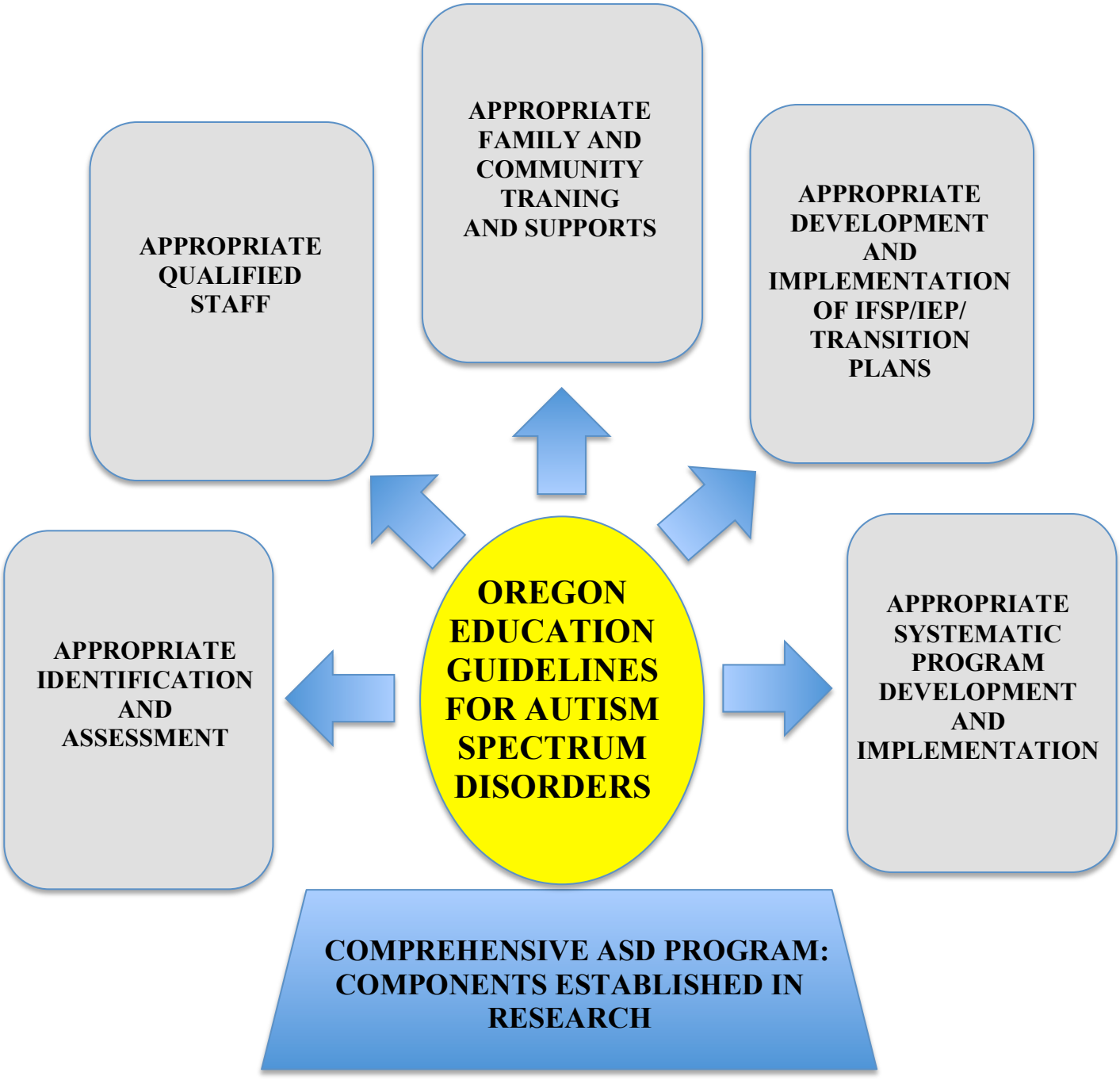

APPROPRIATE FAMILY AND COMMUNITY TRANING AND SUPPORTS
APPROPRIATE QUALIFIED STAFF
APPROPRIATE DEVELOPMENT AND IMPLEMENTATION OF IFSP/IEP/ TRANSITION PLANS
APPROPRIATE IDENTIFICATION AND ASSESSMENT
OREGON EDUCATION GUIDELINES FOR AUTISM SPECTRUM DISORDERS
APPROPRIATE SYSTEMATIC PROGRAM DEVELOPMENT AND IMPLEMENTATION
COMPREHENSIVE ASD PROGRAM: COMPONENTS ESTABLISHED IN RESEARCH

WHY?

The Oregon Education Guidelines for ASD and the ASD Program Self Assessment and Action Plan play a vital role in the success of learners with ASD in Oregon. There is an abundance of information available, some based on research, some based on emerging practices, and some based on unproven effectiveness. It can be difficult and time consuming for individual educators, teams, parents, and community members to sort out relevant information and effective practices. The purpose of the Oregon Education Guidelines for ASD and the ASD Program Self Assessment and Action Plan is to provide EI/ECSE, districts, ESDs, parents, and the community with a consistent, clearly organized source for locating key information, strategies, and instruction based on evidence-based practices. It is the intent to keep the documents current as new relevant strategies and practices are proven effective. This process offers an efficient, cost effective system for designing and implementing a comprehensive program for learners with ASD consistently across the state.

Oregon Education Guidelines for ASD:
Components of a Comprehensive Program

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Introduction:

The mission of the Oregon Commission on Autism Spectrum Disorder (OCASD) is to develop appropriate, collaborative and timely supports and services across the lifespan of people on the spectrum. This mission is being accomplished by the creation and implementation of a long term strategic plan that increases coordination, promotes best available practice, makes efficient use of resources and both directly engages with and better responds to the needs of learners on the spectrum and their families.

Partners in collaboration with the OCASD are the Oregon Department of Education, Higher Education, Regional Programs, EI/ECSE, Districts, and ESDs. The *Oregon Education Guidelines for ASD* was created to address the following goals:

- Design a plan to identify and provide appropriate service intensity and service components for children eligible for ASD services in EI/ECSE programs.
- Design a plan to provide appropriate service intensity and service components for children eligible for ASD services in school age programs.
- Design a plan to provide appropriate service intensity and service components for ASD services for Transition age students with ASD.
- Design a plan for the ongoing consistent review and dissemination of interventions based on best available evidence, addressing needs across the spectrum.
- Design a plan to build and maintain consistent statewide training for all levels of service (e.g. ASD specialist, classroom teacher, parent, instructional assistant, related service providers).
- Develop recommended standards for collaboration with other providers of services to children with ASD, both inside and outside of education.
- Develop a plan for collaborating with families and students with ASD in the education process.

As a result of the above efforts, *Oregon Education Guidelines for ASD and the accompanying* ASD Program Self Assessment and Action Plan, is a dynamic document, based on current best-evidence practices, designed to guide the consistent improvement of service delivery by districts, EI/ECSE, and ESDs across Oregon. Research in the field of ASD has given us the direction to build effective programs as well as identifying effective intervention strategies. The vision is to have a systematic model focused on teaming and strong local leadership to support local schools, districts, and regional improvement of services to students with ASD.

An annual process (*link to Revision Process ASD Self Assessment*) has been developed by the Oregon Department of Education and the OCASD to update the ASD Program Self-Assessment and Action Plan and corresponding Oregon Education Guidelines for ASD.

Key Features of the ASD Program Self-Assessment and Action Plan:

1. Assists in the development of a strategic, long term plan to create trained professionals to meet the educational needs of students with an autism spectrum disorder (ASD) in schools.

2. Assists in the collaboration across Oregon, in conjunction with the Oregon Commission on ASD, Higher Education, the Oregon Department of Education, Regional Programs, EI/ECSE, Districts, and ESDs, to provide appropriate evidence-based services for individuals with ASD.
3. Offers Guidelines that are readily accessible to all, focusing on empirically based effective practices for students with ASD, plans for future growth and development, and a process for sustaining over time.
4. Offers a model focused on teaming and strong local leadership to support local schools, districts, and regional improvement of services to students with ASD.

Key Resources:

- **Oregon Commission on Autism Spectrum Disorders, Report to the Governor, December 2010.**
- **ASD Program Self Assessment and Action Plan**
- **Revision Process ASD Self Assessment**
- **National Professional Development Center on Autism Spectrum Disorders**
- **National Standards Report**
- **Educating Children with Autism**

Completing the ASD Program Self Assessment and Action Plan:

The Oregon Education Guidelines for ASD provides information and evidence-based practices to assist in implementing a consistent process for enhancing programs, training staff, and improving outcomes for learners across the spectrum. These guidelines address the five components of a Comprehensive ASD Program. The five components are: Identification and Assessment, Systematic Program Development and Implementation, Qualified Staff, Development of IFSP/IEP/Transition Program, and Family & Community Training and Supports. Each component is identified as the result of an extensive review of the research currently available addressing the education of learners with ASD. The guidelines contain two tools: The *ASD Program Self-Assessment* and the *Individual Student Assessment of Expanded Functional Core Skills for ASD*. The *ASD Program Self-Assessment* presents quality indicators to consider when developing, implementing, or evaluating a program for a student with autism.

The ASD program Self Assessment and Action Plan is a tool breaking down five the components of the Guidelines, used by districts, EI/ECSE, and ESDs to assist educators, teams, and parents to assess, design, and implement an effective program for the range of learners with ASD. The tool is intended as a guide to review and identify quality improvements needed for schools and programs serving students with ASD. The tool is used to identify both programs strengths and program needs as it relates to all components of a comprehensive program. Each section has been developed based on the most current evidence available on ASD. Using **THE PROGRAM SELF ASSESSMENT and ACTION PLAN** will assist in providing an evidence-based program, delivered with consistency and with fidelity.

The ASD program Self Assessment and Action Plan has been designed to be used in multiple ways.

A. *All Components of the Self Assessment and Action Plan:*
   A district, EI/ECSE Program, ESD, completes all five components of the self assessment or a program within a program in order to critically look at the entire range of ASD services offered. This is a time intensive activity, involving key administration and staff in an effort to look all components of the program being offered across the range of ages and severity of ASD. Completion of the entire ASD program Self Assessment and Action Plan offers the opportunity for a district/program to identify and track a long-range plan for enhancing services.

B. *Individual Component of the Self Assessment and Action Plan:*
   A team completes any component or several components. The team completing the component will be determined by the specific component selected. For example, several classroom teams within a program or district might select the component " Provide Systematic ASD Program Development and Implementation ". At the same time, an administrative team may complete the same component and compare. The comparison then results in a plan of action if needed.

C. *Identification of Training Needs:*

All five components or any component are completed to assist in identifying what specific training to offer. Classroom staff, parents, program, administration, district, EI/ECSE, or ESD could complete the component (s).

D. *Ongoing Program Progress:*

All five or any component are completed across time. Time frames will be determined by the goal(s) of the district, EI/ECSE. ESD, or program.

This can be a useful tool in its entirety or using any of the any of the five components throughout the process of building and maintaining comprehensive ASD programs. Periodic use of the tool can ensure that established program procedures do not become diluted or lost over time. It is recommended that this tool be used twice a year to ensure fidelity to the critical components for compliance and best practices.

The team should be led by administrators and other staff directly involved in the design and implementation of programs. The recommended process for completing the *ASD Program Self-Assessment* is:

Step 1: Select a Team

Select a team to complete the *ASD Program Self-Assessment and Action Plan*. There are no minimum or maximum participants. It will be dependent on your specific setting. Possible members include:

- EI/ECSE Specialist
- School Psychologist
- Special Education Teacher
- ASD Specialist
- Administrators
- Staff Development Trainer
- Speech and Language Pathologist
- Occupational Therapist/Physical Therapist
- General Education Staff
- Classified Staff

Step 2: Review of *Oregon Education Guidelines for ASD* and Other Related Guiding Documents

The team will review resources to determine current level of implementation and priority of need. The specific data needed will vary dependent upon the setting, the number of students with ASD, and the item on the *ASD Program Self-Assessment and Action Plan* being considered. Potential resources include:

- *Oregon Education Guidelines for ASD*
- Individual Family Service Plan (IFSP)/Individual Education Plan (IEP)
- Scopes and Sequences
- Curriculum Based Assessments
- Student Assessments
- System Performance Review and Improvement (SPR&I) Data
- Behavior Support Plans

- Restraint and Seclusion Data
- ASD Specific Numbers in each Program/Setting
- Referral Process
- Referral Data
- File Reviews
- Classroom Observations
- Placement Trends
- Yearly Program Outcome Data
- Post School Outcomes
- Discipline Data
- Communication Logs
- Professional Development
- Family Education

Step 3: Complete the Cover Page of the *ASD Program Self-Assessment and Action Plan*

The team will complete the following on the cover page of the *ASD Program Self-Assessment and Action Plan*:

- Participants in the *ASD Program Self-Assessment and Action Plan*
- Demographics of the District, EI/ECSE/ESD
- Level of focus when completing the *ASD Program Self-Assessment and Action Plan*

Step 4: Complete the Components (any or all) of the *ASD Program Self-Assessment and Action Plan*

- Schedule Team Meeting
- Team completes chosen components *ASD Program Self-Assessment and Action Plan* together
- Decide on 'Current Level of Implementation'
- Decide on 'Priority Need'
- Set goals after completing the *ASD Program Self-Assessment and Action Plan*
- Team develops an action plan from the 'Priority Need' column and completes a written "Action Plan"
- Celebrate whenever you score a 4 on the *ASD Program Self-Assessment and Action Plan*

Scoring for the *ASD Program Self-Assessment:*
Current Level of Implementation

4	Fully Implemented across all programs serving learners with ASD in district, EI/ECSE, or ESD
3	Partially implemented in _____ programs/settings (Percentage or total number of programs/settings is determined before completion of "Self-Assessment")
2	Plan has been to implement (Action Plan is developed in writing)

1	Not in Place

Determining Priority Need

1	High – This current 'Level of Implementation' is a high priority need.
2	Mid - This current 'Level of Implementation' is a mid priority need. It is not a high priority but needs exist and may be considered in the future.
3	Low – This current 'Level of Implementation' is not a high priority need.

Step 6: Maintenance and Follow Up

Team meets at least twice a year (or more often depending on *Action Plan*) to review the completed *ASD Program Self-Assessment* and progress on the *Action Plan*:

- Team identifies action completed items on time
- Team observes programs/settings to evaluate implementation of supports
- Team provides specific feedback to administration regarding implementation of supports
- Team continues to monitor and 4's on the ASD Program Self Assessment to assess for ongoing implementation
- Team continues to monitor the 4's for ongoing implementation with fidelity while building capacity
- Team identifies progress and modifications for ongoing action items and any new "Action Plans"

Definitions:

Across Settings – The use of a learned skill in a variety of locations outside the teaching location/setting.

Adaptive Behavior – It is an individual's ability to adjust to change and apply age-appropriate, new skills to daily activities considered to more closely meet social standards and expectations.

Algorithm – This term has many meanings and applications, an algorithm is a procedure or formula for solving a problem. A finite set of unambiguous instructions performed in a prescribed sequence to achieve a goal, especially a mathematical rule or procedure used to compute a desired result.

