Red Oak Community School District -

Autism Concept Paper

January 3, 2013

Prepared for Mr. Schmidt and Board of Directors by Mrs. Gayle Allensworth, Director of Special Education

The purpose of this information is to inform the Board of needs in district pertaining to students with Autism/Autism Spectrum Disorder. Included is background/need about autism in general, prevalence in Red Oak, types of educational treatments for students with autism, current reality and action plan for Red Oak, and proposed job description for autism/ASD strategist

Current National Data on Identified Prevalence:

Identified Prevalence of Autism Spectrum Disorders
ADDM Network 2000-2008
Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88

Source: Center Disease Control
http://www.cdc.gov/ncbddd/autism/data.html

- About 1 in 88 children has been identified with an autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network.
- ASDs are reported to occur in all racial, ethnic, and socioeconomic groups.]
- ASDs are almost 5 times more common among boys (1 in 54) than among girls (1 in 252).

Current Red Oak Data and Prevalence Identified:

(removed for privacy purposes)

Other Facts about Autism/ASD:

Autism spectrum disorders (ASDs) are a group of developmental disabilities that can cause significant social, communication and behavioral challenges. People with ASDs handle information in their brain differently than other people.

ASDs are "spectrum disorders." That means ASDs affect each person in different ways, and can range from very mild to severe. People with ASDs share some similar symptoms, such as problems with social interaction. But there are differences in when the symptoms start, how severe they are, and the exact nature of the symptoms.

There are three different types of ASDs:

- **Autistic Disorder** (also called "classic" autism)
  This is what most people think of when hearing the word "autism." People with autistic disorder usually have significant language delays, social and communication challenges, and unusual behaviors and interests. Many people with autistic disorder also have intellectual disability.

- **Asperger Syndrome**
  People with Asperger syndrome usually have some milder symptoms of autistic disorder. They might have social challenges and unusual behaviors and interests. However, they typically do not have problems with language or intellectual disability.

- **Pervasive Developmental Disorder – Not Otherwise Specified** (PDD-NOS; also called "atypical autism")
  People who meet some of the criteria for autistic disorder or Asperger syndrome, but not all, may be diagnosed with PDD-NOS. People with PDD-NOS usually have fewer and milder symptoms than those with autistic disorder. The symptoms might cause only social and communication challenges.

Types of Treatments:

There are many different types of treatments available. For example, auditory training, discrete trial training, vitamin therapy, anti-yeast therapy, facilitated communication, music therapy, occupational therapy, physical therapy, and sensory integration.

The different types of treatments can generally be broken down into the following categories:

- Behavior and Communication Approaches

- Dietary Approaches

- Medication

- Complementary and Alternative Medicine

Behavior and Communication Approaches:

According to reports by the American Academy of Pediatrics and the National Research Council, behavior and communication approaches that help children with ASDs are those that provide

structure, direction, and organization for the child in addition to family participation.

Applied Behavior Analysis (ABA)

A notable treatment approach for people with an ASD is called applied behavior analysis (ABA). ABA has become widely accepted among health care professionals and used in many schools and treatment clinics. ABA encourages positive behaviors and discourages negative behaviors in order to improve a variety of skills. The child's progress is tracked and measured.

There are different types of ABA. Following are some examples:

- Discrete Trial Training (DTT)
  DTT is a style of teaching that uses a series of trials to teach each step of a desired behavior or response. Lessons are broken down into their simplest parts and positive reinforcement is used to reward correct answers and behaviors. Incorrect answers are ignored.

- Early Intensive Behavioral Intervention (EIBI)
  This is a type of ABA for very young children with an ASD, usually younger than five, and often younger than three.

- Pivotal Response Training (PRT)
  PRT aims to increase a child's motivation to learn, monitor his own behavior, and initiate communication with others. Positive changes in these behaviors should have widespread effects on other behaviors.

- Verbal Behavior Intervention (VBI)
  VBI is a type of ABA that focuses on teaching verbal skills.

Occupational Therapy
Occupational therapy teaches skills that help the person live as independently as possible. Skills might include dressing, eating, bathing, and relating to people.

Sensory Integration Therapy
Sensory integration therapy helps the person deal with sensory information, like sights, sounds, and smells. Sensory integration therapy could help a child who is bothered by certain sounds or does not like to be touched.

