



Nebraska School Administrator's Guide to Autism Spectrum Disorders 2015



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www.unl.edu/asdnetwork

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What is ASD?

ASD stands for Autism Spectrum Disorder. ASD is a neurological and developmental disorder that manifests in children by having difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.

People with an ASD share some similar characteristics, such as difficulty with social interaction. However, when the characteristics manifest, the extent to which they interfere with functioning differs from child to child.

Characteristics of ASD are generally noticed by caregivers between 2 and 3 years of age.



Some of the most common characteristics of ASD in young children include:

- Not responding to their name by 12 months
- Not pointing at objects to show interest (point at an airplane flying over) by 14 months
- Not playing “pretend” games (pretend to “feed” a doll) by 18 months
- Avoiding eye contact and want to be alone
- Having trouble understanding other people’s feelings or communicating about their own feelings
- Having delayed speech and language skills
- Repeating words or phrases over and over (echolalia)
- Giving unrelated answers to questions
- Getting upset by minor changes
- Having obsessive interests
- Flapping their hands, rocking their body, or spinning in circles
- Having unusual reactions to the way things sound, smell, taste, look or feel

“Autism is part of who I am.”

~Temple Grandin

Statistics from the U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 68 American children with an ASD. Research shows this increase is partly explained by improved assessment practices and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 42 boys and 1 in 189 girls are diagnosed with an ASD in the United States. In 2014 there were 3094 children birth to 21 with a primary educational verification of autism in Nebraska Schools.

What Causes Autism

At this time there is no known single cause for autism. It is generally accepted by experts in the field that it is caused by abnormalities in brain structure or function. Brain scans show differences in the shape and structure of the brains of children with autism when compared to those of children who do not have autism.

Currently researchers are investigating a number of theories, including the link between heredity, genetics, and medical problems. In some families, there appears to be an increased prevalence of autism or similar disabilities, which has added support to the hypothesis that there is a genetic basis to autism spectrum disorders.

Educational Verification of Autism

In Nebraska, each school district is responsible for providing special education and/or related services to all eligible children in their school district, birth to age 21, who have been verified with a disability according to Nebraska Department of Education, Rule 51 (ages 3-21) and Rule 52 (birth to age 3). One of the disability categories under Rule 51 is autism. In order for a child to be eligible for special education services the school district must evaluate them through a multidisciplinary team process (MDT) in order to determine their educational and developmental abilities and challenges. A student with autism may also be provided services under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Medical Diagnosis of Autism

To receive a diagnosis of ASD, a child must meet DSM-V (Diagnostic and Statistical Manual, Fifth Edition) criteria. The DSM-V is published by the American Psychiatric Association and is used worldwide among doctors and clinicians. A diagnosis requires a child to have three characteristics in social communication and at least two characteristics in restricted and repetitive behaviors.

Medical Diagnosis vs. Educational Verification

Medical diagnosis and educational verification are separate processes.

- A medical diagnosis is determined via the Diagnostic & Statistical Manual 5 (DSM 5)
- Educational verification is the process conducted by a school district to determine if a student has a disability that affects their education, and to plan appropriate educational services.
- The verification will reflect assessments completed by a multidisciplinary team (MDT).

Critical Areas Impacted by ASD

Social Competence

Social competence impacts an individual's success in the adult world. Individuals with an ASD generally require direct instruction in social skills. Deficits in this area are one of the core characteristics of autism. Schools are to assess students and program for direct instruction in the area of social skills. It is important to utilize informal assessments and observation to determine the skills that an individual will need to be taught. Teams need to determine if there is a skill deficit (doesn't have the skill in their repertoire) or a performance deficit (has the skill, but doesn't know when to utilize it). Deficits in this area may impact their success in the classroom.

School is a social environment and students with an ASD need to be taught how to navigate this environment. By teaching social skills during the school years, individuals' quality of life, success in the work world and in their community can be improved. Individuals with an ASD want to have meaningful relationships with people, but they don't know how to go about creating those relationships if these deficits are not addressed. Teachers may need to look at social interaction and break it down with the individual to process where problems occurred in the interaction. Even those students who don't require academic support may qualify for services in the area of social skills.

