What is ASD?

ASD stands for Autism Spectrum Disorder. ASD is a neurological and developmental disorder that manifests in children by having difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.

People with an ASD share some similar characteristics, such as difficulty with social interaction. However, when the characteristics manifest, the extent to which they interfere with functioning differs from child to child. Characteristics of ASD are generally noticed by caregivers, between 2 and 3 years of age. Some of the most common characteristics of ASD in young children include:

- Not responding to their name by 12 months
- Not pointing at objects to show interest (point at an airplane flying over) by 14 months
- Not playing “pretend” games (pretend to “feed” a doll) by 18 months
- Avoiding eye contact and want to be alone
- Having trouble understanding other people’s feelings or communicating about their own feelings
- Having delayed speech and language skills
- Repeating words or phrases over and over (echolalia)
- Giving unrelated answers to questions
- Getting upset by minor changes
- Having obsessive interests
- Flapping their hands, rocking their body, or spinning in circles
- Having unusual reactions to the way things sound, smell, taste, look, or feel
Statistics from the U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 68 American children with ASD. Research shows that this increase is partly explained by improved diagnostics and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 42 boys and 1 in 189 girls are diagnosed with an ASD in the United States. The cause is unknown but continual research in areas like genetics, the brain and the environment may provide answers in the future.

Diagnosis

If a parent has developmental concerns for their child, it is best that they speak to their primary care physician. Primary care physicians are equipped with screening tools to determine if the child presents areas of concern for developmental delays. They can make appropriate referrals to local services and diagnostic centers to determine if an Autism Spectrum Disorder or other developmental disorders are present.

To receive a diagnosis of ASD, a child must meet DSM-V (Diagnostic and Statistical Manual - Fifth Edition) criteria. The DSM-V is published by the American Psychiatric Association and is used worldwide among doctors and clinicians. The criteria (see full criteria below) for ASD have recently changed from three to two domains: combined social skills and communication and restricted and repetitive behaviors. A diagnosis requires a child to have three characteristics in social communication and at least two characteristics in restricted and repetitive behaviors.

In addition, abnormal sensory interests are now a characteristic under restricted and repetitive behaviors. Characteristics can be currently present in a child or in past developmental history. The criteria in the DSM-V is much more thorough in description and more strict. The changes in criteria are a reflection of current research that has been conducted throughout the years.
## Diagnostic Criteria

| A | Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text). |
| B | Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text). |
| C | Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life). |
| D | Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. |
| E | These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected. |

## Social Competence

Kansas has developed the Social, Emotional and Character Development Model Standards. These are overall expectations that were designed for all students, and are applicable to individuals with autism, even though how we teach these skills may need to differ. Being able to know who you are and how to regulate your body and behavior is an important skill; making friends and being able to get along with family, classmates, teachers, coworkers and community members allows us to function in society; and being able to problem solve and make appropriate decisions gives us positive opportunities and self-esteem.

This concept is the core of another related area that is emphasized as children grow into adulthood referred to as “self-determination.” Social skills, social emotional learning, self-determination, interpersonal skills and more are all based in ‘social competence.’ These standards can be found at: [www.ksde.org/#SECD](http://www.ksde.org/#SECD).

Social competence impacts an individual’s success in the adult world. Individuals with an ASD generally require direct instruction in social skills; deficits in this area are one of the criteria for
a diagnosis of ASD. Schools are to assess students and program for direct instruction in the area of social skills. It is important to utilize informal assessments and observation to determine the skills that an individual will need to be taught. Teams need to determine if there is a skill deficit (doesn’t have the skill in their repertoire) or a performance deficit (has the skill, but doesn’t know when to utilize it). Deficits in this area may impact their success in the classroom. School is a social environment and students with an ASD need to be taught how to navigate this environment. By teaching social skills during the school years, individuals’ quality of life, success in the work world and in their community can be improved.

Individuals with an ASD want to have meaningful relationships with people, but they don’t know how to go about creating those relationships if these deficits are not addressed. Teachers may need to look at a social interaction and break it down with the individual to process where problems occurred in the interaction. Even those students who don’t require academic support may qualify for services in the area of social skills.

