

Parent Information Resource for Children Birth to Three with Autism Spectrum Disorders

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Addendum to Best Practice Explained

Iowa's current Best Practice documents for age birth to eight, did not provide specificity for functionally responding to service needs of this population (individuals with autism or its spectrum disorders) given the early identification of at risk for autism advancements.

This addendum to the Best Practice documents, in the form of a parent information resource document, highlights key points and implications for services to this population (at the time of writing.)

Parent Information Resource

For Children Birth to Three and Early Childhood Age with Autism Spectrum Disorders - 2005

Introduction

This addendum to Iowa's Best Practice Guidelines for Individuals with Autism Spectrum Disorders targets services for those at-risk for autism, age birth to three years, or those served by Early Childhood Special Education (ECSE).

The Regional Autism Services Program staff prepared this resource, with help from a statewide group of volunteers from:

- AEA Autism Resource teams
- Autism Advisory Committee
- The community, and
- Iowa Department of Education

The information from Heartland AEA 11 document, "Meeting the Needs of Students with Autism," launched discussion resulting in the development of this statewide document. Both documents were designed to help answer some of the most frequently asked questions of parents with children in Early Access (EA) services or the school system.

These documents were reviewed by:

- Parents
 - Teachers
 - Administrators
 - Legal counsel
 - Others targeting birth to eight populations
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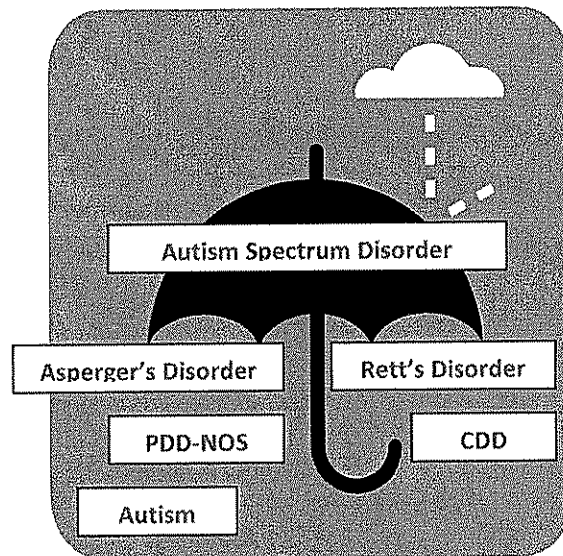
Questions and Answers for Parents with Children Displaying Characteristics of Autism

What is an Autism Spectrum Disorder?

As a parent of a child who displays behaviors characteristic of autism, or has recently been diagnosed as having an "Autism Spectrum Disorder," you may have many questions.

QUESTION: *What is an Autism Spectrum Disorder?*

ANSWER: The Autism Spectrum refers to a group of five disorders that all have autistic-like features. Most professionals today agree that autism can be diagnosed when there are qualitative impairments in areas of social interaction, communication, or repetitive behavior. Autism and its related disorders are medically diagnosed from a pattern of behaviors.



Autism Spectrum Disorders refer to the overarching group of conditions to which autism belongs.

This umbrella term illustrates that these are different disorders that share some of the same key critical features.

These features affect a child's development, especially in the areas of social, communication, and behavior domains.

Medical Diagnoses on the Autism Spectrum

Medical diagnoses on the Autism spectrum include:

Name of Disorder	Other Names Used for Disorder
Autism	<ul style="list-style-type: none"> ○ Autistic Disorder ○ Infantile Autism, or ○ Childhood Autism
Asperger's Disorder	Asperger's Syndrome
Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)	<ul style="list-style-type: none"> ○ Atypical PDD ○ Atypical Autism
Rett's Disorder	Rett's Syndrome
Childhood Disintegrative Disorder (CDD)	Heller's Syndrome

Spectrum Disorders and Impairment

These spectrum disorders may vary in the degree of social skills impairment.

