



Black*-African American ASD Identification

Research Expansion Project

Comprehensive Report

Year 1

Florida Developmental Disabilities Council, Inc.
Florida Atlantic University Center for Autism and Related Disabilities

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I. FDDC Researcher Team

Jack Scott, Ph.D., BCBA-D, Primary Investigator

Jack Scott is the Executive Director of the FAU CARD center. He is an associate professor in the Department of Exceptional Student Education. He teaches courses on autism, inclusion, and behavior analysis. Dr. Scott received his doctoral degree from the University of Florida. He has written a textbook on autism, *Students with Autism: Characteristics and Instructional Programming*, (2000) a number of chapters and articles on autism and individualized instruction. His most recent book, *Safeguarding Your Child with Autism*, is published by Woodbine. Dr. Scott has research interests in safety for children and youth on the spectrum. As a behavior analyst, he is active in linking behavioral analysts with emerging issues in safety and autism. In addition, he serves on the boards of several charter schools and on the board of The Autism Channel. He is a board member of the Autism Society of America and serves as chair of the Autism Society Panel of Professional Advisors.

Torica Exume, Ph.D., Program Coordinator

Torica Exume received her doctorate from The Chicago School of Professional Psychology and completed her internships/residencies with children and adults ranging from 1 to 60 years old with various mental health disorders and brain injuries. She now coordinates the new Florida Developmental Disabilities Grant awarded to FAU CARD to research the under-representation of Black* children with autism. Dr. Exume is an advocate for parents needing guidance and support for treatment for their special needs children. She continues to reach out to the community with various programs, e.g., parent training, school staff training, social skills group, mentoring and behavior analytic research findings through pending journal articles. Dr. Exume continues to strive to make improvements in the lives of autistic children. With extensive theoretical and hands-on training, she specializes in communication, social interaction, analysis and treatment of repetitive behavior disorders, safety skills, and more.

Rosemrytle Jean, M.S. Recruitment Research Assistant

Gabriela Nunes, B.A., Research Assistant

Gabriela Maluf Nunes provides support to the FAU CARD FDDC research grant, assisting the research team in meeting grant deliverables. She came to the U.S after finishing high school in Sao Paulo, Brazil. She earned a bachelor's degree in Psychology with a minor in Criminal Justice from Florida Atlantic University, and she is currently working towards her master's degree in Rehabilitation and Mental Health Counseling at FAU. She worked at FAU Student Accessibility Service as a student assistant prior to working with Dr. Scott as an undergraduate

assistant for CARD. After gaining some knowledge about autism, she decided to engage more in the field and became a Registered Behavior Technician. She is looking forward to helping children with ASD and making a difference in their lives.

Robin Jones, M.Ed., FAU CARD Outreach Specialist

Robin earned a bachelor's degree from the University of Miami in Psychology, a Master of Science from Nova Southeastern University in Exceptional Student Education, and a Master of Education from Lynn University in Educational Leadership. Robin has served as a Law Enforcement Officer for the Florida Department of Corrections and the Broward Sheriff's Office. She retired from law enforcement to serve the special education communities in Miami Dade County Public Schools, Broward County Schools, and Palm Beach County Schools. She has been a classroom teacher of severe to mild disabilities and emotional behavioral disorders. Robin has also served as a school administrator in public, private, and charter schools. She has assisted with and opened several organizations within Broward and Palm Beach Counties which serve the autism community. Robin maintains licensure in Exceptional Student Education (K-12). She is a member of the National Association of Special Education Teachers and a member of the Black Chamber of Commerce of Palm Beach County.

Maryellen Quinn-Lunny, Ph.D., FAU CARD Director

Maryellen Quinn-Lunny has a Bachelor of Science in Elementary Education, a master's degree in Moderate Special Needs, and an Educational Specialist Degree in Learning Disabilities with post specialist courses in Educational Leadership. Maryellen has worked as a special educator in Massachusetts, overseas, and for both Palm Beach County and Martin County school districts. She has worked in the field of special education for 34 years, as an exceptional student education teacher at the elementary, middle, and high school levels and, for the past 25 years, as an administrator in special education. Maryellen has served as an Exceptional Student Education Program Planner, Exceptional Student Educator Coordinator, and Director of Exceptional Student Education. She has taught several courses in special education at the university level and has served on two state advisory committees. Maryellen has been with FAU CARD since October 2011. Prior to joining FAU CARD, Maryellen served as the Executive Director of Exceptional Student Education/Student Services for the Martin County School District. In her capacity as Executive Director, Maryellen was directly responsible for and supervised the research, development, and implementation of programming for students with autism spectrum disorders. Under Maryellen's 17 years of leadership, Martin County School District's Exceptional Student Education Department was well recognized for its excellent research and evidenced-based programming for students with disabilities.

Shantigra Williams, MSPC, UM-NSU Card and Consultant for Broward County

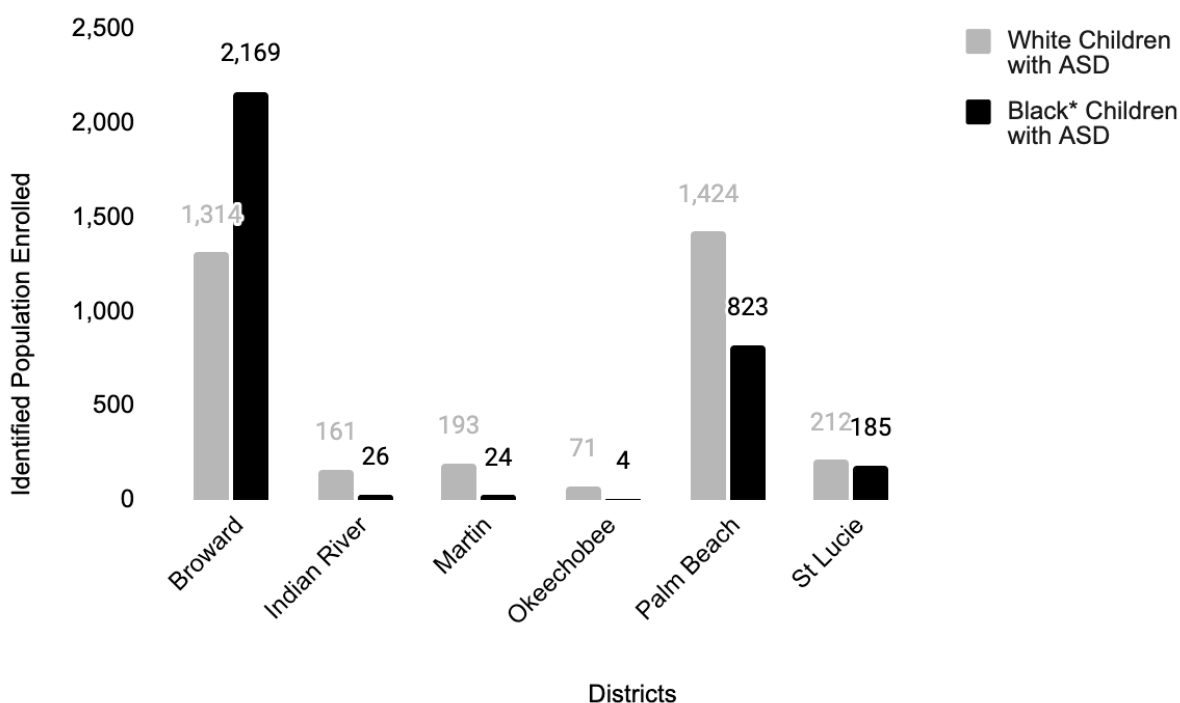
Ms. Williams graduated with her Bachelor of Science in Psychology from Grand Canyon University in 2016 and is a Certified Professional Crisis Management Instructor through PCMA. She is currently pursuing her master's degree in Professional Counseling at Grand Canyon University with an emphasis on children and adolescents with developmental disorders. Ms. Williams has been working with individuals with autism for over three years and is currently working in the CARD Broward office as a Clinical Support Administrator and facilitates teen time social opportunity groups for high school and middle school students.

Jamie Mayersohn, J.D., FDDC Director, Program and Contracts

II. Overview of Study

Purpose of Study: The intent of this study was to better understand how Black* children become identified for autism spectrum disorder. The information learned through this study assisted FAU CARD staff in supporting parents, in obtaining accurate and expeditious identification, as well as in the development of parent, educator, and health care provider training to facilitate the identification process. The objective was to understand how Black* children are identified with autism spectrum disorder by conducting a minimum of four focus groups, one-to-one interviews via Zoom, and online surveys with parents of Black* children identified with autism spectrum disorder, exceptional student education and early intervention staff, school psychologists, health care providers, and faith-based representatives in Palm Beach County, Broward County, and the Treasure Coast.

Current reporting by Florida Department of Education (FDOE, 2020) of White and Black* Children with ASD Representation in Schools by District



Background and Rationale: FAU Center for Autism and Related Disabilities (CARD) is a state discretionary grant funded by the Florida legislature and awarded by the Florida Department of

Education to FAU. CARD serves over 6100 individuals with autism spectrum disorder (ASD) or related disabilities and their families residing in Palm Beach County and the Treasure Coast. Through review and analysis of its registration data, FAU CARD identified an under-representation of Black* children and adults with autism registered with the agency. Criteria for registering with FAU CARD requires identification of ASD or a related disability through either ASD program eligibility based on State Board Rule or diagnosis by a health care or clinical provider. This research study was an attempt by FAU CARD staff to understand how Black* children become identified for ASD and why there is an under-representation of Black* children with autism. FAU CARD staff conducted a series of focus groups, interviews, and surveys. They recruited parents of Black* children with ASD, exceptional student education and early intervention staff, school psychologists, health care providers, and faith-based representatives to participate in one of four focus groups, one-on-one interviews, and online surveys. The exploration of the beliefs, attitudes, and experiences of parents of Black* children through the ASD identification process will contribute to the body of knowledge and practice in the field. Understanding the identification of Black* children through the ASD identification process informed autism providers, educators, and practitioners in developing culturally sensitive and effective practices to better support Black* parents through the ASD identification process. It is important for educators and healthcare professionals to implement strategies and practices deemed most effective by parent consumers. This study sought to understand how Black* children are identified through the ASD identification process and to identify what parents perceive to be the barriers and facilitators mediating success in the ASD identification process for their children. This information assisted FAU CARD in better educating and supporting parents through the ASD identification process, as well as providing educators and health care providers professional development to more effectively identify Black* children with autism and to support their parents through the ASD identification process.

Data Collection: A qualitative and quantitative research design was utilized to provide the depth and breadth of the participants' experience. Data was collected via focus groups, interviews, and online surveys. Focus group and interview transcriptions and online surveys were analyzed to gain understanding and meaning (Corbin & Strauss, 2008; see also Rapley, 2007). Transcriptions of focus group and interview data were coded individually and multiple times by categories across responses to identify themes within the feedback. The online surveys consisted of questions requiring the use of a quantitative research design to analyze number-based data for the responses on participants' experience.

Considering the Covid-19 crisis and the university and community response, we conducted all focus groups and interviews online through the Zoom-computer platform.

III. Participant Data

The study population consisted of 160 participants, consisting of parents of Black* children of varying ages identified with autism spectrum disorder, exceptional student education and early intervention staff, school psychologists, health care providers, and faith-based representatives. Parents participated one time in one of four focus groups, completed a one-to-one interview, or answered an online survey via SurveyMonkey from June through August 2021. The exceptional student education and early intervention staff, school psychologists, health care providers, and faith-based representatives participated one time in one of four focus groups, completed a one-to-one interview, or answered an online survey sent via SurveyMonkey from July through October 2021. The focus group participants were recruited through the FAU CARD Registry, community outreach, by phone, USPS, social media, and email. Flyers were created and distributed to FAU CARD constituents, local Palm Beach County, Broward County, and Treasure Coast school districts, and county agencies and posted on FAU CARD social media sites. Invitations to participate were emailed and mailed through the US Postal Service directly to parents of Black* children registered with FAU CARD. Focus groups and interviews took place online and via phone through Zoom. Surveys were completed online via the SurveyMonkey platform.

Participants defined:

Black* parents: parents with origins in any of the Black racial groups of Africa, including persons who indicate their race as “Black or African American” or report themselves as African American, Kenyan, Nigerian, or Haitian.

Early Intervention (EI) Staff and Directors: professionals specialized in providing support and services to young children who have a disability or developmental delay and to their families (Florida Department of Education [FDOE], 2022).

Exceptional Student Education (ESE) Staff and Directors: professionals who support a child in the school setting with services designed to meet the child's unique needs and help the child progress in school and prepare for life after school (Florida Department of Education, 2022).

Faith-Based Representatives: people whose values are based on faith and/or beliefs.

Health Care Providers: professionals, e.g., neurologists, pediatricians, who are authorized to practice medicine within the scope of their practice as defined by State law (Family and Medical Leave Act of Advisor, 2017).

Psychologists: professionals licensed according to s. 490.005(1), s. 490.006, or the provision identified as s. 490.013(2) in s. 1, chapter 81-235, Laws of Florida. (Florida Board of Psychology, 2021).

School Psychologists: professionals responsible for advising students regarding their

abilities and aptitudes, educational and occupational opportunities, personal and social adjustments, for providing placement services, and for performing educational evaluations and similar functions (Florida Department of Education, 2020).

Participant Count Data by District								
Districts	Black* Parents	Haitian Parents (Speak Creole)	ESE Staff and Directors	EI Staff and Directors	Health Care Providers	Faith- Based Rep.	School Psychologists	Psychologists
Broward	12	0	36	4	4	4	5	6
Indian River	1	0	4	2	1	0	3	0
Martin	1	0	4	1	0	0	2	0
Okeechobee	0	0	0	0	0	0	0	0
Palm Beach	6	3	12	15	5	1	0	3
St. Lucie	0	0	17	2	1	0	5	0
Total (n=160)	20	3	73	24	11	5	15	9

Participant Data by Race (Count)

Race	Black* Parents	Haitian Parents (Speaks Creole)	ESE Staff and Directors	EI Staff and Directors	Health Care Providers	Faith-Based Rep.	School Psychologists	Psychologists
Black*	20	3	12	6	5	4	3	2
White	0	0	51	16	6	1	7	6
Latinx	0	0	0	0	0	0	1	0
Asian	0	0	0	0	0	0	0	1
Two or More Races	0	0	5	1	0	0	3	0
Other	0	0	5	1	0	0	1	0

Participant Data by Race (Percentage)	
Race	Percentage (%)
Black*	34.4%
White	54.4%
Latinx	0.6%
Asian	0.6%
Two or More Races	6%
Other	4%
Total (n=160)	100%

IV. Lessons Learned from the Four Focus Groups of Black* Family Members

Parents were transparent, sharing their lived stories through interviews and narratives and participating in a brief focus group. A thorough understanding of their experiences helped develop an awareness of their perceptions and revealed information that might otherwise have remained only with the participants. Our findings from the Black* parents focus groups highlight that:

- Black* parents face barriers in obtaining ASD identification and the start of treatment services for their children. Black* parents remain motivated and eager to receive the ASD diagnosis for their child and pick up on the start of the appropriate intervention to meet the therapeutic needs their child desperately requires. The results indicate strongly that it is necessary for Black* parents to be heard and understood and be comfortable and welcomed during the ASD identification process.
- Black* parents are more likely to mistrust health care professionals and other aiding professionals during the ASD identification process due to poor or failed client-patient relationships and the lack of cultural perspective.
- Black* parents were unaware of the delay in the identification and the initiation of treatment for their child until they had been in the identification process over a lengthy period or had received their first initial misdiagnosis.
- Black* parents voiced that there was a lack of acceptance of the ASD identification in their communities as well as a lack of knowledge about ASD. These barriers held Black* parents back from receiving an ASD identification and agreeing to treatment for their children.
- Black* parents consistently voiced that they have been discriminated against due to their race. Black* parents had their concerns brushed off, told to "wait and see," or denied resources. Many Black* parents were frustrated and had no hope in

accurately identifying their child with ASD. Interestingly, Black* parents located in Broward County faced fewer barriers and had earlier ASD identification for their children.

- Black* parents felt that health care providers and school staff were biased against them and that they would have obtained more help if the professionals had been Black*. Black* parents witnessed White parents receiving more resources and screenings for ASD.
- Black* parents felt that they worked hard to provide appropriate care and to learn specific tools and strategies that could be helpful to their child within their cultural reference.
- Overall, Black* parents want additional information in order to identify their child with ASD in an accurate and timely way so that they can support their child's progress and improvement.

V. Qualitative results from focus groups, targeted interviews, and surveys

School Psychologists

Questions	Responses	Category	Theme	Phenomenon	Recommendation
How many autism evaluations do you complete each year? How many autism evaluations do you complete for Black* children?	<p>"I probably do no less than 20 autism evaluations a year. It could be 30."</p> <p>"Very comfortable identifying red flags for autism."</p> <p>"I can tell you I do not believe I've ever completed any evaluations for Black* children in my life."</p> <p>"I'm very comfortable with it. I think the problem is working at the schools is a lot of times we get referrals, so a lot of our referrals they're teacher referrals or parent referrals, so I think that's the reason why we don't get a lot as many black*, ASD kids, and the ones that do come, they're all, you know, nobody thinks to look at ASD because of the behavior issues, so. But it's definitely something that I'm working on this year. Just to try to get more information out, like, to my team members and the teachers and the staff."</p>	Assessments/Evaluations/Screenings	Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification may lead to misdiagnosis and/or a later start of proper treatment services for Black* children and their families.	<p>Lack of referrals if the psychologist suspects ASD.</p> <p>Black* children are identified with autism at a later age, resulting in a delay in early treatment. Decreasing the use of the "wait and see" approach and taking into consideration the parent/teacher concerns about ASD-like characteristics displayed by the Black* child.</p>	ESE/EI staff and school psychologists should collaborate to help Black* parents and families understand the symptoms and causes of ASD. They need to decrease the stigma of ASD, clarify common misconceptions, and inform them about treatment services.

Which assessments do you find best suitable for ASD identification?	<p>“The ADOS team does that evaluation. I’m not a part of that team because I haven’t been trained in the ADOS, but we do the screeners like the GARS and the CARS and the ASRS to kinda try to figure out if a kid has some of those characteristics.”</p> <p>“I go through my part, and we do rating scales, like autism rating scales, we do adaptive rating scales, we do cognitive assessment, and we do intellectual assessment.”</p> <p>“Some parents know more about that, and some parents know less. and, you know, you wanna try and put them at ease as much as possible.”</p>				
Based on your experience, how often do you have Black* parents reporting concerns of their child exhibiting ASD symptoms?	<p>“I just haven’t had any parents who came to us saying, “I think my child has autism.” I haven’t had any Black* parents come to us.”</p> <p>“It’s really low. There’s not a lot of children that come up, now, with parents saying that there are concerns, no. Parents have to agree to evaluation. And I’ve had instances where parents will say no, they do not agree to that part of the evaluation.”</p>	Black* Families Reporting and Involvement	Psychologists are facing challenges connecting with Black* families, and that leads to fewer evaluations or a potential increase in other eligibilities.	Psychologists observe low reporting of Black* families bringing ASD concerns about their children. Black* parents are perceived to be less knowledgeable about ASD than White parents.	<p>Develop a trusting relationship with Black* families, encourage parental involvement, and maintain mutual respect.</p> <p>Educational material and resource packages (both text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p>
What information, resources, or referrals do you provide Black* parents when they	<p>“CARD”</p> <p>“Frequently, kids are identified as, being developmentally delayed”</p>				

first report signs of ASD?	<p>“They've already researched this. Like, you'll say something and like, “Oh, yeah, I've seen that website,” because they've like, something has piqued their interest, like maybe this is a problem for my child, and they've already researched.”</p>	<p>Symptoms/Early Signs</p> <p>Resources</p> <p>Referrals</p>	<p>The lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification may lead to misdiagnosis and/or later start of proper treatment services for Black* children and their families.</p>	<p>Lack of referrals if the psychologist suspects ASD.</p>	<p>Increase the use of culturally responsive service delivery. Referral and assessment practices should acknowledge individual and family diversity rather than pathologizing or marginalizing cultural differences.</p>
Do you provide parents and teachers with developmental checklists and regularly screen children for ASD?	<p>“Do we give an autism screening checklist to everybody in kindergarten? No.”</p> <p>“I would say one of the main resources would be the training of all the school psychologists in our district on the ADOS. We only have like one or two one or two like school psychologists in our district who are trained and who are a part of the ADOS team. So I think that that would be something that if that's something that we could afford. A step in the right direction if all of the school psychologists would have access to that tool or have been trained on that, the ADOS.”</p> <p>“I think that's a question for the district cause I feel like the district does something, but I don't know exactly what they do.”</p>				<p>Educational material and resource packages (both text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p>
If you suspect autism, what do you typically recommend to teachers and parents?	<p>“It's like a developmental checklist that we give to the parents.”</p> <p>“If I am sitting at a problem-solving team meeting and something is going on with a child, that the teacher has</p>	<p>Professional Development</p> <p>School Districts Policies and Procedures for Autism Eligibility</p>	<p>Insufficient/No Recommendations Provided on Proceeding with ASD Process or Treatment Services</p> <p>Missing or incomplete steps during the ASD identification process with Black* families, e.g., lack of follow</p>	<p>Need for professional development training and monitoring for accurate guidelines on suspicion of autism, identification process, and recommendations.</p>	<p>Updated professional development training course on the autism identification process and guidelines to follow with feedback and monitoring.</p>

	<p>concern, that the parent has concerned, and if we think that there is something going on that is impacting a child, the you know, if it if we think it's something, you know, communication-wide communication-wise or academic-wise, we would start interventions.”</p> <p>“In St. Lucie, we're showing them progress monitoring data so that they can see how their child's responding.”</p>		<p>up; uncompleted screenings or questionnaires at the time concern first reported</p>		
<p>When you suspect a child has autism do you recommend parents visit a developmental pediatrician or pediatric neurologist for diagnosis in addition to eligibility? If so, how often?</p>	<p>“I'm gonna pass on that question on purpose.”</p> <p>“If I suspect a child has autism, I would not refer them somewhere else. Parents are always free to share information with whoever they want, but you know, we do those evaluations for parents gladly. It is free, you know, we give them a written copy of everything that we do.”</p> <p>“If the teachers and parents are suspecting it, I typically would go ahead and open up an evaluation if we're suspecting that. Just to kind of rule it out or rule, you know, rule it in.”</p> <p>“We pretty much use the CARD information. We get we print out the pamphlets and we give them that information”</p> <p>“You know, not every parent has medical care or medical coverage, or some parents, you know, their</p>	<p>School Districts Policies and Procedures for Autism Eligibility</p>	<p>Insufficient or no recommendations provided on proceeding with ASD identification process or treatment services</p>	<p>Lack of referrals if the psychologist suspects ASD.</p>	<p>Psychologists should aim to understand their Black* families' cultural backgrounds, identities, and belief systems in order to increase timely and accurate identification and to reduce barriers to equitable service delivery for Black* children with ASD.</p> <p>Educational material and resource packages (both in text and videos and in English and Creole) specific to ASD and early symptoms should be easily</p>

	<p>health insurance is very poor and it's incredibly expensive. And the other thing is what can the doctor do? I mean, certainly, it's good to talk to your child's doctor, but I wouldn't refer them out.”</p> <p>“Once the school psychologist does her assessments then that report goes to the ADOS team. The ADOS team is the one who kind of goes into more details with the parent.”</p>				<p>available, free of difficult jargon, and include photos of Black* families.</p>
At what age do you feel comfortable in assessing children for autism?	<p>“Four”</p> <p>“I would say all ages. Yeah, like, pre-k pre-k through 12th grade. I haven't really had any Black* students to kinda compare it to in my district?”</p> <p>“I have kids who are African-African American who have been who are seriously impacted by their socialization, communication disorder.”</p>	Assessments/Evaluations/Screenings	Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification may lead to misdiagnosis and/or a later start of proper treatment services for Black* children and their families.	Black* children are identified with autism at a later age, resulting in a delay in early identification. There is a need to decrease the use of the “wait and see” approach and take into consideration the parent/teacher concerns about ASD-like characteristics displayed by the Black* child.	<p>Develop a trusting relationship with Black* families, encourage parent involvement, and maintain mutual respect.</p> <p>Frequently available screenings throughout all areas of the county and in multiple languages, e.g., Creole.</p> <p>Psychologists should aim to understand their Black* families' cultural backgrounds, identities, and belief systems in order to increase timely and accurate identification and reduce barriers to equitable service delivery for Black* children with ASD.</p>
What do you typically do after you have evaluated a child and he/she has been determined eligible for autism?	<p>“I don't think there is a difference in manifestation. I think there's a difference in cultural perspective of the behaviors we see. So I think it's the same behaviors, but I think our level of tolerance for certain behaviors are different and how we accept certain behaviors are different. But do I think it manifests differently, no.”</p> <p>“Legally you're required to, to</p>	Assessments/Evaluations/Screenings	Missing/incomplete steps during the ASD identification process with	Ongoing steps after an evaluation and determination of autism should lead to	ESE/EI staff and school psychologists should collaborate to

	<p>develop a plan and you have to address some goals, and then you have to sit down with the family. You draft something called an individual education plan, something that's specific to this child, and you have 30 days to do it. So you are gonna get back together with that family, go through all of that”</p> <p>“If they've been determined eligible then I said, we'll have typically we go over the report with the parents and with the IPT members, and we give, like, recommendations for IP team member. And once the staffing process is done then we as a team, we come up with, like, we help the IP team come up with some goals. Typically, after I report, there's a list of items that we recommend that we have, run like a list on the back of our reports that we typically give to the parents.”</p>	School Districts Policies and Procedures for Autism Eligibility	Black* families, e.g., lack of follow up; uncompleted screenings/questionnaires at the time concern first reported	fewer barriers in equitable service delivery and start of timely treatment.	<p>help increase ASD knowledge to Black* families by helping parents understand the symptoms and causes of ASD. They need to decrease the stigma of ASD, clarify common misconceptions, and inform parents about treatment services</p> <p>The guiding practitioner at the time of determining ASD identification for the Black* child should be the one offering reliable and valid intervention resources, e.g., referral to FAU CARD or referral to a local agency for applied behavior analysis intervention, <i>Autism Speaks</i>; <i>Autism Navigator</i></p> <p>Develop a trusting relationship with Black* families, encourage parent involvement, and maintain mutual respect.</p>
Based on your knowledge, what may be the reason why Black* children are under-identified with ASD?	<p>“What I'm going to guess is that parents are afraid of the stigma.”</p> <p>“They think, EBD or OHI so they tend to go toward those things first, versus, the ASD.”</p>	<p>Black* Families Reporting and Involvement</p> <p>Provider Lack of Awareness of the Identification of Black* Children with ASD</p>	Psychologists are not addressing the disparities and inequitable assessment practices for Black* children with ASD	Black* parents of children with ASD experience significant ASD-related stigma.	<p>Increase the use of culturally responsive service delivery. Referral and assessment practices should acknowledge individual and family diversity rather than pathologizing or marginalizing cultural differences.</p>

What are your thoughts on the identification of Black* children with ASD?	<p>“I want my children of color to get every type of assistance, resource, specialized instruction, therapy, accommodation that they need to get everything that any child that they need to get whatever their needs are....so that they can be happy productive citizens and enjoy their lives.”</p> <p>“I don't really have an opinion on that.”</p> <p>“To me, do those parents recognize that, like, "Something is a bit different about my child"? Yes. I think they know it. I feel like they see it; they recognize it. And it's not necessary to label it, to say that's what it is.”</p>				
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Psychologists

Questions	Responses	Category	Theme	Phenomenon	Recommendation
How many autism evaluations do you complete each year? How many autism evaluations do you complete for Black* children?	"I probably do about 20, for, I want to say in the past year for Black* children, I would say, out of those 20, I have probably done 5."	Assessments/Evaluations/ Screenings	Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification leads to misdiagnosis and/or later start of proper treatment services for Black* children and families.	Lack of referrals if the psychologist suspects ASD. Black* children identified with autism at a later age, resulting in a delay in early identification. Decreasing the use of the "wait and see" approach and taking into consideration the parent/teacher concerns on ASD-like characteristics displayed by the Black* child.	Psychologists should aim to understand their attending Black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and reduce barriers in equitable service delivery for Black* children with ASD.
Which assessments do you find most suitable for ASD identification?	"I am trained in ADOS. I don't know if you're familiar with ADOS. It's considered the gold standard for autism diagnosis. You can diagnose autism without the use of ADOS, but the ADOS, it stands for Autism Diagnostic Observations Scale. Well, Vineland has different versions that you could use. There is a comprehensive version, which is more of a kind of structured interview type that you can build off of. I guess you could call it a semi-structured interview. I would say the ADOS, like I said, does require extensive training. You have to be certified to do that. There's actually not a lot of psychologists that utilize the ADOS because it is very, again, you need specialized training. I have used the GARS; I have used the CARS; I have used the ASRS."				

