A Resource Guide for Parents of Children with Autism: Supporting Inclusive Practice



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The Study

The purpose of the Inclusionary Practices for Children with Autism Spectrum Disorders study was to contribute to the knowledge and implementation of best practices for children with autism. The study identified current teaching and parenting practices in Prince Edward Island which address the educational challenges and individualized needs of children with autism spectrum disorders in included settings.

Researchers hope that the findings will directly influence services by reinforcing current best practices, providing specific suggestions for home and school, and establishing directions for supporting students with ASD in the future.

The research findings were analyzed and summarized into a report. The report can be obtained by contacting Melissa MacIsaac, UPEI Research Coordinator, at (902) 894-2820.



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INTRODUCTION

A research study, entitled Inclusionary Practices for Children with Autism Spectrum Disorders, was conducted by the University of Prince Edward Island in partnership with the Prince Edward Island Department of Education between 2001-2005. Parents of children with autism from across Prince Edward Island were interviewed by researchers.

Parents noted the importance of being an informed advocate. Working with professionals and school staff can be challenging at times. Using open and honest communication can lead to positive experiences and successful outcomes.

Parents who were interviewed also stated that being informed about available resources and options was useful. Having a good knowledge base and knowing what supports are available helps parents when advocating for their child with autism.

The research data collected from parents of children with autism on Prince Edward Island has been used to create this resource. Parent suggestions and concerns were compiled and summarized to help produce a useful resource for other parents.

Module objectives include:

- sharing the information obtained from the current study to help inform parents,
- providing accurate information about autism and related characteristics,
- providing parents with suggestions about how to assist their children in school and at home, and
- designing a resource that is easy to use and practical.

At the end of the module, commonly used terms which are associated with autism are listed as well as references and suggestions for readings relating to autism.

Happy Learning!

What is Autism?

Autism is a developmental disability that affects the normal functioning of the brain. Autism is present from birth and has an affect on how an individual learns. It is usually diagnosed by 3 years of age and continues through adulthood. Individuals with autism often have difficulty with communication skills, social skills, and reasoning.

Symptoms of autism vary widely and may include: repetitive use of objects, inability to communicate clearly, resistance to changes in routine, and difficulty with social interaction. Since symptoms of autism vary widely, it is often referred to as a **spectrum disorder**.

Common characteristics include: lack of eye contact, social aloofness, difficulty with expressing needs verbally, repetition of words or phrases, and responding differently to sensory input. It is important to keep in mind that behaviors change over time as the child develops and learns.

The term Autism Spectrum Disorder (ASD) is often used to refer to children diagnosed with:

- ► Autism
- ► Asperger's Syndrome
- Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS)

These diagnoses reflect varying degrees of severity in relation to symptoms.

There has not yet been a specific cause identified, although autism appears to have a genetic basis. However, specialized support, training, and, in particular, early intervention can help give individuals with autism the tools needed to lead meaningful and productive lives.

Refer to:

Powers, M. D. (2000). Children with Autism: A Parent's Guide. (2nd Ed). Bethesda, MD: Woodbine House.

Getting a Diagnosis

There is no medical test used to diagnose autism. Rather, a diagnosis is made based on the presence of specific behaviors. The characteristics of autism are listed in the DSM-IV (Diagnostic and Statistical Manual of Mental Health Disorders). (see Appendix A for definition)

Some red flags which often alert families include the following:

- delay in language/communication skills
- unaware of other people; looking through people
- unresponsive to other people's facial expressions/feelings
- limited pretend play; little or no imagination
- lack of turn taking
- lack of initiation of activity or social play with peers
- ☞ repetitive hand and finger mannerisms
- does not point at an object to direct another person to look at the object
- unusual or lack of reaction to sensory stimuli

[Refer to: Clinical Practice Guidelines: Report of the Recommendations. (1999). Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (Age 0-3 Years). Publication No. 4215.]

As a parent, if you suspect that your child may have autism you may wish to discuss your concerns with your pediatrician. Your pediatrician can refer you to a certified professional with expertise in the area of autism for further evaluation.



