



PRACTICAL STRATEGIES

for Supporting Young
Learners with Autism
Spectrum Disorder

Tricia H. Shelton, EdD, with Mary Renck Jalongo, PhD

PRACTICAL STRATEGIES

for Supporting Young Learners
with Autism Spectrum Disorder

Tricia H. Shelton, EdD

with Mary Renck Jalongo, PhD



Copyright ©2016 Tricia H. Shelton and Mary Renck Jalongo

Published by Gryphon House, Inc.
P. O. Box 10, Lewisville, NC 27023
800.638.0928; 877.638.7576 (fax)
Visit us on the web at www.gryphonhouse.com.

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or technical, including photocopy, recording, or any information storage or retrieval system, without prior written permission of the publisher. Printed in the United States. Every effort has been made to locate copyright and permission information.

Portion of cover image used under license from Shutterstock.com.

Photographs on pages 87 and 142 courtesy of Tricia H. Shelton.

Bulk Purchase

Gryphon House books are available for special premiums and sales promotions as well as for fund-raising use. Special editions or book excerpts also can be created to specifications. For details, call 800.638.0928.

Disclaimer

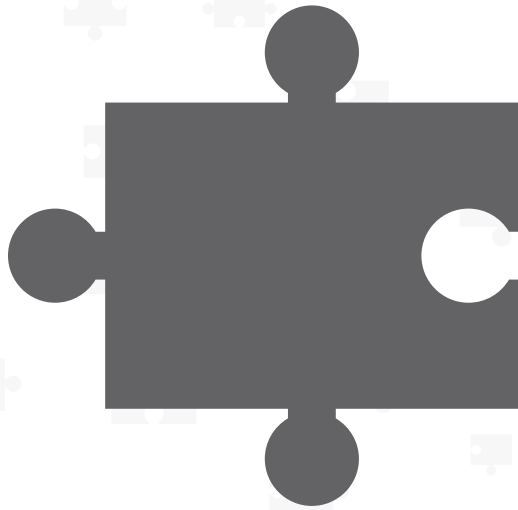
Gryphon House, Inc., cannot be held responsible for damage, mishap, or injury incurred during the use of or because of activities in this book. Appropriate and reasonable caution and adult supervision of children involved in activities and corresponding to the age and capability of each child involved are recommended at all times. When making choices about allowing children to participate in activities with certain ingredients, make sure to investigate possible toxicity and consider any food allergies or sensitivities. Do not leave children unattended at any time. Observe safety and caution at all times.

Library of Congress Cataloging-in-Publication Data

The Cataloging-in-Publication Data is registered with the Library of Congress for ISBN 978-0-87659-653-1.

Table of Contents

Introduction	1
1 Appreciating ASD: Beyond Misunderstandings and Misconceptions	5
2 ASD in the Classroom: Effective Inclusion	17
3 Strengthening Their Voices: Facilitating Functional Communication	39
4 Teaching Learners with ASD to Read and Write	59
5 Turning Minds On: Actively Engaging Students	77
6 Addressing Behavioral Concerns	95
7 Helping to Build Social Relationships with Peers	111
8 Building Partnerships with Families	127
9 Professional Development for Early Childhood Educators Working with Children with ASD	145
References and Resources.	163
Index.	167



Introduction

Two-year-old Oliver sits quietly while his mother prepares his lunch. He is playing with one of his favorite toys, a miniature fire truck. Although the truck makes a siren noise and has flashing lights, Oliver prefers to hold the fire truck above his head as he alternates between spinning the wheels and rolling the truck back and forth along his face. Watching her son, Sara intervenes. "No, Oliver," Sara offers, "Like this." Taking a small police car and ambulance from a nearby bin, Sara begins rolling both toys on the kitchen floor. "See? Vroom, Vroom," Sara rubs Oliver's back to get his attention. Briefly, Oliver glances at Sara and then snatches both toys from her hands. Sara smiles at her son before she returns to making lunch. In possession of all three toys now, Oliver begins lining them end to end on the kitchen floor. As he finishes, Oliver looks at the toys, grinning as he stands on his toes and flaps his hands and arms. "Oliver," his mother says, "Time for lunch." Oliver continues to stare at the toys. "Oliver, lunchtime." There is still no response. "Oliver, it's time to stop." "Ollie?" "Ollie?" As Sara picks up her two-year-old to carry him to the table, her son's lack of response puzzles her. "Unbelievable," Sara says to herself, "It's almost like he doesn't even know his name."

