



EDUCATIONAL SERVICES

Educational services and interventions are provided in the least restrictive environment for every child on the Autism Spectrum. Some children with ASD can be served in the regular classroom without special education services while others may be identified with an educational disability through the IEP process.

If a child has more significant needs, the child may be identified with a disability and provided services as determined through the IEP process. Appropriate interventions and services are provided in the school setting with the IEP case manager as the lead team member. Should the building level IEP Team need additional assistance for interventions, the team may request consultation from the Autism Specialist Team. The consultation request should come from a member of the building level IEP Team. (See classroom consultation process.)

When a school based (PreK-12) team suspects a student may have a disability on the Autism Spectrum, the Autism Spectrum Disorder Diagnostic Team may, but not always, be requested for assistance. (See ASD Protocol for Assessment Referrals.)

Protocol for Diagnosis of Autism Spectrum Disorder: Ages 6-21

A diagnosis of Autism Spectrum Disorder can be given by a Primary Care Physician or other qualified medical or mental health practitioner, or Multi-Disciplinary Child Find Team. This protocol is intended to be utilized by a referring community service provider, or when a diagnosis is unclear from a qualified practitioner. This protocol outlines the steps that will be taken by the team and expected outcomes of the assessment.

Child Find Team Ages 6-21: Contact the child's school of attendance

Should child already have an identified educational disability the child's IEP case manager should be contacted.

When Autism Spectrum Disorder (ASD) is suspected, a multi-disciplinary assessment is recommended through a Child Find Team along with other community service providers that may include:

- | | |
|---|--|
| *Cognitive functioning | *Speech language(including pragmatic) |
| *Behavioral observations | *Vision |
| *Developmental and social history | *Audiological/ screening/ assessment |
| *Adaptive behavior skills assessment | *Medical Assessment (Rule Out); D & E Clinic |
| *Social and emotional functioning | * Measure of academic/developmental progress |
| *Mental Health/Psychiatry | *Fine/gross motor/sensory functioning |
| *Autism screening instrument (CARS, GARS, ASDS) | |



If sufficient evidence exists that **the child bears characteristics of ASD**, the multi-disciplinary team may indicate a diagnosis of Autism Spectrum Disorder. This multi-disciplinary team along with the parents will develop a coordinated and targeted intervention plan.

If assessment **does not indicate ASD**, the multi-disciplinary team will reconvene to determine an appropriate intervention plan.



If consensus cannot be reached by the Child-Find Team regarding the child's presentation of ASD characteristics, the Autism Diagnostic Team may be contacted for additional assessment.



In addition to the information obtained from the community and Child-Find Team, the Autism Diagnostic team may:

- Observe and/or videotape at home and school
- Perform the Autism Diagnostic Observation Screen(ADOS)
- Interview parents/family and other care providers



Once the evaluation has been completed the Autism Diagnostic team will review findings with the referring team to include the parents, provide a written evaluation report of the findings, and make recommendations for interventions in both home, school, and will share information with community providers.

*The Autism Spectrum Disorder diagnostic protocol referenced the following documents: American Academy of Pediatrics, Identification and Evaluation of Children with Autism Spectrum Disorder, *Pediatrics*. November 2007; 120, 5, and National Research Council (2001) *Educating Children with Autism*, Committee on Educational Interventions for Children with Autism. Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press; and Rules for the Administration of the Exceptional Children's Educational Act (ECEA).

Protocol for Diagnosis of ASD: Ages Birth through 5 years

A diagnosis of Autism Spectrum Disorder can be given by a Primary Care Physician or other qualified medical or mental health practitioner. This protocol is intended to be utilized by a referring community service provider, or when a diagnosis is unclear from a qualified practitioner. This protocol outlines the steps that will be taken by the team and expected outcomes of the assessment.

Referral is made to Child Find

Child Find contact for children ages Birth-through 2 years 241-5403

Child Find contact for children ages 3-5 years 254-5405

Child Find Assessment Includes:

Community provider's assessments and other pertinent information

*Cognitive functioning *Behavioral observations *Developmental and Social history *Adaptive behavior skills assessment
*Social and emotional functioning/ Mental health *Speech/Language *Vision *Audiological/screen/assessment *Fine/Gross motor/sensory functioning

Developmental Interventions will proceed if child is eligible for Part C or Part B services.

Due to the nature of the Autism Spectrum Disorder a diagnosis of Autism will not be made at the Child Find Assessment. "Best Practice" requires assessments over time in multiple settings. This process may take up to several months to complete.

Autism Screening Tools:

Birth through 2 yrs. - CHAT, MCHAT
yrs. - CARS

3-5

A diagnosis of ASD can be made if team
(which must include psychologist or physician) and parents believe enough

If diagnosis still

D & E CLINIC
To rule out
medical

**Autism
Diagnostic
TEAM**

After the evaluations the child's team of providers would make
recommendations for intervention for home, school, and community
providers



MESA COUNTY VALLEY SCHOOL DISTRICT #51 SPECIAL EDUCATION

Autism Team
Emerson Building
930 Ute Ave
Grand Junction, CO 81501
254-5360 – 254-5361

CLASSROOM CONSULTATION

Goal

- 1.) To assist in identifying functional strengths and needs of the students.
- 2.) To problem-solve strategies to move the student to the next level of functioning.
- 3.) To implement those strategies with daily consistency.

Method

Research-based approaches will be utilized for classroom teams to teach communication, social skills, and functional participation. Goals and objectives will be specific to the student's individual needs. Data collection will be used to assess efficacy of programming.

Timeline

There will be in-class consultation with the school team for approximately six to eight weeks, depending on student needs. If needed, the first two weeks may be spent working directly with the student to assess sensory preferences, functional skill level, and primary means of communication. Videotape, with parent permission, may be utilized to establish a baseline of performance. Weeks three and four are spent working next to the teaching team as they practice the techniques modeled. The final two-four weeks will be spent observing the teaching team, directly assisting only when necessary. A review of data collected for the remainder of the year may occur along with videotape in order to assess progress.