<p>What do you typically do after you have evaluated a child and he/she has been determined eligible for autism?</p>	<p>“ In all of my evaluations, they do provide very lengthy recommendations. Those recommendations will include I think myself being a behavior analyst, it will include very specific interventions that would be very beneficial to that child. obviously, focus, the emphasis is on positive reinforcement, having a structure, a schedule, keeping up with med management, if they need it, always consulting with medical personnel. and then obviously, some kind of referral for ABA. I do explain to them what that process is like that you will need to if you need to figure out if, their insurance will fund it that there is a FBA process where they, you know, they have to come in and do another evaluation, to look more discreetly at what some of those, maladaptive behaviors are.”</p> <p>“They always provide resources and materials. I don't typically do a follow-up from testing other than the feedback session. So, there's always the testing that usually depends on the needs of the clients. But it's at minimum two to three, testing sessions, again, based on the capacity and the needs of the client if they're able to get through an extended period of testing on that day. And then after that, I write the rep and analyze the data. I wrote the report. And then there's always a feedback session where we don't go over every single response. But I do obviously report the data on how I arrived at my conclusion, what diagnoses I considered and how I ruled out</p>	<p>Resources</p> <p>Referrals</p>	<p>Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification leads to misdiagnosis and/or later start of proper treatment services for Black* children and families.</p>	<p>Ongoing steps after an evaluation and determination of autism should lead to fewer barriers in equitable service delivery and start of timely treatment.</p>	<p>Increase the use of culturally responsive service delivery, e.g., referral and assessment practices that acknowledge individual and family diversity rather than pathologizing or marginalizing cultural differences.</p> <p>Educational material and resource packages (in text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families</p>
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	<p>certain diagnoses and how I ended up at the diagnosis for autism. And a lot of them I also have some also might meet criteria for other diagnoses, like a learning disorder or intellectual disability, things of that nature. And, I think that what helps me out as you know, being a previous behavior analyst is, you know, if I see some sensory issues, if they could benefit from OT, if they could benefit from speech, you know, or like a mentoring program, I do provide those resources or a referral to those resources.”</p>				
<p>Based on your experience, how often do you have Black* parents reporting concerns of their child exhibiting ASD symptoms?</p>	<p>“I would actually say not often. I know that there is a cultural component. There's a lot of stigma. I have actually, I want to say, of my African American clients, there are a lot of, "He'll kind of grow out of it," or "I'm not really sure." they do accept, obviously, in my practice, as a behavior analyst, they do accept the need for treatment, but in terms of having that actual diagnosis label, right, like that, quote-unquote, "label" there is a lot of pushback. And I think that it is related to that stigma. There's a lot of stigma, especially about autism. They kind of just you know, mental health in general, they will just kind of, you know, hide you away in the home. So, again, I think it's sometimes you know, and then just letting them know, unfortunately, it's not a label, but this is a way for you to receive services. So at the end of the day, you do need a diagnosis. And if you, you know, you can qualify for certain, you know, maybe like state-funded</p>	<p>Black* Families Reporting and Involvement</p> <p>Provider Lack of Awareness about the Identification of Black* Children with ASD</p>	<p>Psychologists are not addressing the disparities and inequitable assessment practices for Black* children with ASD</p>	<p>Black* parents of children with ASD experience significant ASD-related stigma.</p>	<p>Increase the use of culturally responsive service delivery, e.g., referral and assessment practices that acknowledge individual and family diversity rather than pathologizing or marginalizing cultural differences.</p> <p>Educational material and resource packages (in text and videos and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p>

	services or federal services, but at the end of the day, it's about how to get your child's help."	Assessments/Evaluations/ Screenings	Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification may lead to misdiagnosis and/or the late start of proper treatment services for Black* children and families.	Black* children identified with autism at a later age, resulting in a delay in early professional identification. Need to decrease the use of the "wait and see" approach and take into consideration the parent/teacher concerns about ASD-like characteristics displayed by the Black* child.	<p>Develop a trusting relationship with Black* families, encourage parent involvement, and maintain mutual respect.</p> <p>Frequently available screenings throughout all areas of the county and in multiple languages, e.g., Creole.</p> <p>Psychologists should aim to understand their attending Black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and reduce barriers in equitable service delivery for Black* children with ASD.</p>
What age do you feel comfortable in assessing children for autism?	"Two and a half, three"				
What information, resources, or referrals do you provide Black* parents when they first report signs of ASD?	"I guess, like, culturally sensitive, I do feel that there is a lack of services in general in terms of family support."				
Do you provide parents and teachers with developmental checklists and regularly screen children for ASD?	"I actually don't. Usually, if they come to see me, it's because a primary care physician has already provided that screener and then they will reach out to me and some of them will specifically know that they need an evaluation. I usually have a semi-structured interview format. So, I will just ask them flat out like, "What age were they able to talk? What age did they have, say their first word? What age did they have their conversational speech?" So, it kind of just builds off of the responses that they give."				
If you suspect autism, what do you typically recommend to teachers and parents?	"As a psychologist, usually they come to me first already with a referral for an evaluation for autism. Because in my training, as a psychologist, you always want to rule out first that there are no major medical concerns. So that's always usually my starting point is like, you know, "Have you had you had the pediatrician notice this? Is there				

	something going on, have you" you know."	Resources Referrals	Insufficient or no recommendations provided for proceeding with ASD identification process or treatment services	Lack of referrals if the psychologist suspects ASD.	Psychologists should aim to understand their Black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and reduce barriers to equitable service delivery for Black* children with ASD.
When you suspect a child has autism do you recommend parents visit a developmental pediatrician or pediatric neurologist for diagnosis, in addition to eligibility? If so, how often?	"I usually don't. I have only in my experience, I have only seen maybe one, maybe two clients that have received an autism diagnosis from a developmental pediatrician. They always do some kind of autism screener. So, in my opinion it's the same all around. It's usually that they, you know, they notice that there's some delay, and then that they will make some referrals to either the neurologist or a psychologist or a psychiatrist because I believe it's only those three that can diagnose autism."				Educational material and resource packages (in text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.
Based on your knowledge, what may be the reason why Black* children are under-identified with ASD?	"I think there's also, like I said, there's just that cultural component, I think that there's a lot of stigma. I think that a lot of parents are just kind of, "Oh, he'll grow out of it. I've seen that a lot." You know, when you might get a referral for a 10-year-old, then you kind of wonder, well, why did they wait so long, especially since there's more awareness in the media? And a lot of them will tell me, you know, a lot of parents will just say, "I thought he was going to grow out of it." Also, some of the things that I have the barriers that I have come across is, I am not allowed to ethically conduct an evaluation, if both parents are not on board. So, if one is in agreement, but another is not, then I am not allowed to proceed. So often you will find that where the mom is on board, but the data is not. And so then it takes a lot of convincing on the other	Black* Families Reporting and Involvement Provider Lack of Awareness about the Identification of Black* Children with ASD	Psychologists are not addressing the disparities and inequitable assessment practices for Black* children with ASD	Black* parents of children with ASD experience significant ASD-related stigma.	Increase the use of culturally responsive service delivery, e.g., referral and assessment practices that acknowledge individual and family diversity rather than pathologizing or marginalizing cultural differences.

	parents' part to, you know, say something like, "Hey, our child needs services."				
What are your thoughts on the identification of Black* children with ASD?	"I'm going to be honest; I wasn't aware that there was, I mean, I was aware that there was a disparity."				

ESE Staff and Directors

Questions	Response	Category	Theme	Phenomenon	Recommendation
Please share with us your current process for assessing children with ASD.	<p>“We do use the M-CHAT as a screener that I can do with the parents and then review. And I can suggest that there's red flags and I can recommend seeing a pediatric neurologist, but that's as far as it goes. If the parent doesn't want to, they don't have to. So, I mean, I work with children from birth to three. So, I mean, I've seen some cultures not accepting of an ASD diagnosis. So, in early intervention, I'm going to use whatever intervention works. Whether they know that it's ABA based or not, I'm still gonna use the intervention, and I still will ask for them to see a pediatric neurologist, but we can't force a parent to do anything in our program.”</p> <p>“We work in the school system up in St. Lucie County Schools. So, we generally don't make recommendations for evaluations. Generally, what happens is the teacher sees some glaring behaviors that need to be addressed by the school psychologist, and then it's evaluated further by them. Generally, unfortunately, the student gets pretty far in the school system before getting a diagnosis, particularly students of color, which is really unfortunate. And, unless a parent goes to a doctor and specifically asks for, assessment of ASD in that nature, they tend to have aggressive behaviors that require additional evaluation, if that makes any sense.”</p>	Assessments/Evaluations/ Screenings	Knowledge about ASD symptoms and child development influence the starting point of the diagnostic process.	Black* children identified with autism at a later age, resulting in a delay in early treatment. Need to decrease the use of the “wait and see” approach and to take into consideration the parent/teacher concerns about ASD-like characteristics displayed by the Black* child.	Use of checklist/screening that demonstrates diagnostic efficacy across racial and ethnic backgrounds

	<p>“So, we have students that come to us identified maybe as developmentally delayed and needing to go through a reevaluation to look at other programs. And we also have students sometimes especially this year, we've had three students who've never received services before. And we are in the evaluation process for students who may be on the autism spectrum disorder. So typically, what happens is our team, our problem-solving team, our MTSS team, we get together, and we have a meeting to discuss concerns sometimes parents may have brought it up, but usually, it's caught with the teachers first, and we invite parents to be a part of that process.”</p> <p>“Our team consists of the guidance counselor, the ESC specialist, one of our speech language pathologists is there, our school psychologists, our teacher, and then sometimes, depending what the situation may be, a dean or administrator may be in there or an ESC teacher.”</p> <p>“Right now, my role as the parent liaison with the Palm Beach County School District is to provide support to children with special needs who have IEPs and 504 plans. So I'm a support person, but I do work with children and their families, uh, as early as early steps of transitioning into Pre-K and kindergarten. So I'm there from the beginning as parents and children are moving out of Child Find and into Pre-K programming.”</p>				
Based on your experience, how frequently are Black* children referred for ASD?	<p>“Unfortunately, not enough. I work in a high African American population school, so the focus is and has been, you know, behaviors, referrals, and really addressing that social aspect, but, like, not enough focus is placed on</p>	Resources Referrals	The lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD	Lack of referrals if the ESE suspects ASD. Missing culturally sensitive	ESE staff and directors should aim to understand their Black* families' cultural backgrounds, identities, and belief systems to increase

	<p>understanding the why”</p> <p>“You know, it's kind of like that and it's really disheartening to see because so many kids go undiagnosed for such a long time.”</p> <p>“Not often at all. I rarely meet families of children that are Black* that have ASD, that have had that diagnosis. I can honestly say, in the eight years that I've been working in the ESE Department and working with families with special needs, I'd say maybe two or three children have come across my desk that were diagnosed, at an early age and then provided services accordingly.”</p> <p>“I think our program does a really good job, I have to say. When they go through their initial evaluation, if the age is appropriate, they'll use the M-CHAT and they'll refer to neurology. And I know that as providers, we go in as well and we also, you know, we give parents information, but again, we can't force, then when they turn through and they go to Child Find”</p>		<p>identification may lead to misdiagnosis and/or a late start of proper treatment services for Black* children and families.</p> <p>ESE staff and directors are not addressing the disparities and inequitable assessment practices for Black* children with ASD</p>	<p>approach to connect with Black* families.</p>	<p>timely and accurate identification and reduce barriers to equitable service delivery for Black* children with ASD.</p>
<p>Why do you think developmental delay (DD) eligibility is increasingly being used in some cases in place of ASD?</p>	<p>“Because it sounds nicer, because it's not, so scary for the parent, because if we just say "developmentally delayed," they're going to get there and it's not when a parent hears autism because there was this one time where when kids were getting evaluated through Early Steps, they were saying a lot to parents about autism.”</p> <p>“So, I think that that is probably more so utilized because students are not in an education setting, typically. They're</p>	<p>Assessments/Evaluations/ Screenings</p> <p>Understanding of Autism Spectrum Disorder</p> <p>ESE/EI Staff/Directors Reporting and Involvement</p>	<p>ESE staff and directors are not addressing the disparities and inequitable assessment practices for Black* children with ASD</p>	<p>Black* children are identified with autism at a later age, resulting in a delay in early treatment. Need to decrease the use of the “wait and see” approach and to take into consideration the parent/teacher concerns about ASD-like characteristics displayed by the Black* child.</p>	<p>Create awareness and understanding of differentiating DD and ASD characteristics</p>

	<p>coming in for that first initial evaluation. They may have never been in school. And I think that people kind of give that catch all DD label to try and, maybe, not give them such a heavy label of autism, seeing if they had more time and interventions in place, if they truly grow out of, maybe, those symptoms and characteristics that they are showing. I definitely think that DD is probably being more utilized with, in particular, students with autism because, typically, if you have a student that's intellectually disabled, you know, that IQ component is an easy indicator and [with adopted] and what not. But I think that, you know, at a young age especially, because IQ doesn't really stabilize till around the age seven, I think that's why the DD label is really utilized heavily.”</p> <p>“From my experience the doctors are hesitant to give the ASD diagnosis in the last couple of years simply because they've been kind of bombarded with parents. And, you know, I see a lot of neurologists, if the child is less than two years of age, they will kind of give that developmentally delayed title just kind of to it sounds cruel, but to kind of pass the buck onto the next professional because they're like, "Oh, I don't have enough information to make that diagnosis," or, you know, it's does sound nicer and it does give the parents a little bit more of a breathing room. So yeah, it's just it sounds nicer, it sounds prettier, and it doesn't give the definitive ASD diagnosis.”</p> <p>“So, children fall under that DD pretty readily because examiners and people that are evaluating don't wanna be too</p>	<p>Assessments/Evaluations/ Screenings</p> <p>Understanding of Autism Spectrum Disorder</p> <p>ESE/EI Staff/Directors Reporting and Involvement</p> <p>Lack of Funding/Insurance</p>	<p>ESE staff and directors are not addressing the disparities and inequitable assessment practices for Black* children with ASD</p> <p>Knowledge about ASD symptoms and child development influence the starting point of the diagnostic process.</p>	<p>Black* children are identified with autism at a later age, resulting in a delay in early treatment. Need to decrease the use of the “wait and see” approach and to take into consideration the parent/teacher concerns about ASD-like characteristics displayed by the Black* child.</p>	<p>Create awareness and understanding of differences between DD and ASD characteristics</p>
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	<p>quick in labeling a child and so there seems to be an error, and they would rather err on the side of caution than to go ahead and make a definitive diagnosis early on. Sometimes it's easier for them to just say, "Well, you know, this is a DD kid." And then as they get into school, then it becomes the school's responsibility, as you know, at age six to give a more solid diagnosis at that point. So there's that wait and see mentality. Let's wait and see you know, a lot of pediatricians have that wait and see mentality as well. But ASD the district on a whole, ASD is not the goto eligibility. It's just not. So, I see ASD coming to the forefront more in that four, five, and six year old age groups."</p> <p>"I think it's money. spending the money, not actually having these tests that will actually help more pinpoint the help needed for the student. I think it's quicker and easier to say somebody has developmental delay than it is and then to say that they are autistic. Or even if they're not autistic, you know, to differentiate the two, and it takes more time and effort to kind of separate the two."</p>				
What special challenges exist in the identification of Black* children suspected of autism?	<p>"I think that there needs to be more community outreach. I know that, again, I really feel like pediatricians, maybe in our area in particular, are missing key moments to be able to identify students early enough for early intervention. there's not really parents who don't necessarily know about [2online?] or FDLRS, child finding, those services. So, we really need to have more information available to members in the community. I do know that sometimes different cultures may have different thoughts and ideas about students, maybe, or children in general. Like, "Oh, they're late talkers.</p>	<p>Community Outreach</p> <p>Resources</p> <p>Lack of Assistance, Available Programs and Resources</p> <p>Black* Culture Awareness and Understanding</p> <p>Assessments/Evaluations/ Screenings</p>	<p>Low to no Black* parent reporting of ASD characteristics.</p> <p>Missing/incomplete steps during the ASD identification process with Black* families, e.g., lack of follow up; uncompleted screenings and questionnaires at the time concern was first reported.</p>	<p>Missing culturally sensitive approach to connect with Black* families.</p>	<p>ESE/EI and other professionals should need to collaborate to help increase ASD knowledge for Black* families by helping parents understand the symptoms and causes of ASD; informing them about services; minimizing the stigma of ASD; and clarifying common misconceptions like the belief that vaccines, bad parenting, or trauma cause ASD.</p>

	<p>That's okay." So, we think there just needs to be more education for parents to let them know of, like, you know, the characteristics of students that may be on the autism spectrum"</p> <p>"I've had other Black* families that would do everything to avoid it. They felt like a diagnosis would follow them forever. And in our program, we don't have to document, so if a parent took their child to the neurologist and the neurologist said, "Your child has autism," and then they come the next week and the mom says, "Okay, so they did diagnose, but I don't want you to write that down," we don't write it down. We don't turn it in. It's between me and the parents, the insurance company, and the doctor."</p> <p>"It highly depends on the cultural view of a disorder of that magnitude. I have a lot of Caribbean cultures that I experience and interact with on a day-to-day basis, and usually, that's when I interact with the mother or a female representative in the family because it's culturally seen as if there's something wrong with the child, then that is the female's responsibility to fix it. And then once it's "fixed," quote unquote, that's when usually a father becomes involved. And then, so I interact more with mothers than I do with fathers, and if I do interact with a male, I'm kind of like, "Okay. He's open to discussing things." So, the cultural barrier is there, so I try to circumvent that by trying my hardest to keep the lines of communication open."</p>				<p>Develop a trusting relationship with Black* families, encourage parent involvement, and maintain mutual respect.</p> <p>Increase the use of culturally responsive service delivery, e.g., referral and assessment practices that acknowledge individual and family diversity rather pathologizing or marginalizing cultural differences.</p>
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	<p>“I think the real challenge is that medical piece, that doctor diagnosis that are early steps, and specifically, Child Find is, is looking for that medical diagnosis, whether it's a doctor, psychiatrist, or a neurologist, [inaudible], and any professional that is really what launches a lot of the evaluations that take place. It's sort of a starting point. So, when you see that medical piece, when you see something from a doctor and it has ASD, concerns, or a diagnosis, then that's what gets the ball rolling. And we are not seeing Black* families coming forth with a lot of the medical requirements and bases that we need as a district to move forward with a more in-depth evaluation process, and the whole process, in general, is hindered by the lack of that information.”</p>				
Any additional thoughts on why the under-identification of Black* children in autism exists?	<p>“It's easier to say that they don't have it than actually putting in the effort to understand different cultural aspects of it. Talk to somebody who's, you know, more culturally involved with [them?] to understand if this kid has autism or not.”</p> <p>“Denial a lack of a true medical diagnosis.”</p> <p>“I think that it is more of a cautionary usage versus, you know, a true identifying, "Let's just identify for what they are currently.”</p> <p>“The cultural background.”</p> <p>“I don't think there's enough real-life</p>	<p>Community Outreach Resources</p> <p>Lack of Assistance Available Programs and Resources</p> <p>Black* Culture Awareness and Understanding</p> <p>Assessments/Evaluations/Screenings</p>	<p>Low to no Black* parent reporting of ASD characteristics.</p> <p>Knowledge about ASD symptoms and child development influences the starting point of the diagnostic process.</p>	Black* parents of children with ASD experience significant ASD-related stigma.	<p>Educational material and resource packages (both in text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p> <p>ESE/EI and other professionals should need to collaborate to help increase ASD knowledge for Black* families by helping parents understand the symptoms and causes of ASD, informing them about services, minimizing the stigma of ASD, and clarifying common misconceptions like the belief</p>

	examples. I think if we could reach the parents and we could give the parents hope, examples I know I think FAU has a program for individuals with ASD to go to college.”				that vaccines, bad parenting, or trauma cause ASD.
In your experience do you feel that Black* parents are hesitant to identify their child with ASD?	<p>“I wouldn't say all, but some have. Those are the parents that I kind of have to give more education and information to look to go over, like, what's the expectation the age expectation is for students. And a lot of times they are more hesitant. Like, and they think, "Oh, they'll catch up." That's been our experience, especially this year with our three students that we had come into kindergarten, never being in preschool.”</p> <p>“Yes. Very big yes. Mothers are very hesitant to diagnose their sons with a deficit because they already know the societal cards are stacked against them.”</p> <p>“Not all, but a majority. A majority, yes. And then they get older, and then the concern becomes, can they communicate effectively? can they know social situations that they should not be a part of and what to do if police are involved or different legal situations that tend to arise with young men of color? so they're very hesitant because it's kind of hobbling them when they've already been, been hobbled, if that makes any sense.”</p>	<p>Black* Families Reporting and Involvement</p> <p>Understanding of Autism Spectrum Disorder</p> <p>Community Outreach</p>	<p>Low to no Black* parent reporting of ASD characteristics.</p> <p>Knowledge about ASD symptoms and child development influences the starting point of the diagnostic process</p>	<p>Black* parents of children with ASD experience significant ASD-related stigma.</p> <p>Black* parents reported difficult experiences during the identification and treatment process because of limited resources and professionals within academic and community settings.</p>	<p>Educational material and resource packages (both in text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p> <p>ESE/EI and other professionals should need to collaborate to help increase ASD knowledge for Black* families by helping parents understand the symptoms and causes of ASD, informing them about services, minimizing the stigma of ASD, and clarifying common misconceptions like the belief that vaccines, bad parenting, or trauma cause ASD.</p>
How can Black* parents support educators in the efficient and effective identification of their children suspected of autism?	“I would say just by willing participants to be active in their child's education. I also think understanding their rights as part of the IEP team, and, we have an IFS team. So, any of my parents, you know, before they go off to Child Find, they say, "You have just as much say on what's written on that IEP as anyone else	<p>Black* Families Reporting and Involvement</p> <p>Accurate IEP Planning,</p>	Black* Parent and ESE collaboration for improvement during ASD identification process	Missing culturally sensitive approach to connect with Black* families.	Collaboration with Black* parents for support and understanding during screening, assessment, and treatment process

	<p>in the room." I like to empower my parents. I like to think about goals or things that they find, you know, that they want to work on that would be appropriate in an educational setting. And so, we talk about that before their evaluation for Child Find, before their I'm sorry, after their evaluation, but before their last meeting, their eligibility meeting, just so that they feel empowered."</p> <p>"My biggest piece of advice would be keep an open mind and your child isn't broken. We go through that a lot of parents believe that their child just came out wrong and that they failed as parents. So I try to remind them that this isn't something that they could've controlled. This isn't something that they could've prevented. It just happens, and to remain open to the possibilities of the future. I don't make any promises. I don't make any, you know, definite pursuits, but to, to know your rights, and to be vocal and be an active participant and know that anything is possible in the future. Nothing is ever set in stone."</p> <p>"I, I think being an equal member of that MTSS team, participating in that and, you know, just really helping us understand what the student, their current levels of functioning, and us being able to maybe provide them some strategies that they can work on with their students to see, at home, if they can help encourage maybe some communication skills. Or even a lot of times it's attending to a task. Kids sometimes come, and they're not even able to sit and attend to a task, even for a small amount of time. So just give them some strategies to practice at home would be good."</p>	<p>Implementation, and Monitoring</p> <p>Symptoms/Early Signs</p>			
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	<p>“Getting back to that initial evaluation and that medical diagnosis, having that reaching out in the medical world and working in conjunction with again, I'm going back to Child Find because that is the connector with me and, and my position to be very diligent about following up. keep your appointments, make your appointments, provide copies of things, fill out paperwork when it's requested, you know, provide that family input that we all need to kinda gather data on the child. It's not just what's going on in school, but it's what's happening in the family. So, we need, you know, a lot of more forthcoming behavior with information and follow-through. The follow through is really important.”</p>				
How do you meet the observation requirement for the assessment process when a child is under five?	<p>“When a child is five, that's when we talk about, like, VPK programs. My experience with that has been limited in the school system. Generally, if they come in with the diagnosis, they've already been through Child Find. Infant toddler development specialists have been involved. So, if they do come in with a diagnosis, they've generally been a part of the system for a while at that point, generally indicating that they have a pretty severe or low functioning student. If they are kind of mid-range or higher functioning in that regard, unless someone has told the parent specifically, they kind of just join the system in kindergarten and it's taken from there.”</p> <p>“So, under five, again, that really goes through the FDLRS program, the child finds, and there they really typically do a</p>	<p>Available Programs and Resources Across School District(s)</p> <p>Assessments/Evaluations/Screenings</p> <p>Resources</p> <p>Accurate IEP Planning, Implementation, and Monitoring</p>	ESE staff and directors training, supervision, and feedback on ASD identification process	Modified training in assessment/observations during the ASD identification process in academic settings.	<p>Increase in cultural understanding during professional development training, along with role-playing scenarios and feedback.</p> <p>ESE staff and directors should aim to understand their Black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and to reduce barriers to equitable service delivery for Black* children with ASD.</p>

	<p>parental like questionnaire. They will do an observation for the time that the student, the child come into the district office for their evaluation, but it's not in an academic setting; it's usually a one-on-one situation. So you don't get to see their interaction with other students or children typically developing or their same age.”</p> <p>“Child Find specifically. Child Find works in conjunction with the district, so, uh, the assessments and, and evaluations take place in the Child Find realm. Uh, as the child approaches Pre-K age and Pre-K enrollment, then there is a meeting that takes place. It's sort of like a transition meeting from age four to five. And during that meeting, the children that have IEPs everything is reviewed again, uh, as they transition into being official Palm Beach County School District kids in the Pre-K world. So, there is a lot of review prior to a child going into Pre-K just to, kind of double check, to make sure that the IEP and the eligibility is still intact and is still appropriate for those school age kids that are going into Pre-K.”</p>				
<p>What training and professional development are provided to staff in assessing Black* children suspected of ASD? Please describe the training and who is provided the training.</p>	<p>“We don't have formal training.”</p> <p>“I've seen, uh, some cultures are not accepting of an ASD diagnosis.”</p> <p>“We kind of focused on, identifying academic deficits with children, who may or may not be on the spectrum, and then from there, based on the evaluation process and then with parents and a neurologist, then it's kind of discussed placement. But really, it's more of a focus on academic performance, and professional development rather than diagnosis.”</p>	<p>Professional Development</p> <p>Available Programs and Resources Across School District(s)</p> <p>Assessments/Evaluations/Screenings</p>	<p>School District ESE staff and directors should have access to accurate professional development and behavior management training to be able to pinpoint ASD-like characteristics and behaviors in all students.</p>	<p>Need for professional development training and monitoring for accurate guidelines about suspicion of autism, identification process, and recommendations.</p> <p>Modified training in assessment/observations during the ASD identification process in academic settings.</p>	<p>Increase in cultural understanding during professional development training, along with role-playing scenarios and feedback.</p>

	<p>"I don't know of any, uh, specialized training with regards to assessing Black* children with ASD. I know that, generally, there are tools that are used that fall under that umbrella of ASD as far as diagnosing goes. So, I don't know of any, personally."</p> <p>"We hold the meeting. And, uh, our team consists of the guidance counselor, the ESC specialist, one of our speech language pathologists are there, our school psychologists, our, gen teacher, and then sometimes, depending what the situation may be, a dean or administrator may be in there or an ESC teacher."</p>				
What professional development is provided for special education staff in working with children, parents, and families of culturally and linguistically diverse families?	<p>"We don't have formal training, but my background is in applied behavior analysis."</p> <p>"I don't know if there is a list of these, but I would love to have them"</p> <p>"There isn't enough. There aren't really specified cultural professional developments and understanding. There's the general PDs that, you know, outline how to create rapport with parents, but it doesn't give specifics of cultural understanding."</p> <p>"So I try to rely a lot on my own background, and then I go to my professional networking. I rely a lot on other professionals who have had experience with different socioeconomic status who just give different cultural inputs. But unfortunately, like, in official training, there's not enough. There's not even one that comes to my mind."</p>	Professional Development	School District ESE staff and directors should rely on accurate professional development and behavior management training to be able to pinpoint ASD-like characteristics and behaviors	Need for professional development training and monitoring for accurate guidelines on suspicion of autism, identification process, and recommendations.	Increase in cultural understanding during professional development training, along with role-playing scenarios and feedback.

	<p>"I do not have an answer to that. I'm not privy to those specific training sessions, so I can't say."</p>				
<p>What is your district policy or practice regarding parental requests for assessment of their child they suspect may have autism?</p>	<p>"No comment"</p> <p>"That request goes to the ESE coordinator, the ESS coordinator, then connects with the school psychologist who then takes over the evaluation process. That's where I see the bottleneck occur because there's very few school psychologists within the district."</p> <p>"We try to steer clear of making definite diagnoses because we're not medical professionals, so we can only recommend. And then if a title is agreed upon for the school setting, that's generally what happens. Like, in school, we say they are on the autism spectrum. But, like, uh, overall, as a medical professional, we can't make that diagnosis."</p>	<p>Assessments/Evaluations/Screenings</p> <p>Professional Development</p> <p>School Districts Policies and Procedures for Classroom Placement for Autistic Children and School Accommodations</p>	<p>ESE staff and directors training, supervision, and feedback on ASD identification process</p> <p>Missing/incomplete steps during the ASD identification process with Black* families, e.g., lack of follow up, uncompleted screenings/questionnaires at the time of concern first reported</p>	<p>Need for professional development training and monitoring for accurate guidelines on suspicion of autism, identification process, and recommendations.</p>	<p>Increase in cultural understanding during professional development training, along with role-playing scenarios and feedback.</p> <p>Educational material and resource packages (both in text and videos and delivered in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p>
<p>Based on your experience, what may be the reason your district is disproportionately low in the identification of Black* students in ASD?</p>	<p>"Nobody's the enemy. Here, we're all working together for the betterment of their child. it's not a death sentence."</p> <p>"The cultural background."</p> <p>"I think reaching out, maybe showing parents examples like they know. I don't think there's enough real-life examples."</p> <p>"What I'm seeing, I think the DD is to go to eligibility because it's like an umbrella."</p>	<p>Black* Culture Awareness and Understanding</p> <p>Assessments/Evaluations/Screenings</p> <p>Resources</p> <p>Community Outreach</p> <p>School District Policies</p>	<p>ESE staff and directors are not addressing the disparities and inequitable assessment practices for Black* children with ASD</p> <p>Black* parents are perceived to be less knowledgeable about</p>	<p>ASD knowledge is critical for understanding early signs of ASD and accessing services.</p> <p>Ongoing steps after an evaluation and determination of autism should lead to fewer barriers to equitable service delivery and start of timely treatment.</p>	<p>ESE/EI and other professionals should need to collaborate to help increase the ASD knowledge of Black* families by helping parents understand the symptoms and causes of ASD, informing them about services, minimizing the stigma of ASD, and clarifying common misconceptions such as the belief that vaccines,</p>

	<p>“I think it's quicker and easier to say somebody has developmental delay than to say that they are autistic. Or even if they're not autistic, you know, to differentiate the two, and it takes more time and effort, to kind of separate the two.”</p> <p>“It's easier to say that they don't have it {ASD} than actually putting in the effort to understand different cultural aspects of it.”</p> <p>“I think there's a heavy emphasis on not overidentifying particularly Black* students. “</p> <p>“I have other Black* students in my class, they're just not ASD, and there's no way that they're ASD. They don't have any of the signs of ASD.”</p> <p>“I think teams are a little more cautious, to make sure that they're identifying students appropriately. “</p> <p>“Lack of, of diagnosis on the part of, of parents, of their, uh, hesitant to even approach a doctor. Uh, there's the denial piece. Let's have sort of a let's wait and see, he's still too young. It's, "It can't be this. It can't be that" rf, again, the denial piece and then because of the strong family bonds that we see in, in Black* families.”</p>	<p>and Procedures for Classroom Placement for Autistic Children and School Accommodations</p> <p>Available Programs and Resources Across School District(s)</p>	<p>ASD than White parents</p> <p>Black* parents of children with ASD experience significant ASD-related stigma.</p> <p>Lack of referrals if ESE suspects ASD.</p> <p>Missing culturally sensitive approach to connect with Black* families.</p>	<p>Black* parents are perceived to be less knowledgeable about ASD than White parents</p> <p>Black* parents of children with ASD experience significant ASD-related stigma.</p> <p>Lack of referrals if ESE suspects ASD.</p>	<p>bad parenting, or trauma cause ASD. Educational material and resource packages (both text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.</p> <p>Collaboration with Black* parents for support and understanding during screening, assessment, and treatment process</p> <p>Increase in cultural understanding during professional development training, along with role-playing scenarios and feedback.</p> <p>Create awareness and understanding of the different characteristics of DD and ASD</p>
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Black* Parents

Questions	Responses	Category	Theme	Phenomenon	Recommendations
At what age did you sense your child had autism? Can you describe the concerns you had during that time?	<p>"I would say a little after his first birthday, he stopped doing a lot of the things that he was doing."</p> <p>"18 months old... I have a friend in New York who runs this particular type of program for PT, OT. She said, "I think you need to go and get [REDACTED] checked out at the health department. I think he may have Asperger's, or he may have autism."</p> <p>"My sister, who is a speech therapist, happened to be visiting me from New York and came to my house. And at two and a half years of age, she saw [REDACTED] and heard her say, "This is not normal. Have her evaluated."</p> <p>"He was almost two, and I didn't notice on my own. His speech therapist noticed it. But neither one of us said anything to each other. I just thought, oh, he probably isn't."</p> <p>"I would say I had a feeling, like a gut feeling, like when she was a few days old but I kind of, like, just brushed it off. As it progressed, she always was like the oral fixation type where she would always put objects in her mouth"</p> <p>"18 months"</p>	Symptoms/Early Signs	Black* parents experience unequal treatment and lack of resources, which leads to constant challenges and barriers from the start and throughout the ASD identification process	ASD knowledge is critical for understanding early signs of ASD and accessing services	When Black* parents first report concerns of ASD-like characteristics, a checklist/screening with demonstrated diagnostic efficacy across racial and ethnic backgrounds needs to be utilized

	<p>“My mother just noticed that he wasn't like other babies who, like, look at your mouth when you talk and try to imitate. by one and a half, maybe, there were suggestions made to get him screened by my mother.”</p> <p>“One year old”</p>				
Tell us how your child was identified with autism?	<p>“So we that's where we ran into a roadblock, which was finding a neurologist or a psychologist that would screen him and give him that test. So, we saw other neurologists, ran into some that were just exactly what we're talking about, where they didn't want to diagnose him. They were dragging their feet. It was a problem. FAU told us about the EI Center, and the grant that they have where you can see a psychologist. And, we were so lucky to get in there and get screened. So it was about a year from the time”</p> <p>“The initial talking with the pediatrician when I visited alluded to it but didn't use the term autism evaluation and then the official diagnosis came from a psychologist.”</p> <p>“Well, it became a big hassle for me from how I was treated. Even in the school system, I requested for him to be evaluated. They refused.”</p> <p>“Here they said that a neurologist had to provide the diagnosis, that's the only way that it would be accepted so we ended up with a neurologist. There was a psychologist that went through and we went through steps. She knew it, but she could not diagnose it so I don't know if that makes a distinction and she told us that.”</p>	Autism Spectrum Disorder Initial Diagnosis/Eligibility	Black* parents experience unequal treatment and lack of resources, which leads to constant challenges and barriers from the start and throughout the ASD identification process	Black* parents are perceived to be less knowledgeable about ASD	Black* parents should have easily accessible materials/resources on ASD in formats such as online/paper/video or the ability to attend school or community discussions on ASD-specific concerns
At what age was your child identified with autism?	<p>10 months</p> <p>3 years old</p>	Timely Screenings, Assessments, and Evaluations	Black* parents experience unequal	Black* parents are frequently met with	Easily accessed screenings throughout all areas of the county