Speech Therapy
Speech therapy helps to improve the person's communication skills. Some people are able to learn verbal communication skills. For others, using gestures or picture boards is more realistic.

The Picture Exchange Communication System (PECS)
PECS uses picture symbols to teach communication skills. The person is taught to use picture symbols to ask and answer use picture questions and have a conversation.

Universal Supports Assessment and Planning Tool (USAPT)
Building / Classroom-Level Effective Practices Assessment for Students with Autism Spectrum Disorders (ASD)

As modified by Iowa Department of Education Autism Services Consultant with
statewide representation from AEA Autism Resource Team Comprehensive Services Improvement Subcommittees Spring
2010, 2011, 2012; reviewed and supported by Iowa Department of Education Positive Behavioral Intervention and Supports Consultant 2010

District: Red Oak Community   **Classroom/Building: All (pK-12)**   **Evaluation Date: December 26, 2012**

Goals for ALL Students with ASD are
INDEPENDENT FUNCTIONING and the DEVELOPMENT OF SOCIAL FUNCTIONING

The concept behind Universal Supports is derived from extensive research in the area of school-wide positive behavioral supports. Universal Supports are system-wide supports and strategies to prevent a majority of problem behaviors in general education settings. Applied to students with ASD, Universal Supports involve the implementation of classroom or building-level evidence-based supports and strategies. These strategies are considered critical for the vast majority of students with ASD and identified as highly effective practices in teaching and supporting students with ASD in integrated environments. Universal supports and strategies provide students with ASD a solid foundation for learning and can be individualized to meet the unique needs of each student.

Directions: First, each educational team (e.g., general education, special education, support staff, administrators and AEA staff) will complete the Current Status column for all universal supports. Second, complete the Summary status worksheet, on page 11, dividing the total points scored by the total possible to determine the quality rating and the number of high or moderately high priorities for change. Third, complete the Priority for Change column, ranking goals for improvement.

STATUS: 5 points: The quality indicator is in place across all students, classrooms, staff, and grade
                     levels. Improvement is only needed for sustainability.
          4 points: The quality indicator is mostly in place. Minor improvements could be made.

3 points: The quality indicator is partially in place (e.g. only some classrooms, teachers, students, grade levels) and needs improvements.

2 points: The quality indicator only minimally in place. Best practices are not occurring often or systematically.

1 point: The quality indicator is not in place. Conversations need to be had about how to develop these practices within a building and initial action items need to be created.

	Universal Supports	Current Status					Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Parent and Family Support	**1.** Family members would agree that they are supported as active participants in their child's education and are included in the IEP decision making process.	☐	☐	☑	☐	☐		Priority 7: Meet with AEA parent liaison to determine supports through AEA. Communicate these supports to parents of students o caseload. Collaborate with Director of Special Education to create resource library for families, teachers and caregivers of students with Autism/ASD.
	2. A variety of current and appropriate resources, trainings, and services are available to family members through the school system.	☐	☐	☐	☑	☐		
	3. Family members are made aware of services and parent/professional support groups available from community agencies in order to assist them in meeting their child and family needs.	☐	☐	☐	☑	☐		
	4. Family dynamics (e.g. parenting styles, lifestyle) are incorporated and considered in developing the IEP.	☐	☐	☐	☐	☑		
	5. Family needs, culture, language, values, and parenting style are respected.	☐	☐	☑	☐	☐		
	6. Families are not blamed for issues related to their child having ASD.	☑	☐	☐	☐	☐		
Guiding	**7.** Guiding principles have been developed for the classrooms / building servicing students with ASD.	☐	☐	☐	☑	☐		Priority 1: Develop guiding principles with core team of

| Principles | 8. Developed principles are based on effective practices for students with ASD including planful transition strategies from the Early Intervention System, building to building, and secondary transition. | ☐ | ☐ | ☐ | ☐ | ☐(hl) | | district special education teachers and director (Summer 2013)

Train all special and general education staff working with students on caseload (Fall 2013) |