**Sensory Needs of the Person with ASD**

There may be sensory differences in individuals with an ASD. It is important to teach the skills and practice them in natural environments. Individuals are impacted by their sensory differences in unique ways. These differences may create behavioral challenges as individuals are dealing with sensory input. Individuals may shut down to avoid stimuli that are aversive or over-stimulating, or may exhibit self-stimulating behaviors to calm themselves in those over-stimulating environments. Responses to sensory stimulation may range from hyposensitivity (under-reactive) to hypersensitivity (over-reactive). Any of the senses may be affected: tactile system (touch), auditory system and olfactory (smell) systems, vestibular (balance) and proprioceptive (body in space) systems. It is very important for teams to work with an occupational therapist to assess and program for these unique needs. It will be important to embed interventions throughout the day to enhance sensory responses when a student is hyposensitive and to calm them when the student is hypersensitive. By being aware of and programming for these sensory differences, teams may be able to avoid some of the challenging behaviors that can occur in response to sensory stimuli, and provide the individual with coping responses that they can use throughout their lives across environments.
Communication challenges faced by those with an autism spectrum disorder are diverse. Some students may use little or no spoken language to communicate. Others may be very verbal and even utilize a vocabulary that appears more sophisticated than expected for their age. The ability to speak using words does not ensure that communication skills are intact. A diagnosis of autism indicates that deficits in social communication and social interaction will be present. These deficits occur in both verbal and non-verbal students. Examples of deficits in social communication and social interaction include: difficulty starting and maintaining a conversation with others, difficulty in integrating important non-verbal communication skills into conversation such as eye-contact and body language, difficulty understanding the non-verbal communication of others, lack of facial expressions or gestures and difficulty developing and maintaining relationships appropriate for their developmental level. How these deficits impact ability to function as part of the school community varies from individual to individual. Seek the help of your speech-language pathologist in programming for all students with autism.

Communication skills are vital. They can be supported for all students in the school community by keeping a few things in mind:

- If a student uses an alternative or augmentative form of communication (AAC), encourage building expectations that AAC will be used in all environments and with the support of all personnel. Using alternative or augmentative communication will not discourage students from talking. It builds vocabulary, increases the likelihood that a student will begin to use spoken communication (if they are able) and teaches social interaction.

- Students with autism and language processing deficits are often literal thinkers. Avoid using idioms, slang and sarcasm.

- Give directions one at a time. Tell students what to do not what not to do, i.e. “Walk please” instead of “Don’t run.”

- Allow students with communication deficits additional time to process information. Once a question is asked, wait before adding any additional information. A good rule of thumb is to count to 10 in your head before speaking again. For some students, this count may need to be longer.

- Consider visual supports as essential teaching tools! They support language comprehension and clearly define expectations. Students with autism, second language learners and others who have
language processing disorders often benefit from added visual supports and visual structure in the school environment. These supports may include visual schedules, reinforcement systems or posted class rules. They can be as simple as taped lines on the floor that indicate where to stand or even a picture next to a student’s name on their cubby. Enlist the help of your special education staff in developing building wide visual supports and visual structure that provide meaning to the school environment.

• Recognize behavior as a form of communication. Students with compromised communication abilities will often resort to inappropriate behavior when they are unable to access communication in stressful situations. When inappropriate behavior occurs, consider what that behavior was trying to communicate. If hitting is the quickest and most effective way to get someone to stop doing something that you don’t like, that behavior is likely to reoccur until a more efficient and effective form of communication is taught. Could the student be taught to use a communication system or request a break as opposed to the resulting inappropriate behavior?

Behavior

Students with ASD may exhibit behaviors that can cause them to struggle with social situations, academics and other parts of their lives. Restricted and repetitive behaviors are sometimes seen in people with an ASD. Restricted and repetitive behaviors may include: hand flapping, rocking, and other general types of self-stimulatory behaviors. These behaviors are exhibited for many different reasons. Frequently, these behaviors are a sign of anxiety, dis-engagement or a lack of structure. It is important to remember that sensory needs, like other needs, must be met. When creating a schedule for a person with an ASD, incorporating a “Sensory Diet” may help the individual more readily maintain the optimum level of awareness and engagement.