Expectations

An intervention plan will be developed with the teaching team, to include the parent, that will meet the individual needs of the student. A meeting will be scheduled with the team as needed following the initial six week consultation to answer questions, reviewing data, and reviewing overall progress of the student.

MEDICAID AND SUPPLEMENTAL SECURITY INCOME INFORMATION

What is Medicaid?

Medicaid is a program that is funded by state and federal dollars that allows people who are low income and/or disabled to access medical care through various certified Medicaid providers. Applicants must meet eligibility criteria for one of the Medicaid program categories in order to qualify for benefits. Major program categories include Aid to Dependent Children/Medicaid Only, Colorado Works/TANF (Temporary Assistance for Needy Families), Baby Care/Kids Care, Aid to the Needy Disabled, Aid to the Blind, and Old Age Pension. To apply for Medicaid contact the Mesa County Department of Human Services, 510 29 ½ Road, 241-8480.

What is Supplemental Security Income or SSI?

SSI is a federal benefit provided by the Social Security Administration for people who qualify both in terms of income and disability. For children who live at home, the parental income and assets will impact eligibility. Persons receiving SSI in Colorado are automatically eligible for Medicaid Health Insurance. Contact the Grand Junction Social Security Office, 744 Horizon Court, 245-2627, for further information.

What is a Medicaid Waiver?

Medicaid Waiver programs were developed for families, who earn too much money to receive SSI/Medicaid, but have a child with significant disabilities. If your child requires a great deal of support, supervision and/or medical attention, he/she may qualify. This program is limited in numbers of applicants, and it is important to apply as early as possible since a waiting list may exist. There is a specific Medicaid waiver for children with autism, ages birth through age 5, who have a medical diagnosis with intensive behavioral needs. Contact Mesa Developmental Services, 950 Grand Avenue, 243-3702, to apply.

Directory of Mesa County Resources

(Current as of June, 2007)

Ariel Clinical Services for Children

(970) 245-1616

2938 North Ave Grand Junction, Co 81504

Ariel provides four distinct programs that can be individualized to benefit families with children diagnosed with autism spectrum disorders: 1) therapeutic foster care designed to provide a home-like setting for youth that may require temporary out-of-home placement; 2) youth coach program facilitates one-on-one time with youth in community doing activities and providing positive role modeling that focuses on the youth's strengths and interests; 3) behavioral intervention specialist helps families design behavior programs, safety plans and de-escalation intervention; and 4) Ariel provides transitioning youth at age 18 ongoing adult services including host homes, day programming, supported living services and community employment opportunities.

Center for Enriched Communication

(970) 243-9539

(dba) Counseling and Education Center

2708 Patterson Road Grand Junction, Co 81506

The Counseling and Education Center provides relationships counseling, education in parenting, personal management, interpersonal communications, children's play therapy, Neuro Linguistic Programming, Eye Movement Desensitization and Reprocessing, women's groups and anger management groups for all ages. Fees for service include sliding-scale and Medicaid insurance.

Center for Independence

(970) 241-0315

740 Gunnison Grand Colorado 81501

Positive Access to Community Transition (PACT)

Offers trainings for independent living skills. Social/peer interaction, disability awareness, rights and advocacy for children and adults. Fee for some services

Colorado Cross-Disability Coalition

(970) 260-1804

552 West Main St, Grand Junction, Co 81501

CCDC provides advocacy and education for people with all types of disabilities. Our advocates educate parents on the qualification for special services during an Individual Education Plan (IEP) and on their rights under IDEA, and work with all agencies and the schools. We attend IEP meetings, attend appeal hearings if benefits are denied, have a legal team on staff and we have bi-lingual interpreters. We serve children and adults of all ages without a fee.

Colorado West Regional Mental Health Center, Inc

(Children & Family Services Division)

(970) 245-3270

515 28 ¾ Road Grand Junction, Co 81501

Colorado West Mental Health provides a comprehensive continuum of care to youths and their families, including outpatient, intensive out patient and residential treatment programs. Services are available in the office, in schools, and in the community at large.

Western Slope Mental Health Stabilization Center

The Western Slope Mental Health Stabilization Center, (970) 245-3270 is the phone number for Child and Family Outpatient Services. Facility provides 23-hour crisis stabilization services, as well as short-term, inpatient psychiatric and chemical dependency treatment programs for children, adolescents and adults. We use a holistic team approach that is provided in a nurturing, supportive culturally competent and highly structured environment. Serves ages 4 to adult. Variety of payment options

Desert Edge Therapy Inc.

538 36 ¾ Road, Palisade, Co 81526

(970) 464-5274

Desert Edge Therapy, Inc. is a non-profit horse therapy program designed to enhance physical and psychological development for children and adults through interaction with horses in a unique outdoor clinical setting. Services are for ages 3 and up. Fees for services.

Dino-Peds

(970) 242-7060

1190 Bookcliff, Suite 104

Dino-Peds, Dinosaur Junction Pediatrics are board certified pediatricians and treat children from birth to 18 years of age. The goal of Dino-Peds is to provide personal and individual care for our patients. At Dino-Peds, children see their own doctor at every visit and become comfortable with that physician throughout childhood. Offers a variety of payment options.

Grand Junction Therapy

(970) 242-0111

312 Rood Avenue, Grand Junction Co, 81501

Provides clients with physical, speech and massage therapies. Supports post trauma care and pain management. Serves clients ages 2 to adult. Fees are individually paid, insurance and medicad accepted.

Hilltop Community Resources, Inc.

(970) 242-4400

Corporate Office

1331 Hermosa Ave, Grand Junction Co 81501

- Camp Kiwanis
(970) 268-5546
5097 Highway 65

Mesa, Co 81643

Created camp opportunities for over 300 young people of whom 100 were disabled and underprivileged.

