



Autism Spectrum Disorders (ASD)
Guide for
Wisconsin Technical College System (WTCS)
Staff

2009

Please see your technical college special services staff for additional information and assistance. This Guide is available in alternative formats on request.

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Please access
<http://systemattic.wtcsystem.edu/Studentserv/virtualresource/disabilitiesR.htm>
for an electronic copy.

The purpose of this guide is to offer basic information and guidance for staff within the WTCS. The guide is not research based, but includes experience-based knowledge from WTCS staff who worked directly with students on the Spectrum.

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FOREWORD

Nancy Alar - Parent of a son with ASD and President of the ASW (April 2006-April 2009).

The purpose of this guide is to provide the staff at Wisconsin technical colleges with useful tools so they can offer a positive educational environment for those on the autism spectrum.

The unique world-view of those on the autism spectrum is often very different from the majority of the population and is at once the source of their talents (they think very far outside the box) and the source of the difficulties they encounter in educational and other environments. Many of their unique talents are useful in the detail-oriented world of technical systems. Our society will benefit if we cultivate those talents. Some adults who are on the autism spectrum believe it is more appropriate that ASD stand for Autism Spectrum Difference rather than Autism Spectrum Disorder.

Educators working with students with disabilities, especially students on the autism spectrum, should be respectfully aware that their unique neurology makes for a very different, but an equally valid reality. This unique form of intellect brings with it some profound skills and wisdom. When educators presume competence, believe that the student is trying their best, and approach those who are different with kindness, the results can be extremely positive for all concerned.

The social impairments discussed in this document are definitely shared impairments. Those who are not on the autism spectrum have as much to learn about communication as those who are. The struggle to understand people with differences is definitely a two-way street. When true understanding is coupled with respect, everyone wins and all of us can get the full benefit of the unique talents of those on the autism spectrum.

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ASD Guide for WTCS Staff

Section I

INTRODUCTION

The opportunity to enroll in college is one of life's major milestone events and it can be the most challenging, significant, and exciting period of life. Students with disabilities have enrolled and graduated from universities, public and private colleges, and Wisconsin's technical college system for many years. Last year, over 16,000 students self-identified a disability within the WTCS. These numbers are the highest numbers served in Wisconsin's history. It may appear that the barriers for students with disabilities have been eliminated or significantly reduced; however, each person with a disability faces unique challenges.

Students with physical and mental disabilities have been provided a range of services and disability-related accommodations within the technical college system for over 20 years. Disability Services Providers (DSP) are trained to evaluate students' needs based on a case-by-case interactive process. DSP do not diagnose disabilities, but they will gather existing reports including Individual Education Programs (IEP), psychological reports, medical reports, vocational evaluations, or other pertinent information, in addition to interviewing the student, as a means to identify needed services within the college setting. The student has major responsibility in the success of the accommodation process. Students must self-identify and request services; therefore, self-advocacy skills are essential for success.

Students with ASD represent a small but growing number in Wisconsin's technical college system. The year 1995 was the first time data was collected on this disability and five students were reported by Wisconsin's sixteen technical colleges. In 2006, 129 individuals with ASD were identified which represented a 61% increase over the previous year. These numbers may be low because students are frequently diagnosed with multiple disabilities and may be reported

elsewhere. For many professionals who work with college students with disabilities, ASD is a puzzling and unique disability. Much of the research, media announcements, and training seminars focus on children not adults. There are no specific lab tests that diagnose this disability (the cause is not known), and there is some confusion regarding the differences among the disorders currently referred to as the autism spectrum.

Students with ASD can be intelligent, have excellent academic skills, be highly verbal (especially those identified with Asperger's), and very focused on attaining goals in their areas of interest. Their differences are not obvious, so they may appear to be shy, quiet, odd, rude, lazy, normal, bright, slow, clumsy, strange, crazy, unmotivated, irresponsible, awkward, unappreciative, verbose, and / or gifted. This spectrum of disorders has been unrecognized or misunderstood by DSP and campus staff. The students have fallen through the cracks or have not sought assistance. Those who have requested help have not always benefited from traditional delivery methods of support services. These students are misdiagnosed, undiagnosed, or may have other contributing disorders or disabilities including Obsessive-Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD), Depression, and Anxiety Disorders.

The purpose of this guide is to offer information and guidance for staff within the WTCS as it relates to students who are on the autism spectrum.

DSP, Student Services staff, and faculty need to be familiar with this disability so that students have equal access and are offered effective accommodations. The number of students with ASD will increase and their characteristics and abilities will be varied. This increase is supported by the Wisconsin DPI data that identified 4,361 children with autism in 2004-2005 who received special education. The increase was 19% more than the previous year. It will be a challenge to identify students and communicate in such a way that encourages them to

pursue postsecondary education and obtain assistance to be successful. These students have significant difficulties independently navigating through campus life. This is heightened by the differences in which individuals on the autism spectrum perceive social situations and communication needs. As public awareness grows and increasing numbers of children complete secondary education and prepare for their future, professionals in higher education will need to be knowledgeable and trained on this topic.

This guide will provide basic information about ASD including Asperger's Syndrome in **section two**. **Section three** will focus on career exploration and transition planning to college from high school or the community. Transition planning for college admission will also be covered. **Section four** will cover potential disability-related accommodations and support services. **Section five** will offer information on services and support related to transitioning to employment and the community. **Section six** will share student scenarios from technical college districts. The **final two sections** provide an appendix and additional resources.

The potential of each student with ASD is often *underestimated!* The needs of these students will evolve and change over time. The challenges and difficulties faced by each student will range from mild to severe. The number of symptoms may vary from few to frequent. The students can be capable in many areas of life, but our greatest challenge is to recognize their potential.

Section II

BASIC INFORMATION ON ASD

Most adults can reflect on their elementary school years and recall a child who was odd – different from all the others. The child did not fit in, was often a loner, and did not understand how to communicate with his peers. The child may have been preoccupied with a certain interest or activity. This may have been a person on the autism spectrum. Dr. Leo Kanner first described autism in 1943.

A student with ASD attending a Wisconsin technical college may be protected by law from discrimination based on disability. The Americans with Disabilities Act (ADA) of 1990, and Section 504 of the Vocational Rehabilitation Act provide protection for students with disabilities, including those on the autism spectrum. These laws provide protection from discrimination in recruitment, admission, or exclusion of a qualified person with a disability from any course of study. Wisconsin's technical colleges provide reasonable disability related accommodations to enable students to overcome or cope with their difficulties and express or demonstrate their abilities to perform essential functions of a program or course.

To gain an understanding of ASD, it is necessary to know that it is one of five developmental disabilities known as Pervasive Developmental Disorders (PDD). The five disorders are Asperger's Syndrome, Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS), Autism, Childhood Disintegrative Disorder (CDD), and Rett's Disorder. **(See Appendix A.)**

ASD

| | | | | |
|---------------------|---------|--------|-------------------|-----------------|
| Asperger's Syndrome | PDD-NOS | Autism | CDD | Rett's Disorder |
| Higher functioning | | | Lower functioning | |

PPDs are characterized by severe and pervasive impairment in several areas of development which adversely affects a child's educational performance. These impairments are reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities.

These disorders are usually evident in the first years of life. Symptoms of ASD can be identified by the time a child is 18 months old, and a reliable diagnosis can usually be made by the time a child is three years of age. The number of persons with ASD has been growing in the past decade, and current estimates suggest that as many as one child in every 150 born today will be diagnosed with ASD.

The cause(s) of ASD is not known. In fact, there may be more than one factor, or a cluster of factors that play a role in ASD. Evidence suggests both genetic and environmental triggers may play roles. Most researchers believe the etiology of ASD is a neurobiological cause and that multiple genes are involved. Most believe it is not related to vaccines or parenting skills. Statistically, ASD is three to four times more common in boys than girls. **There is no cure for ASD**, however, interventions can reduce behavioral symptoms and improve academic, social, and employment outcomes. Symptoms of ASD vary from mild to severe.

The variance in symptoms depends on the developmental level and the chronological age of the individual. The criteria to diagnose autistic disorder is well documented in the “Diagnostic and Statistical Manual of Mental Disorders Fourth Edition” (DSM-IV). The essential features of a person with autistic disorder fit into three categories:

- 1) an impaired development in social interaction.
- 2) impairments in communication.
- 3) restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.

Social Interaction: The dysfunction in social interaction is noticeable and sustained. A person with ASD may not have an interest in developing peer relationships, or the person may fail to develop peer relationships appropriate to their developmental level. They may be characterized as socially avoidant, socially indifferent, or socially awkward. An individual with ASD may be socially vulnerable, especially to bullying. A person with ASD may be impaired in using multiple nonverbal behaviors such as eye-to-eye gaze, facial expressions, body postures, and gestures to regulate social interaction. There may be a lack of sharing enjoyment, interests, or achievements with other people. They may not participate in simple social play or games but prefer solitary activities. As a child, they may also lack the ability to engage in spontaneous make-believe play or social imitative play. Often an individual with ASD may not notice others’ needs or emotions. There may be a lack of fear in real dangers, and excessive fearfulness in response to harmless situations or objects.

Communication: The impairment in communication affects both verbal and nonverbal language skills. There may be a delay or total lack of development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime). In individuals who do speak, the person with ASD may not be able to sustain a conversation with others. An individual may use stereotyped, repetitive, or idiosyncratic language. When speech does develop, the pitch, intonation, rate, rhythm, or stress may be abnormal. The voice may be monotonous or sound stilted. An individual with ASD may lack the ability to comprehend language such as simple directions, jokes, or questions.

Behaviors: ASD is characterized by restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. There may be a preoccupation with, and inflexible adherence to, nonfunctional routines or rituals. There may be repetitive body movements or repetitive movement of objects (also called stereotyped or self-stimulatory behavior). Some self-stimulatory behaviors may include hand or finger flapping, repetitive blinking, scratching, rocking front-to-back or side-to-side, or licking objects. There may also be a fascination with movement, such as spinning an object. They may have peculiar responses to sensory stimuli such as oversensitivity to certain sounds, or being touched. They may exhibit self-injurious behaviors such as head banging.

Wisconsin DPI has developed the educational criteria for autism. It is included in the June 2004 Register of the Wisconsin Administrative Code PI 11.36.

(8) AUTISM. (a) Autism means a developmental disability significantly affecting a child’s social interaction and verbal and nonverbal communication, generally evident before age 3, that adversely affects learning and educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is

adversely affected primarily because the child has an emotional disturbance, as defined in sub. (7).

(b) The results of standardized or norm-referenced instruments used to evaluate and identify a child under this paragraph may not be reliable or valid. Therefore, alternative means of evaluation, such as criterion-referenced assessments, achievement assessments, observation, and work samples, shall be considered to identify a child under this paragraph. Augmentative communication strategies, such as facilitated communication, picture boards, or signing shall be considered when evaluating a child under this paragraph. To identify a child under this paragraph, the criteria under subs. 1. and 2. and one or more criteria under subs. 3. through 6. shall be met.

1. The child displays difficulties or differences or both in interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.

2. The child displays problems which extend beyond speech and language to other aspects of social communication, both receptively and expressively. The child's verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The child may have a speech or language disorder or both in addition to communication difficulties associated with autism.

3. The child exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The child may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The child may not follow normal developmental patterns in the acquisition of skills.

4. The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness, and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.

5. The child exhibits unusual, inconsistent, repetitive, or unconventional responses to sounds, sights, smells, tastes, touch, or movement. The child may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism.

6. The child displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The child's capacity to use objects in an age-appropriate or functional manner may be absent, arrested, or delayed. The child may have difficulty displaying a range of interests or imaginative activities or both. The child may exhibit stereotyped body movements.

Wisconsin DPI has not developed criterion for Asperger's

Basic Information On Asperger's

Individuals with Asperger's are the largest number of students from the autism spectrum who enroll in the WTCS. DSP are often called upon to provide guidance for students with Asperger's in Wisconsin's technical colleges. **(See Appendix B.)**

Many students with Asperger's attending Wisconsin technical colleges can be successful if proactive planning and appropriate coping skills are in place. Asperger's is on the autism spectrum and is distinguished from the other disorders by professionals who consider Asperger's a less severe form of autism, or as high functioning autism. Asperger's was first described in the 1940's by Hans Asperger, a Viennese pediatrician. Asperger's was added to the American Psychiatric Association's (APA) DSM-IV in 1994 as a separate disorder from autism. Information on the prevalence of Asperger's is limited, however, statistically; it appears to be more common in males. Asperger's is a specific type of PDD in which the essential features of this disorder are characterized by problems in:

- development of social interaction.
- restricted repetitive and stereotyped patterns of behavior, interests, and activities.

