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**NOTE; DR. SIEGEL'S ORIGINAL REPORT IS IN PLAIN TEXT. THE
AUTISM TASK FORCE'S ADDENDA IS UNDERLINED AND NOT PART
OF THE ORIGINAL REPORT.**

Autism Program Evaluation San Jose Unified School District

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Purpose

The purpose of this assessment was to provide an evaluation of educational services for pupils with autistic spectrum disorders who are served by the San Jose Unified School District (SJUSD). We were asked to conduct this assessment by Ms. Flora Englund, Director of Special Education for SJUSD, by Mr. Don Iglesias, Assistant Superintendent for Special Education Services for SJUSD and by the SJUSD Autism Task Force. The purpose of this

program evaluation was to facilitate development of a comprehensive continuum of autism services within the district.

Methods

To accomplish this goal, numerous representative programs were visited and we met with a range of district personnel. Two core goals were: 1) to gain an understanding of the needs within the district, and 2) to appraise existing resources. School visits were conducted at the following sites: 1) the intake assessment unit of incoming special education pupils, 2) a Severely Handicapped (SH) classroom at Allen Elementary, 3) a non-categorical SDC preschool at Lowell Elementary, 4) a primary and an upper elementary special day class (SDC) classrooms using the districts 'data based instruction' (DBI) methods at Carson Elementary, 5) a non-categorical primary elementary special day class at Carson Elementary, and 6) a non-categorical special day class and an SH special day class at Bret Harte Middle School.

The overall methodology for this assessment therefore included: 1) observations in different classrooms at the different schools enumerated above, 2) meetings with selected school personnel at these sites, 3) review of overall programming needs with Linda Saranto, district autism program specialist, 4) a group meeting with program specialists, psychologists, and occupational therapists, 5) a meeting with Flora Englund to synthesize school and staff observations and discussions, 6) meeting with the SJUSD Autism Task Force to present, discuss and refine preliminary recommendation, and 7) preparation of this report.

The core of this report, which follows, outlines recommendations for: 1) further development of assessment procedures, 2) clarification of a continuum of services including services within and outside of the purview of special education, 3) specific needs in preschool

services including 'diagnostic' programming to gauge response to various teaching methodologies and curriculum, 4) specific needs in elementary age services including differentiation of curriculum for more able versus more disabled children with ASDs, and 4) middle school and high school services geared more closely to established developmental trajectory.

RECOMMENDATIONS

I. Assessment Procedures

Assessment for children with autism and related symptoms should be regarded as a three-step process as outlined below. A good reference for assessment best practice is the "Autistic Spectrum Disorders: Best Practice Guidelines for Screening, Diagnosis and Assessment" report available from the California Department of Developmental Services (2002) (http://www.ddhealthinfo.org/pdf/ASD_Best_Practice.pdf).

A. Screening

At the first level, children with autistic symptoms need to be screened. Regardless of the tool used by your assessment team it is important to remember that these tools are intended to determine which children require further assessment. They are not diagnostic tools. There are several good standardized screening tools available including: the Childhood Autism Rating Scale (CARS) and the Autism Behavior Checklist (ABC) for school-age pupils, and the Pervasive Developmental Disorders Screening Test (PDDST-II) for children 3 and under. It is important to keep in mind that each of these tests were designed to screen slightly different populations. For instance, since the CARS was originally designed for children 5 years and older, it tends to over-identify children who are mentally retarded as well as children who are non-verbal. The Gilliam Autism Rating Scale (GARS) is not recommended at all as it was normed on adults.

Screening should include a behavioral checklist.

B. Autism Specific Assessments

Once screening has indicated that the child may have an autism spectrum disorder it is important to conduct autism-specific assessments. The purpose of this more detailed assessment is to look for concurrent validity between various sources of information on the child's behavior. Throughout the testing session less attention should be paid to the child's scores on the various tests and instead focus should be on developing an inventory of the individual child's learning style. Based on these assessments the diagnostic team should be able to develop a functional assessment that closely relates the child's symptoms to services specific to each child's symptoms, strengths, and areas of need.

