

**Services for Children with Autism
School Year 2018-2019
PARENT HANDBOOK**



**Dr. Gregory Ewing, Superintendent
Glenda Rodriguez, Assistant Superintendent of Special Student Services**



Dear Parents and Students,

Since my arrival to Las Cruces, I have met so many wonderful people and have been quite impressed with the programs that are in place within our school district. As your Superintendent, I plan to continue initiatives that support our children and I will work to enhance services that benefit their academic and social growth. I hope this handbook assists parents of students with autism to better understand the programs and services available in our schools. And, of course, we are open to your suggestions for improvement.



Please feel free to contact your child's school with any questions you may have about educational services for students with autism. In addition, the many qualified specialists in the Department of Special Student Services are always available as an additional resource. You can also reference our school website (www.lcps.k12.nm.us) which includes district policies and regulation that guide our work.

I strongly believe that *together* we will make a difference in the lives of our children. Thank you again for your ongoing involvement in our schools.

Warmly,

A handwritten signature in black ink that reads "Greg A. Ewing".

Greg Ewing, Ed.D.
Superintendent

Las Cruces Board of Education



Members of the Las Cruces Board of Education are (left to right):
Ray Jaramillo, Terrie Dallman, Maury Castro,
Maria A. Flores, and Ed Frank

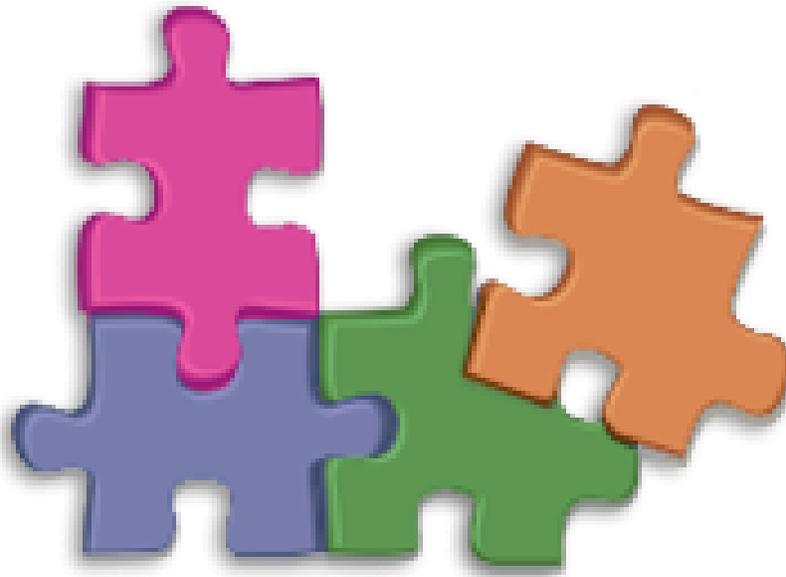
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Welcome

The purpose of this handbook is to provide an overview of the various programs found within the Las Cruces Public Schools (LCPS) that offer specialized instruction for students with autism. In addition, the handbook provides information about the services and supports offered by the Special Student Services Department, and about your legal rights as a parent. While we encourage you to address questions and concerns to your school administrator first. The Special Student Services Department is an additional information resource for you.

Mission

The LCPS Special Student Services Department encompasses a continuum of specialized services that support the social, emotional, academic and physical needs of youth ages three through 21 with various ranges of exceptionalities. Our mission is to provide specialized instruction and services, “that are reasonably calculated to enable a child to make progress appropriate in light of the child’s circumstances.”¹ In conjunction with state and local agencies as well as related services within the schools, programs are designed following best practices as well as federal and state guidelines.

We are committed to early intervention strategies within least restrictive environments to support the diverse needs of our learners. As a department, we strive to empower students to utilize self-advocacy skills as they become independent learners and integrate into the general education curriculum and community. Our ultimate goal is for students to become self-sufficient and contributing members of our society.

The Special Student Services Department’s role is to support parents, teachers, and principals in the location, identification, and provision of educational services for exceptional students in LCPS. The department coordinates special student services evaluations, placements in instructional programs, and support services throughout the district and maintains compliance with state and federal laws. These services are provided in a variety of settings ranging from itinerant teachers and regular classroom placement to small self-contained classrooms and homebound services.