Disorder	Degree of Impairment
Autism	Very impaired <ul style="list-style-type: none"> • Appears before 3rd Birthday • Communication / language noticeable speech delay
Asperger's	Very impaired <ul style="list-style-type: none"> • After age 3 or elementary school Strengths <ul style="list-style-type: none"> • Communication / language skills

The PDD-NOS category is used in the medical community for children who do not meet criteria for autism, Asperger's or other PDD conditions, but have impairments in some of the above categories.

The medical diagnoses focus on all individuals within that category meeting all the same menu-like criteria.

Determining Instructional and Related Service Needs

Educationally in Iowa, the instructional and related service needs of the individual determine their individualized programming, not the "label" given by the medical community.
A medical diagnosis is not needed to obtain Early ACCESS or Individualized Education Program (IEP) services.

Federal Definition of Autism

The federal definition of Autism, and Iowa's Rules of Special Education, are included in this document's appendix.

The state of Iowa has added a more functional and more detailed description for identifying Autism, though not recognized in the official Iowa rules.

Please see the appendix listing the six areas of need for school aged youngsters in this functional description. In addition, because a child who is at-risk for Autism can be identified as early as 18 months, the *Iowa Screening Description for Birth to Three Years At-Risk for Autism Spectrum Disorders* is also in the appendix.

What Can I Expect if My Child is Less than 3 Years Old?

QUESTION: *What can I expect if my child is less than three years old?*

ANSWER: For infants and toddlers birth to three years old, Iowa's Early ACCESS program becomes an important part of the discussion about services available for your child and family and how the services will be provided.

Early ACCESS is an early intervention system designed to help the youngest children reach their greatest potential.

Education professionals have recognized that the benefits of early detection lead to early treatment and improved health outcomes for children as well as have benefit on later school performance.

Early ACCESS Services

Services might come from a variety of agencies and are organized around an Individualized Family Service Plan (IFSP).

Early ACCESS service providers support children in their natural environments, through specialized direct child services, and may provide resources and parent training or a combination of the above.

**The Focus of
Early ACCESS
Services and
Parental
Involvement**

A central focus of Early ACCESS is using the IFSP to enable families to identify and achieve desired outcomes to meet the child's and family's needs in a number of ways.

Support through Early ACCESS recognizes that parents are the child's first teachers and the people who:

- Know the child best
- Spend the most time with the child (home is the natural environment)
- Have the most influence on the child

Iowa's EA professionals help parents learn how to use daily routines such as eating, dressing, and play as opportunities to teach their child skills like communicating or self-care.

Parent delivered intervention also builds the capacity of a family to support the child with a disability long after the "professionals" leave the home or the child transitions to school-aged services.

**Transitioning
Out of Early
ACCESS Services
at Age Three**

As a child receiving Early ACCESS services approaches their third Birthday, transition will begin.

During transition the child will move out of the Early ACCESS program and into other services, programs, or options as appropriate.

The family will be asked to write a vision regarding what they would like to see happen for their child in the future. Based on that vision, as well as the observations and assessments done by other team members, a transition plan will be developed that will outline the steps needed to move out of Early ACCESS and on to other options.

What Can I Expect if My Child is in the Early Childhood Years, 3rd to 8th Birthday?

QUESTION: *What can I expect if my child is in the Early Childhood years, 3rd to 8th Birthday?*

ANSWER: Children with Autism (or it's spectrum disorders) between the ages of 3rd through 8th Birthday sometimes qualify for special education services that provide instruction, related services, and support.

The local Area Education Agency (AEA) can provide additional information about special education procedures. The focus of school-aged services is on the child, rather than the family.

At the time of transition out of the Early ACCESS program a *Consent for Initial Evaluation* may be signed by the parent and a determination of Entitlement to Special Education Services can be made.

How Much Service Should I Expect?

QUESTION: *How much service should I expect?*

ANSWER: The National Research Council references that comprehensive programs require 25 or more hours of student active engagement per week for two or more years to achieve the desired outcomes. Other sources site a range of engagement starting with 15 hours. Additional hours, though not provided on a constant routine basis, target parent training and other supportive activities.

