

Special Education Acronyms / Terms

Types of Disabilities

The Michigan Administrative Rules for Special Education define eligibility for special education under twelve different categories of disability.

AI	Autistic Impaired	PI	Physically Impaired
CI	Cognitively Impaired	<i>ECD</i> PPT	Preprimary Impaired <i>Early Childhood Deve</i>
EI	Emotionally Impaired	SLI	Speech and Language Impaired
HI	Hearing Impaired	SXI	Severely Multiply Impaired
LD	Specific Learning Disability	VI	Visually Impaired
OHI	Otherwise Health Impaired		

Additional Terms

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder

People, Programs and Services

ILC	Individual Learning Center
OT	Occupational Therapist
PT	Physical Therapist
RR	Resource Room
SLP	Speech/Language Pathologist
SSW	School Social Worker
TA	Teacher Assistant
TC	Teacher Consultant
TSLI	Teacher Speech and Language Impaired

Meetings / Related Terms

SST	Student Study Team
ISR	Initial Student Referral
MET	Multidisciplinary Evaluation Team
IEPT	Individualized Education Program Team
IEP	Individualized Education Program

Other

504	Section 504 of the 1973 Rehabilitation Act
BIP	Behavior Intervention Plan
FAB	Functional Analysis of Behavior
IDEA	Individuals with Disabilities Education Act
LRE	Least Restrictive Environment
SISS	Student Intervention and Support Services
WISD	Washtenaw Intermediate School District

Glossary

Additional Terms

Attention Deficit Disorder - This is a medical classification used to describe individuals who exhibit poor attention, distractibility, and impulsivity. ADHD individuals will also exhibit hyperactivity. A student who has ADD or ADHD is not automatically eligible for special education services; however, services may be provided through Section 504 or through OHI eligibility.

People, Programs and Services

Ancillary and Other Related Services - Services specially designed to meet the unique needs of persons with disabilities to age 26, including services through:

- * physical therapist
- * occupational therapist
- * speech/language pathologist
- * school nurse
- * school psychologist
- * school social worker

Inclusion - A term used to describe a special education student with significant impairments such as autism, or mental or physical impairments, who attends a general education classroom and is provided with necessary supports. A special education program is designed to meet the student's individual needs.

Individualized Learning Center (ILC) - The department or room from which students receive special education services at the secondary level.

Mainstreaming - A term used to describe providing general education experiences for students who spend the majority of their day in a self-contained or Unified Studies class.

"Push-In" - A term used to describe providing special education services for students in the general education classroom.

"Pull-Out" - A term used to describe providing special education services for students outside of the general education classroom.

Resource Room (RR) - A classroom program designed for students who require some of their instructional day in a special education program.

Self-Contained/Unified Studies Class - Special education classrooms providing direct instruction for students for over 50% of the day.

Glossary

Meetings / Related Terms (continued)

Multidisciplinary Evaluation Team (MET) - The special education team responsible for evaluating students to determine eligibility for special education services. This team may consist of any or all of the following:

- * classroom teacher
- * teacher consultant
- * school psychologist
- * school social worker
- * speech and language teacher
- * principal
- * school nurse
- * parent(s) or guardian(s)
- * others

Student Study Team (SST) - This is a multidisciplinary group, including parents or guardians, that meets to discuss students about whom there are concerns. It is a general education intervention, although special education staff may be present.

30 Day Placement - A form signed by the parents or guardian and the school to allow special education staff to provide special education services while they assess the student and schedule an IEPT Meeting. The IEPT Meeting will occur within 30 school days.

Other

Section 504 of the 1973 Rehabilitation Act (504) - This act requires any institution receiving federal funds to accommodate persons who have disabilities but do not necessarily receive special education services. A 504 plan is a written document that indicates what accommodations are to be provided for the person to be successful in school or work. This is a general education program coordinated by building administrators.

Behavior Intervention Plan (BIP) - A written plan, based on a functional analysis of behavior, which identifies a behavioral goal and instructional strategies designed to help the student achieve that goal.