Universal Supports		**Current Status**					**Priority for Change?**	**ACTION PLAN ITEMS (who, does what, by when)**
		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Guiding Principles	9. Guiding principles are posted where everyone can see them.	☐	☐	☐	☐	☐(hl)		
	10. Guiding principles are reviewed regularly with staff working with students with ASD.	☐	☐	☐	☐	☐(hl)		
	11. A system is in place to address guiding principle violations.	☐	☐	☐	☐	☐(hl)		
Team Process	12. A team, including the general education and special education classroom teachers and AEA and/or other ancillary staff meet regularly (e.g. weekly/bi-weekly) to address class/building-wide issues as well as the individual needs of students with ASD.	☐	☐	☐	☐(hl)	☐		Priority 3: Continue development of a district level core team with growing experience and expertise in Autism/ASD. Conduct team meetings monthly, at a minimum, with AEA staff, and other agencies as applicable. Ensure that all meetings would include standard meeting format, problem-solving process, data and documentation that aligns with evidence based practices from National Autism Center.
	13. The team utilizes the meeting time effectively and efficiently by having a standard meeting format and staying on-task.	☐	☐	☐	☐	☐(hl)		
	14. An established problem-solving process that includes the development of an action plan is consistently used during all team meetings.	☐	☐	☐	☐	☐(hl)		
	15. Relevant data is collected, shared with parents, and used regularly at team meetings to assist in problem assessment and intervention development.	☐	☐	☐	☐(hl)	☐		
	16. An efficient procedure is used for providing team members with written documentation of information discussed and action items.	☐	☐	☐	☐(hl)	☐		

4

Universal Supports	Current Status					Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
	In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
17. Team members consistently demonstrate role flexibility in relation to intervention development and implementation and data collection.	☐	☐	☐	☑	☐		
18. Systematic follow-up procedures to determine the effectiveness of interventions are standard practice.	☐	☐	☐	☑	☐		

	Universal Supports	In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)	Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
Para-professional Support	**19.** Paraprofessionals are only assigned when the student needs direct assistance to benefit from the educational day (e.g. academic, behavioral or social support).	☐	☐	☑	☐	☐		Priority 5: Develop clearly written guidelines for paraprofessional responsibilities for each student on caseload. Monitor weekly.
	20. Paraprofessionals are utilized to assist students in learning supports that allow them to be independent.	☐	☐	☐	☑	☐		
	21. Paraprofessional responsibilities are clearly communicated and followed. Check n/a if does not apply: a. Material organization　　　　n/a ☐ b. Desk top organization　　　　n/a ☐ c. Prompts to tasks / systems　　n/a ☐ d. Implement behavioral systems　n/a ☐ e. Implement academic accommodations 　and modifications　　　　n/a ☐ g. Support student output method　n/a ☐ h. Support socialization systems　n/a ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	☑ ☑ ☑ ☑ ☑ ☑ ☑	☐ ☐ ☐ ☐ ☐ ☐ ☐		Develop and implement "instructional planning sheet" for all studentswith Autism/ASD for special education teachers and paraprofessionals. Train paraprofessionals in evidence based practices for students with ASD. Collaborate with director of special education to ensure that paraprofessionals are used for direct instruction, behavioral, social or safety support. Assist special education teachers in monitoring effective use of paraprofessionals through data review and observation in both special and general education settings.
	22. A list of strategies that the paraprofessionals are required to implement with the student(s) he/she is supporting is provided.	☐	☐	☐	☑	☐		
	23. Paraprofessional training and mentoring are offered regularly and required for paraprofessionals working with students with ASD.	☐	☐	☐	☑	☐		

5

Universal Supports	In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)	Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
24. Appropriate supervision of paraprofessionals is provided by the team supporting the students with ASD.	☐	☐	☑	☐	☐		
25. Paraprofessionals actively promote independence of student.	☐	☐	☑	☐	☐		

Universal Supports	Current Status					Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
	In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Functional Communication Systems — **26.** Specific communication forms (i.e. PECS, gestures, behavior) and functions (i.e. requests, protests, etc.) of communication attempts are assessed for students with ASD when applicable.	☐	☐	☑	☐	☐		Priority 8: Organize meetings with pertinent AEA, school and other staff on an ongoing basis (minimum of one time monthly for each student on caseload) to monitor functional communication systems.
27. Students behaviors are viewed as communication attempts.	☐	☐	☐	☑	☐		
28. Functional communication systems that are appropriate for the environments are developed and available for each student with ASD.	☐	☐	☑	☐	☐		Demonstrate, monitor and assess appropriate instructional strategies used to teach communication systems.
29. Appropriate instructional strategies are used to teach the communication systems: a. Pairing	☐	☐	☑	☐	☐		
b. Prompting	☐	☐	☑	☐	☐		Assist with communication schedules and data collected to guide programming.
c. Modeling	☐	☐	☑	☐	☐		
d. Shaping	☐	☐	☐	☑	☐		
e. Using preferences to motivate	☐	☐	☑	☐	☐		
30. The communication systems are portable.	☐	☐	☑	☐	☐		
31. The communication systems are available and used consistently in all environments.	☐	☐	☑	☐	☐		