Applied Behavior Analysis (ABA) - The process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree and demonstrate that the interventions employed are responsible for the improvement in behavior. A variety of individual techniques (such as discrete trial training, modeling, shaping, rehearsal and prompting) may be used.

ASD Identification Staff– An individual who works with EI/ECSE and local districts to conduct required components of the Identification of ASD. The Identification team as a whole must possess specific competencies including applying the DSM criteria for identification of individuals with ASD. An individual who demonstrates all competency and experience requirements may serve in the role of ASD Identification Staff.

ASD Licensed Specialist – An Autism Spectrum Disorder Specialization may be indicated on any TSPC Basic, Standard, Initial or Continuing Teaching License with a special education endorsement so long as the educator qualifies for the specialization by demonstrated completion of a TSPC Commission-approved program for Autism Spectrum Disorder specialization.

The ASDLS supports the district and ESD programs by assisting in the completion of the ASD Program Self Assessment and Action Plan in the implementation of *Oregon Education Guidelines for ASD* by providing:
Training
Coaching
Program Set-Up
Follow-Up
The ASDLS assists programs to implement interventions to fidelity.

ASD Transition Staff– Staff skilled (meets identified competencies) in Transition for youth with ASD, assigned to work with Local School Districts and ESD Programs in the implementation of best practice activities to transitioning youth as identified in the *Oregon Education Guidelines for ASD.*

Assessment for Intervention Planning - Determination of the child's unique strengths and weaknesses across several domains of functioning with the objective of planning treatment and intervention based upon the child's individual profile. The intervention plan is designed to maximize child development and functional skills in both school and family contexts.

Co-morbid Disorder - A disorder that coexists with another diagnosis so that both share a focus of clinical and educational attention.

Developmentally/Functionally Appropriate Practice – This refers to the theoretical background of programs for children. Adult-directed structuring and interpretation of experience is required to establish foundation skills that enable children to become active learners. As the child progresses, planned opportunities to learn incidentally from teachers and peers become increasingly important for independence and generalization. This also refers to providing an environment and offering content, materials, activities, and methodologies that are coordinated with a child's level of development and for which the individual child is ready. Three dimensions of appropriateness must be considered: age appropriateness, individual appropriateness, and appropriateness for the cultural and social context of the child.

Developmental milestone markers or guideposts of a child's learning, behavior, and development – Developmental milestones consist of skills or behaviors that most children perform by a certain age. While each child develops differently, some differences may indicate a slight delay and for others they may be an indicator for greater concern.

Discrete Trial Training - The cornerstone of DTT is the use of task analysis to break down skills into small teachable steps (Cohen, Amerine-Dickens, & Smith, 2006; Eikeseth, Smith, Jahr, & Eldevik, 2002). To complete a task analysis, each step of the skill is broken down and listed in sequential order. There are 6 possible parts to a discrete trial:

1. Antecedent
2. Prompt
3. Response
4. Consequence for a correct response
5. Consequence for an incorrect response
6. Inter-trial interval

http://www.educateautism.com/applied-behaviour-analysis/discrete-trial-training.html

Engagement – The amount of time a child is attending to and actively interacting with instruction and others in the instructional setting.

Environmental Supports – Individualized adjustments, modifications, accommodations to the physical and learning environment in which an individual learns, works, recreates and socializes.

Core Curriculum – The curricula adopted and used for general education students in districts, schools and individual classrooms.

Expanded Core Curriculum (ECC) – The Expanded Core Curriculum addresses individualized skill content most often determined to be needed by students with ASD. The ECC is used as a framework for assessing student progress, planning individual goals and instruction.

Inclusion – Providing specially designed instruction and supports for individuals with special needs in the context of regular education settings. The responsible and appropriate integration of students with special needs within general education settings.

Interdisciplinary –A group of individuals with diverse training and backgrounds who work together as an identified unit or system to complete tasks together.

Joint Attention - The ability to share with another person the experience of an object of interest. Joint attention generally emerges between 8 and 12 months of age. A moving toy, for example, typically elicits a pointing behavior by the child, who looks alternately at the caregiver and the object.

Local Coach – A local Coach is an EI/ECSE or local district educational professional with expertise in one or more evidence-based practices in ASD. The local coach works to support local teams in the implementation of evidence-based practices for students with ASD. Coaching functions are embedded in job description of the local coach. Coaching is a key ingredient for the successful implementation of evidence-based practices (EBP). Coaching helps educators make informed decisions about instruction and program organization that will lead to intervention practices that help children and youth learn more effectively.

Multidisciplinary - A process that involves individuals from different profession working together to collaboratively provide diagnosis, assessments, and treatment instruction or intervention within the scope of practice and areas of competence. Compare to interdisciplinary.

Natural Environment – non-adapted, unmodified, non-accommodated environmental settings in a location where an individual navigates throughout a day.

Norm-referenced - Refers to a standardized test or assessment that compares a child's performance to the performance of peers the same age or grade in a predefined population.

Percentile Rank - A derived score that indicates the percentage of individuals within the norm group who achieved this score or a lower one. For example, a student whose raw score converts to the 60th percentile can be said to perform at or above that of 60 percent of the norm group.

Positive behavioral intervention support (PBIS) - A systematic approach to preventing or reducing challenging behaviors. An application of a behaviorally based systems approach to enhance the capacity of schools, families, and communities to design effective environments in which teaching and learning occur A key objective in PBS is to determine the function of a problem behavior, and then to teach socially acceptable alternative/ replacement skills and behaviors.

Pragmatics - Social expectations for using functional spoken language in a meaningful context or conversation. It includes eye contact between speaker and listener, how close to stand, taking turns, selecting topics of conversation, and other requirements to ensure that satisfactory communication occurs. Challenges in pragmatics are a common feature of spoken language difficulties in children with ASD.

Prosody - The rhythm and melody of spoken language expressed through rate, pitch, stress, inflection, or intonation to convey a meaning.

Receptive Language – The act of processing and consequently understanding that which is said, written or signed.

Structured Interview - An interview that follows a fixed protocol for gathering information in which the interviewer asks standard questions and codes the answers in accordance with predefined criteria.

T-score - Raw scores on a norm-referenced test that have been transformed so that they have a predetermined mean and standard deviation. Although they can vary from measure to measure, many tests set the mean at 100 and the standard deviation at 15. If a student's raw score converts to a standard score of 100, the student performed at the mean or in the average range. T-scores are standardized scores on each dimension for each type. A score of 50 represents the mean. A difference of 10 from the mean indicates a difference of one standard deviation. Thus, a score of 60 is one standard deviation above the mean, while a score of 30 is two standard deviations below the mean.

Visual/Concrete Supports - Visual/Concrete Support are written schedules, lists, charts, picture sequences and other visuals that convey information in a concrete, tangible format. Visual/Concrete supports allow the person with autism to function more independently without constant verbal directions.

Components of a Comprehensive Program

I. Provide Appropriate Identification and Assessment

II. Provide Appropriate Qualified Staff

III. Provide Appropriate Family and Community Training & Supports

IV. Provide Appropriate Development and Implementation of IFSP/IEP/Transition Plan

V. Provide Systematic Program Development and Implementation

COMPONENT I: PROVIDE APPROPRIATE IDENTIFICATION AND ASSESSMENT *(INDICATORS 1-9 OF THE ASD SELF ASSESSMENT AND ACTION PLAN)*

Overview: Identification

As our understanding of ASD has evolved over the years, so too has the way we identify (diagnose) and treat children with ASD.

> "Autism is not a single disorder, but a spectrum of closely-related disorders with a shared core of symptoms. Every individual on the autism spectrum has problems to some degree with social skills, empathy, communication, and flexible behavior…"
> " …there is a wide degree of variation in the way it affects people. Every child on the autism spectrum has unique abilities, symptoms, and challenges." (HelpGuide.org 2014)

There is a broad consensus among autism experts that early identification is highly important for best outcomes. Autism Spectrum Disorder can be viewed as a lifelong disorder that is usually diagnosed in early childhood and continues through adulthood.

In addition, a number of individuals may not be identified with ASD until they are older. Unidentified or misidentified individuals may be seen as having personality quirks that do not rise to the level of disorder or disability, or it might be assumed that they do not have substantial service needs because their cognitive skills are average or above average. Thus, both general and special educators in training need a clearer picture of how ASD might manifest itself in this population. They also need information on referral for special education evaluations and brief interviews (to take the place of universal screening tools designed for young children).

Presently, either in education or in health care are there any formal medical tests that can identify autism. In health care, specially trained physicians and psychologists administer autism-specific behavioral evaluations. The results are their testing is generally called a "diagnosis". In education, school teams follow a set of rules (Oregon Administrative Rules) to determine if a child has an ASD and is generally called "eligibility for special education services". In order to provide a consistent process to identify the presence of the characteristics of an ASD in both education and health, and to share testing results in both health care and education, the Oregon Commission on ASD in collaboration with the Oregon Department of Education and Health Care providers continue to work to develop a single set of standards to consistently identify ASD. Identification of the characteristics of an ASD is the first step in the process. Each agency or entity completes additional assessments to determine if the individual is eligible for services. Refer to the flow chart to see the recommended process for identification and service eligibility.

The following are recommendations for best practice for identification until such time that the Oregon Department of Education institutes Oregon Administrative Rule changes.

Identification of Autism Spectrum Disorders (ASD) should include a formal interdisciplinary evaluation of social behavior, language and nonverbal communication, adaptive behavior, motor skills, atypical behaviors, and cognitive status by a team of professionals' experienced with ASD. This may involve the efforts of special educators, general educators, psychologists, speech pathologists, occupational and physical therapists, and physicians. An essential part of this evaluation is the systematic gathering of information from parents and school. The selection of appropriate assessment instruments, combined with a general understanding of autism, can provide important information for purposes of both diagnostic assessment and intervention.

The identification of ASD is most reliably made by an interdisciplinary team. This means a team of professionals from different disciplines who concurrently share information and discuss the individual being evaluated, whether in person or through remote technology. Some school districts may need support in developing a network of professionals to assist them in accomplishing an interdisciplinary evaluation.

Identification Team Competencies:
It is recommended that minimum knowledge standards for all teams making an identification of an ASD be followed. *The following competencies are recommended until which time ODE makes formal Oregon Administrative Rule changes regarding identification for an ASD.*

The competencies listed below are those that must be possessed by the team as a whole. **IT IS NOT EXPECTED THAT ANY ONE INDIVIDUAL WILL POSSESS ALL OF THE COMPETENCIES.** Rather, those responsible for assembling the team should review the knowledge areas and ensure that there is a match between at least one professional on the team and a given competency. It is intended that, together, the team can demonstrate all of the listed competencies. **A SINGLE PROFESSIONAL SHOULD POSSESS ALL OF THE COMPETENCIES LISTED WITHIN A GIVEN KNOWLEDGE AREA, UNLESS OTHERWISE SPECIFIED** (see, for example, Knowledge Area 4).

For the team conducting the identification, the minimum competencies are:

KNOWLEDGE AREA #1 - TYPICAL CHILD DEVELOPMENT

1. At least one professional will be able to describe and identify the DEVELOPMENTAL MILESTONES appropriate for any individual, age birth to 21, in the following developmental areas: (1) social-emotional, (2) cognitive, (3) receptive and expressive communication, (4) fine and gross motor, and (5) adaptive functioning.
2. The professional will be able to describe the major THEORIES OF TYPICAL CHILD DEVELOPMENT THAT LEAD TO THE MILESTONES. For example, Gesell, Piaget, Freud, Erickson, object relations, attachment, neuroscience, etc.

- **Demonstrating Competency:** The professional will document:

(a) Licensure/specialization as a pediatric or family medicine health care provider, a psychiatrist, a clinical or school psychologist, or a professional with a special education endorsement or ASD specialization from TSPC **AND**
(b) A minimum of one year of college, graduate, or postgraduate level coursework in child development, or, in the case of a medical or osteopathic doctor, a minimum of _____; **AND**
(c) Document the equivalent of at least six months of full-time professional practice with children (typical or atypical) within the last two years unless the evaluation setting is limited to adults patients

KNOWLEDGE AREA #2 - ATYPICAL CHILD DEVELOPMENT

1. At least one professional will be able to describe and identify ATYPICAL DEVELOPMENTAL PATHWAYS that may result in different disorders (i.e., the atypical developmental pathways children with different disorders follow) including all of the following developmental areas: (1) social-emotional, (2) cognitive, (3) receptive and expressive communication, (4) fine and gross motor, and (5) adaptive functioning.

Demonstrating Competency: Same as Knowledge Area # 1

KNOWLEDGE AREA #3 – MENTAL HEALTH DISORDERS

1. At least one professional will demonstrate the ability to differentiate the following DSM disorders from ASD:

    - Language disorders, including social (pragmatic) communication disorder
    - Stereotypic movement disorder
    - Intellectual disability
    - Learning disorders
    - ADHD (and other disruptive behavioral disorders)
    - Reactive attachment disorder
    - Anxiety disorders (including separation anxiety disorder and selective mutism)
    - Mood disorders

2. At least one professional will be able to describe and identify the characteristics of each of the above disorders appropriate to the age, gender, and culture of the individual being evaluated.

3. At least one professional will demonstrate competency to administer, score, and interpret assessment tools relevant to the disorder(s) for which the evaluation is being conducted. It is ***not*** required that the professional will be competent to administer, score, and interpret all of the assessment tools for all of the disorders listed in subsection 1 above.

Demonstrating Competency: The professional will document:

(a) Licensure/specialization as a developmental pediatrician, psychiatrist, clinical psychologist, psychiatric/mental health nurse practitioner, licensed clinical social worker, or school psychologist **AND**
(b) A minimum of one year graduate level coursework in psychopathology, or in the case of a medical or osteopathic doctor, a minimum of _____, **AND**
(c) Specific training, in a supervised practice setting, on the distinction between ASD and close alternatives, **AND**
(d) Ongoing work within the professional's licensure category in the assessment of children or adults with ASD, as appropriate to the population of individuals to be identified (including a minimum of 5 evaluations within the past year).

Note: Schools within many areas of the state lack sufficient personnel to fulfill Knowledge Area 3. Efforts are underway to explore alternative methods of meeting this requirement, e.g., via alternative pathways for additional licensure categories, development of a centralized pool of appropriately trained professionals who could participate in evaluations via telemedicine, or collaborative arrangements with local health care providers.

KNOWLEDGE AREA #4 - FORMAL AND INFORMAL ASSESSMENT PRACTICES GENERALLY

1. At least one professional will demonstrate the ability to plan an evaluation process that includes both formal and informal procedures and that is at least sufficient to:
- Distinguish ASD from other conditions,
- Meet the criteria set forth in applicable administrative rules, professional standards, and the OCASD Report to the Governor, and
- Select team members appropriate to the individual being evaluated.