If a diagnosis is made for a preschooler, the Autism Diagnostic Team in Charlottetown can provide information about available services. Intensive intervention can be an effective means of giving your child an early start to learning new skills (see Appendix B). Parental involvement in teaching and supporting their child in this process is very important. Six months before your child is eligible to begin school, you may wish to contact your school board to learn more about the transition planning services that are available.

Some children, especially those with milder symptoms (Asperger's Syndrome, PDD-NOS) may not be diagnosed until they have entered school. Autism Consultants are available at the school boards and will be able to provide support and direction to individualize your child's school program. You will be an essential member of the school team which meets regularly to review your child's progress and learning needs. If your child is already in school when a diagnosis is made, parents can contact the principal or school board for assistance.



After the Diagnosis

Finding out that your child has autism can be overwhelming. Shock, helplessness, guilt, anger, and resentment are a few of the emotions you may experience when your child is first diagnosed with autism (Powers, 2000). However, once the initial reaction has subsided, remember your child is still the same person regardless of his/her diagnosis. Your child will continue to grow and learn and you can help.

Helpful suggestions for parents:

Seek guidance from other parents,

➡ Take one day at a time,

Gather information and learn the appropriate terminology,

Do not be intimidated by medical or educational professionals,

Do not be afraid to show emotion,

Maintain a positive outlook,

Inform yourself about effective interventions,

Keep daily routines as normal as possible,

Take care of yourself, and

Recognize that you are not alone.

Refer to:

McGill-Smith, P. (1997). You are not alone: For parents when they learn that their child has a disability. Retrieved August 10, 2005 from http://www.kidsource.com/NICHCY/parenting.disab.all.4.2.html



Impact of Autism on Siblings

Having a brother or sister with autism can be challenging and complicated at times. Siblings of children with autism may feel neglected, embarrassed, and confused. As a parent you can listen to the concerns and fears of your children and help them understand and accept the uniqueness of your family. It is important to take the time to talk openly about autism with your other children, explaining it as best you can in terms that are appropriate to each child's level of understanding (McGill-Smith, 1997).

As a parent try to:

- encourage questions,
- provide siblings, family members, and friends with accurate information about autism at an appropriate level of understanding,
- encourage your children to do research of their own,
- ➡ be honest,
- encourage your children to use consistent responses when talking to their sibling with autism,
- explain that behavior is often used as a means communication,
- be aware of balancing your time between your children,
- be fair in assigning household responsibilities; expect your child with autism to participate in household activities which are appropriate to their skill level,
- encourage group play at home,
- explain to your other child that he/she is special and unique too.

There is no one way to parent. The points listed above are simply suggestions which can be used to help your family absorb the impact of change .

Refer to: Powers, M. D. (2000). Children with Autism: A Parent's Guide. (2nd Ed). Bethesda, MD: Woodbine House.



*Extra resources:

- Band, E. B., & Hecht, E. (2001). Autism Through A Sister's Eyes: A young girl's view of her brother's autism. Arlington, Texas: Future Horizons, Inc.
- Meyer, D. (1997). Views from our Shoes: Growing up with a brother or sister with special needs. Bethesda, MD: Woodbine House, Inc.

Organization for Autism Research. (2004). Life journey through autism: An educator's guide. Retrieved June 2, 2005 from http://www.researchautism.org/uploads/OAR_EducatorsGuide.pdf

> "Also, for siblings, realizing that the other children should have their time too and not allowing yourself to have your time and energy consumed by just one." [Parent]

Discussing Autism with Your Family & Friends

Reaching out to extended family members and friends for help and support will help you avoid isolating yourself and your family. Parents who have decided to discuss autism with their family and friends have found that setting a positive tone is a great start. Establishing a positive attitude toward differences and providing examples of individual strengths and weaknesses can be beneficial when talking about characteristics associated with the diagnosis.

Deciding upon how much information to share can also be problematic for parents. If a family member/friend has asked questions, start by giving answers to these questions. Then over time more information can be addressed. Keep in mind that the information may be somewhat confusing at first. Therefore, be sure to take the time to make sure the information is correctly understood.