A person with Asperger's **must** have significant impairment in *social, occupational, or other important areas of functioning*.

Social Interaction: Impairments in social interactions vary among individuals with Asperger's. For some, they may not be able to read or may misread nonverbal behaviors such as facial expressions, gestures, or body language. Persons with Asperger's tend to be socially isolated. They may fail to develop peer relationships appropriate to their chronological and / or developmental age. Individuals with Asperger's may desire to be part of the social world but they don't know how. **(See Appendix C.)** Persons with Asperger's may not be able to express emotions, and may not like physical contact. They may be clumsy or uncoordinated. Persons with Asperger's may display eccentric / odd behavior such as stereotyped, repetitive, or self-stimulatory behavior. Persons with Asperger's have difficulty with transitions or changes, and prefer sameness or routine. They may frequently be preoccupied with things or objects in focus and intensity. Persons with Asperger's may have problems with noncompliance, conduct, or aggressive behavior. They may be at risk for other psychiatric problems including ADHD, Schizophrenia, and OCD.

Communication: Typically, persons with Asperger's differ from those with ASD because there are **not significant delays in language**. Usually, a child with Asperger's used single words by age 2 years, and phrases by age 3 years. Speech patterns may be out of the ordinary. For example, persons with Asperger's may be unable to initiate or sustain conversations. They may parrot responses back to a person they are speaking to without really understanding the question or concept being discussed. They may use stilted / unnatural / monotone tone of voice. They may have well-developed speech but have poor communication. Persons with Asperger's probably will not understand jokes, innuendos, irony, or metaphors.

Persons with Asperger's typically have normal intelligence and are distinguished from autism because there is **no delay in cognitive development**. Ironies exist however for individuals with Asperger's. For example, they may be excellent at reading but weak in comprehension skills. On the other hand, they may be capable, but not willing to complete assignments if interest is low.

Persons with Asperger's have no significant delays in the development of self-help skills, adaptive behavior (other than social interaction), and curiosity about their environment.

Section III

TRANSITION PLANNING AND ADMISSIONS FROM K-12 TO WTCS

Planning From K-12 To WTCS

The purpose of transition planning for students with disabilities exploring postsecondary education is to develop career goals, uncover and document skills and challenges, and determine strategies for a successful transition. Making the transition from high school to postsecondary education is difficult for most students with disabilities, but can be overwhelming for a student diagnosed with ASD. For these students, it means moving from an environment of structured time, dependency on others to organize time and materials, predictable routines, and expected conversations with rote behaviors. This new environment offers discretionary time, independence, and unpredictable situations. Students with ASD may need to learn new skills and further develop existing skills to successfully transition to a postsecondary environment. Early planning for this transition is critical to the success of these students and will greatly reduce the time spent on adjustments during their first semester in a technical college.

High school students with ASD who are considering enrollment at a technical college will benefit from transition planning sessions that involve high school staff and technical college DSP.

A high school IEP team may coordinate these planning sessions. Attendance at IEP meetings will not only allow the DSP to share information about their college's programs and services, it will provide the DSP an opportunity to meet the student and observe the student's interaction at the meeting. The student will obtain vital information about the college. At the same time, it allows the student to become acquainted with the DSP while in familiar surroundings.

Participation in IEP and transition planning meetings are also opportunities to provide suggestions or activities to aid the student to further explore programs and service options. These suggestions may include:

- participation in activities designed by the college for high school students (college preview days, program visits, tours, etc.);
- job shadowing;
- visits to the disabilities services office to discuss program opportunities and services while observing current college students;
- enrollment in a summer introductory course;
- career workshops;
- Youth Options program, if available.

An effective transition plan is designed to discover, explore, and capitalize on the unique interests and abilities of students with ASD. In *Developing Talents: Careers for Individuals with Asperger Syndrome*, Grandin, T. and K. Duffy (2004), it is suggested that career exploration by these individuals begin with matching their specialized talents of thinking with possible occupations to capitalize on their thinking style. Grandin and Duffy further identify the following suggested job matches for each thinking style.

Some jobs that would be good matches for **visual thinkers** are:

- auto mechanic;
- web designer;
- computer troubleshooter;
- photographer;
- animal trainer;
- graphic artist;
- landscape designer.

Jobs that would be good matches for **math / music thinkers** are:

- computer programmer;
- engineer;
- statistician;
- chemist;
- electronics technician.

Additionally, jobs that are suggested matches for **nonvisual thinkers with more verbal brains** are:

- accountant;
- journalist;
- librarian;
- budget analyst;
- special education teacher.

“I can’t emphasize enough that people with high-functioning autism and Asperger Syndrome must be extremely talented in their vocation to make up for challenges in social skills.”

(Grandin & Duffy, 2004.) The talents of these students must be cultivated into skills that can be utilized in a career.

The IEP

The IEP is a written plan that addresses the individualized special educational needs of a student who has a disability.

The common goal of the IEP should include all elements in a model evaluation for students with ASD.

- History, including developmental and medical information.
- Psychological assessment, including a differential diagnosis.
- Communication assessment.
- Consultations regarding motor disabilities and neurological issues.
- Psychopharmacological interventions.
- Career and vocational assessment.
- Clear diagnostic statement.
- Recommendations for addressing issues of concern (Bedrossian & Pennamon, 2007, p. 63).
- Summary of Performance (SoP) is highly recommended for students with ASD.

Although the student may be confused and stressed during the IEP and transition planning process, it will be a tremendous help. These meetings provide an opportunity to assess and gather information regarding the student's abilities in the following areas:

- Does the student have a clear understanding of and ability to explain their disability?
- What are the student's strengths and limitations?
- How may the student's disability affect them in specific courses or workplace situations?
- What are some of the ways that the student normally copes with the effects of their disability?
- What coping strategies have not worked?
- What help will the student need from an instructor or employer to do their best work, and demonstrate competency?
- Who might be able to provide the assistance the student needs?
- Is the student documenting their efforts in a notebook and maintaining records?

Documentation of the Disability

Postsecondary schools can set reasonable standards for documentation of a disability. Some Wisconsin technical colleges may require more documentation than others. An excellent resource is *A Wisconsin Post-Secondary Guide to Disability Documentation, 2006*.

Practitioners who can provide a diagnosis are psychologists, licensed clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors.

Recency of Documentation

If documentation of an ASD by a recommended practitioner has been established during the time that the student attended K-12 school, that medical diagnosis will generally be sufficient. However, a description of the current functional limitations of the disorder should be provided.

Contents of Documentation

1. A specific diagnosis that conforms to the DSM-IV including the criterion for Autism, Asperger's Syndrome, or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS).
2. Current functional limitations on major life activities resulting from the ASD. These may include but are not limited to:
 - communication or language skills;
 - social interaction;
 - restricted, repetitive, and / or stereotyped patterns of behavior, interests or activities;
 - sensory functioning, especially sensitivity to environmental conditions that may be present in the educational setting;
 - motor planning.
3. Evidence to support the functional limitations statements made in #2. This may include, but is not limited to:

- aptitude / cognitive ability. Assessed using a standardized test such as the *Wechsler Adult Intelligence Scale – Third Edition* (WAIS-III) or a similar instrument.
 - academic skill levels, especially if the student has received accommodations for academic skill levels in the past, assessed using individually administered, standardized measures.
 - standardized tests of language skills.
 - clinical observations / interview.
 - teacher observations.
 - standardized scales of symptoms related to autism.
4. Recommended accommodations. All accommodations should be directly related to functional limitations listed in #2. The rationale for each recommendation should be contained in #3.
 5. Recommendations for other supports, strategies, or services that may benefit the individual in a higher education environment. This includes suggestions for the use of Assistive Technology (AT), how the use of medications may alleviate symptoms of the ASD, as well as any other recommended interventions such as counseling services or occupational therapy.
 6. Other pertinent diagnoses or recommendations for other evaluations that may be needed.

The SoP is a mandated document under Individuals with Disabilities Education Act (IDEA), 2006, and should be shared with the technical college DSP.

Planning For College Admissions

Team Approach

Transitions are often difficult for students with ASD, but with careful planning and preparation the process can be customized for each student, thereby increasing the likelihood of a successful transition into the technical college. Although time consuming, a team approach to transition planning is well worth the effort. Suggested team members include student with ASD, parent(s), IEP case manager, technical college DSP, technical college counselor, and appropriate adult service agency providers.

Parents

Parents are most often the primary advocates for students with ASD. They can provide a unique and personal profile of their child that may not be reflected in the K-12 documentation. These parents often promote independence, self-advocacy, and decision making by their children while providing them the natural supports and coordination of adult resources required for successful transitions. Some students may benefit from providing their parent(s) with Educational Power of Attorney (**see Appendix D**), or defined contact with the college through a formal authorization form.

Adult Services

Students with ASD should also be encouraged to access all adult service agencies in which they may be eligible for services. Because transportation, employment, and independent living

services may be required during and after a student completes their training, it is imperative to involve some or all of the agencies throughout the student's admissions and enrollment (examples include Division of Vocational Rehabilitation (DVR), Developmental Disabilities Administration (DDA), county mental health services) at the technical college.

Assessment

Each student with ASD has a unique profile of strengths, weaknesses, interests, and stressors. It is imperative for successful planning to not only access the IEP or Section 504 of the Vocational Rehabilitation Act plans developed by the K-12 schools, but to gather additional information regarding functional assets and limitations. Previous experiences, both good and bad, are valuable sources of information relevant to transition planning. Attempts must be made at IEP and transition planning meetings to ascertain the following information:

- unique interests and abilities;
- strengths / challenges / stressors;
- additional diagnosis [Learning Disability (LD), ADHD, etc.];
- academic history;
- effective supports;
- effective classroom strategies;
- SoP / IEP / Section 504 of the Vocational Rehabilitation Act plans;
- diagnostic documentation;
- self-advocacy skills;
- effective accommodations;
- work history;
- recreation / leisure activities;
- vocational interests / abilities.

Admissions / Enrollment

As with all students transitioning from the K-12 system to technical colleges, it is imperative for DSP to discuss student rights, protections, and responsibilities under ADA and Section 504 of the Vocational Rehabilitation Act. This discussion should include a comparison with IDEA and a definition of "reasonable accommodation" in the technical college.

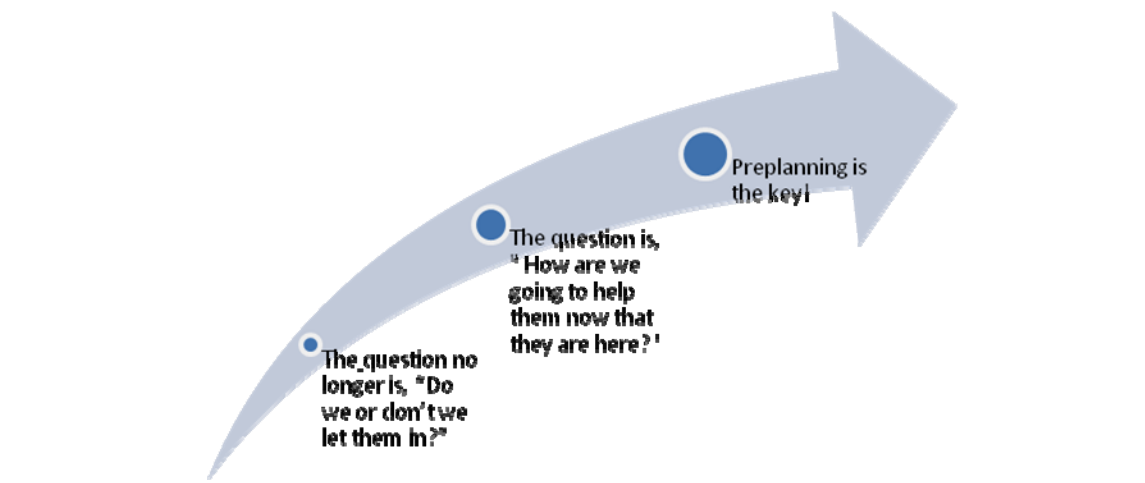
Students with ASD will often qualify for accommodations during admissions placement testing. Because students with ASD often carry an additional diagnosis, accommodations for placement testing must be determined on an individual basis. Please review the **Accommodations** section of this handbook for assistance in determining reasonable accommodations for students with ASD.