2. At least one professional will be able to describe the similarities and differences between formal and informal assessment practices and demonstrate the ability to conduct each type of assessment competently.
- For purposes of this document, an informal assessment is a method of evaluating an individual's performance by observing their behavior or using other informal techniques. Informal assessments are different from formal assessments such as standardized tests or formal questionnaires because the individual being assessed is less aware of the assessment in progress. Informal assessments include observations, anecdotal records, running records of performance or behavior, event sampling, time sampling, interview, and interactions such as play.
- Informal assessment should be based on the individual's behavior in a natural environment (e.g., home, classroom, with peers).
- The immediate outcome of informal assessment should be the identification of behaviors and characteristics constituting evidence of the diagnostic criteria for potential alternative disorders listed in Knowledge

Area 3, ¶1 above. The process of matching symptoms to possible disorders should be done in a systematic fashion after the interaction with the individual has ended.

- For purposes of this document, a formal assessment is based on the results of standardized tests or other tools that are administered under regulated or controlled conditions.

Demonstrating Competency: The professional will document:

(a) Licensure/specialization as a pediatrician, developmental pediatrician, psychiatrist, psychiatric/mental health nurse practitioner, clinical psychologist, speech language pathologist, occupational therapist, licensed clinical social worker, school psychologist, or professional with a special education endorsement or ASD specialization from TSPC, **AND**

(b) Training specific to these competencies via (i) either coursework or didactic professional development ***and*** (ii) supervised practice (which might be either pre-licensure or on the job).

It may also be helpful to review reports from evaluations previously completed by the professional.

3. Each professional team member will be able to describe the importance of collaboration and will demonstrate competency in participating as members of interdisciplinary teams. In this context, participating as members of interdisciplinary teams means that the entire team together reviews and discusses the results of assessments performed before a final identification is proposed, because the dialogue among skilled professionals is key to accuracy of identification.

KNOWLEDGE AREA #5 –– SPECIFIC ASSESSMENT TOOLS AND METHODS FOR IDENTIFICATION OF ASD AND OTHER DISORDERS SUFFICIENT FOR ACCURATE IDENTIFICATION OR REFERRAL FOR FURTHER EVALUATION

1. At least one professional will be able to describe the methods used to determine whether tools are reliable, valid, and accurate and have demonstrated utility for the designated assessment (i.e., psychometric properties).

2. At least one professional will be able to describe the procedures for administration of the currently recommended assessment tools for ASD and other DSM disorders listed in Knowledge Area 3, ¶ 1 above. **NOTE:** the list of ASD-specific instruments will need to be populated and updated regularly by an expert panel; as of April 2014, the list approved by OCASD includes ADOS, ASIEP, and CARS 2.

3. At least one professional will be able to describe the process by which an accurate identification is made, including the role of different team members, the formal

and informal assessment methods typically used in an ASD evaluation, and the importance of performing a developmental history via an interview of the family/caretaker.

4. At least one professional will demonstrate competency in selecting, administering, scoring, and interpreting formal and informal assessment tools.

Demonstrating Competency: same as Knowledge Area 3.

KNOWLEDGE AREA #6 - CHARACTERISTICS OF ASD

1. At least one professional (and ideally more than one) will be able to describe or identify, as appropriate: (a) current DSM criteria for ASD, (b) the diversity of presentation among individuals with ASD; (c) changes in characteristics over time and across developmental stages (early developmental red flags, core behavioral symptoms, and how they change over time), (d) differences in presentation based on gender, language, culture, context (e.g., trauma), setting (e.g., home, clinic, school), educational level, and socio-economic factors, and (e) severity factors, for example severity scores under DSM-5 or comparison scores on the ADOS

2. At least one professional will be able to describe the history of ASD diagnosis, as well as current major theories of the development and underlying psychological and neurological processes of ASD

Demonstrating Competency: The professional will document:

(a) Licensure as either a health care professional, a school psychologist, or professional with a special education endorsement or ASD specialization from TSPC, **AND**
(b) Either coursework or didactic professional development sufficient to demonstrate competencies, **AND**
(c) Unless the professional documents significant pre-licensure supervised practice with the ASD population, **BOTH** (i) post-licensure supervised practice specialized in ASD sufficient to demonstrate competencies, **AND** (ii) a minimum of 960 contact hours (the equivalent of six months at full time) over a two-year period with children or adults with ASD, as appropriate to the population of individuals to be identified. Note that the contact hours and supervised practice can be combined to reach the total of 960 contact hours.

KNOWLEDGE AREA #7 - FAMILY AND ENVIRONMENTAL DYNAMICS/SYSTEMS

1. At least one professional will be able to describe the effect of culture on social interaction: for example, socio-economic status, ethnicity, race, gender

2. At least one professional will be able to describe systems of family interaction

and communication, including the potential impact of maternal depression, disabilities in parents, drug and alcohol use (caregivers or individual), living arrangements, and home dynamics on identification of individuals with ASD

Demonstrating Competency Items #1 and 2: The professional will document:

(a) Licensure as either a health care professional, a school psychologist, or a professional with a special education endorsement or ASD specialization from TSPC, **AND**
(b) Coursework or didactic professional development on the competencies listed in Items #1and 2.

3. Every professional will demonstrate the ability to discuss evaluation results with the family in a supportive and compassionate manner.

Suggested Demonstration of Competency for Item 3: The professional will be evaluated by the person assembling the team via direct observation or review of video of the professional discussing evaluation results with a family.

Assessment To Identify An Autism Spectrum Disorder: *(draft proposed OREGON ADMINISTRATIVE RULES (OARS) until approved or changed by ODE process)*

The following OAR proposed changes align with the DSMV diagnostic criteria (http://www.cdc.gov/ncbddd/autism/hcp-dsm.html and Clinician-Rated Severity of Autism Spectrum and Social Communication Disorders) for identifying and autism spectrum disorder. Aligning the DSMV with Oregon Administrative Rules (OARs) allows educators and medical providers to use the same criteria for identifying the characteristics of an ASD. The criteria to determine eligibility for services will be determined by the agency providing the services. For example, see the section below titled "Assessment to Determine Development/Educational Impact' for the criteria for educational services.

Draft Proposed Oregon Administrative Rules (OARs)
581-015-2130 Autism Spectrum Disorder:

(1) If a child is suspected of having an autism spectrum disorder, the following evaluation must be conducted:
(a) A developmental history, including family history, with pertinent people such as child/person, parent/caregiver, and education staff, using an interview tool approved by ODE.
(b) A standardized observation using a research-based, autism-specific instrument approved by ODE.
(c) At least three observations of the child's behavior, at least one of which involves direct interactions with the child. The observations must occur in multiple environments, on at least two different days, and be completed by one or more

licensed professionals knowledgeable about the behavioral characteristics of autism spectrum disorder.

(d) A developmental assessment using standardized tools approved by ODE, appropriate to the age and developmental level of the individual, for:
  (i) Cognition: thinking and reasoning,
  (ii) Adaptive functioning,
  (iii.) Functional communication, including speech and language skills,
  (iv) Sensory processing, and
  (v) Social and emotional skills

(e) For the initial evaluation of children up to age 5, a formal hearing test appropriate to the age and developmental level of the child, if none has been done in the previous 6-12 months and one or more of the following is true:
  (i) No newborn screen was done, or the child failed a screen without follow up,
  (ii) There is a family history of progressive hearing loss, or
  (iii) There is a recent history of recurrent ear infections or persistent middle ear fluid.

(f) A vision test, if indicated

(g) Medical or health assessment statement. A medical statement or a health assessment statement indicating whether there are any **other** physical factors that may be affecting the child's educational performance.

(h) Other.

(A) Any additional assessments necessary to determine the impact of the suspected disability:
  (i) On the child's educational performance for a school-age child; or
  (ii) On the child's developmental progress for a preschool child; and

(B) Any additional evaluations or assessments necessary to identify the child's educational needs.

(2) The assessment shall be conducted by an interdisciplinary team meeting the requirements of subsections (a) and (b) of this section:
  (a) The team (which may include individuals participating through videoconferencing) shall, at a minimum, consists of the following individuals:
    (A) A teacher with a special education endorsement,
    (B) A speech-language pathologist, and
    (C) One of the following licensed professionals, who shall, in accordance with competencies designated by ODE from time to time, be specifically trained to identify children with autism spectrum disorder (as distinguished from other disorders with similar symptoms) and who shall be engaged in ongoing work within his or her licensure category in the assessment of children for autism spectrum disorder:
      (i) School psychologist;
      (ii) Clinical psychologist
      (iii) Developmental pediatrician
      (iv) Psychiatrist

(v) Psychiatric/mental health nurse practitioner
(vi) Licensed clinical social worker

(b) Collectively, the team shall possess the competencies designated by ODE from time to time.

(3) To be eligible as a child with autism spectrum disorder, the child must meet all of the following minimum criteria:

(a) The team must have documented evidence that the child demonstrates all of the characteristics listed under subsections (A) through (D) of this subsection.

(A) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive):

(i) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to interactions,

(ii) Deficits in nonverbal communication behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to total lack of facial expressions and nonverbal communication, and

(iii) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; difficulties in sharing imaginative play or making friends; to absence of interest in peers; and

(B) Restricted, repetitive patterns behaviors, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive):

(i) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

(ii) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

(iii) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

(iv) Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement)

(C) Symptoms must be present in the early developmental period (but may not

become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life). (D) Symptoms cause significant impairment in social or other important areas of current functioning.
(b) The child's disability has an adverse impact on the child's educational performance; and (c) The child needs special education services as a result of the disability.

Assessment to Determine Development/Educational Impact

"Educational assessment of children serves three basic purposes: to provide an estimate of developmental functioning, to describe skills needed for planning intervention, and to document development and progress over time." (Quill p.39) Evaluation assessments are conducted to assist the team to determine whether a student qualifies for special education services under the category of ASD.

As a part of the process to determine eligibility for special education services as a child with an autism spectrum disorder, the eligibility team shall determine that: The child's disability has an adverse impact on the child's educational performance; and the child needs special or has an adverse impact on the child's developmental progress and needs education services as a result of the disability. In addition to assessments to identify an ASD, additional assessment data may be necessary to determine the current functioning, strengths and needs of a learner.

The common core state standards (CCSS) are the general curriculum and standards for all learners. Common standards help ensure that all students, no matter where they live, are prepared for success in postsecondary education and the workforce. Common standards will help ensure that students are receiving a high quality education consistently, from school to school and state to state. The CCSS includes English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects and Mathematics. For additional resources: http://www.ode.state.or.us/search/page/?id=3566
Assessment should also include identifying strengths and needs for addressing the Common Core State Standards (CCSS).

The Expanded Core Curriculum (ECC) addresses the unique characteristics and learning needs for students with autism spectrum disorders. The areas include **Communication, Social, Self-Advocacy, Cognitive, Sensory Processing, Organization Skills, Adaptive/Life Skills, and Transition Skills.** (Educating Children with Autism 2001)
The ECC should be used as a framework for assessing students, planning individual goals and providing instruction.

It is critical that information be obtained about a learner's functional abilities across multiple tasks and multiple settings. The assessment will include the use of both

standardized assessment tools and informal assessment. Standardized assessments are administered and scored in a prescribed way and provides quantitative scores. Informal assessments are generally skills based and curriculum driven. Informal assessments are not standardized but can be used to determine the need for instruction and to document progress. Assessments are only of value when they provide access to appropriate intervention and educational services.

The Written Evaluation Report

A thorough and clear written report is critical. The team must prepare an evaluation report. The report should be written in a manner to help teams organize evaluation data and look for patterns of behavior that may be indicative of an Autism Spectrum Disorder. The report must contain objective information of how the core features of ASD are exhibited (or not) by the child. The evaluation report(s) must describe and explain the results of the evaluation conducted. A copy of the evaluation report must be given to the parents. The written report serves as a means of documenting findings to the family and others. The report also assists in determining service needs for the learner.

Components of the Report
The report should include a statement about the reason for the referral and any pertinent background information, including a developmental history. The number of times that the child was seen and the overall length of the evaluation should be included. A discussion of any testing performed previous to the evaluation, as well as the results of the review of the child's prior medical, educational, intervention and other records is described. The functional components of the report include a description of the evaluation process, including any instruments, with a clear description of the functional results of the evaluation. Also vital to include are the data from the family interview and direct observations of the child to support (or not) the identification of ASD.

A description of how the child's presenting symptoms, behavior and history meet the current criteria for a diagnosis of ASD should be documented. The child's strengths should be prominently detailed throughout. Provide a description of the challenges/needs to be addressed (e.g., motor planning, following directions, initiating conversation) to assist those who will plan intervention services for the child and family. The report should provide individualized recommendations that come from what the team has learned about the learner from the evaluation.

Key Considerations for the Team(s) Addressing <u>Identification</u>:

- Provide training for childcare providers, early childhood, and general education teachers in early symptoms of autism.
- Use a screening tool that may be used as part of the Pre-Referral process to assist in identifying the symptoms indicating the need for an ASD evaluation.
- Follow statewide knowledge and standards for all teams making an identification of an ASD. Refer to the Oregon Guidelines for ASD and the ASD Program Self

Assessment and Action Plan, Component I, for the minimum standards for teams conducting the identification of ASD.

- Use an interdisciplinary team involving the efforts of special educators, general educators, psychologists, speech pathologists, occupational and physical therapists, physicians, and family members.
- Use the DSM V criteria as the standard for determining characteristics (identification) of ASD.
- Follow the statewide criteria for the standard evaluation for the identification of ASD. Refer to the Oregon Guidelines for ASD and the ASD Program Self Assessment and Action Plan, Component I, for the minimum standards to be used for the identification of ASD.
- When conducting assessments for the identification of Autism Spectrum Disorders (ASD), include a formal interdisciplinary evaluation of social behavior, language and nonverbal communication, adaptive behavior, motor skills, atypical behaviors, and cognitive status.
- Use appropriate assessment instruments to systematically gather information from parents and school staff to appropriately identify ASD.
- Use the recommended components to develop final written report that is standardized, coordinated, and timely.
- Accept the identification of an ASD (not eligibility for service) from other statewide entities as long as both the recommended process and knowledge standards have been met.
- Identify and use team(s) skilled and experienced in applying the DSM V criteria for other conditions, such as Intellectual Disability, Anxiety, Reactive Attachment Disorder (RAD), Emotional Disturbance, and ADHD in order to differentiate from ASD.
- Identify and use team(s) for conducting the assessment that have sufficient skills and experience to interpret the results and make decisions regarding any further necessary evaluation.

Key Considerations for the Team(s) Addressing Assessment:

- Complete the "**Individual Student Assessment of Expanded Functional Core Skills for ASD**" for each student as part of the assessment process.
- Complete any assessments necessary to address the Common Core State Standards (CCSS).
- Use tools that are considered reliable and valid to assess the skills of learners with ASD.
- Upon completion of the identification and assessment process develop a written report. The report(s) must describe and explain the results of the evaluation conducted and indicate functional needs.

