Autism Competencies Now Available

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Even the best of teachers may sometimes find him/herself asking the question, “How do I teach this kid?” when faced with the planning, development and delivery of meaningful instruction for a student with an Autism Spectrum Disorder (ASD). Unlike preparation for instructing students with learning disabilities or mental retardation, no specific endorsement or certification program has been available in Virginia to prepare a teacher for the instruction of students with ASD. As a result, teachers, paraprofessionals and related service providers may often feel they do not have the knowledge, training, or experience necessary to adequately respond to the unique characteristics and needs of learners with ASD. It is for this reason that the Virginia Autism Council, a representative group of Virginia public and private educators, and community and state agency service providers, developed the Skill Competencies for Professionals and Paraprofessionals in Virginia Supporting Individuals with Autism across the Lifespan (Autism Council, 2005). This important document provides a road map for the attainment of essential knowledge, skills, and abilities relevant to teaching learners with ASD.

Developed first as a draft document, the competencies were reviewed by regional and national experts for content validity, and then presented to statewide stakeholders for feedback and recommendations. Revisions were made which resulted in a final guidance document for Virginia listing professional skill competencies in a variety of critical performance domains for professionals educating and supporting individuals with ASD across the state.

The competencies are categorized into six different knowledge areas including: ASD awareness, support strategies, communication, social skills, behavior, and sensory motor development. Within each knowledge area is a specific listing of skills for which competency should be developed. In addition, the document is formatted in such a way that diverse skill levels can be tracked and obtained. There are four professional categories listed within the document for which competency can be obtained: paraprofessional direct staff, professional direct staff, master professional direct staff, and advanced degree, program developers or specialists.

The *Skill Competencies for Professionals and Paraprofessionals in Virginia Supporting Individuals with Autism across the Lifespan* was disseminated to special education and community service directors in mid-October, and is now available for downloading and printing at [http://www.autismtrainingva.org](http://www.autismtrainingva.org). Whether to be used as a guidance document for personal, school, or division-wide professional practices, the competencies are a valuable resource for educators and service providers working with learners with ASD.
Data from the National Assessment of Educational Progress (NAEP) suggests that the intense focus on literacy instruction in grades K-3 has been effective. In contrast, there are an estimated 8 million struggling readers in grades 4-12. What happened? The International Reading Association’s (IRA) Commission on Adolescent Literacy’s position statement (Moore, Bean, Birdyshaw and Rycik, 1999) points out that “Early achievement is not the end of the story” (p.3). Reflecting on the traditional concept of children learning to read in grades K-3 and reading to learn from grades 4-12, it needs to be acknowledged that the ability to read and understand increasingly sophisticated text requires guidance. “Almost all students need to be supported as they learn unfamiliar vocabulary, manage new reading and writing styles… and independently apply complex learning strategies to print” (p. 4).

A report to the Carnegie Corporation of NY, entitled Reading Next: A Vision for Action and Research in Middle and High School Literacy (Biancarosa and Snow, 2006) identified 15 elements of effective literacy programs for middle and high school students. Elements were subdivided into instructional improvements and infrastructure improvements. The purpose of the remainder of this article is two-fold: First, to foster an awareness of instructional improvements suggested and secondly, to describe an application based on the suggestions. Based on current funds of research, Biancarosa and Snow listed nine areas for instructional improvement. They are:

- Direct explicit comprehension instruction (e.g., reciprocal reading with summarization enhanced with graphic organizers, structured discussion)
- Effective instructional principles embedded in content (e.g., Strategic Instruction Model (SIM). University of Kansas Center on Research and Learning)
- Motivation and self-directed learning (e.g., choice and relevancy as possible)
- Text-based collaborative learning (see below)
- Strategic tutoring (e.g., instruction in specific strategies based on student need)
- Diverse texts (e.g., see below)
- Intensive writing (enhances synthesis, provides review, requires higher level thinking)

Thinking About Adolescent Literacy

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Students are coming to middle and high schools without foundational knowledge. This includes not only concepts, but content specific vocabulary, reading proficiency, study skills, and strategies. Some are unable to write a coherent paragraph let alone an essay. Teachers who work with adolescents are well aware of the critical issues in adolescent literacy.
• A technology component  
  (e.g., as resource and/or as a tool to support writing)  

• Ongoing formative assessment  
  (regular assessment of student understanding)

Examining two of the above, consider how text-based collaborative learning would be enhanced by diverse texts. Text-based collaborative learning expands the traditional jigsaw approach of divide and conquer to gather facts on a topic. Students are challenged to explore concepts or events in pairs or small groups via an open-ended question (s). They explore resources and negotiate meaning from the information each has gathered and shared.

