Autism Information Packet

- **TN Department of Education**
  - Standards for Special Education Evaluation & Eligibility
  - Autism Evaluation Guidance
  - Autism Assessment Documentation
- **National Institute of Mental Health**
  - Autism Spectrum Disorder
- **Centers for Disease Control and Prevention (CDC)**
  - Autism Spectrum Disorders Among Children
  - Autism Spectrum Disorders Fact Sheet
- **National Institute of Mental Health (NIMH)**
  - Autism Spectrum Disorder: Communication Problems in Children
- **Helpguide.org**
  - Autism Spectrum Disorders (ASD)
- **Autism Speaks**
  - Autism Speaks Family Services School Community Tool Kit
- **Autism Navigator**
  - What is Autism Spectrum Disorder?
- **Reach Out and Read, Inc.**
  - Make book time fun and educational for children with autism spectrum disorder (ASD)
- **Autism Parenting Magazine**
  - Autism Support Groups for Parents, Families & Children — The Ultimate Guide
- **U.S. Department of Health and Human Services, Administration for Children and Families, National Institute of Child Health & Human Development**
  - "Tips for Early Care and Education Providers. Simple Concepts to Embed in Everyday Routines." (2013)
- **Autism Resources and Links**

Standards for Special Education Evaluation & Eligibility

The following standards for special education evaluation and eligibility shall be effective July 1, 2017.

AUTISM

I. Definition

(1) "Autism" means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child's educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.

(2) The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, a Pervasive Developmental Disorder, or Asperger's Syndrome when the child's educational performance is adversely affected. Autism may exist concurrently with other areas of disability.

(3) A child could be found eligible as having Autism if the child manifests these characteristics in early childhood (as social demands increase). Children with Autism demonstrate both of the following characteristics (i.e., (a) and (b) below):

(a) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following:

1. Deficits in social-emotional reciprocity (e.g., abnormal social approach, failure of normal back and forth conversation, reduced sharing of interests, reduced sharing of emotions/affect, lack of initiation of social interaction, poor social imitation);
2. Deficits in nonverbal communicative behaviors used for social interaction (e.g., impairments in social use of eye contact, use and understanding of body postures, use and understanding of gestures; abnormal volume, pitch, intonation, rate, rhythm, stress, prosody, and/or volume of speech; abnormal use and understanding affect, lack of coordinated verbal and nonverbal communication, and lack of coordination nonverbal communication); and
3. Deficits in developing and maintaining relationships appropriate to developmental level; ranging from difficulties adjusting behavior to social contexts, through difficulties in sharing imaginative play, to an apparent absence of interest in people.

And

(b) Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two (2) of the following:

1. Stereotyped or repetitive speech, motor movements, or use of objects (e.g., echolalia, repetitive use of objects, idiosyncratic language, simple motor stereotypies);
2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change (e.g., motor rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes);
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests); or
4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/heat/cold, adverse response to sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

II. Evaluation

The characteristics identified in the Autism Definition are present.

Evaluation Procedures

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

(1) Parental interviews including developmental history;

(2) Behavioral observations in two (2) or more settings (can be two (2) settings within the school) addressing characteristics related to Autism;

(3) Health history;

(4) Pragmatic communication skills (further language evaluation if identified as an area of concern);

(5) Cognitive/developmental skills;

(6) Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument

specific to autism and one (1) normative measure of general behavior/ social-emotional functioning;

(7) Sensory;

(8) Academic skills; and

(9) Documentation, including observation and/or assessment, of how Autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Autism:

(1) The parent;

(2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);

(3) A licensed special education teacher;

(4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;

(5) A licensed speech/language pathologist; and

(6) Other professional personnel as needed (e.g., occupational therapist, physical therapist, licensed physician, neurologist, nurse licensed practitioner, physician's assistant, or school counselor).

TN Department of Education

Autism Evaluation Guidance

Tennessee Department of Education | Revised November 2018

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Table of Contents

Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website (here).[1]

Every educational disability has a state definition, found in the TN Board of Education Rules and Regulations Chapter 0520-01-09,[2] and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.[3]

IDEA Definition of Autism

Per 34 C.F.R. §300.8(c)(1) Autism means *"a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph of this section are satisfied."*

[1] http://www.tn.gov/education/article/special-education-evaluation-eligibility
[2] http://share.tn.gov/sos/rules/0520/0520-01/0520-01-09.20140331.pdf
[3] Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

Section I: Tennessee Definition

Tennessee Definition of Autism

(1) "Autism" means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in this section.

(2) The term of autism also includes students who have been diagnosed with an Autism Spectrum Disorder (ASD) such as autism, a pervasive developmental disorder, or Asperger's Syndrome when the child's educational performance is adversely affected. Autism may exist concurrently with other areas of disability.

(3) A child could be found eligible as having autism if the child manifests these characteristics in early childhood (as social demands increase). Children with autism demonstrate both of the following characteristics (i.e., **(a) and (b) below**):

- (a) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by **all of the following**:
    1. Deficits in social-emotional reciprocity (e.g., abnormal social approach, failure of normal back and forth conversation, reduced sharing of interests, reduced sharing of emotions/affect, lack of initiation of social interaction, poor social imitation);
    2. Deficits in nonverbal communicative behaviors used for social interaction (e.g., impairments in social use of eye contact, use and understanding of body postures, use and understanding of gestures; abnormal volume, pitch, intonation, rate, rhythm, stress, prosody, and/or volume of speech; abnormal use and understanding affect, lack of coordinated verbal and nonverbal communication, and lack of coordination nonverbal communication); and
    3. Deficits in developing and maintaining relationships appropriate to developmental level; ranging from difficulties adjusting behavior to social contexts, through difficulties in sharing imaginative play, to an apparent absence of interest in people.
- (b) Restricted, repetitive patterns of behavior, interests, or activities as manifested by **at least two (2) of the following**:

1. Stereotyped or repetitive speech, motor movements, or use of objects (e.g., echolalia, repetitive use of objects, idiosyncratic language, simple motor stereotypies);
2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change (e.g., motor rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes);
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests); or
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/heat/cold, adverse response to sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

What does this mean?

The additional language added to the Tennessee definition of autism is consistent with the current Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5).[4] The DSM-5 includes descriptions, symptoms, and criteria for diagnosing disorders such as autism. While helpful, a diagnosis of autism by an outside provider (e.g., physician or clinical psychologist) is not a requirement to meet the statewide educational criteria for this disability. The educational disability criteria are outlined in the definition and identified through a comprehensive evaluation.

Autism is considered a spectrum disorder, which means that there is a continuum of symptoms/feature characteristics that a person with autism may display. The skills and abilities (e.g., cognitive, expressive language, adaptive behaviors, and academic skills) of individuals with autism fall within a wide range and differ by child. However, there are two distinct core features of autism which are outlined in the definition. All individuals with autism have (a) persistent deficits in social communication and social interaction (displaying *all* subcomponents listed) **and** (b) restricted, repetitive patterns of behavior, interests, or activities (displaying *at leas*t two of the four subcomponents listed). Both features include a breakdown of specific behaviors and/or impairments, as outlined in the definition above, which must be manifested in order to meet the criteria for autism.

When analyzing the definition of autism, the following areas typically require further clarification:

[4] https://www.psychiatry.org/psychiatrists/practice/dsm

Social-emotional reciprocity: A deficit in social-emotional reciprocity is one of the hallmark characteristics of autism and is often of particular importance when considering differential diagnoses (e.g., ADHD, language impairment, anxiety disorder). It includes the ability (or lack of) to take another's perspective, the awareness of others' points of view or feelings, and to seek joint interest. *Note: In Tennessee, we often refer to this ability as social and personal competencies.*

Social approach: Individuals with autism have a difficult time with initiating conversations or interactions with others (e.g., may play *alongside* versus *with* another) and following social cues based on interactions (e.g., understanding if a topic is appropriate to the situation or that another is finished with a conversation).

Stereotyped speech or motor*:* Some individuals with autism display repetitive and/or mechanical-like talk or motor movements. Examples of stereotyped motor behaviors include flicking one's fingers or hand flapping.

Idiosyncratic language: This term refers to the specific words or language that only hold meaning for the speaker. Idiosyncratic language commonly includes made-up words or phrases which may sound meaningless to the outside observer.

Echolalia*:* While not unique to autism, echolalia refers to repeating heard words, phrases, sounds, or intonations. Some individuals repeat wording they have heard from others, on the television, or in songs.

Intonation, rate, and prosody of speech*:* Some individuals with autism demonstrate atypical rise and fall in pitch of voice when speaking. The rhythm and the way they stress or place emphasis on sounds within words or phrases may be abnormal.

Abnormal use and understanding affect*:* When communicating verbally and nonverbally, the individual displays deficits in understanding and using gestures, facial expressions, and feelings to express emotions.

Excessively circumscribed or perseverative interests*:* Circumscribed interests refers to an intense and narrow interest in a subject matter or activity. Such interests may become a pervasive focus in the individual's thoughts and significantly influence their behaviors. The individual displays fixed and rigid activities surrounding the narrow interests (e.g., collecting, reading about, or watching videos on the topic).[5]

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5 Sasson, N. J., Turner-Brown, L. M., Holtzclaw, T. N., Lam, K. S.L. and Bodfish, J. W. (2008), Children with autism demonstrate circumscribed attention during passive viewing of complex social and nonsocial picture arrays. Autism Res, 1: 31–42. doi:10.1002/aur.4

Resources that provide further guidance and understanding of the definition can be found in Appendix C.

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2. It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education ("department") supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The MTSS framework is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI^2), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI^2-B). Within the RTI^2 Framework and RTI^2-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see MTSS Framework, RTI^2 Manual, and RTI^2-B Framework).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention

integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for English learners (EL) must include evidence-based practices for ELs.

Characteristics of Autism

There are common characteristics associated with the features that make up autism. Below is a summary of characteristics to be mindful of when working with students and considering interventions and/or referrals.

- Getting upset by a slight change in a routine or being placed in a new or overly stimulating setting
- Making little or inconsistent eye contact
- Having a tendency to look at and listen to other people less often
- Rarely sharing enjoyment of objects or activities by pointing or showing things to others
- Responding in an unusual way when others show anger, distress, or affection
- Failing to, or being slow to, respond to someone calling their name or other verbal attempts to gain attention
- Having difficulties with engaging in reciprocal (back and forth) conversations, non-preferred subject matters
- Talking often at length about a favorite subject without noticing that others are not interested or without giving others a chance to respond
- Using words that seem odd, out of place, or have a meaning known only to those familiar with that person's way of communicating
- Having facial expressions, movements, and gestures that do not match what is being said
- Having an unusual tone of voice that may sound sing-song, flat, or robot-like
- Having trouble understanding another person's point of view or being unable to predict or understand other people's actions
- Overreacting to changes in routines
- Over- or underreacting to lights, sounds, pain, or touch

The School Team's Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem,

including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:[6]

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

Examples of Pre-referral Interventions and Accommodations

Pre-referral interventions and accommodations should be individualized and based on the needs of the student. The school team should begin by identifying the symptoms the student is experiencing and then, try to identify specific factors that may worsen the student's symptoms so steps can be taken to modify those factors. For example:

- Do some classes, subjects, or tasks appear to pose greater difficulty than others?
- For each class, is there a specific timeframe after which the student begins to appear unfocused or fatigued?
- Are there specific things in the school or classroom environment that seem to distract the student?
- Are any behavioral problems linked to a specific event, setting (e.g., bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

Specific Strategies for Supporting Language and Social Communication Skills

One of the hallmark characteristics of autism is challenges with social communication. This includes a student understanding and using verbal and nonverbal language to read and understand social cues in the environment. Furthermore, students with ASD often demonstrate difficulty understanding verbal information. These differences in development can negatively impact a student's level of understanding and engagement in the classroom setting. Therefore, students with ASD may benefit from the following universal strategies and supports:

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[6] National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

- Make sure you have the student's attention before delivering an instruction or asking a question.
- Begin an instruction with the student's name to call his attention, to increase the likelihood that he may be attending by the time you deliver the direction.
- Keep instructions short or give information in chunks.
- Avoid complex verbal directions, information, or discussion.
- Minimize use of "don't" and "stop." For example, "Please stay on the sidewalk" can be much more effect than "Don't walk on the grass" for a student who might not hear the "don't"—or for one who isn't sure where the acceptable place to walk might be.
- Allow "wait time" and be prepared to wait for a response, whether it is an action or answer (e.g., give the student at least 15 seconds to process information before you request a response).
- Avoid immediately repeating an instruction or inquiry. Sometimes it is helpful to think of a student with auditory processing challenges like a computer—when a computer is processing, hitting the command again does not make it go any faster, but rather sends it back to the beginning to start the processing all over again.
- Use visual supports to prompt language or give choices to supplement verbal information.
    - Example: If you are teaching a child to ask for help, have a cue card available at all times, and prompt its use whenever it is time for him to request help. This can be used by the student instead of spoken language, or as a support for developing language and teaching when it might be appropriate to use this phrase.
- Provide an individualized schedule for the student.
- Do not reprimand a student for not listening or responding.
    - This only serves to highlight their challenges.
- Provide ways to help the student access communication.
    - Many individuals with autism have word retrieval issues—even if they know an answer, they cannot come up with the words. Address this by offering visual supports, cue cards, multiple choice options, a word bank, etc.
- Teach and use scripts (words, pictures, etc.) for communication needs or exchanges.
    - (e.g., 'I like…. What do you like?' 'I like….. ') Use cue cards and fade over time as the student's understanding of the use of the phrase or pattern of the exchange develops.
- If your student has been provided with an augmentative or alternative communication device, learn how to use it in the context of your relationship.
    - These devices can range considerably in terms of sophistication, with some offering either written or speech output. Ask the student's special education staff or tech support for programming specific to his/her needs in interacting with you, and help guide them to communication options that will be helpful.

- Provide verbal prompts or models with care.
    - Verbal prompts can sometimes cause pronoun confusion and challenges due to perspective taking (the child may have difficulty identifying which pronoun actually indicates it is his/her turn).
- Consider the purpose of the student's communication.
    - Many individuals with autism also use echolalia to comment, inform, or request.
    - Model language using language you want the student to use.
    - Visual supports and social scripts are also good strategies to help with echolalia.

Specific Strategies for Supporting Social Skill Development

Another hallmark characteristic of ASD is challenges with social skills and developing and maintaining social relationships. Some of the core developmental differences underlying these social challenges include using and understanding nonverbal social cues, understanding emotions in self and others, and conversational reciprocity. These differences in development can negatively impact the student across all aspects of their school experience and furthermore, prevent them from obtaining the skills necessary for success after high school. Therefore, students with ASD may benefit from the following universal strategies and supports in the area of social skill development:

- Model expected social interactions and teach social boundaries.
    - For example, model turn taking and expected nonverbal and verbal behaviors (e.g., maintaining personal space, eye contact, tone of voice, prosody, body orientation, active listening skills, appropriate topics of conversation, people you should talk to about certain topics).
- Teach empathy and reciprocity.
    - In order to engage in a social interaction, a person needs to be able to take another's perspective and adjust the interaction accordingly. While their challenges often display or distort their expressions of empathy, individuals with autism often do have capacity for empathy. This can be taught by making a student aware—and providing the associated vocabulary—through commentary and awareness of feelings, emotional states, and recognition of others' facial expressions and nonverbal cues.
- Reinforce what the student does well socially.
    - Use behavior-specific praise and concrete reinforcement if needed to shape prosocial behavior.
- Teach imitation and context clues.
- Break social skills into small component parts.
    - Teach these skills through supported interactions.
    - Use visuals as appropriate.
- Build on the student's strengths and interests to encourage social skills.

    - Many individuals with autism have a good sense of humor, a love of or affinity for music, strong rote memorization skills, or a heightened sense of color or visual perspective—use these to motivate interest in social interactions or to give a student a chance to shine and be viewed as competent and interesting.
- Many students with autism have a favorite topic or special area of interest that may interfere with school work or social interaction. For students who become hyper-focused on a favorite topic or special area of interest, consider the following strategies:
    - Provide scheduled opportunities to discuss the favorite topic.
    - Present scheduled opportunities on a visual schedule.
    - Establish boundaries (when it is, or is not, appropriate to discuss the favorite topic).
    - Set a timer to establish duration.
    - Support strategies for expanding to other topics; and/or
    - Reinforce the student for talking about other subjects or the absence of the topic.
- Identify peers with strong social skills, and pair the student with those peers so he has good models for social interaction.
    - Provide peers with strategies for eliciting communication or other targeted objectives, but be careful not to turn the peer into a teacher—strive to keep peer interactions as natural as possible.
- Create small lunch groups, perhaps with structured activities or topic boxes.
    - Teach the group to pull a topic out of a box and have the students discuss things related to this topic, such as "The most recent movie I saw was…" This can be helpful for students who tend to talk about the same things all the time since it provides supports and motivation and the benefit of a visual reminder of what the topic is.
- Focus on social learning during activities that are not challenging for the child.
    - Conversational turn taking is not likely to occur if a child with poor fine motor skills is asked to converse while cutting or writing, especially if it is in a room with overwhelming sensory distractions.
- During group activities, it is beneficial to help the student define his role and responsibilities within the group.
    - Assign a role or help him mediate with peers as to what he should do (e.g., "Sam is the note taker today.") Be sure to rotate roles to build flexibility and broaden skills. Remember that if you leave it up to the class to pick groups/partners, students with special needs are sometimes chosen last, causing unnecessary humiliation.
- Support peers and students through structured social situations with defined expectations of behavior. Then, work on generalizing the skill to other social settings.
    - Consider first teaching the necessary skill (e.g., how to play Uno) in isolation, and then introduce it in a social setting with peers.

- Provide structured supports or tasks during an activity.
  - Example: If there is a group of students playing YuGiOh at lunchtime, consider teaching YuGiOh to the student with autism who likes to play cards in another setting, and then generalize it with peers.
  - Educate peers and establish learning teams or circles of friends to build a supportive community.

For additional information, please review the National Professional Development Center's report on Autism Spectrum Disorder, as well as the National Autism Center's National Standards Report.[7]

Background Considerations

Teams should consider factors that could influence performance and perceived ability prior to referral to assist the team in making decisions regarding interventions and evaluation needs. A few major background considerations are as follows:

- Lack of instruction: Information obtained during assessment indicates lack of instruction in reading and math is ***not*** the determinant factor in this student's inability to progress in the general education curriculum.

- Limited English proficiency: As with disproportionality related to race/ethnicity, disproportionality related to English learners is also of concern. When gathering information regarding how a student interacts with others and responds to differing social situations, the team should consider the role of the student's dominant social norm(s) as it impacts social relationships.

  Limited English proficiency must be ruled out as the primary reason that the team suspects a disability. If there is another language spoken primarily by the student or spoken primarily at home, the team needs to document the reason English proficiency is not the primary reason for cognitive and adaptive deficits. Teams should also consider information regarding a student's language skill in his/her dominant language, as deficits in receptive, expressive, and/or pragmatic language are likely to have a significant impact on developing and maintaining social relationships.

- Medical conditions: There are medical conditions that can impact a student's functioning and thus the health condition may be the primary cause of underperformance. See the Other Health Impairment Evaluation Guidance Document for more information.

[7] http://autismpdc.fpg.unc.edu/evidence-based-practices

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation, the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan. The following data from the general education intervention phase that can be used includes:

1) reported areas of academic difficulty,
2) documentation of the problem,
3) evidence that the problem is chronic,
4) medical history and/or outside evaluation reports,
5) record or history of significant developmental delays across domains,
6) record of accommodations and interventions attempted,
7) school attendance and school transfer information,
8) multi-sensory instructional alternatives, and
9) continued lack of progress.

Referral

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(b), a parent or the school district may refer a child for an evaluation to determine if the child is a child with disability. If a student is suspected of an educational disability at any time, s/he may be referred by the student's teacher, parent, or outside sources for an initial comprehensive evaluation based on referral concerns. **The use of RTI^2 strategies may not be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.** For more information on the rights to an initial evaluation, refer to Memorandum 11-07 from the U.S. Department of Education Office of Special Education and Rehabilitative Services.

School districts should establish and communicate clear written referral procedures to ensure consistency throughout the district. Upon referral, all available information relative to the suspected disability, including background information, parent and/or student input, summary of interventions, current academic performance, vision and hearing screenings, relevant medical information, and any other pertinent information should be collected and must be considered by the referral team. The team, not an individual, then determines whether it is an appropriate referral (i.e., the team has reason to suspect a disability) for an initial comprehensive evaluation. The school team must obtain informed parental consent and provide written notice of the evaluation.

Parent Request for Referral and Evaluation

If a parent refers/requests their child for an evaluation, the school district must meet within a reasonable time to consider the request following the above procedures for referral.

- If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see Appendix A). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;
- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom? What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
    - Oral English language proficiency level
    - English language proficiency literacy level
    - Formal education experiences
    - Native language literacy skills
    - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the English as a Second Language Program Guide (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- Multimodal: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.

- Multisource: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.

- Multidomain: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.

- Multisetting: Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures (Standards)

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

(1) Parental interviews including developmental history;
(2) Behavioral observations in two (2) or more settings (can be two settings within the school) addressing characteristics related to autism;
(3) Health history;
(4) Pragmatic communication skills (further language evaluation if identified as an area of concern);
(5) Cognitive/developmental skills;
(6) Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument specific to autism and one (1) normative measure of general behavior/social-emotional functioning;
(7) Sensory;
(8) Academic skills; and

(9) Documentation, including observation and/or assessment, of how autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Evaluation Procedures Guidance

General Considerations

It is important to keep in mind that adaptations and modifications to standardized assessment procedures will invalidate the scores obtained. However, this problem can be minimized by first administering the tests under standardized conditions and then making modifications in order to "test the limits" and provide qualitative information regarding the student's performance. In such a case, scores would be reported based on the standardized administration. In addition, behavioral observations would then be provided regarding (a) what modifications were made and (b) how these adaptations influenced performance. Some possible modifications include the following:[8]

1. Be flexible in the order of presentation of subtests and subtest items:
    - Administer subscales in a different order to maximize cooperation.
    - Begin with a task that you know the child likes (e.g., puzzles).
    - Intersperse easy and more difficult items (behavioral momentum).
    - Present tasks so that potentially stressful language items are balanced by more enjoyable visual motor tasks.
    - Start at the beginning of a particular subscale (easiest item) rather than the age-suggested start point.
    - Repeat tasks the person enjoyed following a frustrating task and prior to a break.

2. Change the manner in which instructions are given:
    - Use a multiple-choice or fill-in-the-blank format rather than an open-ended style.
    - Paraphrase instructions and/or simplify language to match the child's language level.
    - Use phrases that are more familiar to the child (e.g., "match" instead of "find me another one just like this").
    - Use generic verbal prompts. For example, for a picture vocabulary task, we may ask: "What is this? This is a _____."
    - Use visual supports to aid in the comprehension of instructions.
3. Modify the response and presentation formats:
    - Allow untimed responses.

[8] Durocher, J. (n.d.,) Assessment for the purpose of instructional planning for students with autism spectrum disorders. Retrieved from: http://www.ocali.org/up_doc/Assessment_for_the_Purpose_of_Instructional_Planning_for_ASD.pdf

- Allow different modes of responding, including nonverbal responses (pointing, gestures), etc.
- Administer the task with different materials, which may be more familiar, motivating, or interesting.
- Administer items in naturalistic settings and/or on another day.
- Use dynamic assessment/diagnostic teaching approaches (teach the task).

See Appendix B for a list of assessments.

Standard 1 Parental interviews including developmental history

Information regarding developmental history should be captured through an interview and/or structured developmental questionnaires. The gathered information should help the assessment specialist to review milestones and associated developmental areas that correspond to features of autism. It is important to note the social demands the child has been exposed to prior to the school setting as characteristics of autism may not have been as evident as a toddler without peer interaction opportunities. There are structured parent interview sample questions in the resource section of the Appendix C.

Standard 2: Behavioral observations in two (2) or more settings (can be two settings within the school) addressing characteristics related to autism

There are a variety of types of observations (e.g., direct time sampling, narrative, or structured) that can be completed as part of the evaluation, but all observations should also include information regarding characteristics of autism. Some structured observations (e.g., Childhood Autism Rating Scale, 2nd Edition) include ratings based on observed behaviors associated with autism. It is advisable to have more than one assessment team member—who may provide different disciplinary perspective and expertise—complete observations (e.g., school psychologist, speech language pathologist, or occupational therapist). In such cases, team members should collaborate with one another on the observational data to write up a summative comprehensive view of the student's behavior(s). It is important to include observations in structured settings such as during class instruction and less structured settings such as the within the cafeteria, hallway transitions, or recess in order to provide ample opportunity to observe a wide variety of task demands/responses and social interactions.

Standard 3: Health history

The parent interview should also include thorough background of the student's health history. Teams may determine further information is needed. In such cases, the assessment specialists should seek a release of information to consult with the student's physician to obtain more medical history and possible rule outs for other conditions that could be impacting the student's behaviors/symptoms.

Standard 4: Pragmatic communication skills (further language evaluation if identified as an area of concern)

The American Speech-Language-Hearing Association (ASHA)[9] reports that social language disorders may include issues with social interaction, social cognition, and pragmatics. It is important to note that a social language disorder can exist as an independent diagnosis or it may co-occur within the context of another disorder such as autism. In the case of autism, social language problems are a hallmark feature in addition to restricted, repetitive patterns of behavior.

Research shows that social language such as eye contact, facial expressions, and body language are influenced by both cultural and individual factors.[10] ASHA further reports the following when assessing social communication skills: Speech language pathologists (SLPs) should be sensitive to an individual's cultural, functional, and socially acceptable norms that exist within an individual's community. Eliciting information from an individual's family is essential for the SLP's evaluation as it helps the SLP to better understand the family's beliefs, concerns, skills, and knowledge relative to the individual being assessed.

It is important to remember that a measure of pragmatic language skills should consider the following: eye gaze, joint attention, social reciprocity for communication, play behaviors (depending on the student's age), prosody, use of gestures, initiation of communication, topic management, turn taking, and providing appropriate amounts of information in conversational contexts.

Standardized measures are often used for receptive and expressive language skills, and there are also standardized measures of pragmatic language. However, pragmatic language skills may best be evaluated through observations in both structured and less structured activities and settings across the educational setting as well as interviews with the individual's teachers and family; through language samples; and informal checklists. The SLP may also choose to engage the individual in role-play activities that simulate real-world communication events such as peer group activities.[11]

Standard 5: Cognitive/developmental skills.

The cognitive (i.e., intellectual) functioning evaluation must be conducted by someone with appropriate licensure and training (e.g., school psychologist, licensed psychologist, licensed psychological examiner under the direct supervision of a licensed psychologist, licensed

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[9] http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Social_Communication_Disorders_in_School-Age_Children/Social-Communication-Benchmarks.pdf

[10] Curenton & Justice, 2004: Inglebret, Jones, & Pavel, 2008

[11] ASHA, n.d.

senior psychological examiner). Best practice dictates that no one cognitive measure should be used for all assessments. The correct instrument selection must result from a comprehensive review of information obtained from multiple sources prior to evaluation. This practice is critical in obtaining a valid cognitive score. Refer to the TN Assessment Instrument Selection Form (TnAISF) section when determining the most appropriate assessment.

Factors that should be considered in selecting a cognitive abilities instrument are as follows:

1. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different (EL student populations (e.g., ELs). Use instruments that yield assessment results that are valid and reliable indications of the student's potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or students who are socio-economically disadvantaged.
2. When intelligence test results are significantly skewed in one or more areas of the test battery's global components due to significant differences in the culturally accepted language patterns of the student's subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.
3. Consider evidence (documented or suspected) of another disability (e.g., ADHD, emotional disturbance, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
4. Be mindful that the student's subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given have language, cultural, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of

ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/ intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits, when considering the use of the standard error of measure.

Standard Error of Measure (SEM) – The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her "true" score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The standard error of measure (SEM) should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and other relevant evidence which indicates the overall score may be an underestimate of the student's ability.
- Assessment specialists trained in intellectual functioning provide professional judgement and documented reasons regarding why the SEM may be used as the best estimate of ability.

A nonverbal measure of ability should be administered if any of the following issues are present: if there are significantly discrepant intellectual assessment domain scores with a lower verbal index/measure compared to other index scores, or if there are language concerns (e.g., suspected language delays or English language proficiency concerns due to English not being the student's first learned language). If nonverbal assessment does not reflect significantly impaired cognitive functioning in such situations, poor performance on the comprehensive measure may be attributed to impaired language/acquisitions or lack of vocabulary exposure that may cause teams to underestimate ability.

Standard 6: Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument specific to autism and one (1) normative measure of general behavior/social-emotional functioning

The intention of this standard to is to provide normative comparisons between the student and same-aged peers with and without autism. Appendix B provides examples of scales and assessments for autism specific scales and general scales of behavior/ social-emotional functioning. In addition to normative comparisons, it is important in the evaluation to complete

an item analysis when assessing the severity and frequency of behaviors that the student displays. While it is important to document behaviors displayed at home in order to help corroborate findings, in order to meet criteria for an educational disability, the behaviors also need to be displayed within the school setting as the evaluation is determining degree of impact of the student's potential disability in the educational environment.

Standard 7: Sensory

Sensory processing or sensory regulation can be addressed through rating scales to obtain normative and severity ratings. Some autism-specific scales include sensory regulation (e.g., Childhood Autism Rating Scale-2 or Autism Spectrum Rating Scale). In some cases, teams may indicate a sensory profile is needed, which is completed by a qualified and trained assessment specialist (e.g., an occupational therapist). While the evaluation is specific to the student's ability to regulate sensory skills in the school setting, it is advisable when possible to obtain school and home rating in order to compare and contrast student behaviors and to help plan appropriately.

Standard 8: Academic skills

Academic skills can be reviewed in a variety of ways that assessment teams may consider when planning for the evaluation. Some students with autism demonstrate few academic deficits and therefore a review of records (including grades), statewide testing results or criterion-referenced tests, universal screening measures, and other curriculum-based measures may be sufficient to document academic skills. Individually administered standardized achievement tests may provide additional information, based on referral concerns that is necessary in determining academic present levels of performance and educational impact. However, it should be noted that students with autism may not perform well on standardized achievement assessments. This underperformance is not always due to low skills but may be the result of the child's difficulty with following standardized instructions, responding to unfamiliar adults or prompts, or communication deficits. Standardized assessments require a strict protocol in the administration of test items, and deviation from those protocols can invalidate results. Therefore, the examiner should indicate whether results appear to be valid estimates of skills based on observation and teacher consultations. The examiner may include a testing of limits to help explore skills further.

Standard 9: Documentation, including observation and/or assessment, of how autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas)

Documentation of the way in which autism adversely affects the learning environment is an essential component of determining eligibility and appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide

extensive documentation of the prevention and intervention efforts, as well as the data indicating these efforts in the general education setting are not adequate support for a student's needs. Documentation may include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

It is important to remember that the documented impact on educational performance does not necessarily mean a student is demonstrating academic deficits (e.g., poor grades, specific foundational skill deficits), and nonacademic skills/behaviors should be considered equally. For example, high-functioning students with autism may not have academic deficits yet exhibit behaviors that impact their time attending to the general educational classroom instruction.

Required Autism Evaluation Participants

Information shall be gathered from the following persons in the evaluation of autism:

(1) The parent;

(2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);

(3) A licensed special education teacher;

(4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;

(5) A licensed SLP; and

(6) Other professional personnel as needed (e.g., occupational therapist, physical therapist, licensed physician, neurologist, nurse licensed practitioner, physician's assistant, or school counselor).

Evaluation Participants Guidance

Below are examples of information participants may contribute to the evaluation.

(1) Parent(s) or legal guardian(s)

- Developmental & background history
- Social/behavioral development
- Current concerns
- Other relevant interview information
- Rating scales (e.g., adaptive measures, social behavior rating scales)

(2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher)

- Observational information
- Rating scales or checklists (e.g., adaptive measures)
- Work samples

- Curriculum based measures/ assessment results
- Criterion-referenced test results (e.g., TCAP, TN Ready, end-of-course tests, etc.)
- Other relevant quantitative/qualitative data

(3) The student's special education teacher(s) (e.g., IEP development teacher/case manager)

- Observational information
- Pre-vocational checklists
- Direct assessment (e.g., academic achievement test)
- Transitional checklists/questionnaires/interviews
- Vocational checklists/questionnaires/interviews
- Other relevant quantitative/qualitative data

(4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist

- Direct assessment (e.g., cognitive, achievement)
- School record review
- Review of outside providers' input
- Observations in multiple settings with peer comparisons addressing specific characteristics of autism
- Interviews
- Rating scales
- Other relevant quantitative/qualitative data

(5) A licensed speech/language pathologist

- Pragmatic language evaluation
- Comprehensive language evaluation (as needed)
- Observations in multiple settings addressing specific characteristics of autism (e.g., generalized pragmatic skills, communication skills, social-emotional reciprocity, social skills)
- Parent interview
- Rating scales

(6) Other professional personnel as needed (e.g., occupational therapist, physical therapist, licensed physician, neurologist, nurse licensed practitioner, physician's assistant, or school counselor).

- Direct assessment (e.g., sensory profile, fine motor evaluation)
- School record review
- Review of outside providers' input
- Observations in multiple settings with peer comparisons
- Medical evaluation and/or history
- Rating scales
- Other relevant quantitative/qualitative data

Components of Evaluation Report:

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but serves an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based and outside providers)
- School history (e.g., attendance, grades, statewide achievement, disciplinary/conduct info, behavior intervention plan (BIP)
- Relevant developmental and background history
- Assessment instruments/procedures (e.g., test names; dates of evaluations, observations, and interviews; consultations with specialists)
- Medical information (e.g., diagnoses, prognoses, past/current medication, past/current treatment approaches, healthcare procedures, activity restrictions)
- Current assessment and results
    - Parent interview
    - Observations
    - Autism-specific assessment
    - Rating scales
    - Pragmatic/language assessment
    - Cognitive/developmental assessment
    - Academic skills
- Tennessee disability definition of autism
- Educational impact statement: Review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history
- Summary
- Recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability ***and*** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If

the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
    - **Prong 1:** Do the evaluation results support the presence of an educational disability?
        - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
        - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
    - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
        - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Specific Considerations Related to Autism

In many cases, autism will be the primary disability as it may affect a student's educational progress in all settings. It is incumbent upon each IEP evaluation team to determine the identification standard that best describes each student's educational disability. In most cases, students who meet the autism standard will be identified under the primary disability of autism. However, students with autism may also meet other disability standards. In some cases, autism may be mildly impacting a student's educational performance while the student's other disability is significantly impacting their performance. For example, if a student with autism who has been found to also have a co-occurring specific learning disability in reading fluency, and the reading disability is the dominant reason the student is demonstrating difficulties in the educational environment, that student may be identified primarily under specific learning disability. In such a case, the student's autism-related behaviors would not be listed/identified as the primary reason for identification, but could still be considered as a secondary disability. Identification of the primary disability (and secondary disability) is the IEP team's decision. It is not necessary to identify a language impairment as disability in order to receive speech or language services as a related service since communication deficits are a feature of autism.

Cultural considerations should be made for students from non-majority families. The professional team must be aware of and sensitive to the social communication norms of the student's culture/family and how these can impact identification of autism.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in

his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.

- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).
- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Specific Considerations Related to Autism

As students age, social demands will change. In addition, the types of academic demands increase in complexity as students get older, moving from concrete skills to more abstract skills. As students enter the higher grades, consideration of increased abstract reasoning skills may need to be assessed and considered when updating programming for students. Therefore, the IEP team should consider whether a secondary disability is present or additional assessments are needed for program planning when reviewing re-evaluation needs for students with autism.

Appendix A: TN Assessment Instrument Selection Form

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name_____ School_____ Date____/____/_____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM

CONSIDERATIONS FOR ASSESSMENT		
LANGUAGE	❑	Dominant, first-acquired language spoken in the home is other than English
	❑	Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
ECONOMIC	❑	Residence in a depressed economic area and/or homeless
	❑	Low family income (qualifies or could qualify for free/reduced lunch)
	❑	Necessary employment or home responsibilities interfere with learning
ACHIEVEMENT	❑	Student peer group devalues academic achievement
	❑	Consistently poor grades with little motivation to succeed
SCHOOL	❑	Irregular attendance (excessive absences during current or most recent grading period)
	❑	Attends low-performing school
	❑	Transience in elementary school (at least 3 moves)
	❑	Limited opportunities for exposure to developmental experiences for which the student may be ready
ENVIRONMENT	❑	Limited experiences outside the home
	❑	Family unable to provide enrichment materials and/or experiences
	❑	Geographic isolation
	❑	No school-related extra-curricular learning activities in student's area of strength/interest
OTHER	❑	Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability)
	❑	Member of a group that is typically over- or underrepresented in the disability category

OTHER CONSIDERATIONS FOR ASSESSMENT

__ May have problems writing answers due to age, training, language, or fine motor skills
__ May have attention deficits or focusing/concentration problems
__ Student's scores may be impacted by assessment ceiling and basal effects
__ Gifted evaluations: high ability displayed in focused area: _____
__ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions
__ Is extremely shy or introverted when around strangers or classmates
__ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s)
__ May have another deficit or disability that interferes with educational performance or assessment

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure:	Assessment Category/Measure:	Assessment Category/Measure:
_____	_____	_____

Appendix B: Assessments

This list may not be comprehensive or include all acceptable available measures. These are the most recent versions of these measures at the time this document was created (Spring 2017). The determination of which measure is used in an evaluation is at the discretion of the assessment specialist.