Key Resources Addressing Identification and Assessment:

Early Signs

- ASD Program Self Assessment and Action Plan

- DSM 5
- First Signs: http://www.firstsigns.org
- Learn the Signs. Act Early: http://www.cdc.gov/ncbddd/actearly/index.html
- Early Identification of Autism Spectrum Disorders – module: http://autismpdc.fpg.unc.edu/content/early-identification-module-menu
- Autism http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/
- Understanding Autism: http://autism.yale.edu (online seminar)

Identification

- Autism Internet Modules: Assessment for Identification: http://www.autisminternetmodules.org/user_reg.php
- Early Identification of Autism Spectrum Disorders http://autismpdc.fpg.unc.edu/content/early-identification-asd-module
- Early Identification of ASD in Young Children http://ectacenter.org/topics/autism/eidautism.asp
- Practice Parameter for the Assessment and Treatment of Children and Adolescents With Autism Spectrum Disorder: http://www.jaacap.com/article/S0890-8567(13)00819-8/fulltext
- Functional Communication Assessment http://superpowerspeech.com/2013/02/functional-communication-assessment.html
- Checklist of Communicative Functions and Means http://www.ccdh.org/vendorimages/ccdh2008/ccdh/Checklist%20of%20Communicative%20functions.pdf
- Communication assessment and autism by Jennifer Mitchell: http://www.autismsupportnetwork.com/news/communication-assessment-and-autism-112543 and http://www.speechtx.com/language/communication_sample.pdf
- Communication and Social Impairments in Autism Spectrum Disorders
  By Jessica A. Moore, Ph.D. & Caroline I. Magyar, Ph.D.
  Rochester Regional Center for Autism Spectrum Disorders
  University of Rochester Medical Center
  http://www.urmc.rochester.edu/MediaLibraries/URMCMedia/childrens-hospital/developmental-disabilities/rrcasd/documents/Communication-Social-Impairments-in-ASD.pdf
- Policy Statement for Documentation of Autism Spectrum Disorder in Adolescents and Adults
  https://www.ets.org/s/disabilities/pdf/documenting_asd.pdf

Assessment

- Individual Student Assessment of Expanded Functional Core Skills for ASD
- Assessment for the Purpose of Instructional Planning for ASD http://www.ocali.org/up_doc/Assessment_for_the_Purpose_of_Instructional_Planning_for_ASD.pdf
- Triad Social Skills Assessment:

http://sociallyspeakingllc.com/my-mission-for-socially/free-pdfs/triad_social_skills_eval.pdf

- Guidelines for Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders across the Life Span: http://www.asha.org/Members/ebp/compendium/guidelines/Guidelines-for-Speech-Language-Pathologists-in-Diagnosis,-Assessment,-and-Treatment-of-Autism-Spectrum-Disorders-across-the-Life-Span.htm
- A Guide for Assessment > Interventions and Programming: http://www.ocali.org/project/assessment_guide/page/assessment_guide_interventions_and_programming

COMPONENT II: PROVIDE APPROPRIATE QUALIFIED STAFF
(INDICATORS 10-20 OF THE ASD PROGRAM SELF ASSESSMENT AND ACTION PLAN)

Introduction:

Staff qualifications, experience, and expectations play a pivotal role in the education of students with autism and the success of the program. Similarly, the administration responsible for supporting teachers can set the stage for success. Given the many challenges of effectively educating students with autism and the crucial role-played by personnel, the training and professional development of teachers, paraprofessionals, and administrators is of paramount importance. These personnel should be knowledgeable and skilled in the education of students with ASD. (New Jersey Department of Education)

For every EI/ECSE Program, District, and ESD (entities) there is a need for qualified personnel to address learners with ASD. Teachers are now expected to instruct children with special educational needs who are included in their classroom. Administrators, Special Education teachers, General Education teachers, Paraprofessionals, and Related Service Personnel. Among the most pressing challenges is the need for more coordinated efforts among the various professionals for the training of teachers in evidence-based instruction and behavioral management practices, and for greater attention to the emotional and social well being of children with ASD. (Wilkinson)

Among the most pressing challenges is the need for more coordinated efforts among the various professionals for the training of teachers in evidence-based instruction and behavioral management practices, and for greater attention to the emotional and social well being of children with ASD. The following addresses a framework for designing and implementing training and coaching in Oregon in order to develop and sustain qualified staff.

Highly trained ASD Licensed Specialists will be available to deliver training to school personnel in order to implement the ASD Comprehensive Program with fidelity. Service staff should have access to training and coaching from an ASD Specialist (to build and maintain sustainability and fidelity of implementation over time). The Teacher Standards and Practice Commission (TSPC) will provide the specialization on a license for the ASD Specialist, based on established standards and competencies. An educator may not be labeled as a specialist or call themselves a specialist without actually holding the specialization on the license For details on the ASD Specialization refer to the Oregon Administrative Rules Oregon ASD Specialization on a License: http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_584/584_066.html.

In addition to the ASD Specialist, locally available professionals with expertise in specific content areas related to students with ASD and coaching skills are necessary to support and sustain implementation of change with building level teams. These Local District Coaches will attend training sessions facilitated by an ASD Specialist and

OrPATS to learn information and skills to effectively support their local teams by expanding expertise in one or more intervention areas of the five components of the Comprehensive ASD program. A key goal is to ensure that a coach is available to every school building or program supporting students with ASD in Oregon. The coach will work with the ASD Specialists, with OrPATS, and with building teams that support students with ASD to ensure appropriate services and supports are readily available and based on effective practices.

Training and Coaching:

Teachers, specialists, other professionals, and paraprofessionals provide the majority of direct instruction to learners with ASD. They must understand the course of autism spectrum disorders, the range, and the many interventions that are identified by evidence in the field. We need to utilize our current resources in a creative way in order to be more effective with our services. To that end, a series of training programs and experiences directed at pre-service and in-service needs is paramount. Teachers must be familiar with theory and research concerning best practices for children with autism spectrum disorders, including methods of applied behavior analysis, naturalistic learning, incidental teaching, assistive technology, socialization, communication, inclusion, adaptation of the environment, language interventions, assessment, and the effective use of data collection systems.

Training for staff must use effective methods. Research reports training outcomes as follows: Joyce and Showers, 2002

Training Component	Knowledge of Content	Skill Implementation	Classroom Application
Presentation/lecture	10%	5%	0%
Plus Demonstration in Training	30%	20%	0%
Plus Practice in Training	60%	60%	5%
Plus Coaching/Admin Support/Data Feedback	95%	95%	95%

Key Considerations for the Team(s) providing <u>Qualified Staff:</u>

<u>Expertise in ASD</u>

- Each district, EI/ECSE Program, and ESD complete the ASD program Self Assessment and Action Plan Section II: Qualified Staff, to identify needs.
- Each district, EI/ECSE Program, and ESD should have access to/provide an ASD Licensed Specialists and the highest level of skilled expertise in ASD (e.g.

Identification, Transition) sufficient to meet the need of the program(s). An educator may not be labeled as a specialist or call themselves a specialist without actually holding the specialization on the license.

- ASD Licensed Specialists provide support to districts, EI/ECSE program, and families, in evidence-based interventions: a) systematic, didactic training in evidence-based interventions, b) materials and setting organization, c) on-site coaching of evidence-based interventions and d) follow up support to address fidelity of implementation of the Oregon Education Guidelines for ASD.
- EI/ECSE, local districts, and ESD programs identify local professionals to serve in the role of local coaches. ASD licensed specialists will train the local coaches to assist with fidelity of implementation of instructional strategies, follow-up and problem solving concerning individual student issues.
- ASD Licensed Specialists train the local coaches to assist with fidelity of implementation of instructional strategies, follow-up and problem solving concerning individual student issues.
- Local EI/ECSE, District, and ESD Coaches with expertise in specific content areas related to students with ASD and coaching skills are used to support set up implementation of evidence-based practices with building level teams.
- Local EI/ECSE, District, and ESD coaches will receive training in skills and content areas needed to effectively facilitate and support building level teams to improve outcomes for students with ASD. Local EI/ECSE, District, and ESD Coaches will attend training sessions to learn information and skills to effectively support local teams by expanding expertise in one or more intervention area of the Comprehensive ASD program.
- Local District Coaches successfully demonstrate their knowledge of the content area by presenting content followed with feedback and evaluation by ASD Licensed Specialists.
- A local EI/ECSE, District, and ESD coach is available to every school building supporting students with ASD in Oregon. The coach will work with the ASD Licensed Specialists, OrPATS staff, and with building teams that support students with ASD to ensure appropriate services and supports are readily available and based on effective practices.

Staff Training and Coaching

- **Special Education, Paraprofessionals, and Related Service Staff** receive training to understand and teach students with ASD and to implement their IFSP/IEP: *The training content includes:*
  1. Recognition of characteristics of ASD
  2. Implementation of evidenced based strategies
  3. Individualization of evidenced based strategies.
  4. Implementation of the strategies in formally taught group and individual settings
  5. Implementation of the expanded core curriculum, throughout the school day
- **General Education Staff** receive training to understand and teach students with ASD and to implement their IFSP/IEP: *The training content includes:*
  1. Recognition of characteristics of ASD

2. Implementation the individual intervention strategies in formally taught groups and individual settings
3. Individual adaptations, modifications, and supports
4. Communication supports
5. Behavior intervention plans

- **Administration** receive training specific to their role related to the implementation of the comprehensive program for ASD. *The training content includes:*
  1. Components of a Comprehensive Program for ASD
  2. ASD as it affects an individual's learning and developmental differences
- **Ancillary Staff** receive training specific related to their role in the implementation of strategies for individual student with ASD. *The training content includes:*
  1. ASD as it affects an individual's learning and developmental differences
  2. Individual Adaptations, modifications, and supports
  3. Individual communication supports
- **Paraprofessional Staff Instruction and Supervision:** In addition to the training provided Special Education, Paraprofessionals, and Related Service Staff to above, each paraprofessional receives initial and ongoing training and supervision regarding the implementation of the IFSP/IEP of the individual students they are assigned to support. *The training content includes:*
  1. ASD as it affects an individual's learning and developmental differences
  2. Individual adaptations, modifications, and supports
  3. Individual communication supports
  4. Individual behavior intervention plans

Key Resources for Providing Qualified Staff:

Licensure:

- Oregon ASD Specialization on a License: http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_584/584_066.html
- Draft Initial Special Education Developmental Disabilities and Autism Specialty Set http://www.cec.sped.org/Standards/Special-Educator-Professional-Preparation/CEC-Initial-and-Advanced-Specialty-Sets?sc_lang=en
- Draft Advanced Special Education Developmental Disabilities and Autism Specialist Set http://www.cec.sped.org/Standards/Special-Educator-Professional-Preparation/CEC-Initial-and-Advanced-Specialty-Sets?sc_lang=en
- Behavior Analyst Certification Board http://www.bacb.com/index.php?page=1

Evidence-Based Practices:

- National Professional Development Center of ASD: autismpdc.fpg.unc.edu/
- Autism Internet Modules: http://www.autisminternetmodules.org/user_mod.php

- National Standards Report: http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf
- Evidence-Based Practices and Autism in the Schools: http://www.unl.edu/asdnetwork/documents/guidelines_resources/nac_guide.pdf

Staff Development:

- Preparing Teachers for Students with Autism http://education.jhu.edu/PD/newhorizons/Journals/specialedjournal/BakerC
- GUIDELINES for Training Support of Paraprofessionals *Working with Students Birth to 2:* http://www.sde.ct.gov/sde/lib/sde/pdf/cali/guidelines_paraprofessionals.pdf
- Effective Staff Development: http://nichcy.org/schools-administrators/staffdevelopment
- An Introduction to Personnel Preparation Program Partnerships http://www.personnelcenter.org/Issue_Brief_Prep_Program_Partnerships.pdf
- Oregon Program Autism Training Sites and Supports http://www.orpats.org

Coaching:

- National Professional Development Center on ASD, Guidance & Coaching on Evidence-based Practices for Learners with Autism Spectrum Disorders: http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/NPDC_Coaching Manual.pdf
- START: http://www.gvsu.edu/autismcenter/coaching-forms-59.htm
- Oregon Program Autism Training Sites and Supports: Training Sites http://www.orpats.org/training/map-of-training-sites/

COMPONENT III: PROVIDE APPROPRIATE FAMILY AND COMMUNITY TRAINING & SUPPORTS *(INDICATORS 21-26 OF THE ASD PROGRAM SELF ASSESSMENT AND ACTION PLAN)*

Overview:

In order to provide an appropriate education for their child, parents of children with autism need specialized knowledge and skills and scientifically based information about autism and its treatment. It is important for schools to recognize that parents need both initial training and on-going support for trouble shooting if they are to sustain their effort at home.

Parents:

Professionals serving children with autism and their families must be sensitive to the cultural context of service delivery. A family-centered approach emphasizes addressing the needs and desires of individual families, rather than providing predefined services. The collaboration between educational personnel and family members is essential to the success of all young students, especially those with Autism Spectrum Disorders.

Families, teachers, medical professionals, and other professionals share the responsibility of meeting the needs of an individual with ASD. Families and professionals should display mutual respect, keeping the focus on the individual and his or her strengths and needs. Communication should be kept respectful, candid, confidential, and constructive. Families and professionals should explore options about how communication channels can best be kept open between home, school, medical, and other outside program settings. These options will vary depending on the ability of the individual with ASD to communicate and his or her age.

Community:

Effective programs take into account the school community and enlist community support to maximize use of all resources available to address student needs. High quality programs link with their communities to assist families to access supports and services. In order to provide an appropriate education for their child, parents of children with ASD need specialized knowledge and skills and scientifically based information about ASD. It is important for schools to recognize that parents need both initial training and on-going support for trouble shooting if they are to sustain their effort at home teaching. Information in the field of ASD is constantly changing regarding both the nature of the disability and the methodologies and treatment practices. Best practice information continually evolves through research, so training should be an ongoing process. Parents and educators must assist individuals with ASD as they assume more adult roles. Transition involves building bridges to the future through collaborative goal setting and long-term planning. It must involve the individual student to the fullest extent possible, allowing them to assume as much responsibility as they are capable of handling.

Key Considerations for Providing Family and Community Training & Supports:

- Staff need to demonstrate the capacity to 1) value diversity, 2) engage in self-reflection, 3) facilitate effectively (manage) the dynamics of difference, 4) acquire and institutionalize cultural knowledge, and 5) adapt to the diversity and the cultural contexts of the students, families, and communities they serve, 6) support actions which foster equity of opportunity and services.

  Families/caregivers come from very different backgrounds, and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. The Oregon Department of Education defines Cultural Competency as integrated patterns of human behavior that include the language, thoughts, communication, actions, customs, beliefs, values, and norms of racial, ethnic, religious, or social groups. Cultural competence is a developmental process occurring at individual and system levels that evolves and is sustained over time.
- Provide information to families regarding ASD characteristics, assessment, eligibility, and effective strategies.
- Offer a variety of methods of communication to include notebooks passed back and forth, home visits, phone calls, email, and scheduled visits by parents/caregivers.
- Actively pursue parent/caregiver participation in the referral, assessment, eligibility determination, and individual program development.
- Provide information to families regarding curriculums, effective strategies, and service options support services via other community agencies.
- Offer parent/caregiver education regarding child development, communication between home and school, behavior management, adaptive routines, and implementation of child's IFSP/IEP goals to teach new skills at home.
- Facilitate opportunities for families to meet with other families with children with ASD.
- Offer families and professionals frequent opportunity to share successes, progress, and strengths of the individual with ASD, as well as problems and deficits.
- Offer educational and awareness opportunities for community members that provide support and education to individuals with ASD.
- Provide community training regarding characteristics of ASD, effective strategies, assessment, adaptation of the curriculum, functional communication, current research, family and professional partnership, transitions, enhancement of social interactions, and available resources.
- Facilitate networking between families with community partners.

