



a Family Guide to **Special Education Services**

AUTISM SPECTRUM DISORDER

VOLUME 1



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Family Guides for Special Education Services

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Other MDE Resources

- **General resources for parents:**
 - 📌 mdek12.org/OSE/Information-for-Families/Resources
- **Parent Engagement and Support**
 - 📌 mdek12.org/OSE/Information-for-Families
 - ☎ 601.359.3498
- **Procedural Safeguards: Your Family's Special Education Rights**
 - 📌 mdek12.org/OSE/Dispute-Resolution

AUTISM (AU)

AU

Definition

Autism(Au) (also commonly referred to as Autism Spectrum Disorder) means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3), that adversely affects a child's educational performance.

Common Acronyms

AU: Autism

ASD: Autism Spectrum Disorder

Additional characteristics often associated with Autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. It is not necessary for the student to exhibit all these additional characteristics to meet the criteria.

Included in the Autism category are the Pervasive Developmental Disorders, including Autistic Disorder, Asperger Disorder, Pervasive Developmental Disorder-Not otherwise Specified, Rett's Disorder, and Childhood Disintegrative Disorder.

Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability. A child who manifests the characteristics of Autism after age three (3) could be identified as having Autism if the definition is satisfied and data consistently support an eligibility ruling of Autism.



Evaluation Requirements

- A.** Results of tests, observations and/or other information which address:
1. Receptive and expressive language skills, including language semantics and pragmatics; linguistic prosody (including intonation, rhythm and focus in speech); and the need for assisted communication
 2. Social interactions
 3. Responses to sensory experiences
 4. Engagement in repetitive activities and movements typically associated with ASD
 5. Resistance to environmental change or change in daily routines
- Self-Stimulatory Behavior**
is often referred to as "stimming" or "stereotypy", self-stimulatory behavior is stereotypical of autism. It includes repetitive behavior such as rapidly flapping the hands, rocking, repeating phrases or
- B.** A developmental history and/or other documentation which serves to determine the age of onset of autistic characteristics sounds, moving objects in front of the eyes, etc.
1. A statement by a qualified professional supporting the multidisciplinary evaluation team's conclusion that the student meets the eligibility criteria for ASD as defined by federal regulations and state policy. A qualified professional is any one of the following:
 1. School psychologist currently licensed by the Mississippi Department of Education (MDE)
 2. Psychometrist currently licensed by MDE
 3. Board-licensed psychologist
 4. Nurse practitioner
 5. Physician



Helpful Vocabulary

Accommodation—Tool that enables a student with a disability to better access the general curriculum. Some accommodations are applicable to instruction only (for example, an assignment that is shortened but still addresses the state standard); others are permitted for both instruction and assessment (for example, change in formatting or timing).

Adaptive skills (functional skills)—Those used in daily living such as eating, dressing, and toileting. These are also referred to as self-help skills.

Applied behavior analysis (ABA)—A method of teaching designed to analyze and change behavior in a way that can be measured to show progress. Also called behavior modification. Skills are broken down into their simplest parts and then taught to the child through a system of reinforcement.

Asperger's syndrome (AS)—A diagnostic label that has been utilized to describe a person with ASD who did not have a language delay or any co-occurring intellectual disability.

Assistive augmentative communications (AAC)—All forms of communication (other than speech) that are used to express thoughts, needs, wants, and ideas. Examples include visual schedules, first-then schedules, alphabet charts, picture boards, etc.

Expressive language disorder—Developmental expressive language disorder in which a child has lower-than-normal vocabulary skills, word memory, and ability to form complex sentences. A child with ASD will typically use gestures, words, and written symbols to communicate.

Free Appropriate Public Education (FAPE)
Foundational requirement of the Individuals with Disabilities Education Act of 2004 (IDEA) stipulating that special education and related services must be provided at public expense (that is, without charge to parents), meet state requirements, include an appropriate education that leads to outcomes such as employment or higher education, and conform to the Individualized Education Program (IEP) prepared for the student.

Inclusion—The practice of educating children with disabilities in the general education classroom. Inclusion in special education programs is an important part of the continuum of special education placements required by the Individuals with Disabilities Education Act (IDEA). In an inclusion classroom, a student with disabilities feels included, accepted, and makes friends, and the student's peers learn to better understand their classmate's disabilities.