“To measure the success of our societies, we should examine how well those with different abilities, including persons with autism, are integrated as full and valued members.”

~ Ban Ki-moon

Sensory Needs of the Person with ASD

There may be sensory differences in individuals with an ASD. It is important to teach the skills and practice them in natural environments. Individuals are impacted by their sensory differences in unique ways. These differences may create behavioral challenges for individuals as they are dealing with sensory input. Individuals may shut down to avoid stimuli that are aversive or over-stimulating, or may exhibit self-stimulating behaviors to calm themselves in over-stimulating environments. Responses to sensory stimulation may range from hyposensitivity (under-reactive) to hypersensitivity (over-reactive). Any of the senses may be affected: tactile system (touch), auditory system and olfactory (smell) systems, vestibular (balance) and proprioceptive (body in space) systems. It is very important for teams to work with an occupational therapist to assess and program for these unique needs. It will be important to embed interventions throughout the day to enhance sensory responses when a student is hyposensitive and to calm them when the student is hypersensitive. By being aware of and programming for these sensory differences, teams may be able to avoid some of the challenging behaviors that can occur in response to sensory stimuli, and provide the individual with coping responses that they can use throughout their lives across environments.

Communication

The communication challenges faced by individuals with an autism spectrum disorder are diverse. The ability to speak using words does not ensure that communication skills are intact. Some students may use little or no spoken language to communicate. Other students may be very verbal, even using vocabulary that appears more sophisticated than expected. A medical diagnosis or an educational verification of autism indicates that deficits in social communication and social interaction will be present. These deficits occur in both verbal and non-verbal students. Examples of deficits in social communication and social interaction include: difficulty starting and maintaining a conversation, difficulty integrating important non-verbal communication skills into conversation (such as eye-contact and body language), difficulty understanding the non-verbal communication of others, limited use of facial expressions or gestures, and difficulty developing and maintaining relationships appropriate for the individual's developmental level. How these deficits impact the ability to function as part of the school community varies from individual to individual.

"It seems that for success in science or art, a dash of autism is essential"

~Hans Asperger

Developing Communication skills is vital. The following are helpful tips for supporting communication in the school community:



- For students using an alternative or augmentative form of communication (AAC), the communication system should be used in all environments and with the support of all personnel.
- Students with autism and language processing deficits are often literal thinkers. Avoid

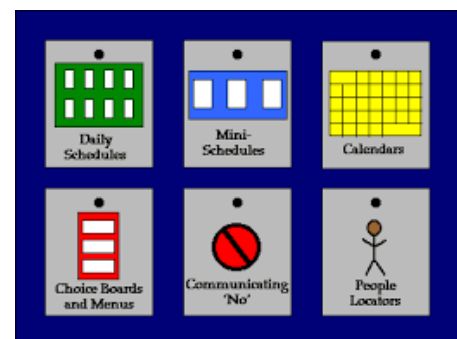
using idioms, slang and sarcasm.

- Give directions one at a time. Tell students what to do rather than what not to do, i.e. “Walk please.” instead of “Don’t run.”
- Allow students with communication deficits additional time to process information. Once a question is asked, wait before adding any additional information. A good rule of thumb is to mentally count to 10 before speaking again. For some students, wait time may need to be even longer.
- Consider visual supports as essential teaching tools! Visuals support language comprehension and clearly define expectations. Students with autism, as well as those learning English as a second language and those who have language processing disorders, often benefit from adding visual supports and visual structure in the school environment. These supports may include visual schedules.

Behavior

Students with an ASD may exhibit behaviors that can cause them to struggle with social situations, academics and other parts of their lives. Restricted and repetitive behaviors are sometimes seen in people with an ASD. Restricted and repetitive behaviors may include: hand flapping, rocking, and other general types of self-stimulatory behaviors. These behaviors are exhibited for many different reasons. Frequently, these behaviors are a sign of anxiety, dis-engagement or a lack of structure. It

is important to remember that sensory needs, like other needs, must be met. When creating a schedule for a person with an ASD, incorporating a “Sensory Diet” may help the individual more readily maintain the optimum level of awareness and engagement. A sensory diet is a planned and scheduled activity program designed to meet a child’s specific sensory needs.