Key Resources for Providing Family and Community Training & Supports:

Cultural Competence

- National Center for Cultural Competence: http://nccc.georgetown.edu

- How Is Cultural Competence Integrated in Education: http://cecp.air.org/cultural/Q_integrated.htm

Parent Training and Support

- Autism Spectrum Disorder (ASD) Education Services - Oregon Department of Education: http://www.ode.state.or.us/search/results/?id=184
- Oregon Program Autism Training Sites and Supports: ASD Specialist for each region identifies parent-training team. http://www.orpats.org
- Ohio's Parent Guide to Autism Spectrum Disorders from OCALI http://www.ocali.org/project/ohio_parent_guide_to_ASD
- A Parent's Guide to Evidence-Based Practice Autism http://www.nationalautismcenter.org/pdf/nac_parent_manual.pdf
- Autism NOW, The National Autism Resource and Information Center: http://autismnow.org/what-we-do/
- Family Service tool Kits: http://www.autismspeaks.org/family-services/tool-kits
- Parent Packaged Materials (Ohio) http://www.ocali.org/project/parent_packaged_materials
- Lifespan Respite: http://www.oregon.gov/DHS/respite/index.shtml
- Developmental Disability Services: http://www.oregon.gov/DHS/dd/
- My Next Steps: A Parent's Guide to Understanding Autism: http://depts.washington.edu/uwautism/resources/autism-resource-dvd.html
- A Parent's Guide to Research: http://www.researchautism.org/resources/reading/documents/ParentsGuide.pdf
- A Parent's Guide to Autism Spectrum Disorder: http://www.nimh.nih.gov/health/publications/a-parents-guide-to-autism-spectrum-disorder/index.shtml
- Center for Disease Control and Prevention: Autism Spectrum Disorders: http://www.cdc.gov/ncbddd/autism/index.html

Community Training and Support

- Tips For Early Care And Education Providers https://www.acf.hhs.gov/sites/default/files/ecd/508_tips_for_early_care_and_education_providers_april_2013.pdf
- Oregon Technical Assistance Corporation: http://www.otac.org/
- Oregon Council on Developmental Disabilities: http://www.ocdd.org/
- OASIS @ MAAP http://www.aspergersyndrome.org
- Autism Society Online Courses and Tutorials: http://www.autism-society.org/online-courses-and-tutorials/
- School Community Tool Kit: A tool kit to assist members of the school

community in understanding and supporting students with autism.
http://www.autismspeaks.org/family-services/tool-kits/school-community-tool-kit

COMPONENT IV: PROVIDE APPROPRIATE DEVELOPMENT AND IMPLEMENTATION OF IFSP/IEP/TRANSITION PLAN

(INDICATORS 27-31 OF THE ASD PROGRAM SELF ASSESSMENT AND ACTION PLAN)

Overview:

Effective programming for learners with ASD requires a concerted team approach between EI/ECSE, districts, ESD's, Agencies, and families. Strong team relationships are based on trust, cooperation, and open communication. A key to developing successful IFSP, IEPs, and Transition Plans is the development of the collaborative team relationship.

The design of the IFSP/IEP/Transition Plan should focus on needs related to development, the Common Core State Standards, and the Expanded Core Curriculum. Appropriate educational objectives for children with Autism Spectrum Disorder (ASD) should be observable, measurable behaviors and skills. The goals should lend themselves to clear data collection for progress monitoring. (Schillinger P 37) These objectives should be expected to improve a child's participation in education, the community, and family life.

IFSP/IEP/Transition goals must address functional skills. Functional skills are all those skills a student needs in order to live a meaningful and independent life in the community. They are generally used to refer to activities and skills that are not related to a child's academic achievement as measured on statewide achievement tests. Functional skills are necessary skills for functioning daily, include the ability to care for ones self, communication skills, and social skills. These skills are essential to learn because they provide the basis for and facilitate transition from school to life in the "real world".

A simple "rule of functionality" can guide the decision if a particular task will be useful for the student, asking the question "If he can't complete this task, will someone else have to do it for him?" Activities such as pounding on pegboards, singing rhymes, or memorizing Shakespeare don't pass the test for functionality--no one has to do those things for the student. Although ASD individuals are good at learning facts in a specific situation, it is difficult for them to generalize that information into broader and more useful contexts. It is important to focus on the relevance of information to the individual's functioning in the real world, not wasting time on meaningless drills. The emphasis should be on teaching in context--doing real things in real-life situations. - See more at: http://www.pathfindersforautism.org/articles/view/educational-recommendations-for-autism-spectrum-disorders#sthash.Rb6W5BY4.dpuf

The Individuals with Disabilities Education Act (IDEA) mandates that "schools must educate individuals with disabilities with children who do not have disabilities to the maximum extent possible. Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of

supplementary aide and services cannot be achieved satisfactorily." Given that the IFSP/IEP/Transition Plan is specific to the student, the location in which the IFSP/IEP/Transition Plan is implemented must be individually determined. A full continuum of program options must be considered.

"Deciding where a student should be placed is not a simple decision…Put simply, placement should be based upon which class will provide the child with the best educational opportunity for meeting their needs balanced against the social benefits that may be available through inclusion. However, this is rarely a clear choice. It is a complex decision based on multiple factors." (The Administrator's Guide to Building and Maintaining a Comprehensive Autism Program, Page 67). Placement options exist from self-contained settings to inclusion with individual instruction.

Each learner with ASD has unique strengths, learning style, behavior, and needs. It is vital that each program has a variety of placement options available in order to meet the needs of a diverse population. Placement options should be adequately assessed to determine if **the curricula, instruction, activities, and setting** are right for each individual learner with ASD. The key is to provide flexible options to meet each learner's needs. Considerations include:

- Prior placement and progress
- If considering a more restrictive setting, could services be added to the less restrictive setting to meet the need
- Benefits of all potential settings are discussed; general education with supplemental aids and services and the special education program
- The nonacademic benefits of interaction with nondisabled students
- The effect of the student's support needs on the general education teacher and other students
- Behavior of the student – to what degree would problem behaviors interfere with the student's progress in a more inclusive setting
- Can the student progress on goals and objectives in the regular classroom with the use of supplemental aids and services
- If a non-inclusive settings is required for a portion of the day, what is the maximum extent the student can be integrated into the general education
- What modifications and/or accommodations can be made for maximum integration into general education (Schillinger, The Administrator's Guide to Building and Maintaining a Comprehensive Autism Program P.71)

Transitions occur frequently, requiring individuals to stop an activity, move from one location to another, and begin something new. This process is difficult for individuals with ASD. This may be due to a greater need for predictability, challenges in understanding what activity will be coming next, or difficulty when a pattern of behavior is disrupted. When individuals are moving from one educational setting to another a written transition plan is recommended. Transitions include class-to-class, program-to-program, and service delivery system to service delivery system. Collaboration should occur between the student, the parents, school personnel, and any related agencies. The written plan includes: a statement of current skills and needs, identification of necessary

supports, a schedule of training for receiving staff, and a detailed description of the process, including times.

Key Considerations for appropriate Development of IFSP/IEP/Transition Plans:

- Identify the unique strengths, learning styles, behaviors, and needs of each learner with an ASD.
- Use the Individual Student Assessment of Expanded Functional Core Skills for ASD, which addresses the expanded core curriculum of ASD, to help identify individual needs and create IFSP/IEP/Transition Plans. The Expanded Core Curriculum: **Communication, Social, Self-Advocacy, Cognitive, Sensory Processing, Organization Skills, Adaptive/Life Skills, and Transition Skills**.
- Write functional educational objectives for children with ASD that are easily observable and measurable.
- The design of the IFSP/IEP should focus on needs related to individual development, the Common Core State Standards, and the Expanded Core Curriculum. This may include:
    1. A functional communication system.
    2. Expressive verbal language, receptive language, and nonverbal communication skills.
    3. Social skills to enhance participation in family, school, and community activities.
    4. Increased engagement and flexibility in developmentally appropriate tasks and play.
    5. Independent organizational skills and other behaviors that underlie success in general education classrooms.
    6. Replacement of inappropriate behavior with more conventional and appropriate behaviors.
    7. Fine and Gross Motor Skills used for age-appropriate functional activities.
- In collaboration with an ASD Licensed Specialist, the ORPATS Implementation Checklist will assist teams in evaluating the fidelity of implementation of evidence-based practices. (The middle and high school checklist is being developed and will be available at a future date).
- In collaboration with an ASD Licensed Specialist, The following tools from the START Project in Michigan, will assist team to evaluate classrooms to determine if programs are meeting the needs of the various learners: Classroom Programming for Young Children with ASD Observation Form and Classroom Practices Checklist.
- Environment and instructional accommodations are in place to assist participation in the general education setting, as well as all other settings and to address challenging behaviors.
- Placement decisions should not be based on the student's disability, but on where the learner's needs may be appropriately addressed. ASD eligibility should not automatically place the learner in the district's "ASD class or program. "No one program, support, or service is likely to meet all the needs of learners identified

with ASD. It is vital that each plan has a variety of placement options available in order to meet the needs of a diverse population.

- To the extent that it leads to the specified educational goals (e.g., peer interaction skills, independent participation in regular education), children should receive specialized instruction in settings in which ongoing interactions occur with typically developing children. (Educating Child with Autism)
- Placement options should be adequately assessed to determine if the curricula, instruction, activities, and settings are the best fit for each individual learner with ASD.
- As the ASD student population may vary from year to year, placement options must be flexible to adjust to the ever-changing needs of the student population.
- If a non-inclusive setting is required for a portion of the day, consider the maximum extent the student can be integrated into the general education.
- For each significant transition, a systematic transition plan is developed and implemented.

Recommended Service Levels to Implement:

Guidelines for Determining Intensity of Instruction

All students benefit from engaged instructional time throughout the school day. Students with Autism Spectrum Disorders often need multiple structured learning opportunities to make adequate educational progress. The amount of 1:1 instructional time is an IFSP/IEP team decision. Each student has different needs based on their developmental level, IFSP/IEP goals and learning characteristics. Educational teams should address instructional time needed and intensity of instruction for an individual student by:

1. Becoming familiar with current research in the field on instructional time and intensity of instruction needed.
2. Continual review of student progress data to ensure each student is making adequate progress.
3. Examine both instructional time and intensity (i.e. 1:1, small group, large group instruction) to address student instructional needs.

The following is a review of selected scholarly articles and research studies addressing intensity of instruction for students with ASD.

- National Research Council (2001). Educating children with autism. Committee on Educational Interventions for Children With Autism, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

  Early intervention, intensive instructional programming and sufficient amounts of one-to-one or very small group instruction are needed. The recommendation is that students receive approximately 25 hours per week for 12 months of the year in which the child is engaged in systematically planned, developmentally appropriate activities aimed toward identified objectives.

- National Autism Center (2009). National Standards Project findings and conclusions: Addressing the need for evidence-based practice guidelines for Autism Spectrum Disorders. Randolph, MA: National Autism Center.

Approximately 91% of all established treatments for children with autism were developed from the behavioral literature and include strategies such as Discrete Trial Training and Pivotal Response Training which requires 1:1 or very small group instruction at intensity levels higher than traditional academic instruction.

- Odom, S., Hume, K., Boyd, B. and Stabel, A (2012). Moving Beyond the Intensive Behavior Treatment Versus Eclectic Dichotomy Evidence-Based and Individualized Programs for Learners With ASD. *Behavior Modification*, 36: 270.
  This article summarized 8 studies that compared intensive ABA instruction to lower intensity, eclectic approaches. In most of the studies students who received the intensive ABA approach had better outcomes than the eclectic groups. In these studies the number of hours of 1:1 instruction provided in the intensive ABA groups ranged from 12.5 hours per week to 40 hours per week.

- Arick, J.R., Young, H.E., Falco, R.A., Loos, L.M, Krug, D.A, Gense, M.H, & Johnson, S.B. (2003). Designing an outcome study to monitor the progress of students with autism spectrum disorder. *Focus on Autism and Other Developmental Disabilities*, 18, (2), 75-86.
  On average students received 18.5 hours per week of instruction of which 6.8 hours per week was 1:1 instruction that included discrete trial training and pivotal response training. Students made significant progress in receptive language, expressive language and social skills.

Key Resources for the Appropriate Development of IFSP/IEP/Transition Plans:

- Enhancing Recognition of High-Quality, Functional IFSP Outcomes and IEP Goals http://www.ectacenter.org/~pdfs/pubs/rating-ifsp-iep-training.pdf
- Developing High-Quality, Functional IFSP Outcomes and IEP Goals http://www.ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp
- TARGET: Texas Autism Resource Guide for Effective Teaching: http://www.txautism.net/target-texas-autism-resource-guide-for-effective-teaching
- The Administrator's Guide to Building and Maintaining a Comprehensive Autism Program, Schillinger, Page 67
- The Administrator's Guide to Building and Maintaining a Comprehensive Autism Program Schillinger P.71
- Individual Student Assessment of Expanded Functional Core Skills for ASD
- Specially Designed Instructions for Educators: IEP Modification/Adaptations/Support Checklist: http://www.aspergersyndrome.org/Articles/Specially-Designed-Instructions-for-Educators-.aspx
- Secondary Transition Project for ASD: http://www.crporegon.org/secondary-transition-project-asd
- Preparing Individuals with Autism Spectrum Disorders (ASD) for Adulthood: http://asdtransition.missouri.edu/index.html
- IEP Transition Components: http://www.ocali.org/project/tg_iep_components
- Autism Speaks, Transition Tool Kit: http://www.autismspeaks.org/family-services/tool-kits/transition-tool-kit

- Autism Transition Handbook: http://www.autismhandbook.org/index.php/Transition_Planning_during_the_School_Years_Overview
- Secondary Transition: http://www.sst4.org/public/SST/education_transitional.cfm

COMPONENT V: PROVIDE SYSTEMATIC PROGRAM DEVELOPMENT AND IMPLEMENTATION *(INDICATORS 32-53 OF THE ASD PROGRAM SELF ASSESSMENT AND ACTION PLAN)*

Overview:

A comprehensive-ASD program ensures that all critical components are in place to identify, deliver, and sustain instruction to benefit each and every learner with an ASD. The critical components are described in the Oregon Education Guidelines for ASD. To build and maintain a comprehensive program for students with ASD, it is critical to develop all of the components outlined in the Oregon Education Guidelines for ASD.