Individuals with Disabilities Act (IDEA)—A law that makes available a free public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

Individualized Education Program (IEP)—A document written for a child with a disability that is developed, reviewed, and revised in accordance with state and federal policies.

Least restrictive environment (LRE)—The requirement in federal law that students with disabilities receive their education to the maximum extent appropriate—with nondisabled peers, and that special education students are not removed from regular classes unless—even with supplemental aids and services—education in regular classes cannot be achieved satisfactorily.

Modification—Adjustment to an assignment, test, or activity in a way that significantly simplifies or lowers the standard or alters the original measurement. Modifications change what a student is taught or expected to learn, and most are applicable to students with significant cognitive disabilities. Occupational therapy or occupational therapist (OT)—A therapist that focuses on daily living skills, sensory integration, self-help skills, playing, adaptive behavior and fine motor skills. An occupational therapist would provide sensory integration therapy.

Occupational therapy or occupational therapist (OT)—A therapist that focuses on daily living skills, sensory integration, self-help skills, playing, adaptive behavior and fine motor skills. An occupational therapist would provide sensory integration therapy.

Physical therapy/therapist (PT)—Provides evaluation and treatment of physical disabilities to help the person improve the use of bones, muscles, joints, and nerves through exercise and massage.

Related services—Additional support services that a child with disabilities requires, such as transportation, occupational, physical, speech pathology services, interpreters, medical services, etc.

Self-stimulatory behavior—Behaviors whose primary purpose appears to be to stimulate one's own senses. An example is rocking one's body: many people with ASD report that some 'self-stims' may serve a regulatory function for them (including, calming, adding concentration, shutting out an overwhelming sound.) other examples: hand-flapping, toe walking, spinning, echolalia.

Significant cognitive disability (SCD)—In order for a student to be classified as having a significant cognitive disability, all of the following criteria must be true:

- The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Speech-language pathologist (SLP)—A speech-language pathologist works to prevent, assess, diagnose, and treat speech, language, social communication, cognitive communication, and swallowing disorders in children and adults.

Specially designed instruction (SDI)—universally required component that defines special education and stipulates that students with disabilities receive instruction that includes changes in content, methodology, and/or delivery. It is not dependent on setting and is a primary responsibility of special education professionals.

Sensory Integration

Sensory integration is a term that has been used to describe processes in the brain that allow us to take information we receive from our five senses, organize it, and respond appropriately.

- **Touch**—tactile
- **Sound**—auditory
- **Sight**—visual
- **Taste**—gustatory
- **Smell**—olfactory



Your child with ASD can easily feel stressed and frustrated when her or his needs are misunderstood or even ignored. This is one of the main reasons a child with ASD may act out.



Ways to Help at Home

The most important role you have as parent(s) of a child with ASD is serving as your child's advocate. Likewise, with so much focus and attention placed on your child with ASD, it is often difficult to find the time and energy to focus on yourself and other family members. If other children are at home, it is important for them to understand ASD and what is going on with their brother, sister, or other family member. Teach them how to get their sibling's attention and give simple instructions. Most importantly, praise all your children when they play well together. There are also sibling support groups that can help them relate to other peers who have a sibling with ASD.



Ten Things a Parent Can do to Help Their Child With ASD

Adapted from Autism Speaks "10 ways a parent can help their autistic child" — autismspeaks.org/blog/ways-parents-help-autistic-child

1. No matter how exhausted you are, get your child out in the community.
2. Join a parent group and/or your school district's special education PTA.
3. Seek out an advocate to check out your child's school program to identify areas that need to improve or to reassure you that the school is doing all they can for your son or daughter.
4. If possible, volunteer at school functions or offer to be a class mom to get to know your child's teacher and your school's administrators better and to make friends with other parents.
5. Take offers of trustworthy babysitting to take a night off from Autism occasionally, even if it is only for a few hours.
6. Tackle the big issues one at a time—perhaps it is sleeping, eating, or potty training. Pick an issue and prioritize.
7. Educate your friends and family about what is going on in your household. Perhaps you have been too tired up to this point. Try to be open with everyone in your lives.
8. Make and keep those doctor appointments for yourself that you have been putting off.
9. Get involved in an Autism walk in your community. It is so powerful to meet so many families like (and unlike) yours. It will give you strength.
10. Take care of yourself, not just your child. Autism is a marathon, not a sprint. You owe it to yourself and your child to be whole, healthy, and happy. Do whatever it takes to get there.