Functional Analysis of Behavior (FAB) - A collaborative problem-solving process, which includes parents and general education teachers, designed to identify what may be triggering and maintaining problem behaviors. This information is used to develop a behavior intervention plan (BIP).

Individuals with Disabilities Education Act (IDEA) - This is the federal law that requires special education services to be provided to eligible students. IDEA was reauthorized in 1997.

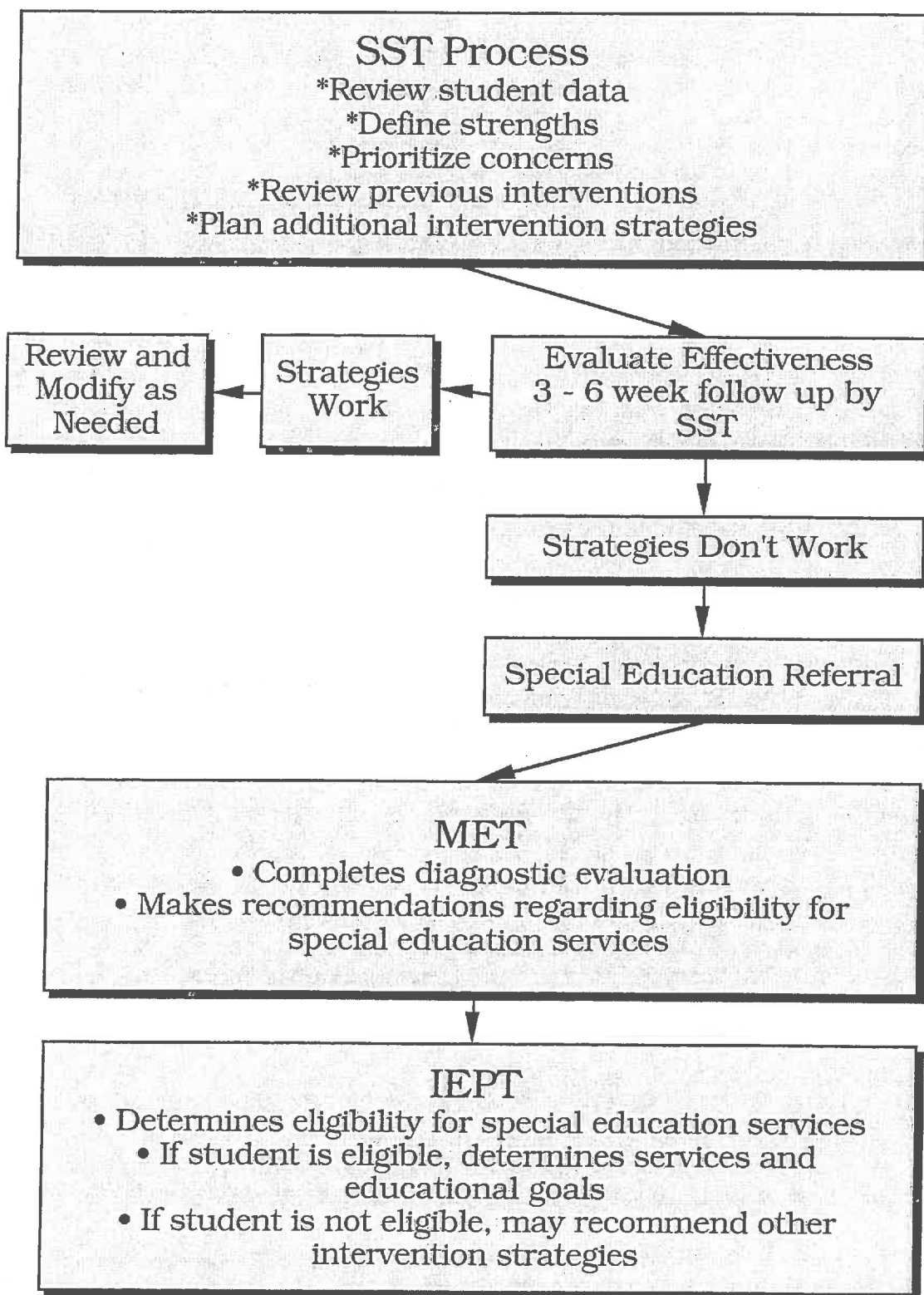
Least Restrictive Environment (LRE) - The legal requirement that each student with a disability be educated as much as possible with non-disabled peers.