Some students with an ASD show preoccupation with specific interests. For example, a person with an ASD might show intense interest in a movie character. Many times throughout the day, the person may reference or only show interest in activities or tasks that are related to the character. It is beneficial to use social stories and/or power cards that include the favorite character, as it is easiest to make connections to particular tasks when the person with an ASD is more able to take an interest in the subject.
ESI

The new ESI regulations address physical restraint, mechanical and chemical restraint, and seclusion. Prevention is the key when addressing ESI. Acting in preventative ways through Positive Behavior Supports, behavior plans and staff training can help prevent a crisis situation from occurring. It is indicated in the ESI regulations that training must be documented. The level and intensity of training should be appropriate to staff duties in terms of interacting with students. Prevention, de-escalation, and positive behavior supports and interventions are all areas that staff training should address. Additionally, when restraint or seclusion occurs, this must be documented and the parents must be notified of the situation. Following the ESI regulations is likely to have a positive impact on schools, classrooms and individual students. For more information regarding current ESI regulations, visit the following web page:
http://ksdetasn.org/cms/index.php/esi-resources

IDEA

The 2004 reauthorization of IDEA, the Individuals with Disabilities Education Improvement Act (IDEIA), indicates that an FBA is required to be completed whether the behavior is due to the disability or not or whether the student has been removed from their current placement.

(Ferro, Lane, Liaupsin, Umbreit, 2007)
Best Practices

In Kansas, TASN’s Autism and Tertiary Behavior Support Project relies on the National Professional Development Center of Autism Spectrum Disorders (NPDC) to identify evidence-based practices in ASD. To date, the Center has identified 27 practices that meet the standard as being evidence-based. The identified practices align significantly with those of the National Autism Center’s National Standards Project, however there are some differences. Many of those differences can be accounted for through the manner in which EBPs were clustered, while other differences are a result of the evaluation process and criteria. The NPDC on ASD has partnered with the Autism Internet Modules to make online training available in 24 of the 27 EBPs. Equally noteworthy, access to the modules is free of charge. The resource section of this document provides the URL for the modules.

When considering the provision of training, it is critical to know the current knowledge and skill level of your staff, the needs of the students that they serve and the resources that you can provide that closes or minimizes the gaps between the current level of expertise and the need of the students. The resource section of this document contains a self-assessment on the NPDC’s EBP. In determining current staff expertise, it may be useful to determine areas in which additional training needs to be accessed or provided. By combining the data collected in the self-assessments at the classroom, building and district level, it is possible to create an expertise grid to assist you as you make student assignments and/or provide mentoring to teachers of students with an ASD.

The role that para-educators play in the education of students with an ASD can be significant. Given the fact that in many cases para-educators spend more one-on-one time with students than do teachers, training of the entire staff needs to be a priority. What training do para-educators need? Specifically, they need to be trained in the interventions and data collection tools that the team has identified to be used with the student. Specific coaching and feedback needs to be provided by those who know how to implement the intervention to those charged with providing it. This is where the development of the overall classroom schedule shows its worth. Within that schedule, teachers need to set aside time to work with both the para-educator and the student.
Comprehensive Programming

As an administrator, it is critical that you consider providing the very best education possible for all the students in your care. It is also critical that the services you provide are defensible. Most litigation around ASD has to do with a lack of qualified staff, poor adequate progress and the absence of data to guide decision-making. In order to combat these issues and provide a solid program for students consider emphasizing the following:

Make sure the staff understands the procedural requirements of IDEA and Conduct thorough assessment. IEPs developed on bad information make bad IEPs.