Cognitive	*Bayley Scales of Infant and Toddler Development-III* *Wechsler Preschool and Primary Scale of Intelligence - IV* *Wechsler Intelligence Scale for Children-V* *Wechsler Adult Intelligence Scale-IV* *Wechsler Nonverbal Scale of Ability* *Woodcock Johnson Tests of Cognitive Abilities – Fourth Edition* *Universal Nonverbal Intelligence Test - II* *Reynolds Intellectual Assessment Scales – Second Edition* *Leiter-3 International Performance Scale - III* *Comprehensive Test of Nonverbal Intelligence - II* *Kaufman Assessment Battery for Children-2* *Differential Ability Scales-2* *Stanford Binet Intelligence Scales-V* *Test of Nonverbal Intelligence – Fourth Edition* *Primary Test of Nonverbal Intelligence*
Language/Communication/Social Language	*Clinical Evaluation of Language Fundamentals-5* *Clinical Evaluation of Language Fundamentals-Preschool: 2* *Clinical Evaluation of Language Fundamentals-4 (Spanish)* *Oral and Written Language Scales-II* *Preschool Language Scale-5* *Preschool Language Scale-5 (Spanish)* *Social Language Development Test-Elementary & Adolescent* *Test of Language Development-Intermediate: 4* *Test of Language Development-Primary:4* *Test of Pragmatic Language-2*
Behavior/Emotional/Social	*Behavior Assessment System for Children-3* *Beck Youth Inventories-2* *Conners Comprehensive Behavior Rating Scales* *Social Skills Improvement Rating Scales* *Behavior Rating Inventory of Executive Functions (BRIEF)*
Autism Specific Behavior	*Autism Diagnostic Observation System 2* *Autism Spectrum Rating Scale* *Childhood Autism Rating Scale 2* *Gilliam Autism Rating Scale-3* *Autism Diagnostic Interview-Revised (ADI-R)*

Adaptive Behavior	*Adaptive Behavior Assessment System-3* *Vineland-3*
Articulation/Phonology	*Arizona Articulation Proficiency Scale-3* *Clinical Assessment of Articulation and Phonology-2* *Diagnostic Evaluation of Articulation and Phonology* *Fisher Logemann Test of Articulation Competence* *Goldman-Fristoe Test of Articulation-3* *Hodson Assessment of Phonological Patterns-3* *Photo Articulation Test-3* *Secord Contextual Articulation Test*
Communication/Language/Social Skills	*Functional Communication Profile-Revised* *The Pragmatics Profile* *Children's Communication Checklist-2* *The Communication Matrix (www.communicationmatrix.org)* *Pragmatic Language Skills Inventory* *Verbal Behavior MAPP (VB-Mapp)* *Autism Diagnostic Observation Schedule (**ADOS**)* *Assessment of Basic Language and Learning Skills (ABLLS)*
Sensory Processing/Regulation	*Infant-Toddler Sensory Profile - II* *Adolescent/Adult Sensory Profile* *Miller Assessment of Preschoolers* *Sensory Integration and Praxis Tests* *Sensory Profiles and School Companion* *Preschool Sensory Processing Measure* *Sensory Processing Measure* *Autism Spectrum Rating Scale*

Appendix C: Resources and Links

Definition

American Speech-Language-Hearing Association Autism Definition
http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/

American Speech-Language-Hearing Association What is Autism
http://www.asha.org/public/speech/disorders/Autism/

American Speech-Language-Hearing Association Signs and Symptoms of Autism
http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303&section=Signs_and_Symptoms

National Institute of Mental Health (NIH)
https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml?utm_source=rss_readersutm_medium=rssutm_campaign=rss_full

Center for Disease Control and Prevention Handouts for parents and educators about autism
http://www.cdc.gov/ncbddd/autism/freematerials.html

University of Washington DSM-5 Autism Spectrum Disorder: Guidelines & Criteria Exemplars
https://depts.washington.edu/dbpeds/Screening%20Tools/DSM-5%28ASD.Guidelines%29Feb2013.pdf

Prevention and Per-referral Considerations

Autism Speaks General Strategies for Intervention
http://www.autismspeaks.org/docs/family_services_docs/sk/General_Strategies.pdf

National Autism Center (Free Digital Publications)
http://www.nationalautismcenter.org/090605-2/

National Professional Development Center
Report on Autism Spectrum Disorder
National Autism Center's National Standards Report
http://autismpdc.fpg.unc.edu/evidence-based-practices

Autism Evaluation

American Speech-Language-Hearing Association (ASHA)
Autism Assessment
http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303&section=Assessment

American Speech-Language-Hearing Association (ASHA)
Social Communication Benchmarks
http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Social_Communication_Disorders_in_School-Age_Children/Social-Communication-Benchmarks.pdf

American Speech-Language-Hearing Association (ASHA)
Social Communication Disorders in School Age Children
http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934980&section=Assessment

ASD PARENT INTERVIEW (based on DSM-5 criteria)*:
http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/upload/asd-parent-interview_formatted_2012_0325.pdf

Assessment for the Purpose of Instructional Planning for Students with autism Spectrum Disorder
http://www.ocali.org/up_doc/Assessment_for_the_Purpose_of_Instructional_Planning_for_ASD.pdf

Communication Matrix (Free Assessment Tool)
www.communicationmatrix.org

Saulnier, C.,A., Vnetola, P. E. (2012) Essentials of Autism Spectrum Disorders Evaluation and Assessment. Hoboken, NJ: John Wiley & Sons, Inc.

Evidence-Based Assessment for Autism Spectrum Disorder
http://ed-psych.utah.edu/school-psych/_documents/grants/autism-training-grant/Autism-Assessment-Monograph.pdf

Brock, S.E., Hart, S.R. DSM-5 and School Psychology: Changes to ASD Diagnosis. NASP Communique 42(2):
http://www.nasponline.org/publications/periodicals/communique/issues/volume-42-issue-2/changes-to-asd-diagnosis

The Pragmatics Profile of Everyday Communication Skills in Children

http://complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p080c/the_pragmatics_profile.pdf

Appendix: D: Sample Release of Information

Student:_____	School:_____
Date of Birth:_____	Parent/Guardian:_____
Address:_____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/agency:

Name of contact and/or agency/practice: _____
Address: _____
Phone Number: _____ Fax number: _____

☐ Medical ☐ Psychological/ Behavioral ☐ Vision/ Hearing ☐ Other:_____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/doctor listed. Please sign on the line below and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (____)_____ for clarification.

☐ I authorize _____ (provider) to disclose protected health information about my child _____ to the _____ school system. The release extends for the period of year or for the following period of time: for _____ to _____.

☐ I do not authorize the above provider to release information about my child to the _____ school system.

_____
Parent/Guardian Signature

Appendix E: Medical Information Form

☐**AUT** ☐**EMD** ☐**OHI** ☐**OI** ☐**TBI**

PHYSICIAN: *This student is being evaluated by _____ Schools to determine if additional educational services are needed due to a possible medical condition that might significantly impact school performance. We are considering a possible disability as checked above in one of the following disability categories: autism, emotional disturbance, other health impairment, orthopedic impairment, or traumatic brain injury. The Disability Eligibility Standards for each can be reviewed on the web at http://state.tn.us/education/speced/seassessment.shtml#INITIAL. The information below is a necessary part of the evaluation to help the IEP Team determine whether or not the student requires in-class interventions, direct or related services in special education and/or other services in order to progress in the general curriculum.*

Student: _____ **Birth Date:** _____ **School:** _____

Parent/ Guardian: _____ **Address:** _____

Date of Evaluation/Examination: _____

Check below if you have diagnosed the student with any of the following:

☐ **Autism Spectrum Disorder** – Impressions/information that might help rule out or confirm diagnosis

Describe/Specify: _____

☐ **Emotional Disturbance** – Include and physical conditions ruled out as the primary cause of atypical behavior and psychiatric diagnoses

Describe/Specify: _____

☐ **Orthopedic Impairment** – The impairment will primarily impact (please circle): ☐mobility ☐daily living ☐other:_____

Describe/Specify: _____

☐ **Other Health Impairment**: (check all that apply) ☐ADHD-predominately inattentive ☐ ADHD-predominately Impulsive/Hyperactive ☐ ADHD-Combined ☐ Other health condition(s): _____

Special health care procedures, special diet and/or activity restrictions:

_____

☐ **Traumatic Brain Injury –** Specify: _____

The injury causes the following impairment(s) (please check): ☐ physical ☐cognitive ☐psychosocial ☐other:_____

Please Describe:_____

General Health History and Current Functioning: _____

_____

Diagnosis(es)/etiology: _____

Prognosis: _____

Medications: _____

How does this medical or health condition impact school behavior and learning?

_____

Recommendation:_____

Does the student have any other medical condition or disorder that could be causing the educational and/or behavior difficulties? ☐ Yes ☐ No If yes, explain:

_____

_____

Physician's Name Printed:_____

Address:_____

Physician's signature:_____ Date:_____

Appendix F: Assessment Documentation Form

Assessment Documentation

School System_____ School_____ Grade_____
Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
Student's characteristics evident in early childhood (as social demands increase)		
Persistent deficits in social communication and social interaction across multiple contexts, as manifested by **all** of the following:		
• deficits in social-emotional reciprocity	❑ Yes	❑ No
• deficits in nonverbal communicative behaviors used for social interaction	❑ Yes	❑ No
• deficits in developing and maintaining relationships appropriate to developmental level	❑ Yes	❑ No
Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least **two (2)** of the following:		
• stereotyped or repetitive speech, motor movements, or use of objects	❑ Yes	❑ No
• excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change	❑ Yes	❑ No
• highly restricted, fixated interests that are abnormal in intensity or focus	❑ Yes	❑ No
• hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	❑ Yes	❑ No
2. Evaluation Procedures		
• parental interview (including developmental history)	❑ Yes	❑ No
• behavioral observations in two (2) or more settings addressing characteristics related to Autism	❑ Yes	❑ No
• evaluation of health history	❑ Yes	❑ No
• evaluation of pragmatic communication skills	❑ Yes	❑ No
○ further language evaluation if identified as an area of concern	❑ Yes	❑ No
• evaluation of social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes:	❑ Yes	❑ No
○ at least one (1) standardized or normed instrument specific to autism and	❑ Yes	❑ No
○ one (1) normative measure of general behavior/social-emotional functioning	❑ Yes	❑ No
• evaluation of sensory	❑ Yes	❑ No
• evaluation of cognitive/developmental skills	❑ Yes	❑ No
• evaluation of academic skills	❑ Yes	❑ No
• documentation, including observation and/or assessment, of how Autism adversely affects the child's educational performance in	❑ Yes	❑ No

his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or non-academic areas)		

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

Autism

Assessment Documentation

School District_____ School_____ Grade_____
Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
Student's characteristics evident in early childhood (as social demands increase)		
Persistent deficits in social communication and social interaction across multiple contexts, as manifested by **all** of the following:		
• deficits in social-emotional reciprocity	❑ Yes	❑ No
• deficits in nonverbal communicative behaviors used for social interaction	❑ Yes	❑ No
• deficits in developing and maintaining relationships appropriate to developmental level	❑ Yes	❑ No
Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least **two (2)** of the following:		
• stereotyped or repetitive speech, motor movements, or use of objects	❑ Yes	❑ No
• excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change	❑ Yes	❑ No
• highly restricted, fixated interests that are abnormal in intensity or focus	❑ Yes	❑ No
• hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	❑ Yes	❑ No
2. Evaluation Procedures		
• parental interview (including developmental history)	❑ Yes	❑ No
• behavioral observations in two (2) or more settings addressing characteristics related to Autism	❑ Yes	❑ No
• evaluation of health history	❑ Yes	❑ No
• evaluation of pragmatic communication skills	❑ Yes	❑ No
o further language evaluation if identified as an area of concern	❑ Yes	❑ No
• evaluation of social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes:	❑ Yes	❑ No
o at least one (1) standardized or normed instrument specific to autism and	❑ Yes	❑ No
o one (1) normative measure of general behavior/social-emotional functioning	❑ Yes	❑ No
• evaluation of sensory	❑ Yes	❑ No
• evaluation of cognitive/developmental skills	❑ Yes	❑ No
• evaluation of academic skills	❑ Yes	❑ No
• documentation, including observation and/or assessment, of how Autism adversely affects the child's educational	❑ Yes	❑ No

performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or non-academic areas)		

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

Autism Spectrum Disorder

National Institute of Mental Health

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a "developmental disorder" because symptoms generally appear in the first two years of life.

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5),* a guide created by the American Psychiatric Association that health care providers use to diagnose mental disorders, people with ASD often have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that affect their ability to function in school, work, and other areas of life

Autism is known as a "spectrum" disorder because there is wide variation in the type and severity of symptoms people experience.

People of all genders, races, ethnicities, and economic backgrounds can be diagnosed with ASD. Although ASD can be a lifelong disorder, treatments and services can improve a person's symptoms and daily functioning. The American Academy of Pediatrics recommends that all children receive screening for autism. Caregivers should talk to their child's health care provider about ASD screening or evaluation.

What are the signs and symptoms of ASD?

The list below gives some examples of common types of behaviors in people diagnosed with ASD. Not all people with ASD will have all behaviors, but most will have several of the behaviors listed below.

Social communication and social interaction behaviors may include:

- Making little or inconsistent eye contact
- Appearing not to look at or listen to people who are talking
- Infrequently sharing interest, emotion, or enjoyment of objects or activities (including infrequently pointing at or showing things to others)
- Not responding or being slow to respond to one's name or to other verbal bids for attention
- Having difficulties with the back and forth of conversation
- Often talking at length about a favorite subject without noticing that others are not interested or without giving others a chance to respond
- Displaying facial expressions, movements, and gestures that do not match what is being said
- Having an unusual tone of voice that may sound sing-song or flat and robot-like

- Having trouble understanding another person's point of view or being unable to predict or understand other people's actions
- Difficulties adjusting behavior to different social situations
- Difficulties sharing in imaginative play or in making friends

Restrictive/repetitive behaviors may include:

- Repeating certain behaviors or having unusual behaviors, such as repeating words or phrases (a behavior called *echolalia*)
- Having a lasting intense interest in specific topics, such as numbers, details, or facts
- Showing overly focused interests, such as with moving objects or with parts of objects
- Becoming upset by slight changes in a routine and having difficulty with transitions
- Being more sensitive or less sensitive than other people to sensory input, such as light, sound, clothing, or temperature

People with ASD also may experience sleep problems and irritability.

People on the autism spectrum also may have many strengths, including:

- Being able to learn things in detail and remember information for long periods of time
- Being strong visual and auditory learners
- Excelling in math, science, music, or art

What are the causes and risk factors for ASD?

Researchers don't know the primary causes of ASD, but studies suggest that a person's genes can act together with aspects of their environment to affect development in ways that lead to ASD. Some factors that are associated with an increased likelihood of developing ASD include:

- Having a sibling with ASD
- Having older parents
- Having certain genetic conditions (such as Down syndrome or Fragile X syndrome)
- Having a very low birth weight

Not everyone who has these risk factors develops ASD.

How is ASD diagnosed?

Health care providers diagnose ASD by evaluating a person's behavior and development. ASD can usually be reliably diagnosed by the age of 2. It is important to seek an evaluation as soon as possible. The earlier ASD is diagnosed, the sooner treatments and services can begin.

Diagnosis in Young Children

Diagnosis in young children is often a two-stage process.

Stage 1: General Developmental Screening During Well-Child Checkups

Every child should receive well-child checkups with a pediatrician or an early childhood health care provider. The American Academy of Pediatrics recommends that all children receive screening for developmental delays at their 9-, 18-, and 24- or 30-month well-child visits, with specific autism screenings at the 18- and 24-month well-child visits. A child may receive additional screenings if they are at high risk for ASD or developmental problems.

Considering caregivers' experiences and concerns is an important part of the screening process for young children. The health care provider may ask questions about the child's behaviors and evaluate those answers in combination with information from ASD screening tools and clinical observations of the child. To learn more about ASD screening tools, visit the Centers for Disease Control and Prevention (CDC) website at **www.cdc.gov/ncbddd/autism/hcp-screening.html**.

If a child shows developmental differences in behavior or functioning during this screening process, the health care provider may refer the child for additional evaluation.

Stage 2: Additional Diagnostic Evaluation

It is important to accurately detect and diagnose children with ASD as early as possible, as this will shed light on their unique strengths and challenges. Early detection also can help caregivers determine which services, educational programs, and behavioral therapies are most likely to be helpful for their child.

A team of health care providers who have experience diagnosing ASD will conduct the diagnostic evaluation. This team may include child neurologists, developmental behavioral pediatricians, speech-language pathologists, child psychologists and psychiatrists, educational specialists, and occupational therapists.

The diagnostic evaluation is likely to include:

- Medical and neurological examinations
- Assessment of the child's cognitive abilities
- Assessment of the child's speech and language abilities
- Observation of the child's behavior
- An in-depth conversation with the child's caregivers about the child's behavior and development
- Assessment of age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting
- Questions about the child's family history

Because ASD is a complex disorder that sometimes occurs with other illnesses or learning disorders, the comprehensive evaluation may include blood tests and a hearing test.

The outcome of this evaluation may result in a formal diagnosis and recommendations for treatment.

Diagnosis in Older Children and Adolescents

Caregivers and teachers are often the first to recognize ASD symptoms in older children and adolescents who attend school. The school's special education team may perform an initial evaluation and then recommend that a child undergo additional evaluation with their primary health care provider or a health care provider who specializes in ASD.

A child's caregivers may talk with these health care providers about the child's social difficulties, including problems with subtle communication. These subtle communication differences may include problems understanding tone of voice, facial expressions, or body language. Older children and adolescents may have trouble understanding figures of speech, humor, or sarcasm. They also may have trouble forming friendships with peers.

Diagnosis in Adults

Diagnosing ASD in adults is often more difficult than diagnosing ASD in children. In adults, some ASD symptoms can overlap with symptoms of other mental health disorders, such as an anxiety disorder or attention-deficit/hyperactivity disorder (ADHD).

Adults who notice signs and symptoms of ASD should talk with a health care provider and ask for a referral for an ASD evaluation. Although evaluation for ASD in adults is still being refined, adults can be referred to a neuropsychologist, psychologist, or psychiatrist who has experience with ASD. The expert will ask about:

- Social interaction and communication challenges
- Sensory issues
- Repetitive behaviors
- Restricted interests

The evaluation also may include a conversation with caregivers and other family members to learn about the person's early developmental history, which can help ensure an accurate diagnosis.

Obtaining a correct diagnosis of ASD as an adult can help people understand past challenges, identify personal strengths, and find the right kind of help. Studies are underway to determine the types of services and supports that are most helpful for improving the functioning and community integration of autistic transition-age youth and adults.

What treatment options are available for ASD?

Treatment for ASD should begin as soon as possible after diagnosis. Early treatment for ASD is important because proper care and services can reduce individuals' difficulties while helping them learn new skills and build on their strengths.

People with ASD may face a wide range of issues, which means there is no single best treatment for ASD. Working closely with a health care provider is an important part of finding the right combination of treatments and services.

Medication

A health care provider may prescribe medication to treat specific symptoms. With medication, a person with ASD may have fewer problems with:

- Irritability
- Aggression
- Repetitive behavior
- Hyperactivity
- Attention
- Anxiety and depression

Read more about the latest medication warnings, patient medication guides, and information on newly approved medications at the Food and Drug Administration (FDA) website at **www.fda.gov/drugsatfda**.

Behavioral, Psychological, and Educational Interventions

People with ASD may be referred to health care providers who specialize in providing behavioral, psychological, educational, or skill-building interventions. These programs are typically highly structured and intensive, and they may involve caregivers, siblings, and other family members. These programs may help people with ASD:

- Learn social, communication, and language skills
- Reduce behaviors that interfere with daily functioning
- Increase or build on strengths
- Learn life skills for living independently

Other Resources

Many services, programs, and other resources are available to help people with ASD. Here are some tips for finding these additional resources:

- Contact a health care provider, local health department, school, or autism advocacy group to learn about special programs or local resources.
- Find an autism support group. Sharing information and experiences can help people with ASD and their caregivers learn about treatment options and ASD-related programs.

- Record conversations and meetings with health care providers and teachers. This information helps when it's time to decide which programs and services are appropriate.
- Keep copies of health care reports and evaluations. This information may help people with ASD qualify for special programs.

Where can I find resources about ASD?

For more information about ASD, visit:

- *Eunice Kennedy Shriver* National Institute of Child Health and Human Development **www.nichd.nih.gov/health/topics/autism**
- National Institute of Neurological Disorders and Stroke **www.ninds.nih.gov/Disorders/All-Disorders/Autism-Spectrum-Disorder-Information-Page**
- National Institute on Deafness and Other Communication Disorders **www.nidcd.nih.gov/health/autism-spectrum-disorder-communication-problems-children**
- Centers for Disease Control and Prevention **www.cdc.gov/autism**
- Interagency Autism Coordinating Committee **https://iacc.hhs.gov**

What should I know about clinical trials?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you or a loved one. For more information, visit **www.nimh.nih.gov/clinicaltrials**.

Reprints

For More Information

NIMH website
www.nimh.nih.gov
www.nimh.nih.gov/espanol (en español)

MedlinePlus (National Library of Medicine)
https://medlineplus.gov
https://medlineplus.gov/spanish (en español)

ClinicalTrials.gov
www.clinicaltrials.gov
https://salud.nih.gov/investigacion-clinica (en español)

National Institute of Mental Health
Office of Science Policy, Planning, and Communications
6001 Executive Boulevard
Room 6200, MSC 9663
Bethesda, MD 20892-9663
Toll-free: 1-866-615-6464
Email: **nimhinfo@nih.gov**
Website: **www.nimh.nih.gov**

National Institute of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
NIH Publication No. 22-MH-8084
Revised 2022

Autism Spectrum Disorders Among Children

The Autism Spectrum Disorders (ASDs) are a group of life-long developmental disabilities that are defined by patterns of unusual social interaction, communication, and behaviors/interests. ASD includes autistic disorder, pervasive developmental disorder -not otherwise specified, and Asperger=s disorder. ASD is more common in boys, and occurs in all regions, cultures, and socioeconomic classes. Until recently, there has been little information on how many children in the United States may be affected with an ASD, and many parents and others are concerned that the rates may be rising. Current estimates indicate that between two and six of every 1,000 children born may have an ASD.

There is a wide range of impairment associated with ASD, which can range from mild to severe. Families of children with an ASD face many significant challenges, and long-term support services are usually required. Special education costs for a child with an ASD are over $8,000 per year, with some specially structured programs costing about $30,000 per year, and care in a residential school costs $80,000 - $100,000 per year.

Although it is known that ASD is the result of some abnormality in brain development, little is known about what causes ASD. However, specific genetic and environmental factors have been suggested and are being investigated by other experts in the field. There is no cure for ASD, but early and intensive education can help children develop many important skills and some medications may reduce symptoms of the disorders.

HOW IS CDC INVOLVED?

- In 1998, CDC initiated one of the few programs in the world that conducts active, ongoing monitoring of the prevalence rate of ASD in children in Atlanta, Georgia.
- In 2000, CDC funded six states -- Arizona, New Jersey, Delaware/Maryland, South Carolina, and West Virginia B to monitor the prevalence of ASD. Approximately three new states will be added to the surveillance program in 2002. It will require several years to collect good quality data, but by 2004 these new programs will be able to provide state prevalence data.
- In 2001, CDC funded four new centers of excellence for autism and other related developmental disabilities to conduct collaborative studies on the number, incidence, and causes of autism and related developmental disabilities. These centers are in California, Colorado, Maryland/Delaware, and Pennsylvania.

Related CDC Activities

- Completed a community-based prevalence study designed in response to the concern of parents regarding a possibly larger than expected number of children with ASD (Brick Township, New Jersey). The study found 6.7 cases ASD per 1000 children, a rate high compared to European studies. It is not known how many children in the U.S. have ASD and studies to provide comparison data are needed.
- Funded a prevention project conducted by the Marshall University Autism Training Center, West Virginia, to prevent secondary conditions among children with autism and reduce stress in their families. This project also conducts a prevalence study of ASD in six counties.
- Using the CDC autism monitoring program in Atlanta, initiated a study to evaluate the possible association between MMR vaccination and autism by comparing the vaccination histories of children with autism and children without autism, matched on school system, age, and gender.
- Began study with Danish scientists to investigate the possible relation between exposure to the MMR vaccine and the risk for autism, using biomarkers present at birth to examine high-risk children.
- Began development of a large-scale study across the Centers to better understand risk factors that may result in a child developing an ASD.

Autism Spectrum Disorders
FACT SHEET

What are autism spectrum disorders?

Autism spectrum disorders (ASDs) are a group of developmental disabilities caused by a problem with the brain. Scientists do not know yet exactly what causes this problem. ASDs can impact a person's functioning at different levels, from very mildly to severely. There is usually nothing about how a person with an ASD looks that sets them apart from other people, but they may communicate, interact, behave, and learn in ways that are different from most people. The thinking and learning abilities of people with ASDs can vary – from gifted to severely challenged. Autistic disorder is the most commonly known type of ASD, but there are others, including "pervasive developmental disorder-not otherwise specified" (PDD-NOS) and Asperger Syndrome.

What are some of the signs of ASDs?

People with ASDs may have problems with social, emotional, and communication skills. They might repeat certain behaviors and might not want change in their daily activities. Many people with ASDs also have different ways of learning, paying attention, or reacting to things. ASDs begin during early childhood and last throughout a person's life.

A child or adult with an ASD might:

- not play "pretend" games (pretend to "feed" a doll)
- not point at objects to show interest (point at an airplane flying over)
- not look at objects when another person points at them
- have trouble relating to others or not have an interest in other people at all
- avoid eye contact and want to be alone
- have trouble understanding other people's feelings or talking about their own feelings
- prefer not to be held or cuddled or might cuddle only when they want to
- appear to be unaware when other people talk to them but respond to other sounds
- be very interested in people, but not know how to talk, play, or relate to them
- repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- have trouble expressing their needs using typical words or motions
- repeat actions over and over again
- have trouble adapting when a routine changes
- have unusual reactions to the way things smell, taste, look, feel, or sound
- lose skills they once had (for instance, stop saying words they were using)

What can I do if I think my child has an ASD?

Talk with your child's doctor or nurse. If you or your doctor think there could be a problem, ask for a referral to see a developmental pediatrician or other specialist, or you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older). To find out who to speak to in your area, you can contact the National Information Center for Children and Youth with Disabilities (NICHCY) by logging onto **www.nichcy.org** or call **1-800-695-0285**. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families on their Autism Information Center Web page (**www.cdc.gov/ncbddd/dd/aic/resources**).

Right now, the main research-based treatment for ASDs is intensive structured teaching of skills, often called behavioral intervention. It is **very** important to begin this intervention as early as possible in order to help your child reach his or her full potential. Acting early can make a real difference!

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES · National Institutes of Health

National Institute on Deafness and Other Communication Disorders

NIDCD Fact Sheet | **Voice, Speech, and Language**

Autism Spectrum Disorder: Communication Problems in Children

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. The term "spectrum" refers to the wide range of symptoms, skills, and levels of impairment that people with ASD can have.

ASD affects people in different ways and can range from mild to severe. People with ASD share some symptoms, such as difficulties with social interaction, but there are differences in when the symptoms start, how severe they are, the number of symptoms, and whether other problems are present. The symptoms and their severity can change over time.

The behavioral signs of ASD often appear early in development. Many children show symptoms by 12 months to 18 months of age or earlier.

Who is affected by ASD?

ASD affects people of every race, ethnic group, and socioeconomic background. It is four times more common among boys than among girls. The Centers for Disease Control and Prevention (CDC) estimates that about 1 in every 54 children in the U.S. has been identified as having ASD.

How does ASD affect communication?

The word "autism" has its origin in the Greek word "autos," which means "self." Children with ASD are often self-absorbed and seem to exist in a private world in which they have limited ability to successfully communicate and interact with others. Children with ASD may have difficulty developing language skills and understanding what others say to them. They also often have difficulty communicating nonverbally, such as through hand gestures, eye contact, and facial expressions.

The ability of children with ASD to communicate and use language depends on their intellectual and social development. Some children with ASD may not be able to communicate using speech or language, and some may have very limited speaking skills. Others may have rich vocabularies and be able to talk about specific subjects in great detail. Many have problems with the meaning and rhythm of words and sentences. They also may be unable to understand body language and the meanings of different vocal tones. Taken together, these difficulties affect the ability of children with ASD to interact with others, especially people their own age.

Below are some patterns of language use and behaviors that are often found in children with ASD.

- **Repetitive or rigid language.** Often, children with ASD who can speak will say things that have no meaning or that do not relate to the conversations they are having with others. For example, a child may count from one to five repeatedly amid a conversation that is not related to numbers. Or a child may continuously repeat words he or she has heard—a condition called echolalia. Immediate echolalia occurs when the child repeats words someone has just said. For example, the child may respond to a question by asking the

same question. In delayed echolalia, the child repeats words heard at an earlier time. The child may say "Do you want something to drink?" whenever he or she asks for a drink. Some children with ASD speak in a high-pitched or sing-song voice or use robot-like speech. Other children may use stock phrases to start a conversation. For example, a child may say, "My name is Tom," even when he talks with friends or family. Still others may repeat what they hear on television programs or commercials.

- **Narrow interests and exceptional abilities.** Some children may be able to deliver an in-depth monologue about a topic that holds their interest, even though they may not be able to carry on a two-way conversation about the same topic. Others may have musical talents or an advanced ability to count and do math calculations. Approximately 10 percent of children with ASD show "savant" skills, or extremely high abilities in specific areas, such as memorization, calendar calculation, music, or math.
- **Uneven language development.** Many children with ASD develop some speech and language skills, but not to a normal level of ability, and their progress is usually uneven. For example, they may develop a strong vocabulary in a particular area of interest very quickly. Many children have good memories for information just heard or seen. Some may be able to read words before age five, but may not comprehend what they have read. They often do not respond to the speech of others and may not respond to their own names. As a result, these children are sometimes mistakenly thought to have a hearing problem.
- **Poor nonverbal conversation skills.** Children with ASD are often unable to use gestures—such as pointing to an object—to give meaning to their speech. They often avoid eye contact, which can make them seem rude, uninterested, or inattentive. Without meaningful gestures or other nonverbal skills to enhance their oral language skills, many children with ASD become frustrated in their attempts to make their feelings, thoughts, and needs known. They may act out their frustrations through vocal outbursts or other inappropriate behaviors.

How are the speech and language problems of ASD treated?

If a doctor suspects a child has ASD or another developmental disability, he or she usually will refer the child to a variety of specialists, including a speech-language pathologist. This is a health professional trained to treat individuals with voice, speech, and language disorders. The speech-language pathologist will perform a comprehensive evaluation of the child's ability to communicate, and will design an appropriate treatment program. In addition, the speech-language pathologist might make a referral for a hearing test to make sure the child's hearing is normal.

Teaching children with ASD to improve their communication skills is essential for helping them reach their full potential. There are many different approaches, but the best treatment program begins early, during the preschool years, and is tailored to the child's age and interests. It should address both the child's behavior and communication skills and offer regular reinforcement of positive actions. Most children with ASD respond well to highly structured, specialized programs. Parents or primary caregivers, as well as other family members, should be involved in the treatment program so that it becomes part of the child's daily life.

For some younger children with ASD, improving speech and language skills is a realistic goal of treatment. Parents and caregivers can increase a child's chance of reaching this goal by paying attention to his or her language development early on. Just as toddlers learn to crawl before they walk, children first develop pre-language skills before they begin to use words. These skills include using eye contact, gestures, body movements, imitation, and babbling and other vocalizations to help them communicate. Children who lack these skills may be evaluated and treated by a speech-language pathologist to prevent further developmental delays.

For slightly older children with ASD, communication training teaches basic speech and language skills, such as single words and phrases. Advanced training emphasizes the way language can serve a purpose, such as learning to hold a conversation with another person, which includes staying on topic and taking turns speaking.

Some children with ASD may never develop oral speech and language skills. For these children, the goal may be learning to communicate using gestures, such as sign language. For others, the goal may be to communicate by means of a symbol system in which pictures are used to convey thoughts. Symbol systems can range from picture boards or cards to sophisticated electronic devices that generate speech through the use of buttons to represent common items or actions.

What research is being conducted to improve communication in children with ASD?

The federal government's Autism CARES Act of 2014 brought attention to the need to expand research and improve coordination among all of the components of the National Institutes of Health (NIH) that fund ASD research. These include the National Institute of Mental Health (NIMH), along with the National Institute on Deafness and Other Communication Disorders (NIDCD), the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), the National Institute of Environmental Health Sciences (NIEHS), the National Institute of Neurological Disorders and Stroke (NINDS), the National Institute of Nursing Research (NINR), and the National Center for Complementary and Integrative Health (NCCIH).

Together, five institutes within the NIH (NIMH, NIDCD, NICHD, NIEHS, and NINDS) support the Autism Centers of Excellence (ACE) (*https://www.nichd.nih.gov/research/supported/ace*), a program of research centers and networks at universities across the country. Here, scientists study a broad range of topics, from basic science investigations that explore the molecular and genetic components of ASD to translational research studies that test new types of behavioral therapies. Some of these studies involve children with ASD who have limited speech and language skills, and could lead to testing new treatments or therapies. You can visit the NIH Clinical Trials website (*https://clinicaltrials.gov/*) and enter the search term "autism" for information about current trials, their locations, and who may participate.

The NIDCD supports additional research to improve the lives of people with ASD and their families (*https://www.nidcd.nih.gov/research/autism-research-and-nidcd*). An NIDCD-led workshop focused on children with ASD who have limited speech and language skills (*https://www.nidcd.nih.gov/research/workshops/nonverbal-school-aged-children-autism/2010*), resulting in two groundbreaking articles.[1] Another NIDCD workshop on measuring language in children with ASD (*https://www.nidcd.nih.gov/research/workshops/language-benchmarks-children-autism/2007*) resulted in recommendations calling for a standardized approach for evaluating language skills. The benchmarks will make it easier, and more accurate, to compare the effectiveness of different therapies and treatments.

NIDCD-funded researchers in universities and organizations across the country are also studying:

- Ways to reliably test for developmental delays in speech and language in the first year of life, with the ultimate goal of developing effective treatments to address the communication challenges faced by many with ASD.
- How parents can affect the results of different types of language therapies for children with ASD.
- Enhanced ways to improve communication between children with and without ASD. This could involve a communication board with symbols and pictures, or even a smartphone app.
- Techniques to help researchers better understand how toddlers with ASD perceive words, and the problems they experience with words.
- Cost-effective ways to prevent or reduce the impact of conditions affecting speech, language, and social skills in high-risk children (for example, younger siblings of children with ASD).
- The development of software to help people with ASD who struggle with speech to communicate complex thoughts and interact more effectively in society.

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[1] Kasari, C., Brady, N., Lord, C., & Tager-Flusberg, H. (2013). Assessing the minimally verbal school-aged child with autism spectrum disorder. *Autism Research*, *6*(6), 479–493. doi: 10.1002/aur.1334.Review. Retrieved November 8, 2016, from *https://www.ncbi.nlm.nih.gov/pubmed/24353165*.

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National Institute on Deafness and Other Communication Disorders

Where can I find additional information about ASD?

Information from other NIH Institutes and Centers that participate in ASD research is available on the NIH Health Information page (*https://www.nih.gov/health-information*) by searching on the term "autism."

In addition, the NIDCD maintains a directory of organizations that provide information on the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. Visit the NIDCD website at *https://www.nidcd.nih.gov/directory* to search the directory.

More NIDCD fact sheets on Voice, Speech, and Language:

- Speech and Language Developmental Milestones
- Specific Language Impairment

Visit the NIDCD website at *https://www.nidcd.nih.gov* to read, print, or download fact sheets.

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The NIDCD supports and conducts research and research training on the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language and provides health information, based upon scientific discovery, to the public.

Autism Spectrum Disorder: Communication Problems in Children
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AUTISM

Autism Spectrum Disorders (ASD)

This parent's guide to symptoms and diagnosis can help you better understand your child, decipher all the different autism terms, and make it easier to communicate with doctors, teachers, and therapists.

By Melinda Smith, M.A., Jeanne Segal, Ph.D. and Ted Hutman, Ph.D.
Last updated or reviewed on October 12, 2023

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Understanding autism spectrum disorders

Autism is not a single disorder, but a spectrum of closely related disorders with a shared core of symptoms. Every individual on the autism spectrum has problems to some degree with social interaction, empathy, communication, and flexible behavior. But the level of disability and the combination of symptoms varies tremendously from person to person. In fact, two kids with the same diagnosis may look very different when it comes to their behaviors and abilities.

If you're a parent dealing with a child on the autism spectrum, you may hear many different terms including high-functioning autism, atypical autism, autism spectrum disorder, and pervasive developmental disorder. These terms can be confusing, not only because there are so many, but because doctors, therapists, and other parents may use them in dissimilar ways.

But no matter what doctors, teachers, and other specialists call the autism spectrum disorder, it's your child's unique needs that are truly important. No diagnostic label can tell you exactly what challenges your child will have. Finding treatment that addresses your child's needs, rather than focusing on what to call the problem, is the most helpful thing you can do. You don't need a diagnosis to start getting help for your child's symptoms.

What's in a name? Making sense of autism terminology

There is understandably a great deal of confusion about the names of various autism-related disorders. Some professionals speak of "the autisms" to avoid addressing the sometimes subtle differences among the conditions along the autism spectrum. Up to 2013, there were five different "autism spectrum disorders." The differences among those five were hard to understand for parents trying to figure out which—if any—of these

conditions affected their child.

The American Psychiatric Association attempted to simplify matters by combining the pervasive developmental disorders into a single diagnostic classification called “Autism Spectrum Disorder” in the latest edition of the diagnostic bible known as the Diagnostic and Statistical Manual of Mental Disorders. Since many people were diagnosed prior to the change in the classification system and since many professionals still refer to the pre-2013 labels, we summarize them here for your reference. For purposes of clarity, we emphasize that all of the following conditions are now encompassed under the umbrella classification “Autism Spectrum Disorder” (ASD).

The three most common forms of autism in the pre-2013 classification system were Autistic Disorder—or classic autism; Asperger's Syndrome; and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS). These three disorders share many of the same symptoms, but they differ in their severity and impact. Autistic disorder was the most severe. Asperger's Syndrome, sometimes called high-functioning autism, and PDD-NOS, or atypical autism, were the less severe variants. Childhood disintegrative disorder and Rett Syndrome were also among the pervasive developmental disorders. Because both are extremely rare genetic diseases, they are usually considered to be separate medical conditions that don't truly belong on the autism spectrum.

In large part due to inconsistencies in the way that people were classified, all of the above-named variants of autism are now referred to as “Autism Spectrum Disorder.” The single label shifts the focus away from where your child falls on the autism spectrum to whether your child has Autism Spectrum Disorder. If your child is developmentally delayed or exhibits other autism-like behaviors, you will need to visit a medical professional or a clinical psychologist who specializes in diagnostic testing for a thorough evaluation. Your doctor can help you figure out whether your child has Autism Spectrum Disorder and how severely they are affected.

Autism Spectrum Disorder symptoms

Keep in mind that just because your child has a few autism-like symptoms, it doesn't mean they have Autism Spectrum Disorder. Autism Spectrum Disorder is diagnosed based on the presence of multiple symptoms that disrupt a person's ability to communicate, form relationships, explore, play, and learn.

[Read: Does My Child Have Autism?]