Some students with an ASD show preoccupation with specific interests. For example, a person with an ASD might show intense interest in a movie character. Many times throughout the day, the person may reference or only show interest in activities or tasks that are related to the character. It is beneficial to use social stories and/or power cards that include the favorite character, as it is easiest to make connections to particular tasks when the person with an ASD is more able to take an interest in the subject.

Comprehensive Programming

As an administrator, it is critical that you consider providing the very best education possible for all the students in your care. It is also critical that the services you provide are proactive and accountable to student progress. Most litigation around ASD has to do with a lack of qualified staff, inadequate progress and the absence of data to guide decision-making. In order to provide an effective program for students, consider emphasizing the following:

Make sure staff understand the procedural requirements of IDEA and conduct thorough assessments. IEPs developed using inadequate information decrease the likelihood of measurable progress over time.

Minimally, your staff needs to be well versed in:

1. Basics of ASD
2. Instructional Strategies
3. Behavior Management
4. Visual Supports
5. Structuring the Environment
6. Social Skills Development
7. Modifications to Curricula
8. Applied Behavior Analysis
9. Data Collection and Analyses
10. Components of Effective Instruction

Remember, both academic and social-emotional deficits need to be addressed. Additionally, “If it isn’t documented, it wasn’t done.” Create a data collection and analysis system that is sustainable over time and with consistent staffing.



When an IEP team needs to make a decision regarding educational and/or behavioral programming for a student with an ASD, the task can become overwhelming. In order to accomplish the task of program planning, the team should approach the task step by step. Keep in mind that interventions and programs should be evidence-based (more on this below). The following are steps that the IEP team can take to ensure that they are using the appropriate intervention for the individual student.

The **first step** to finding the appropriate interventions for any student starts with data collection.



Choose one skill to target and collect data on that skill. For example, if a student struggles to focus on direct instruction, the teacher should take data on what he/she observes prior to the behavior (Antecedent); what the behavior is observed to look like (Behavior); and the outcome of the behavior (Consequence). Once this data is collected and analyzed, the team is able to focus on which kind of evidence-based intervention is best for the student. When the intervention is

implemented, it is important that the intervention be implemented with fidelity. Ensuring fidelity will allow for the team to gather accurate data regarding the effectiveness of the intervention.

The **second step** is to collect data during the implementation of the intervention. This is what should be used to make instructional decisions. When an intervention or program is implemented, data must be collected throughout the intervention phase. Again, look for a single targeted behavior.

Taking data will allow the team to know the usefulness and strength of the intervention for the individual student. Along with collecting data, analyzing the data must also be completed frequently. If the data are showing (in a graph, for example) that the targeted behavior is not going in the correct direction (up for desired behavior and down for undesired behavior), then the team should meet to discuss possible changes within the intervention or trying a new intervention. It is important to remember that when trying to change a behavior, typically, we see an increase in undesirable behaviors before we see a decrease. It is important to prepare for this increase and to maintain the intervention through this time period.

“Data by itself is useless. Data is only useful if you apply it.”

~Todd Park

As stated before, implementation should be done with fidelity. If an intervention is implemented without fidelity, it is difficult for the team to determine if the intervention is working or not. When discussing fidelity, training and professional development must be addressed. In order for a teacher to implement an intervention with fidelity, the teacher must be properly trained. When we give our teachers a new reading program to use with his/her students, we provide training on how to teach the program the way the developer intended. This is the same with any intervention or program, whether it is for behavioral or academic learning. On-going professional development is also important for the proper implementation of interventions and programs.