Supporting the notion of diverse texts, the Commission on Adolescent Literacy (1999) states that, “Adolescents deserve access to a wide variety of reading material that they can and want to read” (p 4). Given the range of prior knowledge, vocabulary, and literacy skills students bring to any classroom, the availability of texts and other resources with a range of readability levels and a variety of approaches to content (e.g., copies of primary sources, essays biographies, illustrated texts e.g. Castle by David MacCauley for a world history assignment) would facilitate text-based collaborative learning and further allow for differentiation of instruction. Students could self-select their sources on specific topics and rejoin their work group to report out with teacher provided response or notetaking templates.

Using text with a range of readability and structures should enhance student access to the curriculum. Teachers, however, have the additional responsibility of assisting students to build upon their ability to read and understand grade expected materials. Before reading activities should set the stage for comprehension. Each content has critical yet often low frequency vocabulary that students must know in order to gain meaning from the text. Pre-views of the major points may be arranged in advance organizers or notetaking templates. Study guides and questions should be designed to lead from literal/factual information to comprehension of concepts or movements.

Secondary teachers will continue to be challenged to support literacy skills of their students. Research has identified a number of approaches and methods that have been effective with select populations. Teachers who elect to change their instruction and keep records of what they have employed and student achievement can report on their findings as they take up the research to practice challenge.

References:


Request copies of the Reading Next report at:  
1201 Connecticut Avenue, NW  
Suite 901  
Washington, DC 20036  
(202) 828-0828

Or download the report from the Alliance’ website  
www.all4ed.org

Sample text:

My kids struggle with the text book

Essays! I’d be happy with a paragraph

What did they do in _______  
(fill it in)
IDEA Final Regulations Updates Are Plentiful: How To Find Your Way Around the Maze!

The reauthorized Individuals with Disabilities Education Act of 2004 (IDEA) final regulations are now out. The Virginia Department of Education, along with various national and non-public organizations, have published their versions of updates and summaries. Web sites are plentiful with documents at your fingertips. There are national, state, and parent organizations which offer trainings and workshops on IDEA. The resources below will help you navigate your way around IDEA. These web sites are regularly updated, so if you do not see a document or training that you are seeking, continue to check the site for the most current postings. Also, if you have questions, technical assistance is available and is usually just a phone call or e-mail away!

(Please note: The listing below of organizations is not comprehensive and is not in any particular order.)

National
The U.S. Department of Education
Building the Legacy: IDEA 2004
http://idea.ed.gov/
IDEA Partnership
http://www.ideapartnership.org/

Council for Exceptional Children (CEC)
http://www.cec.sped.org
http://www.cec.sped.org/Content/NavigationMenu/PolicyAdvocacy/IDEAResources/default.htm
(IDEA Policy Resources)

Wrightslaw
http://www.wrightslaw.com/

State
The Virginia Department of Education
Special Education & Student Services
The Office of Dispute Resolution and Administrative Services
http://www.pen.k12.va.us/VDOE/dueproc/

Parent
National Dissemination Center for Children with Disabilities (NICHCY)
http://www.nichcy.org/
http://www.nichcy.org/idea.htm (IDEA)

Parent Educational Advocacy Training Center (PEATC) (VA)
http://www.peatc.org/index.htm
http://www.peatc.org/peatcpress.htm
(NEW! September 2006 PEATC Newsletter on IDEA Regulations)

Topic Specific
Many organizations offer their own resources and information on IDEA. The following are just a few to check out….

National Center for Learning Disabilities (NCLD)
http://www.ncld.org/
http://www.ncld.org/content/view/264/314/
(Advocacy Center)

National Early Childhood Technical Assistance Center (NECTAC)
http://www.nectac.org/default.asp
http://www.nectac.org/idea/idea.asp (IDEA)

National Center on Secondary Education and Transition
http://www.ncset.org/
How do I teach these ASOL’s?
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As the Aligned Standards of Learning (ASOLs) take their place for the second year in the instructional life of teachers of students with significant cognitive disabilities, the anxiety associated with newness and the question of “What are these and where did they come from?” is being replaced with a new question, “How do I teach this stuff?” Acknowledging that a new curriculum for students with significant cognitive disabilities is here to stay, a process that outlines HOW to instruct students in the ASOLs is being sought. Good instruction is dependent upon good planning. The following process of instruction has been developed as a guidance tool for those interested in answering the question of “How do I plan and deliver instruction within the ASOLs:”

