

# **Handbook for Teachers**

of Students with

Autism Spectrum Disorder

Dear Teacher

Our Child Needs Help

A Handbook for helping children with  
Autism Spectrum Disorder  
including  
Pervasive Developmental Delay  
Not otherwise specified (PDD NOS)  
and  
Asperger's Syndrome

**Confidentiality Statement:**

The information contained in this handbook is to remain confidential between the teacher and parent and may not be shared with others without the written consent of the parent.

## Our child

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Will be attending your class for the school year

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We have been working hard to prepare our child to be successful in school.

This booklet is designed to provide information about autism spectrum disorder. Since children with this disorder are all different, included are specific characteristics about our child that will be helpful to know.

We would like to help you and to help our child.  
If you need to contact us, we can be reached at:

Parents \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Daycare Provider \_\_\_\_\_

Phone \_\_\_\_\_

Who may provide transportation for our child:

Name \_\_\_\_\_

Phone \_\_\_\_\_

# What is Autism?

Autism (also referred to as Pervasive Developmental Disorder or Autism Spectrum Disorder or Asperger's Syndrome) is a developmental disability that typically appears during the first three years of life. It is the result of a neurological disorder that affects the functioning of the brain and interferes with normal brain development in the areas of reasoning, social interaction, and communication skills. Children and adults with autism typically have deficiencies in:

## Communication:

- language develops slowly
- may have precocious language (Asperger's Syndrome)
- words are used without attaching meaning to them
- may communicate with gestures instead of words
- short attention span
- brain processes auditory information more slowly
- no inherent benefit to social/reciprocal communication

## Social Interaction:

- may spend time alone rather than with others
- may show little interest in making friends
- less responsive to social cues, such as facial expression
- difficulty initiating play or joining activities with peers

## Sensory Impairment:

- unusual reactions to physical sensations such as over-sensitivity to touch or undersensitivity to pain
- responses to sights, sounds, touch, smells and tastes may be affected to lesser or greater degrees
- need for sensory input, such as swinging or deep pressure touch

Play:

- does not imitate the actions of others
- does not usually initiate pretend games
- lack of spontaneous or imaginative play

Behaviors:

- may have tantrums for no apparent reason
- may be overactive or passive
- may persevere on a single item, idea, phrase, word

## Books

Asperger's Syndrome, by Tony Attwood, Ph.D., 1998, Future Horizons, Arlington, TX.

Facing Autism, Giving Parents Reasons for Hope and Guidance for Help, by Lynn Hamilton, 2000, WaterBrook Press, Colorado Springs, CO.

The Original Social Story Book, edited by Carol Gray, 1993, Future Horizons, Arlington, TX.

Thinking in Pictures, and Other Reports from my Life with Autism, by Temple Grandin, 1995, Doubleday, New York.

# Common Characteristics of Autism

Children with autism are not all alike. They may display most, some, a few (but generally not all) the following characteristics to varying degrees. Our child displays the characteristics marked:

- Difficulty in mixing with other children.
- Insistence on sameness; resists changes in routine.
- Inappropriate laughing and giggling.
- No real fear of dangers.
- Lack of eye contact.
- Unresponsive to normal teaching methods.
- Sustained odd play.
- Apparent insensitivity to pain.
- Echolalia (repeating words or phrases).
- Prefers to be alone; aloof manner.
- May not want cuddling.
- Spins objects.
- Noticeable physical overactivity or extreme underactivity.
- Tantrums (displays extreme distress for no apparent reason).
- Not responsive to verbal cues; acts as if deaf.
- Inappropriate attachment to objects.
- Uneven gross/fine motor skills (may not want to kick the ball).
- Difficulty in expressing needs; uses gestures or pointing instead of words.



# Behavior Management

Autism affects children in many different ways, so two children with autism may behave differently in the same situation.

To successfully interact with a child with autism, it may be necessary to:

- Use simpler language.
- Use concrete terms and ideas.
- Use a slower, crisper voice.
- Allow more time than usual to respond ( up to 15 seconds).
- Use visual representations, including simple gestures.
- Inform child of rules and expected behaviors ahead of time, every time.
- Give short, concise directions.
- Give step by step directions for complex, multi-step tasks or directions.
- Give choices when possible.



# Teaching a Child with Autism

Children with autism can learn. Experience has shown that these children respond best when given:

**A structured program.** A set routine is helpful. If the routine is to be changed, it is helpful if the child is informed to expect a change.

**Positive reinforcement.** Children with autism may need higher levels of motivation than typical children.

**Visual aids.** Visual strategies help children understand verbal directions. Written checklists, token charts, picture schedules, gestures, demonstrations often help children with auditory processing difficulties.

**High expectations.** Many children with autism will be able to achieve great things, if they have appropriate demands and adequate support.

**Neutral response to inappropriate behavior.** Don't be afraid to work with the child. Don't give up when you encounter a response or behavior you don't understand. Talk to the parent or other teacher familiar with the child and work to teach the child a more appropriate response.



## Medical and Dietary Information

Many children with autism spectrum disorder suffer from various sleep difficulties and gastrointestinal upsets. They may have various allergies to foods or other environmental items. Some may require medications or dietary intervention. Parents of some children have found that restricting dairy and wheat products (casein-free and gluten-free) helps their child to sleep better, reduces hyperactive behavior, and improves their ability to focus and stay on task so they can pay attention and learn in the classroom.

Many children are also hypersensitive to various odors and sounds. They may be intolerant of some food smells in the cafeteria, as well as high noise levels or high pitched rings and so forth.

