Parenting a Child with Autism

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New York State Office of Children and Family Services
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Research Foundation of SUNY Buffalo State College
Center for Development of Human Services
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Foster/Adoptive Parent Training Project
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What is Autism?

Autism is a developmental disability that is the result of a neurological disorder that affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills.

Symptoms of Autism generally manifest before age 3 and can adversely affect a child’s educational performance. Some autistic children are not diagnosed until school age; and some may have spurts and plateaus in development. The rates of physical, cognitive, social, and emotional growth may be very inconsistent.

Autism is a multi-spectrum disorder that may range from mild to severe. It interferes with the ability to navigate the environment. Both children and adults with Autism typically show difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.

Other characteristics often associated with Autism are engagement in repetitive activities and movements, resistance to environmental changes or change in daily routines, and atypical responses to sensory experiences. Autism cannot be cured, and there is NO medication or drug treatment.

When describing the characteristics of Autism one must be careful not to make generalizations because every individual with Autism may not always have the same characteristics. With this caution in mind, characteristics that are commonly associated with individuals with Autism fall into a triad of concerns in the areas of:

- Communication
- Socialization
- Interests and activities
The diagram of the 3 core concerns. The diagram illustrates that not everyone will have the same degree of impairment across spectrum disorders.

**Quick Facts**

- Autism is a developmental disability
- It occurs in 1/500 individuals
- It is the 3rd most common developmental disability
- 4:1 male: female ratio
- There is no ethnic or socioeconomic preferences for Autism
- Autism is not an emotional disturbance
- Autism represents a spectrum of disorders
- It is possible to have some of the characteristics of ASD and not have ASD
- Approximately 66% have mental retardation or mental illness as adults
- There is no cure for Autism

**Source:** Hollander et al., CNS Spectrum, 1998; 3(3):22-26, 33-39
## Characteristics of Autism

| Social Skills | Imaginative play is seldom observed.  
|              | The lack of social-communicative gestures and utterances is apparent during the first few months of life.  
|              | Preferred interaction style could be characterized as “extreme isolation.”  
|              | Understanding of others’ beliefs, emotions, or motivations is greatly impaired.  
|              | Joint attention deficits (not being able to cooperate or share interest with others in the same event or activity) impair normal social reciprocation.  |
| Do not develop normal attachments to parents, family members, or caregivers.  
| Friendships with peers fail to develop.  
| Cooperative or peer play is rarely observed.  
| Emotions, such as affection and empathy, are rarely displayed.  
| Nonverbal signals of social intent (smiling, gestures, physical contact) tend not to be used.  
| Eye contact is not initiated or maintained.  |
| Communication | Spontaneous conversations are rarely initiated.  
|              | Speech can be meaningless, repetitive, and echolalic.  
|              | Many fail to use the words, and have problems with pronouns in general.  
|              | Expressive & receptive language are extremely literal.  
|              | Verbal turn-taking, choosing a topic, and contributing properly to a conversation are rare.  |
| Functional language is not acquired fully or mastered.  
| Content of language is usually unrelated to immediate environmental events.  
| Utterances are stereotypic and repetitive.  
| Gestures, facial expressions, and nonverbal cues are poorly understood.  
| Conversations are not maintained.  |
| Insistence on Sameness | The need to complete self-imposed, required actions is intense.  
|                        | Stereotypic behaviors (rocking, hand-flapping) are repeated in cycles difficult to stop.  |
| Marked distress is typically experienced over trivial or minor changes in the environment.  
| Aspects of daily routine can become ritualized.  
| Obsessive and compulsive behavior is frequently displayed.  |
| Unusual Behaviors | Severe sleep problems occur with frequency.  
| Aggression to others is common, particularly when compliance is requested.  
| Self-injurious or outwardly aggressive behavior (hitting, biting, kicking, head-banging) is common and frequent.  
| Extreme social fears are manifested toward strangers, crowds, unusual situations, and new environments.  
| Loud sounds (barking dogs, street noises) can result in startled or fearful reactions.  |
| Hypersensitive and/or inconsistent behaviors are the response to visual, tactile, or auditory stimulation.  
| Self-stimulation (twirling objects, rocking) consumes a considerable amount of time and energy.  
| The ability to pretend is lacking.  |

Source: The Iris Center [http://iris.peabody.vanderbilt.edu](http://iris.peabody.vanderbilt.edu)

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Activity #1:  
We Are Different and We Are the Same

The purpose of this activity is to help imagine what it might be like to have "different abilities" than you do now; to understand why some people act differently than you might expect. Write the word "ability" on the board or on the top of your paper as a group talk about what “ability” means. Write the word "unique" on the board or on the top of your paper as a group talk about what “unique” means.

Everyone has different abilities. You want to find out how others in the training class are different. Have each person in the training class to raise their hand to respond to questions, such as these:

1. Who can ride a bicycle?
2. Who can roller-blade?
3. Who knows how to Ski?
4. Who has messy handwriting? (Or who needs more practice with their cursive?) Who has really, really, neat handwriting?
5. Who likes football?
6. Who runs at a very fast speed?
7. Who knows how to knit?
8. Who can bake cookies?

Note: It is important that not every person answers affirmatively to every question, so you can show diversity. So, if all the participants raise their hands for every question, it is best to include questions such as the following:

1. Who has black hair?
2. Who has blonde hair?
3. Who wears glasses? Etc...
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Everyone has different abilities or qualities about themselves that make them unique among others. Imagine you are a child on a playground, and ask..."Have you ever played kickball [or other relevant game] and when it was your turn to kick, you planned to really kick it hard so it would go far...and when the ball was pitched to you, you tried to kick it, but you missed?"

- "Who likes it when the other kids say, '...don't worry, try again, its okay, you can do it, _..._?' Or who likes it when they say "...don't be so stupid, why did you do that?"

**Note:** Most people will raise their hand to agree with wanting to be understood.

1. "Who likes it when people understand you?"
2. "Who wants friends who understand you?"
3. "Who likes it when their friends understand them?"

It is important to understand that even though everyone has different abilities, talents, and qualities, that we are the same in one basic way; we all want other people to understand us, just like individuals with Autism.

**Source:** Asheville TEACCH Autism Program: A Division of the UNC Department of Psychiatry, http://teacch.com/understandingfriends.html
Principles and Tips for Teaching Children with Autism

Always use approaches backed by research.

- Tailor an individualized education program to meet each child’s needs.
- Provide meaningful reinforcement that motivates students to learn.
- Focus on enhancing each child’s strengths. Keep a list of each child’s strengths and weaknesses. Help the child develop talent areas, while providing support for weaknesses.
- Avoid a rigid standard curriculum that is intended for all children.
- Establish ongoing communication with parents or guardians about each child’s skill development outside the classroom.

Consider multi-modal teaching methods.

- Use a visual method of teaching for students who are visual learners and an auditory environment for auditory learners.
- Teach skills in the context that they will be used. Allow multiple opportunities to practice and rehearse skills.
- Provide opportunities to practice skills in different settings, especially with children who have difficulty generalizing skills to new situations.
- Introduce new tasks in a familiar environment. Gradually increase the complexity of tasks.

Create a learning environment that enhances skill development.

- Use clear and unambiguous language. Check understanding.
- Minimize distractions.
- Consider sensory factors in the learning environment that might affect each student, particularly lighting and noise level.
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- Ensure consistency among all staff, including teaching aides, therapists, school nurses, and any other people in the school environment.

- Provide structure and a daily routine in the classroom.

- Use visual daily schedules to help students plan for transitions.

- Provide opportunities for each child to make choices.

Encourage socially appropriate behavior.

- Consider the message behind the behavior. (Does the child have an appropriate means of communication?)

- Encourage meaningful interaction with peers.

- Allow opportunities for interaction between children with autism and their peers in mainstream classrooms.

Consider the cultural background of each student before choosing any single approach.

Working with Professionals

Children will benefit from parents and professionals working together. As a parent/caregiver you have insightful information about your child’s abilities and capabilities and professionals have the experience and training to make recommendations about interventions. That is why it is so important that parents/caregivers and professionals work together to find the best intervention specific to your child needs.

Once an intervention has been selected and implemented that meets your child’s specific needs open communication between parents/caregivers and professionals is critical in monitoring your child's progress. Here are some guidelines for working and communicating effectively with professionals:

- **Be informed.** Learn as much as you can about your child's disability so you can be an active participant in determining care. If you don't understand terms used by professionals, ask for clarification.

- **Be prepared.** Be prepared for meetings with doctors, therapists, and school personnel. Write down your questions and concerns, and then note the answers.

- **Be organized.** Many parents find it useful to keep a notebook detailing their child's diagnosis and treatment, as well as meetings with professionals.

- **Communicate.** It's important to ensure open communication - both good and bad. If you don't agree with a professional's recommendation, speak up and say specifically why you don't.

Choosing Appropriate Interventions for Children with Autism

Choosing an appropriate intervention for your child with Autism can help them develop their needed skills. It is important to note that there is no one method that addresses all the behaviors and characteristics of Autism. Some intervention methods may include:

- **Educational interventions:** special small classes or 1 to 1 play sessions.
- **Therapy interventions:** speech pathology or occupational therapy.

It is important to match children's specific needs with interventions or methods that are likely to be effective in moving them closer to determined goals that will help them meet their maximum potential. When choosing an intervention look for the following common criteria (Prior and Roberts, 2006):

- **Autism-specific content:** The intervention should focus on skill development in areas including communication, social skills, play and managing behavior
- **Regular intervention activities:** It is important that services are provided by professionals and activities include family members as part of everyday interactions with their child
- **Family involvement:** Family members should be included in accessing education about Autism and participate in intervention activities
- **Involvement with other children:** Children with Autism should interact with other children who are typically developing as much as possible
- **Focus on predictability and establishing routines:** Methods used to generate skills should transcend from home to school
- **Communication skill development:** The use of other forms of communication such as pictures or sign language and visual supports help language development

*Source:* Putting Children First, the magazine the National Childcare Accreditation Council (NCAC) Issue 26 June 2008 (Pages 12-15)
Understanding and Evaluating Interventions

Intervention methods are continually progressing as more is learned about Autism. There are many programs that focus on replacing dysfunctional behaviors and developing specific skills.

Take your time when selecting an intervention because sudden changes or differences in expectations could be stressful and confusing for your child. Make sure to investigate the intervention’s appropriateness to your child’s specific needs before proceeding.

Other parents with children with Autism may have tried interventions that were successful, but this does not mean you will have the same results with your child. Professionals will also have different theories and/or approaches that they feel are the most successful interventions for Autism. It is important as a parent/caregiver to learn to sort through all the information you will receive. You must examine ALL interventions critically and make rational, educated decisions on what is the most appropriate for YOUR child’s specific needs.

As a parent/caregiver you are the expert on your child’s day to day life. You know best their needs and the unique ways Autism impacts their daily living. You must learn to trust your instincts as you research, reflect on and apply the different interventions available.

When researching different interventions always contact a qualified professional and seek out parents of or individuals with Autism who have personal experiences with that specific method.