Minimally, your staff need to be well versed in:

1. Basics of ASD
2. Instructional Strategies
3. Behavior Management
4. Visual Supports
5. Structuring the Environment
6. Data Collection and Analysis
7. Social Skill Development
8. Modification to Curricula
9. Applied Behavior Analysis
10. Family Engagement
11. Dev. Appropriate Practice
12. Elements of Effective Instruction

Remember, both academic and social-emotional deficits need to be addressed. Finally, “If it isn’t documented, it wasn’t done.” Create a data collection and analysis system that is sustainable.
Supporting Students with ASD in Your School

Specific instructional strategies for students with an ASD can be used to diminish problematic behaviors, such as self-injury, aggression, self-stimulation, and/or tantrums, as well as increase the acquisition of skills across academic and functional curricular areas (i.e., cognitive, communication, academic, social, motor, sensory, behavior, math, reading, science, writing, history, vocational, career and community access skills). In Kansas, the Multi-Tiered System of Support (MTSS) provides an excellent framework for the education of ALL students. Meeting students at their instructional level, with the supports and modification necessary to gain access to the curriculum, isn’t just a good idea, it is the expectation. For academic, social, and functional programs to be effective, instruction must occur within a carefully planned framework (Hurth et al., 1999; Iovannone et al., 2003; National Research Council, 2001). The instructional components recommended for students with an ASD by the National Resource Council in 2001 include assessment, predictable learning environments, structured teaching, key elements in program structure and instructional methods, and ongoing program monitoring.

Ongoing progress monitoring will assist educators in making decisions on the effectiveness of their instructional strategies, as well as any needed modifications, adaptations, or accommodations that the student may need to achieve instructional outcomes (Simpson, 2005).

Additional school-wide and classroom strategies include:

- School-wide and classroom rules and routines.
- Well-organized and clutter-free classrooms.
- Physical arrangement of the classroom; arranged such that the expectations are clear.
- Minimizing distractions by covering shelves with curtains and removing extraneous decorations.
- Providing visual cues to enhance understanding and reduce anxiety.
- Teaching and provide visuals for routines and expectations.
- Providing the student with an individualized visual daily schedule.
- Providing the student with a visual menu of appropriate classroom behaviors that should be used when they become overwhelmed or agitated.
• Collaborating with and train teachers, para-educators, related service providers, IEP team members, etc. on objectives, behavior intervention plan, etc.

• Establishing a communication notebook to go between home and school.

• Determining the level of modifications a student may need to access the general education curriculum and implement consistently.

• Capitalizing on student’s interests to introduce new and difficult tasks.

• Chunking larger assignments with shorter due dates for long-term assignments.

• Providing the student with an organized notebook that has a clearly marked spot for homework and a clearly marked spot for finished work. Model and teach the use of the notebook consistently.

• Assigning specific roles for group work.

• Provide examples of finished products and writing assignments that meet all project or composition requirements.

• Individualizing visual schedule.

• Utilizing reinforcement strategies based on skill to be learned. (Durrand & Crimmins, 1989)

**Preparation for Inclusion**

Families Together, Inc. website, “Information on Least Restrictive Environment and Inclusion” cites the legal premise which provides the basis for including students with disabilities in general education. “IDEA requires that, to the maximum extent appropriate, children with disabilities including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily” (Families Togethers, Inc., 2013).

Inclusion refers to a belief system that derives educational practice and is not merely an issue of a student’s educational placement (McGregor & Vogelsberg, 1998.) Many children with autism are successfully included in general education classrooms while learning with their nondisabled peers (Wagner, 1998). Peers are role models for appropriate social behavior and can assist the
student with autism to generalize skills across environments. While not all students are best served in the general education setting, all students must have access to the general curriculum.

The Guide for Educating Students with ASD (2011) suggests that “When considering access to the general education curriculum for students with ASD, parents and education professionals should:

- Determine appropriate supports, accommodations, and modifications to support the student’s access to the general education curriculum;

- Collaborate with families to establish shared preferences for goals, methods and educational services (Iovannone et al., 2003);

- Embed the student’s special interests and preferences in the program methods (Hurth et al., 1999; Iovannone et al., 2003); and

- Identify the student’s strengths and weaknesses (i.e. student profile) to determine intensity of instructional level (Iovannone et al., 2003; National Research Council, 2001).