The Special Student Services Department coordinates curriculum development, assistive technology evaluation and services, needs assessment, transportation, planning and development, data collection and reporting, placement of student teachers, practicum students and interns, and the selection and evaluation of special education staff throughout the district.

Glenda Rodriguez

Assistant Superintendent of Special Student Services

575-527-5901

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¹ 137 S.Ct.at 1000.

Continuum of Special Student Services

In LCPS, we understand that every child has different and specific needs, gifts, strengths and challenges. Therefore, we are committed to providing a wide range of services for our students who are living with the disability of autism. We know the old saying is true, “When you’ve met one person with autism, you have met one person with autism.”

Services in our district range from minimal additional support in the general education environment to more restrictive self-contained classrooms. Across all settings, though, the primary goal is to inspire academic growth and development while addressing the core deficits of autism in the least restrictive environment necessary for success. The evaluation and Individualize Education Program (IEP) Team will help formulate detailed goals and objectives for your student.

Autism Satellite Programs

LCPS has designated certain schools/classrooms as Autism Satellite Sites to meet the learning needs of some students with autism who require specialized settings and instruction. These sites are defined by certain characteristics, as listed below, and as identified by the National Professional Development Center (NPDC) on Autism Spectrum Disorders (ASD), March 2011. Additionally, faculty and related service providers are familiar with the evidence-based practices for working with individuals with ASD, as identified by the NPDC on Autism Spectrum Disorders, 2014 Annual Report.

Learning Environment

The learning environment in the Autism Satellite Sites’ classrooms is structured specifically to meet the safety needs of children with autism. Additionally, the environment is organized in a manner to maximize learning and minimize physical distractions, depending on the specific needs of each student. Finally, the learning materials necessary for the instruction of students with autism will be readily available, organized, and appropriate in rigor and design.

Structure and Schedule

The structure and schedule of the learning environment may include visual supports and schedules, depending on the specific needs of each student. The physical set-up will be one that encourages smooth transitions and ample opportunity for interaction between students, the objects in the classroom, and other people such as peers and staff.

Climate in the Classroom

The climate in the classroom is one that reflects and encourages positive and appropriate interactions between students and staff. Staff behavior will be a model for that expected from students. The learning climate will also promote diversity in teaching/learning styles, communication, and culture.

Individualized Education Program (IEP) Development

IEP development in these sites will specifically address the core deficits of autism, identify methods for monitoring student progress, and define the assessment process. Each child will be offered an IEP designed to provide access to instructional strategies and curricula aligned to both challenging State academic content standards and ambitious goals, based on the unique circumstances of the child. Each child’s IEP must include, among other information, an accurate statement of the child’s present levels of academic achievement and functional performance and measurable annual goals, including academic and functional goals.²

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² 20 U.S.C. 1414(d)(1)(A)(i)(I)-(IV) and 34 CFR §300.320(a)(1)-(4)

Teaching and Learning

Teaching and the curriculum will be designed to produce ample opportunity for errorless learning, positive reinforcement, skill development, and accommodations necessary to ensure academic success and foster independence. Errorless learning refers to teaching procedures that are designed in such a way that the learner does not have to – and does not – make mistakes as he or she learns new information or new procedures. Errorless learning has been contrasted with trial and error learning where the learner attempts a task and then benefits from feedback, whether the attempt was correct or incorrect. Errorless learning may be more effective for students who frequently make mistakes, who lack confidence (or may be anxious), and/or who do not remember their learning experiences and the feedback that they receive. Goals and objectives will be driven by data that is collected on a regular basis to identify areas of concern as well as to document areas of growth.

Classroom Communication

Classroom procedures will be rich in communication interventions. A variety of communication techniques will be implemented, depending on the specific needs of each student. Visual supports will be present and technology accessed when necessary and appropriate to nurture functional and social communication.