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Intervention Strategies

Involve your child in turn-taking activities that require shared space and materials. Provide structure and support to help your child remain engaged and wait their turn. Use familiar short songs or counting activities in a predictable way.

Encourage your child to join a peer who is using a favored toy. Model and parallel talk appropriate ways for your child to join their peer.

Use pictures and visual charts so that your child does not have to rely on language, especially during transition. In school or home, it is helpful to use picture systems to represent daily activities such as snack, music, gym, etc.

Pictures can also be used to help communicate wants and needs. Pictures of favorite activities can be used to help your child learn to make more choices and to help give them a sense of control.

Break down directions into short, simple statements. The use of predictable and consistent language is also a key to helping your child process and respond to the direction or tasks at hand.

Reduce the level of distraction and stimulation so that your child can attend to language. The child’s ability to process language may vary depending on the level of environmental stimulation, activity level, how new the situation or emotional factors such as anxiety, frustration or fear. Increased structure and visual cues may be necessary to help your child focus attention.

When possible, look at the communicative intent of your child’s behavior. Provide them words that describe what they are attempting to communicate.

Teach social skills and social interactions specifically in a structured way. This enables your child to prepare for situations and interactions which are most likely fear-and anxiety producing.

Be aware of sensory stimulation in the environment, and help your child plan ahead and anticipate sensory input. In addition, use sensory input to help your child de-escalate behavior or focus attention.

Students with Autism often have a difficult time transferring a skill they have learned in one setting and applying it to another setting. It is important to teach skills in as many environments with as many people as possible.

Source: National Association of School Psychologists, Dr. Elizabeth Rudrud, Minneapolis Public Schools.
Activity # 2: The Language of ‘Us’ and ‘They’

This poem was published in 1991 by the Autism Society of America. It compares similarities and differences between individuals with and without Autism. Review the Characteristics of Autism on page 3 and with a partner add two more comparisons to the poem equaling four stanzas.

The Language of ‘Us’ and ‘They’

By Mayer Shevin

We like things.
They fixate on objects.
We try to make friends.
They display attention-seeking behaviors.
We take a break.
They display off-task behaviors.
We stand up for ourselves.
They are noncompliant.
We have hobbies.
They self-stimulate.
We choose our friends wisely.
They display poor peer socialization.
We persevere.
They persevere.
We love people.
They have dependencies on people.
We go for a walk.
They run a way.
We insist.
They tantrum.
We change our minds.
They are disoriented and have short attention spans.
We are human.
They are ?????
Case Studies

Case studies can be useful tools for parents who want to find out more about a specific condition and to see if their child is displaying any of the signs of a particular disorder and/or disability. Parents often need to be educated about the condition and taught to understand how parenting strategies may need to be altered to take account of it. The following case studies have been developed to show very different students with autism. The features of the students in these case studies were derived from real students. While the information has been significantly altered to preserve confidentiality, the case studies still show the very real needs of students with autism and how parents and teachers can work together to plan to meet those needs.

Read actual scenarios and apply your learning. Use the guiding questions in discussion.

Case Study #1: Jeremy

Jeremy Richardson is a 5-year-old boy with autism. He has difficulty communicating with his siblings and peers and frequently fails to respond when people speak to him. Jeremy’s foster mother Virginia Paterson is concerned because Jeremy does not initiate conversations and hardly ever makes eye contact with others. Occasionally, Jeremy becomes upset and loses his temper throughout the school day, but rarely shows this behavior at home.

Jeremy was placed in a 6-1 (six students and one teacher) special education class at Westlake Elementary School at the beginning of the Fall semester. Ms. Brown, Jeremy’s teacher, has been unsuccessful in finding effective teaching strategies to work with Jeremy. He rarely listens to Ms. Brown and has difficulty interacting with the other five students in his class. At home, Mr. and Mrs. Paterson, Jeremy’s foster parents have noticed that Jeremy is losing his temper more often since their move to Westlake 8 months ago. The Paterson’s shared Ms. Brown’s concerns and felt that Jeremy needed to develop better communication skills which would improve his social skills to help him relate to other young people. They were primarily concerned with Jeremy’s socialization.

In order to reassess the strategies for working with Jeremy, Ms. Brown scheduled an IEP team meeting.
Goal:

The main goal for Jeremy is to begin initiating communication on his own so that he can establish better relationships with his peers and feel less frustrated during daily interactions with other people. The Richardson’s want a way for Jeremy to communicate with and to request things from other people. The Richardson’s feel that their two older sons have difficulty establishing a sibling relationship with Jeremy because of the communication barriers.

Questions

1. Why might the IEP team choose to improve Jeremy’s communication skills, rather than focusing on his social/behavioral skills as their primary goal?

2. What can be done to help Jeremy develop his communication skills?

3. How might Jeremy’s brothers be affected by the Richardson’s choice of the type of communication intervention method? How can they make his brothers a part of the process?

4. Once Jeremy learns a means of communicating his needs to others, what should Jeremy’s parents and the IEP team establish as Jeremy’s next goal?

Source: Adapted from the Elementary and Middle Schools Technical Assistance Center, http://www.emstac.org/registered/topics/autism/case.htm
Case Study #2: Michael

Michael is a 12-year-old student diagnosed with autism disorder after many years of being mislabeled as “emotionally disturbed with acting out behavior.” He has developed oral language, but his very rapid speech without much inflection which is difficult to understand. He may use oral language without ensuring that anyone is listening, so communication is not received. Michael is in a general education 7th grade junior high school track this year for part of his curriculum, and is supported by a teacher assistant who works with some of his classroom teachers. For part of each day, Michael works in the resource room on assignments. He is achieving at a B level on the regular curriculum in math and science, but he has significant difficulty with reading comprehension, which affects his success in English, Social Studies, and other academic subjects. Some assignments have been significantly adapted for his Communications class. His receptive and expressive vocabulary is significantly below age-level, but he can master concepts that are represented visually. He is particularly good at using formulas in math but has difficulty knowing which formulas to use for solving a mathematical problem.

Michael often has difficulty completing assignments, even in Math and Science, because he is rigid about how they should look, insisting on starting his work over if he makes errors. He is interested in computers and is pursuing this area in his Individual Transition Plan for possible future training and employment.

Michael has some strengths as well as difficulties in social relationships. Family relationships are good, except that his poor judgment and inflexibility have had a disruptive effect on the lives of his parents and siblings. He follows family routines well as long as they are predictable. He has poor eye contact when he talks to people outside his family and does not follow social rules for personal space and touching. Michael loves to work independently on the computer and is a Harry Potter fan, but he has poor group leisure skills (e.g., he doesn’t know how to play board games or sports with others). He is often excessively social with both familiar people and strangers (e.g., he touches them inappropriately, sometimes attempting to kiss them), and has few friends at school because the other students find his behavior strange, even threatening.

Michael has developed self-care skills but doesn’t follow them regularly, so that his hygiene and appearance are a contributing factor in poor peer acceptance. Michael has serious problems with social judgment, cannot handle his money wisely (will give it to anyone who asks for it), and becomes anxious when routines at home or school are changed. When he is anxious, Michael pulls at his hair and recites dialogue from his favorite video game rapidly.
For example, when his normal bus route to school was changed, he refused to get off the bus and recited the introduction dialogue of his video game until the principal came onto the bus and talked him into the school.

Michael’s preoccupation with the computer and video games can be a problem at times. He does not realize that other people might not be similarly interested. He often tries to start conversations in the middle of a story plot and does not understand when other people do not know the stories. His parents have started to lock the door to his bedroom at night so Michael does not wander the house, because he has been known to stay up playing video games or playing games on the Internet all night.

**Goal:**

The main goal is for Michael to develop a sense of personal space in interactions with other people and a concept of “mine” and “yours.” For example, Michael will distinguish between appropriate touch and inappropriate touch. He will also increase his use of new words in written communication and oral language.

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**Questions/Activities**

1. What are some ways to provide opportunities for Michael to practice new vocabulary words in different settings?

2. By developing social stories for Michael to illustrate appropriate and inappropriate touch (e.g. shake hands, hug parents, response to accidental touches), list several ways you as a parent can provide opportunities for Michael to practice these social skills in different settings (community, school, grocery store, etc.).

3. To teach Michael the concept of “mine” and “yours” create a role play and/or script that will allow him to practice the use of these concepts appropriately.

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Activity #3: Experiential Activity Centers

The purpose of this activity is to have an opportunity to experience what an individual with Autism experiences on a daily basis.

**Directions:** Divide into 5 groups, one group for each experiential activity center.

**Note:** It is recommended to only use 3 centers. This makes the class and the program more manageable and keeps it within a realistic time-frame. Introduce each center briefly, holding up the materials at that table. Each center should be facilitated by a trainer. This person should ask thought-provoking questions during the activities.

You will ring a bell when it is time for the groups to rotate from center to center. Keep the rotation going quickly so that all the groups get an opportunity to try each center. Below are the following centers:

Center #1: Fine Motor Activity

The purpose of this center is to simulate fine motor difficulties. When you get to the center you will wear a pair of larger gloves. The gloves are supposed to be too large for you. When you are wearing them, you are supposed to string the provided beads and then screw the nuts and bolts and washers together. This will help you experience what it may feel like if the muscles in your hands worked differently than they do now. As you are doing this activity think about what kinds of things might be harder for you to do if your fine motor skills were like this. “What might be different for you?” “How would you (or your work) appear different to others? Would you need any special kind of assistance?”

**Materials Needed:**
- 5 pairs of large cloth garden gloves
- 5 sets of shoestrings and beads, each in a small tub
- 5 sets of hardware (nut, bolt, washer), each in a small tub Table
- 5 chairs

Each participant will wear a pair of gloves and try to string beads and assemble hardware.

**Note:** The number of materials will change depending on how many people are in the training.
Center #2: Visual Activity

The purpose of this center is to simulate visual difficulties. When you get to the center you will wear a pair of safety goggles with petroleum jelly smeared on the lenses of the goggles or a pair of goggles that have the lenses scratch with sandpaper. When you are wearing them, you are supposed to try to write sentences on the lines of the provide notebook paper and read the print in a book. Do not take off goggles until you are done. This will help you experience what it may feel like if you had a visual impairment and see differently than you do now. As you are doing this activity think about what kinds of things might be harder for you to do if you had difficulty seeing. “What might be different for you?” “How would you (or your work) appear different to others? Would you need any special kind of assistance?”

Materials Needed:

- 5 pairs of safety goggles
- Jar of petroleum jelly (to smear on lenses of goggles) or sandpaper to scratch lens
- 5 pencils and pads of lined paper
- Books and/or magazines
- 5 chairs

Each participant will wear goggles (with obstructed view because of petroleum jelly or scratched lenses) and will write and read.

Note: The number of materials will change depending on how many people are in the training.