What should these sources of information be? The first source of information should be the parent. A parent interview should include review of the child's developmental history, autistic symptoms/ behaviors, and intervention/ educational history. One standardized parent interview is the Autism Diagnostic Interview-Revised (ADI-R). While the ADI-R is cumbersome and time-consuming in a school setting, a key person should be familiar with the instrument, and able to adapt so that it can serve as a model for obtaining thorough, objective, systematic, and valid comparative data across pupils. Alternatively, a developmental history specific to autistic symptoms effecting learning such as the Autistic Learning Disabilities Inventory (ALDI), or any specifically structured interview that allows comparison across pupils can be used.

Paper and pencil tests of the child's intellectual functioning and academic skills are vital to determining the child's developmental trajectory and setting goals for the upcoming year. Whenever possible the testing should be conducted without the child's parent in the room, because this is more representative of the behavioral challenges to teaching and learning in the classroom. Several good

autism-specific paper and pencil tests exist including the Psycho-educational Profile- Revised (PEP-R), the Autism Scale for Individualized Education Profile (ASIEP), as well as IQ tests such as the Weschler series and specific tests of receptive and expressive language.

Another source of information is a standardized behavioral observation which creates opportunities to provide standardized presses in which a child is likely to exhibit behaviors that enable the assessment team to rule autism in or out and to compare competencies of this pupil to others with whom he might be reasonably placed. Several standardized tools exist including the ETHOS, the Screening Test for Autism in Toddlers (STAT), and the Autism Diagnostic Observation Schedule (ADOS).

It may also be helpful for some observations of the child to be conducted outside of a formalized testing situation, especially if there is reason to believe the school-based assessment was an under- or over-estimate of the child. In these cases, the home may be a better overall assessment environment. Alternatively, the parent may be asked to bring brief videotaped samples of the child when he is at his best, or conversely when low frequency problem behaviors or possible symptoms occur. In addition, it can be especially helpful to have video of the child with peers—since that will not be seen in a one-to-one assessment but is diagnostically informative. Such video can be filmed in any location where children are likely to interact with each other such as a play date at home, the Early Start classroom, daycare, or even with a sibling.

C. Parent Education

The final step in the assessment of a child with autism is parent education. Parents should be debriefed on the findings of the assessment including the team's determination of the specific symptoms of autism exhibited by the child and the level of cognitive impairment exhibited by the child. Parents should also be told how stable the team feels that the current profile is and what changes

they expect the child to make in the upcoming year. Obviously, poorly behaved children will have yielded less predictive results, more cooperative children—better prediction. However, it is important to give the parents a basic developmental trajectory for their child so that planning can reflect goals along that trajectory. If this is not done, educators risk setting goals that are too high and that the child fails repeatedly to meet—and ultimately parents will conclude the educators are incompetent. If this is not done—parents risk constant re-wounding by their child’s failures to live up to their fantasies, and find themselves chronically depressed or angry because they see the cup half-empty, not half-full.

Staff should keep in mind that if parents and service providers (e.g., teachers & therapist) are not provided with an accurate understanding of the child's level functioning they may not establish realistic goals for the child, therefore never being able to congratulate themselves on successes and realizing the need for more support where the child has not met appropriately designated goal and objectives. The consequences of failing to share level of the child's impairment may lead to frustration by both parent and teacher.