It is important that you are patient and give family members/friends time to adjust. At first, they may avoid the subject of autism because they feel uncomfortable or are afraid of saying the wrong thing. Once they have had time to process the information, they often become a great source of strength and support.



Refer to:

Powers, M. D. (2000). Children with autism: A parent's guide. (2nd Ed). Bethesda, MD: Woodbine House.

Wheeler, M. (2004). Getting started: Introducing your child to his or her diagnosis of autism or asperger syndrome. Retrieved July 26, 2005 from http://www.iidc.indiana.edu/irca/generalinfo/getstarted.html

> "...having support from a lot of people....the more people involved the better....the more information the better." [Parent]

Discussing Autism with Your Child

Parents often wonder about the best time to discuss autism with their child. As a parent you will know what is right for your family and discuss this if/when you feel it is appropriate. There is no exact age or time to tell your child about his/her diagnosis.

It is suggested that parents address the topic of autism spectrum disorders before their child hears incorrect information from someone else or has a negative experience. Other individuals suggest telling your child about autism when he/she realizes they are different or begin to ask questions.

Workbooks on this topic can be a great resource for parents. For example Catherine Faherty (see **Extra resources**) has written a guide which helps children with autism identify their own strengths and weaknesses. Parents may also wish to use this workbook as a guide to help explain autism and build self awareness.

It is important to let your child know that he/she can ask questions anytime they want. Be sure to provide information at your child's level of understanding. Explaining autism will take more than one discussion and questions may form after your child has had time to process the information.



If appropriate, encourage your child to find more information by reading books, watching videos, etc. By involving your child in the learning process, it can help make the information more meaningful.

Having a professional involved in the discussion process is also an option. Professionals can be a great support to parents when explaining autism spectrum disorders to their child and often help parents understand their child's reaction to the information.

Refer to:

Wheeler, M. (2004). Getting started: Introducing your child to his or her diagnosis of autism or asperger syndrome. Retrieved July 26, 2005 from http://www.iidc.indiana.edu/irca/generalinfo/getstarted.html

*Extra resources:

- BBB Autism. (2001). Parent Strategies for Parents, By Parents. Pros and Cons of Telling Your Child s/he has an Autism Spectrum Disorder. Retrieved July 26, 2005 from http://www.bbbautism.com/pros_and_cons_plaintext.htm
- Faherty, C. (2000). Asperger's...What Does It Mean To Me? Arlington, TX: Future Horizons, Inc.
- Schnurr, R. G. (1999). Asperger's Huh? Ottawa, ON: Anisor Publishing.



Supporting Inclusive Practice

Prince Edward Island promotes and engages in inclusive education practices. Inclusive education means that every child has the opportunity to learn in his/her neighborhood school. All children are welcomed into the school community and learn together in a regular classroom.

Inclusive education concentrates on implementing best practices for children with special needs within the regular classroom. Within inclusive classrooms, all children have the chance to interact with and learn from their peers.

Inclusive environments can provide opportunities for children with autism to increase their social interactions and in turn improve their social skills. Interacting with peers gives students with autism a chance to practice communication skills, develop friendships, and see how peers behave in day to day situations.



The Prince Edward Island school system provides a variety of supports for individuals with autism including: consultants, resource teachers, specially designed curriculum, social supports, and individualized programs. Resources and useful strategies for teaching children with autism are discussed and shared.

Parental involvement is also a vital part of inclusive education. Active parental involvement is beneficial to the student, school staff, and parents of the child with autism. By using a team approach between home and school, parents, students, and school staff receive support and can broaden their understanding of autism and individual needs. As with any student, children with autism benefit most when teachers and parents are

on the same page and efforts in the home and at school are mutually supportive (Organization for Autism Research, 2004).

Parents, in this study, noted that a system of daily notes or journal entries can help maintain open communication and keep both parents and school staff informed. Being an informed parent and making yourself available to school staff will benefit both you and your child.

Inclusion works best when:

- 1. administrators are supportive,
- 2. good communication and collaboration exists between home and school,
- 3. teachers have received specialized training,
- 4. student progress is documented and maintained, and
- 5. peers are educated.