Center #3: Perceptual and Sensory (Tactile) Activities

The purpose of this center is to simulate perceptual and sensory (tactile) difficulties. When you get to the center you will take the roll of masking tape and place a length of tape on the floor. Participants will walk on the line of masking tape while holding a pair of binoculars on their eyes, backwards. Also at this center you will have several strips of yarn, (4-feet in length). Participants will jump rope using the yarn, instead of a real “rope”. Both of these activities will help you experience what it may feel like to have perception distortion. As you are doing this activity think about what kinds of things might be harder for you to do if your perceptual skills were like this. “What might be different for you?” “How would you (or your work) appear different to others? Would you need any special kind of assistance?”

Materials Needed:

- 1 roll of masking tape
- 8 pair of binoculars
- 4 strips of 4 feet cut yarn
- 1 ball of yarn
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**Note:** The number of materials will change depending on how many people are in the training.

To experience/simulate unpredictable sensation (sensory difficulties) on the skin take garden gloves with Velcro sewn on to the inside of the fingers and palm of the glove. Put on the scratchy glove. Then in the other hand pick up a large handful of lambswool and/or a feather duster and hold them. While participants are participating in the other two activities at the center, walk by and touch their bare arm. This sensation on the skin will either be too scratchy or uncomfortably soft.

**Materials Needed:**
- 1 pair of garden gloves w/ Velcro sewn on the inside
- 1 piece of lambs-wool
- 1 feather duster

**Center #4: Attention and Sensory (Auditory) Activity**

The purpose of this center is to simulate attention and sensory (auditory) difficulties. When you get to the center you will wear a pair of headphones hooked up to a CD player and listen to a CD of static-noise or noisy crowd sounds. When you are wearing the headphones and listening to the noises in your ear you are supposed to complete the given worksheet within a given time. This will help you experience what it may feel like to have difficulty focusing on work while not being able to filter out distractions. As you are doing this activity think about what kinds of things might be harder for you to do if your attention and sensory skills were like this. “What might be different for you?” “How would you (or your work) appear different to others? Would you need any special kind of assistance?”

**Materials Needed:**
- 5 pairs of headphones
- Worksheets at slightly higher grade level - requires concentration
- 5 pencils
- Table with 5 chairs

**Note:** The number of materials will change depending on how many people are in the training.

**Source:** Catherine Faherty Asheville TEACCH Autism Program: A Division of the UNC Department of Psychiatry, http://teacch.com/understandingfriends.html
Part 2 of Experiential Activity Centers

After each group has visited each center, pick a participant to help you demonstrate something. You will choose your helper as soon as everyone is back in their seats. This encourages all the participants to immediately return to their seats.

Receptive Language Demonstration: "Set the Table"

While the participants are returning to their seats, prepare a desk at the front of the room, by placing 10-15 different miscellaneous items on it. Among these items should be a:

- plate
- cup
- spoon
- fork

Scatter these items about on the desk. Hidden from sight, you will have a manila folder on which an outline of a table setting (plate, cup, spoon, fork) is drawn. Keep this "table-setting outline" hidden for now.

After choosing a volunteer, have him/ her come up and sit at the desk facing the class. Ask the participant if he/she is able to hear you well enough in order to follow your instructions exactly. Tell them that you want them to listen very carefully. Then with no change of tone, point to the materials on the desk in front of them and tell them to set the table, but give the instructions in another language.

**Note:** If you do not know a second language, make sure that ahead of time, you have someone teach you the proper verbal instructions, and memorize them. Be careful not to choose a volunteer student who might know the language you are using. Some trainers prefer to use a made-up language.

After giving several directions in the second language pull out the table-setting outline and show it to the student, laying it on the desk. If they are still confused, point to each of the shapes and indicate which item belongs where. Usually the participants get this immediately and will place the plate, cup, etc, on their outlines. Praise the participant and have the class applaud. Ask the participant:

1. Why they did not follow directions when you told them what to do;

2. Didn’t they hear what you said?
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Then explain that there are people who can hear all the words, but cannot make sense out of what is being said, just like it was a foreign language. Ask questions like:

1. Did you know you were supposed to do something?
2. How did you feel when you couldn't understand what to do?

You did a great job, finally, of setting the table...but how did you know what to do?" Draw attention again to the visual cue.

Case Study #3: Tiffany

Tiffany has just entered her first year at Smithsville Elementary School. She received a diagnosis of autism and intellectual disability from the Local Children’s Hospital when she was four years old. Angela McGhee, Tiffany’s first grade teacher, and Michael Watson, the teacher assistant who works in Angela’s classroom, observed Tiffany in her kindergarten classroom last May and met with her teacher who was familiar with Tiffany’s program in the Kindergarten classroom setting.

Tiffany has been slow in development. She stood at 21 months and walked at 24 months. She developed a pattern of repetitive rocking, which continued until she was five years old. At that age, she developed a behavior pattern of tantrums that include screaming, kicking, and throwing herself on the floor. Tiffany becomes agitated at school and at home when the environment becomes busy, noisy or has a lot of movement. Interestingly, the noises of bouncing balls and running feet in the gym do not bother her.

She has tantrums when she is over stimulated or when she does not get what she wants, but is easily redirected or calmed in a quieter area of the house. Stroking her head gently usually calms her. She appears to have a diminished response to pain; for example, when she fell and bruised her arm, she did not seem to notice any pain. Tiffany enjoys manipulating sensory play objects such as water and beads, but she does not play functionally with toys in the class or at home unless directed by adults. She spontaneously “talks” on the toy telephone.

Tiffany’s attention span varies, but is especially short for activities at school that have a social component, such as circle time or group stories. She is currently communicating through echolalia, gestures, and limited functional speech: “No,” “I need help,” and “Get the other one.” She makes transitions calmly when she is given advance notice of the change. Tiffany’s parents are particularly interested in the development of Tiffany’s expressive and receptive communication skills.

Tiffany requires verbal prompts to use the toilet, assistance pulling up her pants, and prompts to wash her hands after toileting. She has never had a toilet accident at school, although occasional accidents persist at home. Tiffany sometimes runs therefore parents and school staff need to be vigilant about doors being closed and to ensure that Tiffany is supervised closely on the playground.
**Tiffany’s LIKES**

- playing with yarn or string (repetitive and self-stimulating play)
- playing with beads (stirring with fingers, making a long row; not stringing or making concrete product with beads)
- anything that hangs (Venetian blinds, plants that grow downward, strands of glue)
- blocks (making tall towers, lining blocks in a row)
- water (turning on the water fountain, filling containers, splashing in bathroom sink and water tray)
- known routines (snack time, home time), having her head stroked (head-stroking calms tantrum behavior and she is then able to follow verbal directions)
- being near teacher or parent and exploring materials adult is using or demonstrating (touching felt shapes during color lesson, touching dough during cookie making)
- playing with objects or materials to see how they work, not what their conventional use is (turning the glue in the glue stick to make it go up and down rather than using it to glue something)

**Tiffany’s DISLIKES**

- participating in unfamiliar activities (refused to enter gym the first PE period)
- expectations of participating in any activity without verbal preparation (prefers “in five minutes we will be....”)
- loud, unexpected noises (metal scraping sound of playground swing; announcements on the PA system tolerated when at a predictable time)
- getting hands dirty (clay, paint, or food)
- sitting near other children (at circle time)
- being touched by other children
- sharing the water tray with other children (may have a tantrum if another child tries to play at the water station when she is there)
Parenting a Child with Autism

**Goal:** Tiffany will follow simple oral directions and will use oral language to interact with peers. Tiffany will decrease tantrum behaviors (banging, screaming, throwing herself down on the floor). Tiffany will increase the amount of time she spends in group classroom activities (circle time, music, stories) and time she spends interacting with family out at home.

---

**Questions/Activities**

1. What are some ways to increase the use of visual communication (photographs, drawings, etc.) so that Tiffany understands transitions and changes in activities both at home and school?

2. What are some types of reinforcement you can give Tiffany for following directions? Refer back to Tiffany’s “likes” and “dislikes.”

3. Tiffany will benefit from using oral language to interact with her peers. List 5 ways she can practice expected language for peer interaction at shared activities.

---

Activity #4: Movie Rain Man

Estimated Time: 2 Hours, 13 Minutes Viewing
45 MINUTES DISCUSSION TIME

Synopsis
After his father’s death, car salesman Charlie Babbit discovers that he has a grown brother, Raymond, who is autistic and has been living in an institution for more than 30 years. When Charlie further discovers that his brother is the actual inheritor of the vast majority of their father’s estate, he becomes infuriated and kidnaps Raymond in an effort to get custody of him and thereby gain access to the inheritance. But as the brothers spend time together, Charlie develops a relationship with Raymond and realizes how important family and love truly are in life. Eventually Charlie returns Raymond to the institution, acknowledging his brother’s need for professional care.

Activity
View the following movie and be prepared to discuss the questions below:

Title: Rain Man (1988) Featuring: Dustin Hoffman, Tom Cruise by MGM Studio

Questions
1. Raymond has autism. What purpose do his numerous routines or compulsive behaviors serve?
2. What are Raymond’s major obstacles outside of the institution? Are these challenges typical of those faced by individuals with autism? Explain.
3. How does Charlie help Raymond deal with the challenges he encounters throughout the film? How are these supports similar to those a teacher might need when incorporating students with autism into the classroom?

Source: The Iris Center http://iris.peabody.vanderbilt.edu

DD Web-Based Training for Foster/Adoptive Parents
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Case Study #4: Chad

Chad is an 8-year old child enrolled in a regular education second-grade classroom. Chad currently has a diagnosis of Autism and receives the following services: social work, occupational therapy, speech and language therapy, small group instruction from a resource teacher, and one aide to two children assistance. Chad has many strengths including a high level of family support, able to manage personal materials and good visual processing abilities and fine motor writing skills.

Chad’s teacher and mother are both concerned about the extremity of his independence. For example, even if he falls down and skins his knee, he does not come to his parents, teacher or adult to show them he has been hurt. At times his mother even feels he is disinterested in interacting with people and more specifically her because he does not show emotion when she leaves or drops him off at school or with a family friend or relative. He does not display affect and facial expressions that match the current emotional state of being. In fact, he seems to be more interested in playing with his blocks than spending time with people. His teacher expressed to his mother that Chad displays poor social skills with peers, resulting in isolation from his peers. For example, during recess instead of playing with the other children he makes long straight lines of blocks and repeats this behavior until recess is over.

Questions/Activities

1. Children with Autism often have a difficult time transferring a skill they have learned in one setting and applying it to another. How can Chad’s mother and teacher work together to help increase the Chad’s social interactions skills both at home and school?

2. Chad’s mother is concerned about his independence. What are some strategies you would suggest to her to teach Chad to come to an adult when he hurts himself?

3. If you were Chad’s resource teacher, name several goals you would want to focus on with Chad for the current school year.
**Activity #5: Movie Rain Man Part 2**

Using scenes from the film *Rain Man* identify two situations for each area in which you recognize these characteristics. How do the individuals around Raymond respond? Given your knowledge of autism, what types of responses would you recommend? Refer back to page 3 to assist in completing the following table.