	<p>6 years old</p> <p>8 years old</p> <p>18 years old</p>		<p>treatment and lack of resources, which leads to constant challenges and barriers from the start and throughout the ASD identification process</p>	<p>providers, including pediatricians, who suggest a “wait and see” approach and normalize their behavioral concerns or are dismissive and provide Black* parents with confusing and conflicting recommendations.</p>	<p>and in multiple languages, e.g., Creole.</p>
<p>Do you feel that your child could have been identified earlier? Tell me about it.</p>	<p>“The school board could have evaluated him sooner”</p> <p>“Of course. I identified it earlier, but I just had to cut through the grass.”</p>				
<p>When you noticed those first concerns of autism and shared it with your pediatrician, how did the pediatrician react and/or what did he/she tell you to do next?</p>	<p>“They told me to wait till she was three. When they said that, I was, like, okay. You know, like, I just need to accept, like, my feelings and what I’m, like, saying and just start finding my providers myself independently so I can get her an evaluation.”</p> <p>“He told me that it was because he was a boy. Boys don’t talk as early as girls speak. And then he told me it was also because he was a second born. So, he was like, “You have a second born, and he’s a boy. So, the combination of those two characteristics is gonna make him even more delayed than anything else.” By the time we went to a checkup after that, I brought it up again, and the doctor brushed it off again the second time. The third time, and I want to say this was almost around the time of his 18-month checkup, we had to do a screener in the waiting room on the tablet that the nurses provided. And one of the screens that we did was an autism screen. So, as I was doing it, I was double checking like, “Do you think he has this?” And she was in agreement with everything that I was saying. And so, we went in and handed it back to the nurse, went into the room, and the doctor pulled up the results on his screen and she asked me, “Are you sure you didn’t exaggerate some of these answers?” And I told him, I was like, “Nope.</p>				

	<p>The ones that I was unsure about, I got second opinions. So, I think the answers are pretty on point for what, not only I'm seeing, but everybody else is seeing." And he was like, "Well, I don't know. Because based on your results, I'd have to give you a referral." And I was like, "Well, get the referral then cause it'll only get further jacked up." And he was like, "I don't know. I don't know. Maybe you're just worrying too much like you always do." And it was at that point that I was like, "No. I'd rather explain to me who the referral is, what you want. And I'd rather go through, and he doesn't see what they see." But it took three, three tries and the actual results of those screenings for him to even be inclined to refer me to services, not even tell me the services or refer me to services, so."</p>				
<p>At the time your child was first identified with autism, how was your experience obtaining resources and treatment services?</p>	<p>I didn't know that he had it, so I didn't know that I needed certain people to help me."</p> <p>"A lot of just I get a lot of it's like I have to fight for everything...fighting with everybody when it comes down to getting services for him. The program never reached out to me for anything until something like this that he was a Black* child that had autism. They had let me get an advocate to help me advocate for [REDACTED] began to act funny with me because what the services they were giving me was not good enough. And it was like, "No, you couldn't do this." Like, I wanted the lady, his clinician, to come to the school and observe him. They said no, she was not allowed. And then she went and told another lady that [REDACTED] had services with us when I had sued the school board, and they were supposed to get [REDACTED] some social services. So, you know, by me being, you</p>	<p>Resources</p> <p>Referrals</p>	<p>Mistrust between Black* parents and providers/professionals</p>	<p>Black* parents frequently reported difficult experiences with their health care provider/practitioners and initiating treatment services</p>	<p>Black* parents should have easily accessible materials/resources on ASD in formats such as online/paper/video or the ability to attend school or community discussions on ASD-specific concerns</p>

	<p>know, an African American, you know, mother, I was, like, between a rock and a hard place. But one thing about it, I'm a mother, and I'm gonna fight for my child. So I've been doing that, you know. Even when I did the evaluation, like with [REDACTED], he gave me a form to fill out, some form, and he gave me one a packet to give to the school, and there was they were different between night and day. And both times that [REDACTED] was evaluated by [REDACTED], they did not want to fill out those forms.”</p> <p>“Trying to find community agencies that will take his insurance was difficult. But agencies that were on the, like, original referral list either weren't in business anymore, or they weren't taking that insurance because of audit re- auditing reasons. I couldn't I still haven't signed him up for all the services he needs just because of the barriers in trying to get connected with a place that can do everything and a place that can accommodate the times that I have available and my son has available. And so, it was really just challenging, just there was no streamlined process to getting him the help. It was a lot of calling, leaving messages, not getting call backs, being hung up on, getting shut down because of the type of insurance he has, until we found one place that could offer one-third of what he was referred to. So right now, he's only getting one type of service. He's not getting all three as recommended.”</p> <p>“I got no help, no resources, no "Here you go well, this is going on," anything.”</p>	Treatment and Services	Mistrust between Black* parents and providers/professionals	Black* parents frequently reported difficult experiences with their health care providers/practitioners and with initiating treatment services	The guiding practitioner at the time of determining ASD identification for the Black* child should be the one offering reliable and valid intervention resources, e.g., referral to FAU CARD or referral to a local agency for applied behavior analysis intervention (<i>Autism Speaks; Autism Navigator</i>)
During the treatment process, was your child enrolled in the Early Steps or the Child Find program?	<p>“Yeah, he was there. He was in Head Start.”</p> <p>So, we found out through Early Step that COMMiT was one, and Joe DeMaggio. So, we found it through them. They basically did everything and told us when we got home to</p>				

	<p>call such and such numbers. It took us a long time. They told us it happens immediately but that's what Early Steps tell them. We were on a waiting list for, I think, a long time. So, what we did, we got private services until Early Steps kicked in. But they do have a backlog, and a long waiting list but, yet, they tell the hospitals that, "Oh no, we, we accept clients in immediately." But it's not. released him very early. As soon as he accomplished the basic goals he was discharged. So once he started walking their goal is, "Okay, he's gonna start walking." as soon as he started walking O.T. went away. Speech, as long as he was speech they kept a little longer. Once, he turned four three, when we were switching to the school district, that went away. But we did notice progress. Early Steps came to the house. So, we noticed a lot of progress with him."</p> <p>"I think everything went smoothly with Child Find."</p> <p>"...told me that they would have to excuse him from the preschools because they felt that he was on the spectrum and that that wasn't the place for him. And that was after two weeks, I think. One place he was at for a month. The other one he was at for two weeks. And they referred me to Child Find. And from there, once we went through that process, I also had an outside therapist's opinion as well. So, I did a writeup through Child Find as well as through our therapist our private therapist."</p> <p>"As far as the early steps goes, they need more I don't know if they need more resources or what, I don't know what type of constraints the pandemic had, but it there needs to be more awareness brought out to parents of the program because I feel like sometimes they bring it up to the parents right when the kid is about to phase out."</p>				
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	Like, they only serve you until you're, like, three or, like, they bring it to your attention when your kid is two. Like, why not bring it to people's attention maybe when your child is one and a half?"				
Do you think that as the parent of a Black* child with ASD the process was more difficult for you? If so, in what ways was it more difficult?	<p>"Yeah. It was difficult."</p> <p>"I am someone who prays, I am invested in God."</p> <p>"Yeah, definitely. I would say I felt that the journey was more difficult, and to get diagnosed because I just like most of the people that I realized once I encountered people who did give me resources, I realized that a lot of the people who were supposed to have failed. Like they didn't they didn't. I was like, "How come they didn't tell me this? How come this professional or therapist didn't tell me this? Like, why am I finding out from you just now?" So, I felt like a lot of things just weren't offered right off the bat. And it's hard because it's not things you figure out after the fact 'cause it's like, if you don't know, you don't know. Also, just a lot of the parents that I've been in contact with a lot of the parents that didn't know a lot of the resources that were able to talk to and get information from where are White parents."</p> <p>"A lot of times we'll encounter other African-American parents who say they don't know anything, and I'm just like, "Oh wait, let me tell you everything that I know." And they're not, they're also not getting the information. And then our specific journey with just finding, like, finding, a neurologist that would treat [REDACTED] and give him actually screen him for autism-like one of the neurologists that we went to, he, he didn't really even wanna go through the screening. He kind of kept on dragging his feet."</p>	<p>Understanding of Autism Spectrum Disorder</p> <p>Issues/Concerns with Healthcare Providers/School Psychologists/Psychologists</p>	<p>Mistrust between Black* parents and providers/professionals</p> <p>Mistrust between Black* parents and providers/professionals</p>	<p>Black* parents have limited knowledge about ASD and face difficulties in understanding it. Black* parents are less likely to be familiar with the "red flags" of ASD. They may think that ASD will "go away on its own" or it's "God's Blessing" or maybe the result of emotional trauma or poor parenting skills. This can delay the start of good treatment services.</p> <p>Black* parents may face difficulties in understanding ASD because of limited knowledge about it. Black* parents are less likely to be familiar with the "red flags" of ASD. They may think that ASD will "go away on its own" or is "God's Blessing" or maybe the cause of emotional trauma experienced or poor parenting skills; thus, delaying the start of good treatment services</p>	<p>Practitioners should to begin developing and establishing trusting relationships with Black* families.</p> <p>Practitioners should to begin developing and establishing trusting relationships with Black* families.</p>

	<p>“Trying to, like, use scare [inaudible] tactics to discourage me from actually getting the diagnosis. So telling me things like, “Well, your child's gonna be like this, or this is how your child's gonna be.”</p> <p>“A whole lot of ways. So and then you have nobody Black* really pretty much that's sitting on these boards of even speaking, like, speaking for these children.”</p> <p>“When I got to Florida, yes. He wasn't getting the services that needed. They said that was the other thing. They said he was social, he was, you know, had bad behavior. They wanted to take him out of his regular school and put him in this other school that was for behavioral problems.”</p>	Treatment and Services	Mistrust between Black* parents and providers/professionals	With limited knowledge about ASD, Black* parents may face difficulties in understanding it. Black* parents are less likely to be familiar with the “red flags” of ASD. They may think that ASD will “go away on its own” or is “God’s Blessing” or maybe the cause of emotional trauma experienced or poor parenting skills; thus delaying the start of good treatment services	The guiding practitioner at the time of determining ASD identification for the Black* child should be the one offering reliable and valid intervention resources, e.g., referral to FAU CARD; referral to a local agency for applied behavior analysis intervention (<i>Autism Speaks; Autism Navigator</i>)
What would you share with new parents of Black* children about to go through the process of autism identification and treatment services?	<p>“I would say when it comes to your child or just your health in general, your child's health, your health in general, don't go in with the mindset that the professionals know more than you do.”</p> <p>“You need to push to get second opinions.”</p>	Issues/Concerns with Healthcare Providers/School Psychologists/Psychologists	Mistrust between Black* parents and providers/professionals	Black* parents frequently reported difficult experiences with their health providers and initiating treatment services.	Practitioners should need to begin developing and establishing trusting relationships with Black* families.
Is there anything else you would like to share?	<p>“ I tell everybody to go to FAU CARD because from the time that [REDACTED] came here and went to FAU CARD, a lot of our assistants came through FAU CARD telling us where to go, what we should do, where we could get help, better help. They came to the table to get [REDACTED]'s IEP back.”</p> <p>“have the pediatrician do some sort of independent evaluation”</p> <p>“I think the school system has a big role to play in getting kids the right services. Not everybody can afford to get the services and</p>	Lack of Assistance, Available Programs and Resources	Black* parents experience unequal treatment and lack of resources, which leads to constant challenges and barriers from the start and throughout the ASD identification process.	Black* parents reported difficult experiences during the identification and treatment process because of limited resources and lack of available professionals willing to help within academic and community settings.	Black* parents should have easily accessible materials/resources formatted online/paper/video format on ASD or the ability to attend school or community discussions on ASD-specific concerns.

	<p>pay out of pocket, but the school can provide it and sometimes they don't want to do it for whatever reason.”</p> <p>“A lot of things are minimal, but, again, you know, you have to try to help, help your child and try to look under the rock some of the time for these things.”</p> <p>“The kids need the help, maybe the district has to offer the help but the people in charge of making sure that the help is properly distributed are probably not doing a good job.”</p>				
Were you told about FAU CARD? How did you learn about FAU CARD (who or where)? Are you registered with FAU CARD or in the process of starting services?	<p>Emails</p> <p>Flyers</p> <p>Already enrolled</p> <p>Social media</p>	Resources			

VI. Quantitative Results from Surveys

Key Quantitative Findings

All Populations Based on Survey Data Only
(n=138 Participants)

School Psychologists

(n=12 Participants)

School psychologists reported that they were comfortable reporting red flags of autism to Black* parents, yet only 33% of school psychologists were comfortable making a recommendation to begin services or seeking a more thorough evaluation when they suspected autism for Black* children.

School psychologists conducted an average of 35 autism evaluations (Total n=415).

42% of school psychologists provided information, resources, or referrals to Black* parents when they first reported signs of ASD.

16% of school psychologists had follow-ups with parents and teachers on any recommended interventions.

Only 50% of school psychologists received adequate professional development in assessing children from culturally diverse backgrounds.

Psychologists

(n=8 Participants)

Psychologists conducted an average of 10 autism evaluations (Total n=62).

62% of psychologists reported that Black* parents did not report concerns that their child exhibited ASD symptoms.

38% of psychologists have not received adequate professional development in assessing children from culturally diverse backgrounds.

Psychologists are comfortable to extremely comfortable reporting red flags of autism to Black* parents.

Only 25% of psychologists are somewhat comfortable providing information, resources, or referrals to Black* parents when they first report signs of ASD.

25% of psychologists are somewhat comfortable advising parents through an ASD evaluation, and 50% of psychologists are somewhat comfortable making a recommendation when they suspect autism in Black* children.

Health Care Providers

(n=11 Participants)

Health care providers reported a yearly average of 17 referrals to parents to have a neurologist, developmental pediatrician, or clinical psychologist rule out autism (a high of 100 referrals, low of 0 referrals).

Health care providers reported a yearly average of 11 referrals to Black* parents to have a neurologist, developmental pediatrician, or clinical psychologist rule out autism (with a high of 12 referrals, low of 0 referrals).

77% of health care providers are strongly comfortable identifying the red flags of autism for White children compared to 36% health care providers being strongly comfortable identifying the red flags of autism for Black* children.

90% of health care providers are comfortable screening and identifying the signs of autism and are comfortable discussing developmental concerns with parents. However, 66% of health care providers take the proper steps to guide parents through the ASD identification process.

Frequently reported assessments used by health care providers are: developmental screenings, Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R), Communication and Symbolic Behavior Scales (CSBS), Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2), Childhood Autism Rating Scale, 2nd Edition (CARS), Ages and Stages

Questionnaires, SE-2 (ASQ-SE2), Systematic Observation of Red Flags (SORF), Gilliam Autism Rating Scale, Verbal Behavior Assessment.

Health care providers rule out autism by utilizing assessments to detect current developmental and language skills deemed appropriate based on: the child's current age; parent reporting; referrals for a comprehensive evaluation; child observations during wellness visits; and developmental milestones.

Health care providers are likely to refer children for further assessment if the child does not meet their developmental milestones according to their current age. The data shows that the overall reason for referral was the display of ASD symptoms exhibited by the child (e.g., lack of social interactions with peers, lack of motor and vocal imitation skills, lack of eye contact, lack of control over destructive behaviors, limited to no speech, low expressive or receptive skills, lack of communication skills, little to no awareness of safety, or demonstration of dangerous habits or lack of personal boundaries within social settings) over a specific period of time.

Only 23% of health care providers reported that Black* parents often did not report concerns of their Black* child.

Our results show that 73% of health care providers provided information, resources, or referrals to Black* parents when they first reported signs of ASD.

Only 36% of health care providers provided parents with developmental checklists or regularly

screened children for ASD.

The data reported that 77% of health care providers provided parents with resources to collect information on developmental milestones.

Our results show that 91% of health care providers make recommendations when they suspect autism for Black* children.

Only 36% of health care providers believe autism manifests differently in White and Black* children, and 100% of health care providers reported that Black* children are under-identified with ASD.

Faith-Based Representatives

80% of faith-based representatives reported that the faith community plays a role in supporting children with autism and their families.

80% of faith-based representatives reported that Black* children are under-identified with ASD, and 100% of faith-based representatives welcome Black* children with ASD to their place of worship.

Only 20% of faith-based representatives attempt to understand disabilities from faith and cultural perspectives.

40% of faith-based representatives make accommodations within church activities and services to ensure that Black* families with children and adults with autism feel welcomed and included.

ESE Staff and Directors

(n=68 Participants)

75% of ESE staff and directors are informed of the current process for assessing children with ASD.

ESE staff and directors reported the following changes they would recommend:

- "ASD needs to be considered earlier for all children in our county but specifically for Black* children. Too much time is wasted using DD when the child is very clearly on the spectrum."
- "Educate from a very early age and stage"
- "Providing support and information would be a start."
- "Have community outreach center with information on autism and assessment/help available in predominantly Black* neighborhoods and info in churches"
- "Early Intervention"
- "Provide the parents with more information on ASD and services."
- "Multiple social/emotional tests should be done."
- "Screen all students equally. Have trained educators without bias conduct the screening."
- "Assess students in their native language."
- "Provide educators (especially those who teach PreK) with the appropriate resources, such as material and equipment that will help students develop their relevant domains and successfully achieve IEP goals."
- "Staff needs to be culturally diverse and informed."

- “Advocacy and education for parents of Black* children”
- “PreK staffing needs to correctly place students instead of placing everyone in a specialized class”
- “Test them younger.”
- “More research should be done on how autism might present differently for Black* children. Then those differences should be taken into account. The problem is that the White male presentation is the default. We need a greater sample size of presentation.”
- “Spending time to understand the culture norms, rules of the families.”
- “More outreach from birth to PreK. Possibly training doctors, healthcare providers, childcare providers to reach and provide necessary information to parents/caregivers.”
- "Training for frontline staff in early recognition and under-representation. Our school district does a pretty good job of identifying once kids come to the attention of district staff, but frontline staff (particularly pre-k) don't necessarily consider ASD when a Black* child is struggling."
- “Parent education, interviews, and collaboration improvements”
- “Understanding the Black* culture. building a stronger relationship with parents and Black* community”
- “More professional development to determine new resources to provide to parents”
- “Screening measures should take into account differences in culture that impact behavior”
- “The only change to the process would be to better inform parents of intervention and

evaluation and educate them more on Autism if suspected.”

- “Better material provided to the teacher of the range of behaviors that can be seen when assessing children on the ASD spectrum.”
- “Parents should be better informed of early services for 3- and 4-year-olds”
- “Add additional behavioral criteria/characteristics that might be observed in culturally diverse populations”

13% of ESE staff and directors reported that Black* children are frequently referred for ASD.

68% of ESE staff and directors reported having a district policy or practice regarding parental requests for assessing their child when they suspect autism.

47% of ESE staff and directors agreed that there were special challenges that existed in the identification of Black* children suspected of autism.

Only 9% of ESE staff and directors agreed that autism is less likely to occur in Black* children.

EI Staff and Directors

(n=24 Participants)

EI staff and directors recommended more advanced professional development on culture and diversity, outreach programs, and more readily available resources for Black* parents.

38% of EI staff and directors thought the the training and professional development provided to staff in assessing children from culturally diverse backgrounds suspected of ASD was wrong and that it was not adequate.

38% of EI staff and directors disagreed that Black* children are frequently referred for ASD.

33% of EI staff and directors agreed that their districts are disproportionately low in ASD identification for Black* children, and 54% of EI staff and directors agreed that developmental delay (DD) eligibility was increasingly being identified in place of ASD.

Black* Parents

(n=10 Participants)

The average age that autism was first sensed in their children by Black* parents was 3 years old. The oldest age reported was ten years old (Palm Beach County participant), and the youngest age reported was 1.5 years old (Broward County participant). Overall, Black* parent participants reported an average age of 9 years old when their child was identified with autism.

70% of Black* parents had difficulties during the process of receiving an ASD identification for their child, and 80% of Black* parents had had concerns and suspicion of autism since their child's early years.

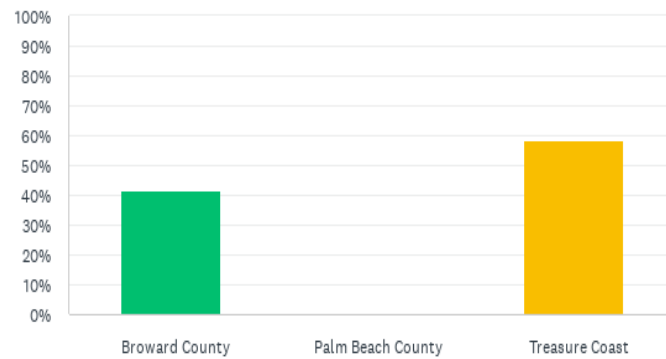
Only 20% of Black* parents reported that their pediatrician(s) agreed with their suspicions and concerns, and 80% of Black* parents reported that their pediatrician(s) did not instruct them on how to proceed with the autism diagnosis and treatment. 80% of Black* parents were unable to learn more about the ASD diagnosis and treatment from their pediatrician(s).

60% of Black* parents reported that their children were eligible for other disability categories such as DD, ID, or EBD within the school setting, and only 40% of Black* parents reported autism as their child's first eligibility. However, 50% of Black* parents did not agree with their child's first diagnosis other than autism and sought a second opinion. Black* parents reported that EBD was frequently the initial identification for their children. On average, Black* parents

received the ASD identification for their child after 4 years of beginning the identification process.

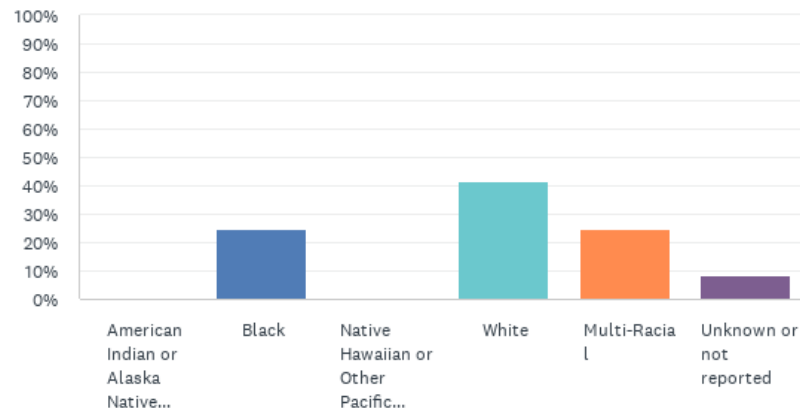
School Psychologists

Q1: Where are you located:

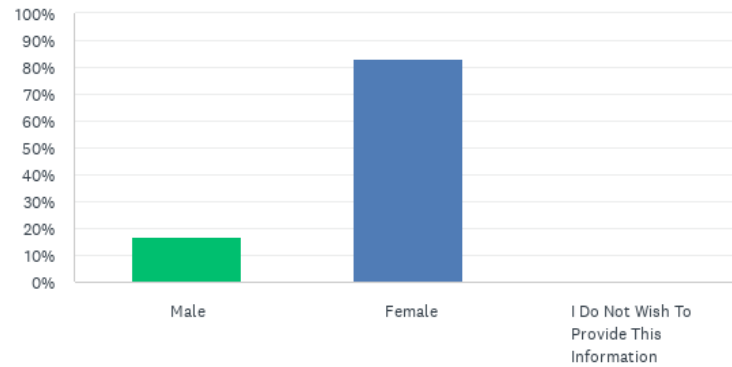


ANSWER CHOICES	RESPONSES	
Broward County	41.67%	5
Palm Beach County	0.00%	0
Treasure Coast	58.33%	7
TOTAL		12

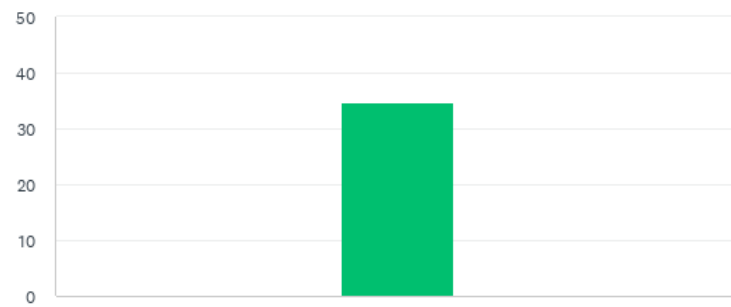
Q2: Race:



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	0.00%	0
Black	25.00%	3
Native Hawaiian or Other Pacific Islander	0.00%	0
White	41.67%	5
Multi-Racial	25.00%	3
Unknown or not reported	8.33%	1
TOTAL		12

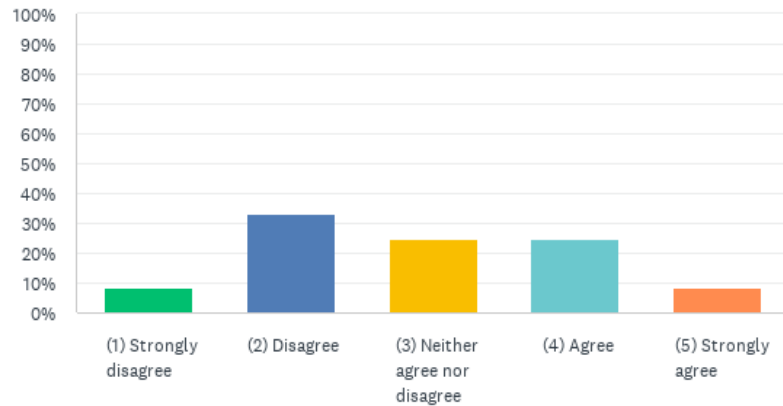
Q3: Gender:

ANSWER CHOICES	RESPONSES	
Male	16.67%	2
Female	83.33%	10
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		12

Q4: How many autism evaluations do you complete each year?

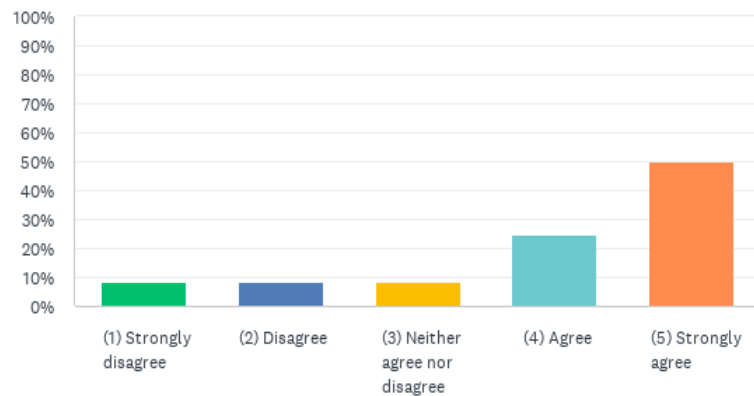
ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	35	416	12
Total Respondents: 12			

Q5: Black* parents often report concerns of their child exhibiting ASD symptoms



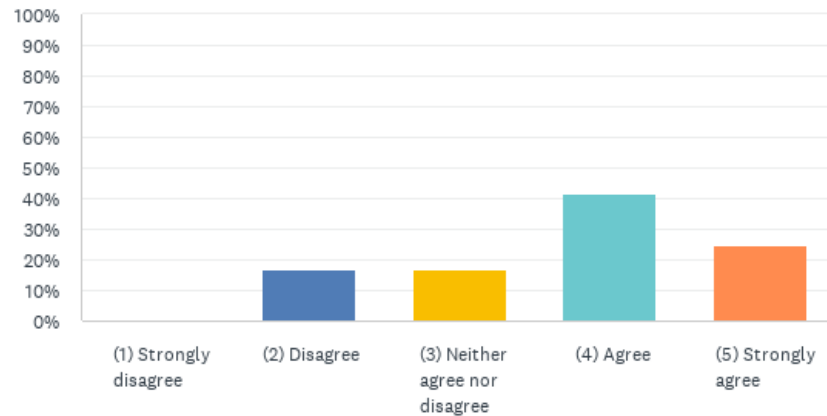
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	8.33%	1
(2) Disagree	33.33%	4
(3) Neither agree nor disagree	25.00%	3
(4) Agree	25.00%	3
(5) Strongly agree	8.33%	1
TOTAL		12

Q6: You have been provided adequate professional development in assessing children of culturally diverse backgrounds.



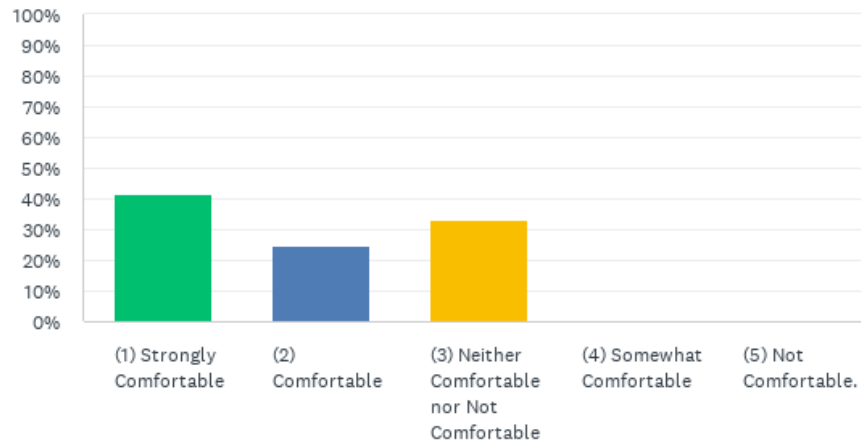
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	8.33%	1
(2) Disagree	8.33%	1
(3) Neither agree nor disagree	8.33%	1
(4) Agree	25.00%	3
(5) Strongly agree	50.00%	6
TOTAL		12

Q7: You have been provided adequate professional development in interviewing and conferencing with parents from culturally diverse backgrounds.

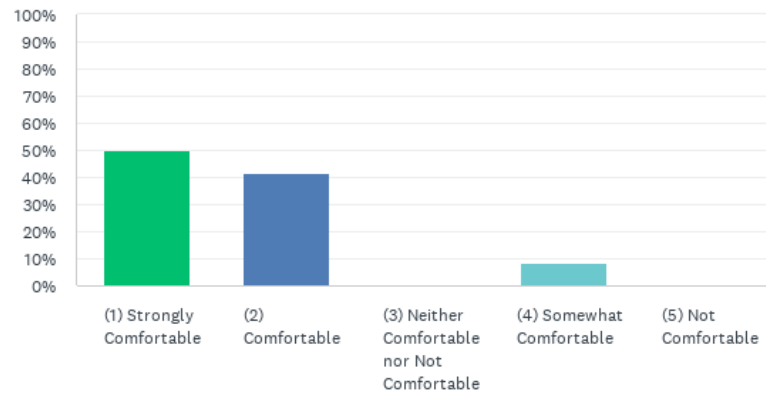


ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	16.67%	2
(3) Neither agree nor disagree	16.67%	2
(4) Agree	41.67%	5
(5) Strongly agree	25.00%	3
TOTAL		12

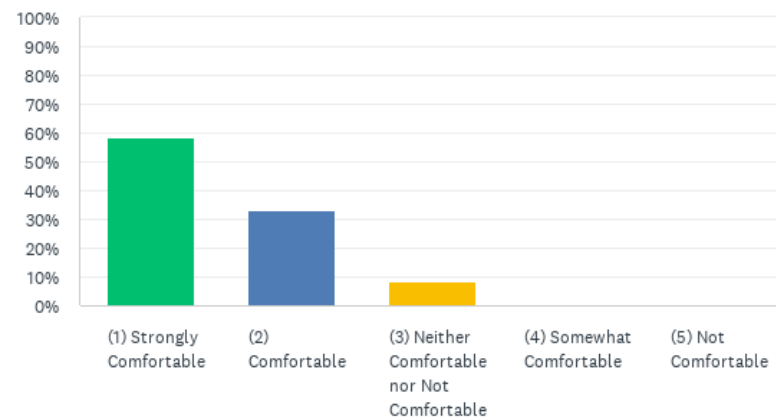
Q9: You currently provide information, resources, or referrals to Black* parents when they first report signs of ASD



ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	41.67%	5
(2) Comfortable	25.00%	3
(3) Neither Comfortable nor Not Comfortable	33.33%	4
(4) Somewhat Comfortable	0.00%	0
(5) Not Comfortable.	0.00%	0
TOTAL		12

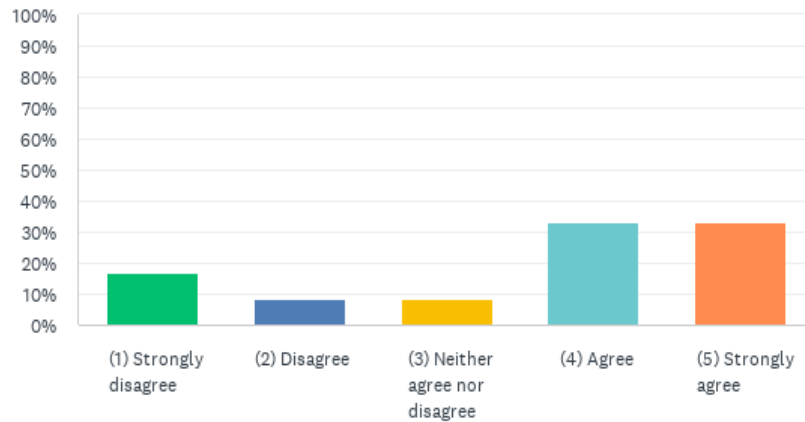
Q10: How comfortable are you advising parents through an ASD evaluation?

ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	50.00%	6
(2) Comfortable	41.67%	5
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	8.33%	1
(5) Not Comfortable	0.00%	0
TOTAL		12

Q11: How comfortable are you in providing parents and teachers with developmental checklists and regularly screen children for ASD?

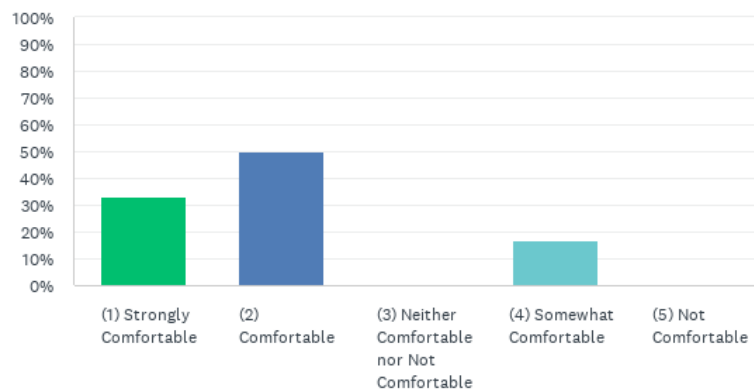
ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	58.33%	7
(2) Comfortable	33.33%	4
(3) Neither Comfortable nor Not Comfortable	8.33%	1
(4) Somewhat Comfortable	0.00%	0
(5) Not Comfortable	0.00%	0
TOTAL		12

Q12: You have provided parents with resources to collect information on developmental milestones



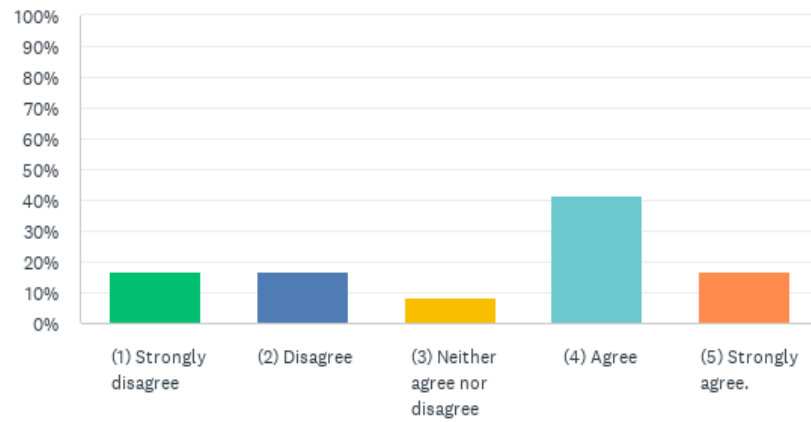
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	16.67%	2
(2) Disagree	8.33%	1
(3) Neither agree nor disagree	8.33%	1
(4) Agree	33.33%	4
(5) Strongly agree	33.33%	4
TOTAL		12

Q13: How comfortable are you in making a recommendation when you suspect autism for Black* children?



ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	33.33%	4
(2) Comfortable	50.00%	6
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	16.67%	2
(5) Not Comfortable	0.00%	0
TOTAL		12

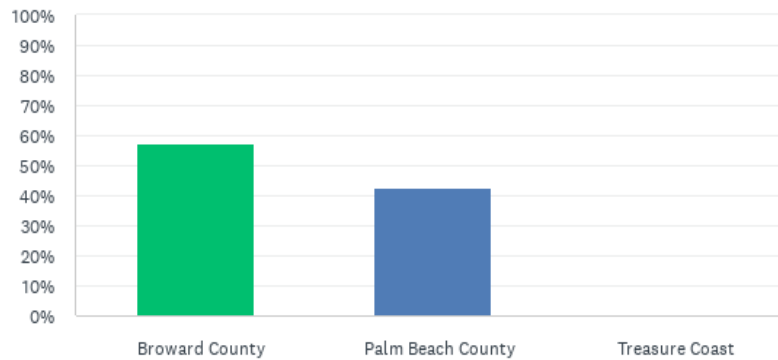
Q14: You have follow-ups with parents and teachers with any recommended interventions after recommendations are made?



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	16.67%	2
(2) Disagree	16.67%	2
(3) Neither agree nor disagree	8.33%	1
(4) Agree	41.67%	5
(5) Strongly agree.	16.67%	2
TOTAL		12

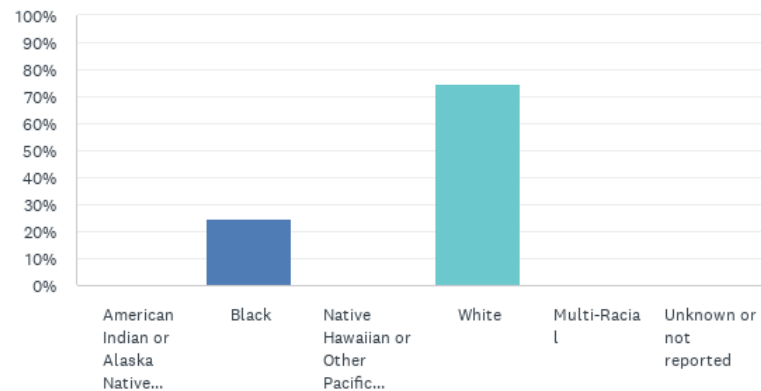
Psychologists

Q1: Where are you located:

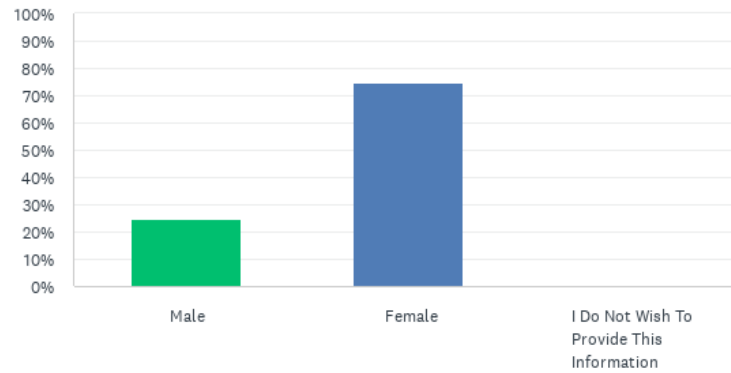


ANSWER CHOICES	RESPONSES	
Broward County	57.14%	4
Palm Beach County	42.86%	3
Treasure Coast	0.00%	0
TOTAL		7

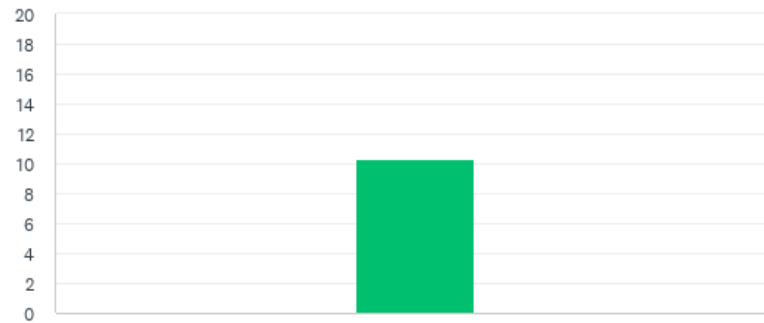
Q2: Race:



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native Asian	0.00%	0
Black	25.00%	2
Native Hawaiian or Other Pacific Islander	0.00%	0
White	75.00%	6
Multi-Racial	0.00%	0
Unknown or not reported	0.00%	0
TOTAL		8

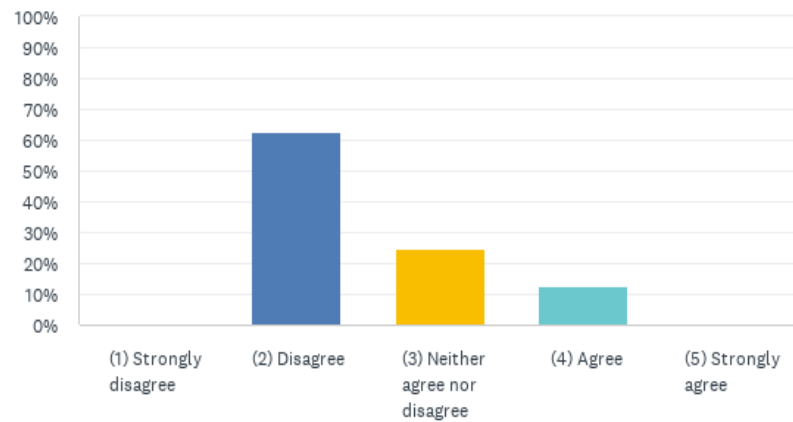
Q3: Gender:

ANSWER CHOICES	RESPONSES	
Male	25.00%	2
Female	75.00%	6
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		8

Q4: How many autism evaluations do you complete each year?

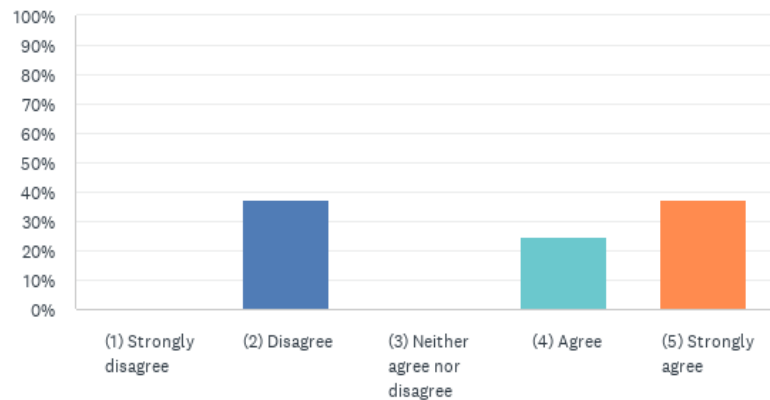
ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	10	62	6
Total Respondents: 6			

Q5: Black* parents often report concerns of their child exhibiting ASD symptoms



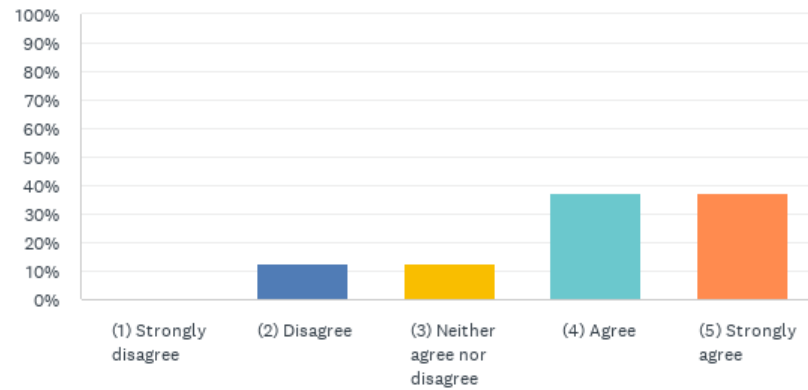
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	62.50%	5
(3) Neither agree nor disagree	25.00%	2
(4) Agree	12.50%	1
(5) Strongly agree	0.00%	0
TOTAL		8

Q6: You have been provided adequate professional development in assessing children of culturally diverse backgrounds.



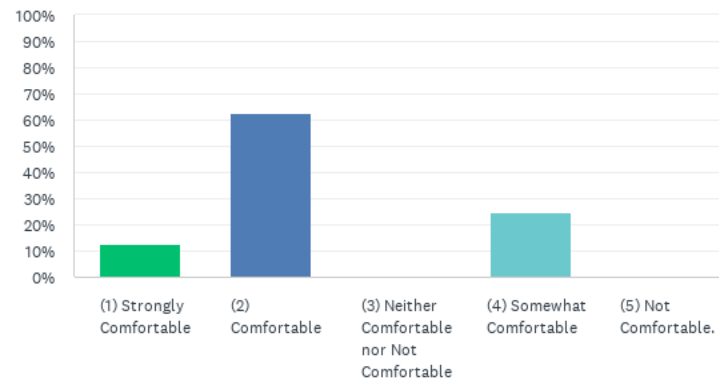
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	37.50%	3
(3) Neither agree nor disagree	0.00%	0
(4) Agree	25.00%	2
(5) Strongly agree	37.50%	3
TOTAL		8

Q7: You have been provided adequate professional development in interviewing and conferencing with parents from culturally diverse backgrounds.



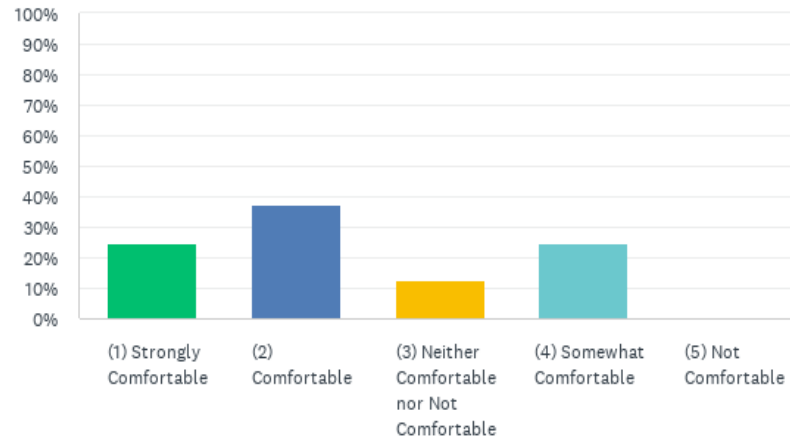
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	12.50%	1
(3) Neither agree nor disagree	12.50%	1
(4) Agree	37.50%	3
(5) Strongly agree	37.50%	3
TOTAL		8

Q9: You currently provide information, resources, or referrals to Black* parents when they first report signs of ASD



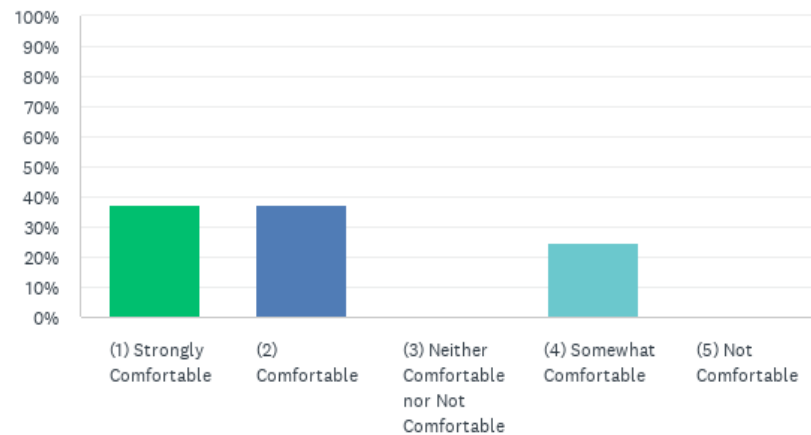
ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	12.50%	1
(2) Comfortable	62.50%	5
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	25.00%	2
(5) Not Comfortable.	0.00%	0
TOTAL		8

Q10: How comfortable are you advising parents through an ASD evaluation?



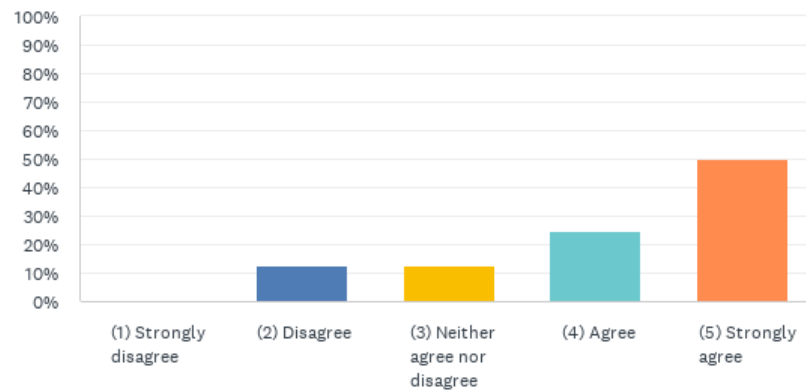
ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	25.00%	2
(2) Comfortable	37.50%	3
(3) Neither Comfortable nor Not Comfortable	12.50%	1
(4) Somewhat Comfortable	25.00%	2
(5) Not Comfortable	0.00%	0
TOTAL		8

Q11: How comfortable are you in providing parents and teachers with developmental checklists and regularly screen children for ASD?



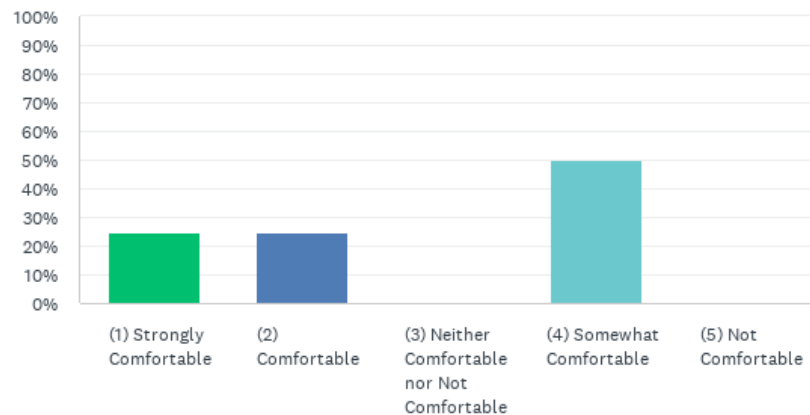
ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	37.50%	3
(2) Comfortable	37.50%	3
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	25.00%	2
(5) Not Comfortable	0.00%	0
TOTAL		8

Q12: You have provided parents with resources to collect information on developmental milestones



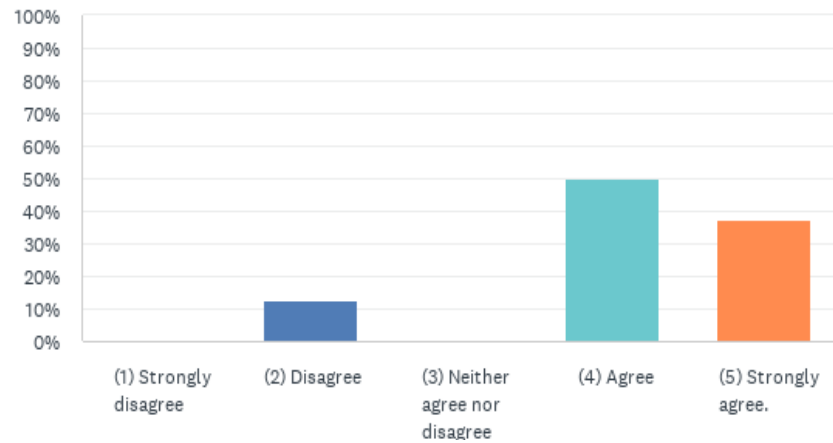
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	12.50% 1
(3) Neither agree nor disagree	12.50% 1
(4) Agree	25.00% 2
(5) Strongly agree	50.00% 4
TOTAL	8

Q13: How comfortable are you in making a recommendation when you suspect autism for Black* children?



ANSWER CHOICES	RESPONSES
(1) Strongly Comfortable	25.00% 2
(2) Comfortable	25.00% 2
(3) Neither Comfortable nor Not Comfortable	0.00% 0
(4) Somewhat Comfortable	50.00% 4
(5) Not Comfortable	0.00% 0
TOTAL	8

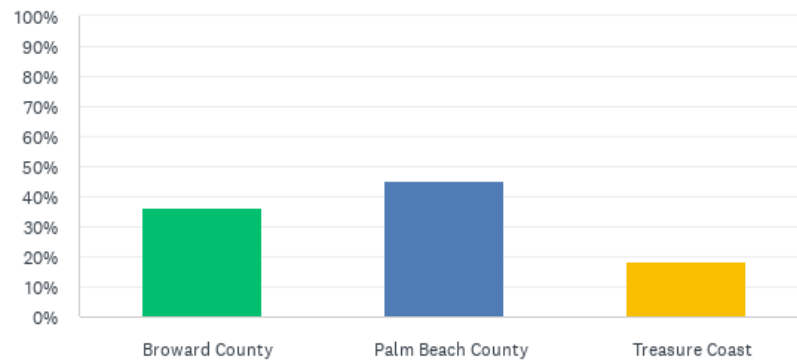
Q14: You have follow-ups with parents and teachers with any recommended interventions after recommendations are made?



ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	12.50% 1
(3) Neither agree nor disagree	0.00% 0
(4) Agree	50.00% 4
(5) Strongly agree.	37.50% 3
TOTAL	8

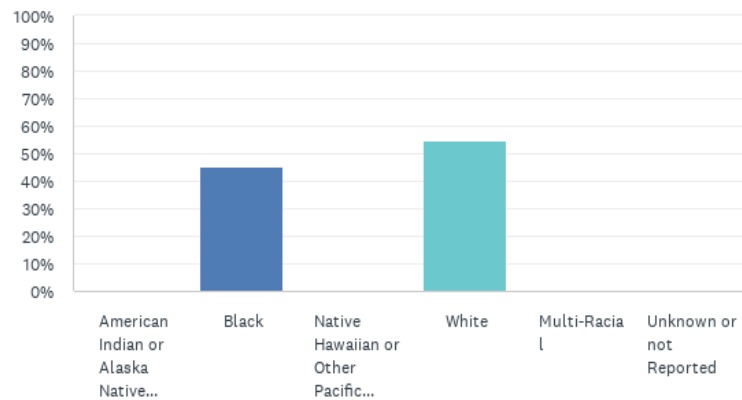
Health Care Providers

Q1: Where are you located:

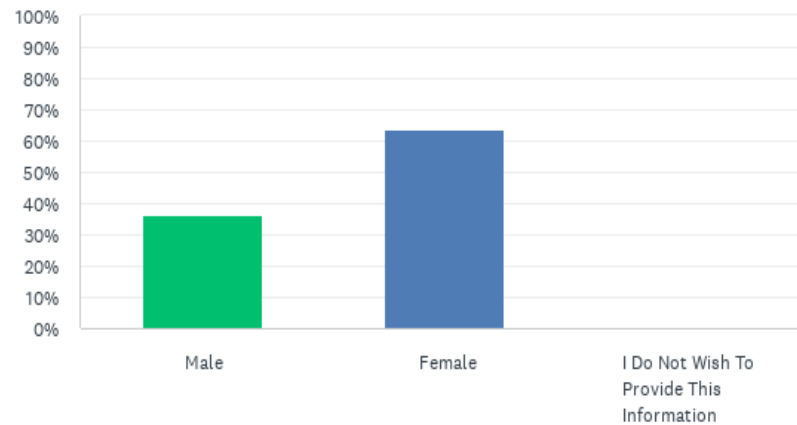


ANSWER CHOICES	RESPONSES	
Broward County	36.36%	4
Palm Beach County	45.45%	5
Treasure Coast	18.18%	2
TOTAL		11

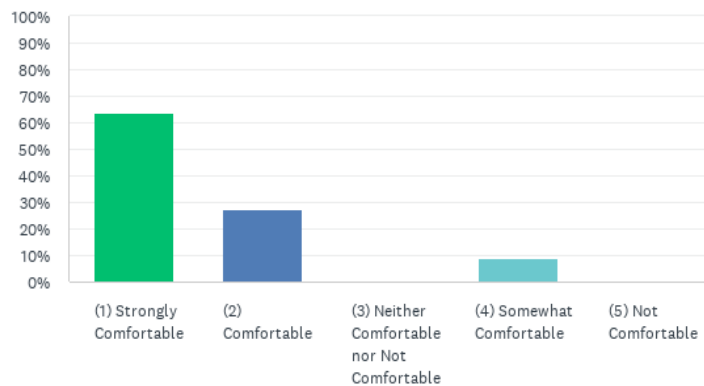
Q2: Race:



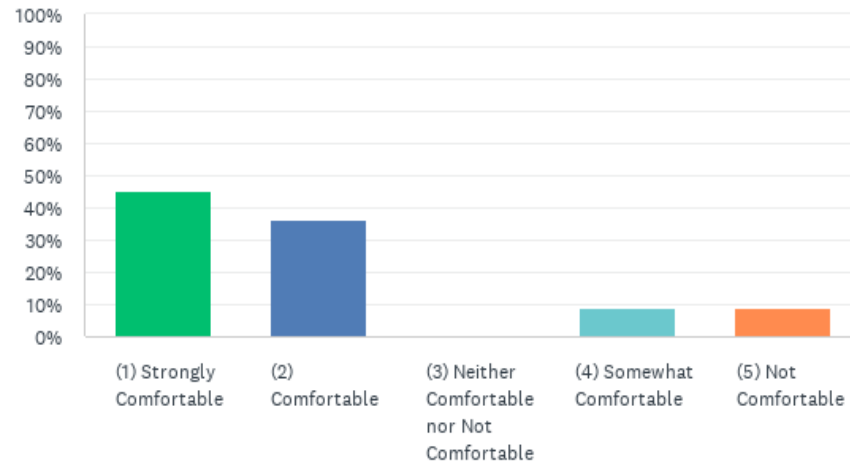
ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native Asian	0.00%	0
Black	45.45%	5
Native Hawaiian or Other Pacific Islander	0.00%	0
White	54.55%	6
Multi-Racial	0.00%	0
Unknown or not Reported	0.00%	0
TOTAL		11

Q3: Gender:

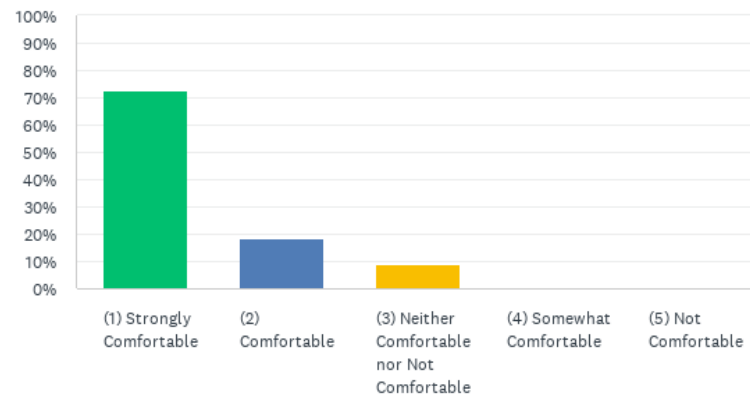
ANSWER CHOICES	RESPONSES	
Male	36.36%	4
Female	63.64%	7
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		11

Q6: You are comfortable identifying the red flags of autism

ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	63.64%	7
(2) Comfortable	27.27%	3
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	9.09%	1
(5) Not Comfortable	0.00%	0
TOTAL		11

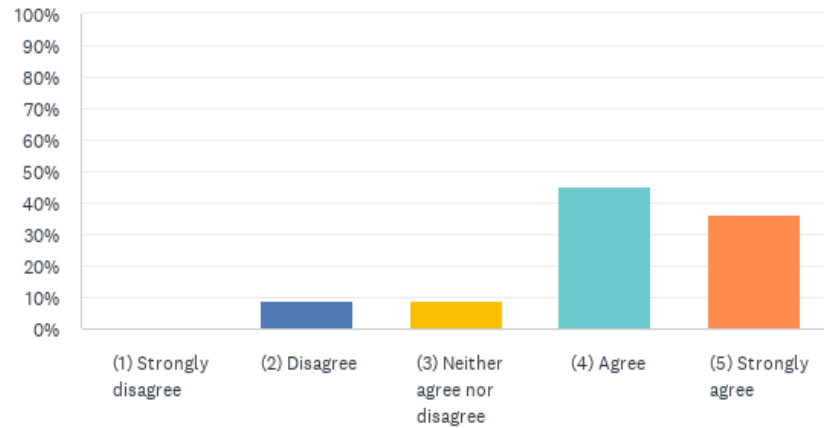
Q7: You are comfortable in screening and identifying the signs of autism

ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	45.45%	5
(2) Comfortable	36.36%	4
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	9.09%	1
(5) Not Comfortable	9.09%	1
TOTAL		11

Q8: You are comfortable in discussing developmental concerns with parents

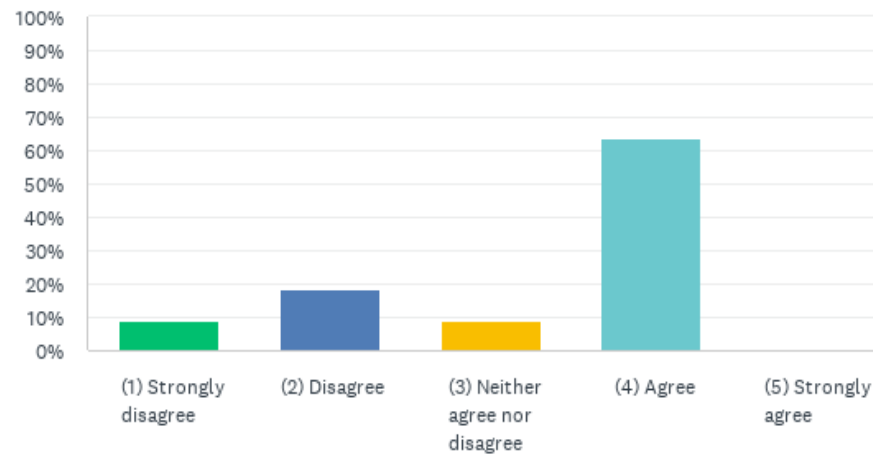
ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	72.73%	8
(2) Comfortable	18.18%	2
(3) Neither Comfortable nor Not Comfortable	9.09%	1
(4) Somewhat Comfortable	0.00%	0
(5) Not Comfortable	0.00%	0
TOTAL		11

Q9: You take the proper steps to guide parents through the ASD identification process



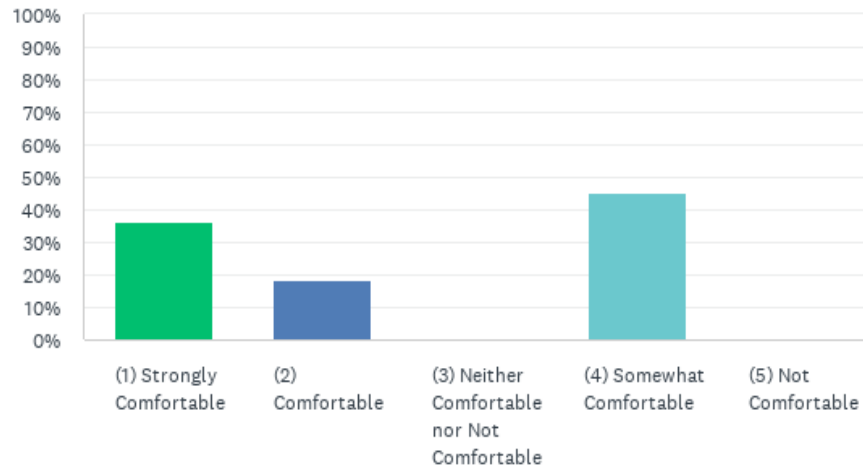
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	9.09% 1
(3) Neither agree nor disagree	9.09% 1
(4) Agree	45.45% 5
(5) Strongly agree	36.36% 4
TOTAL	11