Student Intervention and Support Services (SISS) - The AAPS department which administers special education services is located in the Balas 2 Building, 2725 Boardwalk Drive.

Washtenaw Intermediate School District (WISD) - A service agency providing special education and other supports to the ten local school districts in Washtenaw County.

When A Student is Having Difficulty, What Can I Do? A "Flowchart" of Things To Do

(continued)



Possible Classroom Accommodations

SEATING

- Use strategic seating
- Reduce distracting stimuli
- Try not to isolate or make the child feel different
- Reduced stimuli area for quiet work time

DISCIPLINE

- Establish clear classroom rules
- Post classroom rules
- Review rules regularly
- Reinforce positive behavior
- Determine appropriate consequences
- Use consequences consistently and review effectiveness
- Maintain consistency in daily routine
- Frequent communication with parents
- Include students in setting rules and expectations when possible

INSTRUCTION

- Provide outline or key concepts and vocabulary prior to lesson
- Make lessons brief or break into segments
- Include a variety of activities
- Actively involve student during lesson
- Use movement during instruction
- Stand near the student when giving directions
- Use behavioral cues to maintain attention
- Employ visual aids
- Provide notes/notetaker if needed
- Use small group instruction/cooperative learning
- Incorporate graphic organizers or webbing

DIRECTIONS

- Be consistent with daily instructions
- Avoid multiple instructions
- Make directions brief and state clearly; repeat as needed
- Check for comprehension before the task is started
- Continue frequent checks for comprehension
- Help student feel comfortable seeking assistance
- Use computer to assist written work if necessary
- Incorporate cooperative learning skills
- Utilize peer tutoring
- Monitor frequently
- Use headphones to block auditory distractions

ASSIGNMENTS

- Use daily assignment sheet
- Write assignments on chalkboard
- Shorten assignments
- Allow additional time to complete assignments
- Highlight key words
- Reduce number of problems per page
- Use small group activities
- Provide manipulative objects
- Tape record materials
- Read orally if possible and necessary

TESTING

- Be sure test is legible and not visually cluttered
- Use dark black print
- Write clear, simple directions
- Underline key directions
- Provide practice tests
- Divide test into sections
- Test orally or tape record tests
- Give frequent, short quizzes
- Provide quiet environment for test
- Provide alternative assessments

Quick Tips for Classroom Teachers

1. Meet with the teacher consultant early in the fall. Take time to review the records, know the IEP Goals, and the required modifications and adaptations.
2. Communicate with parents early and often; remember to discuss strengths as well as concerns.
3. Avoid getting into power struggles with students.
4. Find ways to give students meaningful jobs or tasks that keep them moving, engaged, positive and empowered.
5. Don't be rigid! Try to avoid preconceptions. Be flexible and keep a sense of humor.
6. Take the time to get to know your students -- their interests, strengths, hopes and dreams.
7. Encourage success in the classroom:
 - seat student in the best location to learn/ behave
 - modify assignments / expectations
 - give the student extra time for tests, homework and answering questions
 - identify and teach to their strengths
 - don't let them disappear in class
 - be open to alternative forms of assessment
 - use a multi-sensory approach in lessons e.g., use visual/graphic aids since many kids have auditory processing difficulties
8. Remember - anything you put in writing about a student may be shared with parents, administrators and other staff - be professional!

BE NICE TO YOURSELF. TAKE ONE DAY AT A TIME.

DO NOT GET DISCOURAGED!

Methods of Helping Our Students Do Tasks, Activities, etc.