- Review the present levels of performance for all students in your class, including assessment data, IEP team recommendations, and past performance data.
- Review or complete a Student Profile Document for each student in your class. Know each student’s strengths, communication system, sensory and medical issues, and instructional support needs.
- Review the ASOLs and blueprints for each of the student’s assigned grade level in each of the four content areas. Resources are available through T-TAC On-line to assist you. Crosswalks comparing the ASOLs to the SOLs for reading, math, science and history can be accessed at http://129.174.30.184/staff/assessment/vaap_resources.asp. Other resources, such as the instructional manual, Enhanced Scope and Sequence, and Curriculum Frameworks found at T-TAC on-line will enhance your understanding of the ASOLs and aid you in curriculum based assessment for your students.
- Using the blueprints, identify multiple entry points for the students within your class. (NOTE: If your student is participating in the VAAP, be sure the entry points are selected to represent the required reporting categories for that student). Selected entry points per student can be recorded on the Student Matrix found in the ASOL Instructional Manual.
- Transfer the identified entry points for each student in your class to the Classroom Matrix, Scope and Sequence document, or a self-generated organizing document. The important thing is to have a visual representation of your class so that you can plan for classroom instruction. (NOTE: An ASOL planning sheet should be completed for each content area reporting category for each student participating in the VAAP within your class at this stage of your planning).

- Select a thematic unit that can encompass instruction on many of the identified instructional entry points for students in your class. For example, if using a theme of “Nutrition,” instruction for one student might focus on identifying when cereal boxes are placed in the correct position to read from left to right and top to bottom, another might graph favorite cereal choices of the class, and yet another might identify the triangle shape of the food pyramid. Examples and resources for thematic units can be found at http://www.ehcs.k12.nj.us/curriculum/linkscatalog/Thematic%20Units%20Links.htm.
- Complete lesson plans as needed. Consider all the possible student tasks/activities that provide learning and practice opportunities on the identified ASOLs being instructed within the unit. Remember that many things you are already doing in your classroom can and will serve as instructional activities for the ASOLs. Look carefully at activities with which your students are involved throughout the day, and consider how ASOL instruction could be embedded in their completion. Be sure to consider what materials and assistive technology are needed for both the delivery and students’ responses to instruction. A lesson plan format as well as sample lesson plans for ASOL instruction can be found at T-TAC On-line under the VAAP resources tab.

(Continued on page 10)
The statement above is one that is often voiced by students who suffer a traumatic brain injury (TBI). Once the injury has occurred, they are forever changed. Being the person they used to be, as well as the student they used to be, is no longer possible. As each student faces the problem of recovering from a TBI, the Commonwealth of Virginia and the nation as a whole must confront what has become a serious public health problem for our children. The Neurologic Disabilities Support Project (NDSP) (2006) reports that each year 1,000,000 children will sustain a TBI. It is the leading cause of death and a principal contributor to a spectrum of morbidity involving cognition and adaptive behaviors for children and adolescents (Broman & Michel, 1995; Schneier, Shields, Hostetler, Xiang, & Smith, 2006). Further underscoring the morbidity, a study conducted on survivors of TBI, revealed that 80% of the severely injured children either failed a grade or were in a modified educational environment two years after their injuries (Ewing-Cobbs, Fletcher, Levin, Iovino, & Miner, 1998).

Logically, the medical and technological advances made in recent history have improved the survival rate. Since 1980, TBI-related deaths have declined 20% according to a December 1999 Report to Congress prepared by the National Center for Injury Prevention and Control. At the same time, they report a 50% decline in TBI-related hospitalizations. Moreover, economic forces have dramatically reduced the lengths of stay for children in rehabilitation programs (Ylvisaker, 1998; Ylvisaker et al., 2001). Thus, although there are more children surviving traumatic brain injuries, they are receiving less immediate medical care.

Ylvisaker and colleagues (2001) calculate that their estimate of approximately 20,000 new cases per year of children and adolescent TBI-related chronic disability that must be managed within the nation’s school systems is a conservative one. Therefore, it is likely that each teacher will have students with TBIs in his/her classroom eventually. Ylvisaker (1998) noted that the people most responsible for delivering rehabilitative services to
children with chronic disabilities following a TBI are the everyday people in the children’s lives such as family members, school staff members, and paraprofessionals.