In many families, the birth of a child is a joyous occasion. At first sight, parents have hopeful expectations for their babies, and as their children grow, so do these dreams. There are plans for birthday parties, school dances, college, successful careers, and grandchildren someday. The future seems endlessly promising.

Then something changes. The child seems different than other children his age. He doesn't babble. He rarely looks into his mother's eyes. He seems disinterested in other children. He never waves or points. Confusion, frustration, and panic begin to surface.

In sheer desperation, family members seek a professional evaluation. The results can be summed up in one simple sentence: "Your child has autism." From this point on, everything changes, and these four little words begin to alter the course of a family's life in dramatic ways.

Instead of playdates with peers, this child's most frequent social interaction comes from behavior specialists and outpatient therapists. Trips to the library, the park, and even the grocery store become a challenge for the family as problem behaviors become more and more frequent. Bystanders shake their heads with disapproval.

Family life is different now too. Brothers and sisters are hesitant around their sibling, unsure of what to say or how to act. Extended family and friends are equally cautious; many don't understand what it means to be "on the autism spectrum" and they are confused by the child's behaviors. Family get-togethers are now more of a burden than a celebration.

Finally, preschool begins. An early intervention classroom offers some relief. Here, there are other children with similar struggles and challenges. With support at home, the child makes tremendous progress. Two years pass quickly, and kindergarten awaits.

So many questions surround this new endeavor: What will school be like? How will my child behave in school? Will my child be able to learn? What will other children think of my child? Will the teacher be patient and supportive? Both family members and child are nervous and anxious on the first day of school, fearful of the unknown and unexpected.

As this situation illustrates, early childhood educators have tremendous responsibility for supporting these children and their families. It is a basic principle of human development that early experience affects later experience, and a child's first teachers are no exception to that precept. On these teachers' shoulders falls the weight of creating an accepting classroom environment that shapes and influences family and student attitudes toward school. The way in which early childhood teachers engage students with autism spectrum disorder (ASD) can have a significant and enduring impact on a child's success, not only academically, but also socially and emotionally.

All students can learn. Effective teachers expect all students to progress and they intervene with alternatives when best practices fail. These teachers recognize that every student has her own way of learning and they support daily success by identifying with the child and family, expanding their skill repertoire, and collaborating effectively with families, colleagues, and professionals from other fields.

This type of teacher attitude is especially important for students with ASD who often struggle to conform to traditional school expectations. For children with ASD, many common school behaviors, such as taking turns, sharing opinions, writing ideas, or simply sitting in a seat may pose significant challenges. Yet students with ASD can improve academic, social, and behavioral skills when teachers focus on individual strengths rather than deficits.

The purpose of this book is to showcase the capabilities of students with ASD and to prepare early childhood educators to work effectively with students with the multiple delays in basic functioning characteristic of pervasive developmental disorders like ASD. It guides teachers in understanding how ASD can affect student progress, and more important, how educators can tap into student potential. Each chapter includes several strategies that address specific academic, social, and behavioral needs common to many students with ASD. In addition, this book provides teachers with practical ways to help students with ASD feel like a part of their classroom community.

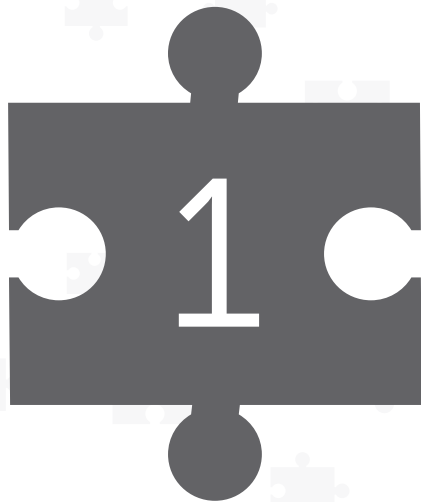
ASD affects every child differently. Often, the most effective classroom interventions use child-specific strengths and interests to engage students. This is why it is so important to get to know students with ASD and to build relationships with them and their families. These relationships help students feel more comfortable in the classroom and promote a sense of trust.

While this book is written specifically to offer strategies to help students with ASD achieve, many of the ideas suggested can help support general education students as well. These strategies can be integrated into class activities to offer all students alternative ways to build understanding. Furthermore, this book gives

advice on how teachers can help all students learn to accept their classmates with ASD.

The number of students with ASD is growing quickly according to a 2015 report from the Centers for Disease Control and Prevention. Teachers have the power to effect change with this special population of students. Using strategies that allow students to access the curriculum in ways that build on their strengths promotes daily success in the classroom. ASD advocate and inclusion specialist Paula Kluth suggests that the way to create this type of inclusive classroom must begin with the teacher. In her book, *Don't We Already Do Inclusion?*, she notes that "the secret to creating change is to change." This is the focus of *Practical Strategies for Supporting Young Learners with Autism Spectrum Disorder*.