Physically Prompting is the most invasive and is used last whenever possible. For many on the ASD touch can be very exciting, they crave it and will become silly, unable to sit, etc. For others touch can be almost unbearable. It can be **Prompting** uncomfortable. Some may even lash out to get the person touching to go away.

Physical prompts: most intrusive type of prompt; may include hand-over-hand assistance

Examples:

1. Tell the child to "Touch head" and physically guide his hands to touch his head.
2. While the child is learning to color, place your hand over the child's and guide her hand to stay in the lines.

Object prompts: objects of routine or activity (natural cues) act as a stimulus for participation

Examples:

1. Show the child his toothbrush when he needs to brush his teeth.
2. Give the child the block container when it's time to clean up her blocks.

Gestural prompts: a point, hand gesture, or head nod to encourage participation normally prompted by a natural cue

Examples:

1. When helping the child get dressed, give him socks and point to his feet.
2. Give the child a book and say "Put away" while gesturing towards the bookshelf.

Pictorial (two dimensional) prompts: picture or other two dimensional representation (words, symbols, etc.) to encourage participation Visuals are very powerful for our students

Examples:

1. Give the child a picture of the car to remind him it's time to drive to school.
2. Point to a picture of the child's bed when it's bed time.

Model prompts: demonstration of behavior to be performed (i.e., showing how to perform the behavior or action)

Examples:

1. Stand up as you instruct the child to "Stand up".
2. When going outside, tell the child to "Watch" while you demonstrate putting on your coat, then hand the child her coat and say "You do it."

* **Verbal prompts:** instructions offered before and during performance (First verbal direction is the instruction - not a prompt).

Examples:

1. Tell the child to "Wash hands" and prompt him to start by saying "Turn on the water".
2. Ask the child "What do you want?" and immediately prompt her by saying "Say video."

Mixed prompts: combination of various prompt forms

Examples:

1. When it's time to go to bed, use a pictorial and verbal prompt (show a picture of the child's bed and say "Bed time").
2. To get the child to sit down, use physical and verbal prompting (say "Sit down" while guiding her body into the chair).

* Verbal Prompts are the most difficult to break away from (fade). We see students who are totally independent at a task that won't do the task until some one say, "Ok, make the ___" or "start your math".

* This does not just refer to the students that you may^{or} may^{not} be working with in your experience but these are informational pieces about kids on the spectrum.

Most-to-Least Prompting: use this type of prompting for teaching a child new skills; can be helpful when the child doesn't respond to less intrusive prompts (e.g. cannot understand verbal prompts due to severe receptive language impairment, if model prompts are ineffective due to lack of imitation skills) or when the child makes frequent errors with less intrusive prompts.

Examples:

1. When teaching the child a gross motor movement (e.g. "Turn around"), first instruct him to "Turn around" and use full physical prompting (i.e. guide his body to fully turn in a circle). Once performance at this prompt level is strong, fade the prompt by using a partial physical prompt (i.e. help him begin turning and stop prompting as soon as he starts to turn). When the skill is consistently performed at this level, start to prompt with just a touch on his shoulder. Eventually just say "Turn around" and he should respond independently.
2. When teaching the child to label video, ask "What is it?" and immediately prompt her by saying "Say video." After she consistently responds to the question at this prompt level, fade to "What is it? Say vid ...". Fade further to "What is it? Say vvv ...". Finally simply ask "What is it?" without any prompt.

Least-to-Most Prompting: this type of prompting can be used for maintenance of mastered skills or for skills that have been in acquisition for a while.

Examples:

1. If the child has mastered answering the question "What's your name?" When you ask him "What's your name?" wait a few seconds for a response. If he does not answer, repeat the question and prompt him by saying "Kk". If there is no response at that prompt level, repeat the question and use a more intrusive prompt by saying "Kev". If he still does not respond, ask again and prompt with his full name "Kevin".
2. If the child generally responds to the request "Sit down", when you instruct her to "Sit down" give her a few seconds to respond. If she doesn't sit, repeat the request and gesture to the chair (gestural prompt). If she still doesn't respond appropriately, request again to "Sit down" and physically prompt her to sit.