The National Research Council suggests it should not be presumed that the one to two hours per week of traditional services will be adequate for those "at risk" for autism or diagnosed on the autism spectrum.

Considerations When Determining Amount of Service

When making decisions about intensity, there are considerations regarding quality that are more important than the actual number of hours. These include:

- The quality of instructional exchange
- Adequately trained service providers
- The degree of continuity of intervention across service providers and settings

It is possible that a ten-hour per week program could be more effective than a twenty hour per week program depending upon

- The pace of instruction
- The number of opportunities to respond in a structured way
- The overall engaged time

While early ACCESS services are provided for children 12 months of the year, IEP services extending beyond the school year are determined by the IEP team.

It is recognized that many students (with ASD diagnoses and/or those receiving interventions designed for this population) below age 6 could have IEP's with extended year plans. This applies when students may need continuous skill instruction in order to receive an appropriate educational program.

How Iowa Determines Need for Extended School Year (ESY) Services

Iowa has four questions to help determine a child's need for ESY services which include the regression/critical window for learning factors associated with early intervention benefits on malleable brains found in ASD population.

The determination of extended year services is a difficult decision that IEP teams have to make together.

The decision is based upon:

- Goal areas of concern which need to be acquired or maintained without interruption
- The possibility of regression skills
- Rare and unusual circumstance, and
- Other factors

A medical diagnosis of autism or its spectrum disorders does not assure any of these four situations exist, as it is an individual child decision.

Who is Entitled to ESY Services?

The provision of ESY services is the exception, not the rule at the time of this writing.

IEP teams make decisions about ESY based on data on current progress as well as judgments of future needs.

All students who are eligible for special education instruction, support, or related services are to be considered for EYS, but every child with a disability is not entitled to EYS.

The duration and continuity of services for this population is a team issue. The National Research Council reports "strong consensus" around active engagement in instructional programming for young children for a minimum of the equivalent of a school day, with full year programming varied

according to the child's chronological age and developmental level.

No published research studies at this time, however, could be identified that specifically address added benefits of extended year programming for any population of student with disability, including autism.

**Determining
Child's
Education
Program**

QUESTION: *How am I involved in determining my child's program?*

ANSWER: You are a member of the IFSP/IEP team that determines how to implement the plan for your child in the least restrictive environment.

Considerations in this process include:

- Planned, regular opportunities to interact with typical age peers
- Teaching strategies that are carefully determined, and
- Services that are delivered across different contexts

Depending on the severity of the problems associated with Autism, the programming will look different.

With some skills, children need direct skill instruction. Other skills require opportunities to practice and generalize their use, while still other skills need support to be maintained.

The IFSP/IEP team determines what the child's current performance is, and makes an educated decision as to where the child could realistically be performing for the duration of the plan. The IFSP team makes recommendations for the child and family supports based on what the child and family needs.

While the child and family are served through the IFSP, the team supports the parent in the monitoring progress towards the outcomes. While the child is served on the IEP, the education team members are responsible for monitoring progress towards the goals.

Current expectations include utilization of one general education curriculum with modifications and adaptations directed by the special education teacher unless the IEP dictates otherwise.

**Free
Appropriate
Public
Education
(FAPE)**

QUESTION: *What is FAPE (Free Appropriate Public Education)?*

ANSWER: FAPE is the acronym for “free appropriate public education.”

FAPE is sometimes misinterpreted as meaning “to make normal,” or “to maximize benefit.” The standard of law, however, is whether the program as designed is reasonably calculated to provide meaningful benefit to the child.

Iowa’s Early ACCESS system provides free and appropriate services for eligible children birth through three years. Children with disabilities three or older, who need specialized instruction (including related services), as determined by the IEP team, are entitled to this education at no cost to the family.

In addition, the instruction has to be:

- Appropriate
- Designed to confer educational benefit

Educational benefit means that children must show sufficient improvement over time in relation to their goals, or changes to the child’s program should be considered.