(Note: In the DSM-5, the latest version of the diagnostic “Bible” used by mental health professionals and insurers, deficits in social interaction and communication are lumped together in one category. We present problems with social skills separately from problems with speech and language, to make it easier for parents to quickly identify symptoms.)

Social behavior and social understanding

Basic social interaction can be difficult for children with autism spectrum disorders. Symptoms may include:

- Unusual or inappropriate body language, gestures, and facial expressions (e.g. avoiding eye contact or using facial expressions that don't match what they are saying).
- Lack of interest in other people or in sharing interests or achievements (e.g. showing you a drawing, pointing to a bird).

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- Unlikely to approach others or to pursue social interaction; comes across as aloof and detached; prefers to be alone.
- Difficulty understanding other people's feelings, reactions, and nonverbal cues.
- Resistance to being touched.
- Difficulty or failure to make friends with children the same age.

Speech and language

Many children with Autism Spectrum Disorder struggle with speech and language comprehension. Symptoms may include:

- Delay in learning how to speak (after the age of two) or doesn't talk at all.
- Speaking in an atypical tone of voice, or with an odd rhythm or pitch.
- Repeating words or phrases over and over without communicative intent.
- Trouble starting a conversation or keeping it going.
- Difficulty communicating needs or desires.
- Doesn't understand simple statements or questions.
- Taking what is said too literally, missing humor, irony, and sarcasm.

Restricted behavior and play

Children with Autism Spectrum Disorder are often restricted, rigid, and even obsessive in their behaviors, activities, and interests. Symptoms may include:

- Repetitive body movements (hand flapping, rocking, spinning); moving constantly.
- Obsessive attachment to unusual objects (rubber bands, keys, light switches).
- Preoccupation with a narrow topic of interest, sometimes involving numbers or symbols (maps, license plates, sports statistics).
- A strong need for sameness, order, and routines (e.g. lines up toys, follows a rigid schedule). Gets upset by change in their routine or environment.
- Clumsiness, atypical posture, or odd ways of moving.
- Fascinated by spinning objects, moving pieces, or parts of toys (e.g. spinning the wheels on a race car, instead of playing with the whole car).
- Hyper- or hypo-reactive to sensory input (e.g. reacts badly to certain sounds or textures, seeming indifference to temperature or pain).

How children with Autism Spectrum Disorder play

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Children with Autism Spectrum Disorder tend to be less spontaneous than other kids. Unlike a typical curious little kid pointing to things that catch their eye, children with ASD often appear disinterested or unaware of what's going on around them. They also show differences in the way they play. They may have trouble with functional play, or using toys that have a basic intended use, such as toy tools or cooking set. They usually don't "play make-believe," engage in group games, imitate others, collaborate, or use their toys in creative ways.

Related signs and symptoms of Autism Spectrum Disorder

While not part of autism's official diagnostic criteria, children with autism spectrum disorders often suffer from one or more of the following problems:

Sensory problems – Many children with autism spectrum disorders either underreact or overreact to sensory stimuli. At times they may ignore people speaking to them, even to the point of appearing deaf. However, at other times they may be disturbed by even the softest sounds. Sudden noises such as a ringing telephone can be upsetting, and they may respond by covering their ears and making repetitive noises to drown out the offending sound. Children on the autism spectrum also tend to be highly sensitive to touch and to texture. They may cringe at a pat on the back or the feel of certain fabric against their skin.

Emotional difficulties – Children with autism spectrum disorders may have difficulty regulating their emotions or expressing them appropriately. For instance, your child may start to yell, cry, or laugh hysterically for no apparent reason. When stressed, they may exhibit disruptive or even aggressive behavior (breaking things, hitting others, or harming themselves). The National Dissemination Center for Children with Disabilities also notes that kids with ASD may be unfazed by real dangers like moving vehicles or heights, yet be terrified of harmless objects such as a stuffed animal.

Uneven cognitive abilities – ASD occurs at all intelligence levels. However, even kids with average to high intelligence often have unevenly developed cognitive skills. Not surprisingly, verbal skills tend to be weaker than nonverbal skills. In addition, children with Autism spectrum disorder typically do well on tasks involving immediate memory or visual skills, while tasks involving symbolic or abstract thinking are more difficult.

Savant skills in autism spectrum disorder

Approximately 10% of people with autism spectrum disorders have special "savant" skills, such as Dustin Hoffman portrayed in the film Rain Man. The most common savant skills involve mathematical calculations, calendars, artistic and musical abilities, and feats of memory. For example, an autistic savant might be able to multiply large numbers in their head, play a piano concerto after hearing it once, or quickly memorize complex maps.

How is autism diagnosed?

The road to an ASD diagnosis can be difficult and time-consuming. In fact, it is often two to three years after the first symptoms of ASD are noticed before an official diagnosis is made. This is due in large part to concerns about labeling or incorrectly diagnosing the child. However, an ASD diagnosis can also be delayed if the doctor doesn't take a parent's concerns seriously or if the family isn't referred to health care professionals who specialize in developmental disorders.

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If you're worried that your child has ASD, it's important to seek out a clinical diagnosis. **But don't wait for that diagnosis to get your child into treatment.** Early intervention during the preschool years will improve your child's chances for overcoming their developmental delays. So look into treatment options and try not to worry if you're still waiting on a definitive diagnosis. Putting a potential label on your kid's problem is far less important than treating the symptoms.

[Read: Helping Your Child with Autism Thrive]

Diagnosing Autism Spectrum Disorder

In order to determine whether your child has autism spectrum disorder or another developmental condition, clinicians look carefully at the way your child interacts with others, communicates, and behaves. Diagnosis is based on the patterns of behavior that are revealed.

If you are concerned that your child has autism spectrum disorder and developmental screening confirms the risk, ask your family doctor or pediatrician to refer you immediately to an autism specialist or team of specialists for a comprehensive evaluation. Since the diagnosis of autism spectrum disorder is complicated, it is essential that you meet with experts who have training and experience in this highly specialized area.

The team of specialists involved in diagnosing your child may include:

01. Child psychologists
02. Child psychiatrists
03. Speech pathologists
04. Developmental pediatricians
05. Pediatric neurologists
06. Audiologists
07. Physical therapists
08. Special education teachers

Diagnosing Autism Spectrum Disorder is not a brief process. There is no single medical test that can diagnose it definitively; instead, in order to accurately pinpoint your child's problem, multiple evaluations and tests may be necessary.

Getting evaluated for Autism Spectrum Disorder

Parent interview – In the first phase of the diagnostic evaluation, you will give your doctor background information about your child's medical, developmental, and behavioral history. If you have been keeping a journal or taking notes on anything that's concerned you, share that information. The doctor will also want to know about your family's medical and mental health history.

Medical exam – The medical evaluation includes a general physical, a neurological exam, lab tests, and genetic testing. Your child will undergo this full screening to determine the cause of their developmental problems and

to identify any co-existing conditions.

Hearing test – Since hearing problems can result in social and language delays, they need to be excluded before an Autism Spectrum Disorder can be diagnosed. Your child will undergo a formal audiological assessment where they are tested for any hearing impairments, as well as any other hearing issues or sound sensitivities that sometimes co-occur with autism.

Observation – Developmental specialists will observe your child in a variety of settings to look for unusual behavior associated with the Autism Spectrum Disorder. They may watch your child playing or interacting with other people.

Lead screening – Because lead poisoning can cause autistic-like symptoms, the National Center for Environmental Health recommends that all children with developmental delays be screened for lead poisoning.

Other testing

Depending on your child's symptoms and their severity, the diagnostic assessment may also include speech, intelligence, social, sensory processing, and motor skills testing. These tests can be helpful not only in diagnosing autism, but also for determining what type of treatment your child needs.

[Read: Autism Treatments, Therapies, and Interventions]

Speech and language evaluation – A speech pathologist will evaluate your child's speech and communication abilities for signs of autism, as well as looking for any indicators of specific language impairments or disorders.

Cognitive testing – Your child may be given a standardized intelligence test or an informal cognitive assessment.

Adaptive functioning assessment – Your child may be evaluated for their ability to function, problem-solve, and adapt in real-life situations. This may include testing social, nonverbal, and verbal skills, as well as the ability to perform daily tasks such as dressing and feeding themselves.

Sensory-motor evaluation – Since sensory integration dysfunction often co-occurs with autism, and can even be confused with it, a physical therapist or occupational therapist may assess your child's fine motor, gross motor, and sensory processing skills.

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Hotlines and support

In the U.S.	Call the Autism Society National Helpline at 1-800-328-8476.
UK	Call the Child Autism UK helpline at 01344 882248 or find help and support at The National Autistic Society.
Australia	Call the Early Intervention helpdesk in Perth at 1800 778 581 or Get support for your child from NDIS.
Canada	Call the Autism Canada Family Support Representative at 1-800-983-1795.
New Zealand	Find helplines and support in your area at Autism New Zealand.

More Information

Helpful links

01. The Autism Revolution - Whole body strategies for making Life all it can be (Harvard Health Books)
02. Autism Spectrum Disorders - What should you know? (Centers for Disease Control and Prevention)
03. Autism Navigator - Guide to symptoms, causes, diagnosis, and treatment. (Center for Parent Information and Resources)
04. Screening and Diagnosis - A guide to the evaluation used to diagnosis autism spectrum disorder. (Centers for Disease Control and Prevention)
05. Asperger syndrome and other terms - Including symptoms and diagnosis. (National Autistic Society)
06. Pervasive Developmental Disorders Information Page - Jumping off point to resources on Pervasive Developmental Disorder. (NINDS)

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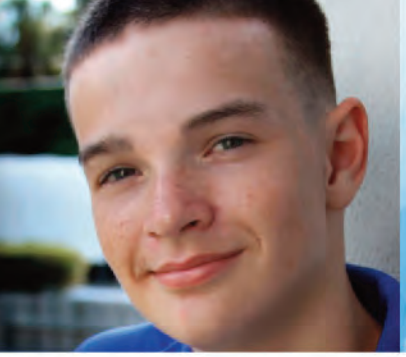
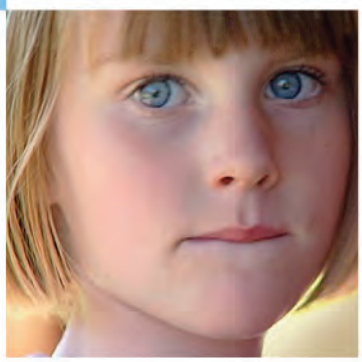
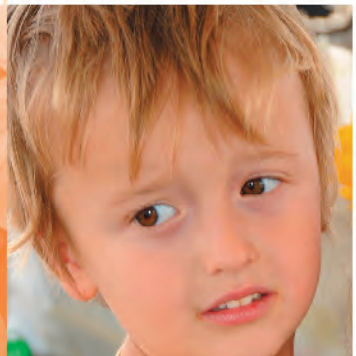
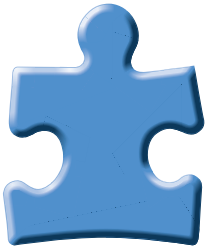




Autism Speaks® FAMILY SERVICES

SCHOOL COMMUNITY TOOL KIT





AUTISM SPEAKS®

It's time to listen.

COMPOSITION BOOK

100 SHEETS • 200 PAGES
9 3/4 X 7 1/2 IN. • 24.7 X 19.0 CMS.

A tool kit to assist members of the school community in understanding and supporting students with autism

Autism Speaks®

FAMILY SERVICES

SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS™
It's time to listen.
www.AutismSpeaks.org

About the Autism Speaks School Community Tool Kit

The purpose of this kit is to provide helpful information about your students with autism and tools and strategies to achieve positive interactions and increase learning for all members of the school community. It will provide valuable information for general education and administrative school staff, aides, office staff, bus drivers, nurses, custodians, classmates & family members who interact with students with autism.

The information that follows will be useful for staff training, new school employees and problem solving throughout the school year. With help from respected experts in the field of autism and special education, & experienced parents, caregivers and teachers, we've included an introduction to autism and specific strategies for supporting your students.

While this tool kit is not intended to be a curriculum for special education, your special education and administration staff may find it helpful for information and resources to support students with autism in general education environments and involvement in the school community as a whole.

Each Student with Autism is Unique

The most successful programs use a team approach that ensures each student is considered as an individual. One student with autism can have very different strengths, needs and challenges from another. School staff should also be encouraged to seek out people who know the student well – experienced teachers, therapists and families – and try to always seek first to understand. With the support of the entire school community students with autism can make great strides and become valued members of the student body.

About the Information & Resources Included

We have included a wealth of information here - from a wide variety of sources - and new tools and information will be added as they become available. We hope you will become familiar with the kit, use and share it's information and re-visit it frequently over the course of the school year as needs change and time allows.

How to Use this Tool Kit

Sections of the kit are broken into modules, to be used in short units, such as at staff meetings or in-service.

Examples, success stories, visual supports and links to additional training opportunities, websites, video clips and examples are also included wherever possible.

Training with this tool kit should be as hands-on as possible: role-play, create examples, apply a technique to a current student's needs, discuss and compare!

Preparing your school community to support its students with autism begins with helping them get to know the student as a person first – with hopes and dreams, strengths and challenges, and most importantly, feelings – just like any other person. Increasing the school community's knowledge about and understanding of people autism will benefit everyone.

Autism Basics & **Asperger's Syndrome Basics** are two-page summaries located in the **Appendix** that provide key information on autism and Asperger's Syndrome and (mostly) universal strategies for staff with more limited interactions with a student.

The **School Community** section contains specific information in handout form to be given along with Autism Basics & Asperger's Syndrome Basics for preparing and supporting staff, general education teachers, various members of the school community and classmates.

If extended training opportunities are not available, an introduction from a parent, special education teacher or behavior specialist about the child, coupled with the appropriate Autism Basics & Asperger's Syndrome Basics summary, the relevant For Specific Members section and the About Me Profile information provided by the student & his family or caregiver should provide a start to building understanding and support. Ongoing training and trouble-shooting will help increase success for everyone involved.

The "More Information" sections provide further information for particular areas of concern, additional ideas, strategies and examples. Visit this online resource often for new information and tools as they become available.

With gratitude, we thank the members of our Advisory Committees for generously donating their time, experience and resources to this project.

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The 2012 version of the School Community Tool Kit was edited by Heather Coburn-Snyder with illustrations and design by Joe Shea.

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The first version of the School Community Tool Kit was compiled and edited by Liz Bell.

Table of Contents

For the Family Members & Caregivers Using This Kit to Support their Student with Autism

Autism Speaks' School Community Tool Kit is was created for all members of the school community and that includes you.

From administrators, to support staff, to the bus drivers with whom your student starts and ends his day, we are aware that often it is the student's parent or caregiver who initiates the connections between their child and many members of the school community. Here are some tips for using this kit to help shape positive interactions for your child.

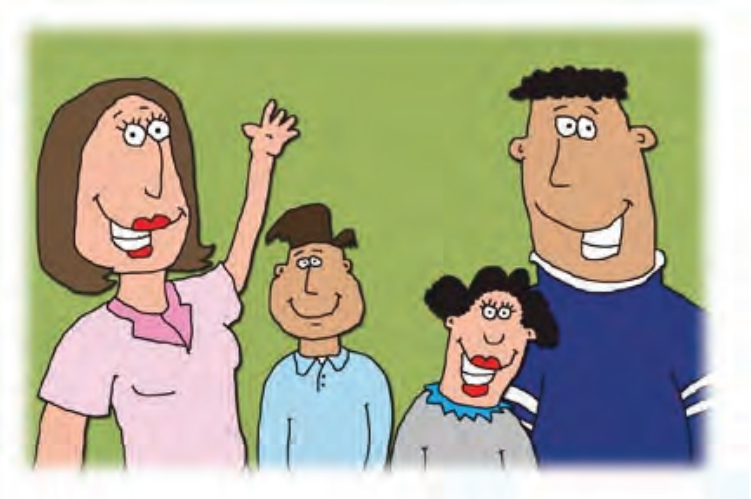
Complete the "About Me" profile for (or with) your student and have copies ready to distribute yourself or for members of your student's team to distribute.

If you would like members of your student's school community to have specific sections of the kit, such as your student's "About Me," the "Autism Basics" or "Asperger's Basics" brochures, or a section created for specific members of the community, ask whether a member of the student's team can make that happen or arrange a visit to the school to do so yourself.

With the exception of your student's "About Me" profile, all of the contents of this kit can be distributed by including a link in an email as well.

The amount of information provided here might be overwhelming at first. Or it might include information you already have. We've done our best to break it down into sections you can use as needed. There is a wealth of good information available from many different sources and we've tried to provide access to as much it as possible. As new tools and information become available, we will strive to provide it here for you.

We hope you will consider the Autism Speaks School Community Tool Kit a resource to revisit throughout the school year and throughout your student's school career.



"About Me" Profile

A Note to Family Members & Caregivers:

The completed "About Me" profile will help people in the school community become familiar with your student with autism. Various members of the school community interact with your student during the course of the day. Providing some information specifically about your student will go a long way in creating a positive relationship with the bus driver, cafeteria aides, general education teachers and many others.

Please answer the questions or, if it is appropriate, help your student answer them, adding additional information as necessary. Include a photo if possible to help people recognize your student. Photos of family or favorite activities or people are also helpful.

Coordinate with your student's school team to decide how this profile will be distributed to the people who will come in contact with him. Work with the team to decide whether and which other sections of the kit will be distributed as well. The "Autism Basics" and/or "Asperger's Basics" brochures will be helpful in tandem with the "About Me" profile. You may decide to print some of them out to have on hand for situations outside of school too.

This kit includes information for specific members of the school community:

- Bus Drivers / Transportation Supervisors
- Custodial Staff
- General Education Teachers (including Music, Art, Physical Education)
- Lunch & Recess Aides
- Office Staff
- Para-professionals
- School Nurses
- School Security
- Classmates

A Note to the School Team:

If a family member or caregiver is unable to provide this information, consider whether a member of the student's team can help.

The "About Me" profile form is adapted from the Welcome Survey.

“About Me” Profile Form

Student’s Name: _____

What are some of the things that you are most interested in? _____

What upsets you? _____

What are you afraid of? _____

What makes you laugh? _____

What is ONE thing you would like to get better at this year? _____

What calms you down when you are overwhelmed or upset? _____

What rewards work well for you? _____

What do you do after school or on weekends? _____

Person completing form: _____

Relationship to student: _____

Email address of family or caregiver contact: _____

Phone number of family or caregiver contact: _____

What is the best way to contact the student’s family or caregiver? _____

What days or times are convenient for you to meet with the school team? _____

Are there any issues that you would like to discuss or hear more information about? _____

About Autism

Many people within the school community who use this kit will be familiar with some aspects of autism, particularly as they relate to the school setting. This information is meant to provide a general overview for people who are new to autism and to fill in the gaps of information for people with experience. Be on the look out for information you didn't know and how it might apply to your future experiences supporting students with autism!

- What is Autism?
- More Information About Symptoms of Autism
- Physical and Medical Issues That May Accompany Autism
- Additional Challenges That May Accompany Autism
- Unique Abilities That May Accompany Autism
- Specific Features of Asperger's Syndrome

What is Autism?

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. They include autistic disorder, Rett syndrome, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome. ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances.

Each individual with autism is unique. Many of those on the autism spectrum have exceptional abilities in visual skills, music and academic skills. About 40 percent have average to above average intellectual abilities. Indeed, many persons on the spectrum take deserved pride in their distinctive abilities and "atypical" ways of viewing the world. Others with autism have significant disability and are unable to live independently. About 25 percent of individuals with ASD are nonverbal but can learn to communicate using other means.

How Common is Autism?

Autism statistics from the U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 88 American children as on the autism spectrum–a ten-fold increase in prevalence in 40 years. Careful research shows that this increase is only partly explained by improved diagnosis and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 54 boys and 1 in 252 girls are diagnosed with autism in the United States.

By way of comparison, more children are diagnosed with autism each year than with juvenile diabetes, AIDS or cancer, combined.* ASD affects over 2 million individuals in the U.S. and tens of millions worldwide. Moreover, government autism statistics suggest that prevalence rates have increased 10 to 17 percent annually in recent years. There is no established explanation for this continuing increase, although improved diagnosis and environmental influences are two reasons often considered.

* Comparison based on the prevalence statistics of the Child & Adolescent Health Measurement Initiative

One in every 88 children is diagnosed with autism.

More Information About Symptoms of Autism

Symptoms of autism, and their severity, vary considerably in each individual on the autism spectrum. The functional areas of communication, social interaction, and repetitive behaviors are viewed as the 'core' symptoms of autism. One child may not have the same symptoms and may seem very different from another child with the same diagnosis. It is sometimes said that if you know one person with autism; you know one person with autism.

The characteristics of autism typically last throughout a person's lifetime, but can change considerably over time and through interventions. A mildly affected person might seem merely quirky and lead a relatively typical life. A severely affected person might be unable to speak or care for himself. Early and intensive intervention can make extraordinary differences in a child's development and outcome.

The descriptions of symptoms that follow are drawn from the **National Institute of Mental Health Website**:

Social Symptoms

From the start, typically developing infants are social beings. Early in life, they gaze at people, turn toward voices, grasp a finger, and even smile. In contrast, most children with autism seem to have tremendous difficulty learning to engage in the give-and-take of everyday human interaction. Even in the first few months of life, many do not interact and they avoid eye contact. They seem indifferent to other people, and often seem to prefer being alone. They may resist attention or passively accept hugs and cuddling. Later, they seldom seek comfort or respond to parents' displays of anger or affection in a typical way. Research has suggested that although children with autism are attached to their parents, their expression of this attachment is often unusual and difficult to "read." To parents, it may seem as if their child is not attached at all. Parents who looked forward to the joys of cuddling, teaching, and playing with their child may feel crushed by this lack of the expected and typical attachment behavior.

Children with autism also are slower in learning to interpret what others are thinking and feeling. Subtle social cues—whether a smile, a wink, or a grimace—may have little meaning. To a child who misses these cues, "Come here" always means the same thing, whether the speaker is smiling and extending her arms for a hug or frowning and planting her fists on her hips. Without the ability to interpret gestures and facial expressions, the social world may seem bewildering. To compound the problem, people with autism have difficulty seeing things from another person's perspective. Most 5-year-olds understand that other people have different information, feelings, and goals than they have. A person with autism may lack such understanding. This inability leaves them unable to predict or understand other people's actions.

Although not universal, it is common for people with autism also to have difficulty regulating their emotions. This can take the form of "immature" behavior such as crying in class or verbal outbursts that seem inappropriate to those around them. The individual with autism might also be disruptive and physically aggressive at times, making social relationships still more difficult. They have a tendency to "lose control," particularly when they're

in a strange or overwhelming environment, or when angry and frustrated. They may at times break things, attack others, or hurt themselves. In their frustration, some bang their heads, pull their hair, or bite their arms.

Communication Difficulties

By age 3, most children have passed predictable milestones on the path to learning language; one of the earliest is babbling. By the first birthday, a typical toddler says words, turns when he hears his name, points when he wants a toy, and when offered something distasteful, makes it clear that the answer is "no."

Some children diagnosed with autism remain mute throughout their lives. Some infants who later show signs of autism coo and babble during the first few months of life, but they soon stop. Others may be delayed, developing language as late as age 5 to 9. Some children may learn to use communication systems such as pictures or sign language.

Many of those who do speak often use language in unusual ways. They seem unable to combine words into meaningful sentences. Some speak only single words, while others repeat the same phrase over and over. Some children with autism parrot what they hear, a condition called echolalia. Although many typical children go through a stage where they repeat what they hear, it normally passes by the time they are 3.

Some children only mildly affected may exhibit slight delays in language, or even seem to have precocious language and unusually large vocabularies, but have great difficulty in sustaining a conversation. The "give and take" of normal conversation is hard for them, although they often carry on a monologue on a favorite subject, giving no one else an opportunity to comment. Another difficulty is often the inability to understand body language, tone of voice, or "phrases of speech." They might interpret a sarcastic expression such as "Oh, that's just great" as meaning it really IS great.

While it can be hard to understand what a child with autism is saying, their body language is also difficult to understand. Facial expressions, movements, and gestures rarely match what they are saying. Also, their tone of voice fails to reflect their feelings. A high-pitched, sing-song, or flat, robot-like voice is common. Some children with relatively good language skills speak like little adults, failing to pick up on the "kid-speak" that is common in their peers.

Without meaningful gestures or the language to ask for things, people with autism are at a loss to let others know what they need. As a result, they may simply scream or grab what they want. Until they are taught better ways to express their needs, children with autism do whatever they can to get through to others. As people with autism grow up, they can become increasingly aware of their difficulties in understanding others and in being understood. As a result they may become anxious or depressed.

Repetitive Behaviors

Although children with autism usually appear physically normal and many have good muscle control, odd repetitive motions may set them off from other children. These behaviors might be extreme and highly apparent or more subtle. Some children and older individuals spend a lot of time repeatedly flapping their arms or walking on their toes. Some suddenly freeze in position.

As children, they might spend hours lining up their cars and trains in a certain way, rather than using them for pretend play. If someone accidentally moves one of the toys, the child may be tremendously upset. Children with autism often need, and demand, absolute consistency in their environment. A slight change in any routine — in mealtimes, dressing, taking a bath, going to school at a certain time and by the same route — can be extremely disturbing. Perhaps order and sameness lend some stability in a world of confusion.

Repetitive behavior sometimes takes the form of a persistent, intense preoccupation. For example, the child might be obsessed with learning all about vacuum cleaners, train schedules, or lighthouses. Often there is great interest in numbers, symbols, or science topics.

Physical and Medical Issues That May Accompany Autism

Seizure Disorder (Epilepsy)

Over a third of people with autism develop seizures. These often start in early childhood or during adolescence. Seizures, caused by abnormal electrical activity in the brain, can produce a temporary loss of consciousness (a "blackout"), a body convulsion, unusual movements, or staring spells. Sometimes a contributing factor is a lack of sleep or a high fever. An electroencephalogram (EEG, a recording of the electric currents in the brain through electrodes applied to the scalp) can help confirm the presence of irregular electrical activity or seizures.

People with autism may experience more than one type of seizure activity. The easiest to recognize are large "grand mal" (or tonic-clonic) seizures. Others include "petit mal" (or absence) seizures and sub-clinical seizures, which may only be apparent in an EEG. Especially in the case of absence seizures, school staff may be the first to note that something is awry and it is important to alert the family and school team if seizures are suspected.

Recurrent seizure activity is called epilepsy, and treatment typically involves anticonvulsant medicines to reduce or eliminate occurrence. For a student with a seizure disorder, it is important for the school team to recognize seizure signs and to know the best way to manage the student and ensure his safety should a seizure occur. The team should be made aware of any side effects that might be caused by seizure medications.

Genetic Disorders

A small number of children with autism may also have a neuro-genetic condition such as Fragile X Syndrome, Angelman's Syndrome, Tuberous Sclerosis, Chromosome 15 Duplication Syndrome or another chromosomal abnormality. It is important to know if a student has one of these syndromes because there may be accompanying medical issues.

Allergies, Gastrointestinal Disorders, and Pain

Due to the frequent inability to verbally communicate, pain in a child with autism is sometimes recognized only because of patterns or changes in his behavior, such as an increase in self soothing behaviors (e.g., rocking)

or outbursts of aggression or self-injury. This may be true of treatable physical pain, such as a toothache, injury or gastrointestinal distress.

Many parents report gastrointestinal (GI) problems in their children with autism and the medical community is starting to recognize this as a real, and treatable, co-occurring condition. The exact number of children with gastrointestinal issues such as gastritis, chronic constipation, colitis, celiac disease and esophagitis is unknown, but surveys have suggested that the majority of young children with autism have problems such as chronic constipation or diarrhea. In addition to the associated discomfort, these issues, coupled with communication, disorganization and sensory difficulties, can result in challenges surrounding toileting for many children with autism. Food and/or environmental allergies are also common in people with autism.

Some students may be under the care of a GI specialist or allergist who recommends specific protocols the team will need to follow, while other families might choose to employ specific nutritional protocols or a popular dietary intervention used in autism - eliminating dairy and gluten containing foods. It is often necessary for the school team to assist in the effective delivery of dietary interventions and it is important to communicate well with the family and be knowledgeable to implement these interventions effectively.

Perhaps because of gastrointestinal concerns, sensory issues, oral motor delays, or learned behaviors, many people with autism experience significant food aversions and eating challenges. This may result in highly restrictive food choices and concerns about nutritional health.

For more information on this topic see Take a Bite in the resources.

Sleep Dysfunction

Sleep problems are common in children and adolescents with autism. Many children have trouble falling asleep, experience night waking, or seem to function on considerably less sleep than is usually considered normal. Lack of sleep can affect attention and learning and the student's ability to benefit from therapeutic interventions.

Medical issues such as obstructive sleep apnea or gastro esophageal reflux may cause sleep issues. Addressing the medical issues may solve the problem. In other cases, when there is no medical cause, sleep issues may be managed with behavioral interventions including "sleep-hygiene" measures such as limiting the amount of sleep during the day, and establishing regular bedtime routines. Experienced school behaviorists may be able to provide the family with strategies that will improve sleep and function for all involved, and in doing so increase the student's ability benefit from educational efforts.

Pica

Pica is an eating disorder involving eating things that are not food. Children between 18 and 24 months old often eat non-food items, but this is typically a normal part of development. Some children with autism and other developmental disabilities persist beyond the developmentally typical time frame and continue to eat items such as dirt, clay, chalk or paint chips.

Additional Challenges That May Accompany Autism

Sensory Processing

Many people with autism have unusual responses to sensory input (also called stimuli). These responses are due to difficulties in processing and integrating sensory information. Vision, hearing, touch, smell, taste, the sense of movement (vestibular system) and the sense of position (proprioception) can all be affected. This means that while information may be sensed normally, it may be perceived much differently.

The process of the brain organizing and interpreting sensory information is called sensory integration. Children with sensory dysfunction can experience stimuli that seem "normal" to others as painful, unpleasant or confusing. For some, the inability to process sensory information normally might be described using a clinical term such as Sensory Integration Dysfunction, Sensory Processing Disorder or Sensory Integration Disorder. Even for those who do not receive a formal classification, it is important to recognize that a student may have significant sensory issues as an isolated issue, or accompanying a variety of learning and neurological disorders such as autism, dyslexia, dyspraxia, multiple sclerosis, and speech delay.

A student's sensory challenges can involve hypersensitivity (over reactivity), also known as sensory defensiveness, or hyposensitivity (under reactivity). Many people with autism are highly attuned or even painfully sensitive to certain sounds, textures, tastes, and smells. Some children find the feel of clothing touching their skin almost unbearable, or might be distracted by the buzz of an airplane or a bee long before anyone else is aware of its presence. Hyposensitivity might be apparent in an increased tolerance of pain or a constant need for sensory stimulation. Some people with autism are oblivious to extreme cold or heat (dangerous in icy conditions or when working near a stove). A child with autism may fall and break an arm, yet never cry. Responses to sensory overload can range from shutting down and "checking out" of the environment, to preoccupation or distraction, or negative behaviors such as aggression or running away. Sensitivities can change or improve over time.

Sensory imbalances can also occur in a seemingly incongruous combination in a single person, for example one who might crave deep pressure (such as a hug) but cannot tolerate the sensation of light touch (such as a kiss on the cheek.) Shirt labels or seams on socks can annoy a child to distraction, while the hum of a vacuum can be terrifying, or the flicker of a fluorescent light completely disorienting. Many young children with autism seem particularly upset by the 'Happy Birthday' song (or the clapping that follows), so it is helpful to be aware that this might be distressing as it is likely to come up many times over the course of a school year. Indoor lunch, recess, physical education classes and assemblies are also times where the lack of structure, large numbers of students, unpredictability and excessive noise can become overwhelming.

Some Signs of Sensory Dysfunction

- Overly sensitive to touch, to movement, sights or sounds
- Under-reactive to touch, movement, sights or sounds
- Easily distracted
- Social and/or emotional problems
- Activity level that is unusually high or unusually low
- Physical clumsiness or apparent carelessness
- Impulsive, lacking in self-control
- Difficulty making transitions from one situation to another
- Inability to unwind or calm self
- Poor self-concept
- Delays in speech, language or motor skills
- Delays in academic achievement

Organization and Attention

Students with autism are overwhelmingly challenged by difficulties with organization, both in terms of their own selves, and in their interactions with the world around. While a student with autism might craft an elaborate scheme of associations to aid in structuring his view of the world (i.e. A=red, B=yellow, C=black, etc.), many of these ritualistic patterns do not follow the organizational modes that most of society employs.

In addition, focusing or sustaining attention to subjects that others find interesting or important can be extremely difficult, while at the same time the ability to attend to something motivating to the individual with autism can maintain considerable intensity. Many autism specific interventions view building this shared focus, or 'joint attention' as a component of instruction. The ability to appropriately shift attention, and the speed with which this occurs, is also a noted deficit in autism. This can have profound effects on communication, learning and social ability.

Many of the tasks of 'executive function' are notably disordered in autism, as in ADHD, Alzheimer's and individuals who have sustained injuries to the frontal lobe of the brain. Just as sensory issues are often related to challenges in making sense of the whole, executive function skills are instrumental for proper coordination of cognitive resources: planning and organization, flexible and abstract thinking, short term and working memory, initiating appropriate actions and inhibiting inappropriate actions. Executive function deficits can have broad effects on a learner (for example, if it is impossible to recall the question a teacher just asked, then it becomes equally impossible to answer it). For many higher functioning individuals this deficit is especially problematic, as these organizational skills are not usually taught directly (for example, a student might be able to compose sentences, but not create a journal entry on a specified topic because of the challenges with organizing thoughts and putting these in an understandable sequence on paper).

People with autism may also have difficulty with respect to 'theory of mind', or the ability to recognize various mental states (beliefs, intentions, knowledge, etc.) in themselves and others, and to understand that others might have beliefs, desires and intentions that differ from their own. While understanding the role of theory of mind is still an evolving area of science, it is worth noting that perspective taking is often an area of great challenge to individuals with all forms of autism, socially, emotionally and even linguistically (e.g. 'when is I you and you me?').

Cognitive Impairment

While average or above average intelligence is intrinsic to the definition of Asperger Syndrome and usually recognized in individuals characterized as having High Functioning Autism, according to most research, some degree of cognitive impairment has been shown in a majority of individuals with classic autism. Formal testing often shows significant variability, with some areas at normal levels and others weak. For example, a student with autism may do well on the parts of an intelligence test that measure visual and problem solving skills, but earn low scores on the language subtests. Significantly language-disordered students who are assessed using non-verbal tests often show markedly higher intelligence scores than when a verbally based test is used.

Many individuals with autism learn at a rate slower than those of their peers, but the specific percentage of those with mental retardation is poorly understood. Intelligence is extremely difficult to assess due to challenges in communication and attention. In addition, while true intelligence is believed to be static (IQ should not change as a person ages and is educated), significant changes in IQ in young children with autism who have received intensive interventions indicates that testing at a particular point in time might not be a true representation of long-term potential. In a particular child, functional, adaptive or problem solving skills can greatly exceed those measured on a test, and more educators are experiencing the intelligence (and language) trapped within nonverbal children once they are given alternative modes of communication and access.

From an intervention standpoint, it is always best to assume intellect and know that every individual deserves the opportunity to learn and reach his fullest potential.

Motor Challenges

Many people with autism experience challenges with muscle tone and/or coordination that can affect their ability to function at age appropriate levels. In some, the difficulty is in motor planning and execution. This can extend from speech to gross motor activities.

Impairments in the ability to coordinate and perform purposeful movements in the absence of motor or sensory impairments are termed dyspraxia (disordered ability) or apraxia (absence of this ability). If a child has apraxic or dyspraxic speech, the brain's ability to plan the movement of the lips, jaw, and tongue may make intelligible speech incredibly difficult, even if he has intact language and knows what he wants to say.

In others, muscle tone might be intact, but he may have challenges in timing and the ability to attend. Sports can be difficult, and fine motor tasks (buttoning, handwriting, using utensils and tools) often require intervention and support using occupational therapy techniques. Some children have difficulty in understanding where their body is in

space (a sensation that comes automatically to the rest of us), which is extremely disconcerting when moving throughout the environment, navigating stairs, balancing on a bicycle, or even walking down a hallway without 'checking in' with the location of the wall. The communicative, social and behavioral implications of imprecise timing and motor abilities are worth considering when planning for and interacting with a student. There may be specific strategies recommended by the speech pathologist or occupational therapist supporting the team in addressing these issues.

Emotional Issues, including Anxiety & Stress

Imagine being in another country with a different language and markedly different cultural conventions. If the world were swirling all around and language, gestures, schedules and signs made no sense, anxiety would likely result. With no one to tell and no way to ask for help, that anxiety might increase.

Anxiety and stress are very real byproducts of the challenges of autism. Understanding this while interacting with and supporting students will be helpful. Many of the strategies suggested in this tool kit are helpful in reducing these feelings in learners with autism. Recognizing that many of the 'behaviors' of autism may also be signs of stress or anxiety (pacing, distractibility, acting out, nail biting, repetitive actions, etc.) may help in determining the supports needed for an individual student.

The same biochemical differences that might cause anxiety in the general population can be present in individuals with autism. Autism spectrum disorders can co-occur with other behavioral, mood and anxiety disorders, which are more likely to be diagnosed separately as a student ages and reaches adolescence. Co-occurring conditions may respond to therapies or may present additional considerations for the team.

Unique Abilities That May Accompany Autism

Some individuals with autism possess unusual skills and exceptional abilities. While true savants (savant syndrome describes a person with a mental deficit who has one or more genius level abilities) are rare, many individuals with autism have strengths that may make them unique or interesting.

Some of the strengths some people with autism possess are outlined here. While it is important to never assume that any individual student has any or all of these strengths, awareness that a student has a skill such as one described here might create an opportunity to form a connection, to motivate or reward attention to more difficult challenges, or to use that strength in overcoming other areas of deficit.

Some of the strengths you may see in people with autism – Adapted from A Parent's Guide to Asperger's Syndrome and High Functioning Autism by Sally Ozonoff, Geraldine Dawson, and James McPartland:

- Strong visual skills
- Ability to understand and retain concrete concepts, rules, sequences and patterns
- Good memory of details or rote facts (math facts, train schedules, baseball statistics)
- Long-term memory
- Computer and technology skills
- Musical ability or interest
- Intense concentration or focus, especially on a preferred activity
- Artistic ability
- Mathematical ability
- Ability to decode written language (read) at an early age (but not necessarily comprehend)
- Strong encoding (spelling)
- Honesty
- Problem solving ability (when you cannot ask for something you want, you can get pretty creative about getting your hands on it yourself.)