6

		Current Status					Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
	32. Communication opportunities are maximized (e.g. staff seeks out and create opportunities for students to utilize their communication system).	☐	☐	☐	☑	☐		
	33. Appropriate opportunities for making choices are regularly planned and incorporated for each student with ASD.	☐	☐	☑	☐	☐		
	34. Communication skill data are collected regularly and used to guide programming.	☐	☐	☐	☑	☐		

	Universal Supports	**Current Status**					**Priority for Change?**	**ACTION PLAN ITEMS** (who, does what, by when)
		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Visual Supports	**35.** The classroom environment is organized visually (e.g. use of color-coding, labeling, pictures, etc.) to assist students in understanding the environmental expectations.	☐	☐	☐	☑	☐		Priority 5: Train special education teachers, general education teachers (when applicable), paraprofessionals and families in use of visual supports.
	36. Visual supports and strategies are used to enhance predictability in the environment.	☐	☐	☐	☑	☐		
	37. Individual visual schedules are adapted for each student to support transitioning.	☐	☐	☑	☐	☐		Collaborate with AEA and other gencies specializing in Autism/ASD to remain current on most effective practces related to visual supports.
	38. Individual visual schedules require the student to interact with the schedule.	☐	☐	☐	☑	☐		
	39. Sub/Mini schedules are used when needed (e.g. skills break down, student presents with behavior).	☐	☐	☐	☑	☐		
	40. Transition supports (e.g. picture cards, check schedule cards, planner) are used consistently.	☐	☐	☑	☐	☐		Assist in problem-solving, demonstration and implementation of visual supports for each student on caseload.
	41. Work/Task Systems and/or Routine/Procedure Lists are utilized regularly to increase independence in task completion.	☐	☐	☑	☐	☐		
	42. Social stories / scripts are developed and used.	☐	☐	☐	☑	☐		

		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)	Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
	43. Break Cards are used to teach students to exit appropriately when necessary.	☐	☐	☐	☐	☑		
	44. Appropriate instructional strategies are used to teach the visual systems:							
	a. Pairing	☐	☐	☐	☐	☑		
	b. Prompting	☐	☐	☐	☑	☐		
	c. Modeling	☐	☐	☑	☐	☐		
	d. Shaping	☐	☐	☐	☑	☐		
	e. Using preferences to motivate	☐	☐	☑	☐	☐		

Universal Supports		**Current Status**					**Priority for Change?**	**ACTION PLAN ITEMS (who, does what, by when)**
		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Educational Strategies and Supports	**45.** Students with ASD are active, supported participants within the general education classroom.	☐	☐	☑	☐	☐		Priority 6: Train all staff working with ech student on caseload effective instructional practices. Develop and implement "instructional planning sheet" for all students with Autism/ASD for special education teachers and paraprofessionals. Research grading matrices and other best practice grading systems fr students with Autism/ASD.
	46. The general education curriculum is used as the primary focus of instruction.	☐	☐	☑	☐	☐		
	47. Academic goals are developed based on the general education curriculum and targeted skills in communication, social, adaptive behavior are assessed and directly taught.	☐	☐	☐	☑	☐		
	48. Effective instructional practices are used to support new skill development (e.g. Task Analysis (shaping/chaining), Pre-teaching / Pre-corrects, Motivation strategies (preferred activities), Movement within activities, Ordering of activities (preferred/non-preferred)).	☐	☐	☐	☑	☐		
	49. Specific academic *accommodations* within the general education curriculum are selected and implemented based on individualized needs and reflected in the I.E.P. goals.	☐	☐	☐	☑	☐		

Universal Supports	In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)	Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
50. Specific academic *modifications* to the general education curriculum are selected and implemented based on individualized needs and reflected in the I.E.P. goals.	☐	☐	☐	☒	☐		
51. A system is developed to assure that the specific academic accommodations/modifications are implemented throughout student's programs.	☐	☐	☒	☐	☐		
52. A system is used to determine appropriate grading based on the accommodations / modifications to the general education curriculum (ex. grading matrix).	☐	☐	☐	☒	☐		
53. Progress toward students' goals is assessed using IEP criteria necessary changes are made to programming to ensure improvement.	☐	☐	☒	☐	☐		