Q12: Black* parents often report concerns of their child exhibiting ASD symptoms



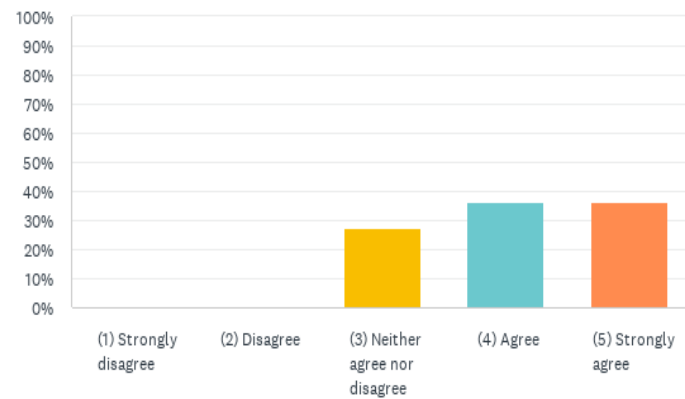
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	9.09% 1
(2) Disagree	18.18% 2
(3) Neither agree nor disagree	9.09% 1
(4) Agree	63.64% 7
(5) Strongly agree	0.00% 0
TOTAL	11

Q13: You are comfortable discussing red flags of autism with Black* parents



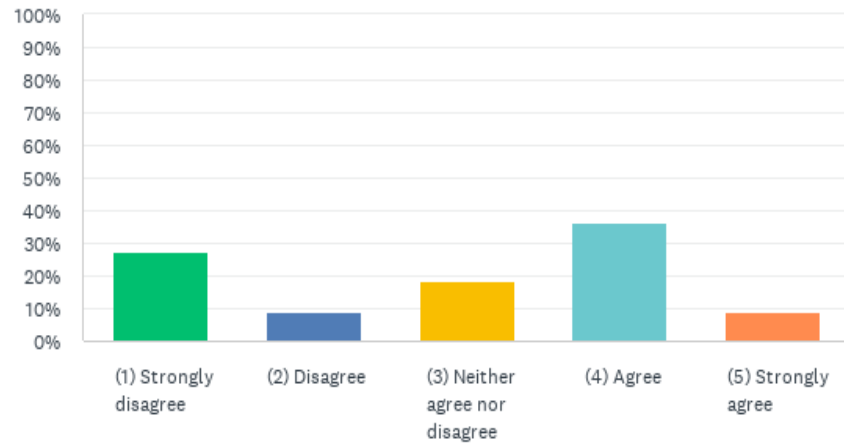
ANSWER CHOICES	RESPONSES	
(1) Strongly Comfortable	36.36%	4
(2) Comfortable	18.18%	2
(3) Neither Comfortable nor Not Comfortable	0.00%	0
(4) Somewhat Comfortable	45.45%	5
(5) Not Comfortable	0.00%	0
TOTAL		11

Q14: You provide information, resources, or referrals to Black* parents when they first report signs of ASD



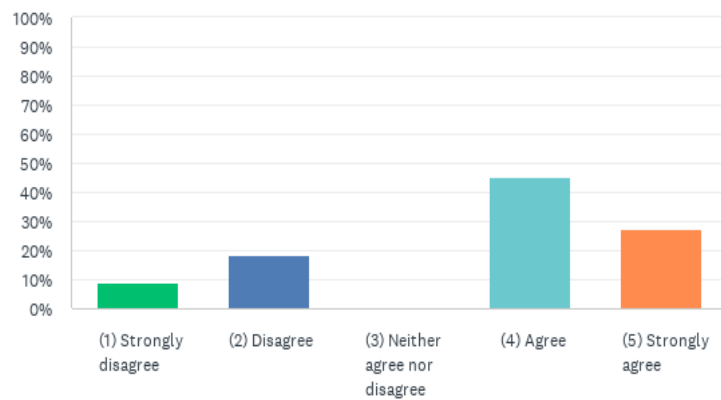
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	27.27%	3
(4) Agree	36.36%	4
(5) Strongly agree	36.36%	4
TOTAL		11

Q15: You provide parents with developmental checklists and/or regularly screen children for ASD



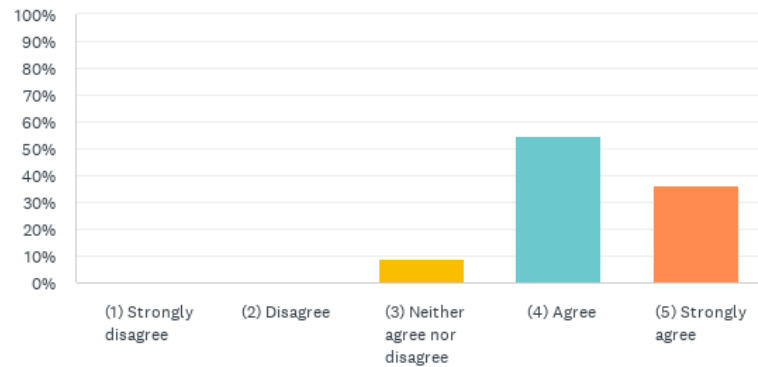
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	27.27%	3
(2) Disagree	9.09%	1
(3) Neither agree nor disagree	18.18%	2
(4) Agree	36.36%	4
(5) Strongly agree	9.09%	1
TOTAL		11

Q16: You provide parents with resources to collect information on developmental milestones



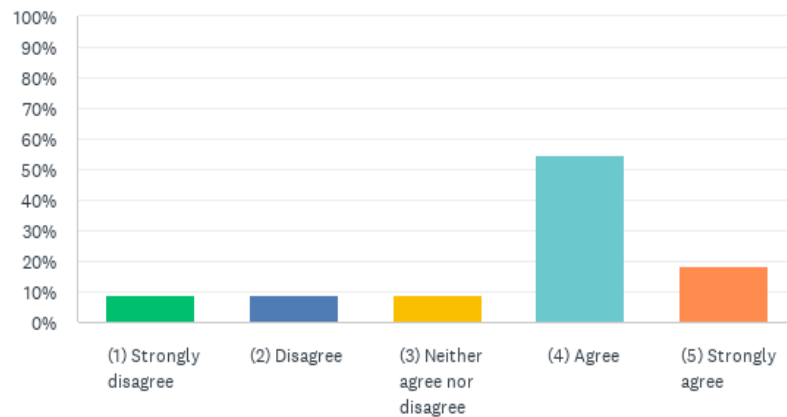
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	9.09%	1
(2) Disagree	18.18%	2
(3) Neither agree nor disagree	0.00%	0
(4) Agree	45.45%	5
(5) Strongly agree	27.27%	3
TOTAL		11

Q17: You make a recommendation when you suspect autism for Black* children



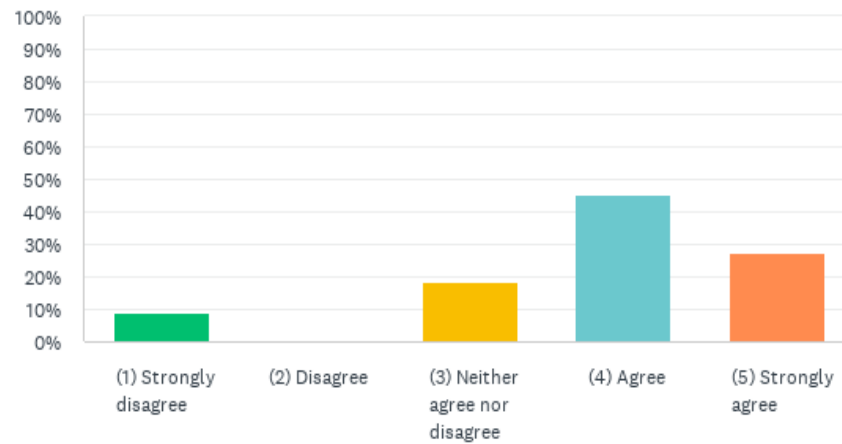
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	9.09%	1
(4) Agree	54.55%	6
(5) Strongly agree	36.36%	4
TOTAL		11

Q18: You follow up with parents after referring the parent to a neurologist, developmental pediatrician, or clinical psychologist to rule out autism



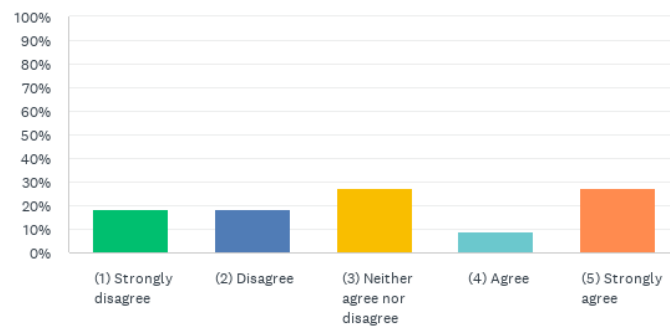
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	9.09%	1
(2) Disagree	9.09%	1
(3) Neither agree nor disagree	9.09%	1
(4) Agree	54.55%	6
(5) Strongly agree	18.18%	2
TOTAL		11

Q19: You have adequate resources to share with parents diagnosed with ASD or you suspect with ASD.

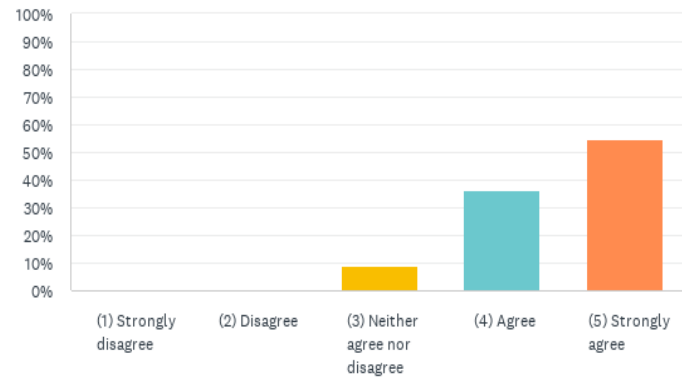


ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	9.09%	1
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	18.18%	2
(4) Agree	45.45%	5
(5) Strongly agree	27.27%	3
TOTAL		11

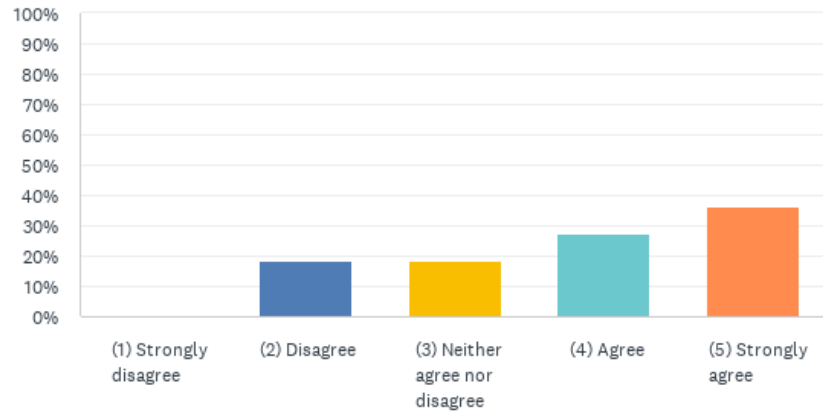
Q21: Autism manifests differently in White and Black* children



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	18.18%	2
(2) Disagree	18.18%	2
(3) Neither agree nor disagree	27.27%	3
(4) Agree	9.09%	1
(5) Strongly agree	27.27%	3
TOTAL		11

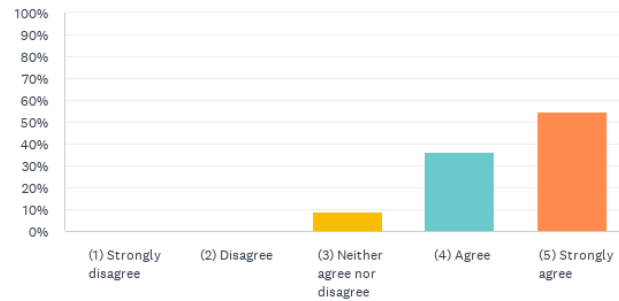
Q22: You encourage parents to seek both evaluations from the school district and/or from a medical specialist

ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	36.36%	4
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	9.09%	1
(4) Agree	18.18%	2
(5) Strongly agree	36.36%	4
TOTAL		11

Q23: You have scheduled follow-up meetings with Black* parents after the determination of ASD eligibility or diagnosis

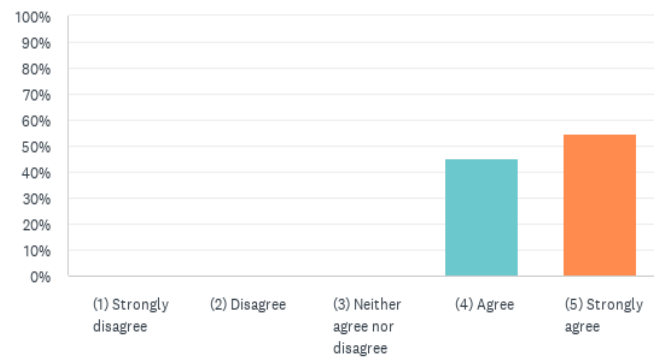
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	18.18%	2
(3) Neither agree nor disagree	18.18%	2
(4) Agree	27.27%	3
(5) Strongly agree	36.36%	4
TOTAL		11

Q24: You have provided resources and materials for Black* parents



ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	0.00% 0
(3) Neither agree nor disagree	9.09% 1
(4) Agree	36.36% 4
(5) Strongly agree	54.55% 6
TOTAL	11

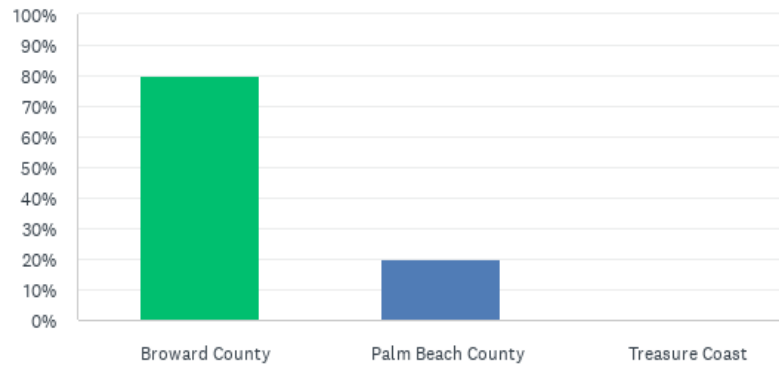
Q25: Black* children are under-identified with ASD



ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	0.00% 0
(3) Neither agree nor disagree	0.00% 0
(4) Agree	45.45% 5
(5) Strongly agree	54.55% 6
TOTAL	11

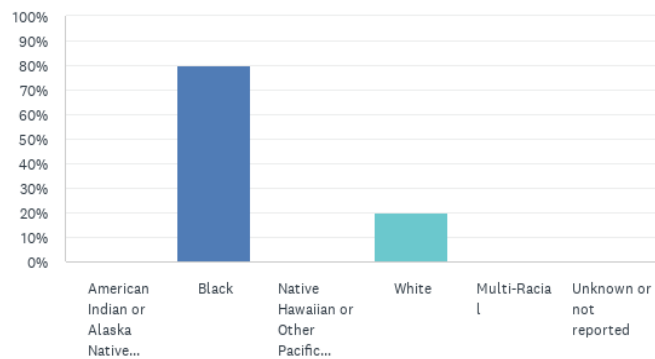
Faith Based Representatives

Q1: Where are you located:



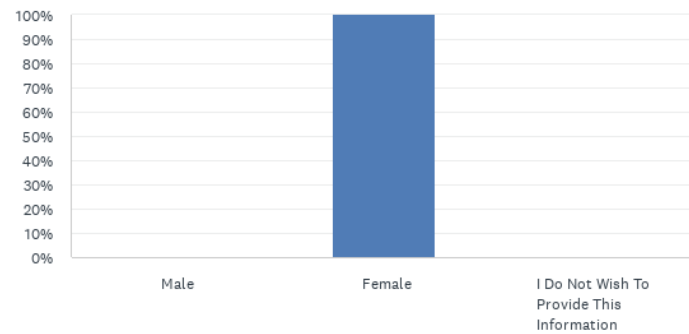
ANSWER CHOICES	RESPONSES	
Broward County	80.00%	4
Palm Beach County	20.00%	1
Treasure Coast	0.00%	0
TOTAL		5

Q2: Race:



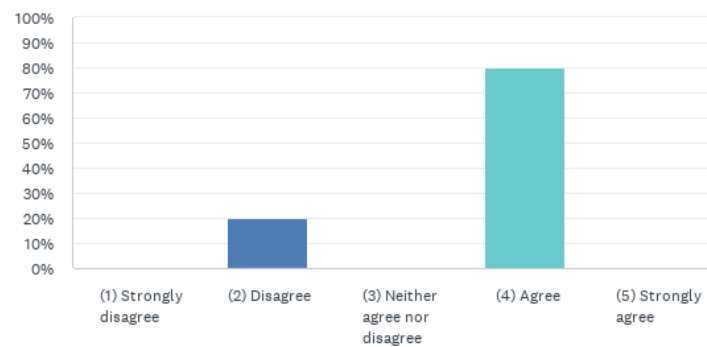
ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native Asian	0.00%	0
Black	80.00%	4
Native Hawaiian or Other Pacific Islander	0.00%	0
White	20.00%	1
Multi-Racial	0.00%	0
Unknown or not reported	0.00%	0
TOTAL		5

Q3: Gender:



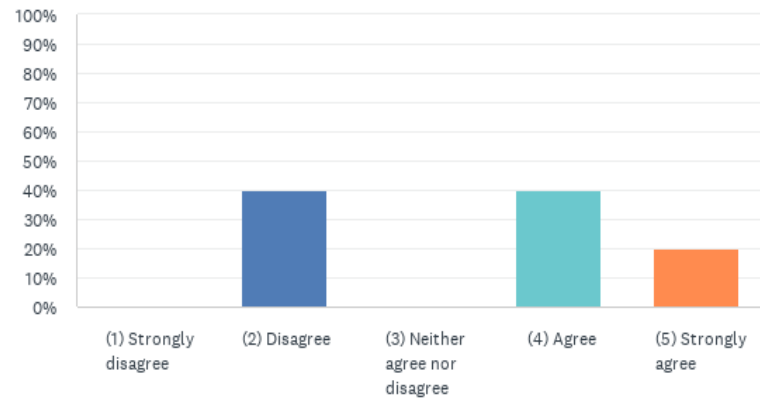
ANSWER CHOICES	RESPONSES	
Male	0.00%	0
Female	100.00%	5
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		5

Q4: Your faith community plays a role in supporting children with autism and their families



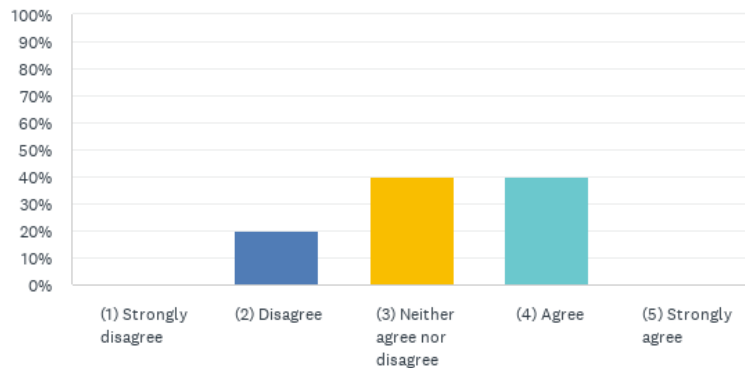
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	1
(3) Neither agree nor disagree	0.00%	0
(4) Agree	80.00%	4
(5) Strongly agree	0.00%	0
TOTAL		5

Q5: Your faith community attempts to understand disabilities from faith and cultural perspectives



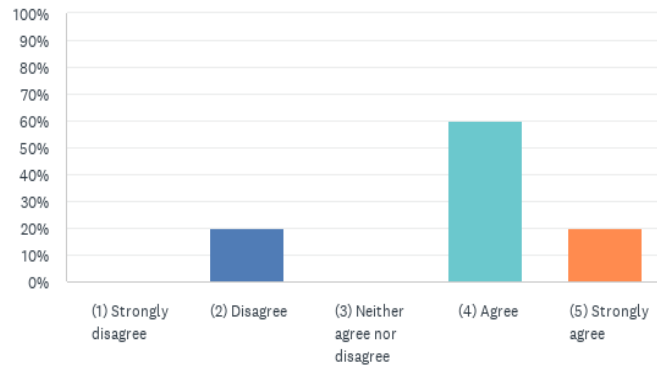
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	40.00%	2
(3) Neither agree nor disagree	0.00%	0
(4) Agree	40.00%	2
(5) Strongly agree	20.00%	1
TOTAL		5

Q6: Your faith community makes accommodations or changes in your church activities and services to ensure families with children and adults with autism feel welcomed and included



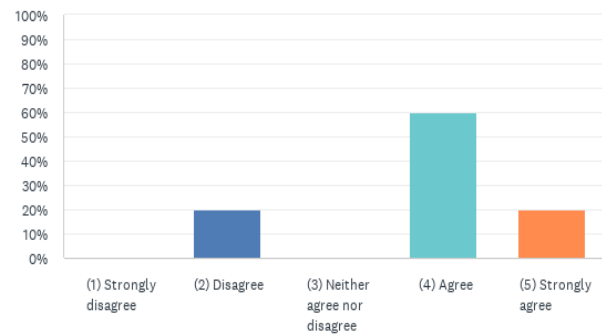
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	1
(3) Neither agree nor disagree	40.00%	2
(4) Agree	40.00%	2
(5) Strongly agree	0.00%	0
TOTAL		5

Q7: Your church planning has taken place to ensure children with autism and their parents are included and felt welcomed and accepted



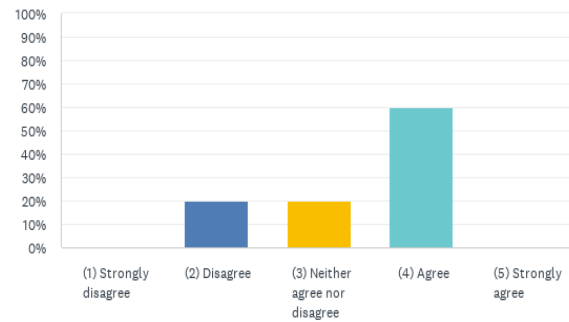
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	20.00% 1
(3) Neither agree nor disagree	0.00% 0
(4) Agree	60.00% 3
(5) Strongly agree	20.00% 1
TOTAL	5

Q8: Should training be provided to church members on autism, disabilities, and culture to ensure families, children, and adults with disabilities are welcomed by church members



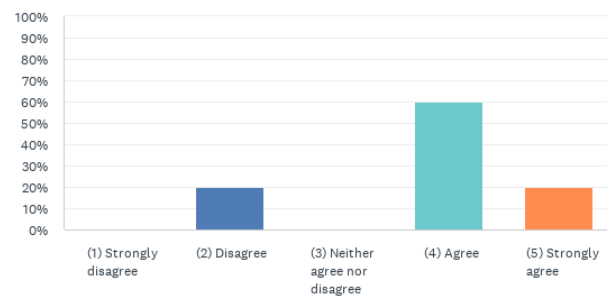
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	20.00% 1
(3) Neither agree nor disagree	0.00% 0
(4) Agree	60.00% 3
(5) Strongly agree	20.00% 1
TOTAL	5

Q9: Your faith community takes the appropriate steps to welcome and support children with autism and their families



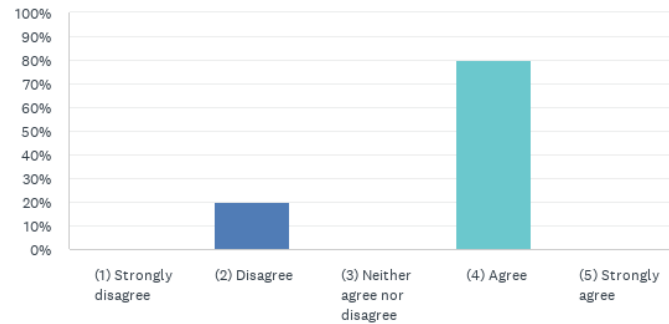
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	1
(3) Neither agree nor disagree	20.00%	1
(4) Agree	60.00%	3
(5) Strongly agree	0.00%	0
TOTAL		5

Q10: You provide resources and/or supports to assist families in raising their children with autism and disabilities in their faith tradition



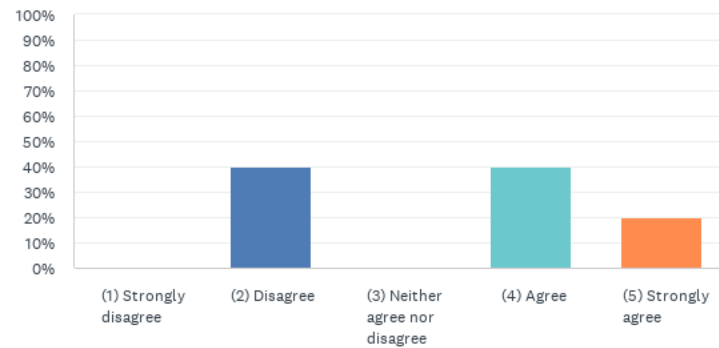
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	1
(3) Neither agree nor disagree	0.00%	0
(4) Agree	60.00%	3
(5) Strongly agree	20.00%	1
TOTAL		5

Q11: Your faith community provides adequate counseling to parents if the parent suspects autism or a disability



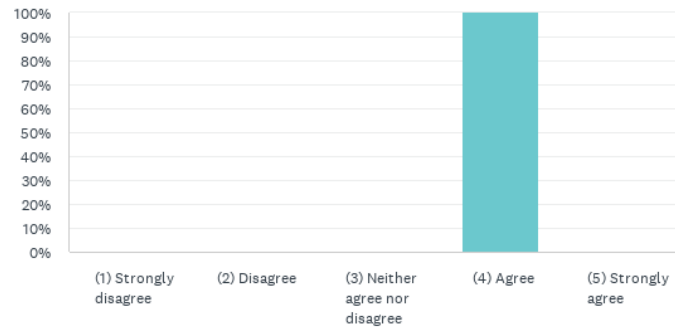
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	1
(3) Neither agree nor disagree	0.00%	0
(4) Agree	80.00%	4
(5) Strongly agree	0.00%	0
TOTAL		5

Q12: Resources and recommendations of support provided by the faith community are useful and beneficial



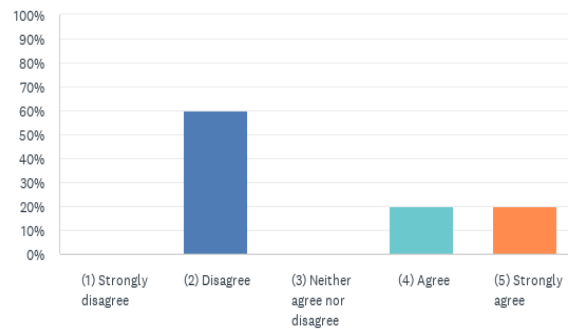
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	40.00%	2
(3) Neither agree nor disagree	0.00%	0
(4) Agree	40.00%	2
(5) Strongly agree	20.00%	1
TOTAL		5

Q13: Your faith community supports parents through the identification process of a disability, such as autism



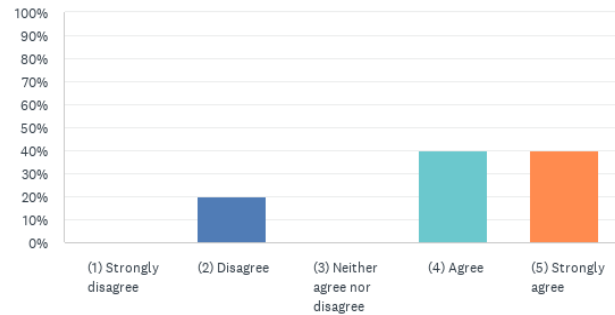
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	0.00%	0
(4) Agree	100.00%	5
(5) Strongly agree	0.00%	0
TOTAL		5

Q14: Faith or cultural factors may have an influence on Black* families seeking identification of autism or a disability



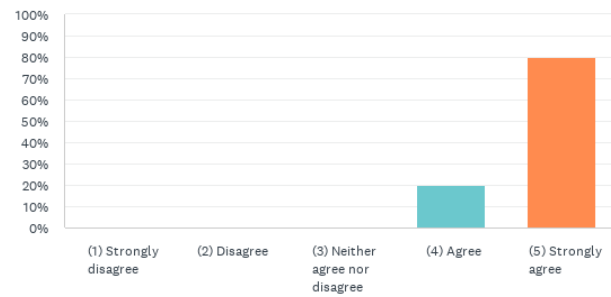
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	60.00%	3
(3) Neither agree nor disagree	0.00%	0
(4) Agree	20.00%	1
(5) Strongly agree	20.00%	1
TOTAL		5

Q15: Cultural factors in the Black* community may complicate an earlier diagnosis of autism and/or treatment



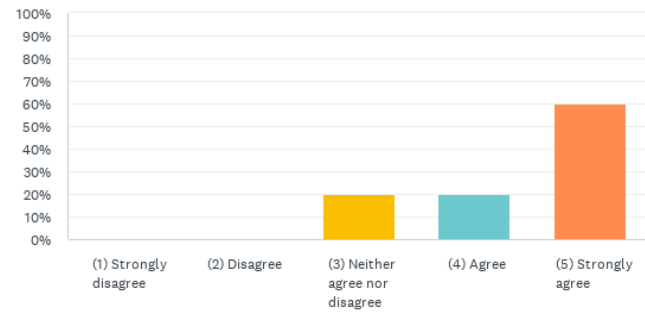
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	20.00% 1
(3) Neither agree nor disagree	0.00% 0
(4) Agree	40.00% 2
(5) Strongly agree	40.00% 2
TOTAL	5

Q16: Black* parents are hesitant to identify their child with ASD



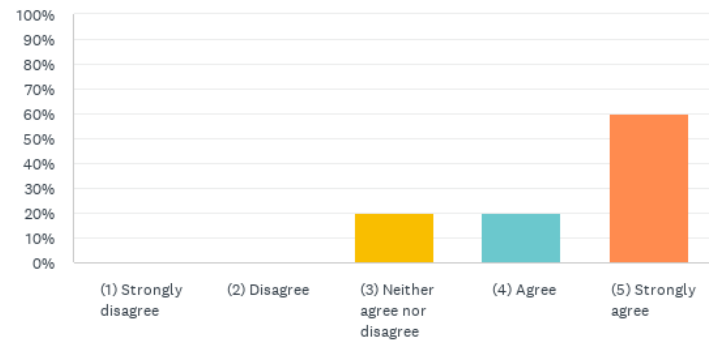
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	0.00% 0
(3) Neither agree nor disagree	0.00% 0
(4) Agree	20.00% 1
(5) Strongly agree	80.00% 4
TOTAL	5

Q17: Black* children are under-identified with ASD



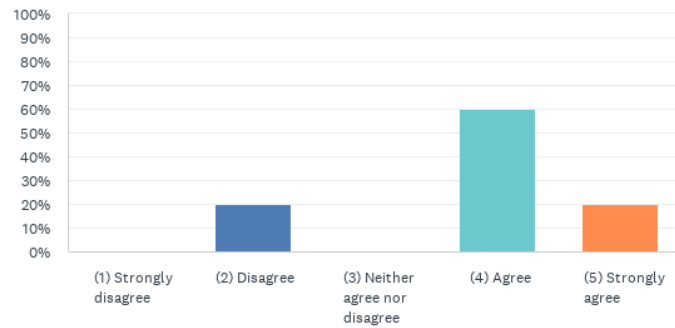
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	20.00%	1
(4) Agree	20.00%	1
(5) Strongly agree	60.00%	3
TOTAL		5

Q18: There are common preconceived notions believers have about a child being diagnosed with autism