Often the unique talents of people with autism are a reflection of the focus they place on a particular area, and how much it interests them. If sorting out the days on a calendar helps provide structure and predictability to an otherwise confusing world, then it might make sense that an individual would be able to memorize incredible amounts of information and be able to tell the day of the week on which a person was born, when provided the date. Inherent to the development of these exceptional skills is the individual's understanding of the processes and patterns involved, and the motivation to focus on them - absolutely critical features to keep in mind when undertaking the task of teaching something new. Breaking down tasks into understandable components, and providing motivational support (remembering that what motivates a child with autism may be different from what motivates a typical child) will help expand a student's set of skills and strengths.

Specific Features of Asperger's Syndrome

Asperger's Syndrome is a neurological disorder on the autism spectrum named after the Austrian pediatrician Hans Asperger, who first described a group of children who had a similar set of behavioral features. People with Asperger's Syndrome have difficulties with social interaction and restrictive or repetitive behaviors, but in contrast to those with classic autism, they do not have delays in language development or evident cognitive delays. Most achieve their early developmental milestones and academic targets on time. Many having IQs in the superior range. As a result of this more subtle presentation, people with Asperger's Syndrome are usually diagnosed later than those with autism, sometimes even in adolescence or adulthood. Asperger's Syndrome is diagnosed in boys approximately ten times more often than in girls.

People with Asperger's Syndrome find it challenging to connect with others, often having difficulty maintaining eye contact, reading other people's facial expressions or body language and taking another's perspective. While they develop language in a typical timeframe and their vocabulary might actually be advanced, they have difficulty understanding the subtle aspects of communication - reading gestures, understanding idioms, recognizing and expressing emotions, and flowing with the social back and forth of communication. Language is usually interpreted very literally, so idioms and sarcasm can be very confusing. Many learn to read easily and early, but decoding skills often obscure significant challenges with comprehension and contextual understanding. Students with Asperger's are usually highly verbal, saying things others have learned to keep to themselves (thereby appearing rude) or producing lengthy dissertations on favored topics (e.g. New York City's train schedules) without the realization that the information is of no interest to those around him. These traits make students with Asperger's particularly vulnerable to bullying.

Sensory processing differences and motor difficulties - issues with attention and timing, clumsiness and low muscle tone - are often present, making social connections through play and sports even more challenging. Organization and attention are often disordered, and most students with Asperger's Syndrome experience ever-present anxiety. Extreme adherence to rules, routines and favored activities or topics often make transitions, changes and flexibility (such as playing a game according to another child's method) extremely difficult and distressing.

Since the challenges presented vary considerably from those of classic autism, the needs of students with Asperger's Syndrome often go unaddressed, leading to increasing isolation and anxiety. Skill deficits with organization and attention - especially in an intellectually gifted child - are often misinterpreted as lack of effort or interest and the student is often penalized, rather than taught the isolated skills. Without failing grades, fine motor issues related to shoe tying or penmanship might not be addressed with occupational therapy and the intricacies of conversational reciprocity might not be addressed in speech therapy sessions. In fact, because of frequent success with typical standards of evaluation (learning factual information, processes and academics), the needs of students with Asperger's Syndrome are often overlooked and inappropriately supported.

As students age and become aware of their differences, anxiety often increases and depression might develop. Again, bullying is common, as naïve students without self-advocacy skills or desperate for friendships become victims. Educating peers and fostering emotional literacy, self awareness and development of the skills required to develop peer relationships can go a long way in helping to create a successful student.

For more information on Asperger's Syndrome, see the **Organization for Autism Research's Steps to Success.**

For Specific Members of the School Community

The sections that follow address common issues that relate to the specific needs of students with autism and the people who work with them within the school community.

It is important to reinforce the need for teamwork with the people within the school community who know an individual student best. Encourage and answer questions so each staff member feels supported and effective.

Every member of the school community should feel knowledgeable and empowered when they interact with all of a school's students. Communication is the key. While a bus driver rarely attends an IEP meeting, the needs of a child on the bus - and the strategies available to the bus driver - can still be part of the IEP planning process.

A bulleted, comprehensive list of ideas across settings, many of which are included here, can be found at Strategies at Hand.

Each of the members of the school community listed below should be given a copy of the Autism Basics and Asperger's Basics handouts, an "About Me" introduction to the individual student and the information section that is specifically for them.

(Please note that the "About Me" document included in this kit will need to be filled out for the individual student, preferably by a family member of the student or someone designated by their family.)

- Autism Basics Brochure
- Asperger's Basics Brochure
- About Me
- Information for Classmates
- Information for Bus Drivers / Transportation Supervisors
- Information for Custodial Staff
- Information for General Education & Special Area Teachers (includes Physical Education, Music, Art & Library)
- Information for Lunch Aides / Recess Aides
- Information for Office Staff
- Information for Paraprofessionals
- Enrolling Peers to Support Students with Autism
- Information for Peers
- Information for School Administrators, Principals, Interdisciplinary Team Members
- Information for School Nurses
- Information for School Security

PEERS

Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

Helping Peers Support Students with Autism

Teaching Peers about Autism

Autism education or sensitivity training can occur in a generalized manner, in which students learn about acceptance and sensitivity not related to a particular student at school. It can also be much more specific to the needs of that student and his or her family.

It is very important to communicate with the parents or guardian of the child with autism before any sensitivity training is done. The teacher or school psychologist leading the class discussion should reach out to the parents or guardian of the child with autism to understand what they are comfortable with in terms of disclosure. Some families may be comfortable with general sensitivity training and acknowledgment of their child's strengths and challenges to the class, but not with sharing the autism diagnosis. Other families are more open about their child's diagnosis and are willing to be active participants in the education and sensitivity training. These are personal decision that each family must make and schools should honor. These decisions can also change over time as the needs of the student with autism may change.

It is also important to keep in mind that some families may not have told their children about their diagnosis yet. Some children may know that they have autism but may not want to share their diagnosis with their classmates. Again, these are individual decisions. The other consideration to discuss in advance is if the student with autism will be present during the sensitivity training. Some families want their children be active participants in the training process, and others might prefer that it's done when the student is out of the classroom.

Many schools have found it helpful to have a parent, caregiver or school representative who knows the student well introduce the student at the beginning of the school year or during a new inclusion opportunity. If the family or team feels that protecting the student's privacy is important, the student may not even be mentioned by name and general sensitivity and acceptance may be all that is addressed. Out of respect for the student, a more specific introduction can also be done when he or she is not in the room. It is important to present the student as a person with unique abilities and similarities (a family, siblings, pets, love of music, favorite foods, video games, movies, etc.), while also sharing some of the challenges and differences the students might notice or need to be aware of, such as sensory needs.

Informing Peer Families

In addition to addressing peers, it is also important to reach out to their families. Many parents will not have had experience with autism, and may not understand or have the tools they need to appropriately support their children in fostering relationships with children who seem different. Involving the overall school community will build awareness and sensitivity and benefit everyone involved.

Families of peers can be informed through assemblies or Parent Teacher Organizations (sometimes called Home & School Organizations). In some cases, it may be necessary to inform the peers' families more directly within a classroom or grade level.

Some families may prefer to protect their child's privacy (which is their right), while others might be inclined to share information in a letter or meeting about their student's challenges and interests, finding that greater understanding and perspective within the community will reduce fear and improve acceptance.

Here is a list of resources broken down by age group...

Resources for Elementary School Children

General Sensitivity Training

These books are designed to teach general acceptance and appreciation of differences between individuals and their peers and classmates. Especially when a family wishes to maintain their privacy, sometimes general sensitivity training is enough to teach students to support and include their peers with autism.

Trevor, Trevor

by Diane Twachtman Cullen

The story of Trevor, a primary school aged child whose problems with social relationships suggest a form of autism. Unfortunately, like so many children with social interaction problems, it is not Trevor's strengths that his classmates notice, but rather his differences. Change comes through the efforts of a caring and sensitive teacher Metaphor, as it is explained in the preface, is a type of storytelling pioneered by Milton H Erickson that concentrates on indirect or symbolic communication in order to transfer the message or meaning of the story in a lasting and powerful manner. Show More Show Less

Wings of Epoh

by Gerda Weissman Klein

Wings of Epoh is a story that teaches acceptance, tolerance and empathy. What unfolds is the gift of friendship, and the joy in helping a person who is misunderstood or who just doesn't fit. The Wings of EPOH is available as both a book and a film.

Autism Specific Education

These books address autism specifically so that peers can learn what autism is and are better able to understand their classmate's strengths and challenges. They can be used when the family involved is comfortable with disclosing their child's diagnosis with his or her classmates.

The Autism Acceptance Book

by Ellen Sabin

The Autism Acceptance Book teaches children about autism, further develops their understanding for the people around them, and encourages them to embrace people's differences with respect, compassion and kindness. For ages 6 and up. There is also a teachers' guide that can be downloaded here.

The Sixth Sense II

by Carol Gray

Provides a lesson plan for promoting understanding and supportive social climates for children with autism spectrum disorders. "Students (peers) will be better equipped to include a classmate with unique behaviors when provided with accurate social information. Using their five senses as a frame of reference, this lesson plan introduces students to their sixth (or social) sense via activities and discussions."

My Friend with Autism: A Coloring Book for Peers and Siblings

by Beverly Bishop

Written for classmates of spectrum students and the classmates' parents, this kid-friendly book explains in positive ways that children with autism are good at some things, not so good at others - just like everyone else! The narrator (a peer) notes that his friend's senses work "really well" - he can hear sounds no one else can hear; his eyes work so well bright lights can hurt them. In all cases, the differences are described in a kind, understanding manner. There are charming illustrations for readers to color. "Notes for Adults" offer parents more detailed information about the "kid's pages."

Kids Booklet on Autism

presented by Autism New Jersey

A booklet for siblings and peers, with notes for parents and teachers, too! This resource provides children with lots of helpful information about kids and grown-ups who have autism and includes answers to frequently asked questions from children, explanations about autism, descriptions of feelings, ideas and actions plans.

How to Be a Friend to Someone with Autism

adapted, Peter Faustino, PhD

- **Take the Initiative to Include Him or Her -** Your friend may desperately want to be included and may not know how to ask. Be specific about what you want him to do.
- **Find Common Interests -** It will be much easier to talk about or share something you both like to do (movies, sports, music, books, TV shows, etc.).
- **Be Persistent and Patient -** Remember that your friend with autism may take more time to respond than other people. It doesn't necessarily mean he or she isn't interested.
- **Communicate Clearly -** Speak at a reasonable speed and volume. It might be helpful to use short sentences. Use gestures, pictures, and facial expressions to help communicate. Speak literally – do not use confusing figures of speech (He may truthfully tell you, "the sky" if you ask "What's up?")
- **Stand Up For Him or Her -** If you see someone teasing or bullying a friend with autism, take a stand and tell the person that it's not cool.
- **Remember Sensory Sensitivity -** Your friend may be very uncomfortable in certain situations or places (crowds, noisy areas, etc.). Ask if he or she is OK. Sometimes your friend may need a break.
- **Give Feedback -** If your friend with autism is doing something inappropriate, it's OK to tell him nicely. Just be sure to also tell him what the right thing to do is because he may not know.
- **Don't Be Afraid -** Your friend is just a kid like you who needs a little help. Accept his or her differences and respect strengths just as you would for any friend.

Programs that Promote Inclusion and Support

Perfect Pals

Perfect Pals is a program started by the Autism Speaks Nantucket Resource Center in collaboration with the Nantucket School District to provide students with and without disabilities with to participate in after-school recreational activities.

Light It Up Blue

Autism Awareness Month (April) offers many opportunities for schools to focus on teaching about autism and its impact on students and their families. The Autism Speaks Light it Up Blue campaign provides ideas for preschools, elementary schools, middle schools, high schools, colleges and universities to Light It Up Blue!

Resources for Middle School and High School Students

Books and Resources

What's Up With Nick?

From the Organization for Autism Research

A story about Nick, a new kid in school with autism. This accordion booklet includes sections "Meeting a Kid with Autism", "Hanging Out With Kids That Have Autism", "Things to Remember About Autism" and more!

A Buffet of Sensory Interventions: Solutions for Middle and High School Students With Autism Spectrum Disorders

by Susan Culp

This book offers a smorgasbord of sensory-based interventions for use by educators, occupational therapists and parents. This practical and well-researched tool is unique by focusing on middle and high school students, whose sensory needs are often overlooked. In suggesting interventions for this age group, the author emphasizes the importance of fostering independence, self-advocacy and self-regulation as a way to for teens with autism spectrum disorders to take ownership of their sensory needs as they transition into adulthood.

How to Talk to an Autistic Kid

by Daniel Stefanski (an autistic kid)

Kids with autism have a hard time communicating, which can be frustrating for autistic kids and for their peers. In this intimate yet practical book, author Daniel Stefanski, a fourteen-year-old boy with autism, helps readers understand why autistic kids act the way they do and offers specific suggestions on how to get along with them. Written by an autistic kid for non-autistic kids, it provides personal stories, knowledgeable explanations, and supportive advice–all in Daniel's unique and charming voice and accompanied by lively illustrations.

Social Skills Picture Book for High School and Beyond

by Jed Baker

Winner of an iParenting Media Award, this picture book appeals to the visual strengths of students on the autism spectrum, with color photos of students demonstrating various social skills in the correct (and sometimes incorrect) way. The skills depicted are meant to be read, role-played, corrected when necessary, role-played some more and, finally, to be practiced by the student in real-life social situations.

Preparing for Life: The Complete Guide for Transitioning to Adulthood for Those with Autism and Asperger's Syndrome

by Jed Baker

Award-winning author and counselor Dr. Jed Baker draws from his experience working with young adults on the spectrum to put together a thorough resource for students with ASD preparing for life after high school. This comprehensive handbook offers "life skills training" on subjects that young adults need to know about, such as nonverbal cues, body language, dealing with anger, frustration and anxiety, as well as building and maintaining friendships and intimate relationships.

The Social Success Workbook for Teens: Skill-Building Activities for Teens with Nonverbal Learning Disorder, Asperger's Disorder, and Other Social-Skill Problems

by Barbara Copper and Nancy Widdows

This workbook includes forty activities teens can do to recognize and use their unique strengths, understand the unspoken rules behind how people relate to each other, and improve their social skills. After completing the activities in this workbook, teens will discover that they can get along with others and build friendships despite the challenges they face. All they need is the confidence to be themselves while still keeping the feelings of others in mind.

Programs to Support Peer Relationships for Middle and High School

Circle of Friends

The Circle of Friends program consists of a trained group of peer mentors who serve as good social role models and interact with a specific student on a consistent basis. Activities can include teaching scripts and how to 'chat' (using topic lists or boxes), noncompetitive games, book clubs, extracurricular activities and more.

Student Clubs for Autism Speaks (SCAS)

Student Clubs for Autism Speaks create the opportunity for students to engage and actively participate in positively affecting the lives of people with autism. Through education, awareness, friendship and fundraising, SCAS includes students at the middle school, high school and college level.

Perfect Pals

Perfect Pals is a program started by the Autism Speaks Nantucket Resource Center in collaboration with the Nantucket School District to provide students with and without disabilities with to participate in after-school recreational activities.

Best Buddies

Best Buddies® is a nonprofit organization dedicated to establishing a global volunteer movement that creates opportunities for one-to-one friendships, integrated employment and leadership development for people with intellectual and developmental disabilities (IDD). Best Buddies' eight formal programs – Best Buddies Middle Schools, High Schools, Colleges, Citizens, e-Buddies, Jobs, Ambassadors, and Promoters – positively impact nearly 700,000 individuals with and without disabilities worldwide.

Light It Up Blue

Autism Awareness Month (April) offers many opportunities for schools to focus on teaching about autism and its impact on students and their families. The Autism Speaks Light it Up Blue campaign provides ideas for preschools, elementary schools, middle schools, high schools, colleges and universities to Light It Up Blue!

The Peer Buddy Program

Peer buddy programs are designed to increase access to general education curricula and inclusion in school activities by students with disabilities. General education students provide social and academic support to their classmates with disabilities by (a) helping them acquire skills needed to succeed in the general education environment and (b) adapting the environment to be more welcoming and accommodating to individual differences and needs.

FRIEND Program

This inclusive social skills curriculum from SARRC (Southwest Autism Research and Resource Center) provides opportunities for students on the autism spectrum to improve social communication skills in a natural setting, supported by peers, parents, educators, and therapists. An easy-to-use manual describes how to develop and implement a FRIEND group for students in grades k-12 during lunch and recess. Innovative materials including the children's book Wings of Epoh, DVD's, an educator activity guide, and informational tips, can be used for peer sensitivity training to promote awareness of ASD and social differences and appropriate strategies for facilitating social interactions for school age students.

Bullying & Harassment of Children with Special Needs

Autism Speaks worked with the National Center for Learning Disabilities, PACER's National Bullying Center and Ability Path in partnership with the new documentary film BULLY to raise awareness about how bullying affects children with special needs. Together with our partners, we just released a Special Needs Anti-Bullying Toolkit, full of resources and information specifically tailored to parents, educators, and students dealing with bullying and children with special needs. Below are excerpts from the toolkit.

It has been suggested that children with autism spectrum disorders (ASDs) are especially vulnerable to bullying. The Interactive Autism Network (IAN) is now sharing initial results of a national survey on the bullying experiences of children on the autism spectrum. The findings show that children with ASD are bullied at a very high rate, and are also often intentionally "triggered" into meltdowns or aggressive outbursts by ill-intentioned peers.

The study found that a total of 63% of 1,167 children with ASD, ages 6 to 15, had been bullied at some point in their lives.

Unique Characteristics of Children with Special Needs

Children with special needs face unique challenges for dealing with bullying. They often stand out from their peers in ways that make them targets for bullying, and children who have difficulty with social interactions have an even higher risk of being bullied.

Bullying certainly isn't a new problem; it has existed for generations. Historically, many have seen it as a rite of passage, a type of de facto hazing. According to Dr. Peter Raffalli, a pediatric neurologist at the Children's Hospital in Boston, Mass., this attitude is, in many cases, more dangerous than the bullies themselves. "No matter how you look at it, bullying is a form of abuse victimization, plain and simple," said Dr.Raffailli. "It's a case of the strong - or at least the stronger - preying on the weak. It says volumes about where we are as a culture and race."

Bullying has negative effects on all its victims, but kids with special needs are especially vulnerable, according to Nancy A. Murphy, M.D., FAAP and chair of the AAP Council on Children with Disabilities Executive Committee. "Since these children already struggle with self-esteem issues," said Dr. Murphy, "bullying has a greater impact and they desire to fit in, and are less likely to stand up for themselves."

Learn more about the unique characteristics of children with special needs and why these children are so often the targets of bullying in this article from our partners at AbilityPath.

Top Ten Facts Parents, Educators and Students need to know

1. The Facts - Students with disabilities are much more likely to be bullied than their nondisabled peers.

Bullying of children with disabilities is significant but there is very little research to document it. Only 10 U.S. studies have been conducted on the connection between bullying and developmental disabilities but all of these studies found that children with disabilities were two to three times more likely to be bullied than their nondisabled peers. One study shows that 60 percent of students with disabilities report being bullied regularly compared with 25 percent of all students.

2. Bullying affects a student's ability to learn.

Many students with disabilities are already addressing challenges in the academic environment. When they are bullied, it can directly impact their education.

Bullying is not a harmless rite of childhood that everyone experiences. Research shows that bullying can negatively impact a child's access to education and lead to:

- School avoidance and higher rates of absenteeism
- Decrease in grades
- Inability to concentrate
- Loss of interest in academic achievement
- Increase in dropout rates

Learn more about other common misperceptions about bullying

3. The Definition - bullying based on a student's disability may be considered harassment.

The Office for Civil Rights (OCR) and the Department of Justice (DOJ) have stated that bullying may also be considered harassment when it is based on a student's race, color, national origin, sex, disability, or religion

- Harassing behaviors may include:
- Unwelcome conduct such as verbal abuse, name-calling, epithets, or slurs
- Graphic or written statements
- Threats
- Physical assault
- Other conduct that may be physically threatening, harmful, or humiliating

4. The Federal Laws - disability harassment is a civil rights issue.

Parents have legal rights when their child with a disability is the target of bullying or disability harassment. Section 504 of the Rehabilitation Act of 1973 (often referred to as 'Section 504') and Title II of the Americans with Disabilities Act of 1990 (Title II) are the federal laws that apply if the harassment denies a student with a disability an equal opportunity to education. The Office for Civil Rights (OCR) enforces Section 504 and Title II of the ADA. Students with a 504 plan or an Individualized Education Program (IEP) would qualify for these protections.

According to a 2000 Dear Colleague letter from the Office for Civil Rights, "States and school districts also have a responsibility under Section 504, Title II, and the Individuals with Disabilities Education Act (IDEA), which is enforced by OSERS [the Office for Special Education and Rehabilitative Services], to ensure that a free appropriate public education (FAPE) is made available to eligible students with disabilities. Disability harassment may result in a denial of FAPE under these statutes."

The letter further outlines how bullying in the form of disability harassment may prevent a student with an IEP from receiving an appropriate education: "The IDEA was enacted to ensure that recipients of IDEA funds make available to students with disabilities the appropriate special education and related services that enable them to access and benefit from public education. The specific services to be provided a student with a disability are set forth in the student's individualized education program (IEP), which is developed by a team that includes the student's parents, teachers and, where appropriate, the student. Harassment of a student based on disability may decrease the student's ability to benefit from his or her education and amount to a denial of FAPE."

5. The State Laws - students with disabilities have legal rights when they are a target of bullying.

Most states have laws that address bullying. Some have information specific to students with disabilities. For a complete overview of state laws, visit Olweus.org.

Many school districts also have individual policies that address how to respond to bullying situations. Contact your local district to request a written copy of the district policy on bullying.

6. The adult response is important

Parents, educators, and other adults are the most important advocates that a student with disabilities can have. It is important that adults know the best way to talk with someone in a bullying situation.

Some children are able to talk with an adult about personal matters and may be willing to discuss bullying. Others may be reluctant to speak about the situation. There could be a number of reasons for this. The student bullying them may have told them not to tell or they might fear that if they do tell someone, the bullying won't stop or may become worse.

When preparing to talk to children about bullying, adults (parents and educators) should consider how they will handle the child's questions and emotions and what their own responses will be. Adults should be prepared to listen without judgment, providing the child with a safe place to work out their feelings and determine their next steps.

It is never the responsibility of the child to fix a bullying situation. If children could do that, they wouldn't be seeking the help of an adult in the first place.

For more information, go to Talking With Your Child About Bullying

7. The Resources - students with disabilities have resources that are specifically designed for their situation.

IEP – Students with disabilities, who are eligible for special education under the Individuals with Disabilities Education Act (IDEA), will have an Individualized Education Program (IEP).

The IEP can be a helpful tool in a bullying prevention plan. Remember, every child receiving special education is entitled to a free, appropriate public education (FAPE), and bullying can become an obstacle to that education.

For more information, go to our section on Individualized Education Program (IEP) and Bullying

Dear Colleague Letter – In 2000, a **'Dear Colleague' letter** was sent to school districts nationwide from the U.S. Department of Education's Office for Civil Rights (OCR) and Office of Special Education and Rehabilitative Services (OSERS) that defined the term "disability harassment."

In 2010, another Dear Colleague letter from the Office for Civil Rights was issued that reminded school districts of their responsibilities under civil rights laws that prohibit discrimination and harassment on the basis of race, color, national origin, sex, disability, and religion.

Template Letters – Parents should contact school staff each time their child informs them that he or she has been bullied. PACER has created these letters that parents may use as a guide for writing a letter to their child's school. These letters contain standard language and "fill-in-the-blank" spaces so that the letter can be customized for each child's situation.

These sample letter(s) can serve two purposes:

- First, the letter will alert school administration of the bullying and your desire for interventions.
- Second, the letter can serve as your written record when referring to events. The record (letter) should be factual and absent of opinions or emotional statements.

The two letters – "Student with an IEP, Notifying School About Bullying" and "Student with a 504, Notifying School About Bullying" – are for parents who have a child with an Individualized Education Plan (IEP) or Section 504. The bullying law of the individual state applies to all students as noted in the law. When bullying is based on the child's disability, federal law can also apply under Section 504, Individuals with Disabilities Act (IDEA), and Title II of the Americans with Disabilities Act.

8. The Power of Bystanders - more than 50% of bullying situations stop when a peer intervenes.

Most students don't like to see bullying but they may not know what to do when it happens. Peer advocacy – students speaking out on behalf of others – is a unique approach that empowers students to protect those targeted by bullying.

Peer advocacy works for two reasons: First, students are more likely than adults to see what is happening with their peers and peer influence is powerful. Second, a student telling someone to stop bullying has much more impact than an adult giving the same advice.

Learn more about peer advocacy

9. The importance of self-advocacy

Self-advocacy means the student with a disability is responsible for telling people what they want and need in a straightforward way. Students need to be involved in the steps taken to address a bullying situation. Self-advocacy is knowing how to:

- Speak up for yourself
- Describe your strengths, disability, needs, and wishes
- Take responsibility for yourself
- Learn about your rights
- Obtain help, or know who to ask, if you have a question

The person who has been bullied should be involved in deciding how to respond to the bullying. This involvement can provide students with a sense of control over their situation, and help them realize that someone is willing to listen, take action, and reassure them that their opinions and ideas are important.

To learn more go to our section on Student Self-Advocacy

The **Student Action Plan** is a self-advocacy resource. It includes three simple steps to explore specific, tangible actions to address the situation:

1. Define the situation
2. Think about how the situation could be different
3. Write down the steps to take action

10. You are not alone

When students have been bullied, they often believe they are the only one this is happening to, and that no one else cares. In fact, they are not alone.

There are individuals, communities, and organizations that do care. **It is not up to one person to end the bullying** and it is never the responsibility of the child to change what is happening to them. **No one deserves to be bullied**. All people should be treated with dignity and respect, no matter what. Everyone has a responsibility – and a role to play – as schools, parents, students, and the community work together for positive change.

For Peers - Bullying Roles

Bullying can happen to anyone. Bullying is about someone's behavior. That behavior could be directed at the shy, quiet student, or the class tough guy. Girls bully, boys bully, preschool kids bully, and high school kids bully – there is no one characteristic or aspect that indicates who gets bullied. The one sure thing is that no one EVER deserves to be bullied, and if someone is being bullied, they have a RIGHT to be safe.

Learn more about the roles of bullying, and think about where you fit in the cycle of bullying. A person who bullies isn't always "the other kid." Sometimes, it might be… you! Before you say "No way!" think about it.

Have you ever heard yourself saying – or thinking – things like:

- Some people deserve to be hurt.
- Being mean to people doesn't hurt them.
- It is fun to hurt others.
- I'm so cool that kids and adults don't think I would do anything wrong.
- People push me around, so I'm going to do it to other people, too.
- I feel better about myself when I make other people feel worse.
- If kids are afraid of me, then I won't get picked on.
- I am just being funny. What's the big deal?
- I do what it takes to be part of the "cool" crowd.
- I don't want to be the only one getting picked on.
- Some kids deserve to be bullied because of what they do to me.

- I don't like them, so it's OK to be mean to them.
- Do you recognize any of the signs? Kids bully for a lot of reasons. It might be because of:
- Peer pressure
- Being manipulated into something
- Fear
- Insecurity
- Not understanding that their actions hurt someone
- Not having positive adult role models
- Being bullied themselves

If you think this might be you, talk with an adult. Seriously, they can help. If the first adult you talk with isn't helpful, talk to someone else until you find one who will listen. You have that right.

For more information for peers please click here.

For Teachers and Administrators - Creating a Zero Tolerance Environment

Schools are just one part of the equation to combating the bullying epidemic. However, they play a key and vital role to setting the tone of tolerance. It is important for districts and individual schools to have their bullying policy available and accessible to all.

- Include a prominent link to the school's bullying policy on your website
- Review the highlights of the policy at back to school nights with families,
- Review the policy with students during the first week of school
- Keep the conversation going about the zero tolerance for bullying policy that the school/district follows throughout the year

Just as important as parents and students is sharing the policy with vendors, because they are technically an extension of the school. This includes bus drivers, specialists/therapists providing designated instructional services, substitute teachers and others. Before the contracts with these individuals or companies are signed, reviewing the bullying policy and outlining the process for internal review if a complaint is filed is imperative to extending the zero tolerance beyond the school yard.

Creating a safe environment is necessary for students to learn and thrive. Show your community bulling behavior is not welcomed and doesn't have a place in your community. Consider having students, teachers, administrators, families and vendors sign "contracts" or agreements that they've read the bullying policy and they pledge to adhere to this policy. Celebrate when students show acts of kindness, philanthropy or other social good. This isn't just about discipline and punishment; good anti-bullying practices include reward and recognition for doing the right thing!

For more information for educators, please click here.

For information for parents, please click here.

CLASSMATES

Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

Information for Classmates

Whether you already know a student with autism or are just getting to know one, you'll probably find this information helpful. If you make the effort to include, communicate, understand and respect, you'll both be sure to get something out of your friendship.

Include

- Take the initiative to include him - he may desperately want to be included and may not know how to ask. Be specific about what you want him to do.
- Find common interests - It will be much easier to talk about or share something you both like to do (movies, sports, music, books, TV shows, etc.).
- Encourage him to try new things because sometimes he may be afraid to try new stuff.
- Don't ignore him, even if you think he doesn't notice you.

Communicate

- Communicate clearly - Speak at a reasonable speed and volume. It might be helpful to use short sentences. Use gestures, pictures, and facial expressions to help communicate. Speak literally – do not use confusing figures of speech (He may truthfully tell you, "the sky" if you ask "What's up?")
- Give feedback - If your friend with autism is doing something inappropriate, it's OK to tell him nicely. Just be sure to also tell him what the right thing to do is because he may not know.
- Take time to say 'hi' whenever you see him. Even when you're in a hurry and pass him in the hall, just saying 'hi' is nice.
- Be persistent and patient - Remember that your friend with autism may take more time to respond than other people. It doesn't necessarily mean he isn't interested

Understand

- Remember sensory sensitivity - Your friend may be very uncomfortable in certain situations or places (crowds, noisy areas, etc.). Ask if he is OK. Sometimes he may need a break.
- Find out what his special interests or abilities are and then try to find ways to let him use them.
- Ask questions – Ask a teacher or aide if you're confused about something he is doing. There is a reason kids do things. If you figure it out, you might be able to help him.
- Ask someone at your school for the "Autism Basics" and the "Asperger's Basics" brochures from Autism Speaks.
- If your friend with autism is 'freaking out,' it's probably because he is trying to communicate something, not because he's just being weird. Something might really be bothering him or he might be afraid or frustrated and unable to communicate about it. Try to understand. Ask a teacher or another adult for help.

Respect

- Accept his or her differences and respect strengths just as you would for any friend.
- Don't be afraid - Your friend is just a kid like you who needs a little help.
- Stand up for him - If you see someone teasing or bullying a friend with autism, take a stand and tell the person that it's not cool. Don't tease. Sometimes he may not understand the teasing or sometimes he may thing you are being friendly when you really are not. If other kids tease him, pull them aside and tell them to stop. If you are concerned he is being bullied, tell a teacher or an aide.
- Be helpful, but don't be too helpful. If you're too helpful, it may make him feel more different. Let him try to do it first by himself, then help out if he needs it. Ask him to do things with you, but don't just explain it to him; show him what to do so he can imitate you.
- Say something to him when he does good things. You can cheer, give 'high-fives' or just tell him 'great work.' He likes to be complimented, just like you do.
- It's OK to get frustrated with him sometimes or to want to play alone or with somebody else. If he won't leave you alone after you've asked him nicely, tell a teacher or another adult who can help you.
- Find something to like, a special skill to admire or a special interest he has. Some kids with autism are great with math, spelling, or computers or they have a great memory for the class schedule. Who knows? Maybe he will help you!

Information adapted from How To Be a Friend to Someone With Autism, by Peter Faustino and Ideas from the FRIEND Program about being a friend to a person with autism, by the Southwest Autism Research and Resource Center (SARRC)'s FRIEND Program.

BUS DRIVERS AND TRANSPORTATION SUPERVISORS

Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

Bus Drivers / Transportation Supervisors

Many students with autism start and end their day on the bus. Their transportation circumstances can vary considerably. Routing issues are important, but accommodations for the child's sensory, behavioral, medical or organizational needs should also be considered. It may be necessary for a student with autism to be routed on a smaller bus and/or have an aide assigned to ride the bus with them. If the student is riding on a full bus, other supports may be necessary.

Understanding autism, as well as the strengths and needs of a specific student with autism, is important for the transportation department when they are planning for the child, as well as the drivers and aides who may transport him.

Please familiarize yourself with the Autism Basics and Asperger's Basics handouts provided in this kit. If you haven't received one, ask whether there is an "About Me" information sheet available for the student in question.

Things to think about:

- Be aware of the characteristics of autism as well as the student's specific needs. It can be helpful in avoiding or managing upsetting situations.
- Student's with autism may have impaired judgment, sensory issues or significant fears that might cause unexpected behaviors – for example, a lack of respect for traffic may cause him to dart into the street, or a dog on the sidewalk might cause him to refuse to get off of the bus - know what to do to avoid or manage particular needs.
- Be mindful that students with autism often have communication challenges; ask for guidelines for communication from his family or special education staff. It may be necessary to give him extra time to respond to a question or you may need to use an alternative communication device or strategy such as pictures to communicate.
- The student's need for routine may result in anxiety (and behavior) if changes are made to the bus route, there is a substitute driver, seat changes, etc. Reduce the student's anxiety by communicating with the with him in advance, using visuals wherever possible.
- For a child with medical issues such as seizures, it is important to develop a protocol for safety and management with the family and school nurse.
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond – but may not do so in a way that seems appropriate or is easy to recognize. Consider the student's communication difficulties and make every attempt to fully understand the situation before reaching judgment regarding fault or behavior.
- Transitions are difficult for some students – this may result in trouble getting on or off the bus.
- Many students with autism like predictability and have good long-term memory – It's even possible that a student might be able to assist a new or substitute driver with the route.

Strategies for Success

- Adjust the route - shorten, or use preferential pickup/drop off situations (for example, consider picking up and dropping off at a calmer entrance side of the school, earlier or later than the rush of students, etc).
- Consider whether an aide is needed to support the student on the bus either on a temporary or ongoing basis.
- Be calm and positive. Model appropriate behavior for the student with autism as well as other students by greeting him, saying goodbye, etc.
- Reinforce the behaviors you wish to see with behavior-specific praise (e.g. "I like the way you went straight to your seat and buckled up!")
- Use the "About Me" information about the student to get to know relevant facts about his likes, fears, needs, etc. Ask the school team for specific information regarding safety and impulsivity.
- Visual schedules can be helpful for helping the student establish a routine and managing his behavior. Following is a generic example, but a custom schedule can easily be made using a digital camera to take a picture of each step or action.

  1. Wait at the bus stop
  2. Get on the bus
  3. Sit down
  4. Buckle my seat belt
  5. Ride quietly to school
  6. Get off the bus

- Provide written rules or pictures of expectations of bus behavior for the student, the school staff, and parents so they can provide additional support (for example, if there is no eating on the bus, the student's family needs to know not to send the child out the door with a bagel).
- Work with the school team to suggest social narratives or rule cards that might help a student understand a rule or expectation (for example, why sitting too close is annoying to another rider, why a bus may be late, or what traffic is). For a student who might have trouble understanding subtle social cues, help the school team provide 'Unwritten rules for the bus' and input on what the social conventions are on a particular route (for example, seniors sit in the back)
- Give positive directions; minimize the use of 'don't' and 'stop.' 'Please sit in your seat' can be more effective than 'Don't stand up.' This lets the student know exactly what you would like him to do.
- Allow a student who may be overwhelmed by noise on the bus to use earplugs or music or headphones.
- Allow the student to use hands on sensory items, such as a squeeze toy.
- Consider assigning peer buddies to support and shield a vulnerable student from bullying. School staff may be helpful in finding a way to pair students.
- For a student with particularly challenging behavior, work with the school team to develop a positive behavior support plan specific to behavior on the bus.

CUSTODIAL STAFF

Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

Custodial Staff

Please familiarize yourself with the "Autism Basics" and "Asperger's Basics" handouts provided in this kit. If you haven't received them, ask whether there are "About Me" information sheets available for the students with autism in your school.

Things to think about

- Be aware of the characteristics of autism as well as the student's specific needs. It can be helpful in avoiding or managing upsetting situations.
- Know who the students with special needs are.
- Be aware of the communication, social and behavioral challenges students with autism may have. Some children may have impaired judgment or be at risk of running away; alert school staff if you see something that makes you concerned.
- Be alert that the smell of cleaning supplies or the sound of a vacuum cleaner might cause a student with autism to be overwhelmed because he may process scents or noises differently from his peers. Ask the school team to help you know what to do to avoid or manage the needs of a particular student.
- Be aware of the social vulnerability of students with autism. They are frequently victims of bullying. Inform other staff if you observe situations that make you concerned.

Strategies for Success

- Be calm and positive. Model appropriate behavior for the student with autism as well as other students, by greeting him by name.
- Be aware of communication and social concerns that might make communicating with a student with autism difficult. Be prepared to wait for a response, whether it is an action or verbal answer.
- Give positive directions. Minimize the use of 'don't' and 'stop.'

'■ Please stay on the sidewalk' can be more effective than 'don't walk on the grass' for a student who might not hear the 'don't' or for one who isn't sure where the acceptable place to walk may be. This lets the student know exactly what you would like him to do.

- Use the "About Me" information about the student to get to know relevant facts about his likes, fears, needs, etc. Ask the school team for specific information about safety and impulsivity.
- If you are having difficulties with behavior or interacting with a student with autism, ask the school team for help.

GENERAL EDUCATION AND SPECIAL AREA TEACHERS

Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

General Education & Special Area Teachers
(including Physical Education, Music, Art, Library)

The school team should support teachers in the general education setting to help them understand and provide effective supports and interventions for their students with autism. Communication among IEP team members, including the student's family, will help general education teachers recognize areas of strength and need and be prepared to support a student with autism in a way that benefits the student, as well as the remainder of the class. Inclusion and mainstreaming are not the same as dropping a child into a classroom like any other student - planning, coordination, collaboration and supports will be necessary to build a positive experience for all involved. It may be necessary to start with small but successful periods of inclusion, and build on these opportunities as the student with autism gains competence and confidence in varying settings.

Expect to be successful, but also understand that you may need to adjust your definition of success along the way. Celebrate small victories.