The cruel irony of this combination of increased TBI incidence and decreased medical support is that students are returned to a waiting public that is often not well-informed and thus, ill-prepared to care for them. Written hospital reports are typically not helpful to educators. Assessments by hospital staff are recognized as having limited educational relevance and value. Empirical data from medical tests typically do not provide evidence about how a student can perform academically in a classroom or functionally within a school setting. Likewise, inferences from performance on standardized, out-of-context tests are problematic. Ylvisaker and colleagues (2005) noted that standardized, office-bound cognitive tests frequently do not predict real-world functioning with validity. Furthermore, managed medical care has distributed services among numerous providers, thereby fragmenting service and contributing to a worsening of support (Bell et al., 2004; Wade et al., 2006). Therefore, educators deciding to become knowledgeable about TBI and its academic impact and about what can be done within their classrooms will aid in the recovery of students with TBI.

Although the profile of cognitive and behavioral functioning from a TBI is highly individual and variable, some common themes and sequelae following a TBI have been identified along with some strategies that appear to work effectively in compensating for the myriad residuals of brain injuries. The term “phase” refers to a category of effects from the brain injury. It corresponds to symptoms rather than to time-referenced stages. Phases of a TBI are characteristically different from each other, but they do not have distinct boundaries. A survivor can experience more than one phase at a time. Also, during each phase,
a survivor can experience deficits in both cognitive and social-emotional functioning (Dykeman, 2003). The phases that a student with a TBI typically transitions through are:

**Phase I**
- Immediate loss of short-term memory
- Sleep disturbances
- Emotional lability

**Phase II**
- Cognitive problems
- Interpersonal and social problems
- Disinhibition
- Denial

**Phase III**
- Acknowledgment and acceptance
- Increased understanding of the effects from the TBI

Because the brain ricochets inside the skull due to the sudden impact of a TBI, diffuse damage to the brain is usually the result. Another way to view the effects from a TBI is through four primary domains: physical, cognitive, emotional, and social. Listed below are the typical symptoms within each domain.

- **Physical**
  - Fatigue
  - Sleep disturbances
  - Headaches
  - Dizziness
  - Nausea and vomiting
  - Blurred vision
  - Hearing problems
  - Loss of coordination, ambulation, or use of parts of the body

- **Cognitive**
  - Distractibility
  - Disorientation
  - Temporary amnesia
  - Short-term memory problems
  - Slow thinking
  - Word-finding lapses
  - Severe attentional problems
  - Difficulty learning new information
  - Poor judgment

- **Emotional/Behavioral**
  - Depression
  - Agitation and/or irritability
  - Apathy
  - Anger/explosive temper
  - Impatience
  - Confrontational attitude
  - Thoughtlessness
  - Fearfulness and/or a fear of “going crazy”
  - Anxiety
  - Guilt and/or shame
  - Frustration
  - Feelings of helplessness

- **Social**
  - Difficulty reading social cues
  - Difficulty maintaining relationships
  - Isolation/loneliness

Because the instructional issues for each student with a TBI will be different, planning for them needs to be individualized. However, there are some elements that can apply to most teaching situations. Consider using the following ideas:

- Start simple.
- Divide work into smaller sections.
- Use repetition and consistency to compensate for decreased memory.
- Learning new skills will be a challenge, but long-term memory may be intact. Therefore, attempt to connect new skills to long-term memory.
- Try to match the instructional method with the student’s learning style. Information from some testing or from previous care providers may help determine the student’s preferred learning style; if not, interview the student.
- When introducing new information, go from general to specific.
- Delay abstract learning, but introduce new concepts by going from concrete to abstract.
- Stress similarities. Provide a variety of vivid examples of the topic.
- Provide descriptive analogies to make concept/idea connections.
- Use a multi-sensory approach.
- Try to demonstrate new concepts or ideas.
- Provide hands-on activities first.
- Structure classroom to reduce auditory and/or visual distractions.
- Use error analysis to help determine why the student is having difficulty learning.
If the student does not understand, simplify or rephrase explanation. Ask him to restate information or instructions in his own words.

Teach students to categorize or chunk information to aid memory.

Provide written or pictured (icons) checklists of steps in complex tasks.

Color code materials for each class (e.g., Math = blue notebook and binder, Social Studies = red notebook and textbook cover).

Provide teacher-outline notes with fill-in-the-blanks.

Use a variety of formatting techniques when preparing handouts, using overhead or slide projection, writing on the chalkboard, etc. Visual chunking, bullets, **bold type**, *italics*, color, **enlarged fonts**, and matching printed material with iconic representations will aid visual attention, discrimination, and memory.

Keep the visual field as uncluttered as possible to facilitate attending and visual integration.

Explore a variety of cuing systems (e.g., nonverbal, verbal, gestural, proximity control, or signs) to help focus attention.

Use a memory log to record significant information (student and teacher). Closely monitor and keep a log for fatigue, attending, and time-of-day factors. In addition, record success and failure of teaching and learning strategies and techniques.