Refer to:

Wagner, S. (1999). Inclusive Programming For Elementary Students with Autism. Arlington, TX: Future Horizons, Inc.

> "I really don't want the fact that she fits on the autism spectrum disorder to be the defining thing in her life." [Parent]



Working Effectively with School Staff

Parents play an important role in their child's education. Parents are considered partners with the school and part of the team. Communication between parents and school staff is an essential element in any student's educational success. Parents and school staff need to be able to exchange ideas and concerns openly and honestly.

The following suggestions will help you communicate more effectively with different professionals including teachers:

- obtain information about options available to you and your child,
- \succ develop a good relationship your child's teacher(s),
- ➤ be open and honest,
- collaborate with the school team that supports your child,
- \succ ask to be included in the decision making process,
- make a list of the questions or concerns you want to address before going to a meeting,
- remember that the teacher(s) and school staff care about your child too,
- check-in with the school on a regular basis,

- communicate ideas or concerns promptly (by phone, note, log book, \succ and when possible in person),
- \succ inform the teacher(s) of any changes at home which may affect your child's behavior (especially child care, changes in work schedule, medical reasons, etc), and
- let the teacher(s) know you appreciate their efforts. \succ
- bring an advocate or support person with you if you feel they will be \succ helpful during the discussion.

When advocating for your child it is important to be both diplomatic and assertive. Although discussion about your child may be personal (and emotional), you can advocate best when you remain calm and clearly state your concerns.

Open communication and respect is needed in order to produce a partnership between home and school. Working together and presenting a united front helps to ensure that the needs of your child are recognized and addressed and can lead to more positive outcomes for your child.

> "I had to become an effective advocate for her needs. You have to persevere and I think another thing you really have to do is recognize the skills in the team members." [Parent]

Refer to:

Tips for Working with Teachers. Autism and PDD Support Network. Retrieved March 14, 2005 from http://www.autism-pdd.net/autism-tips.html

Individualized Education Plan (IEP) Frequently Asked Questions

What is an IEP?

The **Individualized Education Plan** is a written record that describes what a student can already do and what he or she needs to learn. As well, it lists the special conditions that a student will need by outlining support services and educational program adaptations and/or modifications. Specific goals and objectives are identified for the student and become a core component of the document. Most IEP's are written in the Fall to cover a school year and are considered a working document, reviewed throughout the year.



Who needs an IEP?

Many students with special needs require changes in the curriculum content or how it is taught in order to accommodate their learning needs. When students require support programs beyond classroom adaptations, the school will initiate more individualized planning through the development of an IEP. The unique educational needs of the student will dictate whether the IEP is brief or more detailed and complex.

What is the purpose of an IEP?

Individualized educational planning is a process by which educators, support personnel, and parents collaborate to ensure that students' needs are addressed in a systematic manner. The overall purpose of the individualized plan is to help students progress in their skill development and attainment of knowledge both in academic and non-academic areas.

The content of the individual plan will address the areas most relevant to the needs of the particular student. For some students, it will primarily focus on academic goals and objectives. For others, the individual plan may concentrate on life skills, personal care training and/or social skills. Some students will require goals and objectives addressing challenging behaviours.

Who creates the IEP?

The IEP is **created collaboratively**. Core members of the IEP team include: a school administrator, resource/special education teacher, classroom/subject teacher(s), parent(s), and student when appropriate.

How are parents involved in the IEP process?

Parents play a vital role in the education of their children and are invited to attend IEP meetings to participate in the planning process. The IEP planning process is strengthened by the continued involvement of parent(s) at all stages of planning, development, and implementation.

Parents can:

- assist in the development of the IEP by sharing information about their child's learning styles, interests, reactions to situations, and ways to avoid potential problems,
- help prioritize goals and objectives based on their child's needs in the family, school, and community,
- work with school personnel to reinforce and extend the educational efforts of the teacher,

- provide feedback on the transfer of skills to home and community environments and maintain an open line of communication with the school,
- support the education of their children by informing the school of any special factors that may have an impact on their children's education or that may put them at risk, and
- > act as advocates for their child's best interest.