Knowing the characteristics of autism and the particular qualities of a student will allow for appropriate planning on his behalf. Be prepared to adjust your expectations - for example, in an art class, it might be appropriate to provide pre- cut samples for a project to a student with fine motor challenges, while also expecting that student who may happen to have a great memory and/or love of color to be the class advisor on color combinations.

Activities that are often challenging for students with autism include:

- Multi-step directions and activities
- Following verbal directions
- Organization skills and following the schedule
- For younger students, circle time, since it generally means sitting, listening to auditory information and verbal output
- For older students, classroom lectures that require sitting, listening to auditory information for long periods of time
- Centers time for younger students or independent work for older students, since this involves academic tasks, sometimes-unclear expectations, following directions
- Free play for younger students, because it involves social skills, co-operative play and verbal skills with very little structure
- Group instruction
- Assemblies, music and PE classes for students with sensory issues.

Strategies for Success:

- Be calm and positive. Model appropriate behavior for the student with autism, as well as for other students, by greeting him and engaging him in a respectful way.
- Be aware of the characteristics of autism and general strategies - for quick reference reminders use the "Autism Basics" and "Asperger's Basics" handouts included in this kit.
- Use the "About Me" information sheet to get to know relevant facts about each particular student's likes, fears, needs, etc. Ask specific questions regarding safety and impulsivity. If you haven't received one, ask the school team whether there is an "About Me" information sheet available for each student with autism in your classroom.
- Promote a welcoming environment, and provide opportunities for your student (and others!) to develop social interaction skills and extended learning
- Teach understanding and acceptance—see the Resources section of this kit for suggested reading, including books and programs to use with the students,
  1. Pair the student with peers who are positive role models
  2. Allow times for students to work in pairs and/or small groups
  3. Be aware that students with autism can become isolated within the classroom (interaction only occurring between an aide and student) and be on the lookout to prevent it by working with the students and the paraprofessional to support social exchange among peers
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond – but may not do so in a way that seems appropriate or is easy to recognize. Consider the student's communication difficulties and make every attempt to fully understand the situation before reaching judgment regarding fault or behavior.
- Ensure that organization, communication and sensory issues are addressed (see General Strategies and Classroom Checklist)
- Establish clear routines and habits to support regular activities and transitions. Alert the student to changes in routine, staffing, etc., in advance, whenever possible.
- Consider seating - situate the student for optimal attention to instruction or sensory needs
- Pay particular attention to the general strategies outlined for supporting communication and organization (simple directions, wait-time for processing verbal requests or directions, visual schedules, prompts and cues, etc.)
- Be tuned into sensory issues that may effect the student in your particular class (for example, echoing locker rooms and loud, fast activity can make P.E. over-stimulating and overwhelming)
- Provide written rules or pictures of expectations of behavior in the classroom, including 'unwritten' conventions if necessary. Work with the student's team to incorporate social narratives to help a student understand a rule or expectation. Learners with autism often increase compliance if they understand why a rule exists (for example, It is important to remain quiet - no noise or talking - while the teacher is speaking. If it is noisy, the students will not be able to hear her.).

- Use descriptive praise to build desired behaviors (for example, 'I like the way you put your trash in the trash can!')
- Give positive directions; minimize the use of 'don't' and 'stop.' 'Please sit in your seat' can be more effective than 'Don't stand up.' This lets the student know exactly what you would like him to do.
- Consider needs/supports for class presentations (for example, cue cards, visual supports or a power point presentation for a child with impaired expressive language skills), field trips, etc.
- Utilize teacher training on multi-modal instruction! Find ways to teach and reinforce by expecting your student to learn not only by hearing, but also seeing (pictures, maps, diagrams, patterns), doing (movement and hands on activities), saying (repeat after me…) and even singing.
- Collaborate with the student's special education staff to modify curriculum, supports such as visuals, communication access, organizational tools, and directly teach study skills (note taking, time management, etc.)
- Make sure that activities such as field trips, class presentations, assemblies, and plays are addressed ahead of time. Think about ways the student can be included and discuss and plan for them with the support team.
  1. Field Trips: use a social narrative to describe to the student where the trip is, who he will be with, what will occur and the schedule for the day. When possible include pictures (websites and Google Images are great resources)
  2. Assemblies/ Plays/Presentations: prepare the student ahead of time with materials and social narratives; be attuned to sensory issues; be creative such as offering the student an opportunity to be "producer" with a run down of the program and the ability to sit off to the side away from other students and out of the noise.

In addressing curricular issues and making academic modifications or accommodations, keep the following suggestions in mind. These might be adjustments made by the general education teacher or in collaboration with a student's special education teacher or paraprofessional. For a student participating in an inclusive setting, the more he is able to follow along and participate in the activities of the classroom in real time, the better he can access the curriculum as well as the social objectives being targeted by inclusion.

- Define core curriculum objectives and concentrate on those—for some students this may be as simple as one or two basic components within a unit
- Concentrate on teaching less content, but teach to mastery and where appropriate, fluency
- Make sure the student and support staff have classroom materials ahead of time
- Pre-teach relevant new vocabulary and key concepts, concentrating on those that build and repeat throughout the curriculum
- Make the information presented by the teacher accessible to the student: know the amount of verbal information the student can process, consider ways to break the information into manageable parts, highlighting key points, providing outlines, study notes, etc.
- Use visuals wherever possible—to organize, improve comprehension and assess
- Review information
- Recognize that functional academic skills—note taking, test taking, true/false, organizing information, etc. may need to be taught and reinforced directly, separately from subject area content

- Consider homework - establish a method for recording assignments, present defined expectations, consider whether accommodations or more time is needed
- Consider long term projects - support managing a timeline for due dates, chunk the assignment into smaller parts with a completion schedule and checklists
- In assessing, reduce expectations of performance in areas of difficulty for the student - to test concept knowledge, replace essays with multiple choice or fill in the blank questions with word banks or replace paragraphs with webs that show relationships, etc,
- Teach and test regularly and in small chunks: check for comprehension
- Consider allowing more time or an alternate setting for testing
- Review, repeat and move on when the student demonstrates proficiency
- If the student has difficulty learning a concept or skill, re-think how material is being presented
- Supply study guides ahead of tests
- Pre warn the student and paraprofessional when you give a pop quiz

Reading

- Students are likely to have difficulty comprehending material, predicting events, and reading between the lines/inferring from the text.
- Be aware of a high proportion of students with high functioning autism who are adept at encoding and word calling, but may have significant issues with comprehension. Some students may be diagnosed with hyperlexia.
- Provide summaries or pre-exposure to a new reading book prior to its initiation. Identify the story line, plot, main characters and setting - with visuals as possible.
- Provide specific structure to questions when expecting an answer for comprehension. Use multiple choice, cloze sentences (a portion of text with certain words removed) with a word bank, or starter responses. Whereas it might be very difficult to answer "John, how did the wolf find grandmother's house?", a student with autism might show comprehension when asked, "John, the wolf found grandmother's house by crossing the river and _____"?
- When giving choices, know how many choices are appropriate. Some may be able to pick from four choices, some from only two. Reducing the number of choices is a simple way of making a task simpler for the student, while still expecting independence.

Writing

- Recognize that writing involves expressive language skills, word retrieval, organization of thoughts and fine motor skills, all of which are often challenges for students with autism. Strategies to support each of these areas of need may be needed.
- Use visuals to prompt language - pictures, word banks, etc.
- Begin with cloze sentences (a portion of text with certain words removed) or sentence starters.

- Actively teach brainstorming, developing descriptive vocabulary, etc.
- Use template organization tools for all writing assignments—webs, outlines, etc. The student will need specific instruction on how to use these tools, and consistent and repeated use of the same tools is likely to result in greater independence and success.
- Provide significant structure and direction for the assignment.
- Consider using keyboarding, dictation and computer graphic organizer programs to support your student. Consider an AlphaSmart or other traveling keyboard that can be used across settings.
- Look for content rather than length of a written piece, knowing that writing may need to be evaluated by alternate methods than those used for the class in general. For example, rather than expecting the three paragraphs assigned, consider whether the student responded to the questions and the content objectives of the assignment.

Social Studies

If a student with autism has an interest in this area, he might become the class's resident expert on a certain topic, such as Egypt or modes of transportation. This might be a chance to allow this student to shine, and provide a motivational opportunity by using his particular area of interest to motivate flexibility or learning new subject matter. Additional suggested strategies for those who might need assistance to grasp subject matter:

- Use timelines, maps and visuals to support concepts
- Use videos (check out YouTube) to bring to life past events
- Teach idioms and analogies
- Act or role play

Science

As in other subjects, if a student with autism has a particular interest he might become the class's expert on the solar system, dinosaurs or rocks. Build confidence and interest in learning by celebrating this strength, while stretching flexibility and interest in other areas. Strategies and considerations:

- Support hands on activities
- Be aware of impulsivity and safety concerns
- Define rules for lab work
- Whenever possible, point out relationships between science concepts and real life experiences

Math

Although some students with autism excel in mathematical ability, and others might have an affinity for the rote aspects of memorizing math facts and functions, the language of math and associated abstract concepts can be difficult for many students with autism. Recognizing that this area often represents great variability in skill levels means that instruction is likely to need great individualization—a student who can perform double digit

multiplication in his head may have great difficulty with the concepts of negative numbers or measurement. Word problems in particular are a notable area of struggle. Use the student's areas of strength to build his self-confidence and motivation to working on areas of challenge.

- Break math down into specific parts, using visuals and manipulatives.
- Use strategies such as TOUCHMATH® to support computation.
- Students with autism often learn the patterns involved in a skill, rather than the concepts, so beware of over-learning - a child who spends months learning how to add and months learning how to subtract, may then take months to learn to look for the sign on a mixed addition/subtraction page.
- For skills that require precise learning and execution, use errorless teaching strategies that ensure correct development of a skill from the start, as corrective teaching is generally less effective and unlearning bad habits can be very difficult for students with autism.

Physical Education

- Be aware of motor, timing, language and attention issues that might affect a student's performance and interest, and make appropriate accommodations.
- Echoing locker rooms, whistles, and students running and shouting might be overwhelming to your student with autism's senses.
- Recognize that while a student may not be able to keep up with the pace of learning and activity of the whole class, he still might be able be able to learn components of a sport or activity that will offer a valuable social outlet or exercise opportunity.
- Break tasks into small scaffolded components and celebrate successes - a student who learns how to shoot hoops has gained a valuable skill in turn-taking and an opportunity for social interaction with peers, even if he has not mastered the ability to participate in a 5 on 5 game
- Solicit the assistance of special education staff to provide training in appropriate locker room behavior, social conventions regarding privacy, etc. using social narratives, etc.

Music

Many people with autism have musical strengths, which can be celebrated, used to reinforce, motivate, and teach. A sense of rhythm and interest in music can be used to motivate a child to participate in an activity. Since music is processed in a different area of the brain than language, some individuals with limited language ability are able to sing, and song can be used to teach concepts or aid in memory development.

However, it is worth noting that the issues with timing, processing and motor planning often make choral responding - singing or reciting with a group - very difficult. It has been noted that if a student with autism initiates the choral (such as the Pledge of Allegiance) he can be successful, whereas the timing required for joining in can impede this ability.

Art

Strong visual skills, a heightened sense of visual perception or a unique perspective can often result in significant artistic ability in some people with autism. Others might take a special interest in color, and be the class expert on color combinations and the application of the principles of the color wheel.

Because of sensory/tactile issues, some students may have a difficult time with art class or certain art projects (e.g. clay on the hands, odors from materials, etc).

Computers and Technology

Even a very young child with autism can show great affinity for technology, being able to immediately find the 'on' button on any TV, computer or tablet he encounters. Visual acuity and varied ways of storing/accessing information and creating thought processes often make people with autism adept at computer utilization and programming, stereo operation, film making, etc. A student with autism may be a great asset in developing technological resources, but his communication challenges may prevent him from being able to explain how something works. Use a student's problem- solving and technical expertise to make other tasks easier (replace handwriting with typing, produce a video instead of writing a paper) or to motivate attention to other areas of learning being targeted.

LUNCH AND RECESS AIDES

Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

Lunch/Recess Aides

Lunch is a critical time for a child with autism to have experienced staff support - particularly those who are trained in supporting social interactions and helping a child become more independent. Recess and lunch are typically the least structured times of a student's day, and therefore, the most difficult for a child with organization, communication and social challenges. The support required during these times ranges from the practice of negotiating cafeteria tables, busy lunch lines and ordering (fast, with 67 hungry kids just behind you!) and figuring out how to keep busy and have fun on an expansive playground with no set rules. In addition to the organizational and sensory issues, this is a time where deficits in communication and social ability become readily apparent and exceptionally painful.

- Familiarize yourself with the "Autism Basics" and "Asperger's Basics" handouts provided in this kit.
- Be aware of the characteristics of autism as well as the student's specific needs. It can be helpful in avoiding or managing upsetting situations. Some children may be at risk of wandering or running away. A door buzzer, fire alarm, certain odors or a school bell might represent a sensory assault - know what to do to avoid or manage particular needs.
- If you haven't received one, ask whether there is an "About Me" information sheet available for the students with autism you will be supervising. It is important to understand the individual student's likes, fears, needs and abilities.
- Be aware of communication, social and behavioral challenges students with autism may have. Ask his special education team for help with communication challenges.
- It may be necessary to wait for a response to a question, use an alternative communication device or a communication strategy such as picture exchange.
- Support the student's need to develop daily living skills, and promote as much ability and independence as possible (for example, let him get his napkin, teach him to enter his meal code in the cafeteria computer, etc.).
- Explore opportunities for school staff to think creatively - recess can be a great time for a push-in intervention from the speech pathologist or occupational therapist, who could model strategies and set up games that daily staff (and peers) could continue on days when they do not provide direct therapy.
- Be tuned into the strategies modeled by the student's trained support staff and ask for their help with areas of concern.
- Friendly greetings, acceptance and patience can help to make the child feel comfortable in the school and small responsibilities can help him to feel like a contributing member of the community - celebrate successes!
- Be calm and positive. Model appropriate behavior for the student with autism as well as other students by greeting him by name and engaging in appropriate conversation. Peers are more likely to engage students with autism if they know how the student communicates.
- Create a quiet spot, if necessary, for mellow activities or a less hectic lunchtime.

- Ask familiar staff to practice or help troubleshoot skills outside of the chaos of scheduled times - start the lunch line routine five minutes before others arrive, ask the OT to teach techniques for learning to swing independently, etc. – as the student becomes more successful, build skills toward independence.
- If necessary, use a visual menu for making choices in the cafeteria.
- Reduce the number of choices or make a choice and practice ordering (with necessary visual supports, etc) earlier in the day.
- Visual schedules can be helpful in establishing and perpetuating routines, ensuring compliance (such as putting the tray and silverware in the appropriate places) and managing behavior. Following is an example of a schedule that could be created with or without photos.

  1. Clearing My Lunch
  2. Put my plate, silverware and trash on my tray
  3. Walk carefully with the tray to cleanup area
  4. Toss trash (only!) into trashcan
  5. Put my silverware in the gray tub
  6. Place my plates on the counter
  7. Stack my tray in the cubby
  8. Give myself a sticker!

- Visual prompts and cues can be used to help a child make choices or know how to initiate or respond (for example, cue card 'I would like pizza please').
- Seek help in learning how to create structured settings - organizing a game of follow the leader, setting up Uno at a lunch table, etc. Use the child's existing skills and interests to motivate him to participate, since the social demands are enough for him to work on.
- Set up and explain rules of playground games. If the playground is too much for a student, designate a quieter area for board games or cards with a peer.
- Use descriptive praise to build desired behaviors (e.g. "I like the way you put the ball back where it belongs")
- Give positive directions. Minimize use of 'don't' and 'stop.' For example, instead of 'Don't stand in the hallway' try 'Please sit at your lunch table' for a student who might not hear the 'don't' – or for one who isn't sure where the acceptable place to sit might be. This lets the student know exactly what you would like him to do.
- Give peers the opportunity to be a lunch buddy (this often works better than assigning a buddy, as it selects students who are motivated to take on this role) to support and shield a vulnerable student - it may be helpful to have support from other members of the school team in finding a way to pair students in the absence of volunteers. Aim to engage more than one 'lunch buddy' to allow for abscenses.
- Be aware of the vulnerability of students with autism and the propensity for them to be victims of bullying behaviors.

- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond – buy may not do so in a way that seems appropriate or is easy to recognize. Consider the student's communication difficulties and make every attempt to fully understand the situation before reaching judgment regarding fault or behavior.
- Work with the school team to create social narratives to help a student understand a rule or expectation (for example, why sitting too close is annoying to another student, bathroom etiquette and hand washing, etc.).
- Work with the school team to provide written or visual supports for 'Unwritten rules for the cafeteria or recess' and input on social conventions.
- Help peers support the student with autism, in a respectful way, in adhering to social conventions by modeling and/or directly instructing them.

For a student with particularly challenging behavior, work with the school team to develop and employ an element of the positive behavior support plan specific to the needs at lunch/recess. Ask the team for help troubleshooting or implementing the plans.

OFFICE STAFF

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Office Staff

A school's administrative staff often represents a consistent and welcoming community within the school. Administrative staff can provide an excellent opportunity for students with autism to practice social interactions and perform small tasks and jobs that make them feel like a valued member of the school community.

Please familiarize yourself with the "Autism Basics" and "Asperger's Basics" handouts provided in this kit. If you haven't received one, ask whether there are "About Me" information sheets available for the students with autism in your school.

- Be aware of the characteristics of autism as well as the student's specific needs. It can be helpful in avoiding or managing upsetting situations - know the communication, social and behavioral needs and abilities of each student.
- Be aware of communication challenges. Ask his special education staff for guidelines for communication, knowing that you may need to wait for a response to a question you ask the student or use an alternative communication device or strategy such as picture exchange.
- Take note of the strategies modeled by the student's trained support staff.
- Friendly greetings, acceptance and patience can help make the student feel comfortable in the school. Giving the student errands or small responsibilities in the office can help him feel like a contributing member of the community - celebrate successes!
- Once a routine has been broken down into steps and effectively taught, most students with autism will consistently and reliably perform - and then become a dependable assistant.

Strategies:

- Be calm and positive. Model appropriate behavior for the student with autism as well as other students by greeting him by name and engaging in appropriate conversation whenever possible.
- Use the "About Me" information sheet to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Visual schedules can be helpful in establishing and perpetuating routines, ensuring compliance (such as putting the attendance records in the appropriate box) and managing behavior.
- The student's school team may be helpful in providing social narratives to help a student understand a rule or expectation (for example, "It is important to say good morning to Mrs. Smith. Saying hello is being friendly. It makes others happy when you are friendly.")
- Visual prompts or cue cards can be used to help a child make choices, or know how to initiate or respond.
- Use descriptive praise to build desired behaviors (for example, "It was great that you put the attendance sheet in the mailbox!")

- Give positive directions. Minimize the use of 'don't' and 'stop.'
- 'Please walk' can be more effective than 'don't run' for a student who might not hear the 'don't' or for one who may interpret the direction literally or as too abstract and isn't sure whether they are meant to stand still or walk. This lets the student know exactly what you would like him to do.
- Remember to create strategies to include all students on all school correspondence. Many students who do not have a homeroom like the other classes miss school picture day, yearbooks, information on extracurricular activities, etc. because papers do not go home.
- Support school announcements over the intercom with written notes home for students who might have trouble processing - or recalling - information.
- Be aware of the social vulnerability of students with autism. They are frequently victims of bullying. Inform the school team if you observe situations that make you concerned.

PARAPROFESSIONALS

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ParaProfessionals

Whether they are assigned as a 1:1 aide or to a special needs classroom paraprofessionals are in a unique position to effect great changes in the lives and function of their students. They can help set the tone for the student's place in the school community.

It is likely that little training with respect to autism spectrum disorders has been given to prepare for this role. Since the primary responsibility of a paraprofessional is viewed as supporting the student, IEP meetings and other opportunities for learning about the abilities and needs of a student, and strategies that might be effective in supporting him, often occur without the paraprofessional's involvement.

Paraprofessionals should have knowledge of the characteristics of autism in general, and the assigned student in particular. Know his learning style, preferences, needs and strengths. The information contained in this kit for all of the specific school community members will be helpful for paraprofessionals, as they often accompany the student in his interactions throughout the school. If support is provided at lunch, then be aware of the sensory and communication needs—and strategies to employ—during lunch. Implementation of the behavior support plan and sensory strategies are likely to fall primarily in the paraprofessional's hands, as may academic modifications or supports.

Of all the individuals who support a student over the course of a school day, the student is likely to become most dependent on a 1:1. As independence is always the ultimate goal, a successful paraprofessional will maintain the mindset of trying to work himself out of a job; otherwise, there is the risk of developing the 'Velcro aide' syndrome (overly attached) and creating a prompt and personnel-dependent student. Remember to strive towards raising expectations and promoting independence in the student at whatever level he is capable of handling.

Strategies:

- Be calm, positive. Model appropriate behavior for the student with autism as well as other students by greeting him by name, saying goodbye, etc.
- Be proactive about learning about the student.
- Ask questions, request to take part in meetings and trainings, familiarize yourself with his IEP document and know the strategies to be used, etc.
- Become expert in understanding and supporting his communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or communication strategy such as picture exchange might be necessary
- Use **"About Me"** information about the students to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Carve out a quiet spot in the school, if necessary, for when the student needs time to regroup.
- Be creative about finding opportunities to practice or troubleshoot skills outside of the chaos of scheduled times - bus loading, lunch line, locker room, etc. and work on building skills toward independence.
- Recognize that the paraprofessional's actions, attitude and responses can help - or hinder - the growth and behavior of the student
- As the student becomes more independent, the IEP team might decide to alter the level of intervention - such as replacing a 1:1 pairing with a classroom aide situation. To test and practice increasing a student's level of independence use the "Invisible Aide" strategy section that follows.

Invisible Aide Game By Sonia Dickson-Bracks

OVERVIEW

PURPOSE: To assess specific areas/issues related to independence, organization, social confidence, and self advocacy; to initiate fading of one-to-one aide support

GUIDELINES: Initially, game should be implemented during one class period per day, starting with the easiest period. A Class Period = the moment the student steps out of previous class until he leaves the target class. The student and staff will de-brief on the game (review and discuss what occurred) during their individual daily session. Based on this evaluation, they will determine whether to repeat the same period the following day, or target a different period. Once all periods have been assessed, plan and determine next steps for further assessment or program development and implementation.

PLANNING THE GAME

Together the student and staff determine which period would be the best to pretend the student is alone (not accompanied by the aide). This is based on comfort in the specific setting (classroom, teacher, students and subject). The student and staff should also develop specific gestural cues in order to provide a "time out" from the game. (See Exceptions to the Rules)

Once plan and period are determined, the staff will notify the teacher (in advance) of this plan. As an option toward promoting self-advocacy, the student and staff can decide if the student should notify the teacher.

RULES OF THE GAME

Once the game begins, both student and staff will make every effort to act/pretend as if the staff is not present. That is, the student will not seek assistance from the aide, nor will the aide offer assistance. The student may rely on natural supports (peers, teacher) as appropriate to the setting. Neither will engage in conversation with one another. The staff try to stay out of the student's line of sight (i.e., stay behind the student while walking and when seated in the classroom). Exceptions to "the rules of the game" should only occur when the pre-determined cues are used.

EXCEPTIONS TO THE RULES ("Time out" prompts & gestural cues)

- "I need help": The student feels he needs help and wants a "time out" from the game (e.g., he makes eye contact with the staff and touches his own nose).
- "Are you okay? Do you need help?": The staff is observing signs of stress that are of relatively significant concern (e.g., he touches the student on the shoulder and when student turns around, he rubs his forehead);
- "Are you sure you want help? Remember the game is on": The student has initiated conversation or indicated he wants help but did NOT use the pre-determined cue. This may be because he forgot the game was on or just out of habit. The staff in turn will provide a "reminder" cue that means "are you sure you want help? Remember the game is on" (e.g., he rubs his hands together). At that point, the student should make a conscious decision to either use the "I need help cue" or acknowledge (nodding) that he forgot or doesn't need help. However, if he doesn't use the cue but appears distressed, the staff should provide assistance.

DOCUMENTATION

Staff will document observations throughout the game. The completed form will be used during debriefing at the end of each day. (See Invisible Aide - Observation Form).

Invisible Aide – Observation Form

DATE: _____ TARGET PERIOD/SUBJECT: _____ _____

RATIONALE (Period Selection): _____

_____

(Comfort: Classroom, teacher, students and subject).

REVIEWED "TIME OUT" CUES: _____ TEACHER NOTIFIED BY: _____ _____

OBSERVATION START TIME:_____ END TIME: _____

TRANSITION FROM LAST TO TARGET PERIOD:_____

_____

OBSERVATIONS DURING TARGET PERIOD: (Record on separate sheet)

OVERALL INDEPENDENCE RATING (1 – 3): _____

ORGANIZATION RATING (1 – 3): _____ Was student organized during class activity? Describe/Explain:

_____

_____

Did student record homework, other work to complete, etc., based on assignment from teacher?
Record assignments here:

_____

_____

SELF-ADVOCACY RATING (1 – 3): _____ Did student seek assistance from teacher or peers when needed? Describe/Explain:

_____

_____

SOCIAL CONFIDENCE RATING (1 – 3): _____ Did student appear confident/comfortable during observation? Did student exhibit signs of discomfort? Describe/Explain:

_____

_____GAME RULES:

ADHERENCE/EXCEPTIONS **If exceptions required, record circumstances:

Student Initiated (Describe): _____

Staff Initiated (Describe):_____

Were cues utilized? YES / NO Reason (Explain): _____

Outcome (Describe): _____

If rules changes or altered, record reasons for change or exceptions:_____

The Ten Commandments of Paraprofessional Support

1. Thou shalt know well both your students and the disabilities they manifest.
2. Thou shalt learn to take your students' perspectives, and realize that they have significant difficulty taking yours.
3. Thou shalt always look beyond your student's behaviors to determine the functions that those behaviors serve.
4. Thou shalt be neither blinded by your by your students' strengths, nor hold them to standards they cannot meet.
5. Thou shalt master the art of rendering the appropriate degree of support for your students' level of skill development and behavior.
6. Thou shalt exercise vigilance in fading back prompts and promoting competence and independence in your students.
7. Thou shalt be proactive both in seeking out information to help your students, and in preparing and implementing the support that they need to be successful.
8. Thou shalt neither usurp the teachers' role, nor be albatrosses around their necks.
9. Thou shalt leave your egos at the school house door!
10. Thou shalt perform your duties mindfully, responsibly and respectfully at all times.

Source: How to Be a Para Pro
by Diane Twachtman-Cullen

How to Be a Para Pro http://www.starfishpress.com/products/parapro.html offers further reinforcement of these specific areas, as well as vignettes and troubleshooting suggestions, or see other educational/social support options in Resources

ATHLETIC COACHES

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Athletic Team Coaches

Many students with autism are able to participate in school team sports and are a great asset to their teams. The amount of support required to make this happen will vary greatly from student to student. Some people with autism have great skills in learning rules and keeping track of statistics and may make great scorekeepers or coach's assistants. Some may be good at individual sports such as track, cross country, or swimming, as they do not require the student to keep track of a ball and other team members on the field while processing auditory and visual information from various sources at the same time. Others may be able to participate in team sports.

Consider the possibility of enrolling a student's family member to support the student if an aide is not provided. They are often thrilled to have their student involved and are eager to help. A fellow team member might be paired with the student to provide "buddy" support. A family member might be willing to "shadow" the student on the cross-country course or supervise the student during "down time" at a sporting event.

The support required during practices and sporting events will range from practicing organizing equipment and the steps involved in preparing for an event, and preparing for bus trips to unfamiliar places for away events. With planning, and the support of the student's family and school team, these challenges can be overcome.

Being part of an athletic team is a meaningful way for the student with autism to "belong." It might also be a time where deficits in communication and social ability become readily apparent and exceptionally painful. The team coach will set the tone for how peers treat the student athlete with autism.

- Familiarize yourself with the **"Autism Basics"** and **"Asperger's Basics"** handouts provided in this kit.
- Be aware of the characteristics of autism as well as the student's specific needs. It can be helpful in avoiding or managing upsetting situations.
- If you haven't received one, ask whether there is an **"About Me"** information sheet available for the students with autism you will be supervising. It is important to understand the individual student's likes, fears, needs and abilities.
- Be aware of communication, social and behavioral challenges students with autism may have. Ask his special education team for help with communication challenges.
- It may be necessary to wait for a response to a question, use an alternative communication device or a communication strategy such as picture exchange.
- Support the student's need to develop daily living skills, and promote as much ability and independence as possible (for example, let him get sports equipment, teach him the steps to warm up before an event and cool down afterward, etc.).
- Be tuned into the strategies modeled by the student's trained support staff and ask for their help with areas of concern.

- Be calm and positive. Model appropriate behavior for the athlete with autism as well as his teammates by greeting him by name and engaging in appropriate conversation. Peers are more likely to engage students with autism if they know how the student communicates.
- Create a quiet spot, if necessary, on the team bus, up front near adults for the student with autism.
- Friendly greetings, acceptance and patience can help to make the child feel comfortable on the team and small responsibilities can help him to feel like a contributing member of the team - celebrate successes!
- Ask familiar staff to practice or help troubleshoot skills outside of the chaos of practice times – he can start the getting ready for practice five minutes before others arrive, ask the OT to teach techniques for learning to kick a ball, throw, catch, take off from starting blocks, etc. – as the student becomes more successful, build skills toward independence.
- Visual schedules can be helpful in establishing and perpetuating routines, ensuring compliance and managing behavior. A paraprofessional or family member may be helpful in preparing visual schedules if necessary.
- Use descriptive praise to build desired behaviors (e.g. "I like the way you put the ball back where it belongs")
- Be aware of the vulnerability of students with autism and the propensity for them to be victims of bullying behaviors, especially in areas with limited supervision.
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond – buy may not do so in a way that seems appropriate or is easy to recognize. Consider the athlete with autism's communication difficulties and make every attempt to fully understand the situation before reaching judgment regarding fault or behavior.
- Work with the school team to provide written or visual supports for 'Unwritten rules for the locker room, team bus or bleachers." Enroll teammates to help.
- Help teammates support the student with autism, in a respectful way, in adhering to social conventions by modeling and/or directly instructing them.

SCHOOL ADMINISTRATION, PRINCIPALS, INTERDISCIPLINARY TEAM MEMBERS

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School Administration, Principals, & Interdisciplinary Team Members

An inclusive-minded, informed administration sets the stage for a successful inclusive school. When school administrators and principals have a positive attitude about their students with special needs, their attitudes establish expectations and the tone for the entire school staff and students. This tone can have a profound effect on the potential outcome for the student and on the entire student body developing a lifelong consideration for people with special needs.

Knowing the benefits of inclusion, to the students with exceptional needs as well as the typical student population is helpful in developing this perspective. Keep this information in perspective, as the wishes of the family and the needs of the student might mean that inclusion might start with five minutes a day and build from there with increasing competence and confidence. Anticipate success, but know that your definition of what that looks like may change over time.

For inclusion to be successful, being informed and prepared is essential for a positive experience for everyone involved. Administrative staff will need to know the characteristics of autism, and the particulars of each specific student, in making decisions about classroom and staffing assignments, training and support for the team and programming for the student. Untrained or ineffective staff supports can aggravate a challenging situation or cause increased anxiety and difficulty for a student, impeding his success. Be informed about whether a student's needs are being met, and listen to the concerns of the family and other staff members, knowing that 'good teaching' for a typical student might be the wrong approach for a student with the complex needs of autism.

In many schools, the school psychologist or case manager will be the gatekeeper for referrals and special education services. This coordinator should be aware of the characteristics of autism, as well as the greater risk of co-morbid emotional and behavioral disorders in students with autism that might benefit from surveillance and targeted treatment. Students with autism may experience aggression, self-injury, depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and tics, but children and youth with autism often do not receive targeted treatments for these issues since parents and school personnel may not recognize them as separate or treatable disorders. Symptom overlaps, varying presentations and cognitive factors may make separating out diagnoses difficult. Presently there are no screening tools for these other disorders in individuals with autism.

Other educational challenges, such as dyslexia, vision problems, and auditory processing disorders can occur in students with autism, without the usual cues suggesting assessment (for example, a student with limited verbal ability is not likely to say "mommy, I can't see the blackboard.") Concerns raised by IEP team members should be considered in the context of this lack of cues. Effective assessments and accurate diagnoses will ensure appropriate intervention planning.

Since school administrators are often called in to challenging situations, it is important to be involved in and knowledgeable about a child's positive behavior support plan **(PBS)(insert link here)** and the strategies in place for that student. Respecting the needs of the student and embracing the mindset that behavior is communication are essential at times when intervention is necessary.

Considerations related to staffing, planning and training

- Provide introductory and on-going staff training and awareness, ranging from raising the skill levels of special education staff, to supporting general education teachers, specials providers, bus drivers, lunch aides, etc. in their understanding and knowledge of autism and their students. The Appendix and sections from this tool kit will be helpful.
- Support the exchange of information and promote collaboration among departments and staff, to support each student across settings. When the team collaborates to share success and trouble shoot problems, everyone benefits.
- Include 1:1 or classroom paraprofessionals in trainings, IEP meetings, related therapies (speech, OT, etc.) sessions and positive behavior support planning and evaluation; they often spend more time with a student with autism, across settings, than any other staff in the school. They can provide valuable knowledge about the student and ensure effective implementation of programs.
- Promote opportunities for regular team meetings and open communication.
- Be proactive - support the IEP team in developing positive behavior plans with an emphasis on providing supports and interventions necessary to AVOID behaviors. See the Resources and Appendix sections of this kit for information on PBS.
- Encourage the school staff to think creatively - recess can be an ideal time for a push-in intervention from the speech pathologist or occupational therapist, who even once a week could model strategies and set up games staff (and peers) could continue over the rest of the week.
- Meet frequently with the student's IEP team to see if the PBSP is working and that it is being implemented across all environments. Support your staffs efforts in using Classroom Checklist, Reinforcement Strategies and Data Collection.

Considerations related to the individual student

- Prepare in advance for transitions. Invite the student to view a new classroom or school prior to the first day so that he has time to take in the new surroundings (and staff, if possible) without overwhelming sensory stimuli.
- Get personal. Friendly greetings and a sense of acceptance can help to make a student feel comfortable in the school. Encourage the use of the "About Me" information sheet in the Resources section of this kit so the student's family or someone who knows the student well can provide helpful information. Use it to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Learn something about each student to form a personal connection, and celebrate successes with behavior specific praise (for example, "I like how you are walking in the hall so quietly!")
- Be mindful of a student's communication challenges; ask the student's special education staff to give you guidelines for communication. Understand that you may need to give the student additional time to respond to a question or he may need to use an alternative communication device or communication strategy such as picture exchange.

- Be cognizant of the student's need to develop living skills, and promote opportunities for inclusion in the school community and steps toward independence as possible.
- Allow opportunities for staff to practice skills outside of the chaos of certain situations so that the student can develop a skill without all the confounding sensory and social issues (for example, allow a child to go early to dress for P.E. in a quiet locker room or to practice using a tray or ordering lunch a few minutes before classmates arrive, with the goal of eventually being able to generalize these skills to the regular time schedule when possible).
- When planning fire drills, etc., know that they can be extremely anxiety provoking for a student with autism. Warning these students and staff in advance will go a long way in helping the students manage the noise and change in routine the fire drill triggers.

Considerations relating to students with autism and their typical peers

- Be aware of the vulnerability of students with autism and their propensity to be victims of bullying - proactively build a school culture where bullying is not acceptable through awareness building, peer sensitivity, strategies and procedures.
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond – but may not do so in a way that seems appropriate or is easy to recognize. Consider the student's communication difficulties and make every attempt to fully understand the situation before reaching judgment regarding fault or behavior. Recognize that the stress of a difficult situation may make it even more difficult for the student with autism to express himself and that his desire for peer attention may make him reluctant to report or confirm bullying behavior.
- Ensure that students with autism are part of the school community and informed of school events and opportunities - this is often overlooked for students in specialized classrooms who might not participate in homeroom. For students with autism it would be helpful if emails or memos were sent home to the child's family if announcements are made during school regarding important school information; students with autism may not go home and let their family know of announcements that they have heard in school.
- Promote opportunities for social interaction and development - find ways to include students with autism in school productions, extra curricular activities and clubs.
- Consider peer groups for social skills trainings, and peer buddies to support and shield a vulnerable student.
- Provide peer supports and training.

Considerations relating to the student with autism's family

- Be considerate of the family's needs and expectations. Be sure to include them in all meetings and discussions involving the student.
- Be respectful to family members when meeting as a team. If everyone is using a formal title, such as Mrs. or Mr., do not refer to him or her as "the mom" or "the dad."

Considerations relating to behavior problems and incidents

- In many schools, when a student exhibits a maladaptive behavior that is seen as aggressive, dangerous or refractory to other interventions, the principal, case manager or another administrator is called in to the situation. In these instances, it is essential to remember that behavior is a means of communication, and not necessarily an overt desire to inflame or harm others. It is rare that an extreme behavior just occurs one day. More often an extreme behavior occurs when there is a pattern of inappropriate supports and interventions and the student builds up frustration over time. If called in to assist:
- Be familiar with the details of the student's positive behavior support plan.
- Remain calm.
- Take care not to embarrass or reprimand the child immediately and in view of others.
- When adressing the student, use limited verbal directions. Less can be more.
- Excessive talking and agitated adults can escalate a situation and overwhelm the student and impede his ability to understand and comply with directions or communicate to his best ability. A few minutes of quiet followed by short, simple sentences can help everyone.
- Use established guidelines for communication and be prepared to wait for a response.
- Give choices to help engage the student and de-escalate his sense of being pushed around (for example, 'Do you want to talk about this in the nurse's office or in my office?').
- Use written input/visual choices/cartooning/social narratives to investigate the student's perspective, feelings and interpretation and to teach why his actions were unacceptable.
- Sending the message to the student that the team is working to understand his perspective and trying to figure out why he exhibited maladaptive behavior (and then following up by instituting appropriate supports and preventive measures) may be more helpful to changing the student's behavior than a consequence such as suspension. Remember that the goal is to halt the behavior and prevent it from occurring in the future.
- Obtain the facts relating to the situation from a variety of sources, remembering to gather information on the behavior, as well as the events and conditions leading up to the behavior (especially sensory issues that are often not considered) and the consequences typically employed for similar behaviors that have occurred previously (responses or inadvertent rewards for maladaptive behaviors can increase, rather than reduce, them).
- Recognize and consider that interventions and strategies currently in use, even if well-intentioned, may be contributing to the development of the behavior.
- Take care in interacting with the student's family, who generally dread reports of behavior. Remember that this happened at school, and while the child is their responsibility, the conditions that led to the behavior were outside of their control. Be mindful of their perspective and insights in working as a team in understanding the underlying cause of the behavior and developing a plan for promoting effective replacement behavior.