**Components of
an Effective
Program**

QUESTION: *What are the components of an effective program?*

ANSWER: There are many sources that have studied and surveyed programs in order to identify components or key elements of effective programs serving individuals with Autism:

- National Research Council
- NECTAC
- NASDSE
- Dawson and Osterling
- Crimmins et al

This literature has identified the following elements or features essential for programs:

- Earliest Possible Start to Intervention
- Individualization of Services for Children and Families
- Systematic “Planful” Teaching
- Specialized Curriculum (adapting content, method, or delivery of instruction)
- Intensity of Engagement

- Family Involvement
- Structured Environment (visual schedules, etc.)
- Developmentally Appropriate Practice
- Intervention in Settings with Typical Children in Natural Environments
- Access to Technical Assistance

A statewide group of Iowa's interested Autism Spectrum Disorder community reviewed these elements plus other components (functional approach to problem behavior and transition needs) in 2003, which resulted in updating Iowa's Best Practices documents for this population.

**Considerations
in Methodology
Selection**

QUESTION: *What are the considerations in methodology selection?*

ANSWER: There is no one "right" way to help support or teach children with autism. The best answer is, "it depends."

Identifying a one "right" method that would be effective for all children is not possible because the autism spectrum represents such a wide range of skills and abilities. Instead, identifying the areas that need to be taught in order for the child to have more access to the community is a first important step.

Curricula may vary in how:

- Goals are prioritized
- Which methodologies are used
- Whether procedures are one set or blended
- How peers are included, and
- How the natural environment is accessed

The philosophy and practice of the various methodologies provide a range of alternatives for parents and teams to choose.

Research articles (though few in number and most often lacking strong rigor) are identified in the appendix along with useful web sites. Specific research describing individual methods or strategies are listed in the Regional Autism Services website: www.medicine.uiowa.edu/autismservices.

The educational considerations in the selection of methodology(ies) include the following:

1. Identify the *individual needs* of the child.
 - a. The diagnosis of autism does not dictate that a specific methodology will be effective, or can be used the same way,

for every child

2. Place the emphasis of discussion on the skills/behaviors to teach, and **monitor the child's progress** to determine the effectiveness of the method.
 - a. How effective the method is in producing change in the child's life is important
3. Value the contribution of the **parent as an advocate** for their child, based on:
 - Their knowledge of the child
 - The articulation of the reasons a specific methodology is preferred, and
 - How the research on the methodology applies to the needs of the child.

Once the IEP team has determined and agreed upon goals for your child, it is the educator's responsibility to determine how best to teach the needed skills. The teacher monitors progress toward those goals/outcomes and may adjust instruction or curriculum if those goals are not being met or if progress toward goals is faster than anticipated.

**Factors
Determining
Credibility of
Methodology**

QUESTION: *What factors help determine if a methodology is credible?*

ANSWER: Undoubtedly, you will learn about other non-educational treatments such as:

- Gluten-free Casein-free diet
- Enzyme therapy
- Sensory integration
- "Floortime"
- Music therapy, and
- Picture Exchange Communication System

These are all examples of the many treatments and terms you may encounter.

As with any of the treatments for Autism, some of these treatments are more scientifically-backed than others. Some of the treatments have no research base at all.

If you are examining treatments that have not been researched, many factors need to be considered. There are family factors of:

- Time and resources

- Family preference
- Child's profile of strengths and needs
- Other unknown variables

In many cases you are faced with significant demands for implementing the treatment.

One credible source for information is the National Institute for Mental Health (NIMH). NIMH has information on Autism that summarizes what has been learned from research. NIMH also describes ongoing efforts of the scientific community to learn about Autism.

Use of the internet may yield many options for consideration. If these were listed here they would become outdated quickly, as the products and intervention options continually grow, become revised, or suffer consequences of non-FDA approval.

Consult the appendix for suggestions and resources if you consider trying an unproven treatment.

**Support from
School Staff**

QUESTION: *What support can we expect from school staff?*

ANSWER: If the child does not need an IEP, the school provides the regular instructional program. The school then has the responsibility to determine if other instructional modifications and accommodations are needed in order for the child to have access to educational opportunities.