II. Defining ‘Educationally Necessary’

A. Criteria Delineating School versus Parent Responsibility

One of the most difficult issues to face in today’s education of children with autism is to define what services are ‘educationally necessary’. In the education of all children, whether in special education or general education classes, the best outcomes are obtained when parents are involved in their children’s schools, and when parents provide ‘wrap-around’ enrichment through family activity and special extra-curricular activities. Parent involvement not only shows children that their parents value learning, but that the parents are key to making lessons learned in school ‘come alive’ in experiences outside of school. Young children in particular are more geared to please parents than anyone else, and so the things

parents teach bear heavy value. Autistic children may be less geared to please parents than other children—as part of the nature of their disorder, however, educational outcome research on autism still supports that children of involved parents have more positive outcomes. However, in the last 10 years, the lines between what is ‘educational’ for a child with autism, and what constitutes a rich, family and extra-curricular environment associated with thriving—has been blurred. At the extreme, there are parents who argued that services 24/7 are ‘educational’ for their child with autism—including a behaviorally-trained in-home health aide who sleeps in the family home in case the child awakens and needs behavioral management in the night. Most families are of course, not so extreme in their views, but SJUSD will need to decide what it considers educationally necessary services and which are in the purview of wrap-around enrichment—that is arguably the responsibility of the family and that complements the families right to special educational services.

Currently the National Research Council’s report *Educating Children with Autism* is the best guide to research-based knowledge of best practice for educating young children with autism across the spectrum including the role of parents. What is clear is that parents who rely on others for all direct teaching to their child inside their own homes, as well as in school, are abrogating some degree of parent involvement—and action likely to be associated with decreased benefit to their child. However, because children with autism learn differently, parents of children with autism do need more support and training to provide appropriate richness for the child outside of school. These standards imply that schools should provide some out-of-school services, but school services need not extend for the entire duration of the child’s learning day—or their would be no time for parent involvement. Training of parents is needed: Alternate means that have been used to train parents to meet their child’s educational goals include classroom volunteer time under the teacher’s direction, supervised observation of classroom or home teaching including review and discussions of

videotapes of home work or play activities, direct parent didactics on autism, teacher home visits, and mutual parent support activities.

The Task Force is concerned about the denigrating tone of this section of Dr. Siegel's report, because it implies that parents habitually shirk their responsibilities to their autistic children and rely too heavily on school districts for providing general enrichment and extracurricular programming.

The Task Force generally agrees, of course, that parental involvement is a critical aspect in developing positive outcomes for autistic children. In our experience, most parents are deeply involved and committed to providing a variety of enriching learning experiences for their children, as well as to adapting specialized teaching methods learned in therapy and school (such as PECs and behavior analysis) to their home environments. In our experience, the great majority of parents seek an appropriate level of core school programming plus supplemental services, and do not in fact overreach.

With respect to direct parental involvement in the core school program, although most parents would like to be involved day to day with their children's core scholastic programming, many face schedule and financial limitations which make routine school involvement impossible.

We also note that while Dr. Siegel agrees that "schools should provide some out-of-school services," she does not specify what those are. The Task Force should provide guidance to the District to help define parameters for appropriate extracurricular services.

B. Need for Autism Expertise

Key to the implementation of an adequate and defensible continuum of services will be the development of expertise within the district. The district will need to hire an individual who understands developmentally based, research informed intervention for children with autism. This person will need to be freed from the responsibility of attending IEPs and mediations for the first several years in order to build the programs the district hopes to provide. For some districts or county offices of education, it has helped to have one autism-informed administrator handle IEPs and a second person handle program development. Program development responsibilities may have to be shared by a collaborative team with different educational expertise in autism—a person who is

TEACCH-trained, someone ABA-trained, someone trained in play-based/ child-led methods, someone familiar with augmentative communication approaches for autism. Importantly, as will be described in the proposed classroom re-structuring below, this team (or individual) needs to understand how to combine these methods according to a specific child's learning profile. It is also critical to add at this point that classrooms that provide parents with a 'menu' of approaches and let them choose—are not defensible programs. Ultimately, if the parent chose poorly, and later finds another method worked better, the educator will be seen as having failed to recommend an approach based on some framework that would have predicted approaches likely to be effective. If the educator can recommend an approach, recommend curriculum, and offer why that approach and content is likely to be most effective based on educational outcome research, the provided (or at least recommended) approach is more defensible than allowing the parent to simply choose.