- Kiddin' Around Learning Center
(970) 248-0873

Hilltop's Kiddin' Around Learning Center provides high-quality, affordable childcare and education for children ages 2 1/2 to 12 years. Special needs children receive benefits of integrated care from nurses, teachers and occupational therapists. Fees for service.

Infoline Referral Service

(970) 244-8400 or 211

2956 North Ave, #1 Grand Junction, Co 81501

The info-Line is a community information and referral service. It is your connection to childcare referrals, human services agencies, and programs in Mesa County. It may help guide you to community events, parent education, and support groups. The info-Line may be reached by calling 244-8400

Mesa County Health Dept

(970) 248-6948

510 291/2 Rd Grand Junction, Co 81502

Health care program for children with special needs.

Eligibility for this facility is based on the following: Children ages 0 to 21 years; resident of Colorado; specific diagnostic eligibility (orthopedic, neurology, cleft lip and palate, speech/hearing, vision, spinal cord injury, Spina Bifida, cardiology, Cerebral Palsy, Cystic Fibrosis and severe orthodontist defects); financial eligibility based on family income. Services offered include: Public health nurse care coordination; family support; specialized clinics; nutrition consultation; social work intervention; Physical, Occupational, and Speech Therapy; specialty physician services; pre-approved hospital care; limited medical equipment; home intervention program; and hearing aids & supplies.

Mesa County School District #51

(Special Education Services)

(970) 254-5304

930 Ute Avenue, Grand Junction, Colorado 81501

The Department of Special Education provides a continuum of services for students with special needs from age three through twenty-one. Qualification for special services is decided during the individual Education Plan (IEP) meeting which involves family members and staff members who complete appropriate testing. The range of available services includes speech-language pathology, audiology, Occupational and Physical therapy consultation, behavioral support, vision, adaptive physical education and resource support.

(Child Find)

(970) 254-5405

410 Hill Ave, Grand Junction 81501

Child find is an integral part of Mesa County Valley School District#51, Pupil Services Department. Public Law #94-142. The Right to Education of All Handicapped Children Act, mandates that all school districts seek and identify handicapped children 0-21 years of age who reside within their district boundaries. School Dist #51 serves as the coordinating agency for the Interagency Council for the Child and through this interagency vehicle provides individually designed screening, assessment and follow-up services for children between the ages of 0 to 5 years. Assessment and services for children ages 5-21 is provided by the school based special education teams.

Mesa Developmental Services (MDS)

(970) 243-3702

950 Grand Ave, Grand Junction, Co 81501

(Early Childhood Connections) (970) 241-5403

Early Childhood Connections of Mesa County puts families of infants and toddlers with developmental challenges or special health care needs in touch with: Professionals and families who can provide support and information, activities and opportunities in their communities, other families who share similar experiences and information about supports and services. A team of parents and professionals working in partnership to develop and sustain comprehensive and coordinated supports for infants and toddlers.

(Early Intervention Services)

(970) 241-5396

MDS offers free early intervention and developmental programs for children from birth to three years with special needs or who are demonstrating developmental delays. Services are accessed through Child Find developmental screening and evaluation. Various family support services are also provided through individual and group sessions.

The Autism Spectrum Parent Support Network

970-254-5360.

The Autism Spectrum Parent Support Network has been working with the assistance of the school district's autism team to provide support, mentoring and education for families as they move through the process of living and working with students on the autism spectrum. For more information, please contact the school district's autism team at

St Mary's Life Center

(970) 248-4644

1100 Patterson Road, Grand Junction, Co 81506

St. Mary's Outpatient Pediatric Program provides an integrated team approach. Our program provides for the needs of children from birth through 21 years of age with occupational, physical and speech/language therapy. Offers a variety of ways to pay for services.

Therapy Works of Community Hospital

(970) 256-6378

2004 N 12th Street, Grand Junction, Co 91501

Therapy Works offers you an exceptional option in pediatric services for physical, occupational and speech therapies for children of all ages. Our team can assist you with identification of children that may benefit from therapy services, recommendations for treatment and follow-up. Our goal is to provide a service that meets the needs of the child and family.

Western Colorado Pediatrics Associates

(970) 243-5437

3150 North 12th St, Grand Junction, Co 81506

The physicians of Western Colorado Pediatrics are residency trained and board certified in pediatrics by the American Board of Pediatrics, and are fellows of the American Academy of Pediatrics. We specialize in the complete medical care of your child. Serving children from birth to 21 years. Fees for service, insurance accepted.

State and National Resources

Colorado Department of Education – Exceptional Student Leadership Unit

Colorado Autism Task Force

201 East Colfax

Denver, Colorado 80203

303-866-6600

<http://www.cde.state.co.us/cdesped/SD-Autism.asp>

PEAK Parent Center, Inc

611 N. Weber #200

Colorado Springs, CO 80903

1-800-284-0251

www.peakparent.org

Autism Society of America

www.autism-society.org

Colorado Chapter – Autism Society of America

701 S Logan Street #103

Denver CO 80209-4169

(720) 214-0794 (Main Phone)

E-Mail address: co-colorado@autismsocietyofamerica.org

Website: <http://www.autismcolorado.org/>

Books and Literature

Reference

Adolescents on the Autism Spectrum

C. Sicile-Kira

Asperger Syndrome and Adolescence: Practical Solutions for Tantrums, Rage, and Meltdowns

Brenda Smith Myles and J. Southwick
Autism Asperger Publishing Company

Asperger Syndrome and Adolescence: Practical Solutions for School Success.

Brenda Smith Myles and D. Adreon
Autism Asperger Publishing Company

Asperger's Syndrome: A Guide for Parents and Professionals

Tony Attwood
Jessica Kingsley Publishers

Asperger Syndrome: An Owner's Manual

Ellen S. Heller Korin, M.Ed.