Social Skills

Social skills will also be a focus in classrooms designated as Autism Sites. Students will be provided with opportunities to learn and practice social skills in situations that are set up as well as those that occur spontaneously. These skills will be explicitly taught at the level appropriate for each student.

Personal Independence

Personal independence will always be a goal in all classrooms. Since prompting is an evidence-based strategy, personnel will utilize this intervention regularly. Prompts will be used in a hierarchy to gain compliance and skill development with the least invasive prompt possible. Staff will work to avoid prompt dependency by fading prompts as quickly as possible, to encourage students to develop the ability to negotiate their environment as independently as possible on a daily basis. The staff-to-student ratio will also focus on promoting personal independence by providing the level of support that fosters attending and gradually decreasing the support as the student acquires skills and increased ability.

Functional Behavior

Functional behavior will be nurtured and encouraged. When interfering behaviors (i.e. hitting, crying, running, etc.) are present, staff may conduct a Functional Behavior Assessment (FBA) and draft a Behavior Intervention Plan (BIP). It is our position that all students with autism could benefit from a well-conducted, high quality functional behavior assessment and behavior intervention plan. Not only will these documents identify lagging skills and functions of interfering behaviors, but they will also identify those strategies that are necessary and effective in helping the student be as successful as possible in his/her academic career. Positive behavior supports and strategies will be utilized, as well. In general, interfering behaviors that can be safely ignored will be placed on extinction; while replacement skills are taught through errorless learning techniques and reinforcement.

Parent Involvement

We recognize that none of this is possible without ongoing parent and family involvement. Student success is always maximized with a team approach. This means your student's teacher will strive to provide on-going communication between school and home. You will have the opportunity to share your preferred method of communication when you meet your teacher. This can also be specified in the IEP. Additionally, the district schedules opportunities for formal parent-teacher conferences throughout the school year. At any time, you may also request a meeting. Each teacher will explain his/her specific

process for fostering this communication and involvement. Please feel free to ask questions of the teacher, related service providers, and school administrators. Communication with home will be a priority.

As a parent, you will be notified of community-based trainings designed for parents and caregivers. Additionally, you will receive notification of family support groups. Students with autism also qualify for the support of a special education mental health provider. All students with the disability of autism are eligible to receive mental health services support. This person will be a valuable resource for family support, community-based referrals, and strategies for improving social skills and behavior. Either a psychologist or social worker may provide this service.

Finally, a team of professionals will serve your child. This multi-disciplinary team will be familiar with evidence-based practices and participate together in trainings, meetings, and implementation of interventions and academic programming. The staff on this team have a particular knowledge and interest in working with students with an ASD. Students with the disability of autism may be eligible to receive mental health services support.

Technical Autism Assistance Team

LCPS has created a Technical Autism Assistance Team (TAAT). Members of this team are teachers, mental health providers, administrators, motor therapists, and speech pathologists. This team is charged with providing district-wide support to the professionals, students and families working and living with autism every day. They will work to provide opportunities for professional development and classroom support. The TAAT will also serve in an advocacy role to provide research on best practices. Teachers, administrators and related service staff may access the specific assistance of the TAAT by making a request through the Special Student Service Administrator (SSSA) assigned to their specific school. Members of the TAAT are also available through scheduled appointments at the Autism Library.

District Autism Sites

Please note that the location of specific sites may change or evolve as the population of students with autism changes within LCPS. Any questions regarding sites should be directed to the SSSA assigned to autism programs at 575-527-5900.

Preschool

Preschool (ages three to five) students receive instruction from a teacher and related service providers who are supported by the district Preschool Social Worker for individuals with Autism and TAAT. The Preschool Autism Social Worker and TAAT addresses professional development and education in social skills, pragmatic language, observation, data collection, behavioral intervention, and direct and specific instructional techniques in any of the designated preschool sites.

Currently, the following elementary schools are home to classrooms designated as preschool autism sites:

Doña Ana
Monte Vista

Hermosa Heights
University Hills

Mesilla Park

The frequency and focus of services is determined on an individual basis and is delineated in the IEP.