SCHOOL NURSES

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School Nurses

It is important to be aware of any medications or additional health issues that a student has - or may be inclined to have, such as those described in the Other Challenges section. Be aware of multiple medications and co-morbid conditions - physical or psychological.

In addition to traditional medical care, some families may follow the advice of physicians and alternative medicine providers who follow less conventional approaches to treat the underlying medical issues or symptoms of autism; these can range from dietary supplements or acupuncture to chelation of heavy metals. To better understand some of these approaches, visit the Autism Research Institute website.

Many students with autism have other health needs, as well as the illnesses, bumps and bruises that all children experience. The nurse's office should be a safe and supportive place for students with special needs, but effective interaction will require some understanding of the individual student.

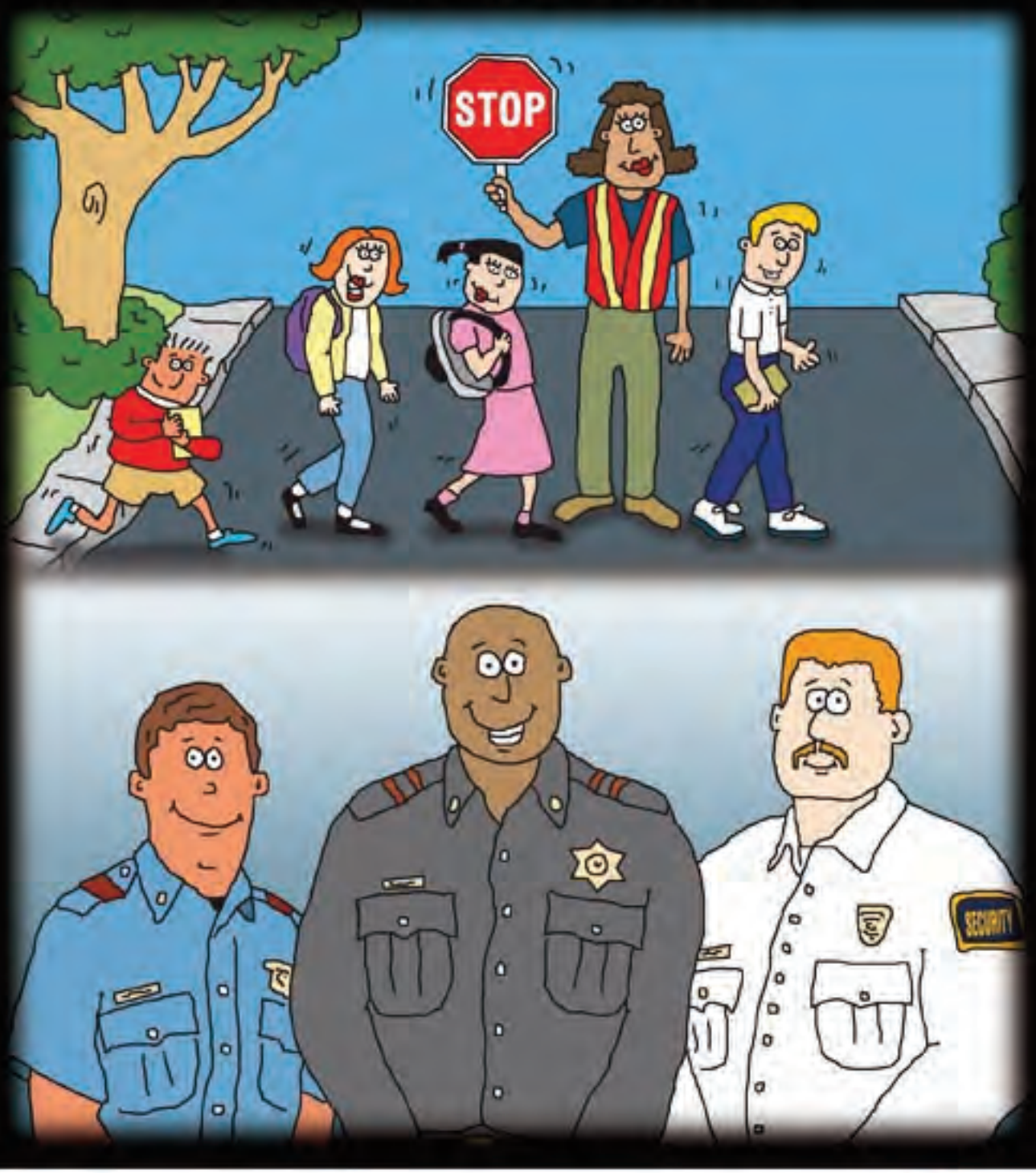
- Awareness of the characteristics of autism as well as the specifics of a student can be helpful in avoiding or managing upsetting situations; some children may be at risk of running away; a door buzzer, fire alarm or school bell might represent a sensory assault - know what to do to avoid or manage the needs of a particular student.
- Be mindful of a student's communication challenges; ask for guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or strategy such as picture exchange might be necessary.
- Since a trip to the nurse's office may not be an everyday occurrence, it is often helpful to get to know the student prior to an emergency situation; spend time in his day, invite him to visit the nurse's office, etc. so that injury or illness is not aggravated by fear of the unknown.
- Understand the student's medical needs, and converse with the family and/or physician with respect to special interventions or medications
- Many children with autism are on medications or special diets; even if these are not taken during the school day, it might be helpful to know what those medications are and what side effects are possible; be aware that the medical team/family may wish to keep other caregivers (teachers, aides) blind to changes in medication in order to keep their observations of the effects of interventions unbiased.
- Consider using a questionnaire so that this information is available in the case of side effects or an emergency.
- Remember that behavior is communication - consider injury, pain, etc. if a child has a significant new behavior.

Strategies:

- Be calm and positive. Model appropriate behavior for the student with autism as well as other students by greeting him, etc.
- Use the "About Me" information about the student to get to know relevant facts about his likes, fears, needs, etc.
- Allow a student with autism the support of a familiar aide or caregiver while in the nurse's care, as this should offer better access to communication, increased compliance and reduced anxiety (for example, the aide might ask the student to open his mouth - and then you can look in).
- Getting a child to take medication can be challenging - ask the student's family about strategies they have used successfully at home; other strategies that have been used successfully are visual schedules, social stories, or reward systems to promote compliance with taking medication.
- Use a **visual pain scale** so that a student can give an accurate indication of the severity of the pain, and pictures so that he can point to where the pain is felt.
- Use visual supports and examples where possible (for example, "open your mouth" might be replaced with "do this" and appropriate modeling)

- Allow students a place where they can keep things like a change of clothes to independently manage situations that require medical intervention such as soiling.

SCHOOL SECURITY



Autism Speaks
FAMILY SERVICES
SCHOOL COMMUNITY TOOL KIT

AUTISM SPEAKS
It's time to listen.

School Security

All too often there are news reports about the misinterpretation of a person with autism's behavior resulting in the use of excessive force and physical harm. It is critical that security staff - and ideally the local first responders - are knowledgeable about who the individuals with autism in the community are, and are familiar with the characteristics of autism. A student with autism might not respond to his name, or to a specific command to do or stop doing something.

Understanding the issues with communication, anxiety, unreasonable fears, and sensory issues, as well as lack of appropriate fear and a tendency for some individuals with autism to wander or run away (elope) is critical to successful and safe support.

An information piece, **available here** was developed as a wallet card, specifically to inform first responders about an interaction with an individual with autism. Additional information, including training videos and materials in many languages, is available at **Dennis Debbaudt's Autism Risk & Safety Management**.

Please also familiarize yourself with the **"Autism Basics"** and **"Asperger's Basics"** handouts provided in this kit. If you haven't received them, ask whether there are **"About Me"** information sheets available for each of the students with autism in your school. The **"About Me"** information sheets will include a photograph to help you identify the student and important information on the individual student's specific like, needs, fears, communication and or behavioral challenges. Ask the school team for specific information about safety and impulsivity.

- Be aware of the social vulnerability of students with autism. They are frequently victims of bullying. Inform the school team if you observe situations that make you concerned.
- Students with autism are not socially savvy. Therefore, if a student is being bullied or tortured quietly, he is likely to react or respond – but may not do so in a way that seems appropriate or is easy to recognize. Consider the student's communication difficulties and make every attempt to fully understand the situation before reaching judgment regarding fault or behavior.
- Model appropriate behavior for the student with autism, as well as his peers, by greeting him by name and engaging him in appropriate conversation when possible. Establishing a relationship with a student may make easier to help him and others in an emergency situation.
- Be aware of communication and social concerns that might make communicating with a student with autism difficult. Be prepared to wait for a response, whether it is an action or verbal answer and bear in mind that anxiety may further impede the student with autism's ability to communicate in a stressful situation.
- Give positive directions. Minimize the use of 'don't' and 'stop' when possible. 'Please stay on the sidewalk' can be more effective than 'don't walk on the grass' for a student who might not hear the 'don't' or for one who isn't sure where the acceptable place to walk may be. This lets the student know exactly what you would like him to do.
- If you are having difficulties with behavior or interacting with a student with autism, ask the school team for help.

From: Debbaudt Legacy Productions' On Scene Autism Information Card

The person you are interacting with:

Communication:

- May be non verbal or have limited verbal skills
- May not respond to your commands or questions
- May repeat your words or phrases; your body language and emotional reactions
- May have difficulty expressing needs

Behavior:

- May display tantrums or extreme distress for no apparent reason
- May laugh, giggle or ignore your presence
- May be extremely sensitive to lights, sounds or touch
- May display a lack of eye contact
- May have no fear of real danger
- May appear insensitive to pain
- May exhibit self-stimulating behavior: hand flapping, body rocking or attachment to objects

In Security Situations:

- May not understand rights or warnings
- May become anxious in new situations
- May not understand consequences of their actions
- If verbal, may produce false confession or misleading statements

Tips for Interactions with Persons with Autism:

- Display calming body language; give person extra personal space
- Use simple language
- Speak slowly; repeat and rephrase question
- Use concrete terms and ideas; avoid slang
- Allow extra time for response
- Give praise and encouragement
- Exercise caution
- Person may have seizure disorders and low muscle tone
- Given time and space, person may deescalate their behavior
- Seek advice from others on the scene who know the person with autism.

Debbaudt, D. and Legacy, D. On Scene Autism Information Card. Debbaudt Legacy Productions. Port Saint Lucie , Florida - Waterford , Michigan . 2004.

Educating Students with Autism

The Rights of the Student with Autism

- A Child's Right to Public Education
- Free Appropriate Public Education (FAPE)
- Least Restrictive Environment (LRE)
- Special Education Services

Instructional Methods in Teaching Students with Autism

- Applied Behavior Analysis (ABA)
- Additional Teaching Methods Often Used with Students with Autism
  1. Discrete Trial Teaching (DTT)/ Lovaas Model
  2. Floortime or Difference Relationship Model (DIR)
  3. Picture Exchange Communication System (PECS)
  4. Pivotal Response Treatment (PRT)
  5. Relationship Development Intervention (RDI)
  6. Social Communication/Emotional Regulation/Transactional Support (SCERTS)
  7. Training and Education of Autistic and Related Communication Handicapped Children (TEACCH)
  8. Verbal Behavior (VB)

Therapies Used for Students with Autism

- Occupational Therapy, Physical Therapy, Sensory Integration Therapy,
- Speech Language Therapy

The Team Approach to Educating Students with Autism

The Rights of the Student with Autism

A Child's Right to Public Education

Every child has the right to a free appropriate education. The Individuals with Disabilities Education Act (IDEA) enacted in 1975, mandates a public education for all eligible children and the school's responsibility for providing the supports and services that will allow this to happen. IDEA was most recently revised in 2004 (and, in fact, renamed the Individuals with Disabilities Education Improvement Act, but most people still refer to it as IDEA). The law mandates that the state provide an eligible child with a free appropriate public education that meets his unique individual needs. IDEA specifies that children with various disabilities, including autism, be entitled to early intervention services and special education. The IDEA legislation has established an important team approach and a role for parents as equal partners in the planning for an individual child, and promotes an education in the least restrictive environment.

In addition to the IDEA stipulations, the Americans with Disabilities Act of 1990 (ADA) sets forth, as a civil right, protections and provisions for equal access to education for anyone with a disability. Section 504 of the Rehabilitation Act of 1973 is another civil rights law that prohibits discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance. Generally, the individuals protected by these laws include anyone with a physical or mental impairment that substantially limits one or more life activities.

Free Appropriate Public Education (FAPE)

IDEA provides for a "free appropriate public education" for all children with disabilities. Each child is entitled to an education that is tailored to his special needs and a placement that will allow him to make reasonable educational progress, at no cost to his family.

Least Restrictive Environment (LRE)

IDEA provides that students with disabilities are entitled to experience the "least restrictive environment." School districts are required to educate students with disabilities in regular classrooms with non-disabled peers, in the school they would attend if not disabled, to the maximum extent appropriate, supported with the aids and services required to make this possible. This does not mean that every student has to be in a general education classroom. The objective is to place students in as natural a learning environment as possible, within their home community, as much as possible. The members of the IEP team - considering a variety of issues - make this decision and the LRE for a student may change over time.

Participation of students with autism in the general education environment is often called mainstreaming or inclusion. Inclusion does not mean placing a student with autism in general education just like a typical learner; a variety of supports are provided to create a successful environment and experience for everyone involved. Careful planning and training are essential to provide the right modifications and accommodations. Supports

might include a specially trained classroom or one-on-one paraprofessional, altering testing environments or expectations, adapting curriculum, visual supports or adaptive equipment, etc. The special education department should support general education staff and others in the school community who interact with students with autism.

Philosophies about inclusion vary considerably, among school districts, staff and parents of students with and without special needs. IDEA provides for a team approach to planning and placement decisions so that the objectives of all members of the team can be considered.

Not all parents will feel that a mainstream environment will meets the needs of their student with autism, nor will all students will be ready for full inclusion, all of the time. Anxiety and sensory issues related to inclusion may mean that the student should start with small and successful increments, and build to longer periods of increasing participation in the general education environment.

The less restrictive a student's setting, the greater the opportunities for a child with autism to interact with the school population outside the special education environment - this means support staff, general education and special area teachers, office staff, custodians and most importantly, peers, who are not necessarily knowledgeable about autism. Autism Speaks has created this tool kit to provide better understanding, perspective and strategies so that every member of the school community can feel empowered and benefit.

Special Education Services

Special education services pick up where early intervention services for young children leave off, at age 3, and continue through age 21 for students who qualify. The school district generally provides these services through the special education department, based on an assessment and planning process that includes a team of experts and intervention providers and the child's parents.

The document that spells out the student's needs and how they will be met is the Individualized Education Program (IEP). The IEP describes a student's strengths and weaknesses, sets measureable goals and objectives for the student, and provides details about the supports and accommodations that will be used to meet them.

For students who do not qualify for special education services, but still have a disability that requires support, accommodations or protections afforded under the Rehabilitation Act are developed through a school team and often compiled in a document that is referred to as a Section 504 Plan.

Instructional Methods in teaching students with autism

Educating students with autism is usually an intensive undertaking, involving a team of professionals and many hours each week of different instruction and therapies to address a student's behavioral, developmental, social and/or academic needs. Students with autism often require explicit teaching across a variety of settings to generalize skills.

Most school classrooms incorporate elements of several established approaches. It is important for schools to evaluate prospective interventions for a student on an individualized basis, as well as keep in mind the need to use evidence-based methods and strategies. No single intervention has been proven effective for every individual with autism.

Some of the intensive interventions developed for autism and employed in home programs and special education are listed below For more in- depth information and links related to therapeutic interventions, please consult the Resources section of this kit, Autism Speaks resources page and the National Education Association's The Puzzle of Autism.

Applied Behavior Analysis (ABA)

ABA is the name of the systematic approach to the assessment and evaluation of behavior, and the application of interventions that alter behavior.

The principles of analyzing behavior to understand its function, controlling the environment and interactions prior to a behavior (antecedents) and adjusting responses (consequences), and using positive reinforcement (rewarding what you want to see) are all ABA techniques that are often used in shaping behavior in individuals with autism. Many programs use the principles of ABA as a primary teaching method, or as a way of promoting positive and adaptive behavior.

Additional teaching methods often used with students with autism?

Discrete Trial Teaching (DTT) or the Lovaas Model:

Named for its pioneer (ABA-based) Teacher-directed DTT targets skills and behaviors based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that he finds to be highly motivating.

Floortime, or Difference Relationship Model (DIR):

The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child's lead.

Picture Exchange Communication System (PECS):

The PECS system allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently. It starts with teaching the child to exchange a picture for an object. Eventually, the individual learns to distinguish between pictures and symbols and use these to form sentences. Although PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged.

Pivotal Response Treatment (PRT)

(ABA-based) PRT is a child-directed intervention that focuses on critical, or "pivotal," behaviors that affect a wide range of behaviors. The primary pivotal behaviors are motivation and child's initiations of communications with others. The goal of PRT is to produce positive changes in the pivotal behaviors, leading to improvement in communication, play and social behaviors and the child's ability to monitor his own behavior. Child-directed intervention

Relationship Development Intervention (RDI)

RDI seeks to improve the individual's long-term quality of life by helping him improve social skills, adaptability and self-awareness through a systematic approach to building emotional, social and relational skills.

Social Communication/Emotional Regulation/Transactional Support (SCERTS)

SCERTS uses practices from other approaches (PRT, TEACCH, Floortime and RDI), and promotes child-initiated communication in everyday activities and the ability to learn and spontaneously apply functional and relevant skills in a variety of settings and with a variety of partners. The SCERTS model favors having children learn with and from peers who provide good social and language models in inclusive settings as much as possible.

Training and Education of Autistic and Related Communication Handicapped Children (TEACCH)

TEACCH is a special education program using Structured Teaching, a process designed to capitalize on the relative strength and preference for processing information visually in individuals with autism, while taking into account the recognized difficulties. Individualized assessment and planning is used to create a highly structured environment (organized with visual supports) to help the individual map out activities and work independently.

Verbal Behavior (VB)

(ABA-based) VB employs specific behavioral research on the development of language and is designed to motivate a child to learn language by developing a connection between a word and its value.

Therapies Used For Students with Autism

Many students will be eligible the following services, usually termed Related Services on the IEP. Since difficulties in these areas affect so much of a student's life and function, coordination with these service providers and the rest of the team is critical to build and generalize targeted skills across settings. While these services are often provided as pull-out therapies, they may be more effective provided in more natural settings as both therapy for the student with autism and training opportunities for the school community (e.g. conversational speech goals might be targeted during a student's lunch period, when daily support staff and peers could be trained in techniques to be used on a daily basis to achieve objectives much faster and more naturally.)

Students with autism often require supports in the home and community, so coordination of care and comprehensive wrap around services are often needed.

Occupational Therapy (OT)

A Certified Occupational Therapist, (OT) brings together cognitive, physical and motor skills to enable the individual to gain independence and participate more fully in life. For a student with autism, the focus may be on appropriate play, fine motor and basic social and life skills such as handwriting, independent dressing, feeding, grooming and use of the toilet. The OT can recommend strategies for learning key tasks to practice in various settings.

Physical Therapy (PT)

A Certified Physical Therapist (PT), focuses on problems with movement that cause functional limitations. Students with autism frequently have challenges with motor skills such as sitting, walking, running and jumping, and PT can also address poor muscle tone, balance and coordination. An evaluation establishes the abilities and developmental level of the child, and activities or supports are designed to target areas of need.

Sensory Integration Therapy (SI)

(SI) therapy addresses disruptions in the way an individual's brain processes sensory input, developing strategies to help process these senses in a more productive way. A sensory integration-trained OT or PT begins with an evaluation, and then uses research-based strategies to plan an individualized program for the child, matching sensory stimulation with physical movement to improve how the brain processes and organizes sensory information.

Speech-Language Therapy (SLT)

Certified Speech-Language Pathologists (SLP) use a variety of techniques to address a range of challenges for children with autism. SLT is designed to address the mechanics of speech and the meaning and social value of language. For students unable to speak, SLT includes training in other forms of communication, or oral exercises to promote better control of the mouth. For those who seem to talk incessantly about a certain topic, SLT might work on expanding the conversational repertoire, or reading social cues and adjusting conversation to the needs of the listener. An SLT program begins with an evaluation by an SLP and therapy may be conducted one-on-one, in a small group or in classroom/natural settings.

Assistive Technologies Used For Students with Autism

Assistive Technology (AT) is any item, piece of equipment, or product system that is used by a person with a disability to perform specific tasks, improve functional capabilities and become more independent. Assistive technology for students with autism is constantly evolving and can redefine what is possible for students with a wide range of cognitive, physical or sensory disabilities.

Smart phones and Apple iDevices (iPad, iTouch, iPhone) have become increasingly popular because of the wide variety of applications ('apps') available to support a wide variety of needs. It is important to look carefully at the student's needs in advance of putting devices and apps in use. Different apps will be used for different purposes, including communication, literacy, development, modeling and motivation and organization.

According to Vicki Clark MS, CCC-SLP, many students with autism will use an Apple iDevice to "find something they can control on which to focus their attention and drown out all of the confusing input around them."

"Beyond simply a distraction or calming device, the iPad has application in teaching skills, just like the computer has in the past. There are apps for teaching reading, apps for teaching social skills, apps for teaching vocabulary and apps for communication. Careful selection can give children a doorway to improved comprehension, expression and skill-development."

For students with severe communication difficulties, a specialized speech generating device or a device with a speech-generating app may be highly effective.

According to Clark, "Specific needs of the child need to be the main deciding factor on purchasing any technology. When deciding on technology options, teams must consider the individual needs of the child (including sensory, physical, social and communicative issues) partner characteristics and needs, and the environmental demands."

The Autism Speaks Autism Apps Library (http://www.autismspeaks.org/autism-apps) provides a list of recommended apps to consider for teaching communication, language, reading, math, functional skills, behavioral intervention, organization, and social skills.

The Team Approach to Educating Students with Autism

Each member of the team brings a unique perspective and set of observations and skills, all of which are helpful in assisting a student with complex and variable needs. It is important to employ the knowledge and perspective of the family, since they offer another valuable and longitudinal view. Just as the symptoms of autism vary across children, so will the knowledge bases and coping skills of the parents and siblings. Parents can contribute information and a history of successful (and unsuccessful) strategies, and may also benefit from information on strategies and successes at school that can help to extend learning into the home setting. A positive and collaborative relationship with the family is beneficial to everyone.

Supports that work in a specific classroom can be shared with other teachers or support staff, to promote the behavioral, communication and social growth being targeted. Community based personnel, such as a private psychologist, vocational-rehabilitation counselor or wraparound service coordinator, can offer information, resource options and perspective to support the team's efforts.

Share what works and problem-solve what does not with the entire team. Repetition and reinforcement across settings help to generalize skills and build competence faster, resulting in success for the staff as well as the student. Reassess the effectiveness of interventions, collecting and analyzing data. See Data Collection.

Thinking of each student as an individual is critical in providing appropriate support and growth. For example, while compassionate peers who want to help develop his speaking ability may support a young child with autism, peers or educators who are not familiar with his specific challenges may not provide a high-functioning, verbally proficient adolescent the same compassionate allowances. What represents perfect support for a first grader is likely to be grossly out of place for a high school student, so it is important to support the development of age appropriate interests and raise expectations towards independence and peer-level behavior as much as possible.

Establish appropriate expectations for growth and competence. Support the student in his learning and help him build skills and independence. It is often the well-meaning tendency for support staff to take on the everyday tasks for a student with autism - to speak for the student, tie his shoes, walk him to class, turn in his paper. While this might keep the student on pace with the activities of the surrounding class and seem supportive at the time, in the long run the student has not learned to perform the activities of daily life for himself. Building competencies requires patience, setting priorities and establishing small goals to reach the desired outcome. Ensure that the mindset of the team is committed to teaching, as opposed to care giving, and expect to be surprised, impressed and rewarded by all that a student can do.

Meet the student where he is. For each of the skill areas that need to be addressed with a student with autism, develop an understanding of the individual's current ability, and build from that level. This approach applies to social and communication issues as well as academics. Understand where a student is and problem solve what is impeding progress from that point, then develop the teachable, scaffolding steps that will help him move forward.

Motivation is critical to attention and learning. Know what motivates a particular student, being aware that this may be very different from what motivates a typical child. Use his interests to focus attention to a less interesting or non-preferred activity (e.g. for a student who is dislikes word problems but loves dinosaurs, create word problems that add triceratops or multiply the food requirements of a brachiosaurus) and embed preferred activities as naturally as possible. As a student becomes familiar and more competent with new skills, confidence, interest and motivation increase.

As a student with autism works to change behaviors or learn difficult skills, it is essential that the reward for this effort be substantial enough for him to extend this effort. In many instances, even if there is something inherently motivating about a task or activity, it is necessary to shape behavior by making small changes at a time and **utilizing reinforcement strategies** - social reinforcement (such as praise or a high five), as well as concrete reinforcement (such as a favorite activity, toy or food item). The reward for learning a new skill or decreasing a maladaptive behavior needs to have more value than the reinforcement for not developing the replacement behavior. Token economy systems can be extremely effective and reinforcement can be faded over time to decreasing frequency or more naturalistic social rewards. See **Positive Behavior Support** and **Reinforcement Strategies**.

Supporting Learning in the Student with Autism

Supporting Communication

- Receptive Language Support & Success Story
- Expressive Language Support & Success Story

Improving Social Interaction & Development

- Considerations in Addressing Social Skills
- Specific Strategies for Supporting Social Skill Development & Success Stories

Ideas Preventing Behavior

Positive Behavior Support

Supporting Organizational Skills

Supporting Sensory Needs

Supporting Communication

Communication encompasses a broad range of challenges for individuals with autism, from intake and processing of information, verbal or representational output, to reading and writing skills. Picking up on non-verbal cues, body language and subtle intent, intonation, and interpretation are also difficult for individuals with autism.

Since all students with autism, by definition of their diagnosis, have communication and social deficits, the services of a trained speech pathologist will be an integral part of their program and planning team. For children without language, the speech pathologist should assist in formulating plans and supports for alternate modes of communication, such as sign language, PECs or augmentative devices. For students with emerging language, building on receptive and expressive language skills will be ongoing, and for those with high verbal skills working on the more subtle aspects of pragmatics and conversational reciprocity will be the focus. Speech pathologists can be instrumental in helping to drive the social, as well as language components of interaction, since these are often so intertwined. However, the development of communication skills in a student with autism cannot be the sole responsibility of the speech pathologist. Communication regarding wants and needs, as well as social interactions, occurs throughout the day and across settings, and the entire school team will be involved.

While some students are predominantly auditory learners, many tend to be visual learners, meaning they understand or retain what they see more effectively than what they hear. Visual supports are often helpful since they provide extra processing time.

Supporting Receptive Language Skills

Receptive Language is the ability to understand what is said or written.

- Make sure you have the student's attention before you deliver an instruction or ask a question.
- Consider the student's processing challenges and timing (for example, begin an instruction with the student's name - this increases the likelihood that he may be attending by the time you deliver the direction)
- Avoid complex verbal directions, information and discussion. Keep instructions short or give information in chunks.
- Give positive directions to allow for incomplete language processing.
- Minimize the use of 'don't' and 'stop.' (For example, 'Please stay on the sidewalk' can be much more effective than 'Don't walk on the grass' for a student who might not hear the 'don't'—or for one who isn't sure where the acceptable place to walk might be.) This lets the student know exactly what you want him to do.
- Allow 'wait time' (be prepared to wait for a response, whether it is an action or answer). Avoid immediately repeating an instruction or inquiry. Sometimes it is helpful to think of a student with auditory processing challenges like a computer - when it is processing, hitting the command again does not make it go any faster, but rather sends it back to the beginning to start the process all over again!

- Model and shape correct responses to build understanding (for example, for a younger child, to teach the meaning of 'stop': run on the playground holding hands with the student, say 'stop'; stop yourself and the student; repeat until you can fade the handholding and then fade the modeling)
- Supplement verbal information with pictures, visual schedules, gestures, visual examples, written directions. For example:

- Do not reprimand a student for "not listening or responding" as it only serves to highlight his challenges.

Supporting Expressive Language

Expressive Language is spoken language as well as any communicative output such as picture exchange, written language, etc.

- Take responsibility for finding a way to access the student's need for communication. Many people with autism have word retrieval issues - even if they know an answer, they may not be able to come up with the words. Offer visual supports, cue cards, multiple choice options, etc.

A Success Story:

A teacher once told me, "I have reviewed the information on the states many times and Peter still does not know what the capitals are, and I have reduced the amount of states he needs to know." I asked, "Well, how do you ask him?" She said, "I say, what is the capital of X? and he either does not know or gives the same answer, Washington, DC."

So I printed out a large map of the states, wrote down the capitals on stickers, and gave Peter three at a time. He was able to put every capital in the right state with the exception of mixing up Springfield and Madison.

The teacher was dumfounded and Peter was thrilled and smiled!

- Use visual supports to prompt language or give choices. (for example, if you are teaching a child to ask for help, have a cue card available at all times, and prompt its use whenever it is time for him to request help. This can be used by the student instead of spoken language, or as a support for developing language and teaching when it might be appropriate to use this phrase.

- Teach and use scripts - words, pictures, etc. for communication needs or exchanges (for example, 'I like... What do you like?' 'I like….. ') Use cue cards and fade over time as the student develops an understanding of how to use the phrase or the pattern of the exchange.
- Teach the student to communicate or say 'I don't know' to reduce the anxiety associated with not being able to answer a question. Later teach the student how to ask for additional information (Who? What? Where? When?, etc.)
- Add visual supports to the environment as needed (for example, label 'IN' and 'OUT' boxes).
- Teach students to look for and use visual supports that already exist in the environment: calendars, signs, door numbers, name placards, drawer labels, the display on a cash register and body language.
- Use a communication board, PECs, pictures or sign language to support or provide communication options for students with low verbal output.

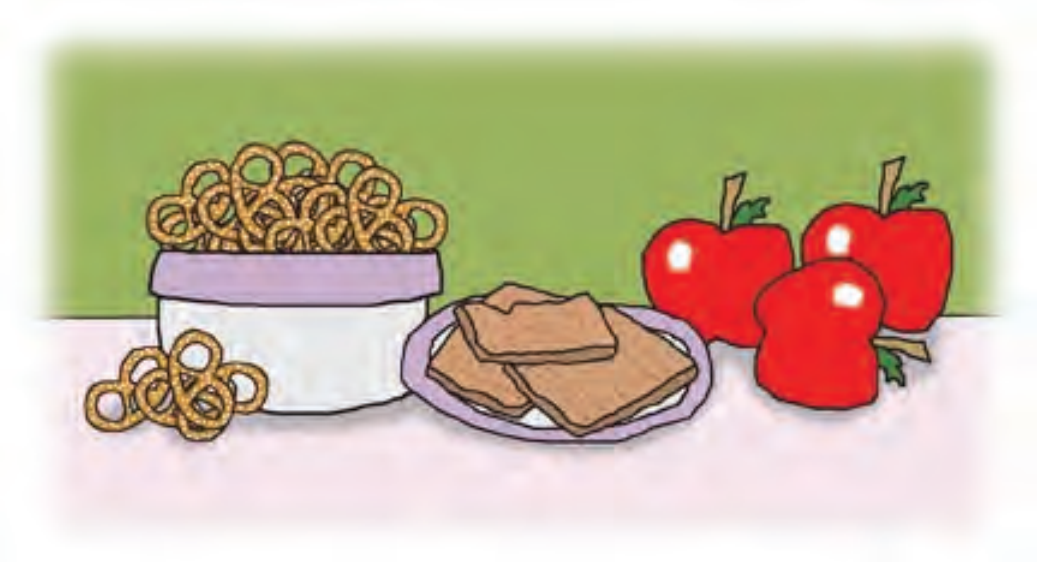
A Success Story:

A teacher asked for a behavior intervention for non-compliance at snack.

She explained that Miles always requested the same snack, but when it was given he got upset and threw it. When I asked what the choices were the teacher stated, "They are always the same: pretzels, apples or graham crackers." I asked if she always says them in that order and she said yes. I exclaimed, "Well he always chooses graham crackers, right?" She said, "Yes how did you know?" Due to short term memory issues, that is the only label Miles could remember.

I printed three pictures from Google images, cut them out, put them in front of Miles, and asked what he wanted for snack. He chose the picture of pretzels, repeated it verbally, and then happily ate what was given to him.

No need for a behavior intervention — just access to communication!



- If your student has been provided with an augmentative or alternative communication device, learn how to use it too. These devices can range considerably in terms of sophistication, with some offering either written or speech output. Ask the student's special education staff or tech support for programming specific to his needs and help guide them to communication options that will be helpful.
- Sing! Musical processing occurs separately from language processing, and singing can be used to promote both receptive and expressive skills (for example, for younger children, 'The fork goes on the left, the fork goes on the left, hi ho the dairy- o, the fork goes on the left!') as well as motivation.

- Provide verbal prompts or models with care, knowing that these can sometimes cause pronoun confusion and challenges due to perspective taking (for example, from the child's perspective, when a teacher says "I want a cookie" does that mean that the teacher wants a cookie or is prompting him to say 'I want a cookie'?)
- Be aware of echolalia, in which a student repeats phrases he has heard before. Sometimes this is seemingly self-stimulatory behavior, but many individuals with autism also use functional echolalia to comment, inform or request (see below).
- Always look for a student's communicative intent (for example, if a child often reverses pronouns or employs functional echolalia, then "Does your head hurt?" might be his way of telling you that his head hurts).
- For a student who is inclined to use echolalia, try to model language (and visual supports and social narratives) using language forms that would be appropriate when the student uses it so that pronoun reversals do not occur (for example, when creating a visual for a child with frequent headaches, one might use a picture of a person holding his head and the words "My head hurts.")
- Address the language of emotions - the communication of thoughts, feelings and emotional states for all individuals with autism. The challenges they face may cause ongoing anxiety and stress. Provide an outlet for their emotions. Otherwise they may communicate their feelings through behavior or shutting down. Helping the student put a label on an emotion can sometimes help modulate the intensity of it. He may be calmed by seeing that you recognize what he is trying to convey. (for example, "I can see that you are angry.") Use cartoons and visual supports to build emotional fluency.

- Whenever possible, teach self advocacy and negotiation skills
- Many students with autism have a favorite topic or special area of interest that may interfere with schoolwork or social interaction. To shape the student's expectations and to minimize the impact of this obsession:
  1. Provide scheduled opportunities to discuss this topic.
  2. If appropriate, use a visual schedule.
  3. Establish boundaries (when it is, or is not, appropriate to discuss this topic).
  4. Set a timer to establish duration.
  5. Support strategies for expanding to other topics
  6. Reinforce the student for talking about other subjects or the absence of the topic.

Improving Social Interaction & Development

Supporting social interaction is an important piece of the student's educational plan. Student's with autism often have the desire to interact with others, but do not have the skills to engage appropriately or may be overwhelmed by the process. Some students are painfully aware of their social deficits and will avoid interactions even though they desperately want to connect with others. Others will engage in attention seeking behavior to connect with others until they build the skills they need to interact.

Social development represents a range of skills, including timing and attention, sensory integration and communication, that can be built and layered to improve social competence. Building competence will result in further interest and interaction.

Sometimes, the mere unpredictability and noise of the presence of others can be disconcerting. Working through the sensory issues is the first place to begin, such as with a young child still learning to develop parallel play. A student's social ability builds on skills of imitation and reciprocity. Even a child with significant receptive and expressive language challenges can work on social referencing and paying attention to the behaviors of those around him. Without understanding the words of the teacher's directive, he can learn that when the class stands to salute the flag, he stands and salutes too!

Social challenges in autism are bidirectional. This means that they may manifest as deficits (a lack of social initiation) or excesses (a one-sided conversation in a highly verbal student with Asperger's Syndrome). In both instances, the need for support and teaching is real. Appropriate social behavior requires social understanding. Some people with autism appear highly social, initiating social interaction but lacking reciprocity, being one-sided and overbearing. People with high functioning autism and Asperger's Syndrome often suffer the pain of rejection and loneliness because they lack the necessary skills to reciprocate.

Considerations in Addressing Social Skills

- Extend a feeling of welcome to your classroom, lunchroom, or gym and model for the other students that the student with autism is a valued part of the group.
- Get to know the student and meet him where he currently is in terms of both social skills and interests, and be ready to work from there. Reciprocity, the give and take of an interaction, is a critical social skill necessary for developing a relationship. Typical individuals build strong relationships on reciprocity and socially demand it. Relationships are not based only on one-sided giving. You come to expect a friend to call you back, return a favor, etc. To create true reciprocity, it is important to engage a student on his terms and interests, not just expect him to engage on yours.
- Appropriate social behavior requires social understanding; be aware of the need to build foundations and scaffold skills in appropriate developmental sequence, expecting growth through supports, practice and direct teaching.

- Be aware that free play, recess and other unstructured times are the most difficult times for children with autism; think about how to impose structure on activities; this also applies to older students, though with needs for age appropriate supports and structure.
- Focus on social development in areas where the student shows interest and competence - not where language, fine motor or other challenges will create an overwhelming experience.
- A student with autism is likely to have anxiety surrounding social situations, which can result in avoidance or inappropriate behaviors. Building competence may reduce this anxiety.
- Students with autism often have a difficult time maintaining eye contact. Insisting on eye contact can cause additional stress. It is often best to begin with requiring the student to direct his body toward the talking partner. After significant practice in social situations and increased comfort level, eye contact may develop naturally or can be targeted more directly.
- Social challenges, while very real in each instance, will be very different for individuals along the autism spectrum. A student with limited verbal ability or word retrieval issues might have trouble contributing to a conversation. An extremely verbal and single-minded student might have trouble allowing a conversational partner to get a word in. It is generally not effective to pair students with disparate needs in social skills classes or speech groups, as it becomes even more challenging for the needs of either of them to be met and progress is impeded.
- Students with autism, especially more verbal students who perform well academically and do not have consistent adult supports, can be the target of teasing and bullying. They often do not "pick up" on non-verbal cues such as tone of voice or the hidden intention of a request or comment. They often go along with the teasing and/or bullying because they do not identify that it has a negative intent. The desire to make friends, and their difficulty doing so, means they often encounter peers with dishonest intentions. Be on the lookout for this and respond quickly if teasing and bullying become an issue.
- Many people with autism are very logical and will play according to the rules always. If the rule is that basketballs are not allowed on the playground during recess, a student may become agitated when a special activity for PE includes basketballs on the playground. Similarly, he may not understand special circumstances in game play such as penalty shots, and his insistence on following the rules as he has learned them may become problematic.
- Generalization and flexible thinking are often challenging for students with autism. So, for example, playing dodge ball is usually not a wise idea: you are asking the child to understand that the ball can be thrown at other children, but not adults, and only during this game -confusing!