Individualized Transition Plan

Many students with ASD experience great difficulty with changes in environment, routine, structure, and procedure. They are unorganized and they experience difficulty breaking down tasks into defined steps. For these reasons, it is suggested that the student be provided an individualized transition plan or checklist identifying a list of tasks and timelines for completion of admissions and enrollment.

- Investigate transportation options to college.
- Locate and open your locker.
- Visit the bookstore and obtain information on books / supplies.
- Obtain a “who’s who” list of key staff at the college.
- Visit the Disability Services area of the college.

Once admitted, the student with ASD must be guided in the determination of credit load and course selection. Students with ASD often have great difficulty shifting focus from one task to another so great consideration must be given to the student’s ability to manage multiple demands when appropriate credit load is discussed. At this point, these students must be guided through the development and use of accommodation plans (**see Appendix E**). For further information or ideas for your involvement in this process, this is a highly recommended resource: *College Students with Asperger’s Syndrome*.



Section IV

ACCOMMODATIONS AND STRATEGIES FOR STUDENTS WITH ASD

Please be aware that *not all of these strategies apply to all students* with ASD. These strategies are based on previous experiences with students with ASD who have enrolled in postsecondary education.

Planning and Developing Disability Related Services and Accommodations

Students with ASD tend to benefit from knowing what is expected. Preplanning with this group is recommended. DSP may want to consider these suggestions during the planning stages.

- **Campus Orientation:** Assist the student(s) in becoming familiar with the campus prior to classes including such things as bus riding, locker location, bookstore and location of classrooms.
- **Contacts:** Provide the student with contact names, phone numbers, and e-mail addresses of key college staff.
- **Interview:** In addition to the traditional questions and information gathered during a student interview, include these types of questions – “What types of things make you uncomfortable?” “Are you sensitive to your environment?” “How have you managed conflict?”
- **Disability Related Accommodation Plans:** Explain and develop the Disability Related Accommodation Plan utilizing a checklist. During the discussion, be clear and concise. Ask the student to summarize the services offered.
- **Release of Information:** Use this form so you have permission to talk to the parents. Students with ASD benefit from parent involvement. They can serve as interpreters of behavior. They can also help the DSP know what may trigger “meltdowns,” what triggers distress, etc. especially if the student is not particularly verbal or self-aware.
- **AT:** AT and alternative media should be discussed early in the preplanning stage. Examples include screen reading software, scanning and reading hardware, literacy and test taking software. These programs / devices require time for set-up / training so decisions on its use should be determined before school starts. These supports may assist the student with ASD to glean information more effectively and efficiently from texts. This may be helpful so that the student with ASD is not re-reading the same material repeatedly.
- **Communicate with Staff:** Send letters to faculty regarding individual needs or use a handout on ASD (**See Appendix F**).

- **Meet with Faculty:** Connect with instructors prior to the semester. It aids the instructors' understanding of the student's specific learning styles including any reasonable and effective accommodations.
- **Communicate with Classmates:** Students with ASD may be willing to share information on ASD with their classmates. A class presentation should be conducted using a style that is comfortable for the student such as a PowerPoint, printed, or oral format.
- **Ongoing Support:** Maintain contact with faculty the first week of class to find out how things are going. Schedule appointments with the student throughout the semester, if necessary, so accommodations can be modified.

Classroom / Instructional Accommodations (See Appendix G)

- **Syllabus:** Provide a clear syllabus. Announce changes in advance so the student has time to get accustomed to new deadlines, etc.
- **Attendance:** If the student shows a pattern of non-attendance, notify DSP. Attendance is not a mandated accommodation, but intervention may be needed.
- **Preferential Seating:** Many students with ASD like to sit in the same place and an assigned seat can eliminate potential problems.
- **Movement:** Some students with ASD experience motor issues and they are “clumsy,” or have atypical gaits or body postures. Offer students the opportunity to get up and move about during class. Some students require movement to maintain attention.
- **Learning Styles:** Some individuals may think in “pictures” and may prefer visual representation like diagrams and outlines as opposed to information presented orally. Presenting abstract concepts visually (with PowerPoint, c-charts, graphs, etc.) assists learners with ASD. This can be a helpful learning tool for other students.
- **Noise Reduction Devices:** Allow students to use earplugs or other dampening devices to reduce environmental distractions.
- **Teacher Selected Groups:** The students with ASD may choose not to join a group unless assigned. If your course necessitates group work outside of class, pre-select the student groups so the student with ASD knows who they will work with, or allow the student to work independently. The stress of these social interactions may interfere with assignment completion and / or learning new material.
- **Class Discussions:** Discussions may be difficult for the student with ASD to follow, especially if they are abstract in nature. Utilizing an outline may benefit the student by letting the student know the purpose of the discussion and your expected outcomes. Some students with ASD are reluctant to speak because they want to be competent when they participate in a conversation.
- **Special Interests:** Often students with ASD have strong focused interests. They can be motivated with projects that appeal to these special interests. The instructor can be a key

resource in helping the student with ASD to harness those interests in a way that leads to success both in the classroom and later in employment.

- **Homework:** Some students may not see the need to complete and / or turn in homework. Clearly state your rules for homework. A homework timetable may help the student.
- **Classroom Notes:** Students with ASD may benefit from utilizing a notetaker or obtaining a copy of the teacher's notes. Tape recording lectures may also be used.
- **AT:** Encourage students to use AT to support their understanding of printed information. Handouts, notes, and books can be delivered in alternative formats using software such as Kurzweil, OpenBook, and WYNN.
- **Test Accommodations:** A distraction-free room and extended time benefit the student when the student takes a test.
- **Colored Paper for Tests:** White paper may be too glaring for some students.
- **Progress Reports:** Provide the student with ongoing and timely classroom progress reports. If DSP offers this service, please complete their forms and return them to their office. Students benefit from instructor feedback on a regular basis.
- **Mentors / Tutors:** Matching students with a mentor and / or a tutor can be a valuable support service. This type of assistance should be referred to DSP who can screen potential mentors / tutors. Training or monitoring is essential for a good match.
- **Time Management and Organizational Skills:** Students may benefit from this assistance.

Refer the student to Disability Services at your college for this type of help as well as other potential services or accommodations.

Language Skills and Strategies for Instructors

- **Voice Characteristics:** Others may notice their use of odd or stilted language patterns.
- **Processing Language:** Many students with ASD require a longer processing time to answer questions or participate in discussions. Some students may respond "I don't know," if taken by surprise, when they do know the answer. Consider using a signal so the student is ready when you call on them.
- **Literal Interpretation:** Many students with ASD respond well to deadlines but may be upset when things change. Some students with ASD need a logical explanation to understand changes. Students with ASD usually do better with consistency and structure. It is OK to be direct. Choices can be stressful for students with ASD.
- **Implied Meanings:** Students with ASD may not understand hints or idiomatic language (e.g., do not put the cart before the horse). Their thinking tends to be concrete and it may be difficult to make inferences.

- **Reciprocal Conversation:** Some students may impulsively call out answers because they think the question is directed only to them not others. Some students may raise their hands continually and not notice others' reactions. A classroom might alleviate these problems. (Answer only 3 questions per class period per person.) **(See Appendix H.)**
- **Obtaining Feedback:** Because of the communication difficulties inherent in students with ASD, it is important to verify that they know what you assume they know. For example, you may say "The quiz is going to be on Monday covering Chapters 1-10. It will be an essay." Ask the student with ASD to repeat the test date, time, format and what the test covers.
- **Cuing Students:** Students with ASD may prefer to select a "code word" when they have a question or are in need of clarification. Some students will not ask for assistance when they need it.

Helpful Hints Related to Behavioral / Emotional Issues

- **Unusual Behaviors:** Students with ASD may "need" to engage in certain behaviors (vocalizations, repetitive body movements), or keep certain objects with them as a means of self-regulation of their unique nervous system. Harmless, non-disruptive, or odd behaviors may need to be acknowledged and tolerated so the student does not become the target of ridicule. One effective way to do this is to ask the student if they would be willing to talk to the class about what ASD is, and to share any strategies they use for self-regulation. Also, consider developing alternatives with the student if the behaviors are disrupting.
- **Emotional Reactions:** Many students with ASD may have significant difficulties with the understanding, expression, and regulation of emotions. This can lead to the development of mood disorders such as depression and anxiety. Students may have limited tools to express their feelings. Students may be less logical or rational, and unable to problem solve or make decisions when emotional control is lost.
- **Changing Routines:** Students with ASD may have difficulty with unexpected change, and may use atypical reactions to communicate that they are bothered by a change (aggression or inappropriate language). These reactions may be the student's way of processing the distress of the change. It is not necessary to eliminate / fix all student reactions. It is important to give the student time to intellectually process the information without forcing them to the change immediately.
- **Escalating Behaviors:** Help the student identify when the student is in the beginning stages of agitation but is still in control. These types of concerns can be covered prior to the beginning of classes.

Helpful Hints Related to Sensory Issues

Some students with ASD may have significant sensory related issues. The difference between individuals with ASD and the general population is that these sensory differences are not under the individual's control.

- **Campus Environment and Stress:** Students with ASD may have sensory difficulties anywhere on campus that could add to their stress level. A proactive approach will benefit the student. Ask these questions “What part of the campus is most comfortable for you? Are any places on campus especially uncomfortable for you? Why?” These questions help identify sensory issues.
- **Classroom Environment:** Loud or particularly soft noises, strong odors, bright lights, and certain seating arrangements may be difficult for some students. Accommodations may benefit the student.
- **Fire / Emergency Evacuation:** A preplanned evacuation procedure should be discussed with the student. The plan should include allowing the student to exit the class or building prior to the alarm activation. The student may benefit by practicing this plan prior to a drill.

What is a "Meltdown?"

Some students with ASD may exhibit behavior referred to as a "**meltdown**." A "meltdown" is a crisis for the student and may involve the loss of personal control. This crisis may be a reaction to an inability to regulate emotions. It is embarrassing and painful, but it is not manipulative behavior. It may appear as if the student has become stressed, angry, agitated, or that the student has “shut down.” Sleeping in class, skipping class, or acts of aggression may be a coping mechanism for some students under stress. "Meltdowns" can be triggered by:

- unexpected changes (a “pop quiz” in class, a fire drill, a change in seating);
- sensory issues (unusual sensitivity to visuals such as carpet patterns, sounds such as people chewing gum, or odors);
- environment (room temperature, lights, computer buzzing, etc.);
- stress build up (this could result from a change in routine earlier in the day or an innocuous occurrence);
- emotional intensity.

Avoiding "Meltdowns"

Students with ASD who have experienced “meltdowns” should be encouraged to discuss this with the DSP at the college prior to attending classes. The DSP may focus on these types of questions:

- Describe previous "meltdowns" to me. What happened and where did it happen? How frequently does this occur?
- What triggered the "meltdowns" you have described?
- How could it have been avoided?
- What interventions have worked for you?
- What hasn't worked for you?
- Do you want to develop a prevention plan at our college?

Prevention Plans

- How and when to share this information with each instructor.
- Potential triggers.

- Description of behaviors that indicate escalating stress.
- Potential solutions to avert problems or helpful interventions.
- Agreed on cues for both student and instructor when a problem is developing. Visual cues may work better than verbal cues.
- Procedures for handling "meltdowns."

Handling "Meltdowns"

Appropriate behavior and conduct in class should be clearly stated in each course syllabus. Behaviors that jeopardize personal safety of students and staff will supersede a "Meltdown Prevention Plan." Students with ASD should be informed that it might be necessary to call campus security if a situation has escalated to a point where people are in danger.