Elementary

At the elementary level, students receive instruction from a teacher and related service providers who are supported by the district Autism Specialist and TAAT. The Autism Specialist and TAAT addresses professional development and education in social skills, pragmatic language, observation, data collection, behavioral intervention and direct and specific instructional techniques in any of the designated elementary schools.

The frequency and focus of the services is determined on an individual basis and is delineated in the IEP.

The following elementary schools have kindergarten to grade five classrooms that have been identified as elementary autism sites:

Alameda Mesilla	Central Sonoma	Doña Ana University Hills	Hermosa Heights	Highland
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Middle School

At the middle school and high school level, students receive instruction from a teacher and related services providers who are supported by the district Autism Specialist and ~~the Technical Autism Assistance Team~~ TAAT. The Autism Specialist and TAAT addresses professional development and education in social skills, pragmatic language, observation, data collection, behavioral intervention, and direct and specific instructional techniques.

WHAT IS AUTISM?

(autismspeaks.org)

“Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. With the May 2013 publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), all autism disorders were merged into one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder – not otherwise specified (PDD-NOS) and Asperger Syndrome.

ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art.

Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between two and three years of age.”

How Common is Autism?

(autismspeaks.org)

“Autism statistics from the U.S. Centers for Disease Control and Prevention (CDC) estimated prevalence among the nation’s children, based on an analysis of 2014 medical records and, where available, educational records of 8-year-old children from 11 monitoring sites across the United States.

The new estimate represents a 15 percent increase in prevalence nationally: to 1 in 59 children, from 1 in 68 two years previous.

However, prevalence estimates varied widely between monitoring sites, with significantly higher numbers at sites where researchers had full access to school records. This suggests that the new national numbers reflect a persistent undercount of autism’s true prevalence among the nation’s children.

“These findings demonstrate that while progress has been made on some fronts, there is still much work to do,” says Autism Speaks President and Chief Executive Officer Angela Geiger. “They urgently warrant

a significant increase in life-enhancing research and access to high quality services for people with autism across the spectrum and throughout their lifespan.”

What Causes Autism?

According to autismspeaks.org, “Not long ago, the answer to this question would have been ‘we have no idea.’ Research is now delivering the answers. First and foremost, we now know that there is no one cause of autism, just as there is no one type of autism. Over the last five years, scientists have identified a number of rare gene changes, or mutations, associated with autism. A small number of these are sufficient to cause autism by themselves. Most cases of autism, however, appear to be caused by a combination of autism risk genes and environmental factors influencing early brain development.”

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Brain scans show differences in the shape and structure of the brain in children with autism versus in neuro-typical children. Researchers are investigating a number of theories, including the links among heredity, genetics and medical problems.

In many families, there appears to be a pattern of autism or related disabilities, further supporting the theory that the disorder has a genetic basis. While no one gene has been identified as causing autism, researchers are searching for irregular segments of genetic code that children with autism may have inherited. It also appears that some children are born with a susceptibility to autism, but research has not yet identified a single “trigger” that causes autism to develop.

Genetic Vulnerability

Autism tends to occur more frequently than expected among individuals who have certain medical conditions, including Fragile X Syndrome, tuberous sclerosis, congenital rubella syndrome, and untreated phenylketonuria (PKU). Some harmful substances ingested during pregnancy also have been associated with an increased risk of autism. More information about related conditions may be obtained from your pediatrician as well as groups like Autism Speaks and the Autism Society.

Environmental Factors

Research indicates other factors besides the genetic component are contributing to the rise in autism, such as environment toxins (e.g. heavy metals such as mercury), which are more prevalent in our environment than in the past. Those with autism (or those at risk) may be especially vulnerable, as their ability to metabolize and detoxify these exposures may be compromised. Again, additional information about environmental factors may be obtained from a medical professional and/or groups like Autism Speaks and the Autism Society.