It is helpful to the parents to be alerted to special party events at school so that special dietary foods can be provided at the appropriate time for the child. Special seating in the cafeteria may also be helpful to avoid exposure to overwhelming odors that are problematic. Handwashing after arts and crafts projects, snack and lunch is also helpful in reducing odors.









# People who have a Role in the Education of our Child include:

Parents

Teacher

Classroom Aide

Resource Specialist (RSP)

Resource Assistant

Speech Therapist

Program Specialist

Inclusion Specialist

Special Education Consultant

Curriculum Consultant

Behavior Intervention Specialist

Student or Substitute Teacher

Extended Day or Homework Coach

Relative

Tutor(s)

Other

Music or Art Teacher

Baseball or Soccer Coach

After School Daycare Provider

# Role Definitions

## For the Educational Providers

### Listed on the previous page

**Parents:** Responsible for the care and education of their child, including a pro-active role in determining educational goals as a member of the IEP team.

**Teacher:** Responsible for curriculum adaptation in the classroom, educational goals, short-term objectives, and specific evaluation procedures, as outlined in the IEP to ensure that the child receives an appropriate education designed to maximize his/her potential in an inclusive setting. One day a month is designated for teacher preparatory time for curriculum adaptation and team meetings.

**Classroom Aide:** Responsible for assisting the child in the least intrusive way possible to ensure that the child processes instructions from the teacher properly, stays on task, and has appropriate materials. The Aide may occasionally be called on to remove the child from the classroom if specific behaviors cause a disruption for other students.

**Resource Specialist (RSP):** Responsible for providing special education (often in a separate setting) to enhance learning opportunities for the child in an environment with fewer distractions and greater individual attention. Available for consultation with the teacher regarding specific learning issues but does not provide curriculum adaptation for the classroom.

**Resource Assistant:** Responsible for collaborating with the Resource Specialist in providing special educational opportunities for the child.

**Speech Therapist:** Responsible for providing specific speech and language goals for the IEP including articulation, linguistic, and

comprehension skills. Responsible for testing in those areas identified in the IEP and presenting the results to the IEP team.

**Program Specialist:** Responsible for providing assistance to teachers and families regarding district and community resources. Assures that the IEP is implemented.

**Inclusion Specialist:** Responsible for coordinating and overseeing the IEP team meetings, helping to modify general education curriculum to meet the needs of the child, providing specific consultants as needed, and generally checking to see that the child is making progress as outlined and providing assistance if any obstacles are encountered.

**Special Education Consultant:** Responsible for providing assistance to the Special Resource Teacher as needed.

**Curriculum Consultant:** Responsible for providing assistance to the Teacher as needed.

**Behavior Intervention Specialist:** Responsible for providing assistance to members of the school team to identify, count, reduce or eliminate unwanted behavior of the child and to identify and provide positive behavioral supports.

**Substitute or Student Teacher:** Responsible for following the curriculum plan as outlined by the lead Teacher to provide continuity for the child.

**Relative:** Responsible for supporting the parents and educational team by consistency in approach to issues defined by the team.

**Tutor:** Responsible for priming new academic skills, maintaining generalized skills, and keeping data on skill acquisition.

# IEP - Individualized Education Program

The IEP for each student with disabilities must include:

- 1) The student's present levels of educational performance.
- 2) A statement of measurable annual goals, including benchmarks or short-term objectives.
- 3) A statement of specific special education services, specific related services, supplementary aids and services, and program modifications or supports.
- 4) An explanation of the extent, if any, to which the child will not participate with nondisabled child in regular education classes.
- 5) The projected date for initiation and the anticipated duration, frequency, and location of the services and modifications included in the IEP.
- 6) A statement of any individual modifications in the administration of state or district-wide assessments of student achievement that are needed.
- 7) Appropriate objective criteria, evaluation procedures and schedules for determining, at least annually, whether the measurable goals contained in the IEP are being achieved and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year.
- 8) A statement of how the student's parents will be regularly informed of student progress.
- 9) A description of the type of placement needed to implement the IEP in the least restrictive environment.
- 10) For students 16 years of age or older, the IEP must state the transition services needed.
- 11) For each student, beginning at age 14 and younger, if appropriate, the IEP must include a statement of the transition service needs of the student.
- 12) Extended school year services, when needed.
- 13) One year before the student turns 18, include a statement that the student has been informed of his or her special education rights that will transfer to the student at age 18.

## Who Attends the IEP Team Meeting?

- 1) Parents
- 2) At least one regular education teacher
- 3) At least one special education teacher
- 4) An educational agency representative other than the teacher
- 5) An individual who conducted an assessment of the child or a person who is qualified to interpret and explain the assessment results, including the instructional implications of the evaluation results
- 6) Other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate
- 7) The child, when appropriate. The student with a disability of any age must be invited to the IEP meeting if transition needs, services, or both will be discussed

Federal law and regulations require that the regular education teacher, as a member of the IEP team, to the extent appropriate, participate in the development of the IEP. This includes the determination of appropriate positive behavioral interventions and strategies, the determination of supplementary aids and services, program modifications, support for school personnel, and the review or revision of the IEP.

The IEP information was excerpted from the publication Special Education Rights and Responsibilities written by Community Alliance for Special Education (CASE) and Protection and Advocacy, Inc. (PAI), c. 1992, 8<sup>th</sup> Edition, Revised Feb. 2000.



For more information, contact:

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