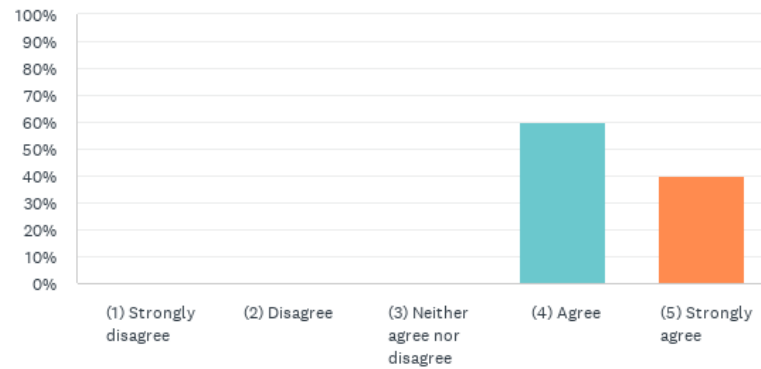
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	20.00%	1
(4) Agree	20.00%	1
(5) Strongly agree	60.00%	3
TOTAL		5

Q19: Children diagnosed with autism feel welcome at your place of worship

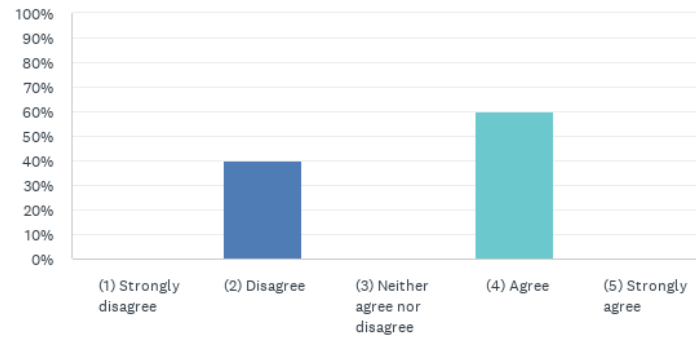


ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	1
(3) Neither agree nor disagree	0.00%	0
(4) Agree	60.00%	3
(5) Strongly agree	20.00%	1
TOTAL		5

Q20: Faith-based members show that Black* children with ASD are welcomed



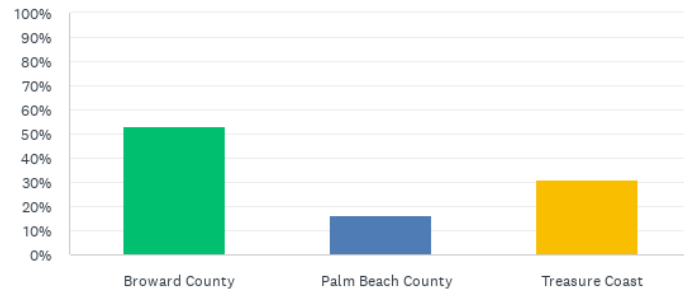
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	0.00%	0
(4) Agree	60.00%	3
(5) Strongly agree	40.00%	2
TOTAL		5

Q21: You are taking steps to debunk preconceived notions about autism for Black* families

ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	40.00%	2
(3) Neither agree nor disagree	0.00%	0
(4) Agree	60.00%	3
(5) Strongly agree	0.00%	0
TOTAL		5

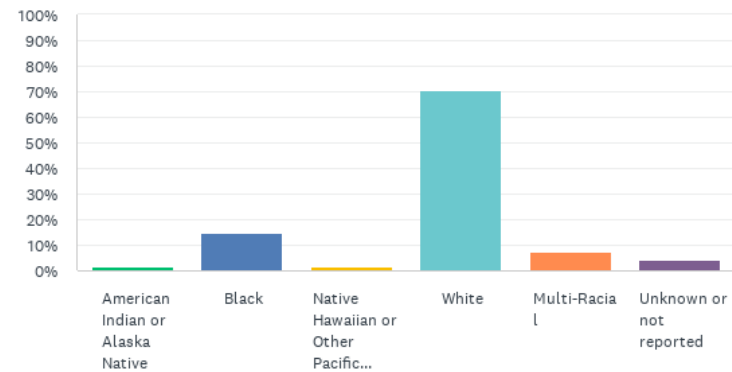
ESE Staff and Directors

Q1: Where are you located:

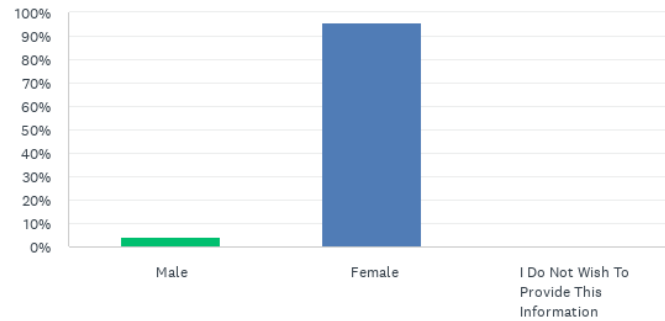


ANSWER CHOICES	RESPONSES	
Broward County	52.94%	36
Palm Beach County	16.18%	11
Treasure Coast	30.88%	21
TOTAL		68

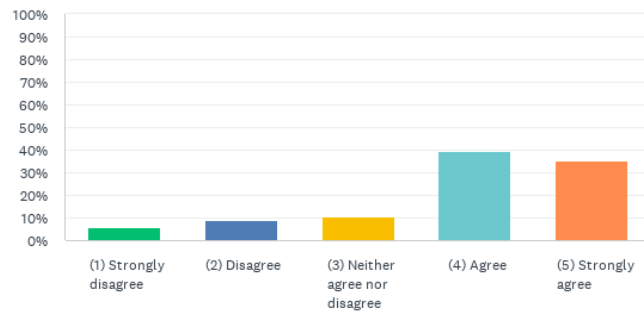
Q2: Race:



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	1.47%	1
Black	14.71%	10
Native Hawaiian or Other Pacific Islander	1.47%	1
White	70.59%	48
Multi-Racial	7.35%	5
Unknown or not reported	4.41%	3
TOTAL		68

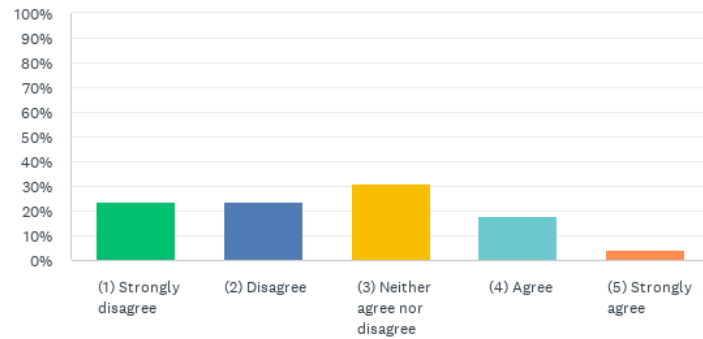
Q3: Gender:

ANSWER CHOICES	RESPONSES	
Male	4.41%	3
Female	95.59%	65
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		68

Q4: You are informed of the current process for assessing children with ASD

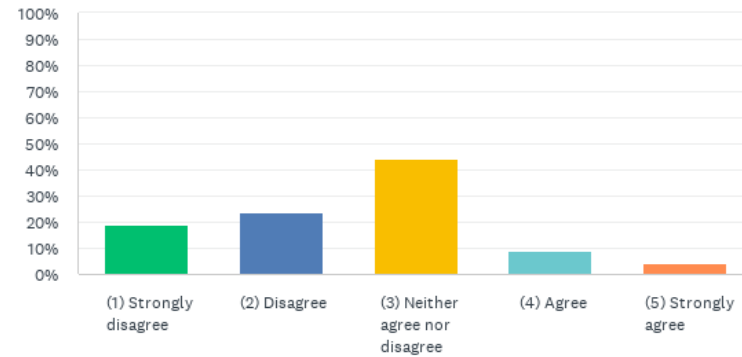
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	5.88%	4
(2) Disagree	8.82%	6
(3) Neither agree nor disagree	10.29%	7
(4) Agree	39.71%	27
(5) Strongly agree	35.29%	24
TOTAL		68

Q6: Training and professional development are provided to staff, in assessing children from culturally diverse backgrounds suspected of ASD



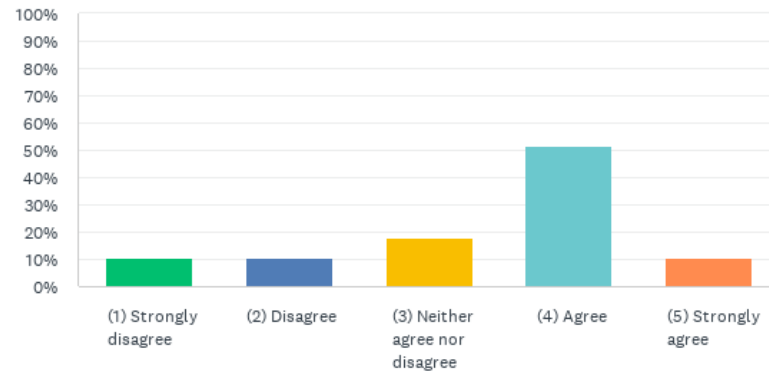
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	23.53%	16
(2) Disagree	23.53%	16
(3) Neither agree nor disagree	30.88%	21
(4) Agree	17.65%	12
(5) Strongly agree	4.41%	3
TOTAL		68

Q7: Black* children are frequently referred for ASD



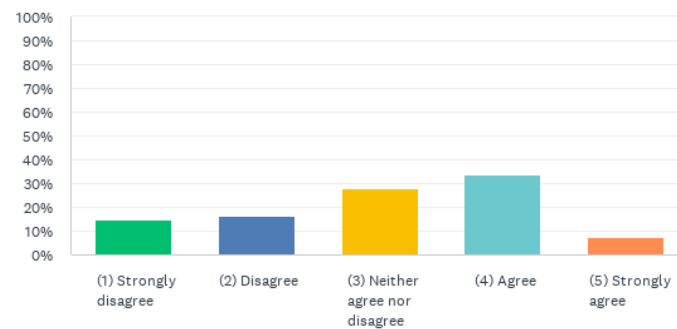
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	19.12%	13
(2) Disagree	23.53%	16
(3) Neither agree nor disagree	44.12%	30
(4) Agree	8.82%	6
(5) Strongly agree	4.41%	3
TOTAL		68

Q8: Parents are involved in the process of referring children for ASD evaluation



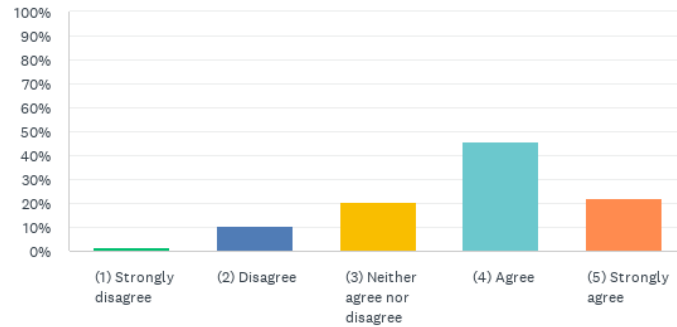
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	10.29%	7
(2) Disagree	10.29%	7
(3) Neither agree nor disagree	17.65%	12
(4) Agree	51.47%	35
(5) Strongly agree	10.29%	7
TOTAL		68

Q9: There are considerations made for assessing children of diverse cultural and linguistic backgrounds



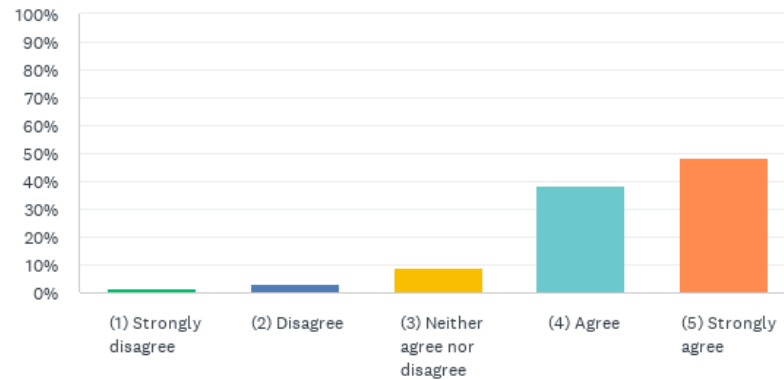
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	14.71%	10
(2) Disagree	16.18%	11
(3) Neither agree nor disagree	27.94%	19
(4) Agree	33.82%	23
(5) Strongly agree	7.35%	5
TOTAL		68

Q10: There is a district policy or practice regarding parental requests for assessment of their child, which they suspect may have autism



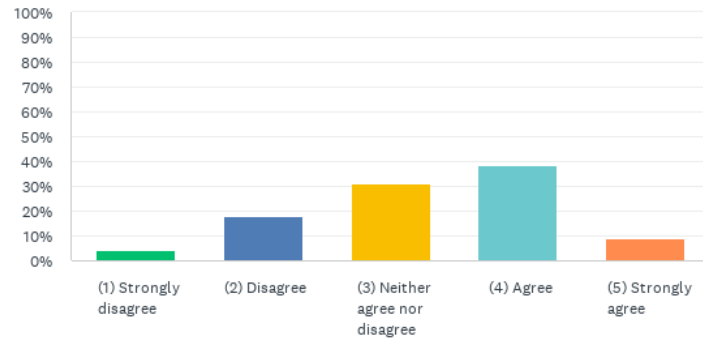
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	1.47%	1
(2) Disagree	10.29%	7
(3) Neither agree nor disagree	20.59%	14
(4) Agree	45.59%	31
(5) Strongly agree	22.06%	15
TOTAL		68

Q11: You ensure parental concerns are being addressed



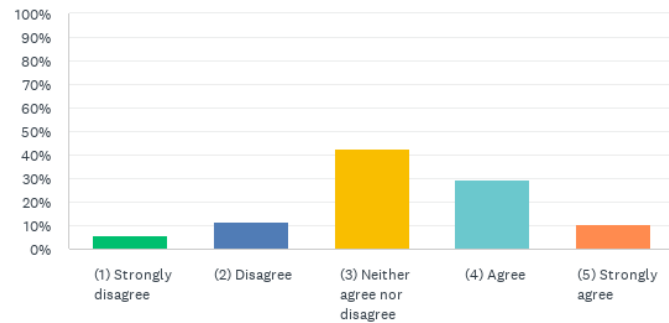
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	1.47%	1
(2) Disagree	2.94%	2
(3) Neither agree nor disagree	8.82%	6
(4) Agree	38.24%	26
(5) Strongly agree	48.53%	33
TOTAL		68

Q12: There are special challenges that exist in the identification of Black* children suspected of autism



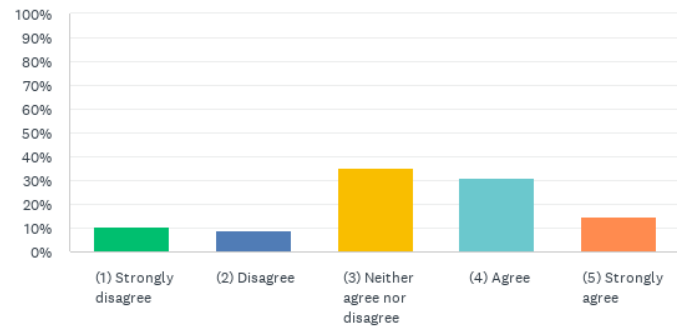
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.41%	3
(2) Disagree	17.65%	12
(3) Neither agree nor disagree	30.88%	21
(4) Agree	38.24%	26
(5) Strongly agree	8.82%	6
TOTAL		68

Q13: You are able to meet the observation requirement for the assessment process when a child is under five years old



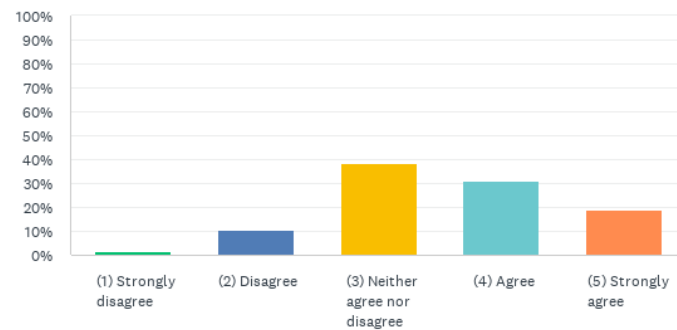
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	5.88%	4
(2) Disagree	11.76%	8
(3) Neither agree nor disagree	42.65%	29
(4) Agree	29.41%	20
(5) Strongly agree	10.29%	7
TOTAL		68

Q14: Specific settings or lack of settings facilitate or impede the observation requirement



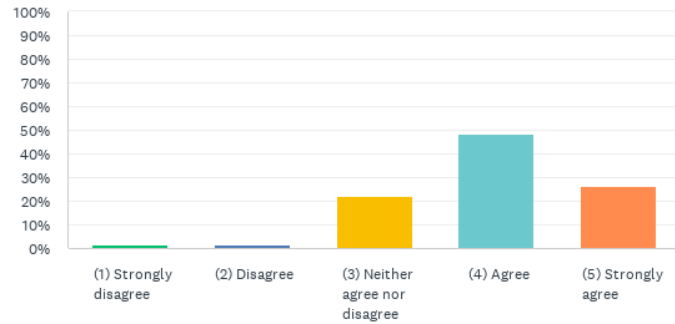
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	10.29%	7
(2) Disagree	8.82%	6
(3) Neither agree nor disagree	35.29%	24
(4) Agree	30.88%	21
(5) Strongly agree	14.71%	10
TOTAL		68

Q15: Black* parents are hesitant to place their children in ASD programs.



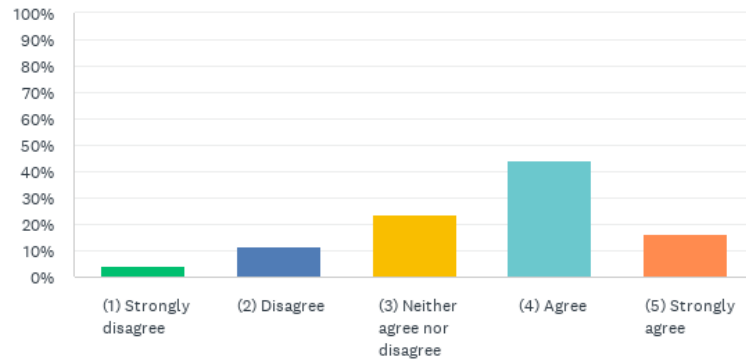
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	1.47%	1
(2) Disagree	10.29%	7
(3) Neither agree nor disagree	38.24%	26
(4) Agree	30.88%	21
(5) Strongly agree	19.12%	13
TOTAL		68

Q16: Black* parents can support educators in the efficient and effective identification of Black* children suspected of autism



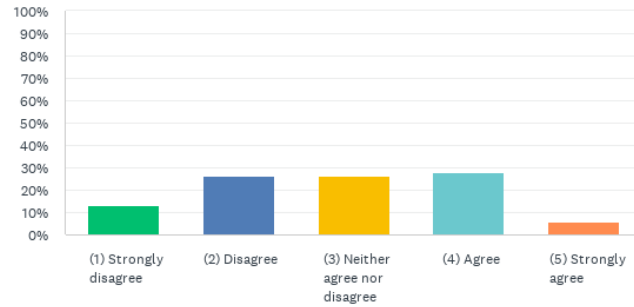
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	1.47%	1
(2) Disagree	1.47%	1
(3) Neither agree nor disagree	22.06%	15
(4) Agree	48.53%	33
(5) Strongly agree	26.47%	18
TOTAL		68

Q17: You have provided recommendations to parents of Black* children to increase involvement in the identification process of their child suspected of ASD



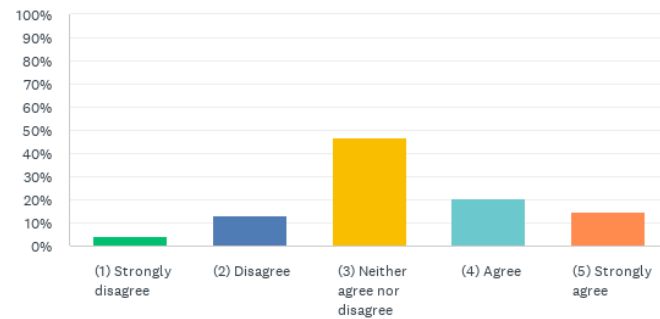
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.41%	3
(2) Disagree	11.76%	8
(3) Neither agree nor disagree	23.53%	16
(4) Agree	44.12%	30
(5) Strongly agree	16.18%	11
TOTAL		68

Q18: Professional development is provided for special education staff in working with children, parents, and families of culturally and linguistically diverse families



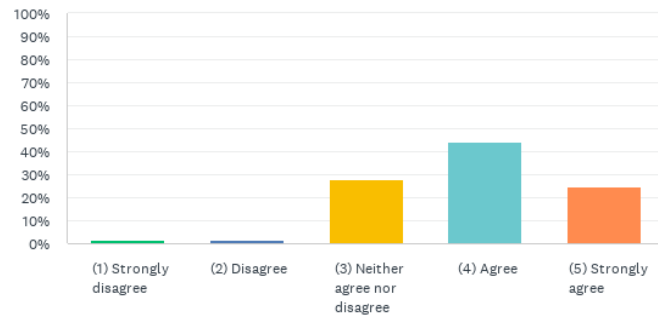
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	13.24%	9
(2) Disagree	26.47%	18
(3) Neither agree nor disagree	26.47%	18
(4) Agree	27.94%	19
(5) Strongly agree	5.88%	4
TOTAL		68

Q19: Your district is disproportionately low in the identification of Black* students in ASD



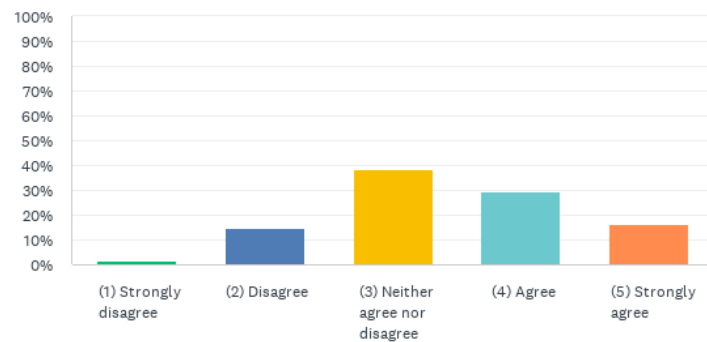
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.41%	3
(2) Disagree	13.24%	9
(3) Neither agree nor disagree	47.06%	32
(4) Agree	20.59%	14
(5) Strongly agree	14.71%	10
TOTAL		68

Q20: Developmental delay (DD) eligibility is increasingly being used in some cases in place of ASD

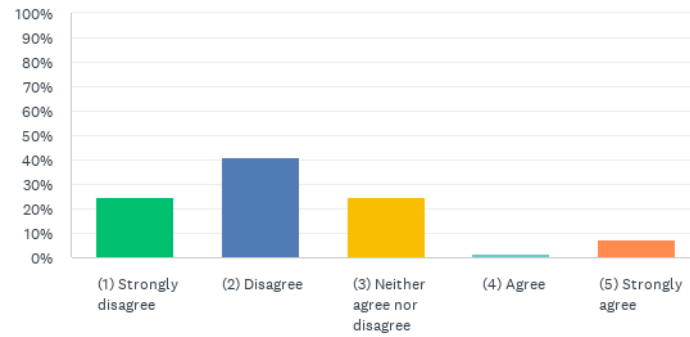


ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	1.47%	1
(2) Disagree	1.47%	1
(3) Neither agree nor disagree	27.94%	19
(4) Agree	44.12%	30
(5) Strongly agree	25.00%	17
TOTAL		68

Q21: Developmental delay (DD) eligibility is being used with certain groups more than others



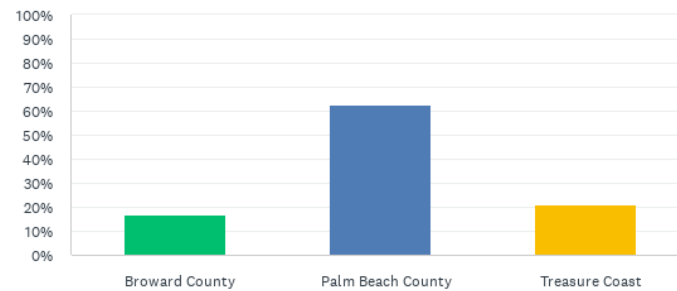
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	1.47%	1
(2) Disagree	14.71%	10
(3) Neither agree nor disagree	38.24%	26
(4) Agree	29.41%	20
(5) Strongly agree	16.18%	11
TOTAL		68

Q22: Autism is less likely to occur in Black* children

ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	25.00%	17
(2) Disagree	41.18%	28
(3) Neither agree nor disagree	25.00%	17
(4) Agree	1.47%	1
(5) Strongly agree	7.35%	5
TOTAL		68

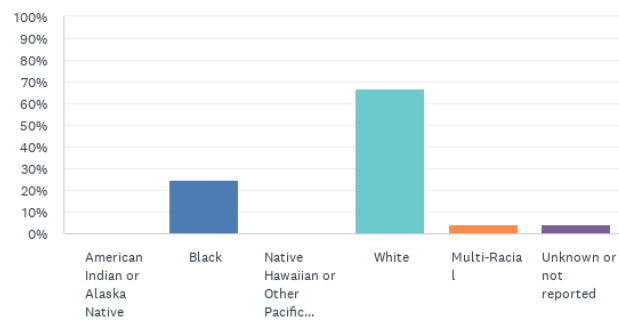
EI Staff and Directors

Q1: Where are you located:

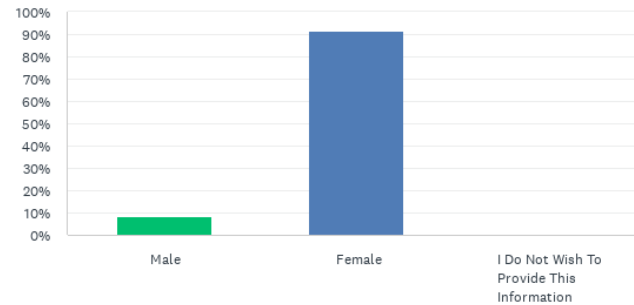


ANSWER CHOICES	RESPONSES	
Broward County	16.67%	4
Palm Beach County	62.50%	15
Treasure Coast	20.83%	5
TOTAL		24

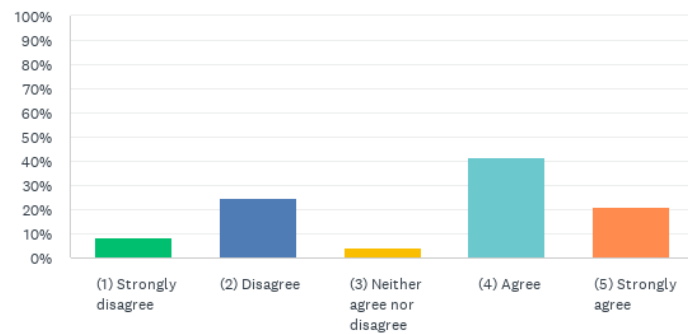
Q2: Race:



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	0.00%	0
Black	25.00%	6
Native Hawaiian or Other Pacific Islander	0.00%	0
White	66.67%	16
Multi-Racial	4.17%	1
Unknown or not reported	4.17%	1
TOTAL		24

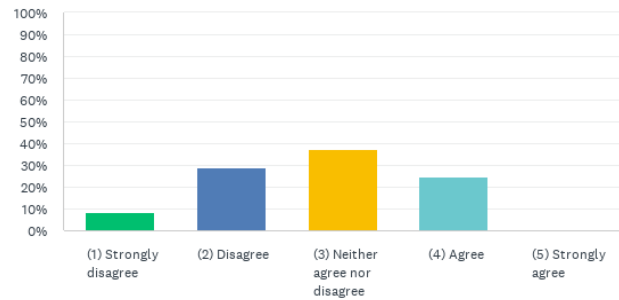
Q3: Gender:

ANSWER CHOICES	RESPONSES	
Male	8.33%	2
Female	91.67%	22
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		24

Q4: Are you informed of the current process for assessing children with ASD

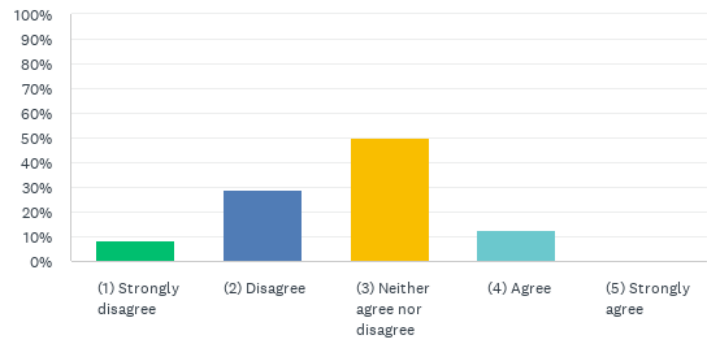
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	8.33%	2
(2) Disagree	25.00%	6
(3) Neither agree nor disagree	4.17%	1
(4) Agree	41.67%	10
(5) Strongly agree	20.83%	5
TOTAL		24

Q6: Training and professional development are provided to staff, in assessing children from culturally diverse backgrounds suspected of ASD



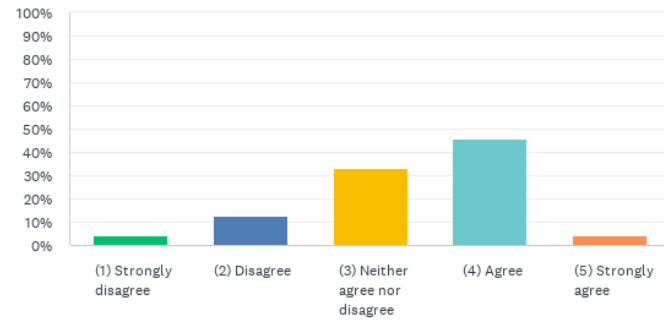
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	8.33%	2
(2) Disagree	29.17%	7
(3) Neither agree nor disagree	37.50%	9
(4) Agree	25.00%	6
(5) Strongly agree	0.00%	0
TOTAL		24

Q7: Black* children are frequently referred for ASD



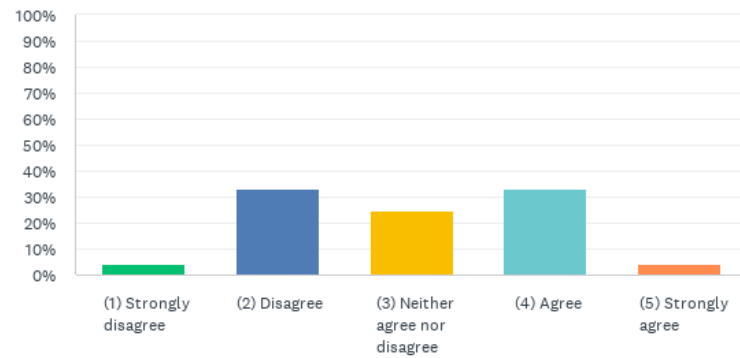
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	8.33%	2
(2) Disagree	29.17%	7
(3) Neither agree nor disagree	50.00%	12
(4) Agree	12.50%	3
(5) Strongly agree	0.00%	0
TOTAL		24

Q8: Parents are involved in the process of referring children for ASD evaluation



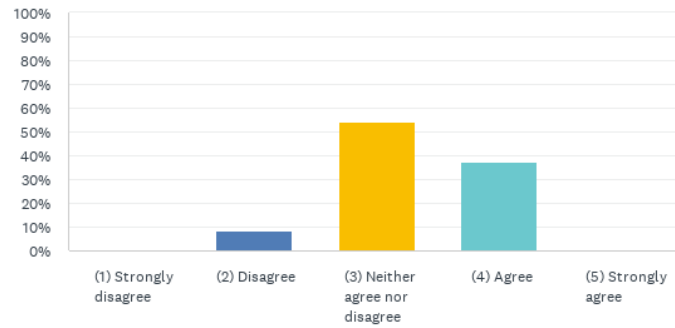
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	4.17% 1
(2) Disagree	12.50% 3
(3) Neither agree nor disagree	33.33% 8
(4) Agree	45.83% 11
(5) Strongly agree	4.17% 1
TOTAL	24

Q9: There are considerations made for assessing children of diverse cultural and linguistic backgrounds