<table>
<thead>
<tr>
<th>Scene</th>
<th>Characteristic</th>
<th>Response of Others</th>
<th>Your Recommended Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Communication</strong></td>
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<td></td>
<td><strong>Social Skills</strong></td>
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<td></td>
<td><strong>Unusual Behavior</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>Insistence on Sameness</strong></td>
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</table>
Abbreviations and Glossary
# Abbreviations & Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACD</td>
<td>Alternate Care Determination</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>AFDC</td>
<td>Aid to Families with Dependent Children</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>ARC</td>
<td>Association for Retarded Citizens</td>
</tr>
<tr>
<td>ATR</td>
<td>Art Therapist Registered</td>
</tr>
<tr>
<td>BD</td>
<td>Behavior Disorders</td>
</tr>
<tr>
<td>BOCES</td>
<td>Board of Cooperative Educational Services</td>
</tr>
<tr>
<td>BOE</td>
<td>Board of Education</td>
</tr>
<tr>
<td>BSW</td>
<td>Bachelor of Social Work</td>
</tr>
<tr>
<td>CA</td>
<td>Chronological Age</td>
</tr>
<tr>
<td>CAC</td>
<td>Certified Alcohol Counselor</td>
</tr>
<tr>
<td>CDR</td>
<td>Continued Disability Review Services</td>
</tr>
<tr>
<td>CMCM</td>
<td>Comprehensive Medicaid Case Management</td>
</tr>
<tr>
<td>CNS</td>
<td>Central Nervous System</td>
</tr>
<tr>
<td>CP</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>COTA</td>
<td>Certified Occupational Therapy Assistant</td>
</tr>
<tr>
<td>CPSE</td>
<td>Committee on Preschool Special Education</td>
</tr>
<tr>
<td>CQC</td>
<td>Commission on Quality of Care</td>
</tr>
<tr>
<td>CLP</td>
<td>Certified Leisure Professional</td>
</tr>
<tr>
<td>CR</td>
<td>Community Residence</td>
</tr>
<tr>
<td>CRC</td>
<td>Credentialed or Certified Rehabilitative Counselor</td>
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<tr>
<td>CSE</td>
<td>Committee on Special Education</td>
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<tr>
<td>CSW</td>
<td>Certified Social Worker</td>
</tr>
<tr>
<td>CTRS</td>
<td>Certified Therapeutic Recreation Specialist</td>
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<td>DC</td>
<td>Developmental Center</td>
</tr>
<tr>
<td>DD</td>
<td>Developmental Disability Children</td>
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<tr>
<td>DDPC</td>
<td>Developmental Disabilities Planning Council</td>
</tr>
<tr>
<td>DDSO</td>
<td>Developmental Disabilities Services Office/Organization</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>DOE</td>
<td>Date of Evaluation, Department of Education</td>
</tr>
<tr>
<td>DFY</td>
<td>Division for Youth</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSAS</td>
<td>Division of Substance Abuse Services</td>
</tr>
<tr>
<td>DSM</td>
<td>Diagnostic &amp; Statistical Manual (for Mental Disorders)</td>
</tr>
<tr>
<td>DSS</td>
<td>Department of Social Services</td>
</tr>
<tr>
<td>ED</td>
<td>Emotionally Disturbed</td>
</tr>
<tr>
<td>ECDC</td>
<td>Early Childhood Direction Center</td>
</tr>
<tr>
<td>EEG</td>
<td>Electroencephalogram</td>
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## Abbreviations & Acronyms (continued)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>EEOC</td>
<td>Equal Employment Opportunity Center</td>
</tr>
<tr>
<td>EIP</td>
<td>Early Intervention Program</td>
</tr>
<tr>
<td>EKG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>ERDS</td>
<td>Eleanor Roosevelt Developmental Services</td>
</tr>
<tr>
<td>ET Tube</td>
<td>Endotracheal Tube</td>
</tr>
<tr>
<td>FAE</td>
<td>Fetal Alcohol Effects</td>
</tr>
<tr>
<td>FAPE</td>
<td>Free Appropriate Public Education</td>
</tr>
<tr>
<td>FAS</td>
<td>Fetal Alcohol Syndrome</td>
</tr>
<tr>
<td>FSS</td>
<td>Family Support Services</td>
</tr>
<tr>
<td>GED</td>
<td>General Education Diploma</td>
</tr>
<tr>
<td>HCBS</td>
<td>Home &amp; Community-Based Services (Medical Waiver)</td>
</tr>
<tr>
<td>HCFA</td>
<td>Health Care Financing</td>
</tr>
<tr>
<td>HHS</td>
<td>(Department of) Health &amp; Human Services</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>HSP</td>
<td>Habilitation Services Practitioner</td>
</tr>
<tr>
<td>HUD</td>
<td>Housing &amp; Urban Development</td>
</tr>
<tr>
<td>ICF</td>
<td>Intermediate Care Facility</td>
</tr>
<tr>
<td>ICM</td>
<td>Intensive Case Management</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
</tr>
<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
</tr>
<tr>
<td>IFSP</td>
<td>Individualized Family Service Plan</td>
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<tr>
<td>ILS</td>
<td>Independent Living Skills</td>
</tr>
<tr>
<td>IPP</td>
<td>Individual Program Plan</td>
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<tr>
<td>I.Q.</td>
<td>Intelligence Quotient</td>
</tr>
<tr>
<td>IRA</td>
<td>Individualized Residential Alternative</td>
</tr>
<tr>
<td>ISC</td>
<td>Individual Services Coordinator</td>
</tr>
<tr>
<td>ISE</td>
<td>Individualized Service Environment</td>
</tr>
<tr>
<td>ISP</td>
<td>Individualized Service Plan</td>
</tr>
<tr>
<td>ITP</td>
<td>Individualized Transition Plan</td>
</tr>
<tr>
<td>JCAHO</td>
<td>Joint Commission on Accreditation of Hospital Organizations</td>
</tr>
<tr>
<td>JD</td>
<td>Juvenile Delinquent</td>
</tr>
<tr>
<td>JTPA</td>
<td>Job Training &amp; Placement Act</td>
</tr>
<tr>
<td>LBW</td>
<td>Low Birth Weight</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disability</td>
</tr>
<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
</tr>
<tr>
<td>MA</td>
<td>Mental Age; Medicaid</td>
</tr>
<tr>
<td>M.A.</td>
<td>Master of Arts Degree</td>
</tr>
<tr>
<td>MR</td>
<td>Mental Retardition</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MSW</td>
<td>Master of Social Work</td>
</tr>
<tr>
<td>NG Tube</td>
<td>Nasal-gastric Tube</td>
</tr>
<tr>
<td>NI</td>
<td>Neurological Impairment</td>
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### Abbreviations & Acronyms (continued)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>NICHCY</strong></td>
<td>National Information Center for Children &amp; Youth with Disabilities (formerly National Information Center for Handicapped Children &amp; Youth)</td>
</tr>
<tr>
<td><strong>NYALD</strong></td>
<td>New York Association of Learning Disabilities</td>
</tr>
<tr>
<td><strong>NYSACRS</strong></td>
<td>New York State Association of Community Residential Services</td>
</tr>
<tr>
<td><strong>NYSARC</strong></td>
<td>New York State Association for Retarded Citizens</td>
</tr>
<tr>
<td><strong>OAD</strong></td>
<td>Office of Advocate for the Disabled</td>
</tr>
<tr>
<td><strong>OASAS</strong> (NYS)</td>
<td>Office of Alcohol &amp; Substance Abuse Services</td>
</tr>
<tr>
<td><strong>OMRDD</strong></td>
<td>Office of Mental Retardation/Developmental Disabilities</td>
</tr>
<tr>
<td><strong>OT</strong></td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td><strong>PA</strong></td>
<td>Physician’s Assistant</td>
</tr>
<tr>
<td><strong>PAC</strong></td>
<td>Parent Advisory Council</td>
</tr>
<tr>
<td><strong>PDD</strong></td>
<td>Pervasive Developmental Disorder</td>
</tr>
<tr>
<td><strong>PINS</strong></td>
<td>Person in Need of Supervision</td>
</tr>
<tr>
<td><strong>PISP</strong></td>
<td>Preliminary Individualized Service Plan</td>
</tr>
<tr>
<td><strong>PT</strong></td>
<td>Physical Therapy</td>
</tr>
<tr>
<td><strong>QMRP</strong></td>
<td>Qualified Mental Retardation Professional</td>
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<tr>
<td><strong>SAFE</strong></td>
<td>Schools Are for Everyone</td>
</tr>
<tr>
<td><strong>SED</strong></td>
<td>State Education Department</td>
</tr>
<tr>
<td><strong>SCIP</strong></td>
<td>Strategies for Crisis Intervention</td>
</tr>
<tr>
<td><strong>SIB</strong></td>
<td>Self-Injurious Behavior</td>
</tr>
<tr>
<td><strong>SIDS</strong></td>
<td>Sudden Infant Death Syndrome</td>
</tr>
<tr>
<td><strong>SNF</strong></td>
<td>Skilled Nursing Facility</td>
</tr>
<tr>
<td><strong>SOFA</strong></td>
<td>State Office for the Aging</td>
</tr>
<tr>
<td><strong>SSA</strong></td>
<td>Social Security Administration</td>
</tr>
<tr>
<td><strong>SSDI</strong></td>
<td>Social Security Disability Income</td>
</tr>
<tr>
<td><strong>SSI</strong></td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td><strong>SYEP</strong></td>
<td>Summer Youth Employment Program</td>
</tr>
<tr>
<td><strong>TASH</strong></td>
<td>The Association for Persons with Severe Handicaps (formally The Association for the Severe Handicapped)</td>
</tr>
<tr>
<td><strong>TBI</strong></td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td><strong>TDD</strong></td>
<td>Telephone Device for the Deaf</td>
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<tr>
<td><strong>TRAID</strong></td>
<td>Technology-Related Assistance for Individuals with Disabilities</td>
</tr>
<tr>
<td><strong>Tx</strong></td>
<td>Treatment</td>
</tr>
<tr>
<td><strong>UCPA</strong></td>
<td>United Cerebral Palsy Association</td>
</tr>
<tr>
<td><strong>VESID</strong></td>
<td>Vocational &amp; Educational Services for Individuals with Disabilities (formerly OVR (Office for Vocational Rehabilitation))</td>
</tr>
<tr>
<td><strong>WIC</strong></td>
<td>Women, Infants, and Children</td>
</tr>
</tbody>
</table>
**Glossary**

**Abduction:** Movement of a limb, outward, away from the body.

**Academic Aide:** A person assigned to assist the special-needs student with academic tasks in the classroom.

**Access Rights:** The right of parents to inspect and review any educational records relating to their children that are collected, maintained, or used by each participating agency and to do so by request without unnecessary delay and before any meeting regarding an individualized educational program or hearing relating to the identification, evaluation, or placement of the child. (Time lines vary from state to state.)

**Accommodation:** See Reasonable Accommodation.

**Achievement Test:** A test that measures a student’s level of development in academic areas such as math, reading, and spelling.