Choosing Appropriate Intervention/Programming

When an IEP team needs to make a decision regarding educational and/or behavioral programming for a student with an ASD, the task can become overwhelming. In order to accomplish the task of planning programming, the team should approach the task step by step. Keep in mind that interventions and programs should be evidence-based. Evidence-based practices are ones that researchers have shown to be effective. Programs, which are used with students who have an ASD should have strong structure. This allows the student the ability to better predict what is being asked of them as well as how to complete the task at hand. In most cases, the skilled instructor creates the structure needed within programs (accommodations and modifications to the program or intervention). The following are steps that the IEP team can take to ensure that they are using the appropriate intervention for individual students.
The first step to finding the appropriate interventions for any student starts with data collection. Choose one skill to target and collect data on that skill. For example, if a student struggles to focus on direct instruction, the teacher should take data on what he/she observes prior to the behavior (Antecedent); what the behavior is observed to look like (Behavior); and the outcome of the behavior (Consequence). Once this data is collected and analyzed, the team is able to focus on what kind of evidence-based intervention is best for the student. When the intervention is implemented, it is important that the intervention be implemented with fidelity. Ensuring fidelity will allow for the team to gather accurate data regarding the effectiveness of the intervention.

The second step is to collect data during the implementation of the intervention. This is what should be used to make instructional decisions. When an intervention or program is implemented, data must be collected throughout the intervention phase. Again, looking for a targeted behavior and taking data will allow the team to know the usefulness and strength of the intervention for the individual student. Along with collecting data, analyzing the data must also be completed frequently. If the data are showing (in a graph, for example) that the targeted behavior is not going in the correct direction (up for desired behavior and down for undesired behavior), then the team should meet to discuss possible changes within the intervention or trying a new intervention. It is important to remember that when trying to change a behavior, typically, we see an increase in undesirable behaviors before we see a decrease. It is important to prepare for this increase and to maintain the intervention through this time period.

As stated before, implementation should be done with fidelity. If an intervention is implemented without fidelity, it is difficult for the team to determine if the intervention is working or not. When discussing fidelity, training and professional development must be addressed. In order for a teacher to implement an intervention with fidelity, the teacher must be properly trained. When we give our teachers a new reading program to use with his/her students, we provide training on how to teach the program the way the developer intended. This is the same with any intervention or program, whether it is for behavioral or academic learning. On-going professional development is also important for the proper implementation of interventions and programs.
Evidence Based Practices

The National Professional Development Center on Autism Spectrum Disorders (NPDC) provides comprehensive information about the level of scientific evidence that exists in support of many educational and behavioral treatments currently available for individuals with Autism Spectrum Disorders (ASD).

The NPDC can help guide administrators toward evidence-based practices that are proven. Evidence-Based Practice refers to those interventions that, efficacy has established through peer-reviewed research in scientific journals using:

- Randomized or quasi-experimental design studies. Two high quality experimental or quasi-experimental group design studies,

- Single-subject design studies. Three different investigators or research groups must have conducted five high quality single subject design studies, or

- Combination of evidence. One high quality randomized or quasi-experimental group design study and three high quality single subject design studies conducted by at least three different investigators or research groups (across the group and single subject design studies).

Implementation of programming should include the following steps:

1. Evaluate
   Evaluate intervention options by analyzing the quality of evidence supporting each methodology.

2. Assess
   Assess student’s academic skills, social and emotional, and communication abilities.

3. Analyze
   Collect meaningful data and analyze results to be sure the methodology is helping an individual student and to inform instructional decisions.
Overwhelmingly, established treatments for ASD are derived from applied behavior analysis (ABA). However, other interventions met the criteria as well.

Here is a list of the EBP as recognized by the NPDC:

1. Antecedent-Based Interventions (ABI)

2. Cognitive Behavioral Intervention

3. Differential Reinforcement

4. Discrete Trial Training

5. Exercise

6. Extinction

7. Functional Behavior Assessment

8. Functional Communication Training

9. Modeling

10. Naturalistic Intervention

11. Parent-Implemented Intervention

12. Peer-Mediated Instruction and Intervention

13. Picture Exchange Communication System (PECS)
14. Pivotal Response Training

15. Prompting

16. Reinforcement

17. Response Interruption/Redirection

18. Scripting

19. Self-Management

20. Social Narratives

21. Social Skills Training

22. Structured Play Group

23. Task Analysis

24. Technology Aided Instruction

25. Time Delay

26. Video Modeling

27. Visual Supports

The NPDC on ASD website (autismpdc.fpg.unc.edu) has briefs posted on 24 of the 27 EBP. The most recent addition did not have briefs available at the time of publication for this guide.
The transition from school-based services to post-school services can be one of the most challenging times for students with autism and their families. Planning for the student’s adult future needs to be well coordinated and thoughtfully planned. Parents, the student, community service providers, adult services agencies and IEP team members should work collaboratively to guide the student and the student’s family in the decision making process (Grigal, Neubert, & Moon, 2005).