Asperger's Syndrome and Sexuality: From Adolescence through Adulthood

I. Henault

Asperger Syndrome: Transition to College and Work

D Coulter
Autism Asperger Publishing Company

Autism Spectrum Disorders: The Complete Guide to Understanding Autism, Asperger's Syndrome, Pervasive Development Disorder and Other ASDs

C. Sicile-Kira

Behavioral Intervention for Young Children with Autism

Maurice, Green and Foxx

Developing Talents: Careers for Individuals with Asperger Syndrome and High-Functioning Autism.

T Grandin.and K.Duffy
Autism Asperger Publishing Company

Employment for Individuals with Asperger Syndrome or Non-Verbal Learning Disability.

Y. Fast, et al

Freaks, Geeks & Asperger Syndrome: A User Guide to Adolescence

L. Jackson

Jessica Kingsley Publishers

The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations

Brenda Smith Myles, Melissa L. Trautman, and Ronda L. Schelvan

How to Find Work for People with Asperger Syndrome

G. Hawkins

Jessica Kingsley Publishers

Inclusive Programming for Elementary School Students with Autism

Inclusive Programming for Middle School Students with Autism/Asperger's Syndrome

Sheila Wagner

Navigating the Social World: A Curriculum for Individuals with Asperger's Syndrome, High Functioning Autism, and Related Disorders

Jeanette McAfee

The New Social Story Book

Carol Gray

Perfect Targets: Asperger Syndrome and Bullying

R. Heinrichs

Autism Asperger Publishing Company

Picture Exchange Communication Sys Training Manual

L. & Bondy Frost

Pivotal Response Treatments for Autism

Edited by Robert L. Koegel and Lynn Kern Koegel

Autism Asperger Publishing Company

The Puzzle of Autism

National Education Association & Autism Society of America

Right Address....Wrong Planet: Children with Asperger Syndrome Becoming Adults.

Barnhill, G.P. 2002

Autism Asperger Publishing.

The SCERTS Model

Barry M. Prizant, Ph.D, Amy M. Wetherby, Ph.D., Emily Rubin, M.S., Amy C.

Laurent, Ed.M., Patrick Rydell, Ed.D

Social Skills Training for Children and Adolescents with Asperger Syndrome and Social-Communication problems

J.E.Baker 2003

Autism Asperger Publishing Company

Solving Behavior Problems in Autism

Linda Hodgdon

Succeeding in College with Asperger Syndrome.

J.Harper, M. Lawlor and M. Fitzgerald

Jessica Kingsley Publishers

A Treasure Chest of Behavioral Strategies for Individuals with Autism

Beth Fouse and Maria Wheeler

You're Going to Love This Kid! Teaching Students with Autism in the Inclusive Classroom

Paula Kluth

Literature

All Cats Have Asperger Syndrome

Kathy Hoopmann

Born on a Blue Day

Daniel Tammet

Curious Incident of the Dog in the Night Time

Mark Haddon

Thinking in Pictures and Other Reports from My Life

Temple Grandin

A Thorn in My Pocket: Temple Grandin's Mother Tells the Family Story

Eustacia Cutler

Websites

Autism Society of America

[www.autism-society .org](http://www.autism-society.org)

Council for Exceptional Children

www.cec.sped.org

Future Horizons

www.futurehorizons-autism.com

MAAP (More Advanced Individual with Autism/Asperger Syndrome and Pervasive Developmental Disorder)

www.maapservices.org

National Education Association

www.nea.org

National Information Center for Children and Youth with Disabilities

www.nichcy.org

OASIS (Online Asperger Syndrome Information and Support)

www.aspergersyndrom.org

Oops...Wrong Planet Syndrome

<http://www.isn.net/~jypsy/>

Polyxo.com Teaching Children With Autism

www.polyxo.com/

Rocky Mountain Autism Institute

www.rockymountainautismcenter.com/

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

www.teacch.com/teacch.htm

Tony Attwood's Homepage

www.tonyattwood.com

These links all have great ideas for creating workbasket tasks:

www.speakingofspeech.com

www.tasksgalore.com

www.do2learn.com

www.shoeboxtasks.com

www.hot-ideas.org

www.blueridgebagsandmore.com

GLOSSARY OF TERMS

Much of the glossary is taken from *Navigating the Social World*, J. McAfee, 2002.

Abstract thinking skills -The ability to think in terms of ideas and concepts vs. concrete facts.

Acquisition-The stage when a student is in the process of learning a new behavior.

Antecedent - An environmental condition present before a targeted behavior is exhibited. Antecedents are often considered when completing either a functional behavior assessment or a functional behavior analysis.

Applied behavioral therapy - A type of psychological therapy in which the recipient is helped to replace dysfunctional behaviors through the use of shaping and positive reinforcement.

Asperger Syndrome (AS) - A neurologically-based disorder that causes 1) problems with developing typical peer relationships, 2) impaired ability to recognize or use appropriate nonverbal communication, 3) impairments in social interactions, such as problems recognizing and responding to other people's emotions and inappropriate social and emotional behavior, and 4) restricted and intense interests in certain subjects or activities. There are significant problems with social, occupational or other important areas of functioning. By the DSM IV criteria, there are not significant delays in cognitive development apparent during the first three years of life, and the child uses single non-echoed words by age two years and spontaneous communicative phrases by age three years.

Attention deficit/hyperactivity disorder (AD/HD) - A neurologically-based disorder characterized by deficits in attention and/or hyperactivity/compulsivity. Under the DSM IV criteria, there are three subtypes: 1) Attention-Deficit/Hyperactivity Disorder, Combined Type, 2) Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type and 3) Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type.

Auditory discrimination - The ability to recognize and identify sounds and words as well as to hear similarities and differences between them.

Autism - The term "autism" sometimes is used to refer to the autism spectrum (also called ASD). Alternatively, the term autism often is used loosely in lieu of the terms autistic disorder, classic autism, Kanner's autism, childhood autism or early infantile autism. These terms apply to a neurologically based disorder that causes striking impairments in social interaction and a remarkably restricted, repetitive range of interests and activities. In contrast to Asperger syndrome, there are also significant delays in verbal communication as well as non-verbal communication.