If the teacher has a Prevention Plan with the student, but a "meltdown" is occurring, keep the following guidelines in mind:

- If the student can remain in the class, implement agreed on actions. For example, the student moves to an area to calm down. Time missed during the "meltdown" can be made up.
- Be quiet and assertive. Raising your voice, confrontation, sarcasm, being emotional, and using physical restraints can cause the student to become more agitated (Attwood, 2007).
- If the student cannot stay in class, ask or assist the student to leave the room. A predetermined safe place or places should be used so that the student can calm down and feel safe.
- Implement a predetermined plan with your class.
- Provide the student with ASD an opportunity to debrief and rest.
- Follow up with the student (include DSP) and analyze the situation so the Prevention Plan can be updated.

Personal Safety on Campus

- **Harassment:** Students with ASD are vulnerable to being picked on or harassed and may not feel safe.
- **Relationships:** Students with ASD, due to their communication difficulties, may be vulnerable to inappropriate relationships.
- **Aggressive or Disruptive Behaviors:** Students with ASD may become aggressive or disruptive. They should be informed about the college "Code of Conduct." This will not only help students and staff feel safe, it will minimize the possibility of the student with ASD being detained by security or being arrested.
- **Computer Use:** Some students with ASD may need to be introduced to college policies on computer usage. Students may not be aware that computer use is a privilege and can be monitored. Students should be informed about the consequences of viewing or sending pornographic images or other offensive electronic forums. Students who monopolize a specific computer may benefit from a frank discussion on when and how long to use a computer on campus.

- **Campus Orientation:** A campus orientation with the student has benefits. The student may feel safer if they can walk to specific areas in the college to receive assistance.
- **Emergencies:** In an emergency such as a fire drill or bomb threat, the student with ASD may be confused and need assistance as to the appropriate course of action. It is recommended that DSP and “Security” staff be included on plans to assist students with ASD.

The accommodations outlined in this guide are based on individual needs. The provision of any or all of the accommodations or services will not ensure the academic success for the student with ASD. As with all persons with disabilities, students with ASD must meet eligibility for support services and accommodations.

Section V

TRANSITION TO EMPLOYMENT AND THE COMMUNITY

Moving towards employment is a major transition for all of us! The world of work is very different from college. The rules change when seeking employment. Employers expect employees to demonstrate that they are worth what they are paid, to adjust to the needs of the employer, and to produce what they have been paid to produce!

A successful transition from college to employment requires short-range goals and long-range planning. It entails organization skills, multifaceted decision-making skills, having insight into one's strengths, interests and weaknesses. It also requires that students evaluate potential job environments that will be an appropriate "fit" for their level of training and experience.

Problem-solving skills and executive functioning skills are poorly developed in many students with ASD. Students with these differences may benefit from interventions and support services so they can navigate through the many steps needed to become employed. Students with ASD may possess job related skills that employers would find valuable including good memory skills, attention to details, staying on task, being punctual and reliable.

College students with ASD may be unaware of campus resources that could assist them in their efforts to become employed. Announcements, newsletters and other efforts by campus staff to inform students may be ineffective and insufficient for this group of students. These students may not have a network of friends to turn to, or may not be prepared to ask questions or receive advice from peers, teachers, or other college staff. College can be a safe shelter for students with ASD. Some students may postpone graduation and choose to remain in school, especially if they have developed a routine, achieved academic success, and rehearsed needed behaviors in school related situations. Other students with ASD run the risk of returning to their parents' home and settling into a non-working routine.

Campus Related Services

Students with ASD need special assistance to transition to employment. Refer students with ASD to the college's Student Services Division. If the student is not connected with Disability Services, please introduce the student to the staff. For those who state they are already connected, reinforce the advantages of staying connected with DSP. The student with ASD is more likely to communicate with staff when the student has a safe place within the college. This safe place (for example, Disability Services) can be utilized by the student to reduce stress or anxiety, obtain acceptance, and receive person-centered services. The key to knowing students with ASD is to be able to communicate with them. Parents, DSP, or other staff who are sensitive to and informed about ASD may be able to identify effective strategies and supports that can motivate the student.

Confidentiality: Students with disabilities have a right to not disclose information regarding their disability. This right must be adhered to and taken seriously. Those with ASD **will benefit from disclosure** if it opens up trust and communication with parents or caretakers. The colleges' DSP can establish the ground rules for disclosure and authorization so both the students and parents understand the boundaries and agree to them. A team approach with the student can include a discussion regarding employment objectives.

Students with ASD do not think of themselves as having problems or being at a disadvantage. In fact, because they are different, they may see other people having problems with them. For many students with ASD, fitting in is very difficult and stressful. Students with ASD may have limited or no actual job experience. This combination places the student at a real disadvantage. One study revealed that nine out of 10 Asperger adults were unable to hold a job and earn a living (Carlow, 2001).

Tips to Assist Students with ASD Prepare for Employment

- Transition plans to employment should be progressive and not abrupt.
- Student's areas of interest should be included in career options.
- Enlist staff such as career counselors and employment specialists for ideas and resources.
- Seek out a mentor or job tutor who can help identify job seeking strategies.
- Encourage the student to prepare for job interviews through practice that includes positive feedback.
- If the student can conduct research, encourage the student to prepare for a job search utilizing this technique.
- Engage the student in carefully prepared responses to typical questions in job interviews.
- Encourage the student to participate in internship opportunities.

Potential Community Resources

- **Workforce Development Centers:** The Wisconsin Department of Workforce Development (DWD) is a state agency charged with building and strengthening Wisconsin's workforce. Under the DWD umbrella, a wide variety of employment programs can be found. They range from securing jobs for the disabled, assisting former welfare recipients as they make a transition into work, promoting employment in the state through Wisconsin Job Centers, linking youth with jobs of tomorrow, protecting and enforcing workers' rights, processing unemployment claims, and ensuring workers' compensation claims are paid in accordance with the law.
- **Division of Vocational Rehabilitation (DVR):** DVR is a federally funded program coordinated in Wisconsin by DWD. The purpose of DVR is to assist individuals with disabilities to successfully prepare for, secure, or regain employment. DVR is organized into 11 workforce development areas. A request for an application form is available at their website, or by contacting the office.
- **WTCS Campus Resources for Students:**

Students and graduates can obtain help

- searching for jobs.
- writing resumes and cover letters.
- posting resumes online.
- connecting with employers for job opportunities.
- obtaining advice on a job search.
- developing a network to explore job leads, exchange information, and receive support and direction.

- **Online Support and Information:** Students with ASD may prefer to interact and obtain information and support via the Internet. Web sites can offer information, practical advice, articles written by individuals on the autism spectrum, and special topic forums. Some of these sites offer webbing opportunities, lists of links, exclusive mail subscription Listservs, and access to local chapters of support groups. Various web sites and links are located in Section VIII, Additional Resources.
- **Supplemental Security Income (SSI):** Is a federal income supplement program funded by general tax revenues (not social security taxes) designed to help aged, blind, and disabled people who have little or no income, and it provides cash to meet basic needs for food, clothing, and shelter.
- **Social Security Disability Income (SSDI):** Benefits are offered to those who qualify. A person must have worked in jobs that are covered by Social Security. The person must have a medical condition that meets the Social Security definition of disability. A monthly cash benefit is paid to people who are unable to work for a year or more because of a disability.
- **Medicaid:** Is a jointly funded Federal-State health insurance program for low-income and needy people. It covers children, the aged, blind, and / or disabled and other people who are eligible to receive federally assisted income maintenance payments. In Wisconsin, the SSI application is also the Medicaid application.

Section VI

WTCS ASD STUDENT SCENARIOS

The student scenarios are adapted from actual situations that occurred in the WTCS. Each scenario was selected because it relates to classroom and social situations that students with ASD encounter.

Student Scenario #1

This scenario illustrates the challenges faced by a student transitioning from high school to college. It was submitted by a DSP.

Ben, a 19-year-old student, diagnosed with Asperger's Syndrome met with me prior to the start of school. He was enrolled in the Network Specialist – Information Technology Program. I found Ben to be easy to engage in conversation. He was very bright and seemed to have a good set of social skills. We set up an accommodation plan to include the following services –

Notetaker and testing accommodations (alternate site, extended time).

The only concern Ben voiced at the time was homework completion. Ben and I decided to meet on a weekly basis to help him with the organization of assignments / papers / projects, and to ensure that he was following course syllabi.

Ben did not show up for his first appointment with me. We did set the same time and day of the week for his weekly appointments during his first semester. Ben did show up the second week, and explained that he was too overwhelmed with the start of school and did not attend classes. He reported that he spent the day sleeping. We e-mailed his instructors and asked them to give him a syllabus and he would be making up any late work.

Ben and I continued to meet, however, by the end of the first month it was apparent that Ben was showing a pattern of attending classes but not completing assignments or papers. Ben would repeat to me that he did not have to do any written work or assignments in high school, and did not see the need to do so at a technical college. He stated that he would just "take the tests" and that would be his grade. It was almost as if his brain was programmed with this "tape," and no amount of reasoning with him would change his mind. As a Special Needs Instructor, I spent many hours giving him examples why he would not be successful if he continued with this pattern of behavior.

I sent out progress reports in week 6 and 12. Ben was passing all his tests (without reading the material or studying); however, he was not completing assignments / papers / projects / portfolios. During midterms, Ben was instructed by his Psychology Instructor that she would withdraw him from the class (rather than give him an "F") as he could not mathematically earn a passing grade because he did not complete any assignments or the term paper. Ben decided to remain in class because he was certain he could pass the class if he earned an "A" on the next test. During that test, Ben was not prepared and had a "meltdown." The Psychology Instructor called the Special Needs Instructor to help deal with the student.

Comments

- Implementing daily planners help organize Asperger's students. Progress reports help monitor and give students a reality check.
- If the student will give the Special Needs Instructor permission, instructors find it helpful to know they will have a student with a disability in their class.
- School can be overwhelming. Asperger's students need a safe place and a trusting person with whom they can speak.
- Sometimes when students miss class / appointments, it is their way of escaping from reality.
- Sometimes students with ASD will sleep to avoid a situation.

Student Scenario #2

This scenario was written by a student, and illustrates challenges in future planning and executive function.

In the summer of 1997, I took a study skills class called College Success at MATC in Madison. It was a regular 3-credit class collapsed into 5 weeks. I had an aide in class with me the first week. The teacher teamed me with another student to keep me on track for the rest of the class. The class was well organized and the materials were good. The bad news is that it was not a college success for me. I got a "D" in that class. The first and only "D" I ever got on a report card. I had a lot of trouble with the fast pace of the class.

Comments

- This student ultimately graduated from a 4-year college with a 3.35 GPA. This College Success class contributed to his ultimate success by highlighting areas where he was likely to have problems.
- Students on the autism spectrum frequently think in pictures. They find it difficult to think about possible future scenarios and planning because they have no pictures of the future to assist them in thinking.
- Sometimes it is helpful in these situations to explain why there is a need for future planning and organization skills (a social story may be a good tool for this). **See Appendix I.** The "why" is obvious to most people, but may not be to those on the autism spectrum.

Student Scenario #3

This scenario illustrates a case of what may look like irrational or even intentional harassing behavior on the part of the student. In reality, the student was as distressed by his behavior as the teacher was, but was unable to control his reactions and repeated questions due to his OCD.

An autistic student who also had OCD issues was enrolled at a technical college in the collegiate transfer program. This student was very capable academically (and eventually earned a 4-year college degree), but had such severe communication limitations that he delegated the "administrative" portions of his educational career to his mother using an Educational Power of Attorney.

Over the years, the mother determined that having an educational support team was in his best interest. At various times, this team consisted of his disability case manager, supported employment agency staff, DVR counselor, disability counselor, paid support staff, transition coordinator, etc.

Early on, the team determined that it was necessary to "brief" all of the his instructors and fellow students on the student's autism and how it would affect the classroom. The team set up a brief meeting with instructors to allow the student to introduce himself. The student also gave a brief presentation about himself and autism to the class to demystify his behavior for his fellow students.

While the student was still in a Wisconsin technical college, a late hiring decision, coupled with scheduling problems, prevented the team from briefing or e-mailing a Biology class instructor about the student's autism. Since Biology was one of the student's favorite subjects, the team thought that delaying the meeting with the teacher would not be a big problem. They planned to meet with the teacher sometime after the first class. This biology class was a 1-hour lecture followed immediately by a 2-hour lab. It was the instructor's first teaching job. The first time the class met, she had no idea there was an autistic student in the class.