Living With Autism (Resources)

It is important to remember that autism is a spectrum disorder. This means that no two individuals with an autism diagnosis will experience the exact same journey. Their challenges are different and their strengths are unique. Additionally, it is clear that you cannot tell if someone has autism by his/her physical attributes. It can be extremely stressful living with a child with autism and caring and advocating for your child's needs. Research indicates that community support is essential for parents, siblings, and extended family members. Though it would be impossible to offer an exhaustive list of resources, we present the following list of potentially helpful resources:

Advocacy, Support and General Information

Autism Speaks autismspeaks.org
National Fragile X Foundation fragilex.org
Parents Reaching Out (PRO) parentsreachingout.org
Hearts for Autism Fun heartsforautism.com
Autism Society www.autism-society.org
New Mexico Autism Society nmautismsociety.org
GRASP (Global and Regional Asperger Syndrome Partner) <http://grasp.org>

Autism Specific Intervention

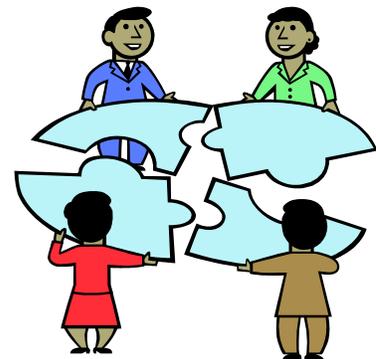
Mariposa Autism Services Center (MASC) autismnm.com
STE Consultants steconsultants.com
University of NM <http://www.cdd.unm.edu/Autism/programs/index.html>
To find additional Behavior Specialists bacb.com

Older Children/Transitional Services

Department of Vocational Rehabilitation dvrgetsjobs.com
Tresco trescoinc.org
NM DD Waiver <http://nmhealth.org/ddsd/servicesoverview/pg02overviewddw.htm>
Supplemental Security Income ssa.gov
Medicaid <http://www.hsd.state.nm.us/LookingForAssistance/Default.aspx>

Academic/Educational-Based Resources

Autism Resource Library at Centennial High School (575) 527-6053
Special Education Department (575) 527-5900
New Mexico Public Education Department ped.state.nm.us



The Rights of the Student with Autism

(autismspeaks.org)

Please Note: This is an overview. A complete, detailed list and explanation is available from the LCPS Special Student Services Department and is presented at every IEP meeting.

A Child’s Right to Public Education

Every child has the right to a free and appropriate education. The federal Individuals with Disabilities Education Act (IDEA), enacted in 1975, mandates a public education for all eligible children and the school districts’ responsibility for providing the support and services that will allow this to happen. IDEA was most recently revised in 2004 (and, in fact, renamed the Individuals with Disabilities Education Improvement Act, but most people still refer to it as IDEA). The law mandates that the state provide an eligible child with a free appropriate public education (FAPE) that meets his/her unique needs. IDEA specifies that children with various disabilities, including autism, be entitled to early intervention services and special education. IDEA has established an important team approach and a role for parents as equal partners in the planning for each child and promotes an education in the least restrictive environment.

In addition to the IDEA stipulations, the Americans with Disabilities Act of 1990 (ADA) sets forth, as a civil right, protections and provisions for equal access to education for anyone with a disability. Section 504 of the Rehabilitation Act of 1973 is another civil rights law that prohibits discrimination on the basis of disability in programs and activities, public and private, that receives federal financial assistance. Generally, the individuals protected by these laws include anyone with a physical or mental impairment that substantially limits one or more life activities.

Free Appropriate Public Education (FAPE)

IDEA provides for a “free appropriate public education” for all children with disabilities. A school must offer an IEP that is “that are reasonably calculated to enable a child to make progress appropriate in light of the child’s circumstances.”¹ Each child is entitled to an education that is tailored to his/her special needs and a placement that will allow him/her to make reasonable educational progress at no cost to his/her family.

Least Restrictive Environment (LRE)

IDEA provides that students with disabilities are entitled to experience the “least restrictive environment.” School districts are required to educate students with disabilities in regular classrooms with non-disabled peers in the school they would attend if not disabled, to the maximum extent appropriate, supported with the aids and services required to make this possible. This does not mean that every student has to be in a general education classroom. The objective is to place students in as natural a learning environment as possible within their home community as much as possible. The members of the IEP team – considering a variety of issues – make this decision and the LRE for a student may change over time.