When early childhood educators encounter their first student on the autism spectrum, they are understandably concerned about their level of professional preparation, possible lack of experience, and doing the wrong thing. This book is designed to support teachers in this situation by building background, skills, and confidence. And because each child on the spectrum is unique, the book offers support to experienced educators, particularly those who are pushed to rethink their assumptions and teaching methods when a child's behavior sends them "back to the drawing board" in search of effective strategies.



Appreciating ASD: Beyond Misunderstandings and Misconceptions

It is one week before school begins and Ms. Sparks, a first-grade teacher, is excited to start another school year. As she looks over her class list, she recognizes one name almost immediately—Adam Washington. Ms. Sparks sighs heavily. Adam will be the first student with ASD that she will teach. Last year, Adam was in the kindergarten classroom across the hall from Ms. Sparks. Almost daily, Adam was carried off to the principal’s office for disrupting the class. He rolled on the floor, threw books, and even hit his classmates. As a result of these behaviors, other children kept their distance. In fact, Ms. Sparks couldn’t remember ever seeing Adam playing with other children at recess. And even though inclusion for students with ASD was the goal, Adam’s previous teacher shared that this child often was excluded. Other students planned birthday parties, but Adam was not invited. On Valentine’s Day, some children whose parents insisted that they give every classmate a card disposed of the card rather than deliver it to Adam. The work samples in Adam’s school folder looked very different from those of the other students. He couldn’t write his name, knew only four letters of the alphabet, and his drawings looked more like scribbling. Thinking about what she knows about Adam’s time in kindergarten, Ms. Sparks suddenly feels overwhelmed with anxiety. She is frightened about her year ahead with Adam. She knows very little about ASD, and she is not sure how she will help Adam learn this school year. She begins searching for resources that will help her cope.

What Is ASD?

According to the Centers for Disease Control and Prevention, autism spectrum disorders are defined as “a group of developmental disabilities that can cause significant social, communication, and behavioral challenges.” Although males are diagnosed with ASD four times as often as females, it can affect all races, ethnicities, and social classes. Currently, professionals cannot detect ASD through biological tests; and as a result, a diagnosis of ASD is based commonly on descriptions and observations of behaviors. This information is often collected from multiple sources, including parents, educators, and health professionals.

Some of the first descriptions of autism came from Leo Kanner and Hans Asperger. In 1943, Kanner observed a group of eleven children who had limited language and limited emotional interest in peers. During the same time, Asperger was observing four youths with similar social and behavioral issues. Both Kanner and Asperger used the term autistic to describe the observed developmental delays.

Despite this early discovery, autism was not recognized by the American Psychological Association (APA) until the 1980s. As the chief

publication of the APA, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* is used to diagnose and categorize mental disorders. According to the *DSM-5*, individuals with ASD have deficits or delays in communication, social interaction, and behavior that can vary from mild to very severe. See table 1.1 listing examples of common ASD delays and deficits.

Previously, the autism heading included several separate diagnoses: autism, pervasive developmental disorder not otherwise specified (PDDNOS), Asperger syndrome (high-functioning autism), Rett syndrome, and childhood disintegrative disorder. Significant changes to the autism category occurred in 2013 when the *DSM-5* recognized all autism-related disorders as one general diagnosis. An additional change is the new symptom guidelines. These improved standards take into consideration the range of severity within the disorder, help professionals diagnose ASD more accurately, and suggest the level of support that is necessary for the child with ASD. See table 1.2 describing the differences in symptom severity.

Table 1.1 ASD Delays and Deficits

Communication	Social Interaction	Behavior
<ul style="list-style-type: none">• No functional speech• Rigid or repetitive speech• Confusion with speech or conversational patterns	<ul style="list-style-type: none">• Difficulty interpreting the emotions of others• Problems recognizing social cues• Difficulty making or keeping friends	<ul style="list-style-type: none">• Restricted interests• Impulsivity• Repetitive play• Strong adherence to routine

Table 1.2 DSM-5 Levels of Severity for Autism Spectrum Disorders

Severity Level	Social Communication	Restrictive Behaviors
Level 3—Requires very significant support	Many language deficits that make social interaction difficult	Strong dependence on routines often influences daily activities
Level 2—Requires significant support	Some impairments in speaking and understanding, even with support	Routines define and frequently influence functioning in multiple settings
Level 1—Requires some support	Difficulty maintaining interest in others without some support	Routines hinder personal independence

Note: Adapted from American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: American Psychiatric Association.