Transition services are defined as “a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities.” The coordinated set of activities developed for the student must be based on his or her needs, strengths, preferences and interests in the following areas:
Secondary transition planning must be included in a student’s IEP by age 16, including appropriate post-secondary goals and transition services need to reach those goals (IDEA, 2004). Further, Kansas law requires a transition plan in a student’s IEP at age 14 (K.S.A. 72-987(c)(8)).

A quality transition plan that has been developed and revisited by the student’s team members over the course of a student’s high school years is more likely to achieve positive post-school outcomes. Quality transition planning serves as a guide to educational programming and focuses on the student’s interests, preferences, needs and strengths. It is a results-oriented process that considers post-school outcomes for independent living, employment, postsecondary planning and community participation. Quality transition planning is a student-centered, coordinated effort relying on services within and outside the school setting (i.e. interagency linkages) (Wehman, 1988).

Supporting Staff, Students and Families

The responsibilities for providing appropriate services to students with disabilities are numerous. Students with Autism Spectrum Disorders (ASD) often create unique demands on the systems that serve them due to the complexity of their needs. These unique needs require specific knowledge, skills and passions on the part of those who serve them. The selection of interventions that are evidenced based and providing staff with adequate time to not only provide services, but also hone their skills through professional development opportunities is a challenging scale to balance. As an administrator, weighing the costs of providing professional development is a difficult task; both financial costs and the time teachers spend away from students must be weighed when making professional development decisions. Yet many administrators agree that well-planned, quality professional development is a critical component of staff and student success. In addition to the time needed to participate in professional development opportunities, it is equally important that programs serving students with an ASD develop collaborative partnerships between education service providers, community providers and families. For most students with an ASD, educational placement is in the general education classroom while for others, placement may be either a self-contained setting or a combination of general and special education.
Consider the following to demonstrate your support for staff and students:

- Visit the classroom often.
- Solicit the teachers’ concerns.
- Discuss EBP that are being used.
- Collaborate with teachers to create a Professional Development Plan that will be meaningful and provide opportunities for teachers to attend training.
- Provide outside consultation.

Frequently Asked Questions

**What curriculum can be used to teach a child on the spectrum?**

Research clearly shows there is not one specific curriculum or strategy to teach a student with autism. No matter the age or specific spectrum disorder here are some basic instructional guidelines:

- Assess the student’s academic, social and emotional and communication skills.
- Instruction should be linked to the Kansas College and Career Ready Standards.
- Curriculum modifications should be individualized and take place across environments and across content areas.
- Consider environmental supports that may be needed to help the student focus on the need-to-know content information.
- Utilize visual cues and supports to help make the connection between the content presented and the student’s understanding. (i.e., graphic organizers, visual instructions, highlighting, task analysis).

**How do I teach a non-verbal child to read?**

Focusing on the student’s visual and receptive language strengths can guide instruction for children on the spectrum. There are resources available for teaching children on the spectrum...
to read. In her book, *How Do I Teach This Kid to Read?*, Kimberly Henry states that a systematic, balanced literacy program is recommended to ensure instruction is delivered in each area of literacy development. The reading program must be individualized across literacy skills. Henry’s book provides examples and samples on how to teach literacy to young children with autism.

If I have a student with an autism spectrum disorder who is doing well academically and only needs minimal modification supports in the classroom, are there additional supports the school can provide on his/her IEP?

Yes. It would be important to take a closer look at the student’s socialization skills and social conversation skills and determine if there is a need for supports in those two areas. Scott Bellini’s *Building Social Relationships* has a good assessment tool that identifies a student’s socialization needs. A speech language pathologist on the team can assist in determining a student’s social conversation needs.