Strategies for Supporting Social Skill Development

- Reinforce what the student does well socially - use behavior-specific praise (and concrete reinforcement if needed) to shape pro-social behavior.
- Model social interaction, turn taking and reciprocity.
- Teach imitation, motor as well as verbal.

- Teach context clues and referencing those around you (for example, 'if everyone else is standing, you should be too!').
- Break social skills into small component parts, and teach these skills through supported interactions. Use visuals as appropriate.
- Celebrate strengths and use these to your advantage. Many students with autism have a good sense of humor, a love of or affinity for music, strong rote memorization skills, or a heightened sense of color or visual perspective. Use these to motivate interest in social interactions or give a student a chance to shine and be viewed as competent and interesting.

A Success Story:

A student with a great interest in numbers but not sports was kept occupied at the basketball net with a peer by shooting from sequential numbers chalked on the floor. After several sessions of this activity, he got off the school bus one day and asked to "shoot hoops with Jason!"

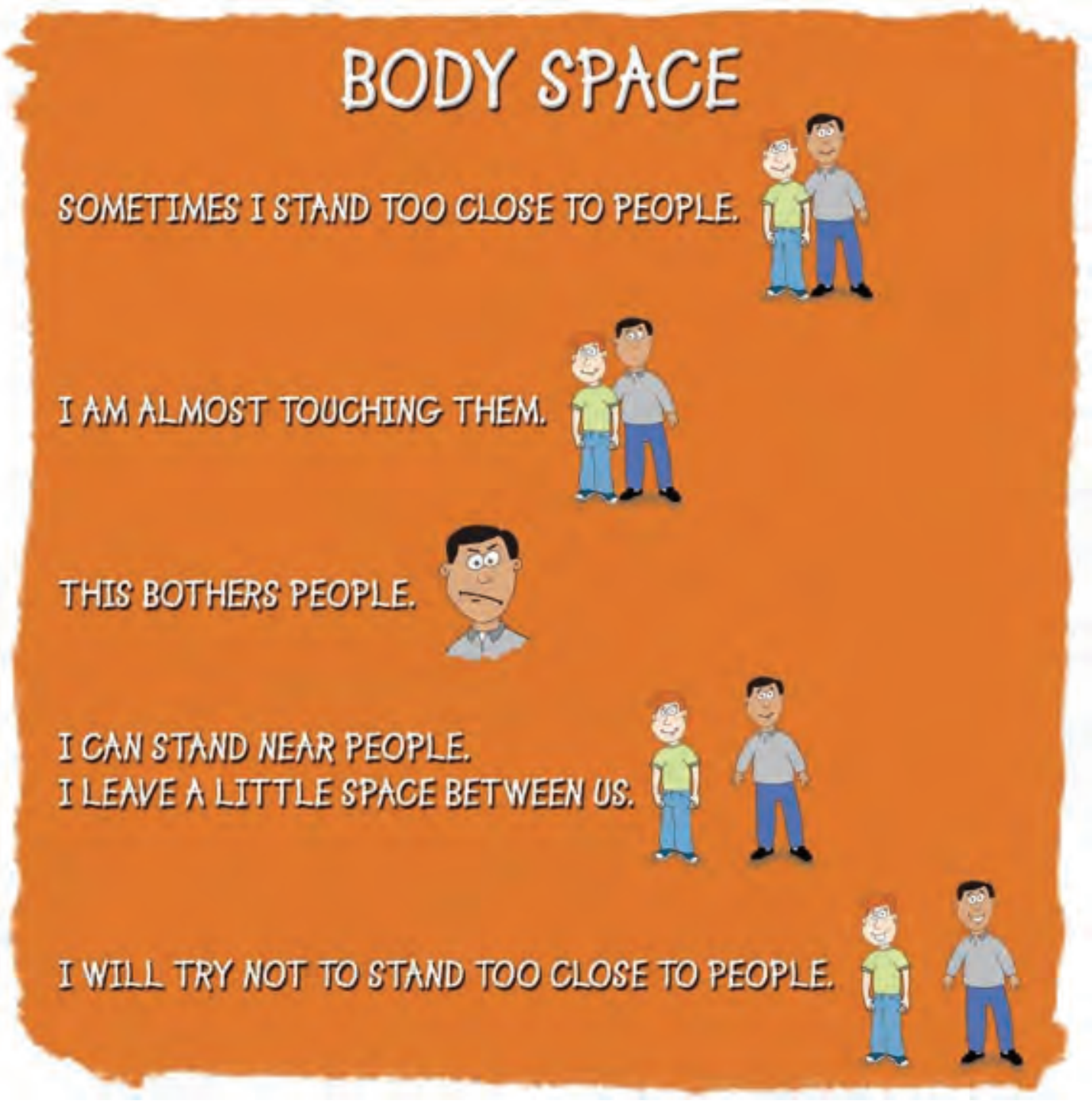
- Identify peers who model strong social skills and pair the student with them. Provide peers with strategies for eliciting communication or other targeted objectives, but be careful not to turn the peer into a teacher - strive to keep peer interactions as natural as possible.
- Create small lunch groups, perhaps with structured activities or topic boxes. (The group to pulls a topic out of a box and discusses things related to this topic, such as 'The most recent movie I saw was…' This can be helpful for students who tend to talk about the same things all the time since it provides supports and motivation and the benefit of a visual reminder of what the topic is.)
- Focus on social learning during activities that are not otherwise challenging for the child (for example, conversational turn-taking may not occur if a child with poor fine motor skills is being asked to converse while cutting.)
- Support peers and student with structured social situations. Define expectations of behavior in advance. (For example, first teach the necessary skill, such as how to play Uno, in isolation, and then introduce it in a social setting with peers.)
- Provide structured activities during recess. If there is a group of students playing YuGiOh each lunchtime, consider teaching YuGiOh to the student with autism who likes to play cards.
- During group activities define the student's role and responsibilities within the group. Assign a role or help him mediate with peers as to what he should do (for example, ' Sallie is the note taker today.') Rotate roles to build flexibility and broaden skills.
- If you leave it up to the class to pick groups/ partners, students with special needs are sometimes chosen last, causing unnecessary humiliation.
- Educate peers, establish learning teams or circles of friends to build a supportive community.

A Success Story:

What a circle of friends can do:
Andrew has Asperger Syndrome, and the kids on his school bus have been teaching him to call other kids vulgar names. Andrew has no idea what the words mean, but likes the attention he is getting from his peers. Hannah, a girl from his Circle told the teasers to stop it, but they wouldn't. She made Andrew's Circle facilitator aware of the situation. Adults at the school then dealt with the kids who were teasing. Also, both Andrew's parents and his resource teacher were made aware of the situation so they could teach him how to identify when he was being made fun of and strategies to use to deal with the problem.

(from "With Open Arm"s, p 85)

- Use video modeling to teach appropriate social behavior - see Model Me Kids
- Teach empathy and reciprocity. To engage in a social interaction, a person needs to be able to take another's perspective and adjust the interaction accordingly. While their challenges may distort their expressions of empathy, people with autism often do have capacity for empathy. This can be taught by making a student aware - and providing appropriate vocabulary - through commentary and awareness of feelings, emotional states, recognition of others' facial expressions and non verbal cues.
- Use social narratives and social cartooning as tools in describing and defining social rules and expectations.
- Develop listening and attending skills and teach ways to show others that he is listening.
- Teach a highly verbal student to recognize how, when and how much to talk about himself or his interests. Directly teach the skills relating to what topics to talk about with others, being aware of a conversational partner's likes and dislikes and reading from their body language and facial expressions.
- Teach social boundaries—things you should not talk about (or whom you might talk to about sensitive subjects) and maintaining personal space (an arm's length is often used as a measurable distance for conversation.)
- A social narrative example from the social narrative bank at Kansas Autism Spectrum Disorder:



- Teach Relationship Circles to assist in understanding social rules and boundaries, and how these vary based on how well you know someone. Source: With Open Arms, p 67-70, by James Stanfield.
- For older students, it is important to learn about the changes that take place in their bodies and appropriate hygiene as they grow, and communication supports and visuals should be used to help explain and teach. They will need to be taught when and with whom it is appropriate to discuss these changes.

Ideas for Preventing Behavior

- Recognize behavior as communication. Try to understand the communicative intent of the behavior and teach the student appropriate ways to communicate, and give them positive reinforcement when they are successful.
- Establish a classroom behavior plan for all students to promote expected behaviors.
- Develop an individualized Positive Behavior Support Plan for each student with autism.
- Provide behavior specific feedback and ample praise and reinforcement.
- Catch your students being good and reward! (For example, 'It was wonderful how nicely you walked in the hall and stayed in line. Give me a high five!')
- Provide organization and support transitions.
- Communicate expectations, use daily and short term schedules, warn of changes to routines or personnel, prepare the student for unexpected events such as fire drills, field trips or field day, substitutes, etc.
- Offer choices and provide the student some control - within reason (for example, 'Which one should we work on first, math or reading?' or 'Do you want to do 10 math problems, or 15 math problems?') Even if the student does not have a true choice, he can feel that he has some input and is not directed throughout every step of his day.
- Consider sensory needs and interventions.
- Respect the student's personal space - and teach him to recognize and respect the personal space of others.
- Provide a home base or safe place where the student feels safe and can regroup, calm down, or escape overwhelming situations or sensory overload such as a separate room, a tent or corner within a classroom, or a particular teacher's or administrator's classroom or office. Proactively teach the student how and when to use this strategy, using visual supports or cue cards as needed.
- Practice flexibility and self-monitoring - start this when the student IS calm and help to provide a framework for what 'calm and ready to participate' actually is.
- Utilize breaks as a way to return to a calm state or as a reward for 'good working', but be watchful of how and when breaks are given. Providing a break in the middle of an outburst during a less-preferred activity may help to build that negative behavior, since it becomes a strategy for the student (for example, 'If I scream, I get to avoid math and sit on the bean bag!'). Teach the student to request a break before he acts out, using an appropriate visual cue, whether that is raising his hand and asking or using a visual aide like the one below.

- Provide communication options and seek to give the student an opportunity to express emotions, confusion or his perspective.

- Teach contingencies and waiting strategies.
  Out and About offers a variety of simple strategies such as:
  1. Countdown (5, 4, 3, 2, 1)
  2. First, Then
  3. A "WAIT" cue card that can be implemented in a variety of settings
- Teach and provide the student with a list of strategies for calming when anxious, stressed or angry

When I am Stressed, I can:

- *Take deep Breaths*
- *Count to 10*
- *Repeat a positive message*
- *Squeeze a ball*
- *Ask for help*
- *Ask to take a break*
- *Ask permission to go to room 10*

- Use a system that reinforces the student for exhibiting desired behaviors, especially rewarding those behaviors that replace disruptive behaviors.
- Be aware of, and work to avoid, known triggers and antecedents that may result in frustration, overload, anxiety or maladaptive behaviors. Make a list and share it, so the student's entire team is aware of these possible triggers.
- While they are occurring, ignore 'attention seeking behaviors' (use 'extinction') as much as possible, since remarking on or otherwise addressing the behavior often delivers the desired attention, even if the response is negative. Use redirection strategies instead. Teach alternative behaviors (for example, how to get someone's attention with a gentle tap on the shoulder) at another time.
- Know the student's learning style and ensure modifications/ accommodations are sufficient and appropriate so as to increase competence and motivation and minimize frustration.
- Use video modeling to show desired behaviors, or to compare or evaluate with the student his behavior in a targeted situation (i.e. 'this is the way your classmates walk in the hall. This is how you walk in the hall. What might you be able to do to differently? How can we support you in attaining this goal?')
- Evaluate behaviors that need to be changed, considering the factors in place before the behavior occurred, the details of the behavior itself, and the events that followed—talk to others to gain their perspective, and develop an understanding of the function of the behavior (what purpose did it serve?) so that a replacement behavior or strategy might be developed. Enlist the support of behavior specialists in analyzing behaviors that need addressing.

Often the most obvious piece of behavior management is the positive behavior support plan, where many of these suggested strategies are identified in specific for the student; the analysis of behavior is described, and the steps to preventing undesirable behavior and promoting positive behavior and development of the individual are outlined. For a student with behaviors that impede learning (his or that of those around him), IDEA requires a positive behavior support plan developed by the team as part of an IEP. A trained behavior analyst should be involved in evaluating the student's behavior as well as developing the support plan. Training those who are responsible for implementation and the ongoing monitoring of the effectiveness of the plan are two areas that sometimes fall by the wayside in a busy school environment, but these are essential to the plan's success. Recognizing that needs and circumstances change, it is important that the plan be reevaluated and revised as needed.

Positive Behavior Support

According to the Association of Positive Behavior Support, Positive Behavior Support (PBS) is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. Positive behavior support combines:

- **Valued outcomes** that are considered effective when interventions result in increases in an individual's success and personal satisfaction, and the enhancement of positive social interactions across work, academic, recreational, and community settings.
- **Behavioral and biomedical science:** Applied Behavior Analysis (ABA) research demonstrates the importance of analyzing the interaction between behavior and environment, and recognizing that behavior is purposeful and can be influenced by environmental factors that can be changed. Biomedical science shows that information relating to an individual's psychiatric state and knowledge of other biological factors might help professionals understand the interaction between physiological and environmental factors that influence behavior.
- **Validated procedures** that use best practices and ongoing evaluation, using data collected to evaluate outcomes (program evaluation measures, qualitative research, surveys, rating scales, interviews, correlational analyses, direct observation, and self-report information).
- **Systems change to enhance quality of life and reduce problem behaviors,** recognizing that effective implementation of a plan will require that issues of resource allocation, staff development, team building and collaboration, and the appropriateness to the implementation team be considered and addressed in the development of the plan.

According to Northern Arizona University, Institute for Human Development Positive Behavior Support is an approach to helping people improve their difficult behavior that is based on four things:

- An **understanding** that people (even caregivers) do not control others, but seek to support others in their own behavior change process;
- A **belief** that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services;
- The **application** of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
- A **conviction** to continually move away from coercion - the use of unpleasant events to manage behavior.

For more information consult:

Northern Arizona University's description of the mindset and framework for developing supports that are effective and positive (also in Spanish).

Association of Positive Behavior Support: which offers fact sheets on PBS Practices, PBS examples and case studies, and suggested readings.

Supporting Organizational Skills

Between the executive function deficits (short term memory, attention, sequencing, etc.) and the language and social challenges of autism, keeping pace with the world around becomes extremely challenging. If a student is having a hard time processing sensory information, he may be distracted from organizing his thoughts and work.

Strict routines provide some order to the chaos a student with autism experiences. Predictability will reduce his anxiety. Unexpected changes to routines can cause significant distress and behaviors.

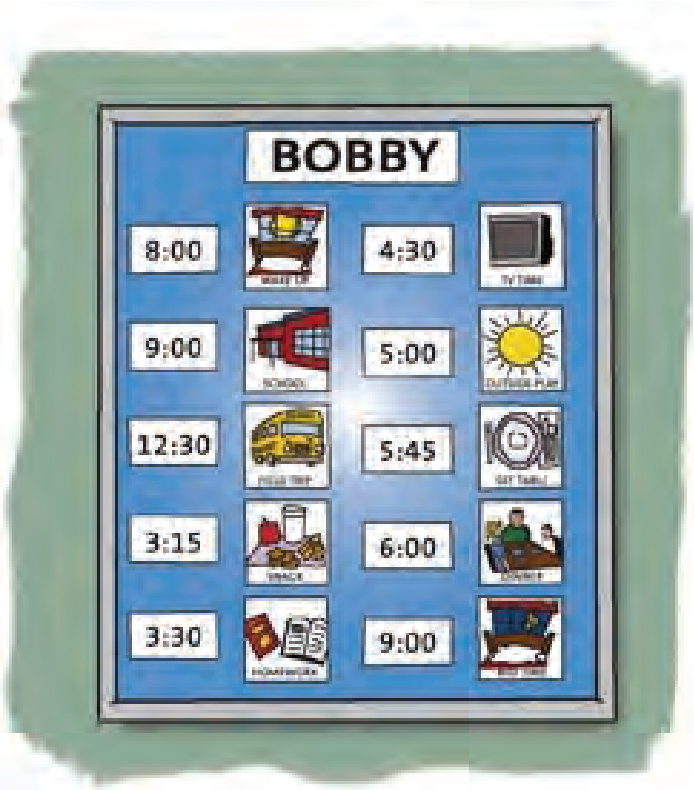
Organizers and schedules can help reduce anxiety and increase. Just as a busy teacher or business person might use a planner or smart phone to organize important dates and times, and a To DO list to stay on track, a visual schedule helps establish routines and keep the student focused, productive and informed of what is coming next.

- Provide a schedule of daily activities. Depending on the needs of the student, this can be photos, symbols or written information. Provide information on what is happening, in what order, and any changes to the regular routine (for example, a substitute teacher, assembly, field trip, or fire drill).

Sample Daily Schedule (Middle School Student)

Starting Bell	Subject	Where	Materials I Need	Ending Bell
8:10	Homeroom	Room 117		8:15
8:15	SRA Reading	Room 117	Purple SRA Books	8:59
9:04	English	Room 117	Spelling Book yellow folder	9:48
9:53	Science	Room 117		10:37
10:37	Nutrition	Outside	Snack	10:52
10:57	Social Science	Room 117	11:41	
11:46	Math	Room 117	Purple Folder	12:30
12:30	Lunch	Outside	Lunch OR Wallet	1:05
1:10	Reading	Library	Book	1:25
1:25	PE	Locker Room/Outside		2:10
2:15	Elective			3:00

A sample visual schedule for a kindergarten student using Velcro pictures:



- Some students need more detail, such as the sequences of activities within a period.
  For example:
  Period 2 Reading:

  1. reading group, pages 22-25

  2. comprehension questions

  3. silent reading at my desk

- The simplest visual schedule format—readily available in any situation with paper and writing instrument:

  1. _____

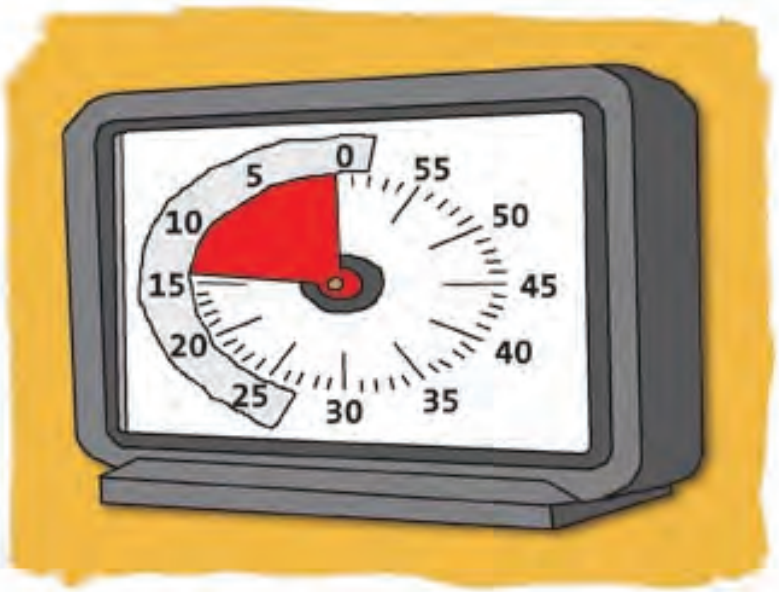
  2. _____

  3. _____

- Create 'to do' lists and checklists for completing tasks or assignments.
- Streamline and teach to mastery, creating supports that can be generalized across activities (for example, Get worksheet. Take out a pencil. Write name on paper. Write date. Read directions)
- A student will need to be taught to reference his schedule, checking off activities as they are completed, and eventually using it to build independence for managing time and activities.

Organizing materials, time and activities

- Use binder organizers, color-coded folders by subject or teacher, etc.
- Use labeled desk organizers (divide the desk into areas, work to complete, text books, pencils/pens etc.) and classroom supports (for example, label the 'homework in' bin).
- Manage time and deadlines using tools like time organizers, visual calendars, tablets (such as iPads), smart phones, computers, countdown timers (www.Timetimer.com) or watches with alarms. Break long assignments into chunks and assign time frames for completing each chunk.



The TimeTimer™ shows how much time remains in an activity

- Schedule a regular (weekly?) time to clean and organize the workspace and update planners.
- Create organization for group activities and provide help or strategies for identifying the student's role within the group and his responsibilities.
- Create visual schedules for specific tasks and routines.
- Use schedules to prepare for transitions and teach flexibility and problem solving.
- Warn the student of changes in routine or upcoming transitions (e.g. 'in five minutes we need to clean up the paints and go to reading groups').
- Use social narratives to prepare for novel events - field trips, fire drills, assemblies etc.
- Organize problem solving, teaching step-by-step strategies to organize thoughts for problem solving, sequencing, etc.
- Work on flexibility and handling changes in very small steps, using visual supports and rewards, so that the student learns to control his anxiety because of these previous successes.

Supporting Sensory Needs

Sensory integration provides a foundation for more complex learning and behavior. For most of us, effective sensory integration occurs automatically. For many people with autism, the process demands effort and attention with no guarantee of accuracy.

Sensory challenges can affect the student's ability to take in information, respond to requests, participate in social situations, write, participate in sports, and maintain a calm and ready to work state. Research is still exploring the impact and factors associated with sensory challenges in autism. Some research, anecdotal observations and personal accounts from people with autism have provided important insights.

Either through internal imbalances, or in response to environmental sensations, the sensory and emotional regulation of a person with autism can become overwhelmed and result in anxiety and distress. Working to maintain a 'modulated state' is an effective strategy for maximizing his ability to learn, maintain focus and reduce reactive behavior.

A trained occupational or physical therapist can provide help with sensory modulation (appropriate responses in relation to incoming sensations) and treatment for sensory dysfunction using evidence-based practices. If a student is suspected of having sensory integration issues, trained personnel should evaluate his needs.

The student's school team can be trained to use fun, play-based activities that support the student's needs and can be integrated throughout his program.

- Be aware of possible sensory issues and alter the environment where possible (for example, minimizing exposure to loud noises, using low odor dry erase markers, selective seating arrangements) to reduce their impact on a child's function.
- A sound sensitive student might find a gym teacher's whistle assaulting and the echoes of a busy locker room disturbing - pairing the student with a teacher not inclined to use a whistle, and allowing him to dress when the locker room is empty, might greatly improve the student's tolerance of, and interest in, Physical Education class.
- Some students find standing close to others difficult, so this would need to be addressed when deciding where to place a student in line when moving around the school or sitting in the cafeteria or classroom
- Students with autism may have difficulty looking at you and listening simultaneously (taking in information from auditory and visual modalities at the same time). From a social modeling aspect it is important to gain eye contact before speaking, but expect that a student might avert his eyes but still be listening.
- Highly decorated classrooms can be visually over-stimulating and distracting for some students.
- Some students may need to transition earlier than other students or may require a few minutes to unwind after walking in a noisy hallway.

- Typical classroom occasions such as singing the happy birthday song or participating in less structured, noisy activities such as lunch, assemblies and indoor PE classes can put a child with sensory issues into distress mode. It might be helpful to allow the student an "out" in these instances, such as being the person responsible for getting napkins during a birthday celebration (allowing the child to walk to the cafeteria while the rest of the class sings) or being a behind the scenes 'production manager' for a assemblies.

- Use the sensory integration techniques recommended by the student's therapist, recognizing that certain sensory input is simulating, while other input can be calming. Be sure to understand which activities should be used at what times.
- The trained therapist should help to create a program to teach the student to recognize his emotional and sensory arousal levels and needs, and over time build self-monitoring and self-delivery of the appropriate sensory input or strategies for modulation.
- Use visual supports in teaching the student how to recognize his arousal state as well as his emotions. Provide options about what he might do to return to a 'ready to work' state.

There is much that can be done to help alter the environment and provide supports that will make the world a less overwhelming place for a student with autism.

Web, Print & Video Resources

For additional books, websites, videos, and more, visit our Resource Library on the Autism Speaks website.

For comprehensive collections of publications related to autism and interventions, visit these publishers:

- Autism Asperger Publishing Company www.aapcpublishing.net
- Future Horizons, Inc. www.futurehorizons-autism.com
- Inclusion Press www.inclusion.com
- Jessica Kingsley Publishers www.jkp.com

Books

(For certain selections websites are listed where additional resources, books by the same author, on-line supports or downloads, information on associated curriculum and videos, etc. are available.)

Asperger's Syndrome

- *An Educator's Guide to Asperger Syndrome,*
  (Organization for Autism Research, 2005)
  Guidelines for inclusive classrooms, elementary through high school. Request or download free.
  www.researchautism.org

- *Asperger's and Girls*
  By Tony Attwood, Temple Grandin, Teresa Bolick and others
  (Future Horizons, Inc, 2006)
  www.tonyattwood.com.au/

- *The Complete Guide to Asperger's Syndrome*
  By Tony Attwood (Jessica Kingsley Publishers, 2006)
  Diagnosis, behavioral patterns and practical strategies and supports.
  www.tonyattwood.com.au/

- *The OASIS Guide to Asperger Syndrome:*
  Completely Revised and Updated: Advice, Support, Insight and Inspiration
  By Patricia Bashe and Barbara Kirby (Crown, 2005)
  www.aspergersyndrome.org

- *Perfect Targets; Asperger Syndrome and Bullying;*
  Practical Solutions for Surviving the Social World
  By Rebekah Heinrichs (Autism Asperger Publishing Company, 2003)

Inclusion and Social Supports

- *All My Life's a Circle; Using the Tools: Circles, MAPS & PATHS*
  By M. Falvey, M. Forest, J. Pearpoint & R. Rosenberg (Inclusion Press, 2003) Inclusion supports and guides for person-centered planning. Tools for transition planning.
  www.inclusion.com
- *Do-Watch-Listen-Say: Social and Communication Intervention for Children with Autism*
  By Kathleen Ann Quill (Paul H. Brookes, 2000)
  www.brookespublishing.com
- *Incorporating Social Goals in the Classroom:*
  A Guide for Teachers and Parents of Children with High-Functioning Autism and Asperger Syndrome
  By Rebecca A. Moyes (Jessica Kingsley, 2001)
  Outlines social deficits, and offers strategies and lesson plans.
- *Out and About, Preparing Children with Autism Spectrum Disorders to Participate in Their Communities*
  By Jill Hudson, Amy Bixler Coffin (Autism Asperger Publishing Company, 2007)
  Easy to read, practical explanations and examples of simple and effective strategies.
- *Power Cards: Using Special Interests to Motivate Children and Youth with Asperger Syndrome and Autism*
  By Elisa Gagnon (Autism Asperger Publishing Company, 2001)
- *Skillstreaming in Early Childhood; New Strategies and Perspectives for Teach Prosocial Skills*
  Skillstreaming the Elementary School Child; New Strategies and Perspectives for Teaching Prosocial Skills
  Skillstreaming the Adolescent; New Strategies and Perspectives for Teaching Prosocial Skills
  By Dr. Ellen McGinnis, Dr. Arnold P. Goldstein (Research Press, various)
  www.skillstreaming.com
- *Social Relationships and Peer Support, Second Edition*
  By Rachel Janney, Ph.D. and Martha E. Snell (Brookes Publishing, 2006)
- *The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations*
  By Brenda Smith Myles, Melissa L. Trautman, and Ronda L. Schelevan
  (Autism Aspergers Publishing Company, 2004)
- *The New Social Stories: Illustrated Edition*
  By Carol Gray (Future Horizons, 2000)
  www.thegraycenter.org
- Article: *Toward a Behavior of Reciprocity*
  By Morton Ann Gernsbacher
  http://psych.wisc.edu/lang/MGcover.html
- *With Open Arms; Creating School Communities of Support for Kids with Social Challenges Using Circle of Friends, Extracurricular Activities, and Learning Teams*
  By Mary Schleider, M.S. (Autism Aspergers Publishing Company, 2007)
  www.schoolswithopenarms.com
- *You're Going to Love This Kid: Teaching Students with Autism in the Inclusive Classroom*
  By Paula Kluth, Ph.D. (Jessica Kingsley Publishers, 2003)
  www.paulakluth.com

Educational Interventions and Strategies

- *1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorder*
  By Veronica Zysk and Ellen Notbohm (Future Horizons, 2004)
  www.ellennotbohm.com

- *Activity Schedules for Children with Autism: Teaching Independent Behavior*
  By Lynn E. McClannahan and Patricia J. Krantz, Ph.D. (Woodbine House, 1999)

- *An Educator's Guide to Autism*
  (Organization for Autism Research, 2004)
  Guidelines for inclusive classrooms, elementary through high school. Request or download free.
  www.researchautism.org

- *How to be a Para Pro; A Comprehensive Training Manual for Paraprofessionals*
  By Diane Twachtman-Cullen
  (Starfish Specialty Press, 2006)
  www.starfishpress.com

- *Solving Behavior Problems in Autism*
  By Linda Hodgdon (Quirk Roberts Publishing, 1999)
  www.usevisualstrategies.com

- *Strategies at Hand; Quick and Handy Strategies for Working with Students on the Autism Spectrum*
  By Robin D. Brewer, Ed.D. and Tracy G. Mueller, Ph.D.
  (Autism Asperger Publishing Company, 2008)

- *Teach Me Language: A Language Manual for Children with Autism, Asperger's Syndrome and Related Developmental Disorders*
  By Sabrina K. Freeman, Lorelei Dake and Isaac Tamir
  (Skf Books, 1997)

- *Ten Things Your Student with Autism Wishes You Knew*
  By Ellen Notbohm (Future Horizons, 2006)
  www.ellennotbohm.com
  Article version has also been translated into Spanish, available by request through website.

- *The Puzzle of Autism: What Educators Need to Know*
  National Education Association strategic intervention guide that can be downloaded from the NEA website.
  www.nea.org/home/18459.htm

- *Visual Strategies for Improving Communication; Practical Supports for School and Home*
  By Linda Hodgdon (Quirk Roberts Publishing, 1995)
  www.usevisualstrategies.com
  Also available in Spanish: Estrategias Visuales para Mejorar la Comunicación

Perspective from Individuals with Autism

- *Born On A Blue Day, A Memoir of Asperger's and an Extraordinary Mind*
  By Daniel Tammet (Simon & Schuster Adult Publishing Group, 2007)
  www.optimnem.co.uk
- *Nobody Nowhere: The Extraordinary Autobiography of an Autistic*
  By Donna Williams (Avon, 1994)
- *Pretending to Be Normal: Living with Asperger's Syndrome*
  By Liane Holliday Willey (Jessica Kingsley Publishers, 1999)
- *The Autism Answer Book*
  By William Stillman
  www.williamstillman.com
- *Thinking in Pictures, Expanded Edition: My Life with Autism*
  By Temple Grandin (Vintage, 2006)
  www.templegrandin.com

Sensory Issues

- *Answers to Questions Teachers Ask About Sensory Integration*
  By Jane Koomar, Carol Kranowitz and others (Future Horizons, 2001)
  www.sensoryresources.com
- *How Does Your Engine Run? A Leader's Guide to The Alert Program for Self- Regulation*
  Mary Sue Williams and Sherry Shellenberger (TherapyWorksInc, 1996)
  www.alertprogram.com
- *Just take a Bite: Easy, Effective Answers to Food Aversions and Eating Challenges*
  By Lori Ernsperger and Tania Stegen-Hanson (Future Horizons, 2004)
- *Playing, Laughing and Learning with Children on the Autism Spectrum: A Practical Resource of Play Ideas for Parents and Carers*
  By Julia Moor (Jessica Kingsley Publishers, 2002)
- *Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Integration Issues*
  By Lindsey Biel and Nancy Peske (Penguin, 2005)
  www.sensorysmarts.com
- *The Out-of-Sync Child: Recognizing and Coping with Sensory Integrations Dysfunctions*
  By Carol Kranowitz (Perigee Trade, 1998)
  www.out-of-sync-child.com
  Publications available in multiple languages.

Specific Issues

- *A Guide for Transition to Adulthood*
  (Organization for Autism Research, 2006) Request or download free.
  www.researchautism.org
- *Family Life and Sexual Health (F.L.A.S.H.) curriculum*
  Printed curriculum or download options, including lesson plans for special education.
  www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx
- *Girls Growing Up on the Autism Spectrum;*
  What Parents and Professionals Should Know about the Pre-teen and Teenage Years
  By Shana Nichols
  (Jessica Kingsley Publishers, 2008)
- *Girls Under the Umbrella of Autism Spectrum Disorders;*
  Practical Solutions for Addressing Everyday Challenges
  By Lori Ernsperger, Ph.D. and Danielle Wendel
  (Autism Asperger Publishing Company, 2007)
- *Gray's Guide to Bullying (Spring 2004 Jenison Autism Journal)*
  By Carol Gray
  www.thegraycenter.org
- *How Well Does Your IEP Measure Up? Quality Indicators for Effective Service Delivery*
  By Diane Twachtman-Cullen PhD and Jennifer Twachtman-Reilly
  www.starfishpress.com
- *Toilet Training for Individuals with Autism and Related Disorders*
  By Maria Wheeler
  (Future Horizons, 2004)
- *Sexuality Education for Children and Adolescents with Developmental Disabilities.*
  By DiAnn L Baxley and Anna Zendell
  (Florida Developmental Disabilities Council, 2005)
- *Wrightslaw: From Emotions to Advocacy - The Special Education Survival Guide, 2nd Edition*
  By Pam Wright and Pete Wright
  (Harbor House Law Press, 2007)
  www.wrightslaw.com

Books for Students with Autism, Siblings, Peers

- *A is for Autism, F is for Friend: A Kid's Book for Making Friends with a Child Who Has Autism*
  By Joanna Keating-Velasco (Autism Asperger Publishing Company, 2007)
  www.aisforautism.net
- *Different Like Me: My Book of Autism Heroes*
  By Jennifer Elder (Jessica Kingsley Publishers, 2006)
- *Do You Understand Me? My Life, My Thoughts, My Autism Spectrum Disorder*
  By Sofie Koborg Brosen (Jessica Kingsley Publishers, 2006)
- *Everybody is Different: A Book for Young People who have Brothers or Sisters with Autism*
  By Fiona Bleach (Autism Asperger Publishing Company, 2002)
- *Join In and Play (Learning to Get Along); Listen and Learn; etc.*
  By Cheri J. Meiners (Free Spirit Publishing, various)
  www.freespirit.com
- *My Friend with Autism: A Coloring Book for Peers and Siblings*
  By Beverly Bishop (Future Horizons, 2003)
- *Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism (Illustrated)*
  By Mary Wrobel (Future Horizons, 2003)
- *The Autism Acceptance Book; Being a Friend to Someone with Autism By Ellen Sabin*
  (Watering Can Press, 2006)
  www.wateringcanpress.com
- *The Mind That's Mine*
  By Melvin D. Levine, Carl Swartz, Melissa Wakely (All Kinds of Minds, 1997)
  www.allkindsofminds.org
- *The Sixth Sense II*
  By Carol Gray (Future Horizons, 2002)
  www.thegraycenter.org
- *The Social Skills Picture Book; Teaching Play, Emotion and Communication to Children with Autism*
  By Jed Baker, Ph.D. (Future Horizons, 2001)
  www.jedbaker.com
- *The Social Skills Picture Book for High School and Beyond*
  By Dr. Jed Baker (Future Horizons, 2006)
  www.jedbaker.com
- *Trevor, Trevor*
  By Diane-Twachtman-Cullen
  www.starfishpress.com
- *What did you say? What did you mean? An illustrated guide to understanding metaphors*
  By Jude Welton (Jessica Kingsley Publishers, 2003)
- *Wings of Epoh*
  By Gerda Weissman Klein (FableVision/SARRC, 2008)
  www.fablevision.com

Additional Helpful Websites

- **Association for Positive Behavior Support**
  Research information, application strategies, information on school-wide PBS programs, fact sheet summaries of PBS practices and a section on autism. Case study examples.
  www.apbs.org
- **Autism Internet Modules (AIM)**
  Free interactive empirically-based training modules on autism topics.
  Presented in small increments with pre/post testing.
  www.autisminternetmodules.org
- **Autism Research Institute**
  www.autism.com
- **Autism Society of America**
  www.Autism-Society.org
- **Autism Speaks**
  www.AutismSpeaks.org
- **Dennis Debbaudt's Autism Risk & Safety Management**
  Information & Resources for Law Enforcement, First Responders, Parents, Educators and Care Providers
  www.autismriskmanagement.com
- **Do2Learn**
  Easy to use and downloadable resources including social games, organizational tools, picture cards, etc.
  www.do2learn.com
- **James Stanfield**
  Curriculum and videos for work, social and life skills, conflict management and sex/relationship education.
  www.stanfield.com
- **Kansas Autism Spectrum Disorders**
  Free examples and banks of visual strategies, social narratives and power cards, and podcasts of speakers such as Linda Hodgdon and Paula Kluth.
  http://kansasasd.com
- **Mayer-Johnson**
  Boardmaker software and other products, as well as web-based trainings, for making symbol-based communication and educational materials.
  www.mayer-johnson.com
- **My IEP ToolKit™**
  This simple, easy-to-use system helps you gather and organize your paperwork so you can use it to advocate for your child.
  http://organized4kids.com/my-iep-toolkit/
- **National Association of School Psychologist – Autism Awareness**
  http://www.nasponline.org/resources/handouts/Autism_Awareness_2013.pdf
- **National Professional Development Center on Autism Spectrum Disorders**
  http://autismpdc.fpg.unc.edu
- **Pyramid Educational Consultants**
  Picture Exchange Communication System (PECS)
  www.pecs.com
- **Silver Lining Multimedia**
  Picture This photo software and other tools and supports for visual learners.
  www.silverliningmm.com
- **The SPD Foundation**
  Information on sensory processing disorder.
  www.spdfoundation.net

Videos/DVDs

- *ASD Video Glossary*
  Autism Speaks' glossary of terms commonly associated with the diagnosis and features of autism.
- *Autism Everyday link to short version*
  A poignant view of the challenges of raising a child with autism.
- *Autism, the Musical*
  Documentary film about children with autism, their families and their promise.
  www.autismthemusical.com
- *Children with Autism: One Teacher's Perspective*
  Documentary profiling a teacher's experience and views from middle school students with autism. Free on-line.
  www.modelmekids.com/autism-documentary.html
- **FRIEND** (Fostering Relationships in Early Network Development) Program Awareness and strategy tool and related materials designed to help peers support a classmate with autism, developed by the Southwest Autism Research & Resource Center (SARRC).
  www.autismcenter.org
- *Including Samuel*
  Documentary film about including children with disabilities; free 12-minute trailer on the website.
  www.includingsamuel.com
- **Model Me Kids: Videos for Modeling Social Skills**
  A collection of videos and social skills training tools.
  www.modelmekids.com
- *Normal People Scare Me: A Film About Autism*
  From a young film maker with autism.
  www.normalfilms.com
- **Skillstreaming**
  Prosocial skill programs staff training videos
  www.skillstreaming.com
- *SOULS: Beneath and Beyond Autism*
  Beautiful black and white photos and a message that there is more to individuals with autism than first impressions might reveal.
  http://anatomicallycorrect.org/soulsbeneathbeyondautism.htm
- *Storymovies*
  Carol Gray's Social Stories TM acted out by real children, parents and teachers.
  www.storymovies.com
- *The Visual Strategies Workshop*
  5 video set filmed live at a presentation of Linda Hodgdon's popular workshop.
  www.usevisualstrategies.com/P-video1.html
- *Understanding Asperger Syndrome: A Professor's Guide*
  12-minute video for use by college students to educate professors and teaching staff about the disorder. Free viewing.
  www.researchautism.org/resources/AspergerDVDSeries.asp
- *Wings of Epoh*
  Video, book and curriculum designed to teach social understanding and acceptance of differences.
  http://shop.wingsofepoh.org
- *Writing Social Stories with Carol Gray–DVD and Booklet*
  http://thegraycenter.org/social-stories/how-to-write-social-stories
- *Carol Gray's three hour social stories workshop.*
  www.thegraycenter.org

AUTISM SPEAKS®
It's time to listen.