Determining Delays

Being able to identify delays in children with ASD helps teachers address individual students' needs. Read the following classroom scenarios. Determine whether each describes a communication, social, or behavior concern. After you are finished, check your answers below.

1. Ray loves monkeys. In writing class, Ray writes about monkeys almost every day.
2. At home, Karen has a favorite cartoon show and will have a tantrum if the channel is changed or she is interrupted while watching it. When Karen's teacher greets her, Karen responds with dialogue from the television show.
3. Troy drops his lunch on the floor. George laughs when the orange rolls under the table.
4. During free play, Hayden stacks blocks in a tower over and over again. He pushes classmates away when they ask to play with him.
5. Jessie's teacher tells her to take a little cat nap at recess time. Jessie starts racing around the room and, when asked why she is doing this, she makes a meowing sound. She is literally looking for a cat.
6. The children are in the dress-up corner trying on different clothing. When a girl places a hat on Hakim and hugs him, he becomes very agitated, throws the hat on the floor, and begins flapping his hands.
7. On the first day of kindergarten, some of the children cry when their parents leave. Melissa crawls underneath the teacher's desk and refuses to come out. If anyone approaches her, she screams.

Answers

1. behavior; 2. communication; 3. social; 4. social; 5. communication; 6. behavior; and 7. behavior/communication.

Why Is Autism a Spectrum Disorder?

It is often said that “if you know one child with ASD, you know one child with ASD.” The meaning behind this phrase is that no two children with ASD are alike. Every child with ASD will have his own set of symptoms, strengths, and weaknesses. Each of these elements will affect how a child with ASD behaves, thinks, and feels.

The diversity among individuals with the disorder is why autism is considered a spectrum disorder. The abilities of students with ASD are on a continuum and they influence how well a child functions in school and community settings. It is important for early childhood educators to have the knowledge and skills to help students with ASD progress in school.

ASD Fast Facts for Teachers

Test your knowledge of ASD. Do you agree or disagree with the following statements?

Circle the response that indicates your level of agreement with each statement.

Strongly Agree (SA), Agree (A), Undecided (U) Disagree (D) or Strongly Disagree (SD)

1. In the United States, about 1 in 100 individuals has ASD.

SA A U D SD

2. The number of students with ASD in federally-funded schools is insignificant.

SA A U D SD

3. The vast majority of students with ASD spend at least some portion of the school day in the general education classroom.

SA A U D SD

4. Greater awareness of ASD has led to more reliable diagnoses.

SA A U D SD

5. If a student has ASD, he cannot be diagnosed with another disorder.

SA A U D SD

6. More boys than girls are affected by ASD.

SA A U D SD

7. A diagnosis of ASD indicates that the child cannot be expected to make significant progress.

SA A U D SD

8. ASD is the fastest growing developmental disorder.

SA A U D SD

9. Treatment of ASD cannot begin until the child begins formal schooling.

SA A U D SD

10. Once a child with ASD is diagnosed in a family, every other child will have some form of the disorder.

SA A U D SD

Responses

1. *Disagree.* The Centers for Disease Control and Prevention reports that about one in sixty-eight individuals has the disorder in the United States.
2. *Disagree.* According to the U.S. Department of Education National Center for Education Statistics (2013), more than 300,000 students with ASD are enrolled in federally funded school programs.
3. *Agree.* Under the mandates of the Individuals with Disabilities Education Act (IDEA), the majority of students with ASD spend some part of the school day with their typically developing peers.
4. *Agree.* Not only are professionals able to identify specific ASD traits, but also significant differences in how those traits present in individual children. For instance, communication delays may appear in one child as scripted speech and in another child as very limited functional speech.
5. *Disagree.* An individual with ASD can also be diagnosed with additional disorders. For example, a child with ASD might also have a diagnosis of Down syndrome.
6. *Agree.* ASD affects all races, ethnicities, and social classes, but males are diagnosed four times as often as females.
7. *Disagree.* A diagnosis of ASD will affect how students learn, but it does not make it impossible for students to make academic and social progress. With appropriate interventions, many individuals with ASD lead happy, productive lives.
8. *Agree.* Over the last twenty years, the prevalence rate of ASD has risen steadily. Nonetheless, ASD research is poorly funded.
9. *Disagree.* Under the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of IDEA, children with ASD qualify for free, federally funded services that provide access to speech and language therapy and behavioral therapy for children with developmental disorders and their families.
10. *Disagree.* Siblings of children with ASD are not guaranteed to have the disorder. However, families with children already diagnosed with ASD are at greater risk of having additional children with ASD than the general population.