All went well during the lecture. However, as part of the lab introduction, the teacher discussed the use of classroom materials, including the glassware such as test tubes and beakers. Somehow, the information the instructor presented about the glassware triggered an intense OCD episode for the student about dealing with broken glass. He was very concerned that he would break something and wanted to know what to do with broken glass. He also worried loudly and repeatedly about the consequences of breaking things in the lab. He continued to obsess and worry about the broken glassware issue off and on during the entire lab. The teacher tried to quiet him by assuring him the glass was not a problem, but this did not help much.

Understandably, the teacher was completely frazzled and at the end of her patience by the end of the 2-hour lab. She immediately went to the disability coordinator and stated that she would not let the student back in the classroom unless the student had a full-time aide with him to help deal with these behavior issues. The student's team did have tools and suggestions available to help the teacher deal with these issues, but the teacher was too worried and overwhelmed by the experience to try them. The student's team scrambled to deal with the emergency. An aide was hired by the team to go to the lab each week. About half way through the semester, the team checked back with the instructor to see how things were going. At this time she stated "Oh, he's my best student. He doesn't need an aide." The student continued the class without an aide the rest of the semester and got an "A" in the course.

Comments

- For this student, OCD incidents are tied to anxiety (a common issue for those on the spectrum). The anxiety produced a stream of unwanted and distressing thoughts that the student could not easily dismiss. The student also felt compelled to follow these distressing thought patterns to the end of an escalating sequence. The best way to control an attack of OCD behavior in this student was to help him get to the end of the distressing thought pattern (this would have been explained if the postponed meeting with the instructor had happened in a timely way). This “getting to the end” could have been done by asking leading questions like “Are you afraid you will break things? Are you afraid you might hurt yourself?” Questions like this lead the student to the end of the distressing thought patterns as quickly as possible and give him closure. Note that it took a long time to figure this out for this particular student and it may not work for others. Also note that repeatedly reassuring the student that he did not need to worry about breaking glassware was actually counterproductive because he already knew that fact. He was actually struggling to deal with the OCD thought sequence rather than a broken glassware problem.
- Students on the autism spectrum often exhibit behaviors that appear bizarre to others. Almost invariably, these behaviors are actually very logical if all the facts are known. In this case, the OCD issue provided a very logical explanation for this behavior.
- This student never had another severe attack of OCD in this class. The other students in the Biology class quickly realized that the autistic student knew almost all the answers in this class and he became a highly sought after work group member.
- Postsecondary institutions are not required to provide aides or attendants.

Student Scenario #4

This scenario illustrates the challenges of developing effective behavior strategies for students with ASD.

This student is currently enrolled in the Print Technology program. He has been successful in past semester classes. He stayed on task and received good grades. The program’s curriculum requires more group work and group participation. He has not been successful this semester, and medication issues and time management play a big part of this.

The student obsesses about not having friends or a girlfriend. When other students interact with one another, even casually, he usually misreads the social interactions, which can lead to a “meltdown.” He opts to participate with group work as he sees fit. He does not move with the class to view demonstrations around equipment, which is very crucial for success in this program. The lack of interaction has kept him from learning new material. He has fallen behind and this has influenced and altered the classroom environment. The obsession of not having friends seems to take the forefront of his attention and energy. It affects his group work and he does not submit assignments and projects on time.

At times, the student will make noises, or do inappropriate things to get attention. He may bury his head in his hood or backpack, sleep in class, or leave the room to try to cope with his frustration. The behavior issues kept the class from moving forward at times and jeopardized the learning environment for him and others. (Counseling with the student and his mother has

been ongoing. The instructor has been included in some counseling sessions to try to keep items accurate and specific.) A Behavioral Plan was developed to improve this situation.

We discussed the inappropriate behaviors with the student and he assisted in the identification of effective strategies to help him stay on task. The Behavioral Plan consisted of specific behaviors that triggered a specific action plan. If he disrupted the class in any manner listed in the plan, the instructor would ask the student to leave class immediately and quietly. If he chose not to leave, Security would be called. I believe he has been asked to leave class a couple of times and that caused resentment on his part. Staying on task, being a part of a group, completing assignments and projects on time, and managing his obsessions has not improved since we implemented the plan.

Comments

- Strategies to help this student were unsuccessful.
- This student is enrolled next semester. His classes will not require as much group work; thus, he may have a better semester. For him to be truly successful, I believe time management and controlling his obsession of wanting friends and a girlfriend still needs to be managed. I will use some of the tools I have learned from this workgroup to assist me.

Student Scenario #5

This scenario serves as an example of how change in a student's routine can affect one's ability to focus on class and serve as a trigger to a "meltdown" or other odd behaviors. Randy has difficulty managing unexpected changes in his routines and subsequently managing those anxieties.

Randy's taxi was late getting him to campus on the first day of Psychology class. Although very upset, Randy found his way to his Psychology class and was forced to sit in the center front of the class because another student was already seated at the table near the wall where he had hoped to plug in his laptop. As Randy's stress increased, so did his clumsiness. However, he managed to plug in his laptop and sit down. As the instructor resumed the introduction, Randy continually flapped his hands near his shoulders while asking a constant flow of questions.

Afterward, while meeting with his instructors, Randy was able to explain to them that his behaviors in Psychology were typical of him when he was upset. Randy was also able to tell the instructors how to help him regain control while remaining in class. A simple brief touch on his shoulder, with a reminder to talk after class, was all Randy needed to refocus in class.

Comments

- Early communication with instructors regarding classroom management strategies often helps to minimize the impact of student "meltdowns" or the emergence of odd behaviors.
- Many students with ASD are completely aware of strategies that are effective for them in the classroom. These students must be included in discussions of their accommodations and classroom management strategies.

Student Scenario #6

This scenario illustrates the phenomenon of a "meltdown" as a result of an unexpected event which could not be processed adequately by the student.

Carol, a student with ASD, had a "meltdown" in one of her classes. It was uncertain how it began, but possibly over frustration in regard to not being able to complete a task in a class earlier in the day. When she arrived for the second class, she found that a person was sitting in the chair she usually sat in. When she told the student that it was "**her**" chair, the student refused to move. The student's friend, who was sitting next to her, moved her own chair closer. This left Carol with no chair. Carol then went to sit somewhere else, but after the break in the class returned to ask for "**her**" chair again. Again, the student refused to move and this time, Carol got another chair and moved it in the middle of the two other students. This action resulted in the teacher asking Carol to step outside in the hall to talk about her inappropriate conduct. Discussion centered on what would happen if Carol did something like this in the "real world."

Later, the DSP and a Special Needs Instructor met with the teacher in question, and Carol volunteered to speak to the class about her ASD. This seemed to calm the situation and the student is still in the program and moving toward graduation.

Comments

- This scenario illustrates a couple of things. When the semester first started, the teacher had written to ask for advice regarding this student. A DSP volunteered to work with her, but the instructor was unable to find time to meet. Nothing more occurred until the incident outlined above. At that point, the instructor was ready to start a student code of conduct inquiry. Discussion with the DSP, Carol, and the instructor resulted in no disciplinary action being taken, and some rules were laid down for future behavior.
- This scenario also illustrates how a student with ASD can often be the target of harassment, which was almost certainly the case here. The two students who got together to sit in Carol's chair did this in an effort to get her to drop the class. They said they were "frightened" of her.
- Advance planning is helpful.
- The student with ASD talked to the other students about her disability, and this increased the comfort level of the other students.
- Pre-planning and knowledge for everyone involved is important for student success.

Section VII

APPENDIX (Resources Referenced in Guide)

- A. ASD Handout
- B. Asperger's Syndrome Handout
- C. Assignment Submitted by Student with ASD
- D. Sample Form of Educational Power of Attorney
- E. Example of a Student Information Sheet
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- G. Classroom Strategies for Instructors Working with Asperger's Students
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Appendix A

Example of a Handout Developed by Fox Valley Technical College for Staff
April 2008

ASD

| | | | | |
|---------------------|---------|--------|-------------------|-----------------|
| Asperger's Syndrome | PDD-NOS | Autism | CDD | Rett's Disorder |
| Higher functioning | | | Lower functioning | |

PDD

(cognitive, physical, motor, social, emotional, adaptive, self-help, communication – development is atypical)

- **Asperger's Syndrome**
- **PDD-NOS**
- **Autism Disorder** – (75% retarded)
- **CDD** (DSM-I and -II referred to this as Childhood Schizophrenia and included autism)
- **Rett's Disorder** (girls / rare)

Autism: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences (IDEA definition).

Etiology: Neurobiological cause, multiple genes involved; not related to vaccines or parenting skills.

Prevalence: 20 out of 10,000; up to 40-50 per 10,000; boys more frequently than girls.

Diagnosis: No medical tests. Diagnosis is made on observing behaviors, early parent reports, and a close look at developmental history of child. Development may appear normal up to age 2.

Prognosis: Early intervention is critical – before age 3. Early and appropriate treatment can be effective.

Asperger's Syndrome: A type of PDD that is characterized by problems in development of social skills and behavior. Typically have normal intelligence, and typically use words by age of 2 although speech patterns may be out of the ordinary.

- May display eccentric / odd behavior.
- Difficulty interacting with peers.
- Frequently preoccupied with things or objects.
- At risk for other psychiatric problems including ADHD, Schizophrenia, and OCD.
- Some exhibit exceptional skills or talents.
- Prefer sameness; difficulty with transitions or changes.

Appendix B

Example of a Handout Developed by Fox Valley Technical College for Staff

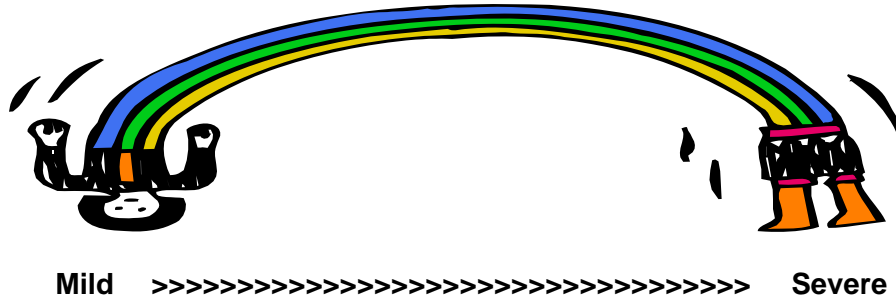
Asperger's Syndrome

Hans Asperger was a Viennese physician who, in 1944, published a paper describing this pattern of behavior.

1994 – Asperger's Disorder (currently referred to as syndrome) was listed in the DSM-IV for the first time.

- Severe and sustained impairment in social interaction.
- Development of restricted, repetitive patterns of behavior, interests, and activities.
- Clinically significant impairment in social, occupational, or other important areas of functioning.
- No delay in cognitive development or in the development of age appropriate self-help skills, adaptive behavior, and curiosity.
- Does not meet criteria for other PDD or Schizophrenia.

It is thought to be a **neurobiological disorder** on the higher end of the autistic spectrum continuum.



- Poor social skills.
- Difficulties with changes and transitions.
- Prefers sameness.
- Routines – preoccupied / obsessive.
- Poorly developed skills in nonverbal cues.
- Overly sensitive to sounds, tastes, smells, sights.



Social Skills. . .

- May be unable to initiate or sustain conversations.

- Tends to be socially isolated.
- Misinterprets social cues.
- May not like physical contact; may be clumsy, uncoordinated.
- May use stilted or unnatural or monotone tone of voice.
- May have well developed speech, but poor communication.
- Probably won't get jokes, innuendos, irony, or metaphors.
- May be excellent at reading, but may be weak in comprehension.
- May desire to be a part of the social world.
- May be egocentric.
- May not want to complete assignments if interest is low.
- May have problems with noncompliance, conduct, or aggressive behavior.

Guidelines for the Teacher

- Be explicit in expectations for assignments and class rules.
- Be concrete.
- Consider using multiple instructional mediums.
- Offer information on new activities to minimize fears of unknown.
- Parts to whole verbal approach with correct sequencing.
- Opportunity for practice / repetition / rote learning.
- Seat at front of class if person exhibits poor concentration.
- Simplify abstract concepts.
- "Buddy System" may help.
- Don't allow insults, tactless behavior, or teasing in class.
- Student may not know the difference between general knowledge and personal ideas when writing.

