



Chapter One

About Autism Spectrum Disorders

For educators facing the likelihood of integrating children with Autism Spectrum Disorders into their classrooms, some general information is helpful. Autism was first described in 1943 by psychiatrist Leo Kanner and again in 1944 by Austrian pediatrician Hans Asperger. Autism Spectrum Disorders (ASD) are actually a range of disorders—Autism, Asperger’s Disorder, Childhood Disintegrative Disorder, Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS), and Rett’s Disorder that vary in severity, symptoms, and age of onset. Some indications are that one in 166 people has ASD. It is 3 to 4 times more likely to affect boys and 50 times more frequent in siblings of those already affected.

ASD is believed to stem from a chain of events that may involve a combination of abnormal genes and chromosomes, metabolic disorders, viral agents, immune intolerance, and anoxia (oxygen deprivation). These factors cause changes in brain development, which result in atypical cognitive and social development. ASD affects individuals uniquely. Most will exhibit the characteristics to varying degrees throughout their lifetimes. There is currently no cure, but various therapies have led to positive changes in the lives of people with ASD.

Diagnosing a Child with ASD

The Diagnostic and Statistical Manual of Mental Disorders (DSM-TR), published by the American Psychiatric Association, names five deficit areas to consider as diagnostic criteria: **communication, socialization and social skills, restricted interests, sensory integration, and behavior.**

Research has also indicated four early indicators for diagnosing ASD:

1. **lack of eye contact,**
2. **lack of joint attention** (the process of engaging in shared attention to an object or event by following and initiating pointing or gaze gestures, and of being aware of, and enjoying, that shared attention),
3. **lack of reciprocal conversation** (no babbling by 12 months or words by 16 months or loss of speech or social skills at any time), and
4. **atypical sensory/motor processing** (a deficiency in how the brain interprets and prioritizes information gathered by the senses).

In addition to these early indicators, which often remain present, other characteristics may include:

- Impaired ability to form social and emotional relationships
- Repetitive, non-goal-directed body motions and behaviors (such as rocking)
- Resistance to, or distress at, changes in environment or routines
- Abnormal perceptual and motor experiences (such as “looking through” people)



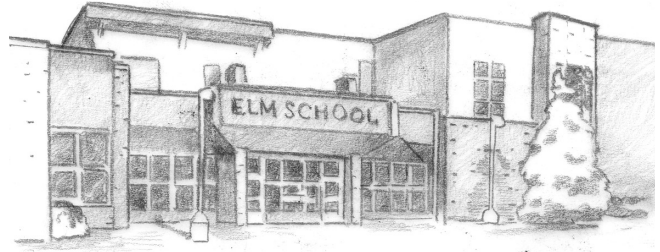


Chapter Two

Assessment and the Individualized Education Program (IEP): An Overview

The Individuals with Disabilities Education Act (IDEA) is a federal law that requires the public education system to provide appropriate educational services to children with disabilities. IDEA lists the following three steps that begin the process of educating each child with a disability:

1. Professionals within the school system identify children who are eligible for special education services.
2. A team assesses each child's abilities and develops an individualized education program (IEP) that states goals for the child's education.
3. The IEP team determines the least restrictive environment (LRE) in which the goals and objectives on the IEP can be attained.



Step 1: Identifying Children with ASD

While this book deals primarily with what happens after a child with ASD is referred for special services, it is helpful to understand the whole process. IDEA requires school systems to identify infants and toddlers who display developmental delays and qualify for early intervention. IDEA also requires evaluation of children ages 3–21 for eligibility for special services. Many people can refer children for evaluations, including parents, doctors, hospitals, child care workers, public schools, public health facilities, social service agencies, and any other agency that receives public funds.

Certain principles should govern the assessment of a child who has been referred.

- **First, multiple areas must be assessed (intellectual and communicative skills, behavioral presentation, and functioning skills).**
- **Second, the child's behavior on assessment will vary depending on novelty, structure, and complexity of the environment.**
- **Third, skills demonstrated in more highly structured situations must be viewed in the broader context of a child's typical performance.**
- **Fourth, social dysfunction is a defining feature of ASD and must be considered.**
- **Fifth, behavioral difficulties must be examined since they affect the child's academic and social functioning.**

(Step 2: The IEP Process — Forming the IEP Team, found on the following page, may be duplicated and given to parents as an informational resource.)





Chapter Three

Moving beyond the IEP Meeting into the Classroom

Many decisions about educating the child with ASD can be made in initial IEP meetings. Thorough preparation in these meetings will help your school year start smoothly. You have probably started educating yourself by reading current literature and attending workshops given by experts on ASD. You have probably familiarized yourself with the characteristics and behaviors of your specific student through IEP meetings and reviewing previous IEPs. Hopefully, you have asked the child's parents questions like, "What type of home environment does the child come from? What experiences has he had? What type of sensory stimuli impacts his performance? What motivates him?" The more information you have, the better the program the IEP team will design for the child, and the easier time you will have teaching the child and troubleshooting problems.

The remaining chapters in this book have two purposes. First, refer to these chapters before the initial IEP meeting as a reminder of the vast range of considerations for things that can appear on the IEP. Second, use the chapters to help you troubleshoot problems that crop up during the school year. One of the great things about the IEP process is that a child's plan can be revisited and adjusted at any time. Obviously, it is best to prepare yourself and the classroom ahead of time as much as possible; not only will you feel more prepared, but the children in your classroom will be unaware that things are different because of the child with ASD. However, you do not have to do everything at once, and you will not know everything you need to know for the IEP until you see how the child reacts to the LRE.

As the child with ASD progresses in the LRE, the primary focus remains to monitor the measurable goals and objectives and how they are being achieved. The planned accommodations and modifications within the LRE that are specifically addressed in subsequent chapters must address IEP goals and objectives. These goals may include, but are not limited to, making the classroom and the curriculum accessible, ensuring ongoing acquisition of functional communication, and consistently monitoring and assessing behaviors that may interfere with the LRE environment and the child's learning. As you read ahead to find out how to implement and adjust many of the possible recommendations from a child's IEP, here are some basic principles to follow:

- 1. Treat all children with dignity and respect.**
- 2. Establish rapport, build trust, and attempt to maintain eye contact with the child when possible.**
- 3. Use repetition, continuity, and experience as foundations for future learning.**
- 4. Build on the child's strengths, rather than focusing on weaknesses.**
- 5. Remind yourself that there is never a right or wrong expectation. Rather, the outcome should be a positive experiential encounter within the LRE.**
- 6. Always provide immediate positive reinforcement for a desired behavior.**
- 7. Changes implemented should be student oriented, not curriculum based. Make the program fit the child as much as possible.**
- 8. Remember, all of the children you teach are just young kids. Have FUN!**