ASD Early Warning Signs

As a teacher of a student with ASD, you may wonder how a student with ASD receives her diagnosis. For many young children, it begins with a caregiver noticing some specific early warning signs. Although all children will follow their own development paths, caregivers and educators should view persistent social, behavioral, and communication deficits cautiously. When children are diagnosed with ASD at an earlier age, they often have a better chance of

developing useful skills. Further, early detection can lead to more effective and relevant treatment plans.

Many children with ASD will show signs of impaired social and communication development before age three. However, students with more functional skills are sometimes diagnosed later. This is why it is important for teachers to be aware of early warning signs too. Although a child who has one or two of the following behaviors may not necessarily

receive an ASD diagnosis, a child with several of the following early signs of ASD might need further evaluation:

- lack of eye contact
- repetitive or isolated play
- difficulty engaging in imaginative play
- intensive dependence on routine
- limited understanding of others' feelings
- echo speech (imitating words that were just spoken)
- difficulty maintaining conversation
- repetitive behaviors
- self-injurious behaviors (for example, hitting or biting oneself)
- dislike of physical touch
- frequent tantrums
- difficulty distinguishing familiar people from strangers

Diagnosing ASD

Diagnosing a child with ASD can be a long and complex process. Often, it is parents or caregivers who first notice differences in their child's development. Parents might be prompted to have an evaluation by a pediatrician if their child does not talk or show interest in others by age two. In fact, this is the age that most families seek help and diagnosis. If further evaluation is deemed necessary, a child will be seen by a psychiatrist, who uses a collection of evidence including input from parents, doctors, teachers, and caregivers, as well as her own observations to make a diagnosis.

Greater awareness of ASD and its characteristics have improved the diagnosis process tremendously. It is now possible to reliably diagnose a child with ASD by age two. However, it is possible for students with high-functioning capabilities to receive an ASD

diagnosis later in childhood or even as a young adult. Also, given that the underlying causes of autism and an understanding of the spectrum is just emerging, it is possible for an individual who is high functioning and was not diagnosed as a child to come to this realization as an older adult.

As an educator, it can be tempting to label a child in the classroom as "autistic" based on observed behaviors. However, it is important to remember that diagnosing a child with ASD is based on many factors, not simply one teacher's perspective. It is a basic principle of assessment that important decisions—such as a diagnosis of autism spectrum disorders—should not be based solely on one source of information. It takes multiple perspectives collected over a period of time to arrive at any meaningful diagnosis.

If a child is suspected of having ASD, following these steps can help secure support for the child:

- Document observed behaviors in the classroom. Begin a file of the child's specific actions and, whenever possible, the events that prompted the behaviors.
- Communicate regularly with parents. Be sure that parents know your concerns and solicit insight to solve problems within the classroom.
- Discuss your concerns about the student with school or center administrators. Provide weekly or monthly updates about behavior and academic progress.
- Collaborate with the special education professionals in the school. Implement strategies that can support the student within the general education classroom.
- Increase your understanding and awareness of ASD. Review current journals on inclusive practices for students with ASD.

Common Misconceptions about ASD

Autism has gained a great deal of attention recently. What was once a mysterious and rare diagnosis has become far more commonplace. However, myths about the disorder are still widespread. Misinformation about ASD can limit student potential and achievement. This is why educators, especially, must be aware of accurate information about ASD. The following are some of the most common misconceptions about ASD.

- **Myth: ASD is caused by uncaring parents.**

In the early years of autism study, parenting styles were often blamed as the cause of the disorder. In particular, mothers with an obsession for perfection or a strict demeanor were thought to be more likely to have a child with autism. These maternal influences were believed to cause children to be more socially isolated. Autism is now widely accepted as a neurodevelopmental disorder. Moreover, many educators today acknowledge the substantial role that parents can play in supporting a child with autism in the school environment.

Just imagine the damage that was done in the past when parents were blamed for causing the disorder in their children. It surely had a negative effect on family relationships and prevented children on the autism spectrum from achieving their full potential. Although professionals no longer attribute the disorder to poor parenting, this does not mean that parents no longer feel responsible in some way. Parents may feel guilty that they did not recognize the symptoms earlier and seek professional help sooner. They may continue to encounter people—even uninformed or misinformed members of their families—who persist in thinking a type A mother is responsible for the child's condition.