For additional information, contact FVTC Educational Support Services, Jan Case, casej@fvtc.edu, 920-735-2497.

Appendix C

Assignment Submitted by Student with ASD

A student with ASD wrote this essay for a college English class. We are including it in this handbook as an excellent example of how students with Asperger's perceive their world and the world of people without ASD (their word – neurotypical).

As a first-born child, I did not realize how different two people could be. Everything I did was perfect. And the way I performed any task was simply the only way something should be done. Clearly, at that time, my way was absolutely the best and my methods were ideal. However, when my little sister Meg was born, all that changed. The strangeness of this little creature became even more apparent as she began to grow taller and move about independently. Upon observation of this child's eating and sleeping habits, I became resolutely convinced that she possessed an alarming disregard for routine. Additionally, the development of her personality differed from the ideal standard of behavior, which was mine. I could not even begin to understand why she chose certain activities as leisure time. Needless to say, the awareness that my little sister did not possess the same reverence for routine as me continued to shock and perplex me more and more as time passed. In short, before my little sister arrived on the scene, peace and orderliness reigned in the household as my parents catered to my schedule, but when Meg was born, I became aware that not everyone was like me.

Our activities of daily living could not be more diverse. I go to bed early and arise early. Meg stays up late and likes to sleep late. Then I enjoy a breakfast of two waffles between the hours of 6:00 and 7:00 a.m. Meg often skips breakfast! Lunch for me occurs at 11:00 a.m. and consists of eight slices of salami, four pickles, and four Oreo cookies. Meg cannot seem to make a decision and stick with it for lunch; she changes her mind all the time. For Pete's sake, she might have pizza one day, a hamburger the next, and maybe a salad or pasta the day after that! Another difference in daily routine is our personal hygiene. I used to hate getting haircuts, which now I don't, and I choose clothes depending upon their comfort level. I spend about 10 minutes getting ready for my day. My sister, on the other hand, spends hours on her hair! She washes it every day, blows it dry, and sprays it with chemicals. Additionally, she only buys clothes that are considered to be on the cutting edge of style, and then she spends two hours getting ready for her day and picking which of these stylish garments to wear. What a waste of sleeping time!

Another way in which Meg and I differ is in the realm of disposition. I am pretty much always happy. Meg is moody. For example, I am open and forthcoming. When our parents ask us about our day, I always talk with them and give them details. "Well, the bus was running late, but everything worked out alright. We have an assignment in English, and I'm finished with my Careers in IT class," I might say." Meg says "Nothing happened." She can be sullen, private, and closemouthed, whereas I am congenial, gregarious, and friendly. I also have a phenomenal memory. For example, I have memorized many excerpts from some of my favorite movies or plays, and I can reenact them word for word. Meg, on the other hand, struggles with her memory. The other night my sister was studying the periodic table of elements. I had not studied that table in years, but I remembered the elemental abbreviations! Meg was becoming increasingly frustrated with trying to memorize a few choice elements. She even began screaming phrases like, "I hate this table of stupid stuff!" and, "when will I ever use this junk?" and (most frequently), "I hate chemistry!" What a night that was! Another difference between us is that I like to fix broken items. It soothes me. Meg is not bothered by impaired objects.

One time, she came home with a broken ceramic piece she made in school. She was content to leave it sitting there, in a state of obvious disrepair, upon her bedside table. I simply could not stand it. I grabbed the scotch tape and remedied her little ashtray (or whatever it was) right then and there. Another characteristic in which I differ from my sister is the trait of honesty. I resemble George Washington in this realm; I simply cannot tell a lie. Meg, on the other hand, will swear up and down that she did not have anything to do with breaking my father's digital camera, while she is standing there with the bits of pieces of the instrument in her hands.

I do not understand my sister's choices of leisure pursuits. I prefer peaceful, solitary activities. For example, I enjoy my PlayStation, movies, plays, and the computer. Meg likes loud, raucous dances where many different people get together in loud, noisy environments and scream and holler to get each other's attention. They also fling themselves around in a rather ridiculous fashion. Apparently, Meg has a taste for the dangerous life. For example, just the other night she and her friends stayed out until 4:00 a.m. toilet-papering the houses of the boys' and girls' tennis teams. I simply do not understand why they feel they have to behave in this manner. Toilet paper is for use in the restroom, not on trees and bushes!

As a first-born child, I did not anticipate how opposite two people could be. I was unchallenged in my opinion that everything I did was the only correct way. When my little sister came along, all that changed. As I grew to love her more and more, I began to realize something. There is more than one way to be, and this is all right. It is true that before my little sister was born, life was peaceful and orderly, and I was the center of attention. But I have come to learn that change can be positive. I have learned to be more flexible, and I am now willing to try different activities. Being a big brother has been a wonderful experience in my life. I am still consistent. But I am more accepting of the differences of others.

Appendix D
Sample Form
Educational Power of Attorney

The accompanying Educational Power of Attorney is intended for use in educational institutions by an agent or attorney-in-fact chosen by a legally competent young adult with disabilities that create challenges or even roadblocks for the young adult in handling the myriad tasks involved in the education setting. Prior to the age of legal majority (age 18 in most states), the parents as natural guardians of the child have the authority to handle bureaucratic tasks and advocacy for the child. This authority is lost at the age of majority. With the Educational Power of Attorney tool, the agent is authorized to handle tasks in the education setting that are not essential to the young adult's learning process in course work and other learning activities. This enables the young adult to focus on their course work and other learning activities, potentially lowering stresses that can interfere with the pursuit of learning that will be essential in maximizing the young adult's future success.

SPECIAL DURABLE POWER OF ATTORNEY FOR
MATTERS CONCERNING EDUCATION

[The following document is substantially similar to one prepared by Attorney Barbara S. Hughes of Hill, Glowacki, Jaeger & Hughes, LLP, Madison, Wisconsin, with input from school district legal counsel for use in several specific cases for clients in the Monona Grove School District. The original instrument has been accepted by a local technical college, and the University of Wisconsin (UW) in at least one case. This document is shared subject to the express understanding that it must be reviewed by legal counsel and adapted as appropriate in other cases.]

This document is intended for informational purposes only, and does not constitute legal advice. Barbara S. Hughes and the Hill, Glowacki, Jaeger & Hughes, LLP law firm expressly disclaim all responsibility for all consequences of use of this material.]

I, _____, hereby designate my _____ (relationship),
_____ (name), as my Agent to handle the control and management of my
education on my behalf.

I designate my _____ (relationship), _____ (name), as my
alternate Agent to handle the control and management of my education on my behalf if my
Agent is ever unable or unwilling to serve. An alternate Agent shall have the same powers
under this instrument as the initial Agent.

My Agent is authorized in my Agent's sole and absolute discretion, with respect to the control and management of my education, to do every act and thing whatsoever necessary, proper or convenient to be done as fully as I might or could do for myself. By the granting of this Special Durable Power of Attorney for Matters Concerning Education, I intend to give my Agent the broadest possible powers to represent my interests in all aspects of any dealings or decisions involving my education.

The following powers are specifically included, but the listing of such specific powers shall not restrict the exercise of the broad and general powers granted:

1. To provide opportunities for me to engage in any public and / or private educational programs.
2. To make decisions for me concerning my education.
3. To provide opportunities for me to engage in any recreational activities having an educational purpose.
4. To investigate and arrange for opportunities for me to engage in educational activities that provide occupational training.
5. To enroll me in any educational programs.
6. To authorize any services for me that are designed to provide me with educational benefit and / or access to a free, appropriate public education in public school as provided for in the IDEA.
7. To negotiate and approve on my behalf reasonable accommodations in education services as required under Section 504 of the Rehabilitation Act of 1973.
8. To have access to my school records and other personal education information. The scope of this power shall also extend to confidential records and information, whether prepared by school personnel or by third parties, including but not limited to medical services providers, psychological services providers, AT providers, speech, physical and occupational services providers, social work providers, and any provider of durable medical equipment. ***[Attorney Hughes recommends having the client execute an attorney-drafted Health Insurance Portability and Accountability Act (HIPAA) release to facilitate coping with stringent health care records privacy requirements, potentially allowing re-release of health care records to carefully circumscribed recipients, including the client's attorney. This must coordinate with the client's health care power of attorney document, since the health care agent is usually the "personal representative" for HIPAA purposes.]***
9. To attend and participate in all school meetings and conferences pertaining to me.

REVOCAION OF POWER OF ATTORNEY

I may revoke this Special Durable Power of Attorney for Matters Concerning Education by a writing signed and dated by me.

RELEASE OF THIRD PARTIES

In the absence of actual notice that I have revoked this instrument, no person, school district or its personnel, organization, corporation, or other entity who deals with my Agent shall incur any liability to me, my estate, my heirs, or my assigns for permitting or facilitating my Agent in the exercise of the authority granted under this instrument. I hereby release all such persons, organizations, corporations or other entities from any liability arising from their reliance on this instrument.

PHOTOCOPIES

I authorize that photocopies of this instrument may be made, and that these photocopies shall have the same force and effect as the original.

EFFECTIVE DATE

This instrument shall become effective immediately, and it shall not be affected by my subsequent disability or incapacity.

Signed on _____, 20____

[TYPED NAME OF CLIENT]

STATE OF WISCONSIN)
 : ss.
COUNTY OF _____)

Personally came before me this _____ day of _____, 20____ the above named _____, to me known to be the person who signed the foregoing instrument and acknowledged the same.

Notary Public, State of Wisconsin
My Commission is permanent.

We certify that the foregoing instrument was on the date set forth above signed by _____ in the presence of us; and that at [student's] request and in [student's] presence, and in the presence of each other, we subscribed our names as attesting witnesses thereto.

_____ of

_____ of

ATTORNEY'S CERTIFICATION

I am a lawyer authorized to practice law in Wisconsin. I have advised my client concerning his or her rights in connection with this Special Durable Power of Attorney for Matters Concerning Education.

[ATTORNEY'S TYPED NAME]

This document was drafted by:

Attorney Name _____
Bar Number _____
Firm Name _____
Firm Address _____
Firm Phone _____

Appendix E

Sample Student Information Sheet

Students with ASD are encouraged to assist in the development of this information sheet and to include it with their accommodation plan with the intent of enhancing learning and encouraging understanding in the classroom setting. Complete this sheet for each student with ASD who agrees to have a copy attached to their accommodation plan. Students are not obligated to disclose any part of this information to their instructors.

2008 / 2009 STUDENT INFORMATION SHEET

Student _____ Student ID # _____

Learning Specialist _____ Counselor _____

Student's Characteristics:

- respectful, kind, and caring
- excellent memory
- thinks concretely and interprets stories literally
- difficulty understanding text at inferential level
- difficulty understanding social cues
- difficulty understanding and interpreting other's perspectives
- difficulty with refocusing / focusing attention
- difficulty with lengthy tasks and large projects
- hand flapping and arm waving when emotionally aroused (anxious, excited, upset)
- student is a strong self-advocate, can explain Asperger's Syndrome, and can determine effective strategies
- difficulty working in groups

Classroom Strategies:

- The student should sit near a door and outlet allowing for discreet exit.
- Instructors should gently touch the student on the shoulder, without discussion, when the student displays continuous hand and arm flapping; if necessary, the student will exit the classroom to calm down.
- Anxieties related to new relationships and communications may result in the student displaying stuttering and repetitive speech. These patterns decrease as the student's comfort level increases.
- The student repeats information to confirm understanding of new information and details.
- The student will raise their hand and write down questions during class to be asked when directed by instructor, a gentle reminder is sufficient should the student ask questions without being called upon.
- The student is willing to meet after class to discuss concerns.

Diagnosis: Asperger's Syndrome – ASD. Typically, these students have average intelligence. Many display eccentric / odd behavior, difficulty interacting with peers, difficulty with changes and transitions, and poorly developed skills in perceiving nonverbal cues.

Student _____

Learning Specialist _____

Appendix F

Example of a Letter to Faculty from a Student with ASD

Attn: Instructors

Dear Staff:

I, _____, am a first year student enrolled in your class. Since the age of six, I have been diagnosed with Asperger's Syndrome, also known as "highly functional autism." This letter is meant to provide you with some background information on this disorder.