The statewide framework, designed in collaboration with ODE, the Oregon Commission on ASD, Regional Programs, EI/ECSE Programs, districts, and ESDs, specifies delivery of service and instruction for learners with ASD for the purposes of 1) disseminating consistent evidence-based best practices, 2) providing consistent training and coaching, 3) offering coordinated, collaborative services, 4) providing sufficient instruction to meet the needs of the individual learner, 5) ensuring that mandated timeframes for service are met, and 6) assessing for successful outcomes. Sustainability is key to the implementation of instruction in the comprehensive program.

One key to sustaining the comprehensive program for ASD is the gaining of administrative support. The support includes the board of education, the superintendent, and building administrative staff. Support takes the form of both *ongoing communication and training.* Ongoing communication includes regular updates to the board of education and superintendent. Principals and other administrators need information and training. A second key is to ensure that each component is applied across all settings with all staff. Frequent monitoring will be necessary. While children with ASD share a number of similar behavioral and other characteristics, every child is unique. Intervention approaches must be sensitive to their uniqueness and individuality.

Deviations from, or dilution of the program components, could have unintended consequences on program outcomes.

Systematic Instruction:

Systematic instruction is teaching in which the entire sequence of instruction is well thought out and designed in advance. Learning and development are most likely to occur when new experiences build on what a child already knows and is able to do and when those experiences also entail the child stretching a reasonable amount in acquiring new skills, abilities, or knowledge. After the child reaches that new level of mastery in skill or understanding, the effective teacher reflects on what goals should come next; and the cycle continues, advancing the child's learning in a developmentally appropriate way.

Highly effective evidence-based practices have been identified for teaching and supporting learners with ASD across environments. Educating Children with Autism

http://www.nap.edu/openbook.php?isbn=0309072697, The National Professional Development Center on ASD (NPDC on ASD) http://autismpdc.fpg.unc.edu/content/evidence-based-practices, Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder 2014 Report: http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf and the National Standards Report, produced by the National Autism Center in 2009, http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf and http://www.nationalautismcenter.org/learning/practitioner.php are the primary resources for identifying evidence-based, systematic instruction.

In addition to knowing which interventions are effective, teams must consider additional factors impacting any program of instruction. First, the program of instruction (intervention) must be delivered with fidelity. Deviations from, or dilution of the program components, could have unintended consequences on program outcomes. There are five primary components examined when considering program fidelity *(Dane and Schneider, 1998)*:

1. ***Adherence*** (or integrity, fidelity) refers to whether the program service or intervention is being delivered as it was designed or written, i.e., with all core components being delivered to the appropriate population; staff trained appropriately; using the right protocols, techniques, and materials; and in the locations or contexts prescribed.
2. ***Exposure*** (or dosage) may include any of the following: the number of sessions implemented, length of each session, or the frequency with which program techniques were implemented.
3. ***Quality of Program Delivery*** is the manner in which a teacher, volunteer, or staff member delivers a program (e.g., skill in using the techniques or methods prescribed by the program, enthusiasm, preparedness, attitude).
4. ***Participant Responsiveness*** is the extent to which participants are engaged by and involved in the activities and content of the program.
5. ***Program Differentiation*** identifies the unique features of different components or programs that are reliably differentiated from one another.

Staff should be well positioned to correctly implement interventions. Building capacity for proving systematic instruction means developing a core team of staff who are qualified, and have the knowledge and skills to provide training, ongoing coaching, and follow up to a high level of fidelity for all staff working with learners with ASD. The ASD Licensed Specialist, with competencies to address the range of interventions, with the support of local coaches, will work with programs to develop the fidelity of implementation of the interventions**.** In addition, OrPATS training sites offer opportunity for training hands on practice with many of the evidence-based practices. Developing capacity and sustainability may take a great deal of time and effort, but all people involved in instruction should have proper training, adequate resources, and ongoing feedback about intervention fidelity. (National Standards Report)

Another factor impacting successful learning is systematic planning of instruction. Systematic instruction is teaching in which the entire sequence of instruction is well thought out and designed in advance. Lessons are then planned according to the sequence

in such a way that one lesson builds on the information learned in previous lessons. Systematic instruction reflects several important characteristics. Skills and concepts are taught in a planned, logically progressive sequence. For example, certain sounds (those that are easier to learn or those used more often in the words students will read) are taught before other sounds. Lessons focus on clearly defined objectives that are stated in terms of what students will do. Multiple practice activities are scheduled purposefully to help students master and retain new skills. Students work on carefully designed tasks that give them opportunities to apply what they have been taught. Assessments are designed and used in a timely fashion to monitor skill acquisition as well as students' ability to apply new skills, to retain them over time, and to use them independently.

Third, data collection, analysis, and modification are applied throughout the program of instruction. Data review and analysis is conducted frequently and systematically to:

1. identify progress toward goals
2. identify lack of progress toward goals
3. determine if target goals are achieved
4. determine if target goals are maintained
5. determine if target goals are generalized across settings.

Motivating individuals who have autism spectrum disorder is an essential but often difficult challenge. It is essential because by definition, they have restricted repertoires of interests and skills needed for community living and coping. For the student with an ASD, verbal directions and unfamiliar materials often cause confusion that results in frustration and failure. As a result, many students with autism spectrum disorders become resistant to learning new skills. Therefore, it is necessary to identify and use reinforcement and teaching strategies that help motivate the student to learn.

Reinforcement is more than just a reward; it is a powerful teaching tool. Reinforcement involves delivering a specific consequence when the student demonstrates a target behavior to increase the likelihood that the behavior will occur again when requested (Henry and Smith Myles, 2007).

Motivating teaching strategies include:

- Maintaining a current list of the individual's strengths and interests. Include preoccupations and fascinations that may be considered "bizarre" or strange. Use these strengths and interests as the foundation for gradually expanding the individual's repertoire of skills and interests.
- Noting tasks or activities that create frustration and heightened anxiety for the individual. Attention to these factors can result in avoiding episodes, which perpetuate insecurity, erode confidence, foster distrust in the environment, and generally result in avoidance behaviors.
- Paying attention to processing and pacing issues that may be linked to cognitive and/or motor difficulties inherent to the individual's autism. Give the individual

time to respond. Vary types of cues given when movement disturbances are suspected. (http://www.iidc.indiana.edu/index.php?pageId=430)

Once a behavior has been learned to a consistent high level of performance, one can shift to intermittent rewards so that the skill is more resistant to being extinguished if rewards are not given frequently on some occasions in the future. **(Autism Guidebook for Washington State A Resource for Individuals, Families, and Professionals)**

The need for generalization should be considered across a variety of circumstances, e.g., across time, settings, persons, and behaviors. Time refers to maintaining the use of a learned skill after the teaching process has stopped. Across settings refers to the use of a learned skill in settings outside the teaching environment. Persons refer to the use of a learned skill with and without the individual who taught the skill and that the skill can be demonstrated with others. Generalization across behaviors refers to changes in untaught skills which are related to the skill being taught, e.g., teaching an individual to say "Hi" not only increases the use of that word upon greeting someone, but also increases other greeting behaviors such as waving, making eye contact, etc., which are not being directly taught. Generalization also should offer opportunity for students to move from simple to more complex discriminations in the natural environment. This way the student learns how and when to use or not use a particular skill in typical settings. This also helps the student avoid over generalization.

These forms of generalization all need to be considered in any program designed to teach new skills to an individual with ASD and specific strategies to promote generalization need to be incorporated into the teaching process. Some individuals, however, may over-generalize, which is an over-application of a concept (product of over-selectivity). For example, if they determine that the critical feature of an animal is four legs and are not identifying with the other features, then the individual will assume that all four-legged creatures are the same animal. The following are a number of teaching strategies to assist in fostering generalization:

- Skills taught in an instructional environment should lead to naturally occurring, positively rewarding consequences in everyday environments. For example: learning to make a peanut butter and jelly sandwich results in eating an enjoyable snack at its completion.
- Teaching a skill in a variety of situations, settings, or with multiple teachers helps promote generalization of a skill. Thus, teaching of toileting skills in a variety of restroom configurations with several different people assisting can increase toileting skills in most community settings.
- Bringing features or common elements of the everyday environment into the teaching situation, helps to generalize skill use in that everyday environment. For example, teaching shoe tying using the individual's shoe and shoelaces instead of common string or pipe cleaners would promote generalization to the real world task.

Key Considerations for Providing Systematic Program Development and Implementation – Systematic Instruction:

- Provide an effective program with designed curriculum, a term used broadly to refer to the environment, staffing, materials, and teaching interactions. Systematic Instruction refers to 'how' we are teaching, in addition to 'what' we are teaching. Effective programs provide structure, consistency, clear defined roles, and ongoing data collection of student progress.
- Include, in general, four domains in the development of systematic instruction:
  1. Planning and Preparation
  2. The Classroom Environment
  3. Instruction
  4. Professional Responsibilities (Danielson 2007, p1)
- Provide instruction through a full range of formats including one-to-one instruction, small group instruction, student initiated interactions, teacher initiated interactions, play and peer –mediated interactions. The assessment data will help the team match the instructional format to the needs, learning style, and strengths of the student.
- Assure, with team planning that interventions occur on a predictable and routine schedule, as consistency and opportunity are critical components for success.
- Offer functional instruction that provides a variety of activities, experiences, and materials that engage students in meaningful learning. Functional instruction includes a variety of activities, experiences, and materials that engage students in meaningful learning. Components of function al instruction include:
  a) multiple response opportunities though out day
  b) are appealing and interesting, use students strengths and interests as part of instruction
  c) promotion of active engagement of the learner
  d) focus on basic skills before more complex skills,
  e) multiple opportunities for practicing skills
  f) skills acquired embedded into ongoing and natural routines of school, home, vocational, and community settings.
- Use reinforcement as a critical part of instruction to teach new skills and to generalize skills. Reinforcement is a powerful teaching tool. Reinforcement involves delivering a specific consequence when the student demonstrates a target behavior to increase the likelihood that the behavior will occur again when requested.
- Use assessments that are designed and implemented in a timely fashion to monitor skill acquisition as well as students' ability to apply new skills, to retain them over time, and to use them independently.
- Ensure that carefully planned, research-based, and teaching procedures include plans for **generalization and maintenance** of skills. The need for generalization of skills should be considered across a variety of circumstances, e.g., across time, settings, persons, and behaviors.

Recommended Service Levels to Implement:

Refer to Recommended Service Levels to Implement, Guidelines for Determining Intensity of Instruction, Page 41.

Intensity, Focused Engaged Time:

In general, **Focus, Engaged Time** is time in which the learner is engaged in systematically planned, developmentally appropriate educational activities aimed toward identified objectives. Where the activities take place and the content of the activities is determined on an individual basis. Determining the "intensity level" of a student's program is one of the critical responsibilities of the IEP team (Schillinger p. 39).

The intensity of instruction must be carefully considered. Intensity refers to the level of instruction provided for a student. Considerations include engagement, the length of time of instruction, student –to-teacher ratio, the rate of learning opportunities, duration (number of hours, the number of weeks), the number and or type of environment in which the instruction occurs, and the validity of the intervention provided. " Engagement as a the measure of intensity, refers to the amount of time a child is attending to and actively interacting with others. A key aspect of individualization for students with ASD involves approaches for supporting high rates of engagement." (Guidelines for Identification and Education of Children and Youth with Autism, 2005)

The intensity of instruction should be sufficient to demonstrate student progress on goals. Intensity includes sufficient opportunities for repeated practice to acquire a skills and sufficient opportunities Consistency is important and the team planning process should strive to assure that intervention will occur on a predictable and routine schedule with attention to the number of environments where intervention occurs, number of hours per day/week, and the number of weeks per year. Service intensity should be based on the needs of the child and family. Intensive engagement takes place across many natural learning environments. This includes the home as well as community settings where the child spends his or her time. Families and staff must work together as a team to identify ways to expand learning opportunities in a variety of settings and activities that is individually appropriate for a child with ASD and his or her family. (Ohio Service Guidelines)

In determining the number of hour of instruction the team should consider the following:

- The degree and severity of the learner's needs
- The learner's ability to engage in the natural environment with little or no support
- The learner's developmental level
- The learner's related service needs
- The learner's ability to learn through imitation and observation
- The learner's ability to generalize skills in multiple settings
- The learner's rate of progress toward goals

Key Considerations for Providing Systematic Program Development and Implementation - Intensity, Focus Engaged Time:

- Ensure that learners with autism participate in a comprehensive intervention program as soon as they are identified.
- Match the intensity of instruction to the learner's needs. Using graphed data over time, determine the intensity of instruction needed to gain the skill. Do this by comparing the intensity needed to obtain a skill compared to typically developing peers.
- Intensity includes sufficient opportunities for repeated practice to acquire skills.
- Engagement, as a measure of intensity, refers to the amount of time a child is attending to and actively engaged and interactive with others.
- Engaged time can be provided at different levels of intensity and in a variety of settings using a range of strategies including one-to-one instruction, independent work time, small group instruction, and instruction in the general education environment.
- The goal of instruction and the level of intensity of instruction should be sufficient to increase the amount of time a learner is engaged in a variety of settings, with a variety of adults and peers, and a variety of activities.
- Instructional activities provide multiple opportunities for practicing skills identified in the IEP. Instructional activities enhance response opportunities.

Recommended Service Levels to Implement:

Refer to Recommended Service Levels to Implement, Guidelines for Determining Intensity of Instruction, Page 41.

Curriculum:

There is no one ideal curriculum for children with autism spectrum disorders. Because these children have diverse needs and learn best in diverse contexts, teachers need to be familiar with alternative sets of curricula and various methods of implementing them. It is critically important to remain current with the research and up to date on scientifically supported approaches that have direct application to the educational setting.

While children with ASD share a number of similar behavioral and other characteristics, every child is unique. Intervention approaches must be sensitive to their uniqueness and individuality. An effective program has a designed curriculum, a term used broadly to refer to the environment, staffing, materials, and teaching interactions. "Systematic instruction is important for ensuring the generalization and maintenance of learned skills and for ensuring high levels of engagement. Systematic instruction involves carefully planning for instruction by identifying valid educational goals, carefully outlining instructional procedures for teaching, implementing the instructional procedures, evaluating the effectiveness of the teaching procedures, and adjusting instruction based on data." (Iovannone et al).

Oregon Regional Programs for ASD, in their early development, built general goals that apply to every learner on the spectrum. These goals have been identified as *critical lifelong goals* and serve as a global starting place for both curriculum assessment, program development and implementation for each learner.
The critical lifelong goals are:

- To communicate intentionally and effectively.
- To accept people and value interactions (interdependence/cooperation).
- To self-monitor and manage stress.
- To organize information and learn meanings/purpose (words, events, routines).
- To accept change and accept new experiences.
- To be independent of constant verbal direction.

There is no one ideal curriculum for individuals with ASD throughout their age span. In 2001, the National Research Council published the book "Educating Children with Autism". The book was the first major attempt to use research to identify the critical components of a program and the corresponding curriculum specific to learners with an ASD. In Oregon, we have identified that curriculum as the *expanded core curriculum. The expanded core curriculum areas include Communication Development, Social Development, Self-Advocacy, Cognitive Development, Sensory Processing, Organizing Skills, Adaptive/Skills Life Function, Transition Skills (school to adult.).* The Expanded Core Curriculum (ECC) addresses the unique characteristics and learning needs for students with autism spectrum disorders. The ECC should be used as a framework for assessing students, planning individual goals and providing instruction. In addition, the core curriculum is the general curriculum and standards for all learners. The curriculum includes English Language Arts, Mathematics, Health, Physical Education, Science, Second language, Social Studies, and The Arts. In general, the expanded core curriculum will provide the strategies and supports for each individual to access the core curriculum.