- **Myth: Vaccines are the cause of ASD.**

Currently, scientists cannot identify the cause of ASD. However, studies have not shown that vaccines cause ASD. Instead, research points to genetics as a major influence. As Cynthia Saulnier and Pamela Venntola find, this perspective explains why families with one child with ASD are more likely to have another child with the disorder. Awareness about this genetic link to ASD can also cause great distress for a family member who feels that the “bad genes” he or she contributed are the culprit. Worries about this genetic connection might cause a parent to cope by denying signs of the disorder, and this lack of acknowledgment could delay accurate diagnosis and treatment.

- **Myth: Autism can be cured.** Many parents still believe that if only they could afford an expensive private-school program, then their child could be cured. Although many interventions have been proven successful for students with ASD, no strategy will cure a child of ASD. It is a chronic developmental disorder, and individuals with ASD will always have the disorder. However, with caring and supportive parents and professionals, many youths with ASD can learn to manage behaviors and lead productive, happy lives.

- **Myth: Autism is a disease.** Autism is classified as a biological disorder that affects brain development. Studies by Nancy Minshew and Timothy Keller show that brain imaging of children with ASD has identified differences in brain development distinct to youths with the disorder. Individuals with ASD are born with the disorder; it is not contagious in any way.

- **Myth: Students with ASD are generally aggressive.** Although the media may be quick to highlight individual cases of violent ASD behaviors, students with ASD typically

do not lash out at others with the intent to inflict injury. It is far more common for students with ASD to be withdrawn than to be physically violent with their peers. When students with ASD do exhibit challenging behaviors, it is usually in response to frustration with their inability to communicate their wants and needs. This is one reason why it is so important to help children on the autism spectrum to reach their full potential in language. Verbal and linguistic intelligence supports not only academic growth but also social interaction.

- **Myth: Students with ASD cannot build social relationships.** Certainly, social relationships are more difficult for students with ASD to build and maintain. However, students with ASD, like typically developing students, can learn to share interests with others. These relationships can help children with ASD increase their confidence, show empathy for others, and learn functional skills. Early childhood educators' use of interventions that support students with ASD in having positive interactions with their classmates can ensure that the child is included.
- **Myth: All students with ASD behave and learn similarly.** ASD is such a complex disorder because it can present so differently in individuals. Some children on the autism spectrum have multiple disabilities and others may be intellectually gifted. This is one of the reasons ASD is a spectrum disorder. Students with ASD vary in having minor delays in communication and social functioning to profound developmental delays. For instance, one child diagnosed with the disorder might be virtually nonverbal, another might repeat words and phrases, and yet another might be quite talkative and capable of conversation—particularly on a topic of intense interest. Further, strengths in one area do not

guarantee strengths across symptoms. This explains why a child with advanced vocabulary could have very poor social skills.

- **Myth: Most children with ASD have exceptional talents.** Most people are familiar with the movie *Rain Man* and may assume that a child on the autism spectrum is brilliant in one domain. For example, popular media portray individuals with amazing skills in mathematics, the arts, technology, or with a so-called *photographic* (eidetic) memory. A person with this pattern of behavior is referred to as an *autistic savant*. It means that there is at least one type of intelligence in which the person is a genius and has abilities that are far outside the capabilities of the great majority of other people. In real life, autistic savants are quite rare and make up only about 10 percent of the ASD population, as Darold Treffert noted in a 2009 journal article.
- **Myth: There are universal interventions for students with ASD.** When working with children who have pervasive developmental disorders, a one-size approach definitely does not fit all. With so much variance among students with ASD, universally effective interventions are simply impossible. In addition, the instructional practices for students with ASD change frequently. In many cases, educators have to create customized supports to address the specific needs and challenges of individual students with ASD.
- **Myth: Children with ASD perform best in specialized special education classrooms.** Similar to any other intervention, the educational setting must be matched with the strengths and needs of an individual student. Certainly, some children achieve more in classrooms specially designed to meet the needs of children with ASD. However, many students with ASD can and do benefit from inclusion. Interacting with

typically developing peers can help students with ASD practice social and communication skills in a natural setting.

Types of Special Education Placements

The Individuals with Disabilities Education Act (IDEA) mandates that students with disabilities be placed in the “least restrictive environment.” This means that students with disabilities, including students with ASD, should have as many opportunities as possible to learn alongside their typically developing peers. In addition, IDEA protects students with disabilities from being removed from general education classrooms unless their goals cannot be met with reasonable supports and services.