Universal Supports		Current Status					Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)
		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Peer Supports	**54.** Information about ASD and the students with ASD is provided to the typical students in the classroom/building in a way that respects parental preferences.	☐	☐	☐	☒	☐		Priority 2: Research and select effective peer training materials/program for elementary and secondary stuents. Work with special education, general education and students to implement peer supports for each student on caseload (Fall 2013- ongoing)
	55. Opportunities for interaction with typical peers are organized throughout the day.	☐	☐	☒	☐	☐		
	56. Peer supports (typical peer models) are actively recruited.	☐	☐	☐	☐	☒		
	57. Peer Supports are trained to interact appropriately and effectively with students with ASD.	☐	☐	☐	☐	☒		

		Current Status					Priority for Change?	ACTION PLAN ITEMS (who, does what, by when)

		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
	58. Peer supports may attend regular meetings to discuss the progress of students with ASD.	☐	☐	☐	☐	☑		
	59. Activities/events that link the student with ASD with the typical students are identified for each student with ASD to promote effective interaction with typical peers.	☐	☐	☐	☐	☑		
	60. A system exists to support typical peer involvement with the students with ASD in targeted activities and events.	☐	☐	☐	☐	☑		

	Universal Supports	**Current Status**					**Priority for Change?**	**ACTION PLAN ITEMS (who, does what, by when)**
		In Place (5)	Mostly in Place (4)	Partially in Place (3)	Minimally in Place (2)	Not in Place (1)		
Behavior Support	**61.** Effective strategies that prevent challenging behavior are implemented for all students with ASD. **a.** Functional Communication Systems **b.** Visual Supports and Strategies **c.** Peer Supports **d.** Movement within activities **e.** Motivation Strategies (preferred activities) **f.** Ordering of activities (preferred/non-preferred) **g.** Pre-teaching / Pre-corrects	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	☑ ☑ ☑ ☑ ☑ ☑ ☑	☐ ☐ ☐ ☐ ☐ ☐ ☐		Priority 4: Training for all special education staff related to effective strategies to prevent challenging behavior (see #61). Periodic and ongoing consultation with special education teachers and IEP team members (administration and general education here appropriate) regarding specific students with behavioral issues. Periodic and ongoing data collection and demonstration teaching for students on
	62. Behavioral plans are developed to identify challenging behaviors and teach alternative responses.	☐	☐	☐	☑	☐		
	63. Functional behavioral assessment is used to assist in strategy development for behavior plans.	☐	☐	☑	☐	☐		

							caseload.
64. Developed plans include antecedent strategies (proactive strategies intended to prevent behaviors from occurring).	☐	☐	🟨	☐	☐		
65. Developed plans include strategies for teaching and prompting new skills (e.g. communication, social interaction, independence, adaptive behavior, and safety).	☐	☐	☐	🟨	☐		
66. Developed plans include non-emotional, non-verbal, and non-punitive strategies for responding to behavior when it occurs.	☐	☐	☐	🟨	☐		
67. Staff implementing the plans are provided ongoing training regarding implementation of strategies in the plans.	☐	☐	☐	🟨	☐		
68. Developed plans are used consistently in all environments.	☐	☐	☐	🟨	☐		

Summary of Current Status and Priority for Improvement Form

This page can be copied for the two to three raters of the classroom serving children with autism. These raters should include the teacher, and others who are familiar with the classroom, having supported the classroom with regular visits. An average of the multiple classroom raters' scores can be organized by re-using this page again or to summarize preschool, elementary, or secondary classrooms aggregate responses to assist in identifying the priority area(s) for change by individual or age level of classrooms across the district.

Universal Support Area	**Score**	**Points Possible**	**Rating (Percentage)**	**Priority for change**
Parent and Family Support	16	30	53	7
Guiding Principles	6	25	24	1
Team Process	12	35	34	3
Para-Professional Support	31	70	44	5
Functional Communication Systems	35	65	54	8
Visual Supports	31	70	44	5
Educational Strategies and Supports	22	45	49	6
Peer Supports	10	35	29	2
Behavior Support	30	70	43	4
OVERALL	**193**	**445**	**43%**	