Autism Spectrum Disorder Fact Sheet

What are Autism Spectrum Disorders?

- Autism Spectrum Disorder (ASD) refers to a group of neurodevelopmental disorders including: autism disorder, atypical autism, childhood disintegrative disorder, Asperger's disorder, Rett's Syndrome and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)
- ASD is characterized by deficits in verbal and non-verbal communication, social interaction, imagination and consequently, the establishment of relationships with others.
- ASD occurs in all racial, ethnic, and socioeconomic groups and is more common in boys than girls.

How common is ASD?

- ASD is the second most common serious developmental disability.
- According to the US Centers for Disease Control and Prevention, about 1 in 110 children have an ASD.
- Studies show that rates of ASD have increased.
 - Increase in prevalence of ASD is attributed to a combination of factors, including better identification and broader definition of ASD.

What causes ASD?

- While ASD is considered a biologically-based neurodevelopmental disorder, the exact cause or causes of ASD have not been identified.
- Studies have shown that ASD has a strong genetic basis.
- Environmental factors, such as prenatal exposure to viruses or birth complications, may play a causal role in children who have a genetic predisposition.
- There is no scientific evidence for a link between childhood vaccines and ASD.

How is ASD diagnosed and assessed?

- Physicians and psychologists rely on a core set of behaviors to make a diagnosis of ASD:
 - Impairments in social interaction
 - Impairments in verbal and nonverbal communication
 - Restricted interests and repetitive behaviors
- American Academy of Pediatrics (AAP) recommends that all children be screened for ASD at 18 and 24 months.
- Parents are encouraged to talk to their child's doctor about their child's development and discuss any concerns.
- Early identification is important so the child can begin receiving intensive intervention.

What interventions are helpful for children with ASD?

- Children with ASD benefit from intensive educational programs that meet their unique developmental, learning, and behavioral needs.
- Some commonly used educational and behavioral interventions:
- Applied behavior analysis (ABA)
- Special education and supported inclusion
- Speech-language, occupational, and physical therapies
- Social skills training
- Visual supports
- Medications may be used to treat severe challenging behaviors, such as aggression and self-injury, that make it difficult for the child to function effectively at home and school.
- Most alternative therapies, including special diets, nutritional supplements, and chelation do not have adequate scientific data to support their use as interventions for ASD.

What about adults with ASD?

- ASD is a lifelong developmental disability and cannot be “outgrown,” though significant improvements can occur
- Parents, teachers, and professionals should begin transition planning long before the child ages out of school to ensure the child is prepared for adult life.
- Home and work situations for adults with ASD vary:
- Some adults with ASD have mainstream jobs and live completely independently.
- Some are able to live and work on their own if they have support during stressful events (e.g., changing jobs) or with complicated tasks (e.g., managing finances).
- Others can be successful in quality, supported living and work environments, but continue to need moderate to high levels of assistance throughout their lives.
- The emphasis should always be on independence and quality of life. As much as possible, work and living situations should incorporate the person’s interests and goals.

Where can parents and professionals go for more information?

National organizations and websites

- Autism and PDD Support Network <http://www.autism-pdd.net>
- Autism Society of America <http://www.autism-society.org>
- Autism Speaks <http://www.autismspeaks.org>
- Centers for Disease Control and Prevention - Autism Information Center
<http://www.cdc.gov/ncbddd/autism>
- Special Education Law and Advocacy <http://www.wrightslaw.com>

State organizations and websites

- Autism Society of Michigan <http://www.autism-mi.org>
- Bridges 4 Kids <http://www.bridges4kids.org>
- Michigan Dept. of Community Health - Developmental Disabilities
http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_4897---,00.html
- Michigan Dept. of Education - Office of Special Education and Early Intervention Services http://www.michigan.gov/mde/0,1607,7-140-6530_6598---,00.html
- The Arc Michigan <http://www.arcmi.org>

