

Autism and the Individualized Education Plan (IEP)

For the purposes of education, autism is defined in IDEIA 2004. The definition reads ...

“Autism” means a developmental disability significantly affecting verbal and non-verbal communication and social interactions, 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 routine, 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 a serious emotional disturbance, as defined in paragraph (b) (9) of this section.

This definition is very broad and encompasses all children who exhibit characteristics of autism and experience an adverse effect on their educational performance.

When thinking of autism in the educational sense, supports and services are based on the students’ characteristics and needs. Specific characteristics related to autism include:

- Socialization
- Communication
- Restrictive/repetitive behaviors
- Cognitive
- Motor
- Sensory
- Emotional vulnerability
- Biological conditions

Socialization refers to social interaction skills such as interpreting and using nonverbal body language, developing meaningful peer relationships, engaging in social reciprocity, and seeing others as beings to create a relationship with and not just a tool that is a means to an end.

Communication refers to spoken and understood language (expressive and receptive language) as well as pragmatic language. Commonly seen results of language evaluations may report expressive language scores higher than receptive language scores or at or above average language scores for both areas. This is why it is imperative that pragmatic language is thoroughly assessed to find the areas that standard language form and function assessments may miss.

Restrictive/repetitive behaviors or interests discusses traits involving having a preoccupation with an object or topic, adherence to routines or rituals, or repetitive movements (hand flapping, finger flicking, arm tensing). These behaviors are frequently observed however, some may not be as overt as others and close observation of the student is necessary.

Cognitive differences, like autism itself, fall on a spectrum of abilities. This area is where difficulties with executive function, Theory of Mind, and perspective taking would be seen. Students with cognitive difficulties may perform higher academically than socially or have greatly splintered global skills.

Motor difficulties refer to fine as well as gross motor skills. These may involve an awkward gait, poor handwriting, unusual body postures, or a motor planning or weakness disorder.

Along with motor difficulties, most students with autism exhibit some sort of sensory dysfunction. This may be in the areas of vestibular (balance), proprioception (knowing where your body is in space), tactile (touch), oral (taste), olfactory (smell), auditory (hearing), and visual (sight). At any given point a student may exhibit hyper (over) or hypo (under) sensitivity in any of these areas.

A student who exhibits emotional vulnerability may have difficulty with stress management or emotional control. This student may also be the target of bullying, anxiety, emotional meltdown, or intolerance of mistakes in him/herself or others.

Biological differences refer to co-occurring conditions that may be present with the child with autism. These conditions may include seizures, ADD/ADHD, medications, dietary changes or modifications, allergies, or specific supplements. A student with autism may have also had a significant medical history that continues to impact his/her life.

Occasionally, a family may come to the school district with a medical/clinical diagnosis of autism. The school district is still responsible for conducting a multi-factored evaluation (MFE) even with documentation of the medical/clinical diagnosis. The district must find that the student is eligible for services based on the federal definition of autism.

Common members of the MFE team include:

- Parents
- General educators
- Special educators
- Speech-language pathologists
- Occupational therapists
- Administrators
- School psychologist
- Physical therapist
- Adaptive physical educator
- Assistive technology specialist
- Curriculum specialist
- Consultants
- Private providers

The MFE must be comprehensive in order for appropriate goals and objectives to be written. That includes addressing the following area of function and performance.

The Present Levels of Performance section of the individualized education plan (IEP) is taken from the information gathered during the multi-factored evaluation, updated standardized testing, a functional behavioral analysis (FBA), and any additional sources of information and data regarding the student. It is important to state what the student is able to do and state these present levels in a positive voice.