III. Continuum of Services

The development of a continuum of services involves the consideration of chronological age, and in addition, quite importantly, developmental trajectory and developmental level. What is taught at each age should be closely tied to the ultimate level of educational attainment that is likely for the child—as is done in general education. As the pupil grows and develops, the trajectory becomes clearer, and programs need to become more focused to serve that individual's development to the best of his capabilities. The following discussion is organized by chronological age with a discussion of our recommendations across the continuum of functioning at each level. Discussion focuses on the settings and methodologies recommended for services at each level.

A. Preschool Services

ABA/DTT Preschool: At the preschool level children with autism spectrum disorders (ASDs) should begin their services in a

classroom which is based on the principles of applied behavior analysis (ABA) and uses, at least in part, a discrete trial training (DTT) curriculum. The emphasis in this classroom should be on teaching children learning readiness: response to a reinforcer/ cause and effect, attention, compliance, and imitation skills. In addition, an augmentative communication system (e.g., PECS, VIA) should be put in place for each child. It is recommended that these classrooms incorporate a parent involvement component, because consistency across settings is absolutely essential to generalization of skills across settings at this stage. A total of 20-25 hours per week of direct service should be provided to the children in this setting. Examples of the type of program we are recommending can be found through the Orange Co. Office of Education, STARS in Walnut Creek, the Clovis Unified School District autism preschool, and the Merced Unified School district autism preschool. While each of these models differs somewhat, they share high structure, strong visual supports, high teaching intensity via a high level of adult-directed teaching, and well-trained and supervised staff. At this level, the head teacher needs to be free of direct instruction responsibilities at least some of the time so she can oversee other instructors.

Staffing: It is important that this classroom have an extremely low student to teacher ratio in order to accomplish its goals. Initially, children with little instructional control and ability to imitate will need a 1:1 student to adult ratio. As the child develops instructional control he can be moved to a group with a ratio of 2:1 for activities where there is some degree of mastery or a high degree of intrinsic interest in the tasks exists. Eventually some instruction could be 3:1. For some classes, it can be helpful to initially run two small circle times at 3:1 (with aides present as needed), rather than a larger group where 'down time' is longer. Overall, newcomers to such a class might spend 100%-80% of their time one-to-one, after 3-6 months, about 50% one-to-one and 50% one-to-two or larger groups, and after 6-12 months, 25% one-to-one to focus on introduction of new skills or vocabulary, 50% 2:1 or 3:1 to practice

emerging skills (with group being a time to emphasize modeling another child, turn-taking, asking and providing information with others, etc.)

Additional Services: Transitions from one-to-one to small group teaching should be done gradually with the flexibility to go back to lower ratios if necessary. These classes should be held 5 days per week, 8am-12:30 or 1:00 including lunch. In many areas, children attending such classes then have after school one-to-one programs for 2-3 hours per day, 4-5 days per week (an additional 10-15 hours of service in addition to the 20 hour classroom week). If this is the case, this at home program should be developed and monitored by the school district so it interfaces with the classroom activity, and it should require parent direct teaching and one to two sessions per week focused on peer play rather than DTT. An alternative is for the school to run a one-to-one teaching program in the afternoon after children have had their morning session and a nap or rest time at school. The LAUNCH program in Torrance is an excellent example of this model.

The task force supports a high level of collaboration between district employees and contracted providers.

Integration: Another feature you may want to consider incorporating into your preschool programs, at least at some sites is an integration component. This can be a meaningful instructional method for children with autism who have some emerging imitation skills. Some programs bring in siblings, or state preschool pupils, or preschoolers in the immediate neighborhood, or children of teachers and staff working on the school site. Most autism preschools with an integration component limit participation of the typical preschoolers to 2-3 days per week.

