

How Might a Child with Special Needs Be a Part of Our School?

■ A sense of belonging is important to everyone, especially for those who might not be able to say how it makes them feel. In addition, through learning about and caring for those who might have different skills, characteristics or needs, everyone benefits from an improved perspective on life and growth as a human being. The U.S. Congress, through a variety of laws, has mandated that every individual has the right to belong to and participate in the community in which he lives.

Meadows Elementary discontinued its Special Day Class in 1996, after reading the research on the benefits to the entire student body of full inclusion vs. special education classes. We made each student a member of a grade level classroom. Doing so has not only made our students with special needs integral parts of our student body and increased their learning exponentially, but also has benefited the general education population. They support, goof off with and stuck up for students with special challenges. Over the past 12 years I have had no more than two complaints from general ed parents, but I cannot count the number of positive feedback interactions I have had with general ed parents, who celebrate the effects on their children of interacting with and supporting special ed students. At Meadows, we take a huge amount of pride in the fact that full inclusion has become embraced, institutionalized and unquestioned.

*Connie Harrington
Principal, Meadows Elementary School, Manhattan Beach, CA*

Information is helpful to understanding and being open minded about things that might operate differently from one's personal experiences or expectations. Many successful stories related to involving students formerly educated outside of the general education population have commonalities in that information sharing, teamwork and open conversation are integral components. Educators, school staff and general education parents all benefit from the perspective and understanding that can be provided by parents and experienced special educators. For a documentary film perspective on inclusion, watch [Including Samuel](#).



It has been my experience as a parent and educator that when people are not knowledgeable about autism they become scared. All parents in the classroom community need to be empowered with information on autism. This can be done in different ways. Some parents choose to write a letter to the entire class describing the child's strengths and weaknesses and give information on autism. However other parents are not comfortable "labeling" their child in this way and may choose a more discrete way of helping educate the classroom. Flyers can be sent home from the teacher providing general information, websites, and books on different learning styles! When parents have knowledge about autism and the school resources... inclusion becomes a much less scary word!

*Hallie Snyder
Parent and Teacher*

What is a Child's Right to Public Education?

Every child has the right to a free appropriate education. The [Individuals with Disabilities Education Act \(IDEA\)](#) enacted in 1975, mandates a public education for *all* eligible children and the school's responsibility for providing the supports 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 that meets his unique individual needs. IDEA specifies that children with various disabilities, including autism, are entitled to early intervention services and special education. In addition, the IDEA legislation has established an important team approach and a role for parents as equal partners in the planning for an individual 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 receive 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.



What is a “Free Appropriate Public Education” (FAPE)?

IDEA provides for a “free appropriate public education” for all children with disabilities. Each child is entitled to an education that is tailored to his special needs and a placement that will allow him to make reasonable educational progress, at no cost to his family.

What is “Least Restrictive Environment” (LRE)?

IDEA also provides that children with disabilities are entitled to experience the “least restrictive environment.” This means that a school district is required to educate a student with a disability in regular classrooms with his non-disabled peers, in the school he 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, but focuses the objective on placing the student in as natural a learning environment, within his home community, as much as possible. This decision is made by the members of the IEP team, with consideration of the myriad issues related to appropriate supports and environment for the student, and placements and the LRE for a particular student may change over time.

The participation of children with disabilities in the general education environment is often referred to as mainstreaming or inclusion. Inclusion does not mean that a child with special needs should be placed into a general education setting just like a typical learner; a variety of special education supports should be provided to create a successful environment and experience for everyone involved in inclusion. Careful planning is essential, and it is often necessary to provide modifications or accommodations, as well as training, in order to successfully situate a child with a disability in the least restrictive setting. These supports might include providing a specially trained classroom or one-on-one paraprofessional, altering testing environments or expectations, adapting curriculum, providing visual supports or adaptive equipment, etc. The special education department should provide training, strategies and support for general education staff and others in the general school community who interact with students with special needs.