What will be included in the IEP?

The IEP should describe:



- what the student knows and can do,
- what and how the student should learn next (goals and objectives specific to your child),
- where instruction will take place and for how long,
- what the child will do to demonstrate learning (i.e., how progress will be measured),
- which programs and services the student will receive,
- what you and school personnel have agreed to do to help the student,
- \succ dates when the IEP will begin and be reviewed.

How often is the IEP reviewed?

The IEP is considered a working document. With that said, a process for monitoring the child's progress is outlined below.

- The teacher(s) who are working directly with the child will be frequently updating the 'working copy' as they note the child's progress.
- A formal review date will be determined at the time the IEP is developed. The formal review involves a full meeting of the IEP team and may result in a decision to continue with the current plan, to change goals or update objectives, or, in some cases, to seek additional or alternate interventions.
- The school or parent(s) may request additional meetings to review or revise the plan at any time during the school year.



"We meet three or four times throughout the year. We were able to tell them what our goals were for her." [Parent]

> "I try to meet with the teacher & teacher assistant every 3 - 4 weeks to see how different things are going." [Parent]

References

Clinical Practice Guidelines: Report of the Recommendations. (1999). Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (Age 0-3 Years). Publication No. 4215.

Clipart. (n.d.). Retrieved June 17, 2005 from www.clipart.com

- McGill-Smith, P. (1997). You are not alone: For parents when they learn that their child has a disability. Retrieved August 10, 2005 from http://www.kidsource.com/NICHCY/parenting.disab.all.4.2.html
- National Research Council. (2001). Educating Children with Autism. Committee on Educational Interventions for Children with Autism. Catherine Lord and James P. McGee, eds. Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- Organization for Autism Research. (2004). Life journey through autism: An educator's guide. Retrieved June 2, 2005 from http://www.researchautism.org/uploads/OAR_EducatorsGuide.pdf
- Powers, M. D. (2000). Children with autism: A parent's guide. (2nd Ed). Bethesda, MD: Woodbine House.
- Tips for Working with Teachers. Autism and PDD Support Network. Retrieved March 14, 2005 from http://www.autism-pdd.net/autism-tips.html
- Wagner, S. (1999). Inclusive Programming For Elementary Students with Autism. Arlington, TX: Future Horizons, Inc.
- What is Autism? Autism and PDD Support Network. Retrieved March 7, 2005 from http://www.autism-pdd.net/what-is-autism.html
- What is Autism? Geneva Centre for Autism. Retrieved March 17, 2005 from http://www.autism.net/images/donor_images/Fact%20Sheet%20What%20is%2 0Autism.pdf
- Wheeler, M. (2004). Getting started: Introducing your child to his or her diagnosis of autism or asperger syndrome. Retrieved July 26, 2005 from http://www.iidc.indiana.edu/irca/generalinfo/getstarted.html

Williams, C., & Wright, B. (2004). How to live with Autism and Asperger Syndrome. London, UK: Jessica Kingsley Publishers.

Appendix A: Definitions

Adaptation	A process which allows a student with special educational needs to participate in the prescribed curriculum (course) with changes in format, instructional strategies and/or assessment procedures that do not change the learning outcomes of the curriculum. Examples of adaptations might include shortened assignments, large print materials, raised line paper, or photocopied notes.
Asperger's Syndrome	Asperger's disorder is similar to autism with impairment in social interactions and the presence of restricted interests and activities. However, individuals with Asperger Syndrome have no clinically significant delay in language and have average to above average intelligence. Often remains undiagnosed until 5 years old or older due to normal speech development. (Adapted from <u>www.autismsociety.on.ca</u>)
Autism	Autism is a developmental disorder present from birth or early in development that affects such behaviors as the ability to communicate ideas and establish relationships with others. There is no medical test for autism, rather it is diagnosed based on a set of behavioral and developmental features. These may include difficulty in understanding and using language, repetitive behaviors and interests, resistance to change, and/or failure to develop play skills and peer relationships.