Asperger's is a term for a specific type of PDD, which is characterized by problems in development of social skills and behaviors. It is very easy to misinterpret this condition with the "normal teenager" characteristics of being quiet, not very assertive and not willing to volunteer information about feelings or problems, etc. It is very easy to mistake the trials and tribulations of being a teenager, or young adult with characteristics a person has with Asperger's.

My disability related issues are that I have difficulty processing information and instructions and lack organizational skills. I also have difficulty multitasking, understanding directions and staying on task. People with Asperger's tend to be fixated on a few subjects. As you get to know me better, you will find out that I can relate to any subject matter that I am studying at the time to trains, tornadoes or spiders.

I am continually improving and have made great strides in becoming a responsible young adult; however, I need the assistance of my family and instructors to help reinforce this. For these reasons, I am offering a few suggestions for you to consider that may help me to stay focused.

- Please redirect my attention when necessary. Use visual cues whenever possible, visual cues work better than verbal cues for individuals with Asperger's.
- Allow additional time for me to process information and thoughts before expecting a response from me. It may take a minute or two to express my thoughts or ideas.
- I will try to make sure I understand the task and what is expected of me. I may ask you the same questions day after day. Please understand that is part of my disorder.
- Assistance in scheduling a time when I could receive additional one on one help. I intend to utilize the Academic Service Center, however, I may need to schedule a time with you to receive help in one of the labs offering assistance in math or writing.
- Please allow enough time for tests. Modification may be necessary. I have a tendency to become very anxious and nervous which interferes with my ability to concentrate and process the material before me.

I have made terrific progress developing my social skills and behavior the past few years. I am gaining self-confidence and feel comfortable participating in class discussions. I understand that I may have a few more obstacles and challenges in life than others; however, I am confident that with the help and support of my family and instructors, I can overcome these obstacles and challenges and be successful in school and in life.

Thank you in advance for your help and support.

Sincerely,

Appendix G

Handout Developed by Fox Valley Technical College for Instructors

CLASSROOM STRATEGIES FOR INSTRUCTORS WORKING WITH ASPERGER'S STUDENTS

Maintain routine

- Students need consistency and structure.
- Students may react negatively to change.
- Warn students ahead of time about changes.

Create organizers

- Many are visual learners and think in pictures.
- Make "To Do Lists" or implement use of daily planners.
- Sequence classroom events at the beginning of the day.
- Use color-coded folders / notebooks.
- Clearly label all visuals.
- Give students a map of the school.
- Use models or diagrams when lecturing.

Preferential seating

- The students can be very distracted. Assign classroom seat accordingly.
- The students do not naturally look at people when they are talking.
- The students do not naturally pick up body language.

Motivate student by using the student's special interest(s)

- Relate work to special interest.

Use timer

- Many have a poor sense of time.
- Set an amount of time for a task.

Use alternative note taking method

- Provide a copy of teacher's notes.
- Provide a copy of the PowerPoint presentation.
- Use a peer notetaker.

Use teacher selected groups

- Many have difficulties with social interactions and will not join a group unless assigned. Be directive. Choices can be stressful.

Monitor your speech

- Be patient when asking questions. Students with Asperger's have to stop thinking current thoughts, decipher the question, formulate the answer, and then respond.
- Make sure you are not competing with background noise.
- Pause between sentences to allow processing time.
- Give out one instruction at a time.
- Avoid sarcasm or hints.
- Explain metaphors and other figures of speech.
- Avoid phrases which imply that they have a choice (e.g., "Will you, "Can you").

Repeat instructions

Help decipher social situations such as body language, facial expressions, etc.

De-escalate situations / reduce anxiety

- Create a code for help. Many are insecure about appearing stupid.
- Many work best when they say their thoughts aloud. Ask them to whisper.

Be aware of sensory sensitivity

Auditory

- Eliminate high pitch, continuous noises.
- Eliminate sharp, startling noises.
- Create a quiet place for them to work.
- Have earplugs available to block out distracting noise.
- Let students listen to soothing music on a walkman or I-pod.

Visual

- If students are sensitive to light, seat the students where they are not in direct sunlight.
- Avoid fluorescent bulbs where possible.
- Let students wear sunglasses.

Tactile

- Clothes.
- Learn sensitive areas (touch may really hurt).
- Students may have a high pain threshold.

Olfactory

- Often hypersensitive to smell.
- Avoid strong perfumes / colognes.
- Allow fresh air to circulate.

Taste

- Hesitate to try new things.
- Often hypersensitive to texture of food.

Anxiety

- Stay calm. Speak in a quiet voice. Need a soothing influence.
- Use a stress ball, if that provides relief.
- Teach anger management skills / teach deep breathing.
- Teach physical / emotional skills so they can predict a "meltdown."
- Offer a safe place the students can go if stressed.
- Establish regular "check-ins."

Appendix H

Class Participation Guide for a Student with ASD

1. Speak only when the teacher calls on you. Speak when the teacher says you can talk to another student (partner) one-on-one.
2. The teacher may ask volunteers to answer a question. For example, “Does anyone know the answer to this problem?” Every student should have a chance to speak. The maximum number of times you can respond, if you know the answer, is three for each class.
3. When you speak in class, stay on the topic so other students understand you. Off-topic statements confuse people.
4. If you have questions, but your questions are not directly related to the class discussion or the lecture, please wait. Ask your questions after class or during the teacher’s office hours.
5. It is best to ask questions in a soft or medium voice. In groups, the same thing applies. If you speak in a loud voice, some people may be afraid to continue a conversation with you, especially people who don’t know you very well.

Appendix I

Social Stories™ is a road map for a student with ASD that describes, in detail, how to handle a given situation. Carol Gray of the Gray Center for Social Learning and Understanding, created Social Stories™. They are particularly useful for individuals with ASD because they need to be told details that the general population gathers automatically from social interactions. The stories are sometimes written in the first person for the student using it because it is more effective. Nancy Alar, parent of a son with ASD, contributed these samples.

Social Story on Unexpected Happenings at Work

1. Sometimes John has unexpected problems and cannot work with me.
2. This can happen anytime, but is most common on Monday morning.
3. I should say, "Is there anything I can do to help?"
4. If John says "No," I should ask, "What time should I check back with you?"
5. Then I can:
 - a. Take a break until the time comes to check back.
 - b. Ask Nancy (mother) if she has anything I can do to help.
6. Repeat steps 3 – 5 as often as necessary.
7. The reason all of us work here is to solve computer problems.
8. I am part of the team that makes computers work right around here.

Social Story for Class When I Am Agitated

1. Sometimes I feel more stress than usual in class.
2. Some things that increase my stress:
 - A. Coming in late.
 - B. Something going wrong on the way to class.
 - C. Forgetting my meds.
 - D. The class material is difficult.
3. I can tell I'm having stress trouble if I:
 - A. shake my head a lot.
 - B. moan, cough, or clear my throat more than usual.
 - C. fidget around in my chair.
 - D. drop things a lot.
 - E. my voice sounds high-pitched and "whiney" when I talk to someone.
4. When I feel this way, I might be building up to "meltdown."

5. I want to control my stress buildup so I can prevent having a "meltdown."
6. A "meltdown" is when I get completely out of control and do things like hit myself and fall on the floor.
7. I hate "meltdowns." They are painful and embarrassing.
8. Some things I can do to try to control the stress buildup:
 - A. Be sure to get to class on time.
 - B. Take my medications before class (or immediately if I've forgotten).
 - C. Try to push my obsessions from my mind.
 - D. Remind myself I can ask questions after class.
 - E. Take several slow, deep breaths.
 - F. Look at my calculator, or books, or pictures.
9. If my stress symptoms get worse instead of better, I need to quietly leave the classroom before I have a "meltdown."
10. I will come back when I am feeling more in control.
11. When I successfully prevent a "meltdown," I will be proud, and class will go smoothly.

Social Story on Essay Questions

1. Many college level tests involve writing essay questions. Essay questions are like small reports.
2. Teachers use essay questions to determine if students understand complex ideas, especially in subjects like history and literature.
3. Essay questions can be difficult and frustrating for autistic people because you have to think a lot, use many words to answer them, and there is never just one right answer.
4. Even students who are not autistic think essay questions are the hardest kind to answer and the hardest to get right.
5. To get a good grade on an essay question, it helps a lot if you have some idea of what the teacher thinks is important for you to know about the subject of the question.
6. To get the maximum points on an essay question, you have to study class material enough so you understand the concepts and ideas of the subject.
7. Knowing basic facts like dates, terms, and names helps you to answer essay questions, but is usually not enough to get the best grade.
8. It will help me if I know how often and when each of my teachers will be giving essay questions.

9. It will help me if I ask the teacher to explain what they usually are looking for in essay questions.
10. It will also help me if I can see samples of questions each teacher has used in the past and what the teacher considers good answers to those questions.
11. Some good things about essay questions:
 - A. If you know the subject pretty well, you can usually come up with an answer that gets some points even if you don't know everything.
 - B. Essay questions help you prepare for life after college by practicing writing skills.
 - C. Many jobs involve writing things to explain what you know to other people. An essay question helps you practice that job skill by explaining what you know to the teacher.
 - D. Learning to figure out what a teacher wants you to discuss in an essay question is good practice for autistic people who have trouble understanding how others think.
12. Some things I can do to improve my grades on essay questions are:
 - A. Set up a time to visit each of my teachers at their office and talk about their questions.
 - B. Explain to my teachers why I have trouble with essays.
 - C. Ask each teacher to show me samples of their essay questions, and discuss what correct answers look like.
 - D. Ask each teacher what parts of the material they think are most important to know.
 - E. Ask each teacher to recommend some studying strategies.
13. I do best on all kinds of tests if I:
 - A. Read all reading assignments when assigned and do all homework.
 - B. Plan my time so I can study all the material, even if that interferes with my hobbies.
 - C. Get enough sleep the night before tests.
 - D. Take all my medications on time.

Section VIII

ADDITIONAL RESOURCES

- **Definition of Terms Used in This Guide**
- **Acronyms Used in This Guide**
- **Letter to Faculty from Student with NLD**
- **Fox Valley Technical College Library Resources on ASD**
- **References**
- **Web Sites**

Definition of Terms Used in this Guide

Pervasive Developmental Disorder (PDD): This is a class of conditions, not a diagnosed disability. It refers to a group of five disorders characterized by delays in the development of multiple basic functions, including communication and socialization.

Rett's Disorder or Rett Syndrome: This neurodevelopmental disorder is classified as a PDD. It almost exclusively affects girls and it is caused by a mutation in a specific gene (MECP2). Features include a deceleration of the rate of head growth and small hands and feet. Other features can include stereotypic, repetitive hand movements, cognitive impairment, and problems with socialization. Girls are prone to gastrointestinal disorders, seizures (up to 80%), and most have no verbal skills. Half of the females lack ambulatory skills.

Childhood Disintegrative Disorder (CDD): It is also known as Heller's syndrome and disintegrative psychosis. It is rare. Generally, a child has normal development up to age two. Regression of language skills, social functions, self-care skills, and motor skills, including bowel and bladder control, may occur from two to age ten. Regression can be sudden, or a series of regressions in skills. The causes are unknown and there is no permanent cure.

Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS): It is a diagnosis for people who are well described by the PDD label, but cannot be characterized by any other disorder. It usually is milder than autism and has similar symptoms to autism. Some characteristics are present and others are absent.

Nonverbal Learning Disorder (NLD or NVLD): This disorder is not included on the autism spectrum. Students who have been diagnosed with this disorder may benefit from accommodations and services that are similar to those offered to students with ASD. This disorder is a recognized neurological syndrome characterized by the impairment of nonverbal or performance based information controlled by the right hemisphere of the brain. It is not a standard medical diagnosis. It is also typically characterized by a large discrepancy between high verbal and lower performance scales on IQ testing. Problems occur in motor, visual-spatial, and social areas. This can be seen as difficulty in abstract thinking, difficulties in certain math symbols and handwriting, poor visual recall, poor social and interactive skills, and poor coordination and awkwardness. Included is a letter written by a student diagnosed with NLD (Section VIII, Additional Resources).

An excellent resource is the book, *Employment for Individuals with Asperger Syndrome or Nonverbal Learning Disability: Stories and Strategies*.