It is important to note that philosophies about inclusion vary considerably, among school districts, staff and parents of students with and without special needs. IDEA provides for a team approach to planning and placement decisions so that



the objectives of all members of the team can be considered, as well as supports that would be needed to maximize time in inclusion. Not all parents will feel that a mainstream environment will be beneficial to the growth and development of their student with special needs, and allowances need to be made to accommodate various perspectives. Additionally, not all students will be ready for full inclusion, all of the time. The anxiety and sensory issues related to inclusion may mean that efforts should start with small and successful increments, and build so as to generate ongoing success and increasing participation with the local student body and community.

The less restrictive a student's setting, the greater the opportunities for a child with autism to interact with the school population outside the special education environment--this means support staff, general education and special area teachers, office staff, custodians and most importantly, peers, who are not necessarily knowledgeable about autism. Autism Speaks has created this tool kit so as to provide better understanding, perspective and strategies so that school personnel can feel empowered, and so that all students might benefit from the unique gifts and strengths of the members of the school community.

What are Special Education Services?

Special education services pick up where early intervention services for young children leave off, at age 3, and continue through age 21 for students who qualify. The school district generally provides these services through the special education department, based on an assessment and planning process that utilizes a team of experts and intervention providers, as well as the child's parents.

The document that spells out the student's needs and how they will be met is the Individualized Education Program (IEP). The IEP describes a student's strengths and weaknesses, sets goals and objectives, and details how these can be met through the provision of supports and accommodations, specially trained staff, and positive behavior supports.

For students who do not qualify 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.



What Types of Instructional Methods Are Used in Teaching Students with Autism?

■ Educational intervention for autism is usually an intensive, comprehensive undertaking that involves a team of professionals and many hours per week of a variety of instruction and therapies to address a student's behavioral, developmental, social and/or academic needs. Part of the need for significant intervention time is that generalization of skills often requires explicit teaching—across settings and individuals and contexts. Some of the intensive interventions developed for autism and typically employed in home programs or special education are listed below—these programs may be delivered in a pure form, but most school classrooms draw from elements of several of these approaches. It is important to note that no single intervention has been proven effective for every individual with autism.

Many intervention programs use the principles of Applied Behavior Analysis (ABA) either as a primary teaching method, or as a way of promoting positive and adaptive behavior.

What is Applied Behavior Analysis (ABA)?

Behavior Analysis is the science of behavior, or the knowledge gained about how and why behavior occurs that is based on validated scientific research. When this research is used to improve socially significant behavior, it is considered to be *applied*. ABA is the name of the systematic approach to the assessment and evaluation of behavior, and the application of interventions that alter behavior. Definition adapted from [The Center for Autism and Related Disorders](#).

The principles of analyzing behavior to understand its function, controlling the environment and interactions prior to a behavior (antecedents) and adjusting responses (consequences), and using positive reinforcement (rewarding what you want to see) are all ABA techniques that are often used in shaping behavior in individuals with autism. For some students, these principles might represent techniques applied through a positive behavior support plan, while for others, ABA might provide the foundation for a specific therapeutic intervention.



What are some of the special education interventions often used with individuals with autism?

Brief descriptions are included for interventions often used in school settings, home programs and early intervention. It is important for schools to evaluate prospective interventions for a student on an individualized basis, as well as keep in mind the need to use evidence-based methods and strategies. For more in-depth information and links related to therapeutic interventions, please consult the [Resources](#) section of this kit, Autism Speaks [resources page](#) and the National Education Association's [The Puzzle of Autism](#) .

Discrete Trial Teaching (DTT) or the Lovaas Model:

■ Named for its pioneer (ABA-based) Teacher-directed DTT targets skills and behaviors based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that the child finds to be highly motivating.

Floortime, or Difference Relationship Model (DIR):

■ The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child's lead.

Picture Exchange Communication System (PECS):

■ A learning system that allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently, and starts by teaching the child how to exchange a picture for an object. Eventually, the individual is shown how to distinguish between pictures and symbols and use these to form sentences. Although PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged.