**Activity Center:** A day program where staff members assist adults with disabilities, emphasizing community skill training (e.g., learning to use public transportation) and vocational skill development.

**Acute:** An episode, serious event, or illness that starts suddenly and lasts a short time.

**Acquired Immune Deficiency Syndrome (AIDS):** A serious and potentially fatal disease in which the immune system is no longer able to protect the body and the individual becomes easily ill over a period of years with infections, cancer, or other serious diseases.

**Adaptive Behavior:** The extent to which an individual is able to adjust to and to apply skills to new environments, tasks, objects, and people.

**Adaptive Equipment:** Therapeutic aids such as a special seat, spoon, or stander to facilitate correct positioning and movement.

**Adaptive Physical Education:** A physical education program that has been modified to meet the specific needs of a student with disabilities, e.g., inclusion of activities to develop upper body strength in a student with limited arm movement.

**Adduction:** Movement toward midline.
Glossary (continued)

Administrative Review: A review process whereby disagreements between parents and school systems may be resolved by a committee of school system individuals not directly involved with the case. Also called a conciliatory conference.

Adult Day Programs: Programs in which adults with disabilities receive training in daily living skills, social skills, recreational skills, and “prevocational” skills.

Advocacy: Speaking or acting on behalf of another individual or group to bring about change.

Advocate: A person who speaks or acts knowledgeably on behalf of another individual or group to bring about change.

Age Appropriate: Activities and materials are age appropriate when children who are the same age as your child (but who do not have a disability) would typically engage in the activity or use the materials.

Age Equivalent: A test score expressed in terms of the chronological age at which most children achieve this task or pass this item.

Aged Out (Aging Out): Refers to students with special needs who have reached the maximum age limit mandated in their state for special education and related services.

Aggression: Physical or verbal action that causes discomfort or damage to some person or object.

Americans with Disabilities Act (ADA): An anti-discrimination law giving individuals with disabilities civil rights protection similar to those rights given to all people on the basis of race, sex, national origin, or religion.

Amniocentesis: A medical test which occurs before the baby is born and which involves withdrawing and analyzing a sample of the mother’s amniotic fluid, which surrounds the fetus, to determine the presence of certain birth defects.

Annual Goal: Statement written into a student’s yearly Individualized Education Program describing the anticipated growth of a student’s skill and knowledge.

Annual Review: A meeting held at least once a year to look at, talk about, and study a student’s Individualized Education Program (IEP) in order to decide changes in the IEP, review the placement, and develop a new IEP for the year ahead.

Anoxia: A lack of oxygen to the baby, which may lead to brain damage.


**Glossary** (continued)

**Anterior:** Front or face side of body.

**Apgar Score:** Score given at birth to describe an infant’s neurological status.

**Apnea:** Temporary cessation of breathing.

**Appeals Process:** The procedures by which parents may request that their case be heard again at a higher court if they or the school disagree with decisions reached at a due process hearing.

**Appropriate:** Refers to an educational plan that meets the individual needs of a student with disabilities, in free, appropriate public education provided by the Individuals with Disabilities Education Act (IDEA).

**Aptitude Test:** A test that measures an individual’s potential in a specific skill area, such as clerical speed, numerical ability, or abstract thinking.

**Associated Reactions:** Increase of stiffness in spastic arms and legs resulting from effort.

**Asthma:** A chronic condition in which the tissues of the lungs are inflamed and breathing is difficult, especially following allergic reactions.

**Asymmetry:** Inequality or dissimilarity of one side to the other.

**At-Risk:** Term used to describe children who are considered likely to have difficulties because of home life circumstances, medical difficulties at birth, or other factors, and who may need early intervention services to prevent future difficulties.

**Ataxic:** No balance, jerky.

**Athetoid:** Child with uncontrolled and continuously unwanted movements.

**Attention Deficit Disorder (ADD):** A condition in which a child’s ability to organize and attend to the environment is impaired sufficiently to hinder learning and acquisition of social skills. Characteristics include short attention span, trouble concentrating, distractibility, difficulty following more than one command at a time, and not appearing to listen.

**Audiologist:** A professional nonmedical specialist who measures hearing levels and evaluates hearing loss.

**Auditory Perception:** The ability to obtain meaning from what is heard.
Glossary (continued)

Auditory Discrimination: The ability to identify and distinguish among different speech sounds, e.g., the difference between the sound of “a” in say and in sad.

Auditory Stimulation Discrimination: The ability to recognize and separate different sounds.

Augmentative Communication: Aids to communication such as a picture book, computer board, and sign language that enable a person who is unable to speak to communicate.

Autism: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three. Often characterized by abnormal ways of relating to people, objects, and events; absent or delayed speech and language; difficulty with variation in the environment or routines; unconventional use of toys and objects; repetitive movements such as rocking, head banging, and spinning; and frequently exhibiting developmental delays and sometimes unusual developmental patterns.

Basal Score: The point on a test at which all previous items have been passed and which may be given in age-equivalent terms.

Baseline: A preintervention record of the child’s behavior which may be used by educators to compare information about the child’s behavior after intervention to determine its effectiveness.

Behavior Disorders (BD): Disorders characterized by disruptive behavior in school, home, and other settings and which can include attention deficit hyperactivity disorder (ADHD), conduct disorder, difficulty learning, and inability to establish satisfactory relationships with others. A chronic pattern of behavior that is considered inappropriate, excessive, chronic, and abnormal, and which violates social or cultural norms and expectations and may affect educational and personal performance, including difficulties in the following areas: relationships with peers or adults, self-care, or exhibiting inappropriate behaviors to express feelings.

Behavior Management or Behavior Modification: A strategy designed to help a child change specific behaviors by managing environmental stimuli and environmental consequences.

Behavioral Observation: A systematic way of observing, recording, and interpreting the behavior of a student at work on a job, in order to gain a broad picture of the student’s interests and abilities as part of a vocational assessment.

Bilateral: Involving both sides of the body.

Bradycardia: A slowing of the heartbeat often found in premature infants.
Glossary (continued)

Brainstem Auditory Evoked Response (BAER): A test used to evaluate hearing in infants in which electrodes monitor the child’s brain waves in response to different levels and frequency of sounds emitted by the testing apparatus.

Bronchopulmonary Dysplasia: A chronic lung disease sometimes seen in premature infants that sometimes follows respiratory distress syndrome.

Buckley Amendment: More commonly known name for the Family Educational Rights and Privacy Act of 1974, which gives parents and students (over age 18) the right to see, correct, and control access to school records.

Cardiology: A branch of medicine which is concerned with the heart and circulatory system.

Career Education: A progression of activities intended to help students acquire the knowledge, skills, and attitudes that make work a meaningful part of life. Career education has four stages: awareness/orientation, 2) exploration, 3) preparation, including vocational education, and 4) job placement/followup.

Carl D. Perkins Vocational and Applied Technology Education Act 1990: A federal law stipulating that students with disabilities be guaranteed the opportunity to participate in federally funded vocational programs that are equal to those afforded to the general student population.

Case Manager: See Service Coordinator.

Categories: Students with special needs grouped together because of shared characteristics. The names and definitions assigned to the categories vary from state to state.

Ceiling Age: The level on a test where the child can no longer pass more difficult items.

Central Nervous System (CNS): The brain and spinal cord.

Cerebral Palsy: A disability resulting from damage to the central nervous system which results in disturbances of muscle tone, posture, and movement.

Child Find: A state and local program mandated by the Individuals with Disabilities Education Act (IDEA) to identify individuals with disabilities between the ages of birth and twenty-one and to direct them to appropriate early intervention or educational programs.
**Glossary** (continued)

**Child Life Worker:** In a hospital, specialists in child development who intervene to provide therapeutic play and learning activities.

**Child Protective Services:** Social workers or other professional specialists who investigate allegations and incidents of child abuse or neglect, and who may also routinely interview parents after serious accidents or unexplained illnesses.

**Children with Disabilities:** Those children identified in accordance with Regulations 300.530-300.534 as being mentally retarded, hard of hearing, deaf, speech-impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health-impaired, deaf-blind, multi-handicapped, or having specific learning disabilities, who because of those impairments need special education and related services.

**Chronic:** Disease or disability that tends to last a long time or has frequent recurrences.

**Cleft Palate:** An opening in the upper palate of the mouth, which is usually treated with surgery. It may occur alone or in combination with other disabilities.

**Clinical Social Workers:** A professional with a master’s degree in social work, with some states requiring a license and others requiring registration. Must have a minimum of two years of supervised experience.

**Clonus:** Shaky movements of spastic muscles.

**Cognition:** A term that describes the process people use for remembering, reasoning, understanding, and exercising judgment.

**Cognitive Development:** The development of the ability to think logically, remember, reason, and to process information about the environment.

**Colostomy:** An opening into the large intestine through the abdominal wall which allows waste products to be excreted into a bag.

**Communication Book/Communication Board:** A book or board with pictures or signs to aid a person who is unable to speak to communicate with others.

**Communication Disorder:** A general term for any language and/or speech impairment.

**Community Participation:** Activities by a person with disabilities within the community which contribute to the well-being and improvement of that community, such as volunteering at the hospital, planting trees, serving on the board of a nonprofit agency.
Glossary (continued)

Competitive Employment: Everyday part-time or full-time jobs with wages at the going rate in the open labor market.

Compliance File: School records containing all reports of meetings, correspondence, and other contacts between parents and school officials.

Conciliatory Conference: See Administrative Review.

Confidential File: A file having restricted access and containing records of a child’s evaluation and other materials related to special education (medical reports, independent evaluations, reports of eligibility meetings, etc.).

Confidentiality: The limiting of access to child’s or a family’s records to personnel having direct involvement with the child. Keeping information private. If someone assures confidentiality, they mean that they will not release the information without your permission.

Congenital: A term referring to a condition present or existing at birth.

Congenital Disabilities: A disorder or disability that is present at birth.

Congenital Rubella Syndrome: A condition in which the unborn fetus is exposed to the rubella (German measles) virus in the first trimester of pregnancy. It may result in various disabilities including cerebral palsy, cataracts, sensorineural hearing loss, microcephaly, mental retardation, liver disease, or heart defects.

Consent: Agreement or permission by a child’s legal guardian or surrogate parent for a certain medical procedure, educational program, placement, or intervention on behalf of a child; parental permission, usually given by signing a letter or form, agreeing to let the schools take an action affecting a child’s education. Consent is required before a child can be evaluated or receive special services under IDEA.

Continuum of Alternative Placements: A selection of alternative special education placements for a child, ranging from most restrictive to least restrictive.

Contract Services: Services provided to students with disabilities by private service providers (e.g., private schools, institutions, therapists) when the school system is unable to provide the needed service.

Contractures: Shortening of muscle fibers, which limits movement.

Coordination: Combination of muscles in movements.
Glossary (continued)

Cumulative File: A file containing report cards, standardized achievement test scores, teacher reports, and other records of a student’s school progress.