Key Considerations for Providing Systematic Program Development and Implementation – Curriculum:

- Use the Expanded Core Curriculum for ASD as a framework for assessing each student with an ASD, planning individual goals and providing instruction. The expanded core curriculum areas include Communication Development, Social Development, Self-Advocacy, Cognitive Development, Sensory Processing, Organizing Skills, Adaptive/Skills Life Function, Transition Skills (school to adult.).

Evidence-Based Intervention:

While many interventions (designed to address the curriculum) for autism exist, only some have been shown to be effective through scientific research. Interventions that researchers have shown to be effective are called evidence-based practices. Note that every identified practice is not necessarily appropriate for every learner. Practices are most effective when carefully matched to a learner's specific needs and characteristics.

Currently, two national efforts guide the field of ASD concerning the use of evidence-based practice: The National Professional Development Center on ASD (NPDC on ASD) http://autismpdc.fpg.unc.edu/content/evidence-based-practices, Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder 2014 Report: http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf and the National Standards Report, produced by the National Autism Center in 2009, http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf and http://www.nationalautismcenter.org/learning/practitioner.php.

Both entities continue to review the literature for practices that meet the definition of evidence-based and will add interventions as appropriate. It will be the responsibility of Oregon's highest level ASD expertise, to review, update, develop policy, disseminate, train and coach statewide, on information related to the evidence-based practices as part of the comprehensive ASD program as reflected in the *Oregon Education Guidelines for ASD*.

The NPDC on ASD has identified 27 practices that meet the criteria for evidence-based practices for children and youth with autism spectrum disorders. The NPDC on ASD has developed Evidence-Based Practice Fact Sheets discussing the practice and the results of the research. In addition, the NPDC on ASD has developed Evidence-Based Practice (EBP) Briefs for each of the practices. These EBP briefs include an overview of the practice, step-by-step directions for implementation, an implementation checklist, the evidence base for the practice, and supplemental materials. EBP briefs and their components are available for download. The EBPs are also linked to the Autism Internet Modules. These modules are available on the Autism Internet Modules (AIM) website hosted by the Ohio Center for Autism and Low Incidence (OCALI). The Autism Internet Modules (AIM) website features content from experts on ASD across the nation on topics including assessment and identification, characteristics, evidence-based practices and interventions, transition to adulthood, and employment.

The Oregon Department of Education contracts with The Oregon Program Autism Training Sites and Supports (OrPATS). The OrPATS project brings evidence-based practices to Oregon schools throughout the state. Training sites model evidence-based practices identified by the National Autism Center and the National Professional Development Center. Each training site has an autism consultant providing coaching to visiting instructional staff. In addition to training sites, the OrPATS project has developed supports for both special and general education professionals and paraprofessionals.

In addition to knowing which intervention are effective, teams must consider three additional factors impacting any program of instruction. First, the program of instruction (intervention) must be delivered with fidelity. (Gresham, MacMillan, Boebe-Frankenberger, & Bocian, 2000). Fidelity must also address the integrity with which screening and progress-monitoring procedures are completed and an explicit decision-making model is followed.

The significant investment in developing evidence-based and other innovations will be "worth it" if it helps further education of students and benefits their families and communities.

Key Considerations for Providing Systematic Program Development and Implementation - Evidence-Based Intervention:

- Each program serving students with ASD use interventions and practices based on sound theoretical constructs, robust methodologies, and empirical studies of effectiveness.
- Each program has a process in place to ensure that interventions and practices are delivered with fidelity. Fidelity of implementation refers to the delivery of instruction in the way in which it was originally designed.

Communication and Social Interactions:

Development of communication skills among children with autism does not follow so-called typical patterns. Children with ASD appear to learn differently than other children and frequently have difficulty with spoken and written language expression. Children with ASD may not speak at all, they may speak just a few words, or they may speak but what they say doesn't make sense in the situation. Children with ASD may have difficulty understanding spoken language – even if their hearing is "fine". They may also not be able to understand gestures, body language, and tone of voice that convey subtle differences in meaning.

The first years of a child's life are critical to language and speech development and children with ASD need the same opportunities available to non-disabled children -- language rich environments and encouragement to express their thoughts and needs.

"According to Hart and Risley (1999), there may be up to 338 utterances produced per hour by a typical child 24 months of age and potentially 5,000 utterances in an average day. Not all of the utterances are directed to others and not all are responded to by parents. But, even if a given child only engaged in 700 exchanges per day with an adult, that still represents considerable time during the course of a week, month, and year to potentially practice communication skills." (Vicker, B. (2006). Opportunity to communicate: A crucial aspect of fostering communication development. *The Reporter*, 11(2), 16-18.)

Functional communication skills are forms of behavior that express needs, wants, feelings, and preferences that others can understand. When individuals learn functional communication skills, they are able to express themselves without resorting to problem behavior or experiencing communication breakdown.

Every learner, whether verbal or non verbal deserves to communicate using a method(s) understood by all, and available in all settings and situations. All children with ASD deserve access to an effective and efficient communication system including a full range

of AAC options that can be used to support positive cognitive, social, emotional and behavioral development.

When children and adults can functionally communicate, they also are ready to learn choice making and increase their independence. Functional communication skills vary in their form and may include personalized movements, gestures, verbalizations, signs, pictures, words, and augmentative and alternative communication devices. The communication forms a person uses must be understood by all communication partners, particularly if these forms are not conventional or only approximate conventional words and signs. For individuals who have severe disabilities, the best times and places for teaching functional communication skills are everyday routines and contexts; and the best teachers are familiar adults and peers. Instruction, however, needs to be planned and systematic, to extend across the student's whole day, and to include ongoing support for using the new skills. Naturalistic methods such as milieu teaching have proven to be effective for teaching functional communication. Evidence-based practice requires the integration of research findings with other critical factors. These factors include professional judgment and data-based decision making, values and preferences of families, and the student's input whenever feasible.

A person's communication ability usually changes over time. Therefore, it is important to maintain an ongoing communication assessment from diagnosis through adulthood as this provides current information, which is necessary to support appropriate communication strategies. Supporting all forms of communication – verbal, signing, pictorial, augmentative devices (and often a combination of more than one) – promotes learning.

Social instruction should be delivered throughout the day in various settings, using specific activities and interventions planned to meet age-appropriate, individualized social goals (e.g., with very young children, response to maternal imitation; with preschool children, cooperative activities with peers). (Educating Child with Autism)

A research based social skills curriculum is essential for students with ASD. Individual student programs are implemented with specific targeted goals and data collection. Social skills to enhance participation in family, school, and community activities (e.g., imitation, social initiations and response to adults and peers, parallel and interactive play with peers and siblings). Opportunities for social interactions with peers should be done with a clear concept of the social skills to be taught.

Social skills may not generalize without specific training; therefore, it is important that social competence be reinforced in all environments (including the workplace), especially for those individuals who are in transition settings.

Key Considerations for Providing Systematic Program Development and Implementation - Communication/Social:

- Every learner with ASD has an appropriate, effective communication system. With respect to communication, the development of a functional communication system must address both non-verbal and verbal learners with ASD.
- Provide daily instruction and multiple opportunities to meet individual communication needs.
- Mediums of exchange (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.
- Provide appropriate instruction and multiple opportunities to meet individual social interaction needs. Instruction addresses opportunities to generalize learned skills.

Transition Skills:

Individuals with ASD will make a successful transition from secondary school to permanent employment, higher education, or other post secondary goals.
Students and families are informed about the transition process in the 5th grade, 8th grade and at appropriate periods throughout high school. In the transition planning process, all aspects of the young adult's future life are considered. These areas include:

- Career Development: Employment
- Post-secondary Education
- Living Arrangements
- Daily Living Skills
- Community Participation
- Community Mobility
- Financial Independence
- Recreation and Leisure
- Personal –Social Skills: Friendships and Relationships
- Self Determination Skills

There is a critical need to revisit the ways in which such learners are prepared for adult life beyond the classroom, in the community, and on the job. Some considerations toward that end should include, but not be limited to: (1) considering all learners to be "employment ready"; (2) viewing first jobs as learning experiences; (3) promoting creativity in job development; (4) providing co-worker training; and (5) developing active ties with the local business community. It is both possible and desirable for adults with ASD to be gainfully employed and to live a life of quality.
(Effective Transition Planning for Learners with ASD, Gerhardt, Peter F. Exceptional Parent, v37 n4 p26-27 Apr 2007)

Key Considerations for Providing Systematic Program Development and Implementation - Transition Skills:

- Inform students and families about the transition process in the 5th grade, 8th grade and at appropriate periods throughout high school.
- Assess needs across all areas of Transition:
  a) Career Development: Employment
  b) Post-secondary Education
  c) Living Arrangements
  d) Daily Living Skills
  e) Community Participation
  f) Community Mobility
  g) Financial Independence
  h) Recreation and Leisure
  i) Personal –Social Skills: Friendships and Relationships
  j) Self Determination Skills
- Address Instructional Needs:
  a) Instruction should take place in the environments where the skills are used
  b) Provide multiple trials to learn tasks
  c) Offer multiple settings to learn same skills due to generalization challenges
  d) Provide hands on learning opportunities
  e) Conduct ongoing assessment and analysis data showing of level independent performance and levels of supports needed

Challenging Behaviors:

Challenging behaviors in learners with ASD can occur for many reasons. Difficulty communicating needs, a lack of understanding expectations, and an interfering reaction to the environment can all contribute. Understanding the behaviors of any individual is very complex. The behaviors may be functional for the learners with ASD yet result in inappropriate outcomes. It will be vital to focus on teaching new, functional appropriate replacement skills for challenging behaviors.

Effective strategies that prevent or reduce challenging behaviors are implemented for all students with ASD. The supports include:

1. Functional communication systems
2. Concrete (visual) supports and strategies
3. Peer supports
4. Movement with activities
5. Address sensory concerns
6. Motivation strategies (preferred activities, choices)
7. Ordering of activities (preferred/non-preferred)
8. Pre teaching

Positive behavior supports, based on a functional behavioral assessment (FBA) are used to address challenging behavior. A functional behavioral assessment looks beyond the

behavior itself. The focus when conducting a functional behavioral assessment is on identifying significant, pupil-specific social, affective, cognitive, and/or environmental factors associated with the occurrence (and non-occurrence) of specific behaviors.
Checklist for Addressing Challenging Behaviors:

1. Identify the behavior to change
2. Define the behavior clearly
3. Complete a functional analysis of the behavior including frequency, intensity, and/or duration
4. Develop hypothesis
5. Complete a reinforcer assessment
6. Develop strategies for teaching new behavior
7. Develop strategies for reinforcing desired behaviors
8. Develop data collection system
9. Develop appropriate communication strategies
10. Develop a crisis plan, if needed
11. Develop process for sharing and reviewing with the team
12. Develop procedures for generalizing skills to a variety of settings
13. Implement, review and modify plan as needed

Center for Effective Collaboration and Practice: http://cecp.air.org/fba/default.asp.

The FBA assists the team to identify possible functions for the challenging behavior. Intervention strategies should incorporate information about the contexts in which the behavior occurs. The Behavior Intervention Plan is developed and maintained and focuses on:

- Positive, proactive approaches
- Instruction in new replacement skills
- Long-term outcomes
- Antecedent strategies
- Implementation across settings
- Staff trainings regarding implementation
- Uses data collection and analysis to drive decisions
- Strategies for crisis intervention

Key Considerations for Providing Systematic Program Development and Implementation - Challenging Behavior:

- Implement Positive Behavior Intervention Supports (PBIS) emphasizing four integrated elements: (a) data for decision making, (b) measurable outcomes supported and evaluated by data, (c) practices with evidence that these outcomes are achievable, and (d) systems that efficiently and effectively support implementation of these practices.
- Complete a functional behavior assessment (FBA) for every learner with a challenging behavior. FBA consists of describing the interfering or problem behavior, identifying antecedent or consequent events that control the behavior, developing a hypothesis of the behavior, and testing the hypothesis. The focus when conducting a functional behavioral assessment is on identifying significant,

pupil-specific social, affective, cognitive, and/or environmental factors associated with the occurrence (and non-occurrence) of specific behaviors.
- Data collection and analysis is used for decision-making.
- Appropriate replacement behaviors are taught to replace challenging behaviors.

Environmental Supports:

Children and young people with an ASD require flexible and responsive support at a number of levels during their instructional years. Appropriate support systems provide access to general education programs and other school based activities and experiences. Student specific supports include functional communication systems, visual/concrete strategies to increase environmental organization and structure, modification and accommodations to increase opportunities in integrated environments, access to typical peers to support the development of social interaction skills, and consistent behavioral programming.

The program, in addition to instruction must also integrate a variety of environmental supports that facilitate the student's ability to predict events and activities, anticipate change, understand expectations, and to make progress on goals. Students with ASD need predictability and structure to help make sense of the world, to assist in knowing what to focus on, to reduce stress in order to be ready to learn. This will be accomplished by creating environments that are initially simplified to help students recognize relevant information. In some instances this may include the use of clearly defined boundaries within classrooms to provide them with visual (concrete) areas for specific activities. The environmental supports are available to assist the student to:

1. Predict events and activities
2. Anticipate change
3. Understand expectations.

Visual (concrete) supports have been used very successfully with many individuals. Some useful tools to teach and support transitions are schedules, sub-schedules, all-done boxes and timers. These tools can be used in a variety of ways to accomplish a wide range of goals. Individuals with autism spectrum disorders may have greater difficulty than others in shifting attention from one task to another or in changes of routine.

Transitions occur frequently, requiring individuals to stop an activity, move from one location to another, and begin something new. This process is difficult for individuals with ASD. This may be due to a greater need for predictability, challenges in understanding what activity will be coming next, or difficulty when a pattern of behavior is disrupted. When transition strategies are used, individuals with ASD:

- Reduce the amount of transition time
- Increase appropriate behavior during transitions
- Rely less on adult prompting
- Participate successfully in school and community outings

The following Aim Internet Module defines transition strategies and provides specific examples that can be used as models. **Transitioning Between Activities: http://www.autisminternetmodules.org/mod_view.php?nav_id=125**

When individuals are moving from one educational setting to another a written transition plan is recommended. Transitions include class-to-class, program-to-program, and service delivery system to service delivery system. Collaboration should occur between the student, the parents, school personnel, and any related agencies. The written plan includes:

1. A statement of current skills and needs
2. Identification of necessary supports
3. A schedule of training for receiving staff
4. A detailed description of the process, including times.