Staffing: The teacher in the Preschool ABA/DTT Classroom

should have both a strong background in ABA (at least the senior therapist level) and an early childhood education background (at least an ECSE credential). It is important that the lead teacher have exposure, educationally, to methods of instruction outside of ABA and an ECSE credential is likely to assure that. In addition, a speech and language pathologist should be assigned to the classroom 1-2 days per week to provide direct service, inform language components of each child's program. Teacher's aides in this type of class will need time to gain experience elsewhere either by coming from work in home ABA programs, or by observing such programs. The head teacher should have direct didactic material to train new aides in all methods used in the classroom. A final word about staffing. It usually does not work well to incorporate ABA staff from a home NPS program into a special day class (at any level). Instead, it is recommended that the proposed school one-to-one aide visit the child's home program—if he has one, develop some familiarity with the child and his capacities there, and then bring him to class with his home aide only as a brief transition (one day to one week). Otherwise, a home one-to-one aide working in the class is put in a conflict of two 'cultures' which tends to create un-needed conflict between home and school, and the consistency of the child's teaching can suffer.

An SLP working at the current caseload cap of 55 will not have the available time to work in the classroom with preschoolers as recommended. To provide that time, the caseload will need to be weighted or in some way limited.

An Occupational Therapist should be assigned to the classroom to provide direct and consultative service to students and instructional support staff. These areas of training to include: fine motor, sensory processing, social skills development, visual/perceptual remediation, and family education as needed.

B. Elementary Services

Autistic Learning Styles (ALS) Classrooms: In both the lower and higher elementary special day classes we recommend

implementing several classrooms specifically geared toward children with autistic learning styles. These classrooms might serve a variety of children in addition to primarily serving children with ASDs (e.g., also serving children with severe delays in language and mental retardation—but who also have some aspects of ‘autistic learning style’). Such a class needs to be highly structured, and a visually-based learning environment. Children who have left the ABA/DTT classroom and were working at the 1:1 or 2:1 ratio should be served exclusively in this type classroom when they move to the elementary grades. The ALS Classroom should have accommodations for some one-to-one DT teaching (like one one-to-one carrel) but no individual pupil should be receiving more than 25% of his instruction by this method. Instead, at this point, skills such as the ability to follow a picture schedule or visual schedule, to use picture-based communication if not verbalizing, to learn through direct modeling in small groups should permit teaching using a wider range of methods where the child is able to engage in more self-initiative. At this stage, a TEACCH-trained teacher might be utilized to run such a class. However, like the ABA/DTT Preschool, such a teacher should be familiar with and able to use DTT, visual augmentation, and understand how to develop social and language skills through play. It is important to think of this class as an ‘autism learning styles’ class because each child will have a different profile of autistic learning disabilities (whether meeting criteria for autism or not). This means that the child with low self-imitative may need more DT and more effort on increasing spontaneity through pivotal responding strategies. Some children may have relatively strong imitation and learn well through group-based sensory-motor teaching or even inclusion. Others may be strongest in non-language areas, but need strong visual augmentation to ‘hear’ words’ and ‘read’ gestures. The teacher needs to be prepared to call upon a number of techniques specific to addressing each autistic learning disability she may encounter—individualizing each child’s program accordingly.

While the Task Force believes that an ALS (Autistic

Learning Styles) classroom should be a major component of SJUSD's elementary school autism program, it is important to note that the program described in Dr. Siegel's report will likely not be appropriate for some children who suffer from severe forms of autism. An appropriate placement for some severely affected children may be in a specialized school providing the necessary supports.