Acronyms Used in this Guide

| | |
|---------------------|--|
| ADA/AA | Americans With Disabilities Act of 1990, and ADA Amendments Act of 2008 |
| ADD | Attention Deficit Disorder |
| ADHD | Attention Deficit Hyperactivity Disorder |
| APA | American Psychiatric Association |
| ASD | Autism Spectrum Disorder |
| ASW | Autism Society of Wisconsin |
| AT | Assistive Technology |
| CDC | Centers for Disease Control and Prevention |
| CDD | Childhood Disintegrative Disorder |
| DDA | Developmental Disabilities Administration |
| DPI | Department of Public Instruction |
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders Fourth Edition |
| DSP | Disability Services Providers |
| DVR | Division of Vocational Rehabilitation |
| DWD | Department of Workforce Development |
| FVTC | Fox Valley Technical College |
| GRASP | Global and Regional Asperger Syndrome Partnership |
| HIPAA | Health Insurance Portability & Accountability Act |
| ICAN | Interactive Collaborative Autism Network |
| IDEA | Individuals with Disabilities Education Act |
| IEP | Individual Education Programs |
| LD | Learning Disability |
| MAAP | <u>M</u> ore advanced individuals with <u>A</u> utism, <u>A</u> sperger's syndrome, and <u>P</u> ervasive developmental disorder (PDD) |
| MATC-Madison | Madison Area Technical College |
| MPTC | Moraine Park Technical College |

| | |
|-------------------|--|
| NIMH | National Institute on Mental Health |
| NLD / NVLD | Nonverbal Learning Disorder |
| NWTC | Northeast Wisconsin Technical College |
| OASIS | Online Asperger's Syndrome Information and Support |
| OCD | Obsessive-Compulsive Disorder |
| PDD | Pervasive Developmental Disorder |
| PDD-NOS | Pervasive Developmental Disorder–Not Otherwise Specified |
| SoP | Summary of Performance |
| SSA | Social Security Administration |
| SSI | Supplemental Security Income |
| SSDI | Social Security Disability Insurance |
| TDD | Telecommunications Device for the Deaf |
| UW | University of Wisconsin |
| WAIS-III | Wechsler Adult Intelligence Scale-Third Edition |
| WTC | Wisconsin Technical College |
| WTCS | Wisconsin Technical College System |

A Letter to Faculty from a Student with a NLD

My name is _____. Several years ago, I was diagnosed as having a learning problem called "NLD." This means that I often do not perceive information that others seem to obtain more or less instinctively from observation. As is reportedly common with this learning disorder, it is accompanied by a mild form of Attention Deficit Disorder (ADD).

These disorders do not limit my ability to understand complex ideas or to remember facts or figures. In fact, my IQ is somewhat above average. The disorders mainly affect the way in which I learn, and influence my schoolwork in two main respects. First, with respect to conveying information, I need to be "told" rather than "shown." For example, saying something is "like this. . .," then offering a demonstration without a detailed, step-by-step, verbal explanation, will probably not convey the needed information or skill to me. Also, I may sometimes need new information to be expressed in significantly more detail than other students might need.

Second, my learning problems adversely affect my people skills. Doctors have said that my social difficulties arise mainly because I neither understand nor communicate reliably whenever facial expressions, body language, or tone of voice carries important informational content. What this means for our pupil-instructor relationship is that I likely will not give you the usual "clues" that other students would when they don't follow an explanation, so you may not notice when I don't understand the material. In addition, one result of my difficult social experiences is that I do **not** want to draw attention to myself. I will find it very difficult, actually impossible, to speak out if I get lost and ask you to repeat anything or to explain something in more detail, and may instead just "zone out."

How can you help? Spend at least an hour outside class each day giving me one-on-one instruction. (Just kidding!) Actually, to the extent that you provide clear, detailed verbal instruction, I will probably do fine. However, please I would be grateful if you could at least loosely monitor my attentiveness in class and the quality of my work. If you begin to think that I may not be adequately following classroom instruction or adequately completing homework assignments, then I may need help evaluating the situation and deciding on corrective action. As the attached copy of my special accommodations card indicates, I am working with a Service Coordinator (_____). Since any delay in getting whatever help I need will probably make it harder to correct the situation, I would very much appreciate you calling _____ as soon as you see a potential problem and explaining the situation to me.

Thank you for your time and patience. I very much appreciate any assistance you may be able to offer.

FVTC Library Resources on ASD

To learn more about interlibrary loan services, refer to FVTC's Library Homepage, <http://www.fvtc.edu/library>

Allen, Arthur. *Vaccine: The Controversial Story of Medicine's Greatest Lifesaver.* (2007)
FVTC – Appleton Campus General Collection RA 638.A45 2007

Ashley, Susan. *Asperger's Answer Book: The Top 300 Questions Parents Ask.* (2007)
FVTC – Appleton Campus General Collection RJ 506.A9 A77 2007

Aston, Maxine C. *Other Half of Asperger Syndrome: A Guide to Living in an Intimate Relationship with a Partner Who has Asperger Syndrome.* (2002)
FVTC – Appleton Campus General Collection RC 553.A88 A87 2002

Attwood, Tony. *The Complete Guide to Asperger's Syndrome.* (2007)
FVTC – Appleton Campus General Collection RC 553.A88 A88 2007

Baker, Jed. *Preparing for Life: The Complete Guide for Transitioning to Adulthood for Those with Autism and Asperger's Syndrome.* (2005)
FVTC – Appleton Campus General Collection RJ 506.A9 B35 2005

Drake Burns, Diane. *Autism? Asperger's? ADHD? ADD?: A Parent's Roadmap to Understanding and Support.*
FVTC – Appleton Campus General Collection RJ 506.D55 B87

Fleischer, Leonore; based on a screenplay by Ronald Bass and Barry Morrow and a story by Barry Morrow; retold by Kieran McGovern; series editors: Andy Hopkins and Jocelyn Potter. *Rain Main.* (1999)
FVTC – Oshkosh Campus General Collection PS 3556.L4226 R34 1999

Gaus, Valerie L. *Cognitive-Behavioral Therapy for Adult Asperger Syndrome.* (2007)
FVTC – Appleton Campus General Collection RC 553.A88 G38 2007

Grandin, Temple and Kate Duffy. *Developing Talents: Careers for Individuals with Asperger Syndrome and High-Functioning Autism.* (2004)
FVTC – Appleton Campus General Collection HV 3005.G73 2004

Grinker, Roy Richard. *Unstrange Minds: Remapping the World of Autism.* (2007)
FVTC – Appleton Campus General Collection RC 553.A88 G75 2007

Haddon, Mark. *Curious Incident of the Dog in the Nighttime (sound recording).* (2003)
FVTC – Appleton Campus Audio CD Collection PZ 7.H11655 Cu 2003

Hawkins, Gail. *How to Find Work That Works for People with Asperger Syndrome: The Ultimate Guide for Getting People with Asperger Syndrome Into the Workplace (and Keeping Them There!).* (2004)
FVTC – Appleton Campus General Collection HV 1568.5.H38 2004

Jepson, Bryan with Jane Johnson. *Changing the Course of Autism: A Scientific Approach for Parents and Physicians.* (2007)

FVTC – Appleton Campus General Collection RJ 506.A9 J475 2007

Kutscher, Martin L. *Kids in the Syndrome Mix of ADHD, LD, Asperger's, Tourette's, Bipolar, and More!: The One Stop Guide for Parents, Teachers, and Other Professionals.* (2005)

FVTC – Appleton Campus General Collection RJ 506.B44 K88 2005

McCarthy, Jenny. *Louder Than Words: A Mother's Journey in Healing Autism.* (2007)

FVTC – Appleton Campus General Collection RJ 506.A9 M4253 2007

Notbohm, Ellen. *Ten Things Every Child with Autism Wishes You Knew.* (2005)

FVTC – Appleton Campus General Collection RC 553.A88 N68 2005

Pyles, Lise; foreword by Tony Attwood. *Hitchhiking Through Asperger Syndrome.* (2002)

FVTC – Appleton Campus General Collection RJ 506.A9 P95 2002

Romanowski Bashe, Patricia and Barbara L. Kirby. *The OASIS Guide to Asperger Syndrome: Advice, Support, Insights, and Inspiration.* (2001)

FVTC – Appleton Campus General Collection RC 553.A88.B375 2001

Siegel, Bryna. *Helping Children with Autism Learn: Treatment Approaches for Parents and Professionals.* (2003)

FVTC – Appleton Campus General Collection LC 4717.S54 2003

Sohn, Alan and Cathy Grayson. *Parenting Your Asperger Child: Individualized Solutions for Teaching Your Child Practical Skills.* (2005)

FVTC – Appleton Campus General Collection RJ 506.A9 S645 2005

Tammet, Daniel. *Born on a Blue Day: Inside the Extraordinary Mind of an Autistic Savant: A Memoir.* (2007)

FVTC – Appleton Campus General Collection RC 553.A88 T36 2007

Turkington, Carol, Ruth Anan. *Encyclopedia of Autism Spectrum Disorders.* (2007)

FVTC – Appleton Campus Reference Collection RC 553.A88 T87 2007

Waltz, Mitzi. *Autistic Spectrum Disorders: Understanding the Diagnosis and Getting Help.* (2002)

FVTC – Appleton Campus General Collection RC 553.A88 W356 2002

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Fast, Yvona. *Employment for Individuals with Asperger Syndrome or Non-Verbal Learning Disability: Stories and Strategies*. Jessica Kingsley Publishers London and Philadelphia. (2004)

Grandin, Temple and Kate Duffy. *Developing Talents: Careers For Individuals With Asperger Syndrome And High-Functioning Autism*. Autism Asperger Publishing Company Shawnee Mission, Kansas. (2004)

Kantrowitz, Barbara and Julie Scelfo. *What Happens When They Grow Up*. NEWSWEEK November 27, 2006. (pp. 47-53.)

Pennamon, Rodney E. and Louise Bedrossian. *College Students with Asperger Syndrome: Practical Strategies for Academic Success and Social Success*. LRP Publications Horsham, Pennsylvania. (2007)

Web Sites

Asperger Syndrome Education Network (ASPEN) provides families and individuals with information on education, support and advocacy. <http://www.aspennj.org/>

Autism Society of Wisconsin (ASW) provides links to autism information in Wisconsin. <http://www.asw4autism.org/>

Centers for Disease Control and Prevention (CDC) provides information on autism research with links to prevalence studies and other autism resources. <http://www.cdc.gov/nchs/>

Division of Vocational Rehabilitation (DVR) is a federally funded program that assists people with disabilities to obtain employment. <http://www.dwd.state.wi.us/dvr/>

Global and Regional Asperger Syndrome Partnership (GRASP) provides advocacy and support groups for teens and adults on the autism spectrum. <http://www.grasp.org/>

The Gray Center for Social Learning and Understanding provides information to help individuals with ASD to communicate and interact more successfully with the people with whom they live and work. Source of detailed information on Social Stories™. <http://www.thegraycenter.org/>

Interactive Collaborative Autism Network (ICAN) is a project supported by a U.S. Department of Education. This site offers training modules on ASD. <http://www.autismnetwork.org/index.html>

Life Journey Through Autism: A Guide for Transition to Adulthood is an introduction to the world of autism research for parents.

www.researchautism.org/resources/reading/documents/TransitionGuide.pdf

MAAP provides information and advice to families with **M**ore advanced individuals with **A**utism, **A**sperger's syndrome, and **P**ervasive developmental disorder (PDD). www.maapservices.org

National Institute of Mental Health (NIMH) is a scientific organization that promotes understanding, treatment and prevention of mental disorders including ASD.

<http://www.nimh.nih.gov/index.shtml>

Online Asperger Syndrome Information and Support (OASIS).

<http://www.udel.edu/bkirby/asperger/>

Social Security Administration (SSA) the official website of the U.S. Social Security Administration. <http://www.ssa.gov/>

UW-Whitewater School of Graduate Studies – Certificate in Autism Specialist Program – prepares professionals with Bachelor's degrees in Education or related fields to teach and work with individuals with autism. <http://www.uww.edu/gradstudies/catalog0810/certautism.php>

Wisconsin DPI. <http://dpi.wi.gov/index.html>

Wisconsin DWD is a state agency charged with building and strengthening Wisconsin's workforce. <http://dwd.wisconsin.gov/>

WTC System Office – www.witechcolleges.org