Key Considerations for Providing Systematic Program Development and Implementation - Environmental Supports:

- Environment supports are developed and implemented for every learner with ASD. Supports facilitate the student's ability to predict events and activities, anticipate change, understand expectations, and to make progress on goals. Appropriate support systems provide to access general education programs and other school based activities and experiences.
- Each learner is provided appropriate instruction in the use of his or her individualized supports.
- Learners have access to their individual supports in all environments in which they participate.

Data Collection and Analysis:

Efficiently monitoring student behaviors and skill acquisition requires the ongoing collection, interpretation, and analysis of data. Data collection is essential with students with ASD. Collecting data before and after an intervention is put into practice helps assess whether your student is making progress. Decisions in student programming should be based upon data reflecting student performance. Data collection, analysis, and modification are applied throughout the program of instruction. Data review and analysis is conducted frequently and systematically to:

1. identify progress toward goals
2. identify lack of progress toward goals
3. determine if target goals are achieved
4. determine if target goals are maintained
5. determine if target goals are generalized across settings.

The type of behavior addressed will determine the type of data collection technique used. A variety of data collection procedures) should be evident throughout the students' program. Data should be used to establish baselines and before beginning an intervention.

- Use efficient data collection techniques. Typically, you do not need to collect data throughout the entire day.

- Procedures for Data Collection:
  Frequency - data involve counting the number of times a behavior has occurred within a given time period
  Time sampling- data involve determining whether or not behaviors occur within a specific amount of time
  Duration - data involve determining the length of time over which a behavior occurs
  Latency - data involve the length of time that passes between when an instruction is delivered and a behavior is initiated.

User-friendly forms and systems are the most utilized and staff must be trained to collect accurate data with these forms. Data collection should be a part of the regular classroom routine and school day. It should be one component of all instruction.

- Forms are user friendly and easily available
- Data collection techniques and guidelines are part of the training for all classroom staff
- Staff is trained on the specific skills and forms to be used with each student
- Data collection forms are automatically included on clipboards, or in lesson notebooks
- Sufficient time is built into the workday to analyze and chart data (Schillenger, P 117)

Key Considerations for Providing Systematic Program Development and Implementation - Data Collection and Analysis:

- Data are used for decision making in order to modify student goals as well as making decisions about changes that may be needed in the program, the classroom, and the environment.
- Sufficient data are collected to provide a complete picture of the learner's progress.
- Student progress is summarized and reviewed on an ongoing basis by the educational team. Data review, summary, and analysis are consistent, comprehensive, and ongoing for each individual student.
- Data summaries are shared and discussed with parents and team members on a regular basis.

Program Implementation:

Each program, district, ESD conducts a systematic review of program development and implementation. The evaluation should assess program-wide effectiveness as well as student progress on IFSP/IEP goals, student performance on state and district-wide tests, and students' generalization of skills. The ASD Program Self Assessment and Action Plan used on a regular basis, will assist with a comprehensive program evaluation. Information obtained from the ASD Program Self Assessment and Action Plan is used for program improvement.

The program considers the following changes in the program and systematically analyzes their effects on student performance:

a. Providing additional coaching and training
b. Increase use of reinforcement and motivational systems
c. Modifying curricula
d. Increasing intensity by lowering student-teacher ratios, and
e. Increasing programming time. (Autism Program Quality Indicators)

Key Resources for Providing Systematic Program Development and Implementation: Systematic Instruction:

- Potential Reinforcer Checklist: http://prtl.uhcl.edu/portal/page/portal/HSH/HOME/CENTERS_INSTITUTES/Autism%20and%20Developmental%20Disabilities/Speaker_Series/Content/December/handouts.pdf
- The Administrator's Guide to Building and Maintaining a Comprehensive Autism Program (Schillinger)
- Educating Children with Autism http://www.nap.edu/openbook.php?isbn=0309072697,
- The National Professional Development Center on ASD (NPDC on ASD) http://autismpdc.fpg.unc.edu/content/evidence-based-practices,
- Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder 2014 Report: http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf
- National Standards Report, produced by the National Autism Center in 2009, http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf and http://www.nationalautismcenter.org/learning/practitioner.php are the primary resources for identifying evidence-based, systematic instruction.
- Autism Internet Modules (AIM) website. http://autismpdc.fpg.unc.edu/content/briefs
- The Oregon Program Autism Training Sites and Supports: http://www.orpats.org
- Fidelity of Implementation: http://iris.peabody.vanderbilt.edu/module/fid/
- START Model: http://www.gvsu.edu/autismcenter/
- START Resources: https://www.gvsu.edu/autismcenter/start-resources-55.htm
- The Early Childhood Technical Assistance Center - Evidence-Based Services http://ectacenter.org/topics/autism/approserv.asp
- Autism Guidebook for Washington State: A Resource for Individuals, Families, and Professionalshttp://here.doh.wa.gov/materials/autism-guidebook
- Ideas for Promoting Generalization of Social Skills http://autismontario.novosolutions.net/default.asp?id=108
- Generalization http://www.kcbehavioranalysts.com/aba-toolbox/generalization
- Generalization and Maintenance of Skills http://www.scholasticinterventions.org/2011/12/05/generalization-and-maintenance-of-skills

- Michigan Autism Spectrum Disorders State Plan http://www.michigan.gov/documents/autism/ASDStatePlan_2_19_13_Final_414143_7.pdf

Key Resources for Providing Systematic Program Development and Implementation: Intensity, Focus Engaged Time

- Matching Children on the Autism Spectrum to Classrooms: A Guide for Parents and Professionals http://dddc.rutgers.edu/pdf/Paper_Matching_Children_to_Classrooms.pdf
- Engagement Data Sheet

Key Resources for Providing Systematic Program Development and Implementation: Curriculum

- Applying an Implementation Science Framework for Adoption of a Comprehensive Program for High School Students With Autism Spectrum Disorder: http://rse.sagepub.com/content/35/2/123.abstract
- Educating Children with Autism http://www.nap.edu/openbook.php?isbn=0309072697,
- Autism Internet Modules (AIM): http://www.autisminternetmodules.org/user_mod.php
- Evidence-Based Practice Briefs: http://autismpdc.fpg.unc.edu/content/briefs
- Enhancing Instructional Contexts for Students with Autism Spectrum Disorders http://education.gsu.edu/autism/instrument.pdf
- Recommendations For Students with High Functioning Autism by Kerry Hogan: http://teacch.com/educational-approaches/recommendations-for-students-with-high-functioning-autism-kerry-hogan

Key Resources for Providing Systematic Program Development and Implementation: Evidence-Based Interventions

- The National Professional Development Center on ASD (NPDC on ASD) http://autismpdc.fpg.unc.edu/content/evidence-based-practices
- Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder 2014 Report: http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf
- National Standards Report, produced by the National Autism Center in 2009, http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf http://www.nationalautismcenter.org/learning/practitioner.php
- Evidence-Based Practice and Autism in the Schools: http://www.unl.edu/asdnetwork/documents/guidelines_resources/nac_guide.pdf
- Autism Internet Modules (AIM): http://autismpdc.fpg.unc.edu/content/briefs
- The Oregon Program Autism Training Sites and Supports: http://www.orpats.org
- Evidence-Based Practice for Special Educators Teaching Students with Autism http://education.jhu.edu/PD/newhorizons/Journals/specialedjournal/MarderandFraser

- Texas Autism Resource Guide for Effective Teaching: http://www.txautism.net/target-texas-autism-resource-guide-for-effective-teaching
- Sensory-Based Interventions: http://www.txautism.net/uploads/target/SensoryBased.pdf
- Peer-Mediated Instruction and Intervention (PMII): http://autismpdc.fpg.unc.edu/content/peer-mediated-instruction-and-intervention
- Self Management: http://autismpdc.fpg.unc.edu/content/self-management

Key Resources for Providing Systematic Program Development and Implementation: Communication and Social Interaction

- Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) http://challengingbehavior.fmhi.usf.edu
- Autism Internet Modules (AIM): http://autismpdc.fpg.unc.edu/content/briefs
- Indiana Recourse Center for Autism Study; Why Social Skills Instruction in Schools Isn't Successful: http://auinnovations.com/indiana-recourse-center-for-autism-study-why-social-skills-instruction-in-schools-isnt-successful/
- Interventions for Improve Communication: http://www.yale.edu/eglab/pdf/PaulReprint.pdf

Key Resources for Providing Systematic Program Development and Implementation: Transition Skills

- Autism Speaks, Transition Tool Kit: http://www.autismspeaks.org/family-services/tool-kits/transition-tool-kit
- Autism Transition Handbook: http://www.autismhandbook.org/index.php/Transition_Planning_during_the_School_Years_Overview
- IEP Transition Components: http://www.ocali.org/project/tg_iep_components
- Secondary Transition Project for ASD: http://www.crporegon.org/secondary-transition-project-asd
- Preparing Individuals with Autism Spectrum Disorders (ASD) for Adulthood: http://asdtransition.missouri.edu/index.html
- Secondary Transition: http://www.sst4.org/public/SST/education_transitional.cfm

Key Resources for Providing Systematic Program Development and Implementation: Challenging Behaviors

- Autism Internet Modules (AIM): http://www.autisminternetmodules.org/user_mod.php
- The National Professional Development Center on ASD (NPDC on ASD) http://autismpdc.fpg.unc.edu/content/evidence-based-practices
- Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder 2014 Report:

http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf

- National Standards Report, produced by the National Autism Center in 2009, http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf http://www.nationalautismcenter.org/learning/practitioner.php
- Positive Behavioral Interventions and Supports: https://www.pbis.org/school
- Center for Effective Collaboration and Practice: http://cecp.air.org/fba/default.asp

Key Resources for Providing Systematic Program Development and Implementation: Environmental Supports

- Autism Internet Modules (AIM):http://autismpdc.fpg.unc.edu/content/briefs
- The National Professional Development Center on ASD (NPDC on ASD) http://autismpdc.fpg.unc.edu/content/evidence-based-practices
- Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder 2014 Report: http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf
- National Standards Report, produced by the National Autism Center in 2009, http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf http://www.nationalautismcenter.org/learning/practitioner.php
- Universal Design for Learning: http://www.ocali.org/center/udl

Key Resources for Providing Systematic Program Development and Implementation: Data Collection and Analysis

- Increasing Goal Mastery Through Data-based Decision-Making: http://www.vcuautismcenter.org/training/data/Mod2Part2/Mod2Part2.pdf
- Collecting and Analyzing Data: http://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-interventions/collect-analyze-data/main
- Evidence-Based Practice Briefs: http://autismpdc.fpg.unc.edu/content/briefs

References:

State Autism Report:
The State of California, September 2007
The State of Oregon, October 2010

State Manuals:
Guidelines for Identification and Education of Children and Youth with Autism, Connecticut State Department of Education, July 2005
Statewide Autism Resources and Training (START) of Michigan, Grand Valley State University, July 2005
Ohio Center for Autism and Low Incidence, Office of Exceptional Children, Ohio Department of Education
Autism Guidebook for Washington State, "Appendix 8: Education Best Practice Guideline Checklist"
Autism Program Quality Indicators, The University of New York, New York State Education Department, August 2001
Enhancing Instructional Contexts for Students with Autism Spectrum Disorders (EIC-ASD), Georgia State University, June 2007
Autism Program Quality Indicators, New Jersey Department of Education, September 2004
Scaling-Up Evidence-Based Practices in Oregon, Presented by the Confederation of Oregon School Administrators and the Oregon Department of Education, April 30, 2010.

Books:
Aspy, R. & Grossman, B. (2007). A Comprehensive Planning Process for Students with Autism Spectrum Disorders and Related Disabilities: The Ziggurat Model and Comprehensive Autism Planning System (CAPS). Shawnee Mission, KS: Autism Asperger Publishing Co.
Aspy, R. & Grossman, B. (2007). The Ziggurat Model. Shawnee Mission, KS: Autism Asperger Publishing Co.
Danielson, Charlotte (2007). Enhancing Professional Practice. Alexandria, VA: Association for Supervision and Curriculum Development.
National Academy Press (2001). Educating Children with Autism. Washington, DC: National Academy Press. http://www.nap.edu/openbook.php?isbn=0309072697
National Autism Center (2009). Evidence-Based Practice and Autism in the Schools. Randolph, MA: National Autism Center.
Simpson, R., & Smith Myles, B (2008). Educating Children and Youth with Autism. Austin, TX: Pro Ed.
Quill, Kathleen Ann, (2000), Do-Watch-Listen-Say: Social and Communication Intervention for Children with Autism. Baltimore, MD, Paul Brookes Publishing Company.
Schillinger, Mary, (2010), The Administrator's Guide to Building and Maintaining a Comprehensive Autism Program. Horsham , PA, LRP Publications
Wilkinson, Lee A. (2010) A Best Practice Guide to Assessment and Intervention for Autism and Asperger Syndrome in Schools, Kindle Edition. Philadelphia, PA: Jessica Kingsley Publishers Inc.

Articles:
Blase, K. & Fixsen, D (2009). "Implementation Brief." *National Implementation Research Network*.

Iovannone, Rose, Glen Dunlap, Heather Huber and Don Kincaid. (Fall 2003). Effective educational practices for students with autism spectrum disorders. Focus on Autism and Other Developmental Disabilities, 18, 3.

Odom S1, Hume K, Boyd B, Stabel A (2012). Moving beyond the intensive behavior treatment versus eclectic dichotomy: evidence-based and individualized programs for learners with ASD. Behavior Modification May; 36(3): 270-97.

Websites:
Network of Excellence: http://www.waschoolexcellence.org/
National Standards Project: http://www.nationalautismcenter.org/nsp/support.php
National Professional Develop Center on ASD: http://autismpdc.fpg.unc.edu
SWPBIS for Beginners: https://www.pbis.org/school/swpbis-for-beginners
START: http://www.gvsu.edu/autismcenter/
http://www.nrcld.org/rti_manual/pages/RTIManualSection4.pdf
Blueprints: http://www.colorado.edu/cspv/blueprints/Fidelity.pdf

Indiana Resource Center for Autism: http://www.iidc.indiana.edu/index.php?pageId=32
Autism Guidebook: http://here.doh.wa.gov/materials/autism-guidebook
Texas Statewide Leadership for Autism Training: http://www.txautism.net/manual.html
Diagnostic Assessment: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0042138/
Autism Spectrum Disorders Systematic Reviews
http://www.asha.org/members/compendiumSearchResults.aspx?type=1&searchtext=Autism%20Spectrum%20Disorders

Appendix A

Autism Speaks http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria June 23, 2014

Autism Spectrum Disorder 299.00 (F84.0)

Diagnostic Criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted repetitive patterns of behavior (see Table 2).

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).

4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (see Table 2).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:
With or without accompanying intellectual impairment
With or without accompanying language impairment
Associated with a known medical or genetic condition or environmental factor
(**Coding note:** Use additional code to identify the associated medical or genetic condition.)
Associated with another neurodevelopmental, mental, or behavioral disorder
(**Coding note:** Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)
With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119-120, for definition) (**Coding note:** Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

Table 2 Severity levels for autism spectrum disorder

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of

	overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to- and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	organization and planning hamper independence.

Appendix B

-DRAFT
Annual Process to Update the ASD Program Self-Assessment and Action Plan