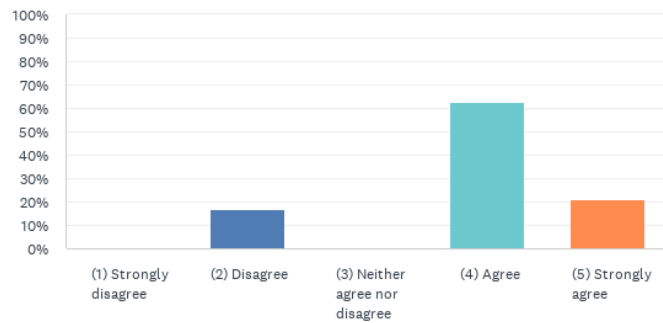
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	4.17% 1
(2) Disagree	33.33% 8
(3) Neither agree nor disagree	25.00% 6
(4) Agree	33.33% 8
(5) Strongly agree	4.17% 1
TOTAL	24

Q10: There is a district policy or practice regarding parental requests for assessment of their child, which they suspect may have autism



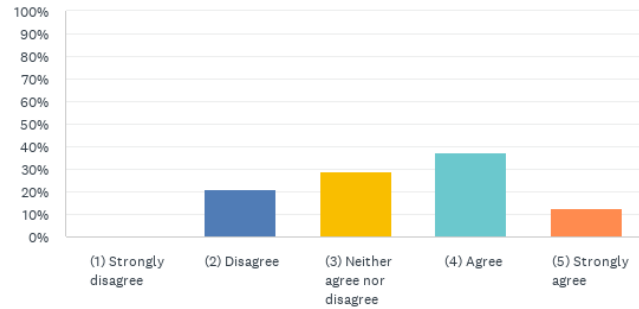
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	8.33%	2
(3) Neither agree nor disagree	54.17%	13
(4) Agree	37.50%	9
(5) Strongly agree	0.00%	0
TOTAL		24

Q11: You ensure parental concerns are being addressed



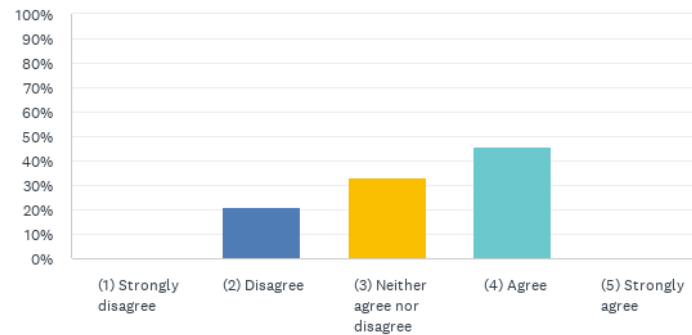
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	16.67%	4
(3) Neither agree nor disagree	0.00%	0
(4) Agree	62.50%	15
(5) Strongly agree	20.83%	5
TOTAL		24

Q12: There are special challenges that exist in the identification of Black* children suspected of autism



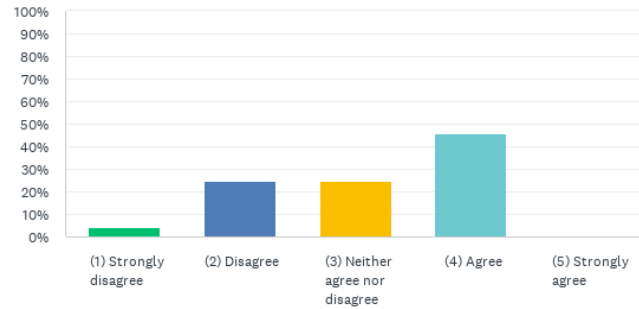
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.83%	5
(3) Neither agree nor disagree	29.17%	7
(4) Agree	37.50%	9
(5) Strongly agree	12.50%	3
TOTAL		24

Q13: You are able to meet the observation requirement for the assessment process when a child is under five years old



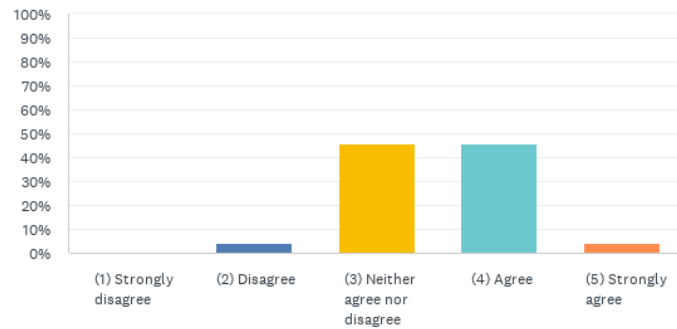
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.83%	5
(3) Neither agree nor disagree	33.33%	8
(4) Agree	45.83%	11
(5) Strongly agree	0.00%	0
TOTAL		24

Q14: Specific settings or lack of settings facilitate or impede the observation requirement



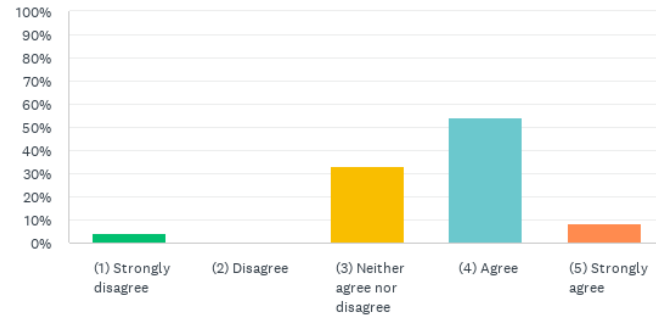
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.17%	1
(2) Disagree	25.00%	6
(3) Neither agree nor disagree	25.00%	6
(4) Agree	45.83%	11
(5) Strongly agree	0.00%	0
TOTAL		24

Q15: Black* parents are hesitant to place their children in ASD programs.



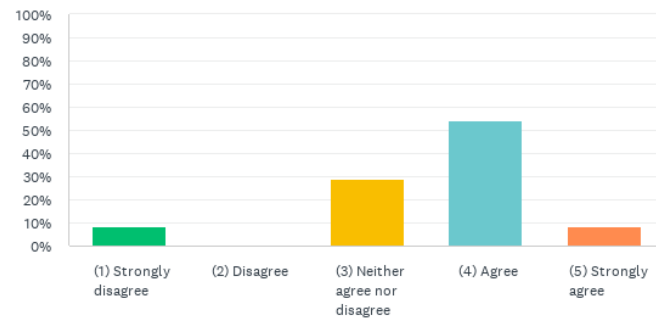
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	4.17%	1
(3) Neither agree nor disagree	45.83%	11
(4) Agree	45.83%	11
(5) Strongly agree	4.17%	1
TOTAL		24

Q16: Black* parents can support educators in the efficient and effective identification of Black* children suspected of autism



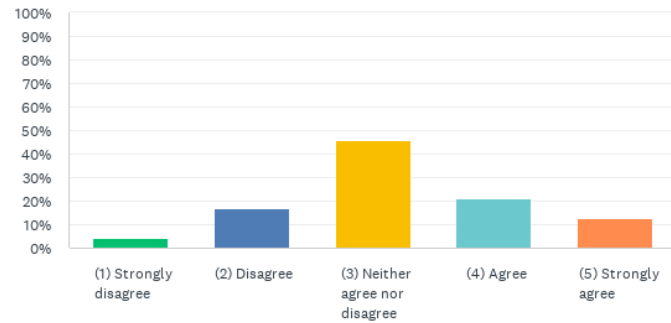
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.17%	1
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	33.33%	8
(4) Agree	54.17%	13
(5) Strongly agree	8.33%	2
TOTAL		24

Q17: You have provided recommendations to parents of Black* children to increase involvement in the identification process of their child suspected of ASD



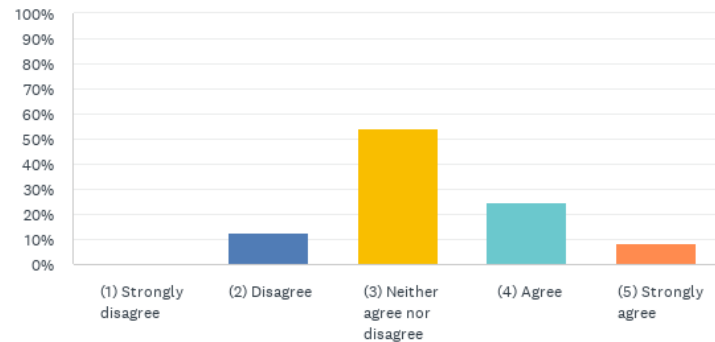
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	8.33%	2
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	29.17%	7
(4) Agree	54.17%	13
(5) Strongly agree	8.33%	2
TOTAL		24

Q18: Professional development is provided for special education staff in working with children, parents, and families of culturally and linguistically diverse families



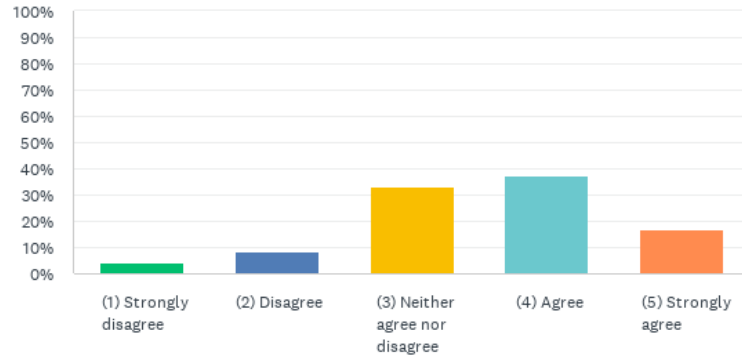
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.17%	1
(2) Disagree	16.67%	4
(3) Neither agree nor disagree	45.83%	11
(4) Agree	20.83%	5
(5) Strongly agree	12.50%	3
TOTAL		24

Q19: Your district is disproportionately low in the identification of Black* students in ASD



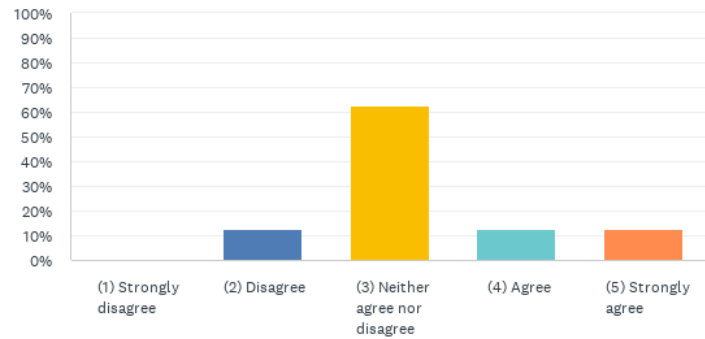
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	12.50%	3
(3) Neither agree nor disagree	54.17%	13
(4) Agree	25.00%	6
(5) Strongly agree	8.33%	2
TOTAL		24

Q20: Developmental delay (DD) eligibility is increasingly being used in some cases in place of ASD



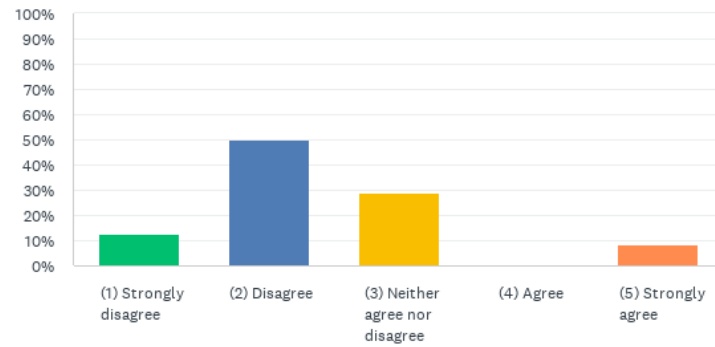
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	4.17%	1
(2) Disagree	8.33%	2
(3) Neither agree nor disagree	33.33%	8
(4) Agree	37.50%	9
(5) Strongly agree	16.67%	4
TOTAL		24

Q21: Developmental delay (DD) eligibility is being used with certain groups more than others



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	12.50%	3
(3) Neither agree nor disagree	62.50%	15
(4) Agree	12.50%	3
(5) Strongly agree	12.50%	3
TOTAL		24

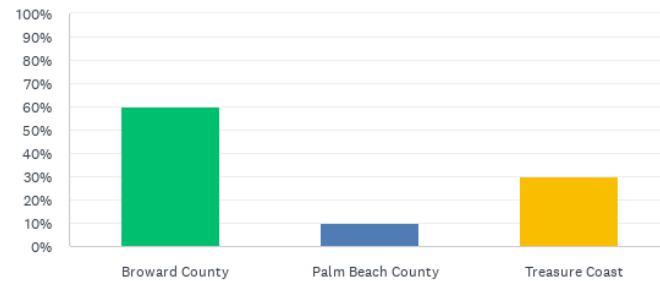
Q22: Autism is less likely to occur in Black* children



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	12.50%	3
(2) Disagree	50.00%	12
(3) Neither agree nor disagree	29.17%	7
(4) Agree	0.00%	0
(5) Strongly agree	8.33%	2
TOTAL		24

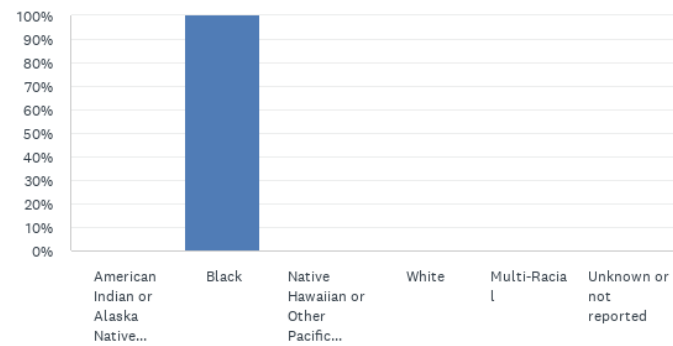
Black* Parents

Q1: Where are you located:



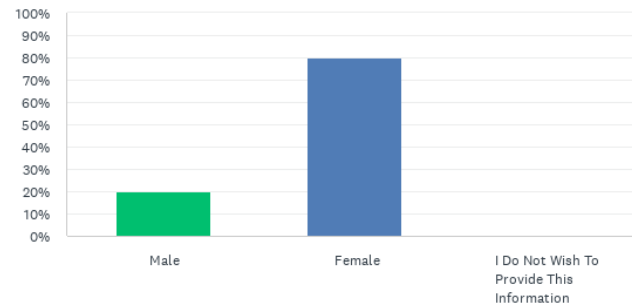
ANSWER CHOICES	RESPONSES	
Broward County	60.00%	6
Palm Beach County	10.00%	1
Treasure Coast	30.00%	3
TOTAL		10

Q2: Race



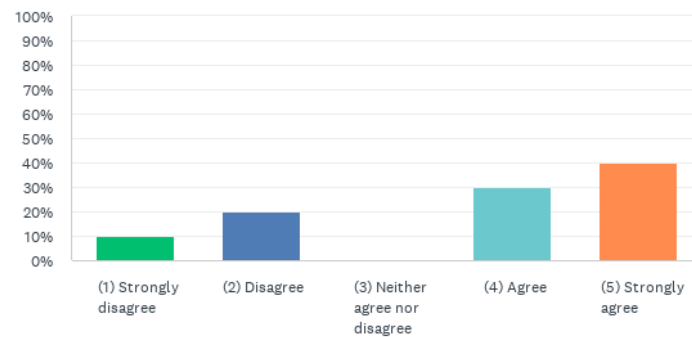
ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	0.00%	0
Black	100.00%	10
Native Hawaiian or Other Pacific Islander	0.00%	0
White	0.00%	0
Multi-Racial	0.00%	0
Unknown or not reported	0.00%	0
TOTAL		10

Q3: Gender



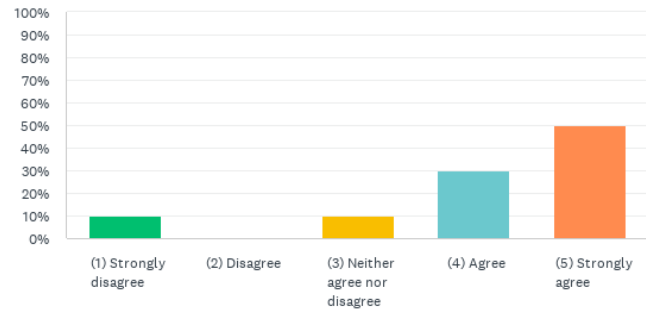
ANSWER CHOICES	RESPONSES	
Male	20.00%	2
Female	80.00%	8
I Do Not Wish To Provide This Information	0.00%	0
TOTAL		10

Q5: You had difficulties during the process of receiving an ASD identification for your child



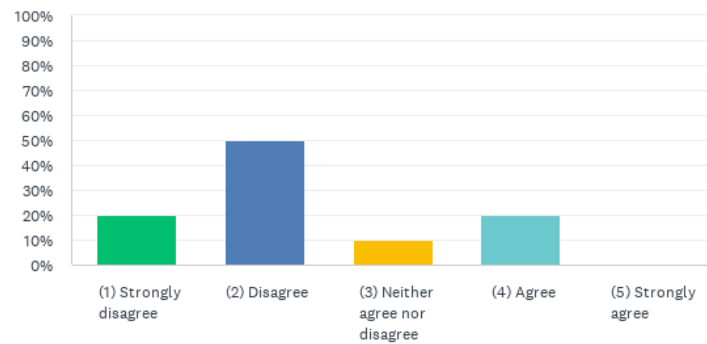
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	10.00%	1
(2) Disagree	20.00%	2
(3) Neither agree nor disagree	0.00%	0
(4) Agree	30.00%	3
(5) Strongly agree	40.00%	4
TOTAL		10

Q6: You had concerns and suspicion of autism since your child's early years



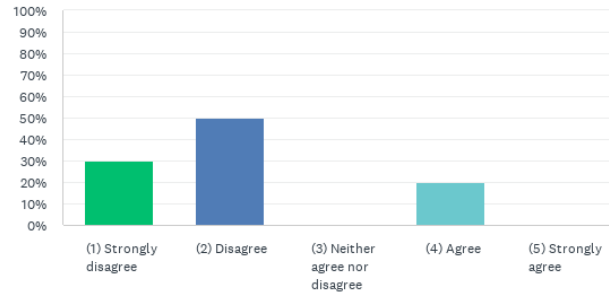
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	10.00%	1
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	10.00%	1
(4) Agree	30.00%	3
(5) Strongly agree	50.00%	5
TOTAL		10

Q7: Your pediatrician agreed with your concerns and suspicion of autism



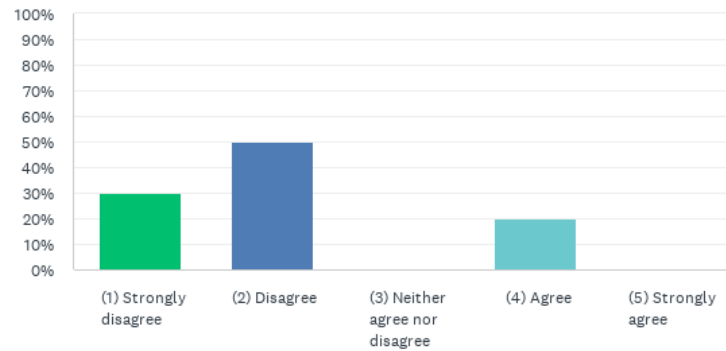
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	20.00%	2
(2) Disagree	50.00%	5
(3) Neither agree nor disagree	10.00%	1
(4) Agree	20.00%	2
(5) Strongly agree	0.00%	0
TOTAL		10

Q8: Your pediatrician instructed you on how to proceed forward with autism diagnosis and treatment



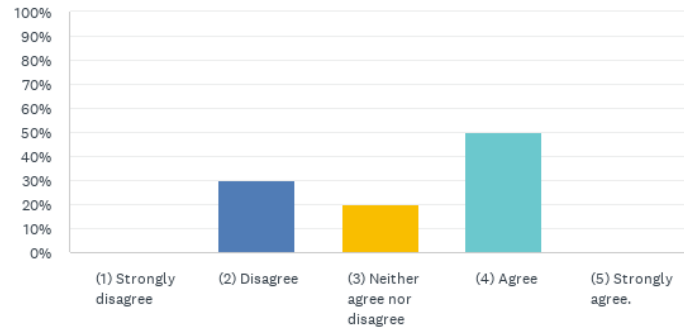
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	30.00% 3
(2) Disagree	50.00% 5
(3) Neither agree nor disagree	0.00% 0
(4) Agree	20.00% 2
(5) Strongly agree	0.00% 0
TOTAL	10

Q9: The information that was provided by the pediatrician was enough to learn about autism to support your concerns for your child



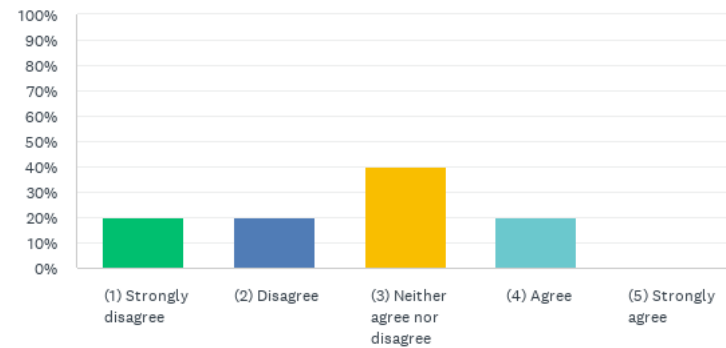
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	30.00% 3
(2) Disagree	50.00% 5
(3) Neither agree nor disagree	0.00% 0
(4) Agree	20.00% 2
(5) Strongly agree	0.00% 0
TOTAL	10

Q10: Family members or school members share these same concerns with you

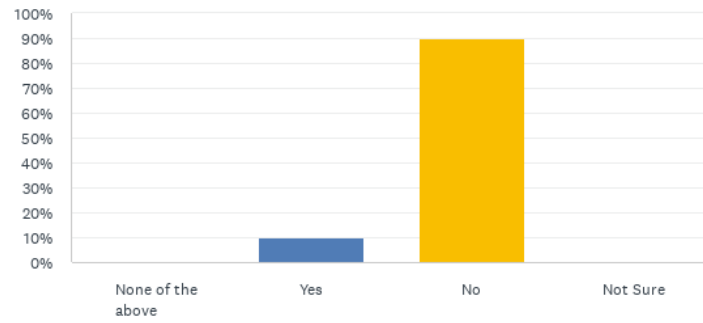


ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	30.00%	3
(3) Neither agree nor disagree	20.00%	2
(4) Agree	50.00%	5
(5) Strongly agree.	0.00%	0
TOTAL		10

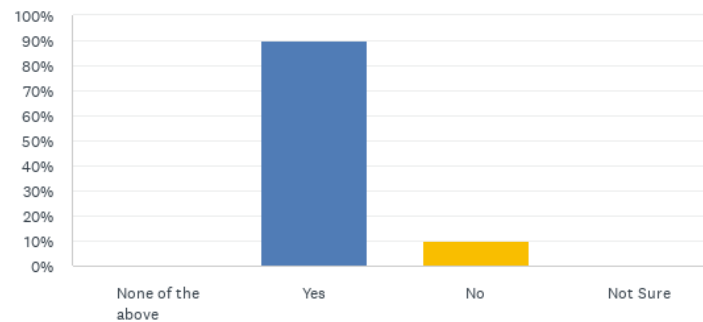
Q11: You sensed that the people assessing/observing your child knew what autism looks like for Black* children



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	20.00%	2
(2) Disagree	20.00%	2
(3) Neither agree nor disagree	40.00%	4
(4) Agree	20.00%	2
(5) Strongly agree	0.00%	0
TOTAL		10

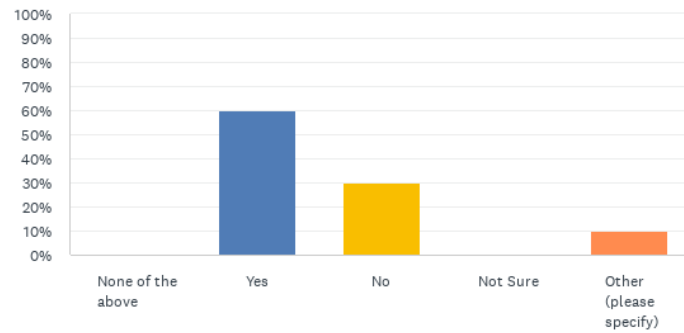
Q12: Your child was identified with autism within the school setting

ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Yes	10.00%	1
No	90.00%	9
Not Sure	0.00%	0
TOTAL		10

Q13: Your child was identified with autism by a medical provider, e.g., neurologist, clinical psychologist, or developmental pediatrician

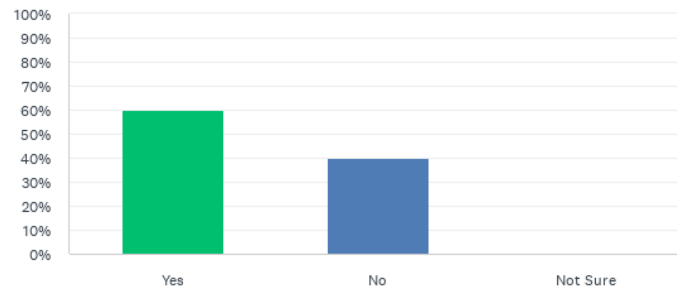
ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Yes	90.00%	9
No	10.00%	1
Not Sure	0.00%	0
TOTAL		10

Q14: Your child was eligible for other disability categories such as Developmental Delay, Intellectual Disability, or Emotional Behavioral Disability, in the school setting

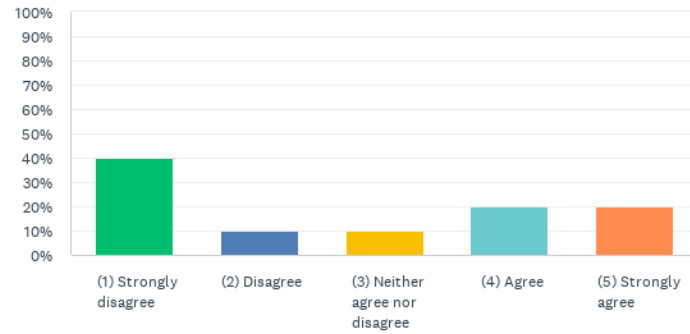


ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Yes	60.00%	6
No	30.00%	3
Not Sure	0.00%	0
Other (please specify)	10.00%	1
TOTAL		10

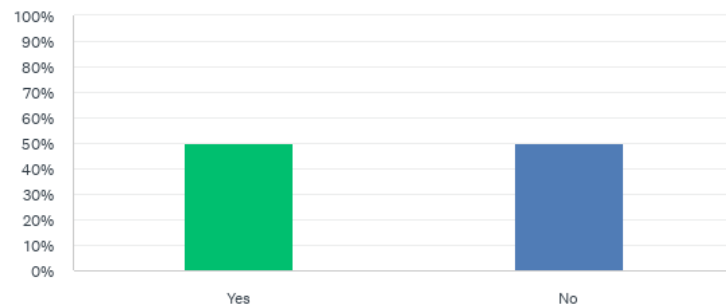
Q15: Autism is your child's first diagnosis/eligibility



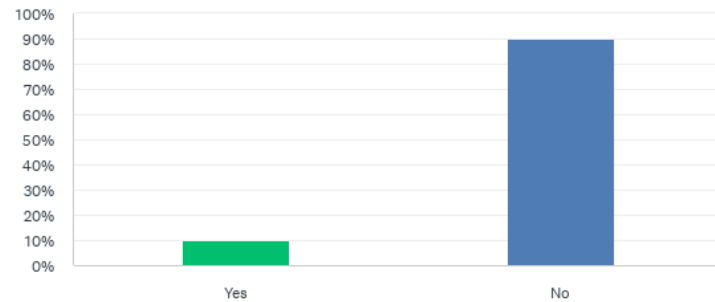
ANSWER CHOICES	RESPONSES	
Yes	60.00%	6
No	40.00%	4
Not Sure	0.00%	0
TOTAL		10

Q16: You agreed with the eligibility or diagnosis given to your child the first time

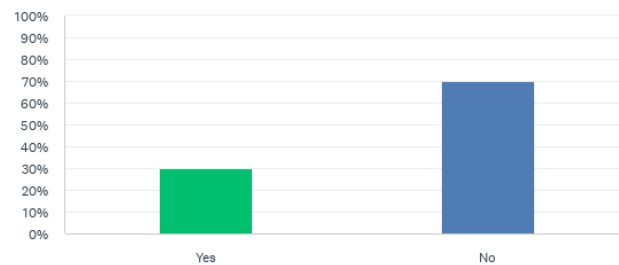
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	40.00%	4
(2) Disagree	10.00%	1
(3) Neither agree nor disagree	10.00%	1
(4) Agree	20.00%	2
(5) Strongly agree	20.00%	2
TOTAL		10

Q17: You sought a second opinion from another school or medical provider to receive another eligibility or diagnosis

ANSWER CHOICES	RESPONSES	
Yes	50.00%	5
No	50.00%	5
TOTAL		10

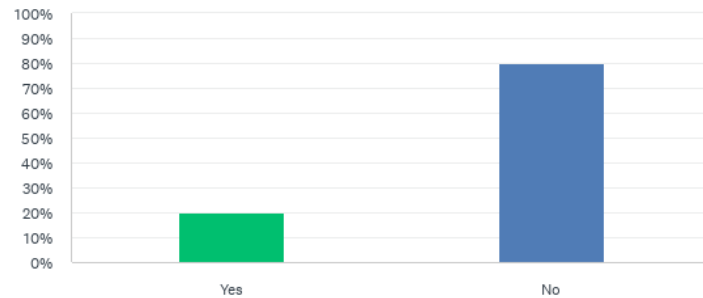
Q20: You are still trying to obtain a medical diagnosis of autism

ANSWER CHOICES	RESPONSES
Yes	10.00% 1
No	90.00% 9
TOTAL	10

Q22: Someone or something guided you through the process of obtaining autism resources

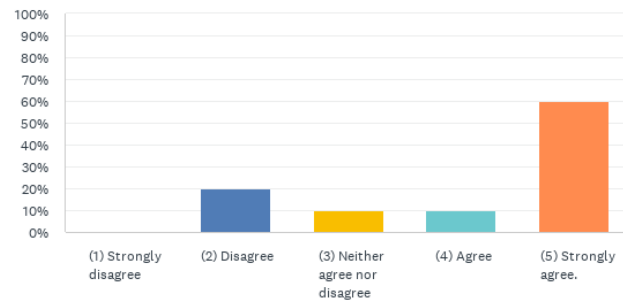
ANSWER CHOICES	RESPONSES
Yes	30.00% 3
No	70.00% 7
TOTAL	10

Q23: Someone or something guided you through the process of obtaining autism treatment services

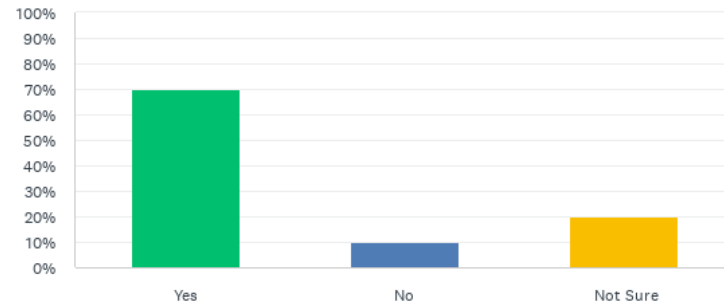


ANSWER CHOICES	RESPONSES	
Yes	20.00%	2
No	80.00%	8
TOTAL		10

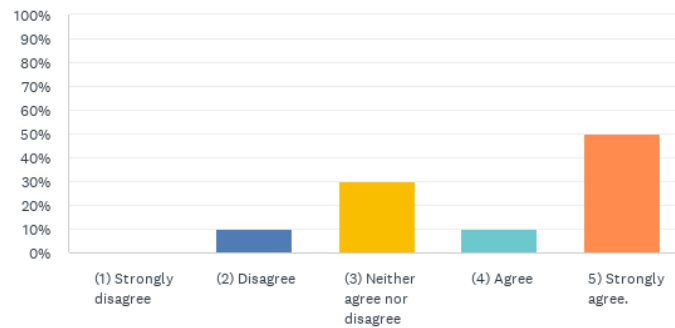
Q25: You faced barriers to obtaining resources and treatment