Have more questions or need assistance?
Please contact the Autism Response Team for
Information, Resources and Tools.

TOLL FREE: 888-AUTISM2 (288-4762)

EN ESPANOL: 888-772-9050

Email: FAMILYSERVICES@AUTISMSPEAKS.ORG

WWW.AUTISMSPEAKS.ORG

Our Mission

At Autism Speaks, our goal is to change the future for all who struggle with autism spectrum disorders.

We are dedicated to funding global biomedical research into the causes, prevention, treatments, and cure for autism; to raising public awareness about autism and its effects on individuals, families, and society; and to bringing hope to all who deal with the hardships of this disorder. We are committed to raising the funds necessary to support these goals.

Autism Speaks aims to bring the autism community together as one strong voice to urge the government and private sector to listen to our concerns and take action to address this urgent global health crisis. It is our firm belief that, working together, we will find the missing pieces of the puzzle.

AUTISM SPEAKS®

It's time to listen.

www.AutismSpeaks.org

What is Autism Spectrum Disorder?

Autism spectrum disorder (ASD) is a neurodevelopmental disorder defined by persistent deficits in social communication and social interaction, accompanied by restricted, repetitive patterns of behavior, interests, or activities.

The signs of ASD are usually evident in early childhood. Though it is still considered a lifelong diagnosis, with appropriate early intervention, individuals with ASD can lead productive, inclusive, and fulfilling lives. Many children with ASD do well in school, participate in activities they enjoy, go on to college, and are employed in adulthood.

For most parents and professionals, ASD can be a very puzzling and complex disorder. Though a great deal of its mystery has yet to be uncovered, we know much more about it than we did 10 years ago. Just as our understanding has evolved over the years, so has the way we define, diagnose, and treat ASD.

Are there different types of ASD?

ASD used to be called Pervasive Developmental Disorder (PDD). These terms mean the same thing. PDD is the diagnostic classification in the DSM-IV (4th edition of the most widely used diagnostic manual of mental disorders published by the American Psychiatric Association in 1994). In the DSM-IV, PDD included five types or categories: autistic disorder, Asperger's disorder, childhood disintegrative disorder, Rett's syndrome, and pervasive developmental disorder-not otherwise specified (PDD-NOS).

The American Psychiatric Association released the new fifth edition of the DSM in May 2013. In the DSM-5 the term ASD has replaced PDD. Additionally, the DSM-5 does not have any categories under ASD so that all individuals meeting the diagnostic criteria will fall under one autism spectrum. This change was made because research indicates the categories that were under PDD cannot be reliably distinguished. This means the categories of autistic disorder, Asperger's disorder, and PDD-NOS will no longer be used—instead the diagnosis of ASD will be used to cover the full spectrum.

How is ASD diagnosed?

Diagnosing ASD can be difficult because there are no medical or blood tests. The diagnosis is based on behavioral symptoms or features. These features include the absence of or delays in typical developmental milestones and the presence of unusual behaviors.

The diagnosis can involve a two-stage process. The first stage is screening, usually by doctors at well-child visits using validated screening checklists that parents fill out. The second stage is a comprehensive diagnostic evaluation usually conducted by a multidisciplinary team that gathers information from an interview and structured observation.

Early detection means earlier access to intervention. An experienced professional can make a diagnosis of ASD as early as 18 to 24 months of age, but often ASD is not diagnosed until 3 to 5 years of age or later, after the window of opportunity for very early intervention. The American Academy of Pediatrics recommends that all children be screened for ASD at 18 and 24 months of age.

What are early red flags of ASD in toddlers?

The diagnostic features of ASD can be easy to miss in young children. Looking for possible red flags or early signs may help to find children at risk for ASD, and in need of a diagnostic evaluation. If your child shows some of the following red flags, talk to your child's doctor. If you or your child's doctor has concerns about possible ASD, ask for a referral to a developmental specialist or you can contact your local early intervention program.

Red Flags of ASD in Toddlers

Social Communication

- ❑ Limited use of gestures such as giving, showing, waving, clapping, pointing, or nodding their head
- ❑ Delayed speech or no social babbling/chatting
- ❑ Makes odd sounds or has an unusual tone of voice
- ❑ Difficulty using eye contact, gestures, and sounds or words all at the same time
- ❑ Little or no pretending or imitating of other people
- ❑ Stopped using words that they used to say
- ❑ Uses another person's hand as a tool (e.g., putting parent's hand on a jar for them to open the lid)

Social Interaction

- ❑ Does not look right at people or hard to get them to look at you
- ❑ Does not share warm, joyful expressions
- ❑ Does not respond when someone calls their name
- ❑ Does not draw your attention to things or show you things they're interested in
- ❑ Does not share enjoyment or interests with others

Repetitive Behaviors & Restricted Interests

- ❑ Unusual ways of moving their hands, fingers, or whole body
- ❑ Develops rituals such as lining objects up or repeating things over and over
- ❑ Very focused on or attached to unusual kinds of objects such as strips of cloth, wooden spoons, rocks, vents, or doorstops
- ❑ Excessive interest in particular objects, actions, or activities that interferes with social interaction
- ❑ Unusual sensory interests such as sniffing objects or looking out of the corner of their eye
- ❑ Over- or under-reaction to certain sounds, textures, or other sensory input

Autism NAVIGATOR®

Make book time fun and educational for children with autism spectrum disorder (ASD)

Helping your child love books

You'll find sharing books together can be a good way to connect with your son or daughter. Reading also helps your child's language development and listening skills. As you know, having ASD impacts the way your child reacts to situations and people and how she looks at the world around her.

Children with ASD often have trouble making eye contact and sharing their thoughts with words or gestures. Some children have a very short attention span when being read to or when reading. Try reading for short periods of time, pointing and naming objects as you read. Other children with ASD may read very early and show intense interest in certain subjects and want to read everything they can on that topic. **Whether your child has mild or severe ASD, making reading a fun activity can help your child's learning and social skills.**

If your child likes routine in her day, try reading her favorite book to help move her from one task to another. For example, reading can set the stage for nap time and bedtime. Work with your child's behavior and/or occupational therapist to learn how reading can help with social skills, new activities, and transitions.

Tips for reading with your infant or toddler

Each time you read to your child, you are helping her brain to develop. Reading aloud to your child allows her to hear your voice and listen to spoken words. Your child is also more likely to ask questions and learn about the world around her. **So—you've planted the seed to reading that will stay with your child throughout her life.**

Try reading for a few minutes at a time at first. Then build up the time you read together. Your child will see reading time as both fun time and learning time!

Check off the things you can try:

- ☐ Borrow books from the library that have photos and drawings of babies and people's faces. This can help your child recognize emotions.
- ☐ Read the same story again and again. The repetition will help her learn language.
- ☐ Read aloud. Talk about the pictures and read the text.
- ☐ Find books that have lots of repetition of phrases. Also find books with rhymes. Softly clap your hands and help your baby clap along to the rhythm.
- ☐ Find books that have buttons your child can press that have sounds.

Some suggested books for your infant

- ***Babies*** by Susan Canizares
- ***Global Babies*** by Mara Ajmera
- ***Smile!*** by Roberta Grobel Intrater

Some suggested books for your toddler

- ***Lots of Feeling*** by Shelley Rotner
- Books by Susan Canizares such as ***Babies on the Move*** and ***Feelings***

Make book time fun and educational for children with autism spectrum disorder (ASD)

Helping your preschooler or school-age child love books

Remember, when you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together.

Check off the things you can try:

- ☐ Sit on the floor next to your child.
- ☐ Read aloud. Talk about the pictures and read the text.
- ☐ Find books on topics that interest your child, such as books on animals or sports.
- ☐ Find books that have buttons to press that make sounds. Borrow library audio books that your child can start or stop by pressing a button.

Some suggested books for your preschooler or school-age child

- Books by Simms Taback such as ***There Was an Old Lady Who Swallowed a Fly*** and ***This is the House that Jack Built***
- ***Lyle Lyle Crocodile*** by Bernard Waber

How children can learn more about autism spectrum disorder

Get these books:

- ***My Friend Has Autism*** by Amanda Tourville (Ages 5–10)
- ***My Brother Charlie*** by Holly Robinson Peete (Ages 4–8)
- ***Autism and Me*** by Ouisie Shapiro (Ages 5–12)
- ***Ian's Walk*** by Laurie Lears (Ages 4–8)

How parents can learn more about autism spectrum disorder

Read these books:

- ***A Practical Guide to Autism: What Every Parent, Family Member, and Teacher Needs to Know*** by Fred Volkmar and Lisa Wiesner
- ***Does My Child Have Autism: A Parent's Guide to Early Detection and Intervention in Autism Spectrum Disorders*** by Wendy Stone
- ***Writing Social Stories with Carol Gray*** (Book and DVD)

Contact these groups for more information:

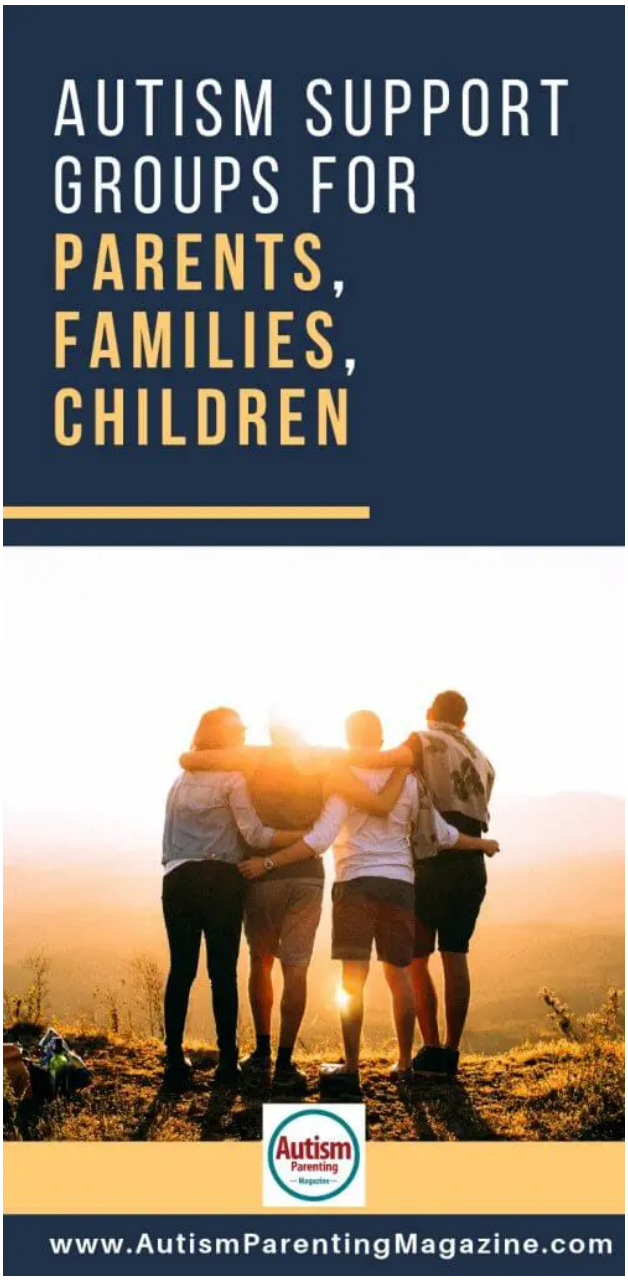
- Autism Society of America—(800) 328-8476 or **www.autism-society.org**
- Autism Speaks—**www.autismspeaks.org**. Ask for ***First 100 Days and the Newly Diagnosed Families/School Community*** toolkits.
- Centers for Disease Control and Prevention—**www.cdc.gov/ncbddd/actearly**. Look for the ***Learn the Signs. Act Early.*** program.
- Easter Seals: Act for Autism—**www.easterseals.com**
- First Signs—**www.firstsigns.org**
- National Institute of Neurological Disorders and Stroke Autism Fact Sheet—**www.ninds.nih.gov/disorders/autism/detail_autism.htm**

Autism Support Groups for Parents, Families & Children

Autism Parenting Magazine

What is a support group?

A support group is defined as "a group of people with common experiences or concerns who provide each other with encouragement, comfort, and advice."



There are support groups for most common illnesses, disabilities, and addictions. Support groups are vital for families, friends, loved ones, and caregivers of those experiencing life's challenges.

Benefits of autism support groups

People on the spectrum and their families benefit greatly from autism support groups. Being in a support group for autism can help a person with autism or his/her caregiver:

- Feel less isolated
- Share strategies in dealing with certain situations
- Seek expert advice
- Vent frustrations safely (no judgments)
- Avoid going into depression

Mandi Silverman, a clinical psychologist in the Child Mind Institute, says that autism support groups "can really fill a gap for parents who might not know anyone with a child who is on the autism spectrum."

Susan Kleiman, a mom of a child with autism, founded the online group Special Moms Network to provide a place where parents understand one another because of similar experiences. Kleiman, whose child was diagnosed with a nonverbal learning disorder (NLD), says that "no one I knew had heard of it or knew anything about NLD. I got stupid comments like 'But he speaks so well,' 'He's too smart to have that' or 'I'm sure he will outgrow it.'"

Another mom with two autistic sons, Lee Ann Klopp Owens, says that joining an autism support group "honestly saved my sanity many times."

Kinds of autism support groups

There are many kinds of support groups, and this applies to autism support groups as well. Groups can vary in purpose which is usually determined by the group leader.

- **Peer-led support groups.** These groups are led by parents of children with autism. They are often formed for giving and receiving advice, as well as getting emotional support.
- **Education support groups.** These are groups that focus on providing the latest information to its members. Some groups meet and encourage members to deliver a presentation about a certain topic regularly.
- **Professionally-led support groups.** These groups are usually led and funded by organizations who pursue autism as advocacy. Groups like these are often run by psychologists, social workers, or school personnel.

Family support groups for autism

There are thousands of support groups around the world. Finding a support group in your location is now made easy with a quick Google search. Simply type "autism support group" followed by your city or location. Autism Empowerment provides a worldwide listing of resources

There is no one institution that manages autism support groups in the United States. However, some large groups can have several "branches" or "chapters" in different locations across the country.

Here are some examples of autism support groups:

Family Network on Disabilities (FND)

FND is a parent organization that aims to integrate and get equal rights for people with special needs including autism. It is based in Dunedin, Florida.

AHA (Asperger Syndrome and High-Functioning Autism) Support Group for Parents and Family Members

AHA is a big support group with different subgroups for people and families that deal with Asperger's syndrome and high-functioning autism. The organization was founded in 1988 and is located in New York.

CARD Support Group

The Center for Autism and Related Disabilities (CARD) is based in North Central Florida. They have support groups across the United States and hold weekly meetings. The schedule for support group sessions is posted on the website.

To look for more resources, visit this site and select your state from the drop-down box. You should get a list of groups and organizations that offer support for people and families affected by autism.

Additionally, you can check out a bigger database from Yellow Pages for Kids, which is a nationwide directory of services for kids with special needs. Another database to check out is Autism Source, which was created in 2004 by the Autism Society.

Online Support Group for Parents of Young Children With Autism

Some parents or guardians may not have the time or means to be physically present to participate in autism support group meetings.

As an alternative, there are many support groups online where parents, families, and caregivers can communicate in forums, social networks, and other web-based platforms.

Today, Facebook groups are the most common platform for autism support groups since most modern parents already have personal Facebook accounts and can easily join any group.

Spectrum Site has compiled quite a long list of online communities for parents and people with autism. This includes pages such as Autistics Worldwide, Karleigh's Story – The Awesomeness of ASD, and The Autcast Asperger's and Autism Community. Autism Support Groups for Families is another excellent community.

Finding people from all over the world who experience the presence of autism in their lives may sound wonderful, but it can also be a cause of conflicting ideas and opinions.

To ensure that you maintain good relationships in a group, you should:

- **Read the rules and guidelines.** Most groups will have these somewhere on their page, and it's a requirement to read them before participating in discussions and/or posting new content.
- **Reserve judgment of others.** People go to support groups because it's where they feel safe from judgment. Understand that autism is different for every parent, so keep an open mind and focus on encouraging others rather than being negative.
- **Protect your child's privacy.** Whatever you post on groups are seen by other members. Don't disclose personal information like your address or where your child goes to school.
- **Be helpful.** You never know how simple advice might help a fellow parent.

Caring for a child or person with autism can sometimes take a toll on a parent or caregiver. While it is important that the child should be the priority, it is equally important that parents and caregivers get the emotional support they need.

Resources

Finding or Starting a Support Group. Retrieved from https://www.iidc.indiana.edu/pages/Finding-or-Starting-a-Support-Group

How Parent Support Groups Can Help. Retrieved from https://childmind.org/article/how-parent-support-groups-can-help/

Family Support for Autism Spectrum Disorder. Retrieved from https://www.stanfordchildrens.org/en/topic/default?id=family-support-for-autism-spectrum-disorder-160-24

AHA Support Groups. Retrieved from http://ahany.org/aha-membership/aha-support-groups/#1

Support/Social Groups. Retrieved from http://card.ufl.edu/resources/support-groups/

About Us (FND). Retrieved from https://fndusa.org/who-we-are/about-us-2/

Autism Support Groups for Parents, Families & Children —The Ultimate Guide

Kim Barloso *is a freelance writer and editor based in the Philippines. She works from home while taking care of two kids, one of whom has autism.*

Autism Parenting Magazine tries to deliver honest, unbiased reviews, resources, and advice, but please note that due to the variety of capabilities of people on the spectrum, information cannot be guaranteed by the magazine or its writers. Medical content, including but not limited to, text, graphics, images and other material contained within is never intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a physician with any questions you may have regarding a medical condition and never disregard professional medical advice or delay in seeking it because of something you have read within.

TIPS FOR EARLY CARE AND EDUCATION PROVIDERS

Simple Concepts to Embed in Everyday Routines

Some of the top researchers in the country offer helpful tips and concepts to help you work with young children with Autism Spectrum Disorder (ASD). The tips are based on concepts of learning and development that can be worked into everyday routines. Each tip describes a concept, why the concept is important, and a step-by-step description of how to work these simple concepts into everyday routines. The concepts include:

- Engaging Children in Play
- Using Children's Interests in Activities
- Promoting Child Participation with a Shared Agenda
- Using Visual Cues to Make Choices
- Playing Together with Objects: Practicing Joint Attention
- Learning Words During Joint Attention
- Book Sharing
- Uncovering Learning Potential
- Peer-Mediated Support: Teaching Children to Play with Each Other
- Predictable Spaces
- Predictable Routines
- Distracting and Redirecting Children to Engage in Appropriate Behavior

Although these tips were developed to help children with ASD, they can help all children grow and learn. We hope these concepts are useful in supporting all the children in your care.

Publication compiled by:

ADMINISTRATION FOR CHILDREN & FAMILIES

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

CONCEPT | Engaging Children in Play

WHAT:

Social play with objects involves playing with toys in a way that encourages talking, looking, or engagement between a child and a caretaker and/or a peer. The child engages with the adult or peer and with the object, usually taking turns that build on or keep the activity going. This type of play is usually marked by shared enjoyment between partners and includes smiles, laughs, and continued interest.

WHY:

Social object play is an important developmental skill that increases social engagement and communication between partners.

HOW:

Adults can engage children in socially-mediated object play by following these steps:

Step 1: Provide developmentally appropriate toys at the child's current play level.
Step 2: Follow what the child is looking at to see what interests them.
Step 3: Once the child begins to play with the toy, join in the play by imitating what the child is doing.
Step 4: Build the play activity by taking a turn with the child and following what the child does. Balance the turns so that neither partner is taking more turns than the other.
Step 5: Once the play routine is solid, expand the routine. Bring in other toys or items to extend the activity. Here's an example:

- If the child is building a tall tower with blocks and you are helping to build the tower by taking your turn, encourage the child to knock the blocks down when all the blocks are used. The crashing of the blocks should be fun and motivate the child to repeat the activity (rebuild the tower and crash again).
- Expand the activity by adding a toy figure to the tower that falls down, or add a truck to the game that knocks the blocks down.

Step 6: Look to the child's attention, active involvement, and enjoyment of the activity to see if the play routine is motivating. The more motivated the child is, the longer the play routine will last and the greater the opportunities for practicing social and communication skills.

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"Tips for Early Care and Education Providers. Simple Concepts to Embed in Everyday Routines." (2013). U.S. Department of Health and Human Services, Administration for Children and Families, National Institute of Child Health & Human Development.

CONCEPT | Using Children's Interests in Activities

WHAT:

When you are planning activities to do during the day, use the interests of children with autism to guide you. When transitioning to an activity that is not preferred by the child, use favorite interests to help motivate the child during the activity.

WHY:

Children with autism often have special interests. They are more likely to engage in an activity that includes their special interests. So, it may be easier to help a child engage or transition into an activity if that activity uses their interests.

HOW:

Adults can use children's special interests in activities by following these steps:

Step 1: Make a list of the special interests of the children with autism in your care. They may include:

- toys or objects, such as trains, vacuums, light switches, certain books, or movies
- topics, such as dinosaurs, maps, or the alphabet
- characters, such as Dora the Explorer or Thomas the Tank Engine
- activities, such as bouncing a ball, spinning, or singing
- certain colors, numbers, or songs

Step 2: Make a list of the activities during the day that are difficult for the child to do or transition to.

Step 3: Think about different ways that you can include the child's interests in activities. Here are some examples:

- If a child with autism does not like playing with blocks or other manipulatives, tape pictures of their favorite cartoon character to the blocks.
- If a child has trouble doing art projects, create an art project based on their favorite book or song.
- If it is hard for you to get the child to wash their hands, try singing a favorite song only when they are washing their hands or have them wash their hands and a dinosaur (or another favorite toy) at the same time.

Courtesy of The Shield Institute

Using Interests – A teacher took a photo of the child's favorite toy to begin to teach the child with autism how to put together a puzzle.

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CONCEPT

Promoting Child Participation with a Shared Agenda

WHAT:

Any everyday activity can be improved by making it fun and motivating, giving the child a clear and predictable role or a "job," and talking about what the child is looking at or engaged in. This creates what is called a "shared agenda" which helps to build social and communication skills.

WHY:

Children with autism often do not understand what they are supposed to be doing. Because of that, they miss out on important learning opportunities. By creating a shared agenda, early care and education providers can support more active participation, create opportunities for social play with the child, and make more moments for learning. When given a specific "job," children are able to (1) pay attention to what's important, (2) have something meaningful to do, and (3) know exactly what is expected of them in a given situation. This can help a child know what to do in an activity with others, which can lead to sharing enjoyment and interests.

HOW:

Adults can promote child participation with a shared agenda by following these steps:

Step 1: Notice what the child is paying attention to and doing. Talk to the child in simple sentences about what they are doing or looking at. If the child needs help knowing what to do, suggest a simple "job" that the child might be interested in or can do with little help, like knocking down a tower of blocks or putting a napkin in the trash.

Step 2: Add small steps to the activity to make it predictable. For example, you can give the child a role in building the tower of blocks and then knocking it down. Offer more roles for the child within activities. Here are some examples:

- looking for hidden puzzle pieces with a friend
- passing out napkins
- turning on lights
- collecting books and putting them away
- holding a musical instrument and marching in a parade with peers

Step 3: If needed, offer extra help for the child to complete their "job." For example, if the child does not respond the first time to your instruction of throwing a napkin in the trash, you can try:

- getting closer to the child
- repeating the instruction once
- pointing to the trash can
- asking a peer to walk with the child to the trash so they can drop in the napkins together

The early care and education provider should be very clear about what they expect and make sure the child understands. It is important that the child learn to take on a simple "job" with less and less help over time, so that the child can actively participate with more independence.

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CONCEPT | Using Visual Cues to Make Choices

WHAT:

When it is time for children to move to centers or play areas in the room, offer the child a choice of where to go. If a choice of location is not available, offer a choice within an activity, such as "Do you want the red cup or the blue cup during lunch time?" Using pictures to inform the child of their choices is a good way to help them understand.

WHY:

Giving choices that you select can help with transition difficulties. Making the choices visual, such as showing the child a photo or an object that represents the areas or activities, helps them to understand their choices. Giving choices instead of directing children can help those who resist transitions. Offering choices can also help children who do not know which activity to choose and tend to wander.

HOW:

Adults can give children visual cues for making choices by following these steps:

Step 1: Take photos of the favorite areas, centers, or activities within the setting. Include different play spaces, like the art area, book area, eating area, and the outside space. You can also choose an item from each space that the child recognizes as a symbol of that space. Here are some examples:

- a favorite book can be a symbol of the book area
- a paint brush can be a symbol of the art area
- a train can be a symbol of the train table
- a sippy cup can be a symbol of the snack area

Step 2: Put all of your photos and objects in a specific location so it is easy for you or other staff to find them when it is time to move from activity to activity.

Step 3: When it is time for children to transition, pull out two photos or objects that represent two desirable activities or locations. Go to the child and get down to their eye level, so they can see the photos or objects clearly.

Step 4: Offer the choices to the child. For example, while holding up the toy train and paint brush, ask, "Kate, do you want trains or art first today?" The child may need help making a choice as they learn what the photos or objects represent.

Step 5: If all of the children need to go to the same location, such as the playground, also offer a choice. For example, while holding up a shovel and a piece of chalk, ask, "Sam, do you want sand or chalk first today?"

Step 6: Praise the child for making a choice! Give a high-five or say, "Great job making a choice!"

Courtesy of Division TEACCH

Each object represents a favorite toy at different centers – farm table, music center, table top play, art

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CONCEPT

Playing Together with Objects: Practicing Joint Attention

WHAT:

Joint attention is a social exchange, usually between a child, caretaker, and an object that interests the child. A child engages with an adult, usually by pointing to, sharing, or showing an object. Joint attention also can happen when a child is looking back and forth between an object and the caregiver, often sharing enjoyment, such as smiling, laughing, or showing and maintaining interest.

WHY:

Joint attention is an important skill that predicts language development and social outcomes. Adults can make play more beneficial for children with autism by playing *together*, instead of only playing *next* to each other.

HOW:

Adults can engage children in joint attention by following these steps:

Step 1: Find an object or activity that interests the child.

Step 2: Engage the child in a game or activity using this object, making sure that both players (you and the child) are necessary to play the game. Here are some examples:

- rolling a truck back and forth between partners
- bouncing a ball back and forth between partners
- building a tower, taking turns adding blocks
- taking turns flipping the pages in a book

Step 3: If the child shows interest and enjoyment, keep practicing the activity. Keep track of all the two-player games the child seems to enjoy and practice them daily.

Step 4: If the child does not share enjoyment with you (is only looking at the toy and not at you), hold the toy up to your face and wait for the child to look at you. When the child looks at you, offer praise and return the preferred item to them, continuing the game.

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CONCEPT | Learning Words During Joint Attention

WHAT:

Joint attention is when a child shares an object or activity with a caretaker. A child might point to an interesting object, look back and forth between an object and a caretaker, or show interest by holding up or giving you an object. Adding words during periods of joint attention can help children pair words with objects and activities and help them learn new words.

WHY:

Placing words during joint attention can help children learn new words and further their language development.

HOW:

Adults can use words during joint attention by following these steps:

Step 1: Follow the child's lead so that you use words about objects that the child is interested in. Following the child's lead means joining the child's activity or playing with an object that interests the child. Paying attention to what the child is looking at or reaching for can give you a good idea of what interests the child.

Step 2: Add a playful action to extend the child's activity, like making objects move in new and interesting ways. Make sure you and the child are taking turns with the object. Combine yours and the child's actions with words that match the action, object, or activity.

Step 3: Use simple and animated language. Avoid long sentences that narrate what the child is doing. It is better to insert single words and short phrases about the shared object or activity. If the child continues to show interest in the shared object, repeat the same words and phrases. Here is an example:

- If a child likes playing with a toy frog and makes it jump, you can say, "Frog is jumping!" When it is your turn, you can make the frog do a different action, like flying, and say, "Flying frog!"

Step 4: If the child does not start using the new word ("frog"), encourage them to use it in a different way. You can ask them to do something with the object ("Make the frog hop!") or ask a question about the object ("Who's hopping?"). Even if the child does not say the new word right away, continue to insert words into joint attention during play and other activities.

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CONCEPT | Book Sharing

WHAT: Book sharing is not just "reading a book" to children. Rather, by sharing time together while looking at and talking about books, children and adults have fun and children learn.

WHY: Children like books. Books have fun pictures. The pictures, and the related words and events, can help children learn new words and cause-effect relationships.

HOW: Adults can engage children in book sharing by following these steps:

Step 1: Pick a book with pictures that are colorful. Avoid books with abstract pictures and pictures that show many small characters and objects. Those will be too complicated and distracting.

Step 2: Talk about the picture on one page, then ask the child to point to the picture you name. Make it fun and interactive. You do not have to read the text on the page. Keep your language simple.

Step 3: Give the child a turn to say something and to turn the page.

Step 4: After sharing the book, be sure that toys related to the book are available for play. As you and the child play with these toys, repeat the words you used when you shared the book. This will help the child learn that the words apply to both pictures and objects.

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CONCEPT | Uncovering Learning Potential

WHAT:

Children with autism are capable of learning. They often need more support from their providers than other children do. To promote learning, you can get the children's attention, provide clear instructions, persist in your request, and help them respond appropriately.

WHY:

Children with autism miss out on hundreds of learning opportunities every day because they are not paying attention to what others pay attention to. Missed learning opportunities can hold them back in their learning. Over time, lack of progress may lower adult expectations. This can be prevented.

HOW:

Adults can help children reach their learning potential by following these steps:

Step 1: Expect that children with autism can learn.

Step 2: Give clear instructions. Here are a few tips:

- Get close to them and at their eye level to get their attention.
- Tell them and show them the instructions. Using pictures or demonstrating can help.
- Use simple and clear language.

Always be sure the child understands what is expected. If your instructions are clear, the activity will result in a more positive experience.

Step 3: Help them complete the task after you have made sure they understand your instructions. Provide as much help as needed for the child to participate, but make sure they make an effort, as well. Do not just move them through the motions.

Step 4: Give many opportunities for practice throughout the day, reducing your help as the child learns the routine. Your goal is for the child to participate with less and less help over time.

Step 5: Engage them throughout the day in what you and others are doing. Letting children with autism occupy themselves or wander for long periods, rather than engaging in social learning with adults and other children, deprives them of needed learning opportunities and can slow their progress.

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CONCEPT

Peer-Mediated Support: Teaching Children to Play with Each Other

WHAT:

Peer-mediated support means teaching children specific social skills to help them play with friends who have social difficulties, including children with autism.

WHY:

Autism affects social development. For this reason, many children with autism have fewer friends than other children. Research tells us that early social skills and friendships predict positive social and academic outcomes for all children. Teaching children how to initiate play with their peers with autism encourages friendships and allows children to bond by socializing.

HOW:

Adults can help children with peer-mediated support by following these steps:

Step 1: Teach all children basic social skills during large group times, like circle time. Some skills may include:

- getting a peer's attention, such as tapping a friend's arm or asking to play
- sharing by giving an object to a classmate, such as a toy or snack
- sharing by asking for an object
- giving compliments

After teaching these skills, have children practice and show you the skills.

Step 2: Encourage children to use these skills with each other during daily activities, including free play, outdoor play, meal time, and transitions.

Step 3: If a child with autism is playing alone for a period of time, ask a peer to practice one of the social skills they have learned, such as sharing or asking the child to play.

Step 4: Praise children every time you find them practicing their social skills with peers. This will call positive attention to the child and the behavior and will motivate other children to practice their social skills too.

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CONCEPT | Predictable Spaces

WHAT:

Predictable spaces are spaces in your setting that are used for the same purpose on a regular basis. For example, you may have an area for snack time and another area for circle time. Predictable spaces give children information, like "what am I doing?" and "where am I doing it?"

WHY:

Most children like predictability. This is especially true for children with autism. Predictable spaces provide consistency in the child's environment and give cues about what the child is supposed to be doing.

HOW:

Adults can arrange predictable spaces by following these steps:

Step 1: Separate the caretaking environment with furniture to create clear boundaries where the same activities happen from day to day. Here are some examples:

- block area
- dramatic play area
- reading area
- eating area
- art area

Step 2: For multi-use areas, such as table tops which could be used for art, lunch or other activities, use visual cues to tell the child what to expect. Here are some visual cues for different activities at the same table:

- A visual cue for art could be placing paint cans on the table.
- A visual cue for lunch could be a plastic table cloth, placemats, or simply placing lunch boxes on the table before inviting the children to come to lunch.

Courtesy of The Grove School of Cary

Predictable Spaces are clearly divided: dramatic play, block area/circle time space, math/sensory, table top construction

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CONCEPT | Predictable Routines

WHAT: Predictable routines answer questions for children, such as "what am I doing?" "where am I doing it?" "how long will I do it for?" and "what will I do next?"

WHY: Young children with autism like predictability. They often need to know what is expected of them and what they can expect throughout the day. Predictable routines provide this information clearly and consistently.

HOW: Adults can develop predictable routines by following these steps:

Step 1: Make a list of activities that occur in the program on most days, for example, toileting or diaper changes, lunch, snack, free play, outdoor play, and circle time.

Step 2: Sequence these activities so that they happen in the same order most days. There may be small changes from day to day. For example, different materials may be used for art, or there may be different visitors each Wednesday, but most activities should occur in the same sequence.

Step 3: Warn children when there will be a transition from activity to activity. Here are a few tips you can try:

- Use a visual or ringing timer.
- Say, "Two more minutes, and we will clean up."
- Use a transition song, such as a clean-up song.

Step 4: Alert new staff to the importance of staying consistent with routines.

Courtesy of The Grove School of Cary

Predictable Routines: A daily schedule may be broken down into smaller predictable routines.

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CONCEPT

Distracting and Redirecting Children to Engage in Appropriate Behavior

WHAT:

Distract and redirect a child from one activity to another or away from challenging behaviors.

WHY:

Sometimes distraction or redirection is all that is needed to change a child's challenging behavior and make them forget about whatever was causing the behavior. When children are upset, you can show them a toy, lead them to another activity, or choose a new playmate to help focus attention away from undesirable behavior. These strategies can lead to a "reset" in behavior, for the better. This works best when the child really likes the distraction and redirection object or activity.

HOW:

Adults can help redirect children to more appropriate behaviors by following these steps:

Step 1: Be aware of settings (time of day or activity) where children are more likely to show challenging behaviors. For example, a child may engage in more challenging behaviors during certain group activities, like snack or circle time. A child also may show more challenging behaviors at certain times of the day, such as in the morning just after arrival, or in the afternoon before going home. During these times, stay close to the child so that you can step in immediately, if needed.

Step 2: Make a list of the child's favorite activities and objects. Have pictures of these objects or activities or the actual objects or activities together in one place.

Step 3: During each activity or interaction, state clear expectations, such as, "Lilly, we use nice hands."

Step 4: If distraction or redirection is needed, show the desired object or activity or its picture.

Step 5: Verbally guide the child toward the new object or activity. "Lilly, look! Let's give your favorite doll a bath!" If needed, hold the child's hand as you transition to the new activity.

Step 6: Praise the child for transitioning and support them in playing with the new object or activity.

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Autism Resources and Links

- **Autism Society of East Tennessee**
  - www.asaetc.org/
- **Autism Tennessee**
  - https://autismtennessee.wildapricot.org/
- **Autism Resources of the Mid-South**
  - https://autismresourcesmidsouth.org/
- **Autism Now**
  - http://autismnow.org/
- **Autism Society of America**
  - www.autism-society.org
- **National Autism Association**
  - www.nationalautismassociation.org
- **Autism Speaks**
  - www.autismspeaks.org/
- **Easter Seals**
  - www.easterseals.com
- **The Arc Tennessee**
  - www.thearctn.org
- **Tennessee Early Intervention System**
  - www.tn.gov/didd/for-consumers/tennessee-early-intervention-system-teis.html
- **TN Disability Pathfinder**
  - www.tnpathfinder.org
- **TN Disability Coalition**
  - www.tndisability.org
- **Tennessee Respite Coalition**
  - http://tnrespite.org
- **Tennessee Technology Access Program**
  - www.tn.gov/humanservices/topic/ttap
- **University of TN Boling Center**
  - www.uthsc.edu/bcdd/
- **Vanderbilt Kennedy Center for Excellence in Developmental Disabilities**
  - http://vkc.mc.vanderbilt.edu
- **Vanderbilt Autism Helpline**
  - www.vanderbilt.edu/autismandinnovation/vanderbilt-community/vanderbilt-autism-resource-line/
- **Vanderbilt Kennedy Center's Treatment and Research Institute for Autism Spectrum Disorders (TRIAD)**
  - https://vkc.vumc.org/vkc/triad/varl/
- **TN Council on Developmental Disabilities**
  - www.tn.gov/cdd