Autism Spectrum Disorder	Autism varies considerably across children in severity of symptoms and is often described as a spectrum disorder. Pervasive Developmental Disorder is an umbrella term which includes autism and similar disorders that vary in severity or the presence of communication delays. The term Autism Spectrum Disorder (ASD) is also used to describe this broader range of affected individuals who all have unique strengths and needs.

Continuum of Support A range of support options within public schools to accommodate students with special educational needs. This may include individualized programs or instructional settings, modified or adapted curriculum materials, changes in teaching/assessment strategies or additional personnel supports.

DSM-IV (Diagnostic and Statistical Manual of Mental Health)

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a standard classification system which is used in a variety of settings and provides clear definitions of all recognized mental disorders. For each disorder included in the DSM, a set of diagnostic criteria indicate what symptoms must be present (and for how long) in order to qualify for a diagnosis as well as those symptoms that must not be present (called exclusion criteria) in order for an individual to qualify for a particular diagnosis. It is important to remember that these criteria are meant to be used as guidelines to be informed by clinical judgment.

Goal	A statement of a general outcome that can reasonably be expected to be accomplished within that school year.		
Inclusionary Practice	Inclusionary practice is the value system which holds that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in their education. The practice of inclusion incorporates basic values that promote participation, friendship, and belonging.		
Individualized Education Plan (IEP)	This is a written record that documents the individualized program for a student with special educational needs. The IEP outlines specific goals and objectives for the student and identifies support services as well as program adaptations and/or modifications needed.		
Modification	A process which changes the prescribed curriculum to meet a student's special needs. An example of modified curriculum might be teaching a high school student to complete functional domestic and self care tasks independently or use a picture symbol list to grocery shop.		

Objectives

Objectives are specific statements which describe observable behaviours. They clearly describe the steps between the child's present skill level and the goals to be attained.

Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)

This sub-category of Pervasive Developmental Disorders is commonly referred to as atypical autism or "autistic-like". A diagnosis of PDD-NOS may be made when a child does not meet the full criteria for a diagnosis of autism, but there is impairment in social and language development as well as the presence of repetitive behaviors. (Adapted from www.autismsociety.on.ca)

*Unless otherwise specified the definitions are adapted from:

National Research Council. (2001). Educating Children with Autism. Committee on Educational Interventions for Children with Autism. Catherine Lord and James P. McGee, eds. Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

Appendix B: Contacts on Prince Edward Island

- Marlene Breitenbach, M.S.Ed., BCBA Special Education Autism Coordinator Department of Education (902) 566-7792
- Andrea Noonan, M.S.
 Autism Early Intervention Program Coordinator Department of Health (902) 368-6146
- Disability Support Program Charlottetown, PE (902) 368-5996
- Eastern School District Charlottetown, PE (902) 368-6990
- Western School Board Summerside, PE (902) 888-8400
- French Language School Board Wellington, PE (902) 854-2975
- Autism Society of PEI Avondale, PE (902) 651-2661
- Association for Community Living Charlottetown, PE (902) 566-4844



Appendix C: Website List

http://aba.insightcommerce.net/main.php3?primNavIndex =0&	Early Learning Site
www.autism-pdd.net	Autism & PDD Support Network
www.autism.net	Geneva Centre for Autism
www.abaresources.com	ABA Educational Resources ☺ free downloads available
www.aspergers.ca	Asperger Society of Ontario
www.autismawarenesscentre.com	Autism Awareness Centre
www.autism.com/ari	Autism Research Institute
www.autismtoday.com	Autism Today ☺ online magazine and information center
www.do2learn.org	Do 2 Learn
www.tonyattwood.com.au	Tony Attwood
http://www.researchautism.org	Organization for Autism Research
http://www.cdc.gov/ncbddd/kids/kautismpage.htm	ASD Kids Quest
http://www.delautism.org/kids_only.htm	Autism Information for Kids

Last Updated: March 2006

Appendix D: Peer/Sibling Book List

К-4

- Bishop, B. (2002). My Friend with Autism: A coloring book for peers and siblings. Arlington, Texas: Future Horizons, Inc.
- Buron, K. D. (2003). When My Autism Gets Too Big. Shawnee Mission, Kansas: Autism Asperger Publishing Co.
- Gorrord, L., & Carver, B. (1998). My brother is different. London, UK: The National Autistic Society.
- Lears, L. (1998). Ian's Walk: A story about autism. Morton Grove, Illinois: Albert Whitman & Company.
- Murrell, D. (2001). Tobin Learns to Make Friends. Arlington, Texas: Future Horizons, Inc.
- Sullivan, C. (2001). I Love My Brother: A preschooler's view of living with a brother who has autism. Stratham, NH: PHAT Art 4.