Participation of students with autism in the general education environment is often called “mainstreaming” or “inclusion”. Inclusion does not mean placing a student with autism in general education just like a typical learner; a variety of supports are provided to create a successful environment and experience for everyone involved. Careful planning and training are essential to provide the right modifications and accommodations. The Special Student Services Department supports general education staff and others in the school community who interact with students with autism.

Special Student Services

Early intervention services end for children at age three. Special Student services in the public school begin at age three and continue through age 21 for students who meet eligibility criteria and demonstrate educational need.

Students who meet eligibility criteria for special education services will have an Individualized Education Program (IEP) developed to meet their specific educational needs and allow them to progress in the general education curriculum. Specifically, for students diagnosed with Autism Spectrum Disorder, the New Mexico Public Education Department has published “11 Considerations for IEP’s for Students with Autism.” This document helps guide the IEP team to develop an appropriate educational plan and can be found at <http://www.ped.state.nm.us/seb/>.

For students who do not meet the eligibility criteria for special education services but still have a disability that requires support, accommodations or protections afforded under the Rehabilitation Act are developed through a school team and often compiled in a document that is referred to as a Section 504 Plan.

Getting Started

Early Childhood

If your child is younger than three years old, you may access early intervention services at no cost to your family. In Doña Ana County, there are currently three agencies providing early intervention services. They are:

- Aprendamos Intervention Team (575) 526-6682
- Meca Therapies (575) 522-9500
- Tresco TOTS (575) 527-4900

If you have concerns about any aspect of your child’s development, each of these agencies will provide a complete evaluation and assist your family in addressing concerns and building on strengths. If autism is a concern, the agency will guide you through the process of obtaining a thorough assessment from a highly qualified, multi-disciplinary team. Questions regarding early intervention services can be directed to any one of the agencies above or to the New Mexico Family Infant Toddler Program at 1-877-696-1472.

Preschool

If your child is three to five years old and not currently enrolled in LCPS, please contact our **Child Find** office at (575) 527-6076. Whether your child has already been diagnosed with autism or needs an evaluation, the staff will guide you through the entire process.

School Age: No Diagnosis?

Occasionally, children will enter school without a diagnosis of autism. If this is your situation AND you are concerned about your child’s development and a possible diagnosis, LCPS can help.

If your child is **not** currently receiving special education services and does **not** have a diagnosis of autism, he/she should be referred to your school’s Student Assistant Team (SAT). Your child’s teacher will be able to guide you through this process. Your child may be screened for autism, and the results of that screening may indicate the need for a complete autism evaluation. If this is the case, a multi-disciplinary evaluation will take place to determine whether or not your child meets criteria for an disability of autism as defined in state and federal law.

If your school-aged child **is** currently receiving special education services with LCPS but does **not** have a diagnosis of autism, you should share any concerns about autism with your child’s case manager. The case manager can walk you through the process of requesting a screening and/or evaluation for autism. A committee meets weekly to review screenings and evaluations.

Already Diagnosed?

If you are **new** to LCPS and your child **has** a diagnosis of autism, please submit a copy of the evaluation to our Special Student Services Department. It will be reviewed by an Outside Evaluation Review Team to ensure it addresses the specific requirements in New Mexico for this disability. This team meets weekly. If the evaluation appears too vague or does not specifically address the legal requirements for an disability of autism set forth by state and federal guidelines, LCPS may request (and provide) additional testing. If the current evaluation meets all legal criteria, it will be accepted and the disability of autism will be recognized.

Questions?

Autism is a journey that is different for every child and every family. If you are unsure how to access services in your family’s particular situation, please do not hesitate to contact us at 575-527-5900.



INTERVENTIONS

Every child is different. Therefore, specific interventions will be based on the relative strengths and challenges of each student. The core deficits of autism may be addressed using a variety of approaches and specific interventions. The following is a list of evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder. The list was identified by the National Professional Development Center for Autism Spectrum Disorders in its annual report, 2014. The full report can be found at <http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014-EBP-Report.pdf>.