If one of my students receives a developmental disability diagnosis (e.g., autism spectrum disorder, intellectual disability, etc.) is there a local community organization the family should be connected to for services outside the school?

Yes. Every county has a local Community Developmental Disability Organization (CDDO) that offers services to families who have children with developmental disabilities. There may be a wait list for some of the services offered; however, it is recommended for families to start the process and to get in touch with a case manager. To find your local CDDO and more information, visit KansasASD.com.

If I need assistance with a student who has ASD or behavior difficulties, how can I get help?

TASN Autism and Tertiary Behavior Supports provides consultation, professional development and training for school districts in the state of Kansas. Go to www.ksde.tasn.org and click on the blue “Request Help” button at the top of the page.
Resources

• **TASN Autism and Tertiary Behavior Supports:** The Kansas Autism Spectrum Disorders website is funded as part of the TASN Autism and Tertiary Behavior Supports project. We are part of the Technical Assistance Support Network (TASN) projects and are funded through a Title VI-B grant from the Kansas State Department of Education’s Special Education Services and administered by Keystone Learning Services. [http://www.ksdetasn.org](http://www.ksdetasn.org)

• **TASN Autism and Tertiary Behavior Supports:** We maintain a lending library that is accessible online. Materials may be checked out for 3 weeks. Library patrons are responsible for the cost associated with returning the materials to the lending library; TASN Autism and Tertiary Behavior Supports covers the cost of sending those materials to the patron; training and onsite consultation to students in Kansas Schools. (Resource at free or low cost to Kansas Schools) [http://www.KansasASD.com](http://www.KansasASD.com)

• **Autism Society of America:** This website is the voice and resource of the autism community. It contains information including, but not limited to, the following (1) research and programs, (2) Tips of the Day. [http://www.autism-society.org](http://www.autism-society.org)

• **Center for Disease Control (CDC):** Working with states and other partners, CDC provides a system of health surveillance to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, and maintain national health statistics. The Center for Disease Control also guards against international disease transmission, with personnel stationed in more than 25 foreign countries. [http://www.cdc.gov](http://www.cdc.gov)

• **Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH):** The University of North Carolina at Chapel Hill has an educational approach for individuals with autism to function meaningfully and independently in their naturally occurring environments. Additional links to a variety of resources about strategies and autism are provided. [http://www.teacch.com](http://www.teacch.com)

• **Do 2 Learn:** This website provides games, songs, communication cards, print resources, and information for students with disabilities. It also provides ideas for teachers in adapting lesson plans and providing cooperative learning opportunities in their classrooms. [http://www.do2learn.com](http://www.do2learn.com)

• **Infinitec:** This website is a one stop resource guides gathered from a library of articles and information. Infinitec provides assistance about assistive technology including software, and hardware systems. [http://www.infinitec.org](http://www.infinitec.org)
• National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS): The OSEP-funded National Technical Assistance Center on Positive Behavior and Intervention Supports was established to address the behavioral and discipline systems needed for successful learning and social development of students. This Center provides capacity-building information and technical support about behavioral systems to assist states and districts in the design of effective school-wide interventions. [http://www.pbis.org](http://www.pbis.org)

• Future Horizons: Future Horizons provides books, conferences, and other valuable information on autism. The website is easy to navigate with distinctive links to the types of resources that are available for purchase. [http://fhautism.com](http://fhautism.com)

• Tasks Galore: Tasks Galore Publishing Incorporated was created to provide parents and professionals with practical tools that will assist their children and students to become more independent in school and in society. These tools emphasize structured teaching methods and parent/professional collaboration. [http://www.tasksgalore.com](http://www.tasksgalore.com)

• Autism Internet Modules: AIM is designed to provide high-quality information and professional development for anyone who supports, instructs, works with, or lives with someone with autism. Each module guides you through case studies, instructional videos, pre- and post-assessments, a glossary, and much more. AIM modules are available at no cost. If you would like to receive credit for your time on AIM, certificate and credit options are available for a fee. [http://www.autisminternetmodules.org](http://www.autisminternetmodules.org)

• EBP Self-Assessment and Expertise Table: These materials can be used to help educators and services providers identify their strengths in the NPDC on ASD’s 24 Evidence-Based Practices. Once the individuals complete the self-assessment, all team member scores are entered into the EBP Table. By totaling the scores across the individuals, it is possible to identify areas of strength and need. Once needs are identified, both individual and team/building/district professional development plans can be developed.