Thompson, M. (1996). Andy and His Yellow Frisbee. Bethesda, MD: Woodbine House, Inc.

Grade 5-8

- Amenta, C. A. (1992). Russell is extra special: A book about autism for children. Magination Press.
- Band, E. B., & Hecht, E. (2001). Autism Through A Sister's Eyes: A young girl's view of her brother's autism. Arlington, Texas: Future Horizons, Inc.
- Lowell, J., & Tuchel, T. (2005). My Best Friend Will. Shawnee Mission, KS: Autism Asperger Publishing Company.
- Meyer, D. (1997). Views from our Shoes: Growing up with a brother or sister with special needs. Bethesda, MD: Woodbine House, Inc.

Schnurr, R. G. (1999). Asperger's Huh? Ottawa, ON: Anisor Publishing.

Simmons, K. L. (1996). Little Rainman. Arlington, Texas: Future Horizons, Inc.

Intermediate/High School

Meyer, D. (1997). Views from our Shoes: Growing up with a brother or sister with *special needs*. Bethesda, MD: Woodbine House, Inc.

Appendix E: Parent Book List

- Attwood, T. (1998). Asperger's syndrome: A guide for parents and professionals. UK: Jessica Kingsley Publishers.
- BBB Autism. (2001). Parent Strategies for Parents, By Parents. Pros and Cons of Telling Your Child s/he has an Autism Spectrum Disorder. Retrieved July 26, 2005 from http://www.bbbautism.com/pros_and_cons_plaintext.htm
- Harris, S. L. (1994). Topics in autism: Siblings of children with autism. A guide for families. Bethesda, MD: Woodbine House.
- Powers, M. D. (2000). Children with autism: A parent's guide. (2nd Ed). Bethesda, MD: Woodbine House.
- Quill, K. A. (2000). Do-watch-listen-say. Baltimore: Paul H. Brookes Publishing Co.

Appendix F: Video Resource List

Title	Length	Description
A Sense of Belonging: Including Students with Autism in their School Community © 1997 Indiana Resource Center for Autism	20 minutes	This video highlights the efforts of 2 elementary and one middle school in teaching students with autism in included settings.
Autism: Being Friends © 1991 Indiana Resource Center for Autism	8 minutes	This autism awareness videotape was produced specifically for use with young children . The program portrays the abilities of the child with autism and describes ways in which peers can help the child to be a part of the everyday world.
Developing Friendships: Wonderful People to Get to Know. © 2001 Produced by Kim Davis.	12 minutes	Individuals with autism share a need for companionship and relationship with others. They want friends and relationships but the social aspect of their life is one of their greatest challenges. In this video, individuals discuss the various social difficulties they experience, such as being bullied, missing subtle social cues, and following and maintaining conversations. Strategies for supporting social interactions are highlighted.
A Chance To Be Me (2003) Autism Society Ontario	22 minutes	This video is about 3 students who are affected quite differently by autism and demonstrates opportunities to know someone with autism despite the disorder and the social pressures of peers. Targets intermediate and high school audience. Video Discussion Guide is provided.
Meet My Brother (2003) Autism Society Ontario	9 minutes	Video depicts a boy with autism as told by his sister. Shows day to day home and school events as well as some suggestions for being a friend Elementary level
My Friend Dylan (2004) Autism Society Ontario	10 minutes	In this video, feelings and understanding are the main focus of a group of students who want to get to know their classmate Dylan. Grade 3-6

Loan available from the Department of Education, Autism Library, 569-7792

Appendix G: Growing Up Together Booklet

Being Different

Po any of the kids in these pictures look different to you? Yes, they are different. Some are girls, some are boys, some are tall, some are short, some are African-American, some have blonde hair, and some are Asian, and some have autism. But they are all the same too—they all have feelings and want to have friends.