Correlation: A statistical method of measuring the relationship between two variables.

CT Scan (CAT Scan): A medical term that refers to an image of a cross section of a person’s body, which produces a 3-dimensional picture of the tissue density, used to obtain specific information to diagnose or monitor certain medical conditions especially of the brain.

Cystic Fibrosis: An inherited disease resulting in respiratory problem such as chronic coughing, wheezing, and recurring pneumonia.

Cytomegalovirus (CMV): A virus that can infect the fetus and cause birth defects and/or severe illnesses.

Deaf (Deafness): A hearing impairment so severe that an individual cannot process sounds even with amplification such as hearing aids.

Deaf-Blind: The combination of visual and hearing impairments causing such severe communication and other developmental and educational problems that a child cannot adequately be served in a special education program solely for deaf or blind children.

Deformities: Body or limbs fixed in abnormal positions.

Developmental: Having to do with the steps or stages in growth and development before the age of 18.

Developmental Age: A measure of development stated as an age equivalent.

Developmental Delay: Term used to describe slower than normal development of an infant or child in one or more areas.

Diagnosis: The process of identifying the nature of a condition or problem.

Diplegia: Paralysis of the identical part on both sides of the body, mostly affecting legs; cerebral palsy.

Disability: A short-term or permanent problem or condition which makes it hard for a person to learn or do things in the same ways as most other people.

Distal: Furthest from the trunk.
**Glossary (continued)**

**Distractable:** Not able to concentrate.

**Dorsal:** Pertaining to the back or back of a body part.

**Due Process:** A system of procedures ensuring that an individual will be notified of, and have opportunity to contest, decisions made about her/him. As it pertains to early intervention (Part H) and special education (Part B) of IDEA, due process refers to the legal right to appeal any decision regarding any portion of the process (evaluation, eligibility, IEP or IFSP, placement, etc.).

**Due Process Hearing:** A formal session conducted by an impartial hearing officer to resolve special education disagreements between parents and school systems.

**Dyslexia:** The impairment of reading ability.

**Early Intervention:** Providing services and programs to infants and toddlers (under age three) with disabilities in order to minimize or eliminate the disability as they mature.

**Echolalia:** Repetition or imitation of words without regard to their meaning.

**Education of the Handicapped Act (EHA):** See Individuals with Disabilities Education Act (IDEA).

**Educational Advocate:** An individual who speaks or acts knowledgeably for the educational needs of another.

**Educational Diagnostician:** A professional who is certified to conduct educational assessments and to design instructional programs for students.

**Educational Objectives:** In the evaluation of a child, the goals stated in the IEP towards which the child will be working and the skills to be accomplished.

**Electrocardiogram (EKG):** A graphic recording of the electrical activity of the heart.

**Electroencephalogram (EEG):** A graphic recording of the brain’s electrical activity used to diagnose seizures or locate lesions or tumors on the brain.

**Eligibility:** The determination of a child’s qualifications to receive early intervention or special education services based on meeting established criteria.
Glossary (continued)

**Emotional Disorders (ED):** Disorders characterized by their effect on an individual’s emotional state. They may cause separation anxiety, phobias, and post traumatic stress disorder. Other emotional disorders are affective or mood disorders, such as childhood depression, or bipolar disorder.

**Employability Skills:** Personal habits and traits such as cleanliness, dependability, and punctuality that are necessary for successful employment; sometimes called “work adjustment skills.”

**Encephalitis:** An infection or inflammation of the brain.

**Endotracheal Tube (ET Tube):** Tube inserted into the windpipe to allow artificial ventilation.

**Epilepsy:** A disorder of the central nervous system characterized by different types of recurring seizures.

**Equilibrium:** Balance.

**Esophagitis:** An irritation or inflammation of the esophagus, which leads from the mouth and nasal cavity to the stomach.

**Evaluation:** The process of collecting information about a student’s learning needs through a series of individual tests, observations, and talks with the student, the family, and others. Also, the process of obtaining detailed information about an infant or toddler’s developmental levels and needs for services. May also be called Assessment.

**Evaluation Team:** A group of professionals, including teachers, psychologists, and other pertinent specialists, who are qualified to administer assessments providing information on the disability of the child. This team is also involved in making recommendations regarding placement and services needed for the appropriate education of a child with special needs.

**Evaluation Team Meeting:** A meeting to discuss the findings of the assessment once an evaluation has been completed. The evaluation team is responsible for determining whether a child is eligible for special education.

**Eversion:** Turning out.

**Expressive Language:** The ability to communicate through speech, writing, augmentative communication, or gestures.

**Extended School Year:** Special education provided during summer months to students found to require year-round services to receive an appropriate education.
Glossary (continued)

Extension: To straighten the body or part of the body.

Eye-Hand Coordination: Use of the eyes and hands together in movement and manipulation of objects.

Facilitation: Making it possible for the child to move.

Failure to Thrive: A child whose weight is less than the 3rd percentile for that age or whose decreased growth has crossed 2 major percentiles in a short period of time. Failure to thrive is a symptom, not a diagnosis that signals the need for assessment to determine its cause. Causes can be organic, non-organic, or a combination of both.

Family Care: Care provided by individuals who are licensed by the state to provide family-like settings for adults with disabilities.

FAPE (Free Appropriate Public Education): Special education and related services provided at public expense, under public supervision and direction, and without charge. They must meet the state education standards. FAPE runs from preschool through secondary education. It strives to place the child with special needs in the least restrictive environment. The acronym and its definition are used in the federal law, the Individuals with Disabilities Education Act (IDEA), to describe a student’s right to a special education program that will meet his or her individual special learning needs, at no cost to the family.

Fetal Alcohol Syndrome (FAS): A baby born with physical and mental deficits as a result of maternal drinking during pregnancy. The effects include growth retardation, facial anomalies, and mental retardation.

Flexion: Bent body or part of body; bending of elbows, hip, knees, etc.

Floppy: Loose or weak posture and movements.

Fine Motor Skills: Body movements which use small muscles, for example, picking up a small object, writing, or eating.

Fragile X Syndrome: A condition found in individuals in which there is a defect on the X chromosome. The associated developmental problems can include mental retardation and behavior problems.

Functional Vocational Evaluation: See Vocational Assessment.
Glossary (continued)

Gastro-Esophageal Reflux: A condition that occurs when the valve between the stomach and the esophagus closes only partially and undigested food returns into the esophagus or is vomited.

Gastrostomy: An opening in the abdominal wall allowing an individual to be fed by tube when unable to eat normally.

General Education Diploma (GED): A method for obtaining a diploma for adults who did not complete high school. GED tests, which measures achievement in writing skills, social studies, science, literature, and mathematics, enable individuals to demonstrate that they have acquired a level of learning comparable to that of traditional high school graduates.

Generalization: Taking the skills learned with one person, environment, or set of materials and using them with different people, environments, or materials.

Gestational Age: The baby’s age based on the number of weeks since conception.

Goal: See Annual Goal.

Gross Motor Skills: Body movements which use large muscles, for example, sitting, walking, or climbing.

Guidance Counselor: The professional that provides students with advice on educational or vocational issues as well as social difficulties.

Habilitation: The process of helping an individual develop specific skills and abilities (e.g., dressing, eating, maneuvering a wheelchair) in order to become as independent and productive as possible.

Handicapped Children’s Protection Act: The law providing for the reimbursement of reasonable attorneys’ fees to parents who win their cases in administrative proceedings under IDEA.

Hard-of-Hearing: Having impaired hearing which can be corrected sufficiently with a hearing aid to enable an individual to hear and process sounds. Also used to describe hearing loss occurring after an individual has developed some spoken language.

Head Control: Ability to control the position of the head.

Hearing Impaired: Includes both individuals who are deaf and who are hard-of-hearing. The difference between deafness and hard-of-hearing is defined by amount of hearing loss.
Glossary (continued)

Hearing Impairment: A loss of hearing usually measured in decibels. It may be caused by permanent structural problems in the ear or may result from infection or serious illness.

Hemiplegia: Paralysis or weakness involving one side of the body.

Hereditary: Genetic characteristics passed on to children from one or both parents.

High Risk: At a higher-than-average risk of developmental disability or need for special interventions. Many factors can place children at risk, including low birth weight, prematurity, poor living conditions, and so forth. Not all children who are at risk have later developmental problems.

HIV Positive: A condition in which antibodies to the human immune deficiency virus are present in the body. The condition may potentially develop into AIDS.

Homebased Services: Early intervention services provided to a child and family in their own home.

Homebound Instruction: Educational instruction given in a student’s home when she/he is unable to attend school for medical or other reasons.

Hydrocephalus: Accumulation of excess cerebrospinal fluid in the brain that may result in rapid enlargement of the head.

Hyperactivity: An extremely high activity level that may be associated with a limited ability to stay with one task, short attention span, and distractibility and may interfere with school performance and family activities.

Hypertonia: Abnormally high muscle tone. The child may seem very stiff or rigid and may arch back, or have trouble bending or unbending his or her arms or legs.

Hypotonia: Abnormally low muscle tone. The child may have trouble maintaining an erect posture and may seem to sink into floor or chair.

IEP: See Individualized Education Program.

IEP Meeting: A meeting to develop the individualized education plan for a child with special needs, taking into consideration the recommendations of the evaluation team and input from the child’s teachers and parents. Placement decisions for the child are made at this time.
Glossary (continued)

**IFSP:** See Individualized Family Service Plan.

**Imitation:** Repeating the same movements, sounds, and activities observed of others.

**Impartial Hearing Officer:** Individual presiding over a due process hearing, appointed by the state education agency, and not connected in any way with either party in a dispute.

**Inclusion:** Ensuring that necessary supports and services are provided so that children with disabilities can participate in school, community, and recreation activities with children who do not have disabilities.

**Independent Educational Evaluation:** An evaluation/assessment of a student conducted by one or more professionals not employed by the school system. The person(s) doing the evaluation must be fully trained and qualified to do the kind of testing required.

**Independent Living Skills:** Basic skills needed by people with disabilities to function on their own, with as little help as possible. Skills include self-help (e.g., bathing, dressing), housekeeping, community living (e.g., shopping, using public transportation), etc.

**Individualized Determination Plan:** A written plan for each student who receives services, modifications, and accommodations under Section 504 of the Rehabilitation Act of 1973. In some schools, it is referred to as a “504 Plan.”

**Individualized Education Program (IEP):** A written plan for each student in special education describing the student’s present levels of performance, annual goals including short-term objectives, specific special education and related services, dates for beginning and duration of services, and how the IEP will be evaluated.

**Individualized Family Service Plan (IFSP):** A written statement for each infant or toddler receiving early intervention services that includes goals and outcomes for the child and family as well as a plan for making the transition to services for children over age two.

**Individualized Transition Plan (ITP):** Part of the IEP that states the services needed by a student with special needs in order to transition from school to post-school activities, such as post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation.
**Glossary** (continued)

**Individuals with Disabilities Education Act (IDEA):** The authorizing federal legislation which mandates a free, appropriate public education for all children with disabilities. Formerly known as the Education for All Handicapped Children Act. Part B of the act refers to special education services for children age three through twenty-one. Part H refers to the early intervention program for infants and toddlers with disabilities from birth through age two and their families.