Evidence Based Practices in ASD

The Nebraska ASD Network endorses the evidence based practices (EBPs) validated by the National Professional Development Center (NPDC) of Autism Spectrum Disorders as interventions that research have been proven to be effective. In 2014, the NPDC used rigorous criteria to identify 27 interventions as EBPs. The results indicate that the overwhelming majority of research-proven interventions are based on Applied Behavior Analysis (ABA). However, other interventions met the criteria as well as collaboration between NPDC and the Ohio Center for Autism and Low Incidence Disorders (OCALI) has resulted in the creation of the Autism Internet Modules (AIM). These are free online trainings on the identified EBPs. Access the modules here at: www.autisminternetmodules.org

Briefs on the Evidence Based Practices recognized by the NPCD can be accessed by clicking on individual intervention titles. Additional information on autism is available at autismpdc.fpg.unc.edu

[Antecedent-Based Interventions \(ABI\)](#)

[Cognitive Behavioral Intervention \(CBI\)*](#)

[Differential Reinforcement of Alternative, Incompatible or Other Behavior \(DRA/I/O\)](#)

[Discrete Trial Training](#)

[Exercise \(ECE\)*](#)

[Extinction](#)

[Functional Behavior Assessment \(FBA\)](#)

[Functional Communication Training \(FCT\)](#)

[Modeling \(MD\)*](#)

[Naturalistic Intervention \(NI\)](#)

[Parent-Implemented Intervention \(PII\)](#)

[Peer-Mediated Instruction and Intervention \(PMII\)](#)

[Picture Exchange Communication System \(PECS\)](#)

[Pivotal Response Training \(PRT\)](#)

[Prompting \(PP\)](#)

[Reinforcement \(R+\)](#)

[Response Interruption/Redirection \(RIR\)](#)

[Scripting \(SC\)*](#)

[Self-Management \(SM\)](#)

[Social Narratives \(SN\)](#)

[Social Skills Training \(SST\)*](#)

Structured Play Group (SPG)*

[Task Analysis \(TA\)](#)

Technology aided Instruction and Intervention (TAII)*

[Time Delay \(TD\)](#)

[Video Modeling \(VM\)](#)

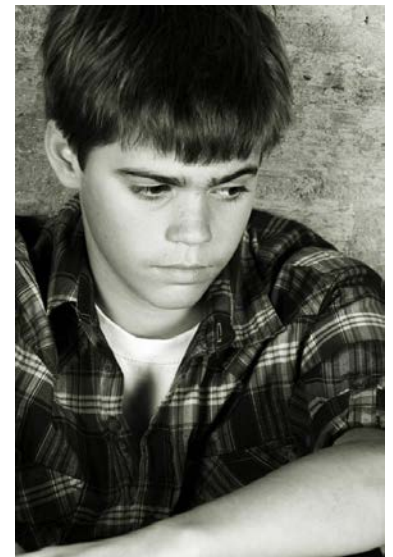
[Visual Supports \(VS\)](#)

* Indicates new EBP identified in 2014 review. Practice briefs are not available for these practices, but are currently being developed as part of Autism Focused Intervention Resources and Modules (AFIRM).

When selecting training, it is critical to know the following:

- The current knowledge and skill level of your staff related to ASD
- The needs of the students with ASD that are served
- The resources necessary and available to support staff in meeting student needs

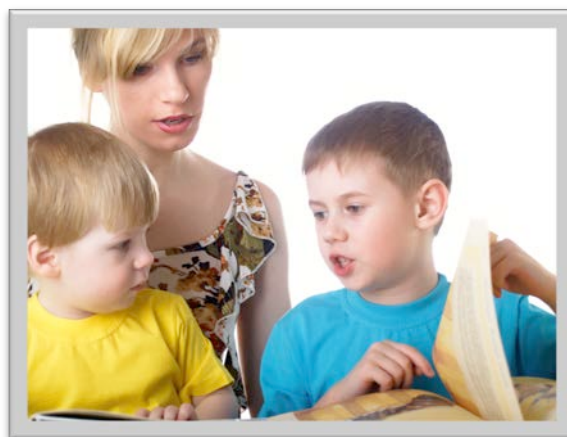
The Resource Section of this document contains a self-assessment on the NPDC's EBPs. This self-assessment, and additional surveys and observations may be useful tools in determining areas in which training needs to be provided. Analyzing data collected at the classroom, building and district levels, can support decisions in assigning students to staff and providing training and/or mentoring for teachers of students with an ASD.