In this section, student-specific learning styles and core characteristics of autism are discussed (observations from school staff, formal reports from related services, and teacher reports are a few examples). Additionally, sensory and biological factors (and the means by which this data was collected) should be explained. If the student has specific undesired behavioral concerns, observation summaries, and the FBA along with rating scales and interviews are included in the present levels of performance. All results from communication and assistive technology evaluations should be summarized in this section. Another important area to be addressed is social skills and competence. Because this is such a core deficit in the area of autism, students suspected of having autism must be observed in various settings to develop a full picture of their skills and deficits. This must be done in addition to standardized testing and pragmatic language profiles and checklists. Additional important areas to address include cognitive differences and executive functioning needs. It is important to prioritize the educational concepts that will be covered in the IEP. Items on the IEP should be those that are reasonably thought to be accomplished in the time span that the IEP covers. Prioritization allows this focus to happen and not try to cover a little bit of everything and master nothing.

Another area of concern that frequently arises in a student with autism is behavior – more specifically negative or non-desired behavior. Educators must remember that because autism is a pervasive disorder, multiple areas or systems are affected because of it. For this reason, no separation exists between behavior and autism. To effectively deal with the undesired behavior, educators must know the specific characteristics of autism and the tools available to them to assess the situation. Using a FBA or functional behavioral assessment allows the team to discover the antecedent to the observed behavior and any consequences. When determining the function of any behavior, the educational team must always consider the student's characteristics as they relate to autism (sensory, cognitive, motor, communication, etc). The observed behavior must then be described objectively in order for the entire team to know what behavior is being discussed. Any plan to address an undesired behavior must include an acceptable replacement behavior, data keeping procedure, and continues assessment process.

The Goals and Objectives portion of the IEP must be related to core deficits. Included goals are based on the identified needs that require specially designed instruction. Appropriate goals have 3 major components:

Condition + Behavior + Criteria = Goals and Objectives

Example: Using his communication device and given gestural prompts, Nick will initiate a comment with a peer, at least 3 times during group activities, 3 days a week.

Condition = under what circumstance will the objective take place

Behavior = what is expected of the student

Criteria = how well will the student perform

Special education, related services, and supplementary aids and services, program modifications, and supports for school personnel: This section describes the supports and services the student needs to attain his/her annual goals so that he/she can progress in the general curriculum and the expanded core curriculum and participate with other children without disabilities in school activities.

- Related services are additional services required to help the student benefit from special education (speech-language pathology, occupational therapy, transportation, etc).
- Supplementary aids and services would include assistive technology, adapted materials such as a large-print or audio textbook, a sensory diet, or help from a paraeducator
- Program modifications include accommodations and modifications that may need to be made in teaching or testing the student. Examples include changing the length of the school day, using a modified or altered curriculum, or deciding on the output format work must take.
- Supports for school personnel include training for the classroom teacher and other school personnel that will, in turn, benefit the student's learning.

Beginning of the services and the anticipated frequency, location, and duration of those services and modifications: This statement includes the projected date for the beginning of services as well as for how long, and where the student will receive each of the special education and related services, accommodations and modifications, support, and supplementary aids and services that are needed. Service delivery may take the form of collaboration, consultation, direct instruction, large or small group – depending on the needs of the child and the factors of the objectives.

Progress is monitored by the consistent and accurate collection of data. Families have the desire and right to know the data that has been collected. Accurate and ample data make reporting the student's progress very easy.

The Evaluation of Progress is also included in the IEP. This is where the team is able to show the documentation of progress. It is also where, if the curriculum has been modified, an explanation of how the student will be graded is explained.

Least Restrictive Environment (LRE): The LRE is that environment that is the most appropriate setting in which the student may access the curriculum. The determination is done on a goal-by-goal basis. It is critical to remember that special education is a service and not a placement.

Special Factors and Other Considerations: Any factor identified in this section must also be included in the present levels of performance and addressed within the IEP.

Statement of Needed Transition Services: Transition planning is a long process and must be based on the student's interests, preferences, and personal vision. The process must begin before age 16 when required to be addressed on the IEP. For students with autism, support of the skills necessary to be successful in higher education, job training, or the workplace must be tackled.

The Ohio Department of Education provides an IEP inter-rater tool to address the many concerns that rise when developing an IEP. This tool is available at:
http://www.ohioschoolleaders.org/iep_tool/index.htm