In order to receive federal funding, public schools must follow all mandates of IDEA. While school officials may certainly go beyond the requirements of IDEA, the minimum standards set by the law are required. In order to meet a wide array of students’ needs, the law requires a continuum of services. Children with ASD will most likely receive service through one of the placements described in table 1.3.

Regardless of educational placement, appropriate learning goals are important. Such goals are often included within an individualized family service plan (IFSP) or an individualized education program (IEP). Children with disabilities who are younger than three years old have early intervention services outlined by an IFSP. The local school district organizes and

implements the IEP for preschool and school-age children. Both the IFSP and IEP outline the educational and developmental goals for children with disabilities. Both plans also name who will deliver services, how progress will be monitored and assessed, and what classroom accommodations will be provided.

Maintaining a Positive Attitude

Educating a child with ASD can be both rewarding and challenging. Students with ASD, like their typically developing peers, need to feel accepted and valued in their classroom. Teachers should make every effort to help students with ASD feel productive, be warmly welcomed into the classroom, and contribute to the school community. In order to do so, teachers must maintain a positive attitude about including students with ASD.

Set high expectations for learners with ASD. Students cannot be measured by their disabilities. Early childhood educators should have high expectations for students with ASD. It is important to communicate those expectations to the student and his support team. Students with ASD develop skills over time just as other students do. Just because a child with ASD begins the school year not reading does not mean she will never read.

Get to know each student with ASD as an individual. Each student with ASD is unique. Do not assume that each child with ASD you teach will have the same needs or will respond

Table 1.3 Common Special Education Placements for Students with ASD

Placement	Description of Services
Itinerant services	The student spends much of the school day in a general education classroom with support from specially designed instruction or services based on individual needs.
Self-contained special education classrooms	Within a general education school environment, the student receives instruction in a special education classroom on either a full-time or part-time basis. Often, students are assigned to these classrooms based on needs or skill level.
Specialized private-school setting	The student is taught in a private-school setting that has a specialized focus on students with major developmental delays, a disability, or multiple delays or disorders.

to the same interventions. Instead, take the time to learn the strengths and needs of individual students.

Celebrate milestones. Students with ASD may be delayed in reaching developmental milestones (such as writing their names, tying their shoes, and buttoning their coats). No matter when a child with ASD accomplishes a goal, celebrate the accomplishment. Teach other students to be sensitive to differences in developmental growth as well.

Recognize and appreciate the diversity ASD offers. Teaching a student with ASD has many benefits. It helps educators learn to be more flexible and creative in their instruction while expanding their understanding of child development. Building an appreciation for diversity among learners allows educators to be more open to novel approaches toward teaching and learning.

How ASD Affects Classroom Behaviors and Learning

Many factors affect how students with ASD interact with their environments. Sights, smells, and noises can distract some children with ASD from learning activities. Changes to routines can be highly disruptive, making it a struggle for students to stay focused. Similarly, delays in speech make it more difficult for young children with ASD to express their feelings. For instance, if a child is expecting to have recess after lunch but cannot play because of rain, then he may feel upset and begin screaming or crying. This child with ASD reacts to change with challenging behaviors because he lacks the words to communicate his needs. These behaviors can limit the progress of students with ASD and typically developing learners alike when they are not addressed.

Think back to the teacher described at the beginning of this chapter; she has much to learn about ASD. As a starting point, she will have to learn to appreciate the strengths and needs of individual students on the autism spectrum and be hopeful about their potential. She will need to locate authoritative sources of information, research-based support, and the resources in her community. As she learns more about Adam, she will be able to address behavioral concerns and support his academic growth. Throughout the school year, the teacher will need to guide Adam and his classmates in positive social interaction. In addition, the teacher will need to work effectively with Adam's family, her colleagues, and professionals in other fields to achieve the best possible outcomes for this child.

This book will provide practical strategies to address these social, academic, and behavioral challenges of early childhood students with ASD. The remaining eight chapters will discuss how students with ASD process information and their environments. Additionally, each chapter will suggest appropriate interventions that can engage and support these young learners. Strategies will be outlined, explained in steps, and, where appropriate, linked to grade-appropriate IEP goals. Each chapter will also include a list of technology resources that teachers can use to plan and support instruction.

While the strategies offered in this book are based on the best practices for teaching students with ASD, educators should remember that each child with ASD is unique. Students with ASD achieve most when interventions are appropriately matched with students' interests and skills and when instruction is planned to meet individual needs. To begin this process, teachers must first establish an inclusive classroom community.