If the child has an IEP, the school has the responsibility of implementing the IEP. The child's educators decide what methods will be used to teach the IEP goals, and the teacher is in charge of assuring the IEP goals are monitored.

You can expect the teacher and other service providers (general education and/or special education) to:

- Know your child's IEP goals
- Plan instruction to meet those goals
- Monitor progress
- Make changes to instruction based on data

You can expect updates about your child's progress at least as frequently as parents of non-disabled children are informed of progress of their children.

**Support from
AEA Staff: What
You Can Expect**

QUESTION: *What support can we expect from AEA staff?*

ANSWER: You can expect the AEA to assist the local schools with:

- Defining the problems interfering with the child's learning
- Using a structured process to design a general education intervention plan to assist in meeting your child's needs
- Evaluating child's needs
- Working with the local school to determine appropriate services and where to provide

**Support from
AEA Staff:
What Autism
Resource Teams
Offer**

Iowa has a network of specially trained staff within each AEA, called Autism Resource Teams, who have experience and resources to offer local school building teams and parents.

Each Autism Resource Team has a team leader who coordinates referrals for consultation and support, and coordinates training and staff development for teachers and parents.

The AEA Autism Resource Team is not an automatic service if your child has characteristics on the autism spectrum. Based on the specific needs, the individual educational teams can make a referral for these services.

These multidisciplinary autism teams link with the state Autism Services Consultant through the Iowa Department of Education/University of Iowa Hospitals and Clinics program called The Regional Autism Services Program.

**Support from
AEA Staff: What
is Offered for
Children under
Three**

For children under 3 in the Early ACCESS system, AEA staff are available to support the needs of your child and your family, along with providers.

As a general rule, the Autism Resource team does not coordinate cases; any variety of professionals may act as the service coordinator for your child, depending upon the needs of the child.

Many people, though not on the Autism Resource Team, have substantial knowledge and experience about learning across academic, behavior, and social areas.

**Support from
AEA Staff:
What AEA Staff
Does**

The AEA staff serving your child (including you,) with or without support from the Autism Resource Team, identifies the needs of the individual child rather than identifying any specific set of curriculum or goals associated with the word autism or any of its spectrum disorders.

The medical diagnoses on the spectrum bring together similar characteristics under one name, but educationally no two children require the same services, goals, and supports just because they share the same medical diagnosis.

The AEA staff can recognize certain behaviors that are characteristic of Autism (or its spectrum disorders,) as well as help identify the types of strategies that the team and teacher might use in designing an instructional program. Hence, even if an AEA staff member has little knowledge of Autism, it is likely that his or her expertise with curriculum, instruction, and behavioral assessment will be helpful in developing and changing supports for the student with Autism.

The Best Practices Documents in Assessment and Intervention, referenced in the appendix, act as a standard for expected knowledge and skills.

If the IEP team chooses to request additional support, a referral can be made to the Autism Leader in each AEA.

**Support from
AEA Staff: What
the Parent-
Educator
Connection
Does**

The AEA also has a program called the Parent-Educator Connection (PEC.)

Each PEC program has:

- Staff
- Parent coordinators
- Educator coordinators

These work with families of children with disabilities, and the teachers who teach them.

The Parent-Educator Connection is a statewide program that can provide resources to families.

Some of the ways support may be provided are in:

- Accessing waiver services
- Special health insurance premium programs through Medicaid support

- Disability libraries with resources for parents
 - Knowledge of the IEP process
 - Individual support
-

**Input from
Outside Service
Providers**

QUESTION: *How will input from outside (EA, AEA, local education agency) service providers be considered?*

ANSWER: There are community agencies that support children and families by providing direct services to the child including:

- Specific assessments
- Specific program recommendations
- Counseling services, or
- Group therapy

These services may be provided by:

- Psychologists
- Counselors
- Medical professionals and their support staff
- Others that are not licensed professionals

Community agencies are not bound by the same instructional protections under Individuals with Disabilities Education Act (IDEA) that schools are and may have their own set of procedures, service definitions and rules, and medical payment plans.