How Can You Help Your Child

Adapted from “Sprout Therapy” — joinsprouttherapy.com

A child on the autism spectrum presents unique challenges for parents. The experience can feel exhausting and complicated at times. If your child has been diagnosed with ASD, here are some tips that can help you cope with the challenges and opportunities ahead:

- **Provide consistency and structure.**
- To reinforce learning, **create consistency in your child’s environment.**
- **Keep a schedule.**
- **Give your child advance notice** if you must change the schedule.
- **Reward good behavior with positive reinforcement.** When your child learns a new skill or acts appropriately, be specific about what behavior he or she is being praised for.
- **Create a safe space at home.** A private area in the house where your child can feel secure and relaxed (sometimes called a sensory room). organize the room using brightly colored visual cues which demarcate their safe area from general areas of the house.
- **If your child acts out in harmful or selfinjurious ways, safety-proof your home.**
- **Find new ways to connect.** Learning nonverbal ways of connecting can open dozens of possibilities for communication.
- **Pay attention to everything from your child’s facial expressions and the sounds he or she is making,** to the gestures he or she is using to communicate wants and needs.
- **Try to identify the motivation behind your child’s actions.** Your child with ASD can easily feel stressed and frustrated when her or his needs are misunderstood or even ignored. This is one of the main reasons a child with ASD may act out.
- **Have a system in place** so you can begin to understand the environment and the timeline behind your child’s acting out.
- If you must physically block a child from engaging in aggressive behavior while depriving them of the attention he or she is seeking, **reward positive behavior with attention.**
- **Remember to have fun.** Children with ASD are still children. make time for playtime.
- **Play is a fundamental part of learning for all children,** regardless of any developmental disabilities.
- **Children with ASD are often hypersensitive to different kinds of stimuli,** including loud noises, bright lights, specific kinds of touches, and certain tastes and smells. Conversely, some children with ASD are “under-sensitive.” Work with your child’s therapist to learn what stimuli trigger disruptive behaviors and what stimuli are easier for your child to deal with.
- **Each child with ASD has different stimuli that he or she finds stressful or uncomfortable.** Becoming aware of the type of stimuli that affects your child will help you identify and solve problems, defusing situations that are frightening for your child and creating consistently positive experiences for both of you.





Play is a fundamental part of learning for all children, regardless of any developmental disabilities.



- Create a unique ASD treatment plan. Create a system that builds on your child's interests, presents them with a predictable schedule, teaches tasks as a series of comprehensible steps, and uses highly structured activities to actively engage and maintain your child's attention. To do this, work with your child's therapist to determine:
 1. Your child's strengths and weaknesses.
 2. Which of your child's behaviors cause the most problems.
 3. Which important skills your child needs to develop.
 4. How your child learns best (through seeing, doing, or listening).
 5. What your child enjoys.

Remember that no matter what the treatment plan is, your full involvement is key to its success. By working closely with the treatment team and your child, you will maximize the chances of your child getting the most out of their therapy.

Your own well-being is important. All of this is difficult work. Admitting as much and asking for help are healthy and necessary parts of the process of raising a child with ASD. Take care of yourself so you can care for your child.

It is also important to build a support network. maintain relationships with your family, friends, and community for your support network to be there when you need them the most. Today's social networking sites make it possible to seek support from like-minded parents on the web. Social networking sites such as Facebook, Twitter, as well as ASD blogs allow you to connect with parents in similar situations, ask questions, and get immediate feedback. Also, it is helpful to read information, communications, and frequently asked questions from trusted health organizations.

The most important role you have as parent(s) of a child with ASD is serving as your child's advocate. likewise, with so much focus and attention placed on your child with ASD, it is often difficult to find the time and energy to focus on yourself and other family members. If other children are at home, it is important for them to understand ASD and what is going on with their brother, sister, or other family member. Teach them how to get their sibling's attention and give simple instructions. most importantly, praise all your children when they play well together. There are also sibling support groups that can help them relate to other peers who have a sibling with ASD.