Evidence-Based Practice (EBP)	Definition
Antecedent-based Intervention (ABI)	An arrangement of events or circumstances that precede the occurrence of an interfering behavior and designed to lead to the reduction of the behavior.
Cognitive Behavioral Intervention (CBI)	Instruction on management or control of cognitive processes that lead to changes in overt behavior.
Differential reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O)	Provision of positive/desirable consequences for behaviors or their absence that reduce the occurrence of an undesirable behavior. Reinforcement provided when the learner is: a) engaging in a specific, desired behavior other than the inappropriate behavior (DRA), b) engaging in a behavior that is physically impossible to do while exhibiting the inappropriate behavior (DRI), or c) not engaging in the interfering behavior (DRO).
Discrete Trial Teaching (DTT)	Instructional process usually involving one teacher/service provider and one student/client and designed to teach appropriate behavior or skills. Instruction usually involves massed trials. Each trial consists of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction.
Exercise (ECE)	Increase in physical exertion as a means of reducing problem behaviors or increasing appropriate behavior.
Extinction (EXT)	Withdrawal or removal of reinforcers of interfering behavior in order to reduce the occurrence of that behavior. Although sometimes used as a single intervention practice, extinction often occurs in combination with functional behavior assessment, functional communication training, and differential reinforcement.
Functional Behavior Assessment (FBA)	Systematic collection of information about an interfering behavior designed to identify functional contingencies that support the behavior. FBA consists of describing the interfering or problem behavior, identifying antecedent or consequent events that control the behavior, developing a hypothesis of the function of the behavior, and/or testing the hypothesis.
Functional Communication Training (FCT)	Replacement of interfering behavior that has a communication function with more appropriate communication that accomplishes the same function. FCT usually includes FBA, DRA, and/or EXT.
Modeling (MD)	Demonstration of a desired target behavior that results in imitation of the behavior by the learner and that leads to the acquisition of the imitated behavior. This EBP is often combined with other strategies such as prompting and reinforcement.
Naturalistic intervention (NI)	Intervention strategies that occur within the typical setting/activities/routines in which the learner participates. Teachers/services providers establish the learner's interest in a learning event through arrangement of the setting/activity/routine, provide necessary support for the learner to engage in the targeted behavior, elaborate on the behavior when it occurs, and/or arrange natural consequences for the targeted behavior or skills.
Parent-implementation intervention (PII)	Parents provide individualized intervention to their child to improve/increase a wide variety of skills and/or to reduce interfering behaviors. Parents learn to deliver interventions in their home and/or community through a structured parent-training program.