ALS Class Staffing: The teacher in the classroom should again be viewed partly as a classroom manager so that she has time to teach and supervise other staff, prepare new, individualized curriculum, as well as work individually and in small groups with all of the children in the classroom on a 'diagnostic' basis that will feed back to her training and curriculum development activities. Ratios in the ALS classrooms should range from 1:2 to 1:4 depending on the abilities of the children in each classroom with functional class sizes 8 or below. In such a classroom, assignment of one-to-one aides should be avoided if at all possible: Paraprofessionals, whenever possible, should be assigned to at least 2 children. This reduces the possibility of children becoming overly prompt dependent on the aide and provides more opportunities for spontaneous problem-solving. The teacher as well as paraprofessional should have some responsibility for communicating with the parent about what is going on in the classroom and at home so that consistency across settings can be enhanced. Periodic home visits by the teacher to each child's home should be considered to see what materials and toys are used there, what natural teaching opportunities the parent might exploit, and to coordinate with any out-of-school services being received. This activity, as with the preschooler might include the teacher watching videos (or directly watching) the parent in an educational activity with the child (like reading him a story) so the parent can be made aware of methods that might be used in the class for the same objective. Similarly, parent volunteer time in the class is an important avenue for enriching the wrap-around nature of home activities that can be designed to follow up on the schools.

Introducing Inclusion: Children who were working at the 3:1 ratio

in the ABA/DTT classroom may be ready for some inclusion experiences in addition to the ALS classroom which may serve more as a 'homeroom' or 'resource center'. By maintaining a base in the ALS class, the child who is ready for inclusion can make that transition gradually, step back if needed, and continue to be monitored by his ALS classroom teacher who can serve as an autism specialist to the inclusion teacher—accommodating curriculum—rather than leaving that task to a paraprofessional one-to-one aide who may accompany the child to the inclusive setting. In models where the child is 100% included, the child with autism is often deprived of an autism specialist who really knows his strengths and weaknesses. At least in earlier elementary grades, most included autistic children (with the exception of the highest of 'high functioning'--verbal and performance IQ both above 90), still can benefit from an autism-specific 'base'.

Initial inclusion experiences are likely to be successful when the autistic child enters for a highly structured time (like circle) rather than a free play time. The very high functioning child can do well beginning inclusion for a direct instruction activity like reading if he reads at or above the level of the general education peers. Including the child at times when he seems least competent, least well-controlled, or totally dependent of one-to-one assistant are counterproductive as they only serve to stigmatize the child as different. While the one-to-one is there to facilitate adjustment to the inclusive setting, a balance needs to be achieved between meaningful academic inclusion and cosmetic 'physical' inclusion. It is important to include the child developmentally rather than chronologically. This often means including the child at one grade level below his or her chronological age.

There are several models to consider in initiating inclusion for children with autism spectrum disorders in non-classroom experiences: 1) Group speech therapy to learn language pragmatics and rule-based games (e.g., , Go Fish). This will map on to the child becoming a more competent player when included in

less structured classroom activities. 2) Lunch bunch/ peer buddy program: Some schools encourage interaction by giving community helper points to lunch with a special day class child. Alternatively, structured lunchtime games can be capitalized on the ASD child's play repertoire that has been separately taught. 3) Formal play groups such as the Integrated Peer Play Group model.

Full Inclusion: Some children will be ready for full inclusion in elementary school. These children should be working at or near the academic level of the other children in the classroom. Although an aide is often necessary for the first few months of inclusion, the aide should be faded as quickly as possible to avoid stigmatizing the child. Many 'shadows' 'over-shadow' and everyone in the class is aware of whom the 'shadow' shadows. This can discourage children from seeking out the child with autism—or only playing with him because what they really want is the shadow's attention for him or herself. If a one-to-one is deemed to be necessary consider adding an 'obscured' aide to the classroom. Although this person would be primarily responsible for the child with autism in the classroom, he or she would only be identified to all the children in the classroom (including the child with autism) as a classroom aide. Consider including 2 children in the same classroom and adding one obscured aide responsible for both to address the prompt over-dependence issues already mentioned.

Most children with autism that are included at the elementary level will continue to need ancillary services (e.g., Speech therapy, RSP). In addition, children with high functioning autism and Asperger's syndrome may need to take breaks from the classroom when they become anxious or over-stimulated. The staffing in these classrooms should be designed to allow a child to do this with a designated manner to ask for a break (a card or note), a person to direct the request, and a specific place to go (like a resource room).