HER

A BOOKLET ABOUT FRIENDS WITH AUTISM

What Does it Mean to Have Autism?

It means that children with autism think differently and act differently because their brains work differently. They may have difficulty talking, learning, or playing with you. But, just like you, children with autism are special in many ways, and have families that love them very much. They may also enjoy the same things you do, like swimming, videos, or horseback riding.

Why Do Children with Autism Act This Way?

Some children with autism do not see, hear, or feel things the same way we do. For instance, the sound of the school bell or the noise of a parade may actually hurt their ears. On the other hand, things that bother most of us, like a bee sting, may not appear as painful to them. Here, you will read more about kids you may meet who have autism and how you can be their friend.



Growing Up Together

Some kids with autism may:

- Have trouble talking, make strange sounds, or not talk at all
- · Flap their hands, spin, or laugh a lot
- Behave or play in unusual ways
- Be very active or be very quiet and like to spend time alone
- · Have trouble looking directly at you
- Po or say the same things over and over again



It is hard for some children with autism to understand what we say or what our facial and body expressions mean. However, this does not mean you should stop trying to talk to them. Sometimes, showing them a picture or an object helps them understand things better. For example, if you are talking about baseball, pointing to a baseball card may help your friend know what you mean.

Po Kids with Autism Get Frustrated?

Like all people, kids with autism can get frustrated and angry, but they often cannot tell us why. Instead of words, they may use actions to express their feelings. When they are upset, confused, or bored, they may make noises or spin around. When they are excited or happy, they may flap their hands, jump up and down, or run in circles.

Many children with autism get upset when their surroundings or schedules change because new or different things can be very difficult or scary for them. They may cry, hold their hands over their ears, or run away. Children with autism have a hard time controlling their behavior because they have difficulty understanding or dealing with the world around them.



Growing Up Together

What Causes Autism?

No one knows why some people have autism, and there may be many different causes. Scientists are still trying to find out just what those causes are and how to best help people with autism.

Maybe one day you can help scientists find the answers.

Where Do Kids with Autism Go To School?

Kids with autism can be in many different types of classrooms and schools. They may be a member of your class or may be in a classroom that was set up especially for them. Some children with autism go to different schools. Today, more and more kids with autism attend regular schools and participate in after-school activities with classmates, friends, and neighbors.

You may see some special arrangements used to help a friend with autism participate in your class. He or she may have a special "coach," sit at a special desk or table,

or use picture symbols to communicate with you and the teacher. Some kids may even have special computers that "talk" for them. Friendly classmates can be the best help of all to a child with autism.



Autism is NOT contagious. You cannot "catch" autism from a classmate or friend.

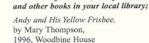
Growing Up Together



How Can I Be a Friend to Someone with Autism?

When you become a friend to a person with autism, you both learn a lot from each other. Here are some ideas that can help you be a friend to a kid with autism:

- · Accept your friend's differences
- · Protect your friend from things that bother him or her
- Talk in small sentences with simple words and use a lot of gestures
- Use pictures or write down what you want to say to help your friend understand better
- · Join your friend in activities that interest him or her
- Be patient—understand that your friend doesn't mean to bother you or others
- Invite your friend to play with you and to join you in group activities
- Sit near your friend whenever you can, and help him or her do things if they want you to
- Help other kids learn about autism by telling them about your special friend



For more information, look for these

Views from Our Shoes, Edited by Donald Meyer, 1997, Woodbine House

Talking to Angels, by Esther Watson, 1996, Harcourt Brace & Co.

Captain Tommy, by Abby Ward Messner, 1996, Potential Unlimited Publishing

Kristy and the Secret of Susan (The Babysitters Club #32) by Ann M. Martin,

1990, Scholastic, Inc.

Or, you can order them online from the following web sites: www.autismbookstore.com, or www.autism-mi/bookstore.com



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