Helping Your Child With ASD Thrive

Adapted from helppguide.org/articles/autism-learning-disabilities/helping-your-child-with-autism-thrive.htm Authors: melinda Smith, m.A., Jeanne Segal, Ph.D., and Ted Hutman, Ph.D. Ted Hutman, Ph.D. is assistant clinical professor in psychiatry at the David Geffen School of medicine at uCIA and a licensed clinical psychologist practicing in Santa monica, CA.

Tip 1: Provide structure and safety

- **Be consistent.** A child with ASD has a hard time applying what he or she has learned in one setting (such as the therapist’s office or school) to other settings—including the home. For example, your child may use sign language at school to communicate, but never think to do so at home. Creating consistency in your child’s environment is the best way to reinforce learning. Find out what your child’s therapists are doing and continue their techniques at home. explore the possibility of having therapy take place in more than one place to encourage your child to transfer what he or she has learned from one environment to another. It is also important to be consistent in the way you interact with your child and deal with challenging behaviors.
- **Stick to a schedule.** Children with ASD tend to do best when they have a highly structured schedule or routine. Again, this goes back to the consistency they both need and crave. Set up a schedule for your child, with regular times for meals, therapy, school, and bedtime. Try to keep disruptions to this routine at a minimum. If there is an unavoidable schedule change, prepare your child for it in advance.
- **Reward good behavior.** Positive reinforcement can go a long way for a child with ASD, so try to “catch them doing something good.” Praise your child when he or she acts appropriately or learns a new skill, being very specific about what behavior he or she is being praised for. Also look for other ways to reward her or him for good behavior, such as giving a sticker or allowing playtime with a favorite toy.
- **Create a home safety zone.** Carve out a private space in your home where your child can relax, feel secure, and be safe. This will involve organizing and setting boundaries in ways your child can understand. Visual cues can be helpful (colored tape marking areas that are off limits, labeling items in the house with pictures). You may also need to safety proof the house, particularly if your child is prone to tantrums or other self-injurious behaviors.

Tip 2: Find nonverbal ways to connect

Connecting with a child with ASD can be challenging, but you do not need to talk—or even touch—to communicate and bond. You communicate by the way you look at your child, by the tone of your voice, your body language—and possibly the way you touch your child. Your child is also communicating with you, even if he or she never speaks. You just need to learn the language.

Play is an essential part of learning for all children and should not feel like work.

Tip 2: Find nonverbal ways to connect *continued...*

- **Look for nonverbal cues.** If you are observant and aware, you can learn to pick up on the nonverbal cues that a child with ASD uses to communicate. Pay attention to the kinds of sounds your child makes, her or his facial expressions, and the gestures your child uses when tired, hungry, or wanting something.
- **Figure out the motivation behind the tantrum.** It is only natural to feel upset when you are misunderstood or ignored, and it is no different for children with ASD. When children with ASD act out, it is often because you are not picking up on their nonverbal cues. Throwing a tantrum is their way of communicating their frustration and getting your attention.
- **Make time for fun.** A child coping with ASD is still a child. For both children with ASD and their parents, there needs to be more to life than therapy. Schedule playtime when your child is most alert and awake. Figure out ways to have fun together by thinking about the things that make your child smile, laugh, and come out of her or his shell. Your child is likely to enjoy these activities most if the pursuits do not seem therapeutic or educational. There are tremendous benefits that result from your enjoyment of your child's company and from your child's enjoyment of spending unpressured time with you. Play is an essential part of learning for all children and should not feel like work.
- **Pay attention to your child's sensory sensitivities.** many children with ASD are hypersensitive to light, sound, touch, taste, and smell. Some children with ASD are "under-sensitive" to sensory stimuli. Figure out what sights, sounds, smells, movements, and tactile sensations trigger your child's disruptive behaviors and what elicits a positive response. What does your child find stressful? Calming? uncomfortable? enjoyable? If you understand what affects your child, you will be better at troubleshooting problems, preventing situations that cause difficulties, and creating successful experiences.



Nonverbal Cues

Nonverbal Cues Include:

- Facial expressions
- Body movement and posture
- Gestures
- Eye Contact
- Touch
- Space
- Voice

Tip 3: Create a personalized ASD treatment plan

With so many different treatments available, it can be tough to figure out which approach is right for your child. Making things more complicated, you may hear different or even conflicting recommendations from parents, teachers, and doctors. When putting together a treatment plan for your child, keep in mind that there is no single treatment that works for everyone. Each person on the autism spectrum is unique, with different strengths and weaknesses.