C. Middle School/ High School

Middle School Daily Skills Class: As children with autism leave elementary school it is important to teach the skills they will need

after the school district is no longer serving them. The acquisition of life skills such as the ability to groom oneself, cook basic meals, do laundry, and engage in leisure and work activities provide children with a sense of independence and allow for opportunities to live in less restrictive settings in the future. Furthermore, the longer children go, accustomed to others doing things for them, the less willing they tend to be to do these things themselves. Children functioning with these significant developmental disabilities require that these skills be taught explicitly in a structured setting making school the appropriate place.

A self contained special day class is appropriate for children with autism who have moderate to severe mental retardation and/or those who are working 50% or more behind children the same chronological age. By middle school age, these are children who are not going to use verbal communication as a primary modality—if it is not already, and who are not going to acquire a capacity for abstract reasoning. Such children can rote learn routine activities to care for themselves, their homes, and to decide upon and carry out leisure activities. It is likely that most of the children who were served in an ALS classroom full-time through out the elementary years will best be served in this type of classroom.

At the middle school level we recommend beginning to incorporate life skills into the academic curriculum that children are already learning. Picture scripts individualized by student and activity are often very effective methods for teaching these skills. For instance, children might learn a script for grooming, another for cooking a favorite meal, and a third for doing a leisure activity. Parents are often reluctant to accept that the child may not read or do math like others, so embedding these skills into very functional activities (sight reading to grocery shop, measuring to follow a recipe) helps preserve and extend meaningful concepts of letters and numbers that such parents have already spent nearly 10 years teaching. Around the country there are some good models for education at this level with TEACCH being the most widely disseminated.

Several model programs in New Jersey have teen programs like this (Rutgers) or adult programs like this (Princeton Child Development Institute, Alpine Learning Center, Eden Center).

In addition to life skills training children served in these classrooms should be provided with meaningful prevocational and vocational skills in the classroom. Often these children have been sorting meaningless objects for years as part of mathematics and then prevocational curriculums. They are bored with these activities and we often see behavior problems arise out of this boredom. We recommend that prevocational and vocational tasks be tied to more meaningful activities. For instance, children can learn to help sort recycling, rake or garden on school grounds, or wash tables in the cafeteria. Because these jobs are not meaningless, but rather have a beginning, middle and end, the student sees his accomplishments which can feedback into future motivation to undertake the task with increasing improvements.

The teachers in these classrooms should be familiar with the development of visual schedules and scripts. The staffing of this classroom should allow for paraprofessionals who are able to teach skills such as grooming. Therefore, there typically needs to be at least one female and one male paraprofessional in the classroom. As in the earlier years 1:1 aides should be avoided to reduce the chance of prompt dependence. Instead rich staffing ratios should be used within the classroom to provide the individual attention necessary.

While the Task Force believes that an ALS (Autistic Learning Styles) classroom should be a major component of SJUSD's Middle School autism program, it is important to note that the program described in Dr. Siegel's report will likely not be appropriate for some children who suffer from severe forms of autism. An appropriate placement for some severely affected children may be in a specialized school providing the necessary supports.

High School Level Daily Living Skills Classes: By the high school level, classrooms should essentially be studio apartments where pupils can use the individual self help skill scripts acquired in middle school. There should be opportunities to do a range of household tasks, personal care, and leisure activities. Transportation skills and public behavior should also be incorporated. Work on vocational skills can be increasingly introduced with opportunities to work in real settings that may provide longer term employment. Development of both daily living skills as well as vocational skills needs to take autistic learning styles into account—and some individuals with autism are really well suited to fairly repetitive assembly type tasks and other prefer working around food. Many prefer work in conditions other disabled workers might find isolating like a stockroom, library, or greenhouse and such sites should be cultivated by a coordinator of vocational training.

The Task Force agrees that this class, serving children who are not capable of benefiting from mainstream instruction, should focus on vocational skills, but when appropriate should also address functional academic programming, including, for example, reading, writing, math, and computer skills.