Autism spectrum - Autism is not a single diagnosis, but comprises various diagnoses along a continuum. The "autism spectrum" refers to all of the different autism diagnoses along that continuum. An alternate term for the "autism spectrum" is the ASD or Autism Spectrum Disorder.

Aversive - A behavior reduction approach that is considered to be a type of punishment ranging from verbal disapproval to more controversial physical approaches. (Physical punishment is unacceptable, inappropriate and illegal in public school settings.)

Behavior modification - Techniques used to change behavior through reinforcement.

Behavior momentum - A procedure used to increase compliance, including identification of a minimum of three requests with which the student has a high probability of compliance. Three high probability requests are made immediately before making a low probability request.

Behaviorist - Someone who specializes in analyzing the functions of difficult or challenging behaviors and in designing and implementing treatment programs for such behaviors.

Central auditory processing deficit - An impairment in the ability to discriminate, recognize, or comprehend auditory information despite normal hearing ability. The CARD individual will experience greater problems when listening to distorted speech and in poor acoustic environments, such as listening in the presence of competing background noise.

Chaining - The combining of simple, component behaviors into a more complex, composite behavior. The components are acquired in reverse order. The last component is taught first and the other components are added one at a time. This is often useful in teaching self-care skills.

Childhood Disintegrate Disorder - A neurologically based disorder in which there is a marked regression in several areas of functioning after at least two years of normal development. Regression occurs in at least two of the following areas: expressive or receptive language, social skills or adaptive behavior, bowel or bladder control, play or motor skills. Onset is before age ten and severe cognitive deficits usually are present. The social, communication and behavioral manifestations of this disorder are comparable to those seen in autistic disorder.

Chunking - Breaking down a complex task into smaller incremental steps ("chunks"). By mastering each step individually, the student can more easily master the larger task.

Cognitive ability - Intellectual ability, or the ability to learn, know and understand.

Cognitive behavioral therapy (CBT) - A form of psychological therapy in which the therapist looks for misperceptions and distortions in the individual's thinking that cause inappropriate responses and helps the individual to correct these distortions.

Comorbidity - The coexistence of multiple conditions or diagnoses.

Compliance - The act of participating in a task or activity in response to someone else's request to do so.

Compliance hierarchy - As used in a program to teach a student to comply with reasonable requests, a compliance hierarchy is a list of tasks that begins with a task that usually elicits compliance from a particular student and then progresses through tasks that typically cause increasing levels of non-compliance.

Concrete thinking - Thinking that focuses on details and facts in contrast to ideas or concepts.

Consequence - An event that occurs after a particular behavior, as a result of that behavior.

Contextual clues - Clues to another person's thoughts, feelings or intentions that are found either in preceding events or in a body of knowledge that one has already collected about other person

Contingency – A contract that specifies and clarifies expectations. It defines the expected behavior (work or effort) and the reinforcement (payoff). Contingencies are generally stated in an if/then or when/then format

Continuum - Used to describe a full range.

Criteria/criterion -A standard rule or test on which a judgment or decision can be based; a specific, detailed explanation of how the observer will know when the student has achieved the objective; the expected level of achievement

Data collection - The systematic and organized process of recording information regarding a student's performance, such that it may be interpreted in a meaningful way. Behavioral data may be recorded in terms of frequency, intervals or anecdotally. Data may verify progress, assist in curriculum decisions, and assist in behavior intervention decisions.

Deductive reasoning - To start with an overarching principle or meaning and use that to draw a conclusion about a specific individual fact or event (i.e., to reason from the general to the specific). Example: Knowing that in general children with autism dislike changes in routine, Mrs. Davis deduced that her student with autism's temper tantrum had been caused by changing the time his art lesson started.

Delayed gratification - The ability to put off receiving a reward or reinforcer until a later time.

Diagnostic and Statistical Manual of Mental Disorders (DSM IV) - The diagnostic text of the American Psychiatric Association that describes and categorizes all currently accepted psychiatric diagnoses of mental disorders. Note that many of the disorders included in the DSM IV are neurodevelopmental disorders (for example, autism, Asperger syndrome, AD/HD, and mental retardation) and as such the term "mental disorders" may at times be misleading. The DSM IV is the fourth and most current edition.

Direct instruction - Systematic instruction occurring in (typically) a one-to-one setting, with adult control being maintained over the instructional activities, which are highly structured, allowing for repetition, practice and mastery of skills.

Discrete trial - An efficient and effective training technique for teaching a concept which has been broken down into carefully task-analyzed steps, making corrections, and getting results quickly. A series of trials is presented with a basic cue/response/consequence format. By repeating this process, the student receives multiple opportunities to respond (with immediate corrective feedback in quick succession.)

Discriminative stimulus - The instruction or question that signals that reinforcement is available if the student responds correctly. (Often abbreviated as Sd.)

Due process -A procedure, described in the Individuals with Disabilities Education Act, which is intended to settle disputes between a school system and the parents/guardians of a child with a disability. A due process hearing is a legal proceeding, which includes sworn testimony, and is presided over by a hearing officer who decides the outcome of the case based on evidence presented by each side. The decision of the hearing officer is binding. If the school system or parents/guardians disagree with the decision of the hearing officer, they may appeal to the state or federal court. Due process hearings may be requested by a school system or a family/guardian.

Echolalia - The repetition or parroting of words or phrases.

Eligibility - The process of a team deciding if an individual meets the criterion for special education.

Embedded skills - Skills taught through specific activities when the natural opportunities arise.