Helpful Websites for Training Resources

http://www.kansasasd.com

Training Materials for upcoming trainings as well as Training On Demand can be found on our website.

www.texasautism.com

This is the website of the Ziggurat Group. Updated ZM forms are on this site.
http://www.behavioranalysts.com
This website has ordering information for the ABLLS-R.

www.vbteachingtools.com
This website has ordering information for the ABLLS-R kit.

www.objectsymbol.com
This website has objects for object schedules that can be purchased.

http://autism.pbisillinois.org/video.htm
This is from IATTAP and has 13 video clips related to ASD.

http://education.illinoisstate.edu/asi/online_courses/
This will take you to the registration for online courses from Illinois State University for free. Mark “non-credit” when registering.

www.ocali.org
This is the website for the Ohio Center for Autism and Low Incidence.

www.researchautism.org
Organization for Autism Research’s website. This has pdf versions of its publications.

www.nap.edu
This site has the pdf version of the book “Educating Children with Autism.”

www.kskits.org
There are materials for check out on ASD.

www.socialthinking.com
Michelle Garcia Winner’s website

http://www.ucdmc.ucdavis.edu/mindinstitute/events/si_recorded_events.html
 Archived presentations from the Summer Institute at UC Davis

http://www.aapcpublishing.net
Autism Asperger Publishing Company

http://www4.smsd.org/autism
Shawnee Mission School District AIT website
Blogs

http://pudgeandzippy.blogspot.com
Blog of a mom of 3 (soon to be 4) children. Her oldest daughter has Down Syndrome; her oldest son has Down Syndrome and Autism. She has a Master’s in Special Education and has a great perspective for teachers to read.

http://www.esteeklar.com
Blog of a single mom with a son with Autism. She lives in Canada.

http://momnos.blogspot.com
Blog of a single mom with a son with Autism. She is also a teacher.

http://www.autismclassroomnews.com
Blog of a nationally known Autism Consultant/Author, Christine Reeve.

Transition Resources

http://autism.sedl.org
Vocational Rehabilitation Service Models for Individuals with Autism Spectrum Disorders

www.ocali.org/transition/trans_guidelines.php
Transition to Adulthood Guidelines for Individuals with Autism Spectrum Disorders (ASD)

www.researchautism.org

www.dps.missouri.edu
Adult Autism & Employment: A Guide for Vocational Rehabilitation Professionals (Disability Policy and Studies School of Health Professionals)

http://www.nsttac.org/indicator13/examples_i13_checklist.aspx
NSTTAC: I-13 Training Materials: Examples and non-examples that can be used to train personnel to: (a) develop IEPs that meet Indicator 13, and, (b) collect data using the NSTTAC I-13 Checklists

NSTTAC: Evidence-Based Practices: A Gateway to the Complete Set of Secondary Transition evidence-Based Practices in the Areas of Student- Focused Planning, Student Development, Interagency Collaboration, Family Involvement, and Program Structure
www.ksde.org
Kansas State Department of Education. (2013). Guide for Educating Students with ASD

http://transitioncoalition.org/transition/index.php
“Tips for Transition” Compiled and Edited by: Ryan Kellems and Mary Morningstar, University of Kansas, Transition Coalition in collaboration with the Division of Career Development and Transition

Inclusion Resources

www.ksde.org
Kansas State Department of Education. (2013). Guide for Educating Students with ASD

www.famiestogetherinc.org.
Families Together, Inc.: Least Restrictive Environment (LRE, Kansas Resources, National Resources, Early Childhood Resources, Middle School Resources, and High School Resources

www.paulakluth.com
Paula Kluth: Toward Inclusive Classrooms and Communities

Sources


TASN Autism & Tertiary Behavior Supports KUMC/TASN

3901 Rainbow Blvd., Mailstop 3055 | Kansas City, KS 66160

www.kansasasd.com