Self Contained LH Classrooms: Children with autism who are functioning in the borderline to mild range of mental retardation and are working on curricula 2-3 grade levels behind their chronological age are often served well in learning handicapped classrooms. Many children who were served in the less intensive autistic learning styles classrooms in elementary school especially those who had some inclusion experiences will best be served in this type of classroom. Some of these children have skills well-suited to continued inclusion using the criteria for inclusion suggested for the elementary age group. However, as school work grows more language-based and abstract, by middle school, inclusive placements that were successful earlier on may begin to fail. At that point, using the LH class as 'homeroom' or 'resource room' may be

advantageous—again for the reasons cited above, i.e., the pupil needs an autism specialist he is with a least part time to continue to adapt curriculum in the mainstream. At times, curriculum adaptations are no longer meaningful, and the pupil may do better, and particularly have fewer behavioral outbursts than when included. In middle school, general education peers often eschew their special education friends at moments it may seem ‘uncool’, and this is understandable—but also a preventable problem. Middle schoolers with autism have their hormonal ranges too, often making appropriate social behavior even more difficult to maintain.

In general, LH classrooms use a multi-sensory approach to education that allows for the slower processing time of the autistic students in these classrooms. Opportunities for non-academic inclusion can be provided by incorporating many of the same idea discussed above (e.g., lunch bunch, drama, or PE),

Partial/ Full Inclusion: Inclusion for children with high functioning autism and Asperger’s syndrome needs to be carefully planned. Many of these children have a meticulous need for organization and perfectionism that is often difficult to achieve in the limited time of classroom periods. As a result many of these children find the school day to be quite stressful and anxiety producing. Orion Academy in Moraga has developed a program for high functioning students with Asperger’s syndrome that specifically addresses the organizational, long term planning, and social skills deficits that would need to be addressed in a program such as this.

We recommend that a respite model be used to help children organize their day. More specifically, we recommend using a homeroom staffed by a special education or RSP teacher as the home base for children with autism in an inclusive placement. Other children who may also benefit from this type of setting include those with ADHD, specific learning disabilities, and internalizing ED children. Children with autism spectrum disorders should never be

placed with externalizing ED students as this only sets up opportunities for the ED child to victimize the less socially savvy pupil with autism.

Throughout the day the pupil in this type of placement should be allowed to return to the home base classroom on an 'as needed' basis. All of the children should begin the day in the classroom to check in and get organized. Reasons for return to the classroom might include RSP for a specific subjects as well as a break if the student feels he is becoming overwhelmed. In addition, the child should return to the classroom for the last 1-2 periods at the end of the day to allow for time to get organized, check assignments, and prepare homework before going home. In addition, at the high school level teachers in these classrooms should begin to talk about planning for the future and job skills. Some of these children may benefit from job training programs that provide some work experience.

In general a middle school or high school cafeteria is an overwhelming experience for a child with an autism spectrum disorder. Therefore, the classroom should also be open during lunch to allow for a place that the child can relax and engage in a preferred activity. Other options include allowing the child to go to the library, participate in a social skills group or join a school wide club during lunch.

Whenever a student has been slated for full inclusion, care should be taken to apprise the general education staff of the child's needs in advance of his or her full inclusion placement, so that adjustment difficulties can be avoided.

CONCLUSIONS

The purpose of this report has been to outline changes that can be undertaken by SJUSD to revise services to pupils with autistic spectrum disorders. This document is intended as a tool to 'get the ball rolling', by matching the models suggested here with current pupil needs and staff resources. As use of the information in this

report moves into an implementation stage, we would be happy to provide further technical assistance which could include: 1) discussion of pupils to include in a pilot for one of these models, 2) discussion of staff, including staff interviewing, 3) technical assistance in the form of in-service training, classroom set-up, or classroom observation followed by meeting with classroom staff. We might also serve as a liaison with parent groups to explain the new programs, the evidence upon which they are based, and criteria for entry and adaptation to specific programs. Please feel free to call on either of us as needed.