Emotionally disturbed - According to the Code of Federal Regulations, the label "emotionally disturbed" refers to "a condition exhibiting one or more of the following characteristics over a long period of time and to a significant degree, which adversely affects educational performance and requires small group instruction, supervision, and group counseling: (i) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (ii) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (iii) inappropriate types of behavior or feelings under normal circumstances; (iv) a general pervasive mood of unhappiness or depression; or (v) a tendency to develop physical symptoms or fears associated with personal or school problems."

Engagement - The ability to remain focused and interactive with (or responsive to) a person or object

Epidemiology - The distribution of diseases or disorders through the population.

Errorless teaming - An instructional approach using a system of most-to-least prompting, which initially involves, if needed, physical prompting of a correct response and gradually fading the prompts to foster independence. In this approach, the adult delivers an antecedent and waits momentarily to see what the student will do. If the student begins to move to an incorrect response, or doesn't respond, the adult immediately prompts the correct response and praises. The same antecedent is then presented again, this time as a transfer trial (meaning it is an attempt to have the student respond correctly without the prompt). If the student is correct independently, the adult reinforces more strongly (differentially reinforcing the independent response) and moves on. If the student again begins to respond incorrectly, the adult prompts again, then usually moves on for a few trials to other targets. However, the adult soon returns to the missed target to try for an independent response, again prompting and trying for a transfer trial as necessary.

Etiology - Cause of a disorder.

Executive functioning - The ability to plan and organize tasks, monitor one's own performance, inhibit inappropriate responses, utilize feedback and suppress distracting stimuli.

Extinction - The process of discontinuing reinforcement to reduce a response, often used with tantrums and typically not effective for intrinsically reinforcing behaviors such as self-stimulation.

Extrinsic reinforcement - The use of a reinforcer that is desirable to the recipient and encourages him/her to perform a target task or engage in a particular behavior. Extrinsic reinforcement can take the form of praise, a desired object or food, item, participation in a favored activity, or a token that later can be traded for a desired object or activity.

Fade - To gradually withdraw either prompts or reinforcers in order to encourage the student to do a task without the need for outside influence.

Figurative language - Language that conveys a meaning that is different than the literal meaning of the words or phrases being used.

Fluency - The stage when performance becomes more automatic and correct responses occur at a higher rate.

Functions of behavior - A phrase used to denote the possible cause of a problem behavior. The function or cause of the behavior may be due to communication frustration, sensory issues, confusion, boredom, task avoidance, need for attention, unrealistic expectations or a need for things to remain the same.

Functions of communication - The purpose or reasons to communicate; for example to request, protest or comment

Generalization - The transference of skills learned in one context to different contexts, including the ability to use those skills in different locations with varying stimuli, with different people, and at different times.

Graded approach - To teach a skill by starting with small, easily achievable steps, and gradually increasing the difficulty or number of steps until the skill is mastered. Also known as 'shaping.'

Hierarchy of prompts - A term used to define the level of prompts or assistance given to an individual. When the term "hierarchy" is used, it is specifying the level from most assistance to minimal.

Hidden stressors - Stressors that affect an individual, but are not recognized by him or by others around him.

High functioning autism (HFA) - Although HFA is not officially recognized as a diagnostic category in the DSM IV, it nonetheless is a term that is in common usage. HFA typically refers to individuals on the autism spectrum who have near-normal to above average cognitive abilities, and who are able to communicate effectively through the use of receptive and expressive language. There is currently much debate about whether HFA and AS represent the same or different entities on the ASD spectrum.

Hyperlexia - The ability to read at advanced levels without instruction.

Idiom - A figure of speech that is commonly known and used within a culture or subculture, in which the intended meaning is different from the literal meaning of the words (e.g., "You're skating on thin ice").

IEP - (Individualized education plan.) A written special education plan that is created for an individual student by a team that includes (at the minimum) a parent or guardian, a teacher, and an administrator or specialist who is qualified to provide or supervise the student's program. The team may include other members as necessary. The IEP must include, but is not limited to the following: 1) The student's present levels of performance, 2) annual goals and short-term instructional objectives, 3) the specific educational instruction and related services required by the student 4) provisions for participation in regular educational programs when possible, 5) the projected date for initiation and the anticipated duration of the programs and services included in the IEP and 6) specific criteria and procedures for determining whether the short-term objectives are being met

IFSP – (Individual Family Service Plan) This is the plan that outlines services and support for children, birth to three, who have been identified as having a developmental delay or disability and their families. It is part of IDEA-Part C.

Inclusion - Placement of a student with a disability with non-disabled peers.

Inductive reasoning - To consider specific individual facts and draw an overall conclusion or meaning from those facts (i.e., to reason from the specific to the general). Example: After observing over several years of teaching that her third grade students took about twice as long to learn to write in cursive as did her fourth grade students, the teacher induced that third graders as a group are not developmentally ready to learn cursive.

Intrinsic reinforcement - The positive reinforcement that comes from an inner sense of achievement or pride in having completed a task. Alternatively, a feeling of pleasure or happiness associated with doing an activity.

Irony - The use of words in writing or speaking to convey the opposite meaning of the usual or expected meaning of the words.

Joint attention - When two people coordinate their attention about an object of mutual interest. This involves shifting their attention from each other to an object and back.

Learning disability - A compromised ability to learn, manifested by a severe discrepancy between the student's intellectual ability and his level of achievement in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation or mathematics reasoning.

Least restrictive environment - A legal term from the Individuals with Disabilities Education Act (IDEA) that expresses that students with disabilities must be educated to the maximum extent appropriate with students who are not disabled.

Mainstreaming - Placement of a student in a classroom with non-disabled peers (versus a separate classroom.)

Maintenance - The stage at which a previously learned skill continues to remain at the mastery level.

Mastery (of a skill) - The point at which the student can accomplish a task correctly nine out of ten times. (It is generally accepted that this is the point at which the student will be able to retain the ability to independently accomplish the skill in the future.) An alternate definition sometimes used is the point at which a student can do a task correctly a set number of times in a row or over a period of days.