Your child's treatment should be tailored according to her or his individual needs. You know your child best, so it is up to you to make sure those needs are being met. You can do that by asking yourself the following questions:

- What are my child's strengths and weaknesses?
- What behaviors are causing the most problems? What important skills is my child lacking?
- How does my child learn best—through seeing, listening, or doing?
- What does my child enjoy—and how can those activities be used in treatment and to bolster learning?
- Finally, keep in mind that no matter what treatment plan is chosen, your involvement is vital to success. You can help your child get the most out of treatment by working with the treatment team and following through with the therapy at home—This is why your well-being is essential!

Tip 4: Find help and support

Caring for a child with ASD can demand a lot of energy and time. There may be days when you feel overwhelmed, stressed, or discouraged. Parenting is never easy and raising a child with special needs is even more challenging. To be the best parent you can be, it is essential that you take care of yourself.

- **ASD support groups**—Joining an ASD support group is a great way to meet other families dealing with the same challenges you have. Parents can share information, get advice, and lean on each other for emotional support. Just being around others in the same boat and sharing their experience can go a long way toward reducing the isolation many parents feel after receiving a child’s diagnosis.
- **Respite care**—every parent needs a break now and again. And for parents coping with the added stress of ASD, this is especially true. In respite care, another caregiver takes over temporarily, giving you a break for a few hours, days, or even weeks.
- **Individual, marital, or family counseling**—If stress, anxiety, or depression is getting to you, you may want to see a therapist of your own. Therapy is a safe place where you can talk honestly about everything you are feeling—the good, the bad, and the ugly.

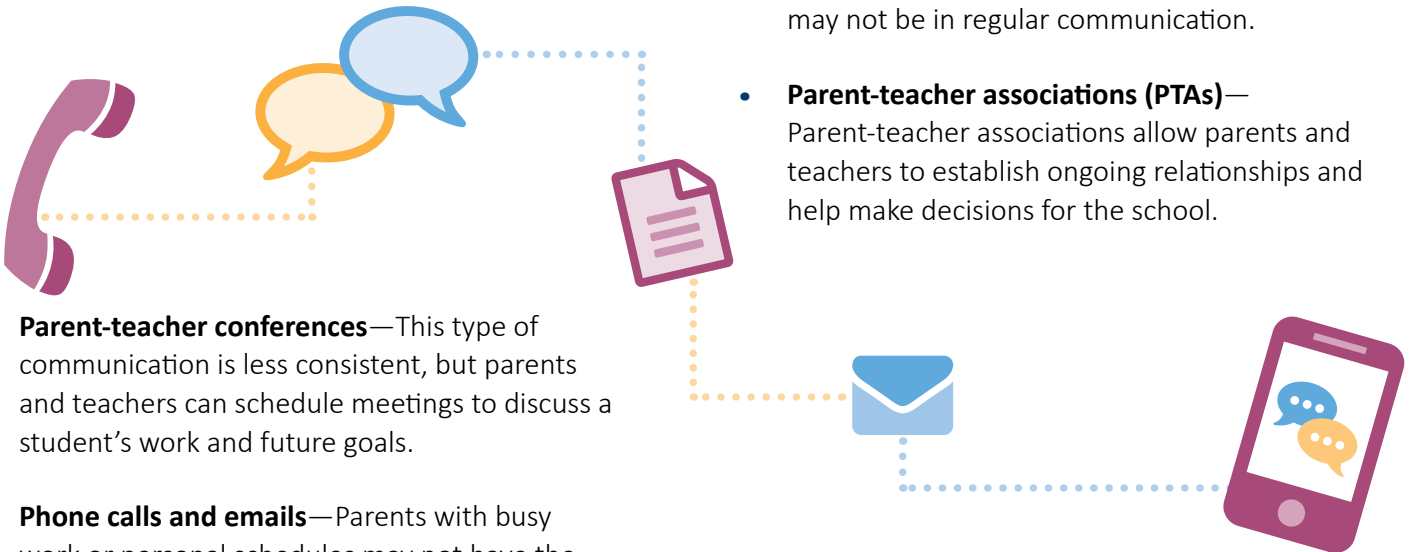


Successful Parent-Teacher Communication

Adapted from Parent-Teacher Communication: Strategies for Effective Parent Inclusion & Engagement | American University—soeonline.american.edu/blog/parent-teacher-communication

Communication is key to a successful inclusion classroom. Parents, general education teachers, and special educators can try the following tactics for successful parent-teacher communication:

- Regular in-person communication**—This type of communication works great for parents who typically drop off and pick up their children from school.
- Open houses**—Most schools host annual open houses where parents can visit their children’s classrooms. This allows teachers to meet parents for the first time or meet a second parent who may not be in regular communication.
- Parent-teacher associations (PTAs)**—Parent-teacher associations allow parents and teachers to establish ongoing relationships and help make decisions for the school.
- Parent-teacher conferences**—This type of communication is less consistent, but parents and teachers can schedule meetings to discuss a student’s work and future goals.
- Phone calls and emails**—Parents with busy work or personal schedules may not have the opportunity to go to the school or schedule conferences. These parents may be easier to reach via phone or email. Phone calls and emails can also be used by teachers to regularly communicate with parents between conferences.
- Text messages**—Some teachers use mass text messages or special messaging apps to communicate with parents. Several text services, such as Remind, cater specifically to teachers.
- Homework handouts and newsletters**—Teachers can create handouts containing information about homework and other tasks for students to take home. Teachers can also write weekly or monthly newsletters to update parents on what is going on in the classroom and how they can participate.
- Class websites**—Teachers can create classroom websites to post announcements, homework, and reminders to help ensure they don’t get lost in communication between the classroom and home. Similar methods of communication include social media sites or learning management platforms such as ClassDojo.





Resources

- The Association for Science in Autism Treatment (ASAT)**—Provides a well-respected, comprehensive website that tackles the array of considerations surrounding ASD treatment. ASAT is the go-to source for research summaries of the full array of ASD treatments for families and professionals.
 - 📌 asatonline.org
- Autism.com**—An online resource directory working to connect families and individuals on the autism spectrum with the therapeutic and educational services they deserve
 - 📌 autism.com
- Autism Research Institute**—Focuses on researching the causes of ASD, as well as developing safe and effective treatments for those currently affected by the disorder.
 - 📌 autism.org
- Autism Society of America**—Provides advocacy, education, information and referral, support, and community at national, state, and local levels through a strong nationwide network of affiliates. Autism Society also gives updates on the latest autism news and press releases.
 - 📌 autism-society.org
- Autism Speaks**—Provides a comprehensive resource guide for all states. The site also boasts an impressive list of apps that parents may find useful, including games that focus on communication and social skills.
 - 📌 autismspeaks.org
- Autism Spectrum Connection**—Provides resources for families and medical professionals who deal with the challenges of Asperger’s syndrome, autism and pervasive developmental disorder—not otherwise specified
 - 📌 aspergersyndrome.org
- Centers for Disease Control and Prevention- Autism Spectrum Disorder-ASD**—Provides information and links to resources on a wide variety of ASD related categories such as screening, data and statistics, research, accessing services, etc.
 - 📌 cdc.gov/ncbddd/autism/links
- Mississippi Centers for Autism and Related Developmental Disabilities**—Provides a center-based program where basic skills are taught to each child to enhance learning
 - 📧 MCARDD@gmail.com
 - ☎ 228.396.4434
- National Autism Center**—A nonprofit organization dedicated to disseminating evidence-based information about the treatment of ASD, promoting best practices, and offering comprehensive and reliable resources for families, practitioners, and communities
 - 📌 nationalautismcenter.org/resources/for-families
- U.S. Department of Education**—Their mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.
 - 📌 ed.gov
- U.S. Department of Education-Office of Special Education and Rehabilitative Services**—The mission of the Office of Special Education Programs is to lead the nation's efforts to improve outcomes for children with disabilities, birth through 21, and their families, ensuring access to fair, equitable, and high-quality education and services.
 - 📌 ed.gov/about/offices/list/osers

MDE-specific resources include:

- General resources for parents:**
 - 📌 mdek12.org/OSE/Information-for-Families/Resources
- Parent Engagement and Support**
 - 📌 mdek12.org/OSE/Information-for-Families
 - ☎ 601.359.3498
- Procedural Safeguards: Your Family’s Special Education Rights**
 - 📌 mdek12.org/OSE/Dispute-Resolution



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Acknowledgments