**Input from
Outside Service
Providers:
Choosing
Services**

Many parents of children with Autism choose to supplement school services with services at home or receive services from community providers.

In some cases, parents hire therapists to teach skills using specific methods such as discrete trial formats, or other methodologies. In other cases, parents seek training for themselves from outside providers to work directly with their children.

**Input from
Outside Service
Providers:
Paying for
Programs**

Parents should be clear about who is to pay for any in home program prior to implementation.

Schools are not obligated to implement the same program that the family is implementing in the home. Schools are obligated to implement the program that constitutes FAPE for that child.

In Iowa, the Autism Resource Team members do not supervise programming provided by community providers.

**Input from
Outside
Services: IEP
Teams and
Outside Services**

AEA staff and school teachers understand skill sequences, transfer (generalization) and maintenance of skills.

While IEP teams will consider the recommendations of outside clinicians, IEP teams are not obligated to take direction from or to follow the recommendations by the private clinician.

In most situations placing the emphasis on embedded social and communication activities throughout the day within school programming yields a comprehensive program that addresses generalization and quality improvement.

**Intervention
Effectiveness**

QUESTION: *How will I know interventions are effective?*

ANSWER: Determining the effectiveness of interventions often depends upon measures other than traditionally used standardized tests to show growth due to interventions. These measures to assess the outcome of interventions may include the child's degree of success in:

- Communicative exchanges
- Social competence
- Peer relationships, and
- Competence in natural environments as outlined in the child's goals or IFSP outcomes

A research article Arick, et. Al. 2003, tracked the educational progress of 2 to 6 year olds with Autism Spectrum Disorders and found the majority had made significant progress in:

- Social interaction
- Expressive speech and,
- Use of language concepts

Interventions can impact progress.

**Measuring
Impact of
Intervention at
this Time (2005)**

If you choose to try an unproven therapy, consider implementation of the treatments as if you were conducting a research study.

- First, make sure that you are not doing anything harmful. Check with your family care provider and other professionals about the ethics of the treatment.
 - Second, gather data on your child's performance prior to doing any treatment. Try to be as precise as possible. Counts of behavior are best. Rating scales are second best, and anecdotal notes are third best.
 - Third, implement only one therapy at a time as it was designed to be implemented. Create a checklist for yourself and for others to double-check that the program is being implemented with integrity.
 - Fourth, continue your data gathering.
 - Finally, check the data regularly to see if changes in behavior are occurring.
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**Resolving
Differences
Between
Parents and
Educators**

QUESTION: *What happens if we have a dispute?*

ANSWER: While all teams strive for establishing respect and maintaining ethical communication with the common goal of meeting the needs of the child, there are times when parents and educators do not agree on how best to support a child's education.

In the area of Autism, the disputes are often about what kind (methodology) and how much instruction a child needs.

**Resolving
Differences
Between
Parents and
Educators:
Options for
Resolving
Conflict**

The Procedural Safeguards Manual for Parents, published by the Iowa Department of Education, describes all of the options available for resolving differences.

This answer is not intended to replace the information in that Procedural Safeguards Manual.

If you have specific questions about the options available, contact, for example, the Parent Educator Connection through:

- AEA
- AEA Resolution Facilitator contact
- Parent Training and Information Center, or the
- Iowa Department of Education

Resolving Differences Between Parents and Educators: Processes Used in Dispute Resolution

In Iowa, the processes used in dispute resolution are:

- Resolution Facilitator
- Preappeal Conferences
- Mediation
- Complaints, and
- Impartial Due Process Hearings

The **Resolution Facilitator** process is a statewide mediation process available through each of the 12 AEA's.

Preappeal Conferences are also mediations available through the state when the parties are not requesting **due process hearings**. The state provides an impartial mediator. The complaint could also use either the formal written complaint if the party believes a special education rule violation occurred or the **due process hearing** route, a legal proceeding with judgment rendered by an administrative law judge.

The Iowa Department of Education maintains a list of people in Iowa who are qualified and trained to be impartial administrative law judges.

When a hearing is requested through the state a Resolution Session (with the **Resolution Facilitator** provided by the AEA) will need to be offering in an effort to have an opportunity to resolve conflict. If the parents and educational agencies agree to waive such a meeting, they can either participate in mediation provided by the state or go directly to a hearing.

The parties are encouraged to visit the Iowa Department of Education's website entitled Conflict Resolution.

<http://www.state.ia.us.educate.ecese/cfcs/conres/index.html>

**Summary:
What this
Means to You**

QUESTION: So, what does this all mean for me?

ANSWER: In summary, while there is no cure for Autism, with early identification and treatment, the lives of individuals with Autism can be improved, in some cases to remarkable levels.

The ever-increasing number of unproven treatments, and what many feel are in some cases exaggerated claims for success, create a problem for parents in determining "to whom do I listen?"

Early ACCESS providers, AEA, and your local school staff have significant

experience in supporting students with Autism. We are continually learning how best to meet the needs of individuals with autism spectrum disorders.

We respect your right as a parent to be an active advocate on behalf of your child. Early ACCESS providers, AEA, and local school staff will help you access credible support groups and sources of information so that you can be an effective advocate for your child.

Acknowledgements

Original
Committee of
Volunteers

Name	Position
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Sue Baker	Autism Services Consultant; Iowa Department of Education / CHSC as facilitator
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Feedback on
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N/A	ART and ART parent representatives from AEAs:

	<ul style="list-style-type: none"> • 1 • 267 • 4 • 8 – 16 <p>Also, Des Moines Public Schools</p>
Lisa Sharp, Julie Curry	Early Access Part C with the Iowa Department of Education
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Curt Sytsma	Legal Center for Special Education
Paula Connelly, Jule Reynolds	PTI/ASK Resource Center
Carla Peterson, Susan Eitcheidt	Administrative Law Judges
David Quinn, liaison	Special Education Directors

Appendix

References used in Best Practice Guidelines;

Arick, Joel R.; Young, Helen E; Falco, Ruth A.; Loos, Lauren M.; Krug, David A.; Gense, Marilyn H.; and Johnson, Steven B.; "Designing an Outcome Study to Monitor the Progress of Students with Autism Spectrum Disorders," *Focus on Autism and Other Developmental Disabilities*, Vol. 18, No.2, Summer 2003, pp. 75-87

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Dawson G. and J Osterling "Early Intervention in Autisms: Effectiveness and Common Elements of Current Approaches" Second Generation Research MF Guralnick ed., Paul Brooks Publishing (1997)

Iowa Department of Education Bureau of Student and Family Support Services; "Extended School Year (ESY) Iowa Standards for Students with Disabilities" June 2001

National Association of State Directors of Special Education website: <http://www.nasdese.org/publications/> for autism documents on educational practices (some resources are on Regional Autism Services Program website.

National Institute of Mental Health website: www.nimh.nih.gov/ and click on health information for autism or search the site for autism.

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. D.C: National Academy Press; online at www.nap.edu/books/0309072697/html

NECTAC website www.nectac.org/topics/autism/effecprog.asp for information on elements of effective programs

Regional Autism Services Program website: www.medicine.uiowa.edu/autismservices/ for Iowa's Best Practice documents in Assessment, Intervention, and Supplement for Birth to Eight Years old. The annotated resources for common methodologies and strategies for ages 3-8 years will soon be on line.

USEFUL ARTICLES REVIEWING METHODS, PROVIDING ADDITIONAL CONFIDENCE WITH CONCEPTS IN THE DOCUMENT, OR HELPFUL INFORMATION FOR INTERESTED PARENTS OF CHILDREN WITH ASD.

Dahle, Karen Bowen, "The Clinical and Educational Systems: Differences and Similarities," *Focus on Autism and Other Developmental Disabilities*, Vol. 18, No. 4, Winter 2003, pp. 238-256.

Forest, Emily J.; Horner, Robert H.; Lewis-Palmer, Teri; Todd, Anne W.; McGee, Gail, "Transitions for Young Children with Autism from Preschool to Kindergarten,"

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