Mediation - A voluntary procedure that families and school administrators may use to work out disagreements. It is free and does not affect a family's ability to use the due process procedures.

Mentor – A person who is available to the individual with AS/HFA as an advisor, friend and confidant.

Metaphor - A form of figurative language in which there is an implied comparison between two different things without the use of the words like or as. "He is a chip off the old block," "She is pouring her heart out," and "He is a sly fox" are examples of metaphors.

Mind blindness - An inability to comprehend what is going on around or within oneself, causing the person to "stumble and bump" into complex social situations that they can't "see."

Negative stimulus - A situation or task which a person finds repellent and which he/she will avoid if possible.

Neurodevelopmental disorder - A biological disorder in the development of the neurological system of a person, resulting in one or more clinically discernible deficits in that person.

Noncompliance - An individual's refusal to comply with a reasonable request to engage in an activity or task that is necessary for his own well-being, growth, or independence.

Non-preferred activity - An activity that a person does not enjoy doing.

Nonverbal clue - a non-vocal clue (such as body language and facial expression) to the thoughts, feelings or intentions of another person.

Nonverbal learning disorder (NLD) - a disorder thought to be due to damage to or dysfunction of the right cerebral hemisphere, which causes relative strengths in verbal skills and significant weaknesses in nonverbal skills. Specifically, NLD causes dysfunction in three areas: 1) social skills (problems reading non verbal clues, adjusting to changes and transitions, and/or deficits in social interactions and social judgment); 2) visual-spatial and organizational skills (problems with visual recall, spatial perception, and forming images; and 3) motor skills (problems with coordination, balance and/or fine motor skills).

Obsessive-compulsive disorder (OCD) - A neurologically-based psychiatric disorder characterized by recurrent obsessions or compulsions that interfere with the individual's daily life (i.e., they occupy more than one hour a day, cause marked distress, or interfere with the person's normal routine, social life, work, or school performance).

Operant Conditioning -Arranging environmental conditions, so that functional relationships are established between behavior and consequences.

Oppositional defiant disorder (ODD) - A disorder characterized by recurrent defiance. Disobedience and hostility over a period of at least six months, that are not due to another disorder such as depression, psychosis or antisocial personality disorder. At least four of the following eight behaviors must be present with higher than typical frequency for the diagnosis to be made: 1) losing temper; 2) arguing with adults; 3) actively defying or refusing to comply with the requests or rules of adults; 4) deliberately doing things to annoy other people; 5) blaming others for his own or her own mistakes; 6) being easily annoyed; 7) being angry or resentful; or 8) being spiteful or vindictive. These behaviors must occur significantly more frequently than is typical for the individual's age and developmental level, and must interfere with his or her social, academic, or occupational functioning.

Pedantic speech – Speech in which the speaker demonstrates his knowledge in an unnecessarily long or tiresome way, often dwelling on minor, narrow points.

Perseveration – The practice of repeating a phrase or behavior over and over, or the habit of pursuing a topic relentlessly.

Pervasive Developmental Disorders (PDD) – An “umbrella term” that refers to a spectrum of disorders that includes Autistic Disorder, Asperger’s Disorder (Syndrome), Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Rett’s Syndrome, and Childhood Disintegrative Disorder. Individuals with these disorders have severe impairments in reciprocal social interactions and communication skills and frequently have stereotyped behavior, interests and activities.

Pivotal Response Treatment (PRT) – A behavioral treatment intervention based on the principles of applied behavioral analysis (ABA). Researchers have identified two pivotal competencies that affect a wide range of behaviors in children with autism: motivation and responsivity to multiple cues. These behaviors are central to a wide area of functioning, so positive changes in these behaviors should have widespread effects on other behaviors. The key to PRT is facilitating skills during naturally occurring opportunities when the individual will be more motivated to use them. Thus PRT is able to increase the generalization of new skills while increasing the motivation of children to perform these behaviors being taught to them. PRT works to increase motivation by including components such as child choice, turn-taking, reinforcing attempts and interspersing maintenance tasks. PRT has been used to target language skills, play skills and social behaviors in child with autism.

Pragmatics – The social use of language. The practical aspects of using language to communicate in a natural context. It includes the rules about eye contact between speaker and listener, how close to stand, taking turns, selecting topics of conversation, and other requirements to ensure that communication occurs. Many of these rules have a cultural basis.

Preferred activity – An activity that a person enjoys doing.

Prompt – To encourage, remind or “cue” someone to do something. Prompts can take several forms ranging from physically guiding the individual through a task (e.g. placing one’s hand over the student’s hand to guide him to pick up a pencil) to a verbal reminder or a slight gesture (such as pointing or nodding one’s head) that reminds the individual to start or continue a task. In general, it is best to use the least intrusive and least noticeable prompt that will work for the particular situation. Also, it is important to fade prompting by slowly decreasing the number of prompts and by moving from more intrusive and noticeable prompts to those that are more subtle, until the individual requires only the amount and type of prompting that is appropriate for his/her age.

Prosody – As it applies to speech, prosody is comprised of the pitch (intonation), loudness and tempo of the spoken words.

Psychoanalysis – A method used in psychiatry to search a person’s mind for unconscious fears, anxieties or desires that may be causing a particular mental or emotional disorder.

Psychotic – Referring to symptoms such as delusions, hallucinations, disorganized speech, or severely disorganized or catatonic behavior.

Reductive procedures - Those procedures used to reduce the occurrence of a behavior.

Reinforcement menu - A list of extrinsic reinforcers from which the student may choose a reinforcer for desirable behavior or for successfully completing an assigned task.