Use a planner or daily schedule.

Reduce length and amount of classwork and homework.

Use praise frequently but appropriately.

Issue reassurance and encourage hope.

The quality of the recovery process matters for students with TBI. They struggle with a severe sense of loss stemming from the loss of self and a loss of functioning. By adapting instruction and materials or modifying the classroom environment, teachers can make a difference in each student’s recovery. With increased knowledge and efforts to make educational changes, teachers can ensure that these students will have enhanced opportunities for success that will extend beyond the classrooms into the communities.

**References:**


(Continued from page 5)

- Identify evidence collecting tools that will be used to measure student progress and achievement. Remember to identify each student’s functional communication system so that you have a reliable means for learners to demonstrate what they know.
- TEACH!
  - Collect evidence and assess. Modify instruction as needed. Remember that students will need repeated practice through a variety of learning activities for true skill mastery to occur.

In following this, or a similar process for instruction, teachers of students with significant cognitive disabilities will be able to effectively offer instruction within the ASOLs. Please remember that your richest resource for help with instruction in the ASOLs might be right next door, or right down the hall. Our general education colleagues have been providing instruction on this content for a long time and are able to share a wide variety of learning activities for the ASOLs. In addition to the online resources listed above, the following books, available through your T-TAC library, may be of help to you as you continue to develop quality instruction for your students:


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**Conferences & Trainings:**

**January 2007**

19<sup>th</sup>-20<sup>th</sup> **Courage to Risk: The 19<sup>th</sup> Annual Collaborative Conference for Special Education**
Broadmoor Hotel
Colorado Springs, CO
www.couragetorisk.org

25<sup>th</sup>-26<sup>th**  Assistive Technology Industry Association Conference and Leadership Forum on Accessibility: 8th Annual Conference**
Orlando, Fla
www.atia.org

31<sup>st</sup>-3<sup>rd**  DDD 10th International Conference on Cognitive Disabilities/Mental Retardation, Autism, and Other Developmental Disabilities**
Sheraton Keauhou Bay Resort and Spa, Kona, HI
www.dddcec.org

**February 2007 Continued**

19<sup>th</sup>-21<sup>st**  Core Knowledge National Conference**
Washington, DC
www.coreknowledge.org

**March**

7<sup>th</sup>-9<sup>th**  Commonwealth Autism Service’s 6th Annual Autism Conference**
Crowne Plaza Richmond West
Keynote Presenters: Robert Montgomery, Ph.D., Asperger’s Syndrome; Gena Barnhill, Ph.D., Hidden Curriculum; Herm Fishbein, Ph.D., Transition: No Adults Left Behind.
Contact Becky Boswell at CAS for more information: 804-355-0300, 800-649-8481, bboswell@autismva.org

19<sup>th</sup>-24<sup>th**  California State University, Northridge Center on Disabilities’ 22nd Annual International Technology and Persons with Disabilities Conference**
Los Angeles, CA
www.csun.edu

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10
TIPS for parents of Preschoolers

Read early and read often. The early years are critical to developing a lifelong love of reading. It’s never too early to begin reading to your child! The tips below offer some fun ways you can help your child become a happy and confident reader. Try a new tip each week. See what works best for your child.

- **Read together every day.**
  Read to your child every day. Make this a warm and loving time when the two of you can cuddle close.

- **Give everything a name.**
  Build your child’s vocabulary by talking about interesting words and objects. For example, “Look at that airplane! Those are the wings of the plane. Why do you think they are called wings?”

- **Say how much you enjoy reading.**
  Tell your child how much you enjoy reading with him or her. Talk about “story time” as the favorite part of your day.

- **Read with fun in your voice.**
  Read to your child with humor and expression. Use different voices. Ham it up!

- **Know when to stop.**
  Put the book away for awhile if your child loses interest or is having trouble paying attention.

- **Be interactive.**
  Discuss what’s happening in the book, point out things on the page, and ask questions.

- **Read it again and again.**
  Go ahead and read your child’s favorite book for the 100th time!

- **Talk about writing, too.**
  Mention to your child how we read from left to right and how words are separated by spaces.

- **Point out print everywhere.**
  Talk about the written words you see in the world around you. Ask your child to find a new word on each outing.

- **Get your child evaluated.**
  Please be sure to see your child’s pediatrician or teacher as soon as possible if you have concerns about your child’s language development, hearing, or sight.

Visit [www.ReadingRockets.org](http://www.ReadingRockets.org) for more information on how you can launch a child into a bright future through reading.

Reading Rockets is a project of public television station WETA, and is funded by the U.S. Department of Education, Office of Special Education Programs.