**Infant Stimulation:** A program designed to provide specific activities that encourage growth in such developmental areas as movement, speech, and language in infants with developmental delays.

**Inhibition:** Positions and movements which stop muscle tightness.

**Intelligence Quotient (IQ):** A measurement of thinking (cognitive) ability that compares an individual with others in the same age group.

**Integration:** Placing children with disabilities in programs which also serve children without disabilities.

**IQ:** See Intelligence Quotient.

**Interagency Coordinating Council (ICC):** Federal, state, or local group consisting of parents, advocates, and professionals who serve in an advisory capacity to plan and implement early intervention services for infants and toddlers with disabilities and their families.

**Intermediate Care Facility:** Licensed facilities operating under strict regulations and providing intensive support for people with disabilities in the areas of personal care, communication, behavior management, etc.

**Inversion:** Turned in.

**Involuntary Movements:** Unintended movements.

**Itinerant Teacher:** A specially trained teacher who usually travels between different schools or intervention settings where the child with unique educational needs receives his or her educational program.

**Job Coach:** A service agency professional who works with an individual with disabilities at the job site, providing support by helping the employee to improve job skills, interpersonal relations, or any other job-related needs.
Glossary (continued)

Ketogenic Diet: A rigid, mathematically calculated, doctor-supervised diet that is high in fat and low in carbohydrates and protein, used in the control of seizures. Calories and liquid intake are strictly limits as the diet simulates the metabolism of a fasting body. It must be prepared meticulously using a gram scale and completely adhered to under the supervision of a specially trained dietician and physician. It requires a level of high motivation and determination form the family as well as the child who is on it.

Language Sample: A way of assessing children’s communication skills by analyzing what children say.

Lateral: Related to the side.

Lead Agency: State agency, which has been designated by the governor to administer and implement a statewide comprehensive, coordinated, multidisciplinary, interagency service delivery system for infants and toddlers with disabilities and their families.

Learning Disability: A disorder in one or more of the processes involved in understanding or using language, spoken or written, resulting in difficulty with listening, thinking, speaking, writing, spelling, or doing mathematical calculations. This term does not include children with learning problems related to other disabilities such as mental retardation.

Learning Style: The unique way that an individual learns best, for example, by playing games, imitating, reading a book, listening to a lecture, or handling materials. Most children learn through a combination of processes.

Least Restrictive Environment (LRE): Placement of a student with disabilities in a setting that allows maximum contact with students who do not have disabilities, while appropriately meeting the student’s special education needs.

Legally Blind: An individual whose vision, even with corrective lenses, is 20/200 or less, which means being able to see at 20 feet what a person with normal vision sees at 200 feet.

Low Birth Weight (LBW): An infant weighing less than 2,500 grams at birth.

Magnetic Resonance Imaging (MRI): A diagnostic technique which provides information about the tissues and can distinguish between diseased and healthy tissue.
Glossary (continued)

Mainstreaming: The concept that students with disabilities should be educated with nondisabled students to the maximum extent possible.

Major Life Activity: Such activities as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, learning, and working.

Means-end: A term used to describe a child’s ability to solve a problem by considering a particular course of action (means) that will bring about a desired outcome (end).

Mediation: A formal intervention between parents and personnel of early intervention or school systems to achieve reconciliation, settlement, or compromise.

Medically Fragile: An expression describing infants or young children experiencing acute or chronic medical conditions which require frequent or intense medical care.

Medicaid: A federal/state program that provides medical services primarily to individuals with low income.

Mental Age (MA): Similar to developmental age. It is a measure of intellectual ability stated as an age equivalent.

Mental Retardation: A broad term describing delayed intellectual development resulting in delays in other areas such as academic learning, communication, social skills, rate of maturation, and physical coordination.

Microcephaly: Small head size which usually indicates a slowdown in the growth of the brain.

Midline: The vertical centerline of the body. Examples of midline skills involve bringing hands and toys together at the center of the body.

Milestone: A developmental indication that provides the typical age at which most children without disabilities exhibit a particular skill of behavior.

Minimum Competency: A requirement by many states that students pass a minimum competency test, demonstrating their academic skills to be at a state-defined level of achievement, in order to receive a regular high school diploma.

Mobility Aide: An individual assigned to assist a student in the school setting to move safely from one place to another.

Modeling: Demonstrating a behavior that you want imitated.
Glossary (continued)

Monitor: A machine that may be used to record breathing and heart rates and to sound an alarm if the rhythm becomes abnormal or ceases.

Motor Development: The development of activities or skills that are involved in body movements.

Multidisciplinary Evaluation: The testing of a child by a group of professionals, including psychologists, teachers, social workers, speech therapists, nurses, and related others.

Multiple Disabilities: An educational label given to students having a combination of impairments such as mental retardation and blindness or orthopedic impairments and deafness which cause such educational problems that they cannot be accommodated in programs for any one impairment. This term does not include deaf-blind children.

Muscle Tone: The degree of tension in the muscle at rest or during movement, which is regulated by the central nervous system.

Nasal-gastric Tube (NG Tube): A tube inserted through the nostril, down the esophagus and into the stomach to allow feeding of a person unable to eat or take fluids normally by mouth.

Natural Homes: Places that are generally thought of as dwellings for people, such as apartments, houses, townhouses, trailers, etc.

Negative (In response to a medical test): Indicating the absence of a disease, antibody, or condition.

Neurological Impairments: Include a group of disorders of the central nervous system characterized by dysfunction in one or more skills affecting communication, perception, cognition, memory, attention, motor control, and appropriate social behaviors. Neurological impairment is the most common developmental disability encountered in children.

Neonatologist: A physician who focuses on the development and treatment of diseases of newborns.

Neurologist: A physician who specializes in the nervous system and the treatment and diagnosis of its diseases and disorders.
**Glossary** (continued)

**Nonacademic Services:** Services that include counseling, athletics, transportation, health services, and recreational activities.

**Noncategorical:** Term relating to programs based on instructional needs rather than on categories of disabilities. Many states have only noncategorical programs, e.g., Maryland, Massachusetts, Minnesota.

**Nondiscriminatory Evaluation:** An evaluation in which the materials and procedures used are not racially or culturally biased. In addition, an individual’s disability must be accommodated such as by allowing more time, using a computer, etc.

**Nonverbal Behavior:** Behavior that occurs in the absence of spoken language. Communication occurs through gestures, facial expressions, physical closeness, and posture.

**Objective:** An objective is a short-term step taken to reach an annual goal. IEP objectives are the steps between a student’s present level of performance and an annual goal.

**Object Permanence:** A term used by psychologists and educators to describe a child’s ability to understand that objects continue to exist even when they are not visible.

**Occupational Therapist:** Specialist who focuses on such activities as fine motor skills, feeding skills, adaptation of equipment, and daily living skills.

**Occupational Therapy (OT):** Activities focusing on fine motor skills and perceptual abilities that assist in improving physical, social, psychological, and/or intellectual development, e.g., rolling a ball, finger painting, sorting objects.

**On-the-Job Training (OJT):** Short-term training that enables a person to work on a job site while learning the job duties.

**Ophthalmologist:** A physician who specializes in the diagnosis and treatment of eye disorders.

**Orthopedic:** Refers to concerns involving skeletal structure of the body, including bones, muscles, and joints.

**Orthopedic Impairment:** A physical disability severe enough to affect a child’s educational performance. Orthopedic impairments can be congenital or caused by disease or injury.
Glossary (continued)

Other Health Impairment (OHI): Term used in IDEA to describe conditions that adversely affect a child’s educational performance and are not covered by other disability definitions (e.g., Learning Disabilities, Mental Retardation). This term is frequently used for various medical conditions such as a heart condition, diabetes, cystic fibrosis, leukemia, etc.

Paraplegia: Legs only affected.

PAC (Parent Advisory Council): Groups that meet on a regular (usually monthly) basis to discuss parents’ concerns with the special education programs, to invite speakers in the field, and to provide parents with an opportunity to meet other parents in the school district, keeping them abreast of changes, issues, and other relevant information.

Parent: A parent, guardian, or surrogate parent who has been appointed in accordance with Regulation 330.5 14. The state is not included in this term if the child is a ward of the state.

Parent Participation: When parents are permitted active and equal participation in discussing and developing an individualized education plan and in providing input regarding their child’s educational programming process.

Part B or Part H: See Individuals with Disabilities Education Act.

Pathological: Abnormal.


Perseveration: Unnecessary repetition of movement and/or speech.

Petit Mal Seizure: A type of seizure characterized by brief episodes of inattention. The individual may appear to be daydreaming or staring into space. It involves little physical reaction.

Phenylketonuria (PKU): A genetic disorder resulting from a build-up of phenylalanine due to an enzyme deficiency. Can result in mental retardation, hyperactivity, and seizures if left untreated. Treatment consists of a carefully controlled diet.

Physical Therapist (PT): A specialist concerned with physical movement and positioning, and development of gross motor skills.

Physical Therapy (PT): Activities or routines designed to increase gross motor skills.

Physiotherapy: Treatment of disorders of movement.
Glossary (continued)

**Pincer Grasp:** Using the thumb and index or middle finger to pick up a small object.

**Placement:** The setting in which a child with disabilities is educated. Placement includes the school, the classroom, related services, community-based services, and the amount of time a student will spend with peers and others who do not have disabilities.

**Positive (In response to a medical test):** Indicating the presence of a disease, antibody, or condition.

**Posterior:** Back of the body.

**Postsecondary Education:** Education programs for students who have completed high school, such as a community and junior colleges, four-year colleges, and universities.

**Prereferral Intervention:** Prior to making a referral to special education, the process by which teachers try to identify different means of assisting and resolving a student’s difficulties within the regular classroom setting and of accessing other available resources in the system outside of special education.

**Premature Infant:** An infant born prior to the 37th week of gestation.

**Prenatal:** Before birth.

**Primitive Reflexes:** A group of reflexes that are present at birth. Over time, these reflexes are integrated into more mature patterns of movement in children without disabilities. Examples include the sucking reflex and the rooting reflex.

**Procedural Safeguards:** The safety nets built into the law to make sure that parents are involved in decisions being made on behalf of the child with special needs.

**Pronation:** Turning of the hand with palm down.

**Prone:** Body is positioned lying face down.

**Proximal:** Nearest to the trunk.

**Psychiatrist:** A medical doctor with advanced training who specializes in the diagnosis and treatment of emotional, behavioral, and mental disorders.
**Glossary (continued)**

**Psychological Evaluation:** The portion of a child’s overall evaluation/assessment for special education that tests his or her general aptitudes and abilities, eye-hand coordination, social skills, emotional development, and thinking skills.

**Psychologist:** A professional, not a medical doctor, with advanced training in the study of mental processes and human behavior. A school psychologist conducts various evaluations, especially aptitude and ability tests, and may work with students, classroom teachers, parents, and school administrators on behavior assessments and behavior management programs.