Quick Tips for Supporting Students with ASD

- Teach classroom rules and routines and support them with visuals
- Organize and structure the classroom to help the student predict the purpose of classroom areas
- Minimize distractions by reducing clutter, and covering or removing materials or decorations that are non-essential for learning
- Provide the student with an individualized visual schedule
- Collaborate with IEP team members to formulate appropriate goals and behavior plans
- Teach those interacting with the child the skills specific to the child's needs
- Establish and maintain a communication system between school and home
- Determine and implement accommodations and modifications necessary for the student to succeed in the general education curriculum
- Capitalize on the student's individual interests to capture attention, provide

- motivation, and reinforce learning new or difficult concepts
- Divide long-term or complex assignments into manageable chunk and assign specific due dates
 - Provide a structured system for class assignments and homework, including a place for work “To do” and work that is “Done”
 - Assign students roles when working cooperatively, giving the student with autism a role in which they can succeed
 - Provide examples of finished work or writing assignments that meet the project or composition requirements
 - Reinforce learning differentially—the more effort a task requires or the better the response, the greater the “payoff” should be



Para educators’ Role in Supporting Students with ASD

Para-educators play a significant role in the education of students with an ASD. This means including them in training is critical.

What training do Para educators need?

Para educators working with students on the autism spectrum must be trained in child specific interventions and data collection tools. Para educators also need expert coaching and feedback. This requires committing to regularly scheduled time for the classroom teacher and or coach to work with students on the spectrum and the Para-educators supporting them.

A helpful resource for providing feedback on Para educator interactions with students across settings is the ASD Walkthrough Observation Tool. This tool is completed by an administrator or special education teacher and can be used as a discussion tool regarding Para educators interactions with students with autism across the day. This form is available on the ASD Network website www.unl.edu/asdnetwork/edu_train.

Transition

The transition process for young children with autism and their families can be challenging and result in great anxiety for the family. Working as a team to plan ahead can reduce anxiety and ensure a smooth transition for all.

Safeguards within the IFSP provide reassurance that timely and thoughtful plans are made for a smooth and successful change from one setting and educational plan to another.

- Early Intervention services for infants and toddlers are provided until August 31st of a child's third birthday or until the child has met all IFSP outcomes and there is no longer a need for early intervention services.
- Transition from early intervention services/Part C should be discussed with families from the beginning of the child's eligibility to assist in planning for a smooth change. Through the IFSP process, families will make an informed decision regarding whether their toddler will remain in Early Development Network/Part C services until August 31st of their toddler's third birthday or if they would like their toddler to transition to Part B (preschool/school age services) and an IEP on their toddler's third birthday.
- A transition conference is conducted not fewer than 90 days and not more than 9 months, before the toddler's third birthday. (92 NAC 52).

Like other transitions the one from preschool to kindergarten can be difficult for children with autism and their families. In planning for transition from an early childhood program to an elementary setting, it is important for parents or caregivers and staff to identify the desired outcomes of a successful transition. Transitions are more successful when families and service providers work through the process together. Here are some guidelines to consider during the transition.

- The IEP provides framework for collaboration
- The child's current team contacts the district administrator or team leader of receiving school
- Both current and receiving team members, including the parents, should consider observations of the child in their current setting along with observations of the new environment
- Transition meeting with all team members (including receiving team and parents) to discuss child's present level of performance, current educational goals, and needed services and supports for a successful transition to the new environment.

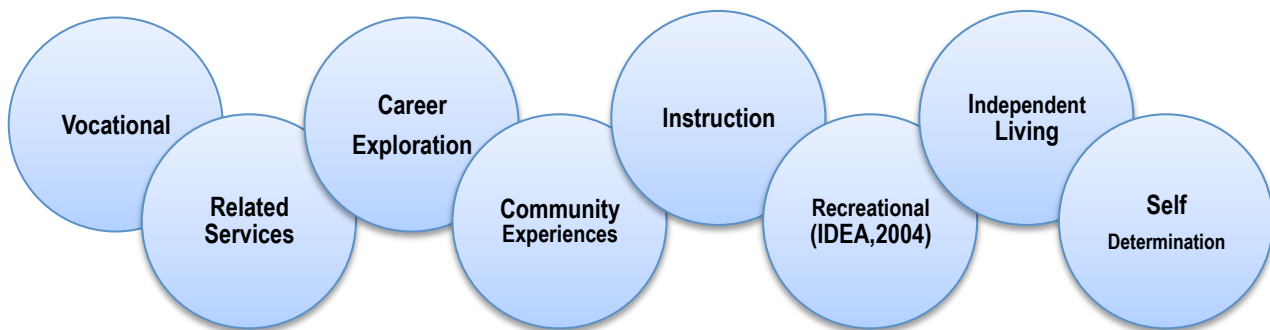
"You must be the change you wish to see in the world."

~ Mahatma Gandhi

The transition from school-based services to post-school services can be one of the most challenging times for students with autism and their families. Planning for the student's adult future needs to be well coordinated and thoughtfully planned. Parents, the student, community service providers, adult services agencies and IEP team members should work collaboratively to guide the student and the student's family in the decision making process (Grigal, Neubert, & Moon, 2005).

Transition services are defined as "a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities." The coordinated set of activities developed for the student must be based on his or her needs, strengths, preferences and interests in the following areas.

Secondary transition planning must be included in a student's IEP by age 16; including appropriate post- secondary goals and transition services need to reach those goals (IDEA, 2004).



Transition Assessment

A transition assessment must be conducted prior to the student reaching age 16 and prior to the development of the measurable postsecondary goals and transition services in the student's IEP. This assessment must be age-appropriate in the areas of education, training, employment, and where appropriate, independent living. The purpose of the transition assessment is to provide information to develop and write measurable post-secondary goals and assist in the identification of transition services necessary to assist the students reach those goals. For each post-secondary goal there must be evidence that at least one age-appropriate transition assessment was used to provide information on the student's needs, strengths, preferences and interests.

Measurable Postsecondary Goals

Each IEP for a student with a disability, who will be 16 or older during the time period of the IEP, must have a measurable postsecondary goal that addresses the areas of training, education, employment, and when appropriate, independent living. Measurable postsecondary goals are different from measurable annual goals in that they measure an outcome that occurs after a student leaves high school. Measurable postsecondary goals must be stated in a way that can be measured as “yes” or “no” it was achieved. The goal needs to indicate what the student “will” do after graduating or completing their secondary program.

Courses of Study

Each IEP for a student with a disability age 16 or older must also contain a description of the courses of study needed to assist the student in reaching the postsecondary goals. The courses of study must focus on improving the academic and functional achievement of the student to facilitate transition from school to post experiences that are related to the student’s postsecondary goals. The decisions regarding the courses of study should relate directly to where the student is currently performing and what he or she wants to do after graduation. The connection between the student's postsecondary goals and courses of study should be obvious.

Nebraska Department of Education, Office of Special Education. Setting Goals, Achieving Results: Nebraska IEP Technical Assistance Guide, March 2014.

Supporting Staff, Students and Families

The responsibilities for providing appropriate services to students with disabilities are numerous. Students with Autism Spectrum Disorders (ASD) often create unique demands on the systems that serve them due to the complexity of their needs. These unique needs require specific knowledge, skills and passions on the part of those who serve them. The selection of interventions that are evidenced based and providing staff with adequate time to not only provide services, but also hone their skills through professional development opportunities is a challenging scale to balance.

As an administrator, weighing the costs of providing professional development is a difficult

task; both financial costs and the time teachers spend away from students must be weighed when making professional development decisions. Yet many administrators agree that well-planned, quality professional development is a critical component of staff and student success. In addition to the time needed to participate in professional development opportunities, it is equally important that programs serving students



with an ASD develop collaborative partnerships between education service providers, community providers and families. For most students with an ASD, educational placement is in the general education classroom. For others, placement may be either in a self-contained setting or a combination of general and special education settings.

Consider the following to demonstrate your support for staff and students:

- Visit the classroom often
- Solicit the teachers' concerns
- Discuss Evidence Based Practices that are being used
- Collaborate with teachers to create a Professional Development plan that will be meaningful and provide opportunities for teachers to attend training
- Obtain outside consultation from the ASD Network or other appropriate resources when needed



“Alone we can do so little; together we can do so much.”

~ Helen Keller

Frequently Asked Questions

What curriculum can be used to teach a child on the spectrum?

Research clearly shows there is not one specific curriculum or strategy to teach a student with autism. No matter the age or specific spectrum disorder, here are some basic instructional guidelines.

- Assess the student's academic, social and emotional and communication skills.
- Curriculum modifications should be individualized and take place across environments and across content areas.
- Consider environmental supports that may be needed to help the student focus on the need-to-know content information.
- Utilize visual cues and supports to help make the connection between the content presented and the student's understanding. (i.e., graphic organizers, visual instructions, highlighting, task analysis)

How do I teach a non-verbal child to read?

- Focusing on the student's visual and receptive language strengths can guide instruction for children on the spectrum. There are resources available for teaching children on the spectrum to read. In her book, *How Do I Teach This Kid to Read?* Kimberly Henry states that a systematic, balanced literacy program is recommended to ensure instruction is delivered in each area of literacy development. The reading program must be individualized across literacy skills. Henry's book provides examples and samples on how to teach literacy to young children on the spectrum.

If I need assistance with a student who has ASD or behavior difficulties, how can I get help?

The ASD Network provides consultation, professional development and training for school districts in the State of Nebraska. Go to <http://www.unl.edu/asdnetwork/> and click on ASD regions link to find your region and contact the Regional Coordinator.

"I had people in my life who didn't give up on me: my mother, my aunt, my science teacher. I had one-on-one speech therapy. I had a nanny who spent all day playing turn-taking games with me."

~Temple Grandin

Resources

- **Nebraska ASD Network:** The Nebraska Department of Education developed the ASD network to provide training and consultative support to local school districts, educational service units and parents of children with autism spectrum disorders. The Nebraska ASD website provides a list of our upcoming trainings, information about the ASD Network and Regional ASD Coordinators and online training via webinars and links to excellent resources on ASD. Please visit our website at: <http://www.unl.edu/asdnetwork/>.
- **Autism Society of America:** This website is the voice and resource of the autism community. It contains information including, but not limited to, the following (1) research and programs, (2) Tips of the Day. <http://www.autism-society.org>
- **Center for Disease Control (CDC):** Working with states and other partners, CDC provides a system of health surveillance to monitor and prevent disease outbreaks, implement disease prevention strategies, and maintain national health statistics. <http://www.cdc.gov>
- **Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH):** The University of North Carolina at Chapel Hill has an educational approach for individuals with autism to function meaningfully and independently in their naturally occurring environments. Additional links to a variety of resources about strategies and autism are provided. <http://www.teacch.com>
- **Do 2 Learn:** This website provides games, songs, communication cards, print resources, and information for students with disabilities. It also provides ideas for teachers in adapting lesson plans and providing cooperative learning opportunities in their classrooms. <http://www.do2learn.com>
- **National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS):** The OSEP-funded National Technical Assistance Center on Positive Behavior and Intervention Supports was established to address the behavioral and discipline systems needed for successful learning and social development of students. This Center provides capacity-building information and technical support about behavioral systems to assist states and districts in the design of effective school-wide interventions. <http://www.pbis.org>
- **Tasks Galore:** Tasks Galore Publishing Incorporated was created to provide parents and professionals with practical tools that will assist their children and students to become more

independent in school and in society. These tools emphasize structured teaching methods and parent/professional collaboration. <http://www.tasksgalore.com>

- **Autism Internet Modules:** AIM is designed to provide high-quality information and professional development for anyone who supports, instructs, works with, or lives with someone with autism. Each module guides you through case studies, instructional videos, pre- and post- assessments, a glossary, and much more. AIM modules are available at no cost. If you would like to receive credit for your time on AIM, certificate and credit options are available for a fee. <http://www.autisminternetmodules.org>
- **EBP Self-Assessment Briefs:** These materials can be used to help educators and services providers identify their strengths in the NPDC on ASD's 27 Evidence-Based Practices. Once the individuals complete the self-assessment, all team member scores are entered into the EBP Table. By totaling the scores across the individuals, it is possible to identify areas of strength and need. Once needs are identified, both individual and team/building/district professional development plans can be developed. <http://autismpdc.fpg.unc.edu>

Helpful Websites for Training Resources

www.unl.edu/asdnetwork/

Training Materials for upcoming trainings as well as Training On Demand can be found on our website.

<http://media.mindinstitute.org/education/ADEPT/>

This website has online lessons for parents to more effectively teach their child with autism and related disorders.

www.texasautism.com

This is the website of the Ziggurat Group. Updated ZM forms are on this site.

www.behavioranalysts.com

This website has ordering information for the ABLLS-R.

www.vbteachingtools.com

This website has ordering information for the ABLLS-R kit.

www.objectsymbol.com

This website has objects for object schedules that can be purchased.

www.ocali.org

This is the website for the Ohio Center for Autism and Low Incidence.

www.researchautism.org

Organization for Autism Research's website. This has pdf versions of its publications.

www.nap.edu

This site has the pdf version of the book "Educating Children with Autism."

www.socialthinking.com

Michelle Garcia Winner's website

http://www.ucdmc.ucdavis.edu/mindinstitute/events/si_recorded_events.html

Archived presentations from the Summer Institute at UC Davis

<http://www.aapcpublishing.net>

Autism Asperger Publishing Company

Blogs/Wikis

<http://neasdexchange.wikispaces.com>

This is the ASD Network's place to share and find resources for individuals on the autism spectrum or anyone that would benefit from visual schedules, social stories, 5 point scales, hidden curriculum items, etc.

<http://pudgeandzippy.blogspot.com>

Blog of a mom of 3 (soon to be 4) children. Her oldest daughter has Down syndrome; her oldest son has Down syndrome and Autism. She has a Master's in Special Education and has a great perspective for teachers to read.

<http://www.esteklar.com>

Blog of a single mom with a son with Autism. She lives in Canada.

<http://momnos.blogspot.com>

Blog of a single mom with a son with Autism. She is also a teacher.

<http://www.autismclassroomnews.com>

Blog of a nationally known Autism Consultant/Author, Christine Reeve.

<https://jillkuzma.wordpress.com>

Blog of Jill Kuzma, SLP and national presenter. On this site she shares her ideas for teaching social and emotional skills to individuals with ASD.

Transition Resources

<http://ndetransition.site.esu9.org/>

Nebraska Department of Education website specific to transition resources.

<http://autism.sedl.org>

Vocational Rehabilitation Service Models for Individuals with Autism Spectrum Disorders

www.ocali.org/transition/trans_guidelines.php

Transition to Adulthood Guidelines for Individuals with Autism Spectrum Disorders (ASD)

www.researchautism.org

Life Journey Through Autism: A Guide for Transition to Adulthood

www.dps.missouri.edu

Adult Autism & Employment: A Guide for Vocational Rehabilitation Professionals (Disability Policy and Studies School of Health Professionals)

http://www.nsttac.org/indicator13/examples_i13_checklist.aspx

NSTTAC: I-13 Training Materials: Examples and non-examples that can be used to train personnel to: (a) develop IEPs that meet Indicator 13, and, (b) collect data using the NSTTAC I-13 Checklists

http://www.nsttac.org/ebp/evidence_based_practices.aspx

NSTTAC: Evidence-Based Practices: A Gateway to the Complete Set of Secondary Transition evidence-Based Practices in the Areas of Student-Focused Planning, Student Development,

<http://transitioncoalition.org/transition/index.php>

“Tips for Transition” Compiled and Edited by: Ryan Kellems and Mary Morningstar, University of Kansas, Transition Coalition in collaboration with the Division of Career Development and Transition

Inclusion Resources

www.familiestogetherinc.org

Families Together, Inc.: Least Restrictive Environment (LRE, Kansas Resources, National Resources, Early Childhood Resources, Middle School Resources, and High School Resources

www.paulakluth.com

Paula Kluth: Toward Inclusive Classrooms and Communities

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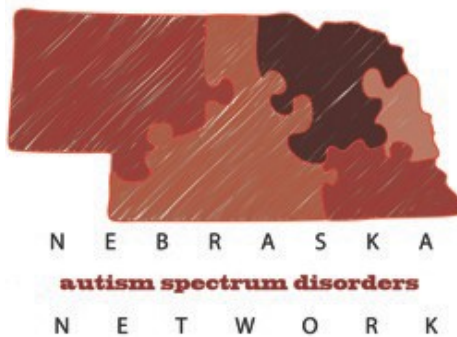
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