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	2
(3) Neither agree nor disagree	10.00%	1
(4) Agree	10.00%	1
(5) Strongly agree.	60.00%	6
TOTAL		10

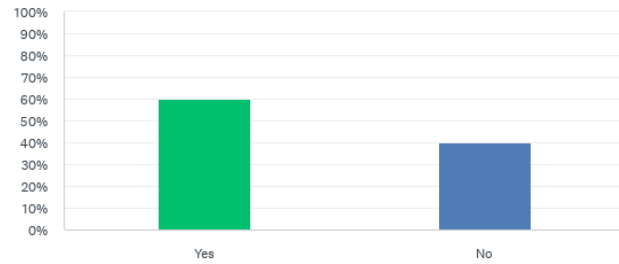
Q26: The identification of autism has led you to the right treatments

ANSWER CHOICES	RESPONSES
Yes	70.00% 7
No	10.00% 1
Not Sure	20.00% 2
TOTAL	10

Q27: There were barriers to obtaining treatment due to your child being Black*

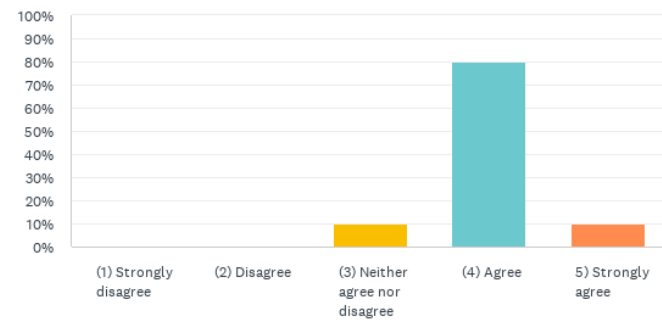
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	10.00% 1
(3) Neither agree nor disagree	30.00% 3
(4) Agree	10.00% 1
(5) Strongly agree.	50.00% 5
TOTAL	10

Q28: Your child was enrolled in the Early Steps or the Child Find program

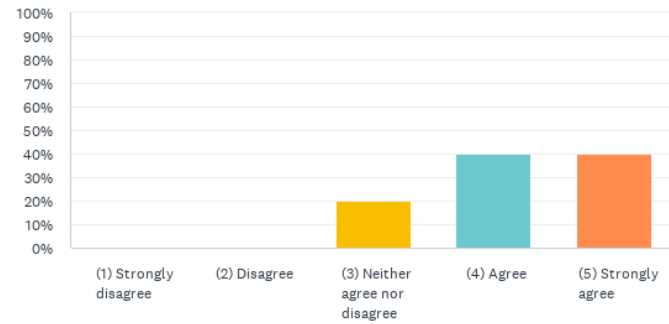


ANSWER CHOICES	RESPONSES	
Yes	60.00%	6
No	40.00%	4
TOTAL		10

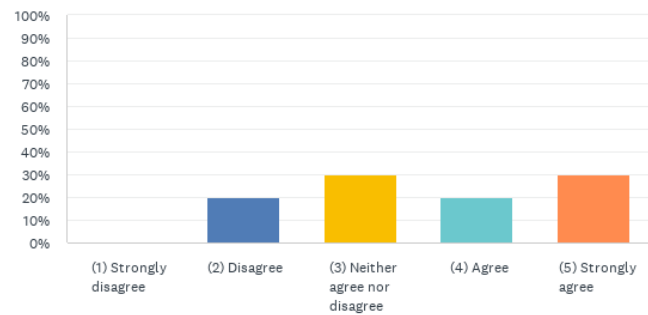
Q31: You saw progress with your child during that time



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	10.00%	1
(4) Agree	80.00%	8
(5) Strongly agree	10.00%	1
TOTAL		10

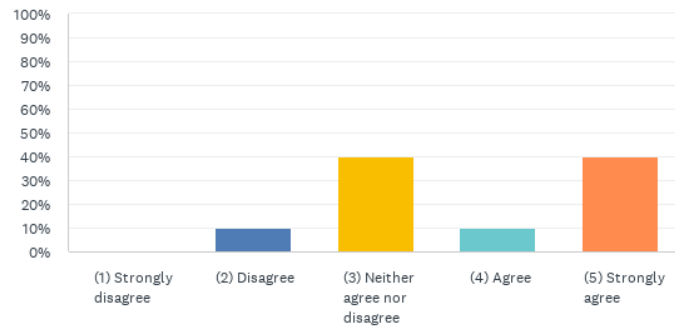
Q33: Your child could have been identified earlier

ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	20.00%	2
(4) Agree	40.00%	4
(5) Strongly agree	40.00%	4
TOTAL		10

Q34: Your child's treatment was impacted by being Black*

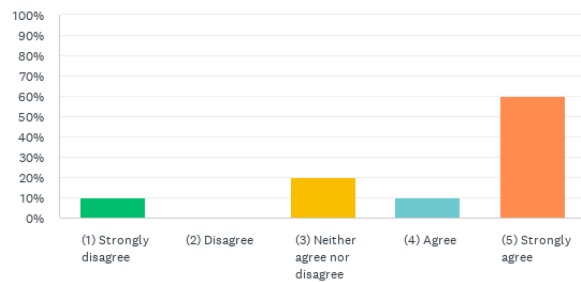
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	2
(3) Neither agree nor disagree	30.00%	3
(4) Agree	20.00%	2
(5) Strongly agree	30.00%	3
TOTAL		10

Q35: Your journey was more or less difficult because of your race



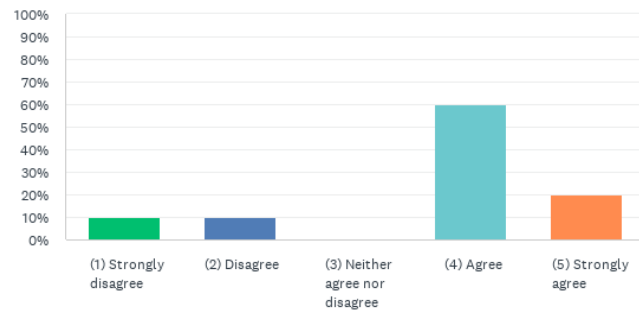
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	10.00%	1
(3) Neither agree nor disagree	40.00%	4
(4) Agree	10.00%	1
(5) Strongly agree	40.00%	4
TOTAL		10

Q36: Knowing the information you now know, you would complete the process differently



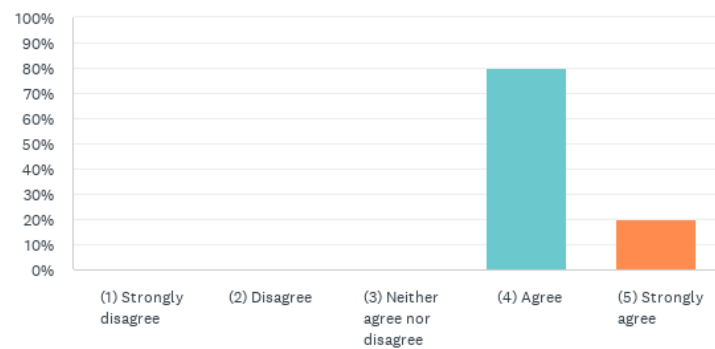
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	10.00%	1
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	20.00%	2
(4) Agree	10.00%	1
(5) Strongly agree	60.00%	6
TOTAL		10

Q37: School professionals negatively influenced your child's identification or treatment



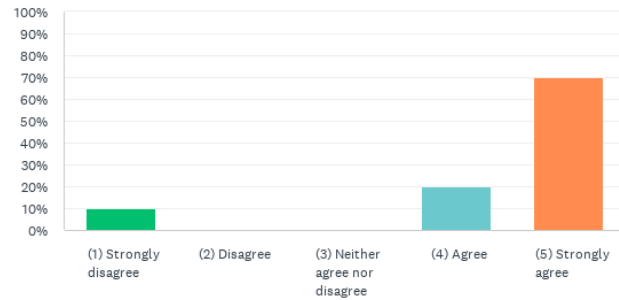
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	10.00% 1
(2) Disagree	10.00% 1
(3) Neither agree nor disagree	0.00% 0
(4) Agree	60.00% 6
(5) Strongly agree	20.00% 2
TOTAL	10

Q38: Pediatricians negatively influenced your child's identification or treatment



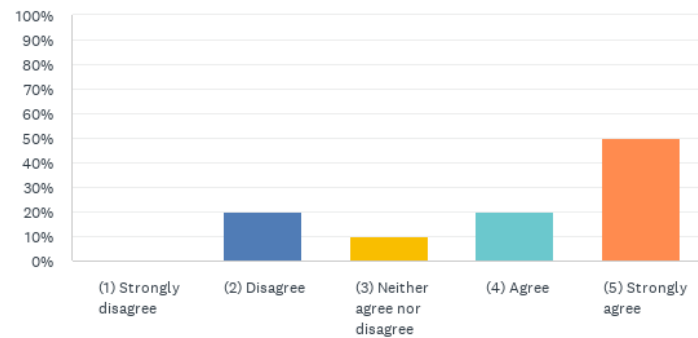
ANSWER CHOICES	RESPONSES
(1) Strongly disagree	0.00% 0
(2) Disagree	0.00% 0
(3) Neither agree nor disagree	0.00% 0
(4) Agree	80.00% 8
(5) Strongly agree	20.00% 2
TOTAL	10

Q39: Further training on the autism identification process for Black* children should be provided to school professionals and pediatricians



ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	10.00%	1
(2) Disagree	0.00%	0
(3) Neither agree nor disagree	0.00%	0
(4) Agree	20.00%	2
(5) Strongly agree	70.00%	7
TOTAL		10

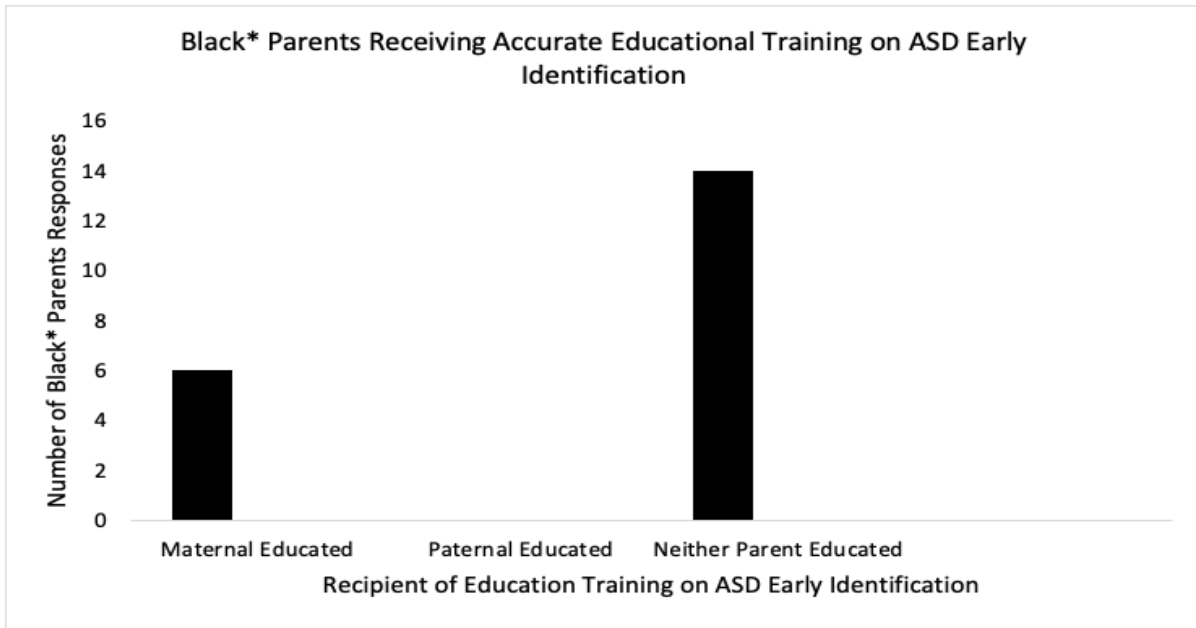
Q40: Timely or delayed identification of autism impacted your child



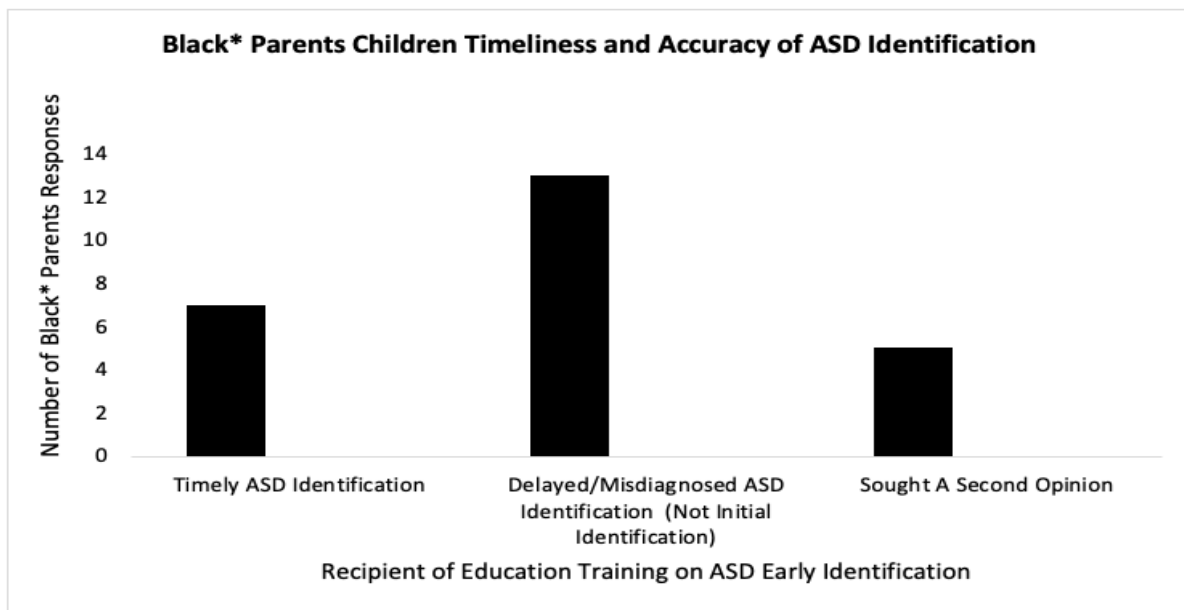
ANSWER CHOICES	RESPONSES	
(1) Strongly disagree	0.00%	0
(2) Disagree	20.00%	2
(3) Neither agree nor disagree	10.00%	1
(4) Agree	20.00%	2
(5) Strongly agree	50.00%	5
TOTAL		10

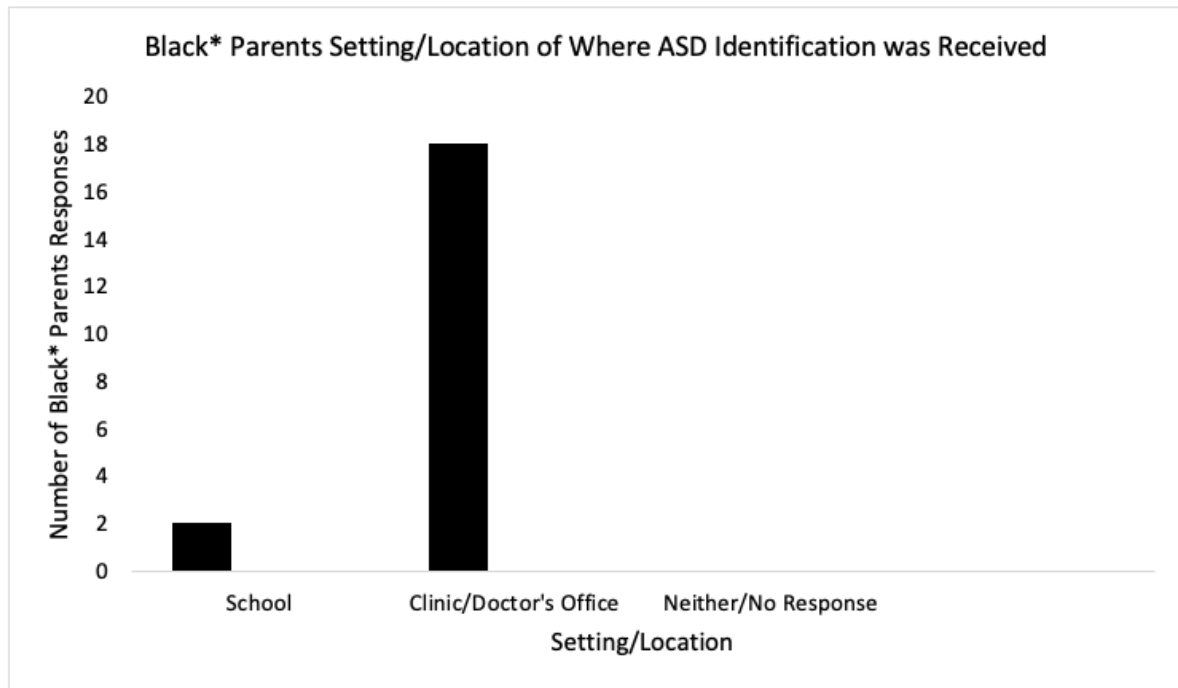
VII. Additional data summaries taken from Black* parents focus groups, interviews, and survey responses

Black* Parents Receiving Accurate Educational Training on ASD Early Identification



Black* Parents Children Timeliness and Accuracy of ASD Identification



Black* Parents Setting/Location of Where ASD Identification was Received

VIII. Recommendations that will be used to assist key stakeholders and decision makers in understanding the issues and effectively planning strategies and policies for addressing the identified issues

Summary:

Current research findings in Palm Beach County and the Treasure Coast are consistent with national research and indicate that there is disparity in the number of Black* children being identified as ASD in the early years. When these children are identified as having needs, they are often misidentified and served in the category of developmental delay (DD) in Florida, which later may increase the probability of a determination of eligibility for services as a child with Intellectual Disabilities (InD) or Emotional Behavioral Disabilities (EBD).

Additional preliminary data from 2021-22 research conducted through the FDDC grant to FAU CARD indicates the following:

1. Black* parents seem to experience cultural barriers in seeking ASD identification and treatment of their children from both the health care and the educational community.
2. Pediatricians show a lack of understanding of the red flags of ASD, fail to conduct developmental screenings, and fail to validate parents' concerns by referring Black* parents to community clinical providers to rule out ASD or to Early Steps or Child Find for evaluation for ASD.
3. Educators show a lack of understanding of the red flags of ASD, especially in Level 1 and 2 Black* children with ASD, and confusion regarding eligibility in Developmentally Delayed (DD), Emotional Behavioral Disorders (EBD) Other Health Impaired (OHI)-Attention Deficit Disorder instead of ASD, often despite an ASD diagnosis from a

community clinical provider. Overall, the study results display the importance of reducing disparities in the diagnosis of Black* children with ASD characteristics and promoting appropriate interventions across districts.

Recommendations and strategies based on our findings for school psychologists/ psychologists:

- Psychologists should aim to understand their attending Black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and reduce barriers in equitable service delivery for Black* children with ASD.
- Increase the use of culturally responsive service delivery, e.g., referral and assessment practices that acknowledge individual and family diversity rather than pathologizing and marginalizing cultural differences.
- ESE/EI staff and school psychologists should collaborate to increase ASD knowledge in Black* families and help parents understand the symptoms and causes of ASD. They need to inform them about treatment services; decrease the stigma of ASD; and clarify common misconceptions.
- Frequent screenings should be available throughout all areas of the county and in multiple languages, e.g., Creole.
- Psychologists should have updated professional development training on the autism identification process and guidelines, including feedback and monitoring.
- Educational material and resource packages (both in text and video and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.
- The guiding practitioner at the time of determining ASD identification for the Black* child should be the one offering reliable and valid intervention resources, e.g., referral to FAU CARD; referral for applied behavior analysis intervention to a local agency (*Autism Speaks; Autism Navigator*)
- The development of a trusting relationship with Black* families is essential, one that encourages parental involvement and maintains mutual respect.

Recommendations and strategies based on our findings for health care providers:

- Health care providers should aim to understand their attending Black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and reduce barriers in equitable service delivery for Black* children with ASD.
- Increase the use of culturally responsive service delivery, e.g., referral and assessment practices which acknowledge individual and family diversity rather than pathologizing and marginalizing cultural differences.
- Health care providers and other practitioners should collaborate to increase Black* families' knowledge about ASD. They should help parents understand the symptoms and causes of ASD, inform them about treatment services, decrease the stigma of ASD, and clarify common misconceptions.
- There should be frequent screenings available throughout all areas of the county and in multiple languages, e.g., Creole.
- Educational materials and resource packages (in text and videos and in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.
- The development of a trusting relationship with Black* families is essential, one that encourages parental involvement and maintains mutual respect.

Recommendations and strategies based on our findings for faith-based representatives:

- Monthly training should be provided to faith-based representatives on ASD characteristics and the resources that parents need.
- Training should include how to effectively communicate with Black* families with autistic members during faith services.
- There should be an increase in communication and relationships between local providers and faith-based representatives.
- More inclusive spaces for Black* children with autism should be created.
- The church location can be set up as a resource to Black* families
- Connect with the community by introducing yourself and expressing your concern with ASD and willingness to contribute to assisting families

- Use educational awareness themes. Find the opportunity to collaborate with the community on ASD, e.g., during Mental Health Awareness Month or Minority Mental Health Awareness Month.
- Find ways to normalize the conversations about ASD concerns between church representatives and families with autistic members.

Recommendations and strategies based on our findings for exceptional student educators and early intervention staff and directors:

- Use checklist/screening that demonstrates diagnostic efficacy across racial and ethnic backgrounds.
- ESE/EI and other professionals should collaborate to help increase the ASD knowledge of Black* families by helping parents understand the symptoms and causes of ASD, informing them about services, minimizing the stigma of ASD, and clarifying common misconceptions like the belief that vaccines, bad parenting, or trauma cause ASD.
- Educational material and resource packages both in text and videos (delivered in English and Creole) specific to ASD and early symptoms should be easily available, free of difficult jargon, and include photos of Black* families.
- Collaboration with Black* parents for support and understanding during screening, assessment, and treatment process
- Increase in cultural understanding during professional development training, along with role-playing scenarios and feedback.
- ESE staff and directors should aim to understand their black* families' cultural backgrounds, identities, and belief systems to increase timely and accurate identification and reduce barriers to equitable service delivery for Black* children with ASD.
- Create awareness and understanding of differences between DD and ASD characteristics
- Increase the use of culturally responsive service delivery, e.g., referral and assessment practices that acknowledge individual and family diversity rather than pathologizing or marginalizing cultural differences.

Recommendations and strategies based on our findings for Black and Haitian parents:*

- When Black* parents first report concerns of ASD-like characteristics, a checklist/screening suitable for demonstrating diagnostic efficacy across racial and ethnic backgrounds must be utilized.
- Frequently available screenings throughout all areas of the county and in multiple languages, e.g., Creole.
- Black* parents should have easily accessible materials/resources on ASD in online/paper/video format or the ability to attend school or community discussions on ASD-specific concerns.
- The guiding practitioner at the time of determining ASD identification for the Black* child should be the one offering reliable and valid intervention resources, e.g., referral to FAU CARD or referral for applied behavior analysis intervention to a local agency (*Autism Speaks; Autism Navigator*)
- Practitioners need to begin developing and establishing trusting relationships with Black* families

Recommended Culturally- Sensitive Screenings

Name of Screening (with APA citation)	Year of Publication	Professional Training	Screening Setting	Purchase Price	Access Link	Cover Page Image
<p>Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)</p> <p>Squires, J., Bricker, D., & Twombly, E. (2015). <i>Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2): A Parent-Completed Child Monitoring System for Social-Emotional Behaviors</i>. Baltimore: Paul H. Brookes Publishing Co., Inc.</p>	2002-2015	Yes	Clinical Setting	\$295.00	https://agesandstages.com/products-pricing/asq-se-2/	
<p>Cultural Formulation Interview</p> <p>American Psychiatric Association. Cultural formulation. In: <i>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</i>. Washington, DC: American Psychiatric Association; 2013:749-759.</p>	1994	Yes	Research Setting Clinical Setting	\$0.00	https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf	
<p>Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)</p> <p>Robins DL, Fein D, Barton M. <i>The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)</i>. Self-published; 2009</p>	2009	No	Research Setting Clinical Setting	\$0.00	https://mchatcreen.com/mchat-rf/	

IX. Table # 1*Acronyms*

Acronym	Term
ABA	Applied Behavior Analysis
ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnostic Observation Schedule
APA	American Psychiatric Association
ASD	Autism Spectrum Disorder
ASQ-SE2	Ages & Stages Questionnaires®: Social-Emotional, Second Edition
BCBA	Board Certified Behavior Analyst
CARD	Center for Autism and Related Disabilities
CARS	Childhood Autism Rating Scale
CDC	Center for Disease Control and Prevention
CP	Cerebral Palsy
CSBS	Communication and Symbolic Behavior Scales
DD	Developmental Delay
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EBD	Emotional Behavior Disorder
EI	Early Intervention
EMB	Extreme Male Brain
ESE	Exceptional Student Education
FAU CARD	Florida Atlantic University Center for Autism and Related Disabilities
FBA	Functional Behavior Assessment
FDLRS	Florida Diagnostic & Learning Resources System

FDOE	Florida Department of Education
ID	Intellectual Disability
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act
IQ	Intelligence Quotient
M-CHAT	Modified Checklist for Autism in Toddlers
M-CHAT-R	Modified Checklist for Autism in Toddlers, Revised
MTSS	Multi-Tiered System of Supports
OHI	Other Health Impairment
OT	Occupational Therapy
PBC	Palm Beach County
PDD-NOS	Pervasive Developmental Disorder not Otherwise Specified
PT	Physical Therapy
SORF	Systematic Observation of Red Flags
ST	Speech Therapy

X. Table # 2*Level 3 Categories and Themes - School Psychologists/ Psychologists*

Category	Theme
Assessments/Evaluations/Screenings	Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification may lead to misdiagnosis and/or late start of proper treatment services for Black* families.
Symptoms/ Early Signs	
Teacher Reporting and Involvement	
Resources	
Referrals	Insufficient/no recommendations provided for proceeding with ASD process or treatment services
School Districts Policies and Procedures for Autism Eligibility	
Professional Development	Missing/incomplete steps during the ASD identification process with Black* families, e.g., lack of follow up; uncompleted screenings/questionnaires at the time concern is first reported
Black* Families Reporting and Involvement	Low to no Black* parent reporting of ASD characteristics.
Provider Lack of Awareness on the Identification of Black* Children with ASD	Psychologists facing challenges connecting with Black* families, which leads to fewer evaluations or a potential increase in direction to other eligibility.
	Psychologists not addressing the disparities and inequitable assessment practices for Black* children with ASD

XI. Table # 3*Level 3 Categories and Themes - Black* and Haitian Parents*

Category	Theme
Symptoms/ Early Signs	
Communication/Language Barriers	Black* parents experience unequal treatment and lack of resources, which leads to constant challenges and barriers from the start and throughout the ASD identification process.
Autism Spectrum Disorder Initial Diagnosis/Eligibility	
Timely Screening, Assessments, and Evaluations	
Resources	Mistrust between Black* parents and providers/professionals.
Referrals	
Treatment and Services	
Understanding of Autism Spectrum Disorder	Knowledge about ASD symptoms and child development influences the starting point of the diagnostic process.
Available Programs and Resources Across School District(s)	
Issues/Concerns with Healthcare Providers/School Psychologists/Psychologists	
Autism Spectrum Disorder Second or Later Diagnosis Eligibility	
Lack of Assistance, Available Programs and Resources	
Lack of Funding/ Insurance	
Teacher Reporting and Involvement	

Black* Families Reporting and
Involvement

Accurate IEP Planning,
Implementation, and Monitoring

XII. Table # 4*Level 3 Categories and Themes - ESE/EI Staff and Directors*

Category	Theme
Professional Development	
Available Programs and Resources Across School District(s)	School District ESE staff and directors should rely on accurate professional development and behavior management training to be able to pinpoint ASD-like characteristics and behaviors
Accurate IEP Planning, Implementation, and Monitoring	
Assessments/Evaluations/Screenings	Knowledge about ASD symptoms and child development influence the starting point of the diagnostic process.
Symptoms/Early Signs	
Resources	ESE staff and directors are not addressing the disparities and inequitable assessment practices for Black* children with ASD
Community Outreach	
Referrals	
Lack of Assistance, Available Programs and Resources	
ESE/EI Staff/Directors Reporting and Involvement	Missing/incomplete steps during the ASD identification process with Black* families, e.g., lack of follow up; uncompleted screenings/questionnaires at the time concern is first reported
Black* Families Involvement and Reporting	Low to no Black* parent reporting of ASD characteristics.
Teaching Reporting and Involvement	
Lack of Funding/Insurance	Black* Parent and ESE collaboration for improvement during ASD identification process
Understanding of Autism Spectrum Disorder	Training, supervision, and feedback on ASD identification process for ESE staff and directors
Black* Culture Awareness and Understanding	

School Districts Policies and Procedures
for Classroom Placement for Autistic
Children and School Accommodations

XIII. Table # 5*Level 3 Categories and Themes - Faith-Based Representatives*

Category	Theme
Black* Culture Awareness and Understanding	Faith in God or religion played a role for Black* parents in developing and maintaining positive attitude when dealing with their lived experiences during the process of identification or treatment services.
Understanding of Autism Spectrum Disorder	
Resources	
Communication/Language Barriers	
Religion/Creating Hope and Trust/Place of Spiritual Guidance During Challenging Experiences	
Black* Families Reporting and Involvement	
Cultural Understanding	

XIV. Table # 6*Level 3 Categories and Themes - Health Care Providers*

Category	Theme
Screening, Assessments, Evaluations	
Resources	Lack of adequate screenings, assessments, or evaluations to rule in or rule out ASD identification may lead to misdiagnosis and/or late start of proper treatment services for Black* families.
Referrals	
Symptoms/ Early Signs	
Black* Families Reporting and Involvement	Black* parents experience unequal treatment and lack of resources, which leads to constant challenges and barriers from the start and throughout the ASD identification process
Autism Diagnosis Awareness and Understanding	
Black* Culture Awareness and Understanding	

XV. Table # 7*Haitian-Creole Word Index*

Haitian-Creole Term	English Translation
Aktivite limite	Limited activities
Ayisyen	Haiti
Chak timoun devlope ak pwòp vitès pa yo	Every child develops on their own pace
Child Find	Child Find
Devlopman timoun nan soti nan anviwònman yo	Child's development comes from their Environment
Envesti nan Bondye	Invested in God
Èske gen yon tretman pou otis?	Is there a treatment for autism?
Florida Department of Children and Families	Florida Department of Children and Families
Gen kèk pwogrè nan Terapi	Some progress in Therapy
Jwe mizik Gospel pou timoun nan	Play Gospel Music for the child
Legliz	Church
Manadjè ka	Case Manager
Mank responsablite	Lack of responsibility
Mwen pa konsidere nwaj yon ras	I do not consider blackness a race
Mwen pa wè Otis nan pitit mwen an	I don't see Autism in my child
Paran an pa genyen ase tan	Parents should teach the child

Pa gen idantifikasyon	No identification
Pa kapab ale nan twalèt poukont li	Not potty train
Pa genyen enfomasyon sou otis	Don't know about autism
Pa sa blye ak otis	Doesn't look like he has Autism
Pa t pale	Didn't speak
Pa t dyagnostike li genyen Otis	Not diagnosis with Autism
Palm Beach County	Palm Beach County
Paran yo ta dwe anseye timoun nan	Lack of time on the parent
Pedyat	Pediatrician
Pedyat pa t wè yon reta	Pediatrician did not see a delay
Pitit la ap pale pita	The child will speak later
Pwofesè yo pa t wè okenn reta	Teachers did not see any delay
Sa mwen konnen se lapriyè	What I know is prayer
San wouj k ap koule nan kò m	Red blood flowing through my body
Sante Mantal	Mental Health
Terapi lapawòl	Speech Therapy
Ti gason kat ane	Four-year-old boy
Timoun pa ka fòme yon fraz	Child can't formulate a sentence

XVI. References

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