Technology Resources to Support ASD Awareness in Educators

- Autism Speaks (<https://www.autismspeaks.org/>) is one of the most authoritative websites on ASD awareness. Specific news, blogs, resources, and tool kits are available for individual age groups.
- General background information is available at Organization for Autism Research (<http://www.researchautism.org/family/index.asp>). The website text is available in eleven different languages. Information on ASD research, home and school interventions, and family supports is provided.
- The U.S. Department of Health and Human Services (<http://www.hhs.gov/autism/>) is a good place to start when researching general autism awareness. Find information on the diagnosis and treatment processes here.
- Join an ASD research community at Interactive Autism Network (http://www.iancommunity.org/cs/about_asds/pddnos). Use this website as a library of the latest findings on autism spectrum disorders.
- The Autism Society (<http://www.autism-society.org/>) has several resources just for education professionals. Review the online database for services and supports for individuals with ASD throughout the nation.
- Use the Thinking Person's Guide to Autism (www.thinkingautismguide.com/p/mission-statement.html) to see ASD through the eyes of actual individuals with the disorder. Read essays that parents, professionals, and friends have written to share their experiences and knowledge of ASD.
- Get information at Research Autism (<http://www.researchautism.net/>) to guide and support your own professional development. Review current interventions and publications on this website.
- Read about some of the effective strategies for working with students with ASD at the Association for Science in Autism Treatment (<http://www.asatonline.org/>). Click on the tab for Parents & Educators to learn more about treatment plans and how to advocate for students with ASD.
- Visit the Autism Research Institute (<http://www.autism.com/>) to read daily facts about ASD and individual achievements of people with the disorder. Also, stay current with ASD research and increasing diagnoses.
- Temple Grandin (<http://templegrandin.com>) talks about her experiences growing up with ASD. Questions about the disorder can be submitted to her for discussion and response.

Key Terms

autism or autism spectrum disorder (ASD): A disability that is characterized by developmental delays in communication, social interaction, and behavior. Autism is called a spectrum disorder because individuals with the disability vary greatly based on a continuum of symptoms or traits.

general education: Sometimes referred to as regular education; refers to the curriculum designed to help all students reach state standards that are measured annually through state assessments required formerly by the No Child Left Behind Act and in coming years guided by the Every Student Succeeds Act.

the Individuals with Disabilities Education Act (IDEA): The law that requires schools to provide educational services to students with disabilities.

individualized education program (IEP): Plans the educational goals, supports, and services for school-age children.

individualized family service plan (IFSP): Organizes the early intervention goals for children from birth to age three.

itinerant services: Supports that assist students with disabilities while they are in the general education environment.

least-restrictive environment (LRE): Requires that students with disabilities be included with nondisabled peers to the greatest extent possible.

savant: An individual with exceptional abilities in a specific area of study, such as mathematics or art.

typically developing peer or classmate: Students without identified disabilities.

TAP INTO STUDENT POTENTIAL AND CELEBRATE PROGRESS!

You can help students with autism spectrum disorder (ASD) learn and succeed when you incorporate best practices and recognize individual strengths and needs. Effective teachers expect all students to progress and know how to intervene with alternatives when those best practices fall short. This book uses descriptive examples and interactive activities to guide teachers in understanding how ASD can affect student progress, and more important, how educators can tap into a child's potential. By recognizing the capabilities of children with ASD, you can find ways to encourage their learning. No matter your level of preparation, you can build understanding and promote success as you teach children with pervasive developmental disorders.

You will find the following types of strategies for addressing academic, social, and behavioral needs common to many students with ASD:

- Engage students with ASD in their learning.
- Tailor your interventions to child-specific strengths and interests.
- Understand common ASD behaviors and possible reasons for them.
- Help students expand their range of skills and improve skill levels.
- Build relationships with children and their families.
- Promote feelings of belonging in the classroom community.



Tricia Shelton, Edd, is a teacher educator at Indiana University of Pennsylvania and has been an early childhood educator for 17 years. During that time, she taught first and third grades and served as an elementary school principal. Shelton holds a master's degree in education and a doctoral degree in curriculum and instruction, and conducts research into teacher attitudes and inclusion of students with ASD. She was a 2014 finalist for the Pennsylvania Autism Connection Temple Grandin Award.



Mary Renck Jalongo, PhD, is an internationally respected educator, author, presenter, editor, and consultant. She is a professor of education at Indiana University of Pennsylvania, where she coordinates the doctoral program in curriculum and instruction. She is the author of more than 25 books and is the editor in chief of *Early Childhood Education Journal*.

\$19.95

GH 10064

ISBN 9780876596531



51995



9 780876 596531


Gryphon House
www.gryphonhouse.com