Peer-mediated instruction and intervention (PMII)	Typically developing peers interact with and/or help children and youth with Autism Spectrum Disorder (ASD) to acquire new behavior, communication, and social skills by increasing social and learning opportunities within natural environments. Teachers/service providers systematically teach peers strategies for engaging children and youth with ASD in positive and extended social interactions in both teacher-directed and learner-initiated activities.
Picture Exchange Communication System (PECS)	Learners are initially taught to give a picture of a desired item to a communicative partner in exchange for the desired item. PECS consists of six phases: (1) “how” to communicate, (2) distance and persistence, (3) picture discrimination, (4) sentence structure, (5) responsive requesting, and (6) commenting.
Pivotal Response Training (PRT)	Pivotal learning variables (i.e., motivation, responding to multiple cues, self-management, and self-initiations) guide intervention practices that are implemented in settings that build on learner interests and initiative.
Prompting (PP)	Verbal, gestural, or physical assistance given to learners to assist them in acquiring or engaging in a targeted behavior or skill. Prompts are generally given by an adult or peer before as a learner attempts to use a skill.
Reinforcement (R+)	An event, activity, or other circumstance occurring after a learner engages in a desired behavior that leads to the increased occurrence of the behavior in the future.
Response Interruption/Redirection (RIR)	Introduction of a prompt, comment, or other distracters when an interfering behavior is occurring that is designed to divert the learner’s attention away from the interfering behavior and results in its reduction.
Scripting (SC)	A verbal and/or written description about a specific skill or situation that serves as a model for the learner. Scripts are usually practiced repeatedly before the skill is used in the actual situation.
Self-Management (SM)	Instruction focusing on learners discriminating between appropriate and inappropriate behaviors, accurately monitoring and recording their own behaviors, and rewarding themselves for behaving appropriately.
Social Skills Training (SST)	Group or individual instruction designed to teach learners with ASD ways to appropriately interact with peers, adults, and other individuals. Most social skill meetings include instruction on basic concepts, role-playing or practice, and feedback to help learners with ASD acquire and practice communication, play, or social skills to promote positive interactions with peers.
Structured Play Group (SPG)	Small group activities characterized by their occurrences in a defined area and with a defined activity, the specific selection of typically developing peers to be in the group, a clear delineation of theme and roles by adult leading, prompting or scaffolding as needed to support students’ performance related to the goals of the activity.
Task Analysis (TA)	A process in which an activity or behavior is divided into small, manageable steps in order to assess and teach the skill. Other practices, such as reinforcement, video modeling, or time delay, are often used to facilitate acquisition of the smaller steps.
Technology-aided Instruction and Intervention (TAII)	Instruction or interventions in which technology is the central feature supporting the acquisition of a goal for the learner. Technology is defined as “any electronic item/equipment/application/or virtual network that is used intentionally to increase/maintain, and/or improve daily living, work/productivity, and recreation/leisure capabilities of adolescents with autism spectrum disorders” (Odom, Thompson, et al., 2013).
Time Delay (TD)	In a setting or activity in which a learner should engage in a behavior or skill, a brief delay occurs between the opportunity to use the skill and any additional instructions or prompts. The purpose of the time delay is to allow the learner to respond without having to receive a prompt and thus focuses on fading the use of prompts during instructional activities.
Video Modeling (VM)	A visual model of the targeted behavior or skill (typically in the behavior, communication, play, or social domains), provided via video recording and display equipment to assist learning in or engaging in a desired behavior or skill.

Visual Support (VS)	Any visual display that supports the learner engaging in a desired behavior or skills independent of prompts. Examples of visual supports include pictures, written words, objects within the environment, arrangement of the environment or visual boundaries, schedules, maps, labels, organization systems, and timelines.
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Each of the evidence-based practices above is useful for specific populations to teach certain types of skills in areas called domains. Not every classroom will employ every evidence-based practice. However, based on the needs of your student, you can expect that skills will be taught in an evidence-based manner. Additionally, staff-to-student ratio will be determined based on the severity of need and on a case-by-case basis. Please feel free to share your concerns with your child’s teacher, administrator and/or Special Student Services Administrator as necessary. We value YOU as part of the team!

Consideration of Best Practices/Strategies for a Student with Autism

IEP Considerations for Student with Autism Spectrum Disorders

1. Extended Educational Programing – Extended School Year (ESY) services or programs offered when school is not in session and/or the extension of the school day.
2. Daily Schedules reflecting minimal unstructured time and active engagement in learning activities – Developing a schedule dependent on the students individual functioning including short blocks of time or the use of more organized arrangements during unstructured times.
3. In-home and Community-Based Training or viable alternative that assist the student with acquisition of social/behavioral skills – Teaching in “real world” environment where social/behavioral skills are needed.
4. Positive Behavior Support Strategies – Modifying environments to help students learn new and appropriate behaviors and the prevention of problem behaviors through Behavior Intervention Plan.
5. Futures Planning (beginning at any age) – Having an end goal in mind and in each grade level build skills to reach long-term goals.
6. Parent/Family Training and Support – Providing training and support by personnel with experience in ASD.
7. Staff-to-Student Ration – Providing the number of staff members needed in classrooms and out of the classroom to provide appropriate identified activities that are needed to achieve social/behavioral progress at the student’s developmental and learning level.
8. Communication Interventions – Including language forms and functions that enhance effective communication across settings such as assistive technology.
9. Social Skills Supports – Providing strategies based on social skills assessment/curriculum and provided across settings.
10. Professional Educator/Staff Support – Ensuring staff have general training about autism and strategies to implement an IEP for student with ASD.
11. Teaching Strategies based on peer-reviewed, and/or research based practices – Considering carious teaching strategies, visual supports, augmentative communication, or social skills training.