Reinforcer - Anything that follows a behavior and increases that behavior. A negative reinforcer is something that a person will try to avoid. In the process of avoiding a negative reinforcer, the individual increases a desirable behavior. For example, the loud beeping sound made by a phone left off the hook is something that people typically want to avoid. The obnoxious noise increases the likelihood that people will hang up their phones. (In this example, the loud noise made by the phone is the negative reinforcer and hanging up the phone is the desirable behavior that results.) A positive reinforcer is something that is desirable to the recipient. The expectation of receiving a positive reinforcer motivates the recipient to increase the desired behavior. Types of positive reinforcers include social praise, preferred activities, edible reinforcers and tangible reinforcers (e.g., stickers, toys, tokens, etc.)

Remediation - In Special Education, the process of providing appropriate programming to improve the student's performance in a particular area.

Replacement behavior - An alternative and preferable behavior that is chosen and taught to replace an undesirable behavior; the undesirable behavior is incompatible with the chosen replacement behavior, thus making it less likely to occur.

Respite - Periodic and temporary care provided for parents to have time away from children with special needs.

Response cost - A type of punishing procedure that involves the loss of something valued (a reinforcer) as a direct result of an action (behavior), thus decreasing the likelihood that the behavior will reoccur. Response cost involves the giving up of something already in possession; it is not simply that reinforcement is withheld.

Rett's Disorder - Categorized in the DSM IV as one of the pervasive developmental disorders, Rett's Disorder is found only in females and is characterized by a period of about five months of apparently normal development followed by a loss of multiple previously achieved milestones: between five and thirty months of age functional hand movements are replaced with hand-wringing movements. Head growth decelerates between five and forty-eight months of age. Subsequently there is a lot of social interaction (some of this may be regained later) and the development of severe delays in expressive and receptive language, psychomotor skills, and coordination of gait and trunk movements. Significant mental retardation is present in most cases.

Semantics - The meaning of words and expressions.

SENSE skills -An acronym used in teaching nonverbal social skills. The letters stand for the following words: Space - maintaining the right physical distance from the other person. Eye contact - making appropriate eye contact. Nodding - nodding the head to show attention, agreement and disagreement. Statements of encouragement - making standard, brief comments such as "hmm," "uh huh," or "really!" to show encouragement or attention. Expressions - using appropriate facial expression and body language.

Sensory integration - The neurological process that organizes sensation from one's own body and from the environment and enables one to use the body effectively in the environment.

Shaping - To teach an individual a completely new behavior in a graded, stepwise fashion by a) first reinforcing the individual for a preexisting behavior that is close to the ultimate goal behavior, and b) then reinforcing successively closer approximations of the desired behavior until it is mastered.

Simile - A figure of speech in which one thing is compared to another thing. Similes always use the words like" or "as." (Examples: 'She is as light as a feather' or "She sings like a bird.”)

Social skills - Appropriate skills necessary for living and interacting with others.

Social story-As developed by Carol Gray: A brief story that is used to teach a student an important lesson that would be difficult to explain to the student using usual teaching methods.

Stereotypic behavior- Constantly repeated meaningless gestures or movements such as hand flapping. Stereotypic behavior is common in autism and in self-stimulatory behaviors seen in individuals with severe mental retardation.

Stimming - The informal term for self-stimulation.

Stimulus control - Bringing behavior under the control of time, place and circumstances.

Stress hierarchy - A hierarchy that lists tasks that cause an individual varying degrees of stress. The tasks are ranked in order from least to most stressful. The individual is reinforced for accomplishing each task on the hierarchy, starting with the least stressful and then working up the hierarchy in a slow, methodical way to allow the individual to succeed at each successive task before moving on to the more difficult task that follows.

Stress prevention - To reduce stress in a student's life by proactively preventing causes of stress in the student's daily life whenever possible.

Syntax - Sentence structure. The arrangement and function of words, phrases or clauses in a sentence.

Tactile defensiveness - Tactile hypersensitivity; a sensory integrative dysfunction characterized by observable aversive or negative behavioral responses to certain types of touch that most people would not find painful. Strong emotional reactions, hyperactivity, and other behavior problems may occur as a result

Target behavior - A specific behavior identified to be observed, modified or taught to a student.

Task analysis - The process of breaking a concept or activity down into component parts and sequential, teachable steps.

Theory of mind - A set of interrelated concepts used to try to make sense of our own mental processes and those of others, including the variability of beliefs and desires.

First order theory of mind skills: The ability to understand or predict what another person thinks, feels, desires, intends, or believes about something (person, place, thing, event etc.)

Second order theory of mind skills: A person's ability to understand or predict what a second person thinks or believes about the thoughts, beliefs, feelings, desires, or intentions of a third person.

Time out - A "taking away" of something positive, whether a preferred object or removal from a desirable activity, signaling to the student a certain amount of time he or she won't receive positives.

Token economy -A system of reinforcement in which an individual earns different numbers of tokens, or tokens of differing value, for doing various types or numbers of tasks. The individual then 'cashes in' the tokens (either immediately or at a later time) for a reward of corresponding value. Many different items can be used as tokens, including tickets, poker chips, and "play" money, to mention a few.

Tone of voice clues - Clues to the speaker's feelings, thoughts or intentions that are conveyed by his tone of voice.

Transition - The process of moving from one educational program to another, such as from school to the workplace. Transitions also refer to changes in an established routine. Transitions need to be well planned to avoid anxiety for individuals and their families and lessen the chance for unsuitable placements.

Transition cue - An object or symbol (usually visual) that serves as a reminder of the targeted destination.

Trial - A single teaching unit

Triggers (or triggering events) - An event that precipitates a certain behavior.

Vestibular - Pertaining to the sensory system located in the inner ear that allows the body to maintain balance and enjoy participating in movement such as swinging and roughhousing. The vestibular system interfaces with other sensory systems, and can thus impact the processing of information from them.

Visual supports systems - Written schedules, lists, charts, picture sequences and other visuals that convey meaningful information in a permanent format for later reference, visual adaptations allow the individual with ASD to function more independently without constant verbal directions.

Work system - The visual organization of directions, materials and environments to clarify expectations. This clear visual organization promotes independence, reducing the need for verbal cues and prompts.