERIA FOR ASPERGER’S DISORDER
(Szatmari, et al., 1989)

A. Solitary, as manifested by at least two of the following four:
   1. No close friends
   2. Avoids others
   3. No interest in making friends
   4. A loner

B. Impaired social interaction, as manifested by at least one of the following five:
   1. Approaches others only to have own needs met
   2. A clumsy social approach
   3. One-sided responses to peers
   4. Difficulty sensing feelings of others
   5. Detached from feelings of others

C. Impaired non-verbal communication, as manifested by at least one of the following seven:
   1. Limited facial expression
   2. Unable to read emotion from facial expressions of child
   3. Unable to give messages with eyes
   4. Does not look at others
   5. Does not use hands to express oneself
   6. Gestures are large and clumsy
   7. Comes too close to others

D. Odd speech, as manifested by at least two of the following six:
   1. Abnormalities in inflection
   2. Talks too much
   3. Talks too little
   4. Lack of cohesion to conversation
   5. Idiosyncratic use of words
   6. Repetitive patterns of speech

E. Does not meet criteria for Autistic Disorder
This is Sally.

Sally has a basket.

Sally has a marble. She puts the marble into her basket.

Sally goes out for a walk.

Anne takes the marble out of the basket and puts it into the box.

Now Sally comes back.

She wants to play with her marble.

Where will Sally look for her marble?

Baron-Cohen, Leslie, & Frith (1985)