Pivotal Response Treatment (PRT)

■ (ABA-based) PRT is a child-directed intervention that focuses on critical, or “pivotal,” behaviors that affect a wide range of behaviors. The primary pivotal behaviors are motivation and child's initiations of communications with others. The goal of PRT is to produce positive changes in the pivotal behaviors, leading to improvement in communication, play and social behaviors and the child's ability to monitor his own behavior. Child-directed intervention.



Relationship Development Intervention (RDI)

■ RDI seeks to improve the individual's long-term quality of life by helping him improve social skills, adaptability and self-awareness through a systematic approach to building emotional, social and relational skills.

Social Communication/Emotional Regulation/Transactional Support (SCERTS)

■ SCERTS uses practices from other approaches (PRT, TEACCH, Floortime and RDI), and promotes child-initiated communication in everyday activities and the ability to learn and spontaneously apply functional and relevant skills in a variety of settings and with a variety of partners. The SCERTS Model favors having children learn with and from children who provide good social and language models in inclusive settings as much as possible.

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

■ TEACCH is a special education program using Structured Teaching, a process designed to capitalize on the relative strength and preference for processing information visually in individuals with autism, while taking into account the recognized difficulties. Individualized assessment and planning is used to create a highly-structured environment (organized with visual supports) to help the individual map out activities and work independently.

Verbal Behavior (VB)

■ (ABA-based) VB employs specific behavioral research on the development of language and is designed to motivate a child to learn language by developing a connection between a word and its value.



What other therapies might be used with individuals with autism?

Many students with autism will be eligible for some or all of the following services, usually termed Related Services on a student's IEP. Since difficulties in any of these areas affect so much of an individual's life and function, communication and coordination with these service providers and the rest of the team is critical to practicing and building targeted skills and promoting generalization across settings. While many of these services are often provided as traditional pull-out therapies, they may be more effective if provided in more naturalistic settings as both therapeutic and training opportunities (e.g. conversational speech goals might be targeted during a student's lunch period, when daily support staff and peers could be trained in techniques that could be employed on a daily basis, thereby achieving the objective much faster and more naturally.) In addition, students with autism often require supports in the home and community, so coordination of care and comprehensive wrap around services are often needed; effective communication/participation between school personnel and outside providers is essential to appropriately support the student and maximize the effects of each team member's efforts.

Occupational Therapy (OT)

■ Provided by a Certified Occupational Therapist (OT), OT brings together cognitive, physical and motor skills with the aim of enabling the individual to gain independence and participate more fully in life. For a student with autism, the focus may be on appropriate play, fine motor and basic social and life skills such as handwriting, independent dressing, feeding, grooming and use of the toilet. The OT can recommend strategies and tactics for learning key tasks to practice in various settings.

Physical Therapy (PT)

■ Delivered by a Certified Physical Therapist (PT), this intervention focuses on problems with movement that cause functional limitations. Students with autism frequently have challenges with motor skills such as sitting, walking, running and jumping, and PT can also address poor muscle tone, balance and coordination. An evaluation establishes the abilities and developmental level of the child, and activities or supports are designed to target areas of need.

Sensory Integration Therapy (SI)

■ (SI) therapy is designed to identify disruptions in the way an individual's brain processes sensory input and develop strategies to help process these senses in a more productive way. A sensory integration-trained OT or PT should begin with an individual evaluation, and then use research-based strategies to plan an individualized program for the child, matching sensory stimulation with physical movement to improve how the brain processes and organizes sensory information.



Speech-Language Therapy (SLT)

■ Delivered by a Certified Speech-Language Pathologist (SLP), SLT encompasses a variety of techniques and addresses a range of challenges for children with autism. SLT is designed to coordinate the mechanics of speech and the meaning and social value of language. For those individuals unable to speak, SLT might encompass training in other forms of communication, or oral exercises designed to promote better control of the mouth. For those who seem to talk incessantly about a certain topic, SLT might work on expanding the conversational repertoire, or reading social cues and adjusting conversation to the needs of the listener. An SLT program begins with an individual evaluation by a speech-language pathologist and therapy may be conducted one-on-one, in a small group or in classroom/natural settings.

For additional information on special education rights and responsibilities and autism interventions, see [Resources](#).