**Public Agency:** Includes the state educational agency, local educational agencies, intermediate educational units, and any other political subdivisions of the state responsible for providing education to handicapped children.

**Public Expense (Evaluation at the Public Expense):** When the public agency either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to the parent.

**Quadriplegia:** Whole body affected.

**Qualified:** A person has met state educational agency-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which he or she is providing special education or related services.

**Reasonable Accommodation:** The modification of programs in ways that permit students with disabilities to participate in educational programs that receive federal funding. The concept also applies to the modification of job requirements and equipment for workers with disabilities.

**Receptive Language:** The process of receiving and understanding written, gestured, or spoken language.

**Reevaluation of the IEP:** An every three year need to update a child’s existing educational plan to ensure that the services and goals are appropriate and reflect the current educational needs and support required by the child.

**Referral:** A formal notification to the early intervention system or local school that a child is experiencing difficulties which may require a full evaluation for early intervention or special education. A referral may be made by a family, teacher, or other professional.
Glossary (continued)

Regulations: Following the passage of a law, the procedures that need to be followed for compliance with the law.

Rehabilitation Act of 1973 (Section 504): A nondiscrimination statute, Section 504 of which stipulates that individuals with disabilities may not be excluded from participating in programs and services receiving federal funds and which also prohibits job discrimination against persons with disabilities in any program receiving federal financial assistance.

Rehabilitation Act Amendments of 1992: Federal legislation that requires state vocational rehabilitation agencies to work cooperatively with local agencies, including schools, to create a unified system to serve persons with disabilities.

Reinforcement: A consequence that is given as a result of the child’s behavior.

Related Services: Those services a student must receive to benefit from special education, for example, transportation, counseling, speech therapy, crisis intervention.

Reliability: In assessment, the extent to which a test measures the same thing consistently.

Residential Services: The placement of a student in a setting that provides educational instruction and 24-hour care.

Resource Room: A setting in a school where a student receives instruction from a special education teacher for a part of the school day.

Respite: A period of rest or relief.

Respite Care: Care given by an individual or an organization to provide temporary relief of the care-taking responsibilities for the parents of the special needs child.

Review of IEP: The annual review of a child’s IEP to determine the child’s progress, where he or she continues to need support, and the type of support needed.

RhoGam: The RH antibody that is injected into the mother either during her pregnancy, at 28 weeks gestation, and/or immediately following delivery. It is used only if the mother is Rh Negative and has previously been exposed to Rh Positive blood in her system.

Righting: Ability to put head and body right when positions are abnormal or uncomfortable.

Rigidity: Very stiff movements and posture.
Glossary (continued)

**Ritalin:** A stimulant medication to control hyperactivity in children.

**Rotation:** To revolve or turn on an axis.

**School-Based Screening Committee:** See Screening Committee.

**Screening:** A brief examination of a child designed to pick up potential difficulties and to identify children who need further evaluation and diagnosis.

**Screening Committee:** A local school-based committee whose members determine whether a student should be fully evaluated for special education eligibility.

**Section 504:** See Rehabilitation Act of 1973.

**Segregation:** The practice of placing children with disabilities in a group setting that includes only other children with disabilities.

**Seizure:** An excessive periodic discharge of electrical activity in the brain. It may be caused by a very high fever.

**Self-Advocacy:** The abilities required to take primary responsibility for one’s life and to make choices regarding one’s actions free from undue interference. Also called self-determination.

**Self-Determination:** See Self-Advocacy.

**Self-Help Skills:** The ability to take care of self-care needs such as feeding, dressing, and toileting.

**Self-Injurious Behavior (SIB):** Repetitive, self-stimulating behaviors which are destructive and which the child directs toward him- or herself.

**Self-Stimulatory Behavior:** Repetitive motor or posturing behaviors. Examples include body rocking, hand flapping, and object spinning.

**Sensory Integration:** Coordination of information from all the senses to allow for an appropriate response to the environment.

**Sensory-motor Experience:** The feeling of one’s own movements.

**Separate Classes:** The classroom that houses only special needs children with a teacher certified in special education who has primary responsibility for the educational plan.
Glossary (continued)

**Service Coordinator:** Someone who acts as a coordinator of a child’s and family’s services and works in partnership with the family and other service providers.

**Severe Disabilities:** A condition requiring a person to need extensive support throughout his/her life span in such areas as mobility, communication, learning, and self-care.

**Sheltered Workshop:** A work setting in which employees with disabilities perform contract work, usually on a piece-rate basis, such as preparing bulk mailings or refinishing furniture.

**Shunt:** A small tube, which is surgically inserted to allow excess fluid in the brain cavity to drain harmlessly into the abdomen where it can be easily absorbed. It is commonly used to treat hydrocephalus.

**Sickle-Cell Anemia (SCA):** An inherited chronic blood disease found chiefly among persons of African-American descent, which is characterized by an abnormal red blood cell containing a defective form of hemoglobin.

**Segregation:** The practice of placing children with disabilities in a group setting that includes only other children with disabilities.

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**Self-Determination:** See Self-Advocacy.

**Self-Help Skills:** The ability to take care of self-care needs such as feeding, dressing, and toileting.

**Self-Contained Classroom:** A classroom in which a group of students with disabilities receive their entire instructional program with little or no interaction with nondisabled students.

**Social Worker:** A professional who may provide services to the family, including arranging or attending parent-student conferences; providing family counseling, family education, information, and referral; writing a social-developmental history, and/or conducting a behavioral assessment. Social workers sometimes conduct parent education in the school and community.
Glossary (continued)

**Sociocultural Report:** The portion of a child’s overall evaluation/assessment for special education that describes a child’s background and behavior at home and at school. It is usually completed by a social worker.

**Spasm:** Sudden tightening of muscles.

**Spasticity (Spastic):** Stiffness (See hypotonia).

**Spatial Relations:** The ability of a person to understand the position of an object in space in relation to one’s self and to other objects.

**Special Education:** Specially designed instruction to meet the unique needs of a child with a disability, as defined in the Individuals with Disabilities Education Act.

**Special Needs:** A term to describe a child who has disabilities or chronic illness, or who is at risk for developing disabilities and who needs educational services or other special treatment in order to progress.

**Specialized Nursing Homes:** Licensed facilities operating under strict regulations and providing intensive support for persons with disabilities in the areas of personal care, communication, behavior management, etc.

**Specific Learning Disability (SLD):** See Learning Disability.

**Speech Impaired:** Having a communication disorder involving poor or abnormal production of the sounds of language.

**Speech-Language Pathologist:** A professional who evaluates and develops programs for individuals with speech or language problems.

**Speech Therapy:** Activities or routines designed to improve and increase communication skills.

**Spina Bifida:** A malformation of the spinal column caused by the failure of the spinal column to close completely in the unborn fetus. It results in paralysis below the lesion and is often associated with hydrocephalus. The individual’s intelligence may be normal.

**Spinal Meningitis:** A severe viral attack on the brain and spinal column tissue that can result in hearing loss, retardation, or death.

**Standardized Tests:** In a vocational assessment, tests used to predict how a student is likely to perform in jobs calling for certain interests and skills.
Glossary (continued)

**Startle Response:** A reflexive movement which can be elicited by a surprising event, a loud noise, or sudden movement. The child may jerk, blink his or her eyes, or throw out arms and extend fingers.

**Stranger Anxiety:** A fear of strangers, places, and separation from parents normally expressed by infants in the second half of their first year.

**Substantially Limits (a major life activity):** Refers to a disability that restricts the conditions, manner, or duration under which activities can be performed in comparison to most people, as defined by the Americans with Disabilities Act.

**Supination:** Turning of hand with palm up.

**Supine:** Body positioned lying on the back.

**Supervised Living Arrangements:** Homes or apartments for persons with disabilities that are managed by public or private agencies. Paid staff supervise the residents and assist them with budgeting, food preparation, transportation, etc.

**Supplemental Security Income (551):** A federal program administered through the Social Security Administration that provides payments to individuals who are elderly and/or who have disabilities. Children may be eligible for 551 if they have disabilities and are from families with low income. In addition, children who are hospitalized for 30 days or more and have a disability expected to last 12 months or more may receive SSI.

**Supported Employment:** Paid employment for workers with disabilities in settings with people who are nondisabled. A job coach provides support by helping the employee to improve job skills, interpersonal relations, or any other job-related needs.

**Surrogate Parent:** An individual assigned by a public agency to act as in place of the parents when no parents can be identified, when the whereabouts of a parent can’t be discovered, or when a child is a ward of the state. The surrogate may represent the child in all matters relating to: 1) identification, evaluation, and educational placement of the child and 2) the provision of a free and appropriate public education to the child.

**Symmetrical:** Both sides of body being the same or equal.

**Tactile Defensiveness:** Oversensitivity to touch.
Glossary (continued)

Tay Sachs: An inherited disorder found most frequently in those of Ashkenazic Jewish ancestry and marked by an enzyme deficiency. The deficiency causes lipids to build up in nerve and brain cells and results in blindness, mental retardation, neurological deterioration, and early death.

Tone: Firmness of muscles.

Tonic Neck Reflex: When the turning of the head causes one arm to straighten and stiffen and the other to bend.

Tracheotomy: A surgically created opening directly into the trachea to allow ventilation through a tube when an individual is unable to breathe normally.

Trade and Technical Schools: Schools which prepare students for employment in recognized occupations such as secretary, air conditioning technician, beautician, electrician, welder, carpenter, etc.

Transition: The process of moving from one situation to another. Frequently used to mean moving from preschool programs into elementary school or from school to work and the community.

Transition Coordinator: School personnel chosen to manage transition services for students with disabilities.

Transition Planning: Careful preparation by the student, parents, educators, and other service providers for the time when the student leaves high school. The plan is written in the Individualized Transition Plan.

Transition Planning Team: The persons who are involved in transition-planning for a student, including the student, parents, school personnel (teachers, guidance counselor, vocational coordinator, school administrator), and adult service agency representatives (vocational rehabilitation counselor, independent living center staff).

Transition Services: A coordinated set of activities for a student that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation.

Transitional Employment: A relatively short-term program designed to help an individual obtain a job or to develop the work habits and learn the skills needed for a particular job.
Glossary (continued)

Traumatic Brain Injury (TBI): An acquired injury to the brain caused by an external physical force causing a disability which affects a person’s performance, e.g., cognition, memory, language, motor abilities.

Triennial Review: The completely new evaluation/assessment given every three years to students in special education to determine the student’s progress and to make a new determination of eligibility for continued special education services.

Work Activity Centers: Programs for adults with disabilities providing training in vocation skills, as well as daily living skills, social skills, and recreational skills.

Work Adjustment Skills: See Employability Skills.

Work Sampling Test: The portion of a vocational assessment which tests a student’s hands-on performance in certain simulated and actual work environments.

Work-Study Programs: Education programs in which the student receives employment training and earns credit toward graduation through employment.

Sources: