CT Guide to Intervention Models for Children With Autism Spectrum Disorders in Inclusive School Settings

CSDE
CONNECTICUT STATE
DEPARTMENT OF EDUCATION

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Today's Agenda

Establishing the Need for Guidance : Revisiting Least Restrictive Environment

Characteristics of Effective Autism Interventions

Reflection and Discussion on Current Practice

The CT Guide to Intervention Models for Children with Autism Spectrum Disorders

Let's Get Your Feedback

Resources for Today

Guidelines for Identification and Education of Children and Youth with Autism

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Division of Teaching and Learning Programs and Services
Bureau of Special Education

July 2005
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CT Guide to Intervention Models for Children With Autism Spectrum Disorders in Inclusive School Settings

Guidance regarding programming for CT's youngest students diagnosed with autism

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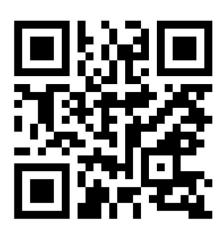**CT GUIDE TO INTERVENTION MODELS FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS IN INCLUSIVE SCHOOL SETTINGS**

The purpose of this tool is to help district teams evaluate program options and make decisions about interventions for children with Autism Spectrum Disorders (ASD) in their district. This form has five parts:

- Establishing the team
- Describing how services for children with ASD are currently being provided in your district
- Determining priorities for services in your district
- Guidelines for evaluating different service models, programs, curricula for children with ASD to determine the fit with your district priorities
- Decision making and planning

THE OBJECTIVE

District teams should complete the first two parts of this form before reviewing or evaluating the different service models and programs described in the *CT Guide to Intervention Models for Children with Autism Spectrum Disorders in Inclusive School Settings.*

When You Think About Autism Programming What Words Come to Mind?

Principles Underlying the Guidelines

1. All children with autism are valuable, can learn and are worthy of educational interventions and related services that maintain their dignity.

2. The potential of children with autism, although not always immediately evident, must always be assumed and nurtured.

3. All children with autism are entitled to a Free and Appropriate Public Education (FAPE) to assist them in reaching their potential. extracurricular activities, and time with nondisabled peers to the maximum extent appropriate.

Principles Underlying the Guidelines

4. All children with autism should have access to the general education curriculum, extracurricular activities, and time with nondisabled peers to the maximum extent appropriate.

5. Quality programs for children with autism require a commitment to cooperative team planning and instructional programming.

6. All staff working with children with autism require ongoing training.

Let's Back Up To Go Forward

Least Restrictive Environment

Sec. 300.114 LRE requirements

300.114 LRE requirements.

(a) General.

(1) Except as provided in §300.324(d)(2) (regarding children with disabilities in adult prisons), the State must have in effect policies and procedures to ensure that public agencies in the State meet the LRE requirements of this section and §§300.115 through 300.120.

(2) Each public agency must ensure that—

(i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and

(ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

A Process for Individual Decision Making

Because of the individualized nature of the LRE, there are no simple rules to determine how or where services and supports will be provided. As they seek to make placement decisions, IEP teams should:

• Keep in mind that decisions are individualized to the student and should not be based on a specific disability category

• Adopt an organized method to determine the LRE for a student

It is important to understand that placement is not an either/or decision; rather, students might receive services and supports across a combination of settings.

IRIS Center: Information Brief: Least Restrictive Environment

https://iris.peabody.vanderbilt.edu/wp-content/uploads/pdf_info_briefs/IRIS_Least_Restrictive_Environment_InfoBrief_092519.pdf

Indicator 6 A: Preschool Environments: Percent of children aged 3 through 5 with IEPs attending a: Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program

2020-2021 Data

Disability	Count	6a%
AU	948	%53.27

It's Not a Yes General Education Setting or No General Education Setting But When General Education Setting and When a Special Setting

Reflecting on Your Current Services Part 2

What services do you currently offer?

Do your current services meet the requirements of FAPE? Are there concerns that you have about issues of LRE or determinations made primarily based on diagnosis?

Are you using data-based decision rules to determine when and where instruction is taking place?

Autism Intervention Planning

GUIDELINES FOR THE IDENTIFICATION AND EDUCATION OF CHILDREN AND YOUTH WITH AUTISM

Characteristics of Effective Programs

- Earliest Intervention

- Family Involvement & Cooperative Planning

- Individualized & Intensive Programming

- Comprehensive Curriculum

- Systematic Instruction & Ongoing Objective Assessment

- Structured/Predictable Learning Environment

- Specifically Trained Personnel

- Peer Relationships

Introduction to CT Guide to Intervention Models for Children With Autism Spectrum Disorders in Inclusive School Settings

- Sufficient Number of Hours and Intensity of Services

- Comprehensible Environments with Access to Typically Developing Peers

- Appropriately Ambitious Curricular Content Across Domains

- Systematic Instruction and Data Based Decision Making

- Functional Approaches to Problem Behavior

- Family Involvement and Support

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Guidance regarding programming for CT's youngest students diagnosed with autism

Considerations for Developing or Selecting a Comprehensive Curriculum

Guidelines for
Identification and Education of Children and Youth with Autism

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- Use a developmental sequence to teach skills in an effort to improve student skill acquisition and generalization rates (Dyer & Peck, 1987; Lifter, Sulzer-Azaroff, Anderson, & Cowdery, 1993).

- Incorporate student's areas of strength to compensate for areas of difficulty (National Research Council, 2001).

- Make curricular selections based on an assessment of the individual child and family preferences.

- Teach specific functional skills derived from a task analysis of current and future LRE demands (Brown, Branston, Hamre-Nietupki, Pumpian, Certo, & Gruenwald, 1979).

Considerations for Developing or Selecting a Comprehensive Curriculum

- Use a structured approach to determine the communicative function of problem behaviors and teach alternative socially desirable communicative responses.

- Directly address core deficits such as selective attention, spontaneous communicative intent, and abstract reasoning (Prizant & Rubin, 1999).

- Emphasize approaches that are backed by research (Collaborative Work Group, 1997).

- Base content and sequence on individual progress, with adjustments made according to ongoing evaluation (Olley, 1999).

Engagement as a Measure of Intensity

- By the very nature of their disorder, most children with ASD, particularly young children, spend little of their own time engaged in purposeful, appropriate, goal-directed behavior. Instead, they tend to be either disconnected from their surroundings or fixated on specific aspects of objects or people.

- *Engagement*, as a measure of intensity, refers to the amount of time a child is attending to and actively interacting with others.

Specifically Trained Personnel

Knowledge of:

- Autism Spectrum Disorders

- Early intervention

- Cooperative planning and family involvement

- Individualized and intensive programming

- Comprehensive curriculum

- Systematic instruction and ongoing objective assessment

- How to provide structured predictable learning environments

- Evidenced-based instructional strategies

- How to facilitate peer relationships

- Transition planning

Determining Priorities for Services
Part 3

CT Guide to Intervention
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What data do you collect about the effectiveness of your current programming?

What does that data tell you?

What are the main goals that you want to achieve by evaluating ASD services for young children in our district?

Comprehensive Intervention Programs for Young Children with Autism Spectrum Disorders

6 Evidenced Based Early Intervention Models

- **Developmental Therapy-Developmental Teaching (DTT)**
- **Early Start Denver Model for Young Children with Autism (ESDM)**
- **LEAP Preschool Program**
- **Project Data Model**
- **SCERTS**
- **TEACCH**

Each Model Overview Includes:

The model philosophy

What is taught

Who can teach it

Where it is taught

How it is taught

Assessment information

The role of typically developing children

Implementation steps

Approach to challenging behavior

Logistics regarding training

Research

Developmental Therapy-Developmental Teaching (DTT)

Philosophy

- Developmental Therapy-Developmental Teaching (DTT) is an educational approach used primarily with children who have social, emotional, or behavioral challenges.
- Developed by Dr. Mary Margaret Wood, *Developmental Therapy* includes comprehensive assessment of student behavior, communication, social, and cognitive development, individualized interventions to facilitate healthy personality growth across the developmental frameworks, and on-going monitoring of student development.
- DTT begins with the assumption that all children progress toward maturation along the same developmental pathways, and that acquisition of the milestones along this sequential pathway is important for healthy social-emotional and behavioral development.
- Because it emphasizes teaching the universal competencies that mark healthy maturation for all students pre/k-12, it also is used school-wide for a continuum of services from prevention to targeted to intensive supports.

Developmental Therapy-Developmental Teaching (DTT)

What Is Taught

Several measurement instruments provide an evaluation component for this approach.

- The *Social-Emotional-Behavioral Quick Profile* (S-E-B *Quick Profile*) is an initial screening procedure with indicators of a student's current stage of development.
- The *Developmental Teaching Objectives Rating Form-Revised* (DTORF-R) is used for an in-depth assessment of a student's social, emotional, and behavioral development. Results become the foundation for instructional planning and IEP objectives are selected for missing competencies.
- This knowledge, in turn, facilitates selection of instructional activities and materials that are developmentally and emotionally appropriate for each student.

Developmental Therapy-Developmental Teaching (DTT)

Fundamentals of Developmental Therapy-Developmental Teaching

An Approach with Four Basic Beliefs~*these program elements and adult attitudes foster healthy child development*
- **Belief 1: FOCUS ON STRENGTHS**
  A strength-based view of behavior fosters self-esteem and encourages behaviors that are healthy and typical.
- **Belief 2: FOLLOW DEVELOPMENTAL GUIDELINES**
  The normal process of social, emotional, and behavioral development follows a predictable and orderly fashion.
- **Belief 3: PROVIDE PLEASURE AND SUCCESS**
  Constructive changes occur when acceptable behavior and relationships bring personally satisfying results. A young person's willingness to try new behaviors results from significant, pleasurable past experiences.
- **Belief 4: MAKE EXPERIENCES RELEVANT**
  Learning results from events that have emotional and cultural meaning. It then spreads to all areas of a young person's life. Programs must relate to the young person's world outside of the program setting.

Developmental Therapy-Developmental Teaching (DTT)

Who Can Teach It

- Teachers, related service providers, and paraprofessionals can add Developmental Teaching to their classroom strategies for students with social, emotional, and behavioral disabilities. **DTT helps you help children.**
- The task of a teaching team is to ensure that the entire group is motivated to participate and that each member feels recognized, enjoys participating, and is successful.
- To maintain the involvement of **all** students, the teacher, related service providers, and paraprofessionals have specific responsibilities as team members.
- Through the use of a **Lead/Support concept**, classroom staff facilitate engagement and participation of all students based on the developmental needs of the homogeneous group.

Developmental Therapy-Developmental Teaching (DTT)

Where Is It Taught

When planning a schoolwide student support system to meet the educational needs of students with varying degrees of learning challenges and problem behavior, three levels of intervention are often essential. These include *preventive*, *targeted*, and *intensive* programming. **Such program diversity can be provided schoolwide with Developmental Therapy-Developmental Teaching as the framework**.

- Because of its focus on teaching key competencies needed by all students, DTT has broad applications in general education programs focussed on *prevention* of discipline problems.
- Students with specific needs may require *targeted* interventions to address missing competencies. For these students, teachers blend developmentally based interventions into existing academic programs- such as developmentally based Individualized Education Plans (IEPs) which are "portable" and not dependent on any particular academic curriculum or organizational structure.
- Finally, some students may need *intensive intervention.* Small groups with a low teacher-student ratio offer intensive assistance. DTT will help these students achieve the social, emotional, and behavioral competencies that they lack.

Developmental Therapy-Developmental Teaching (DTT)

How It Is Taught

- DTT integrates the four major developmental domains: **Behavior (*Doing*), Communication (*Saying*), Socialization (*Relating*), and Cognition (*Thinking*)** with the **universal five stages of human development (*from birth to about age 16)*.**
- Each stage develops sequentially while building on the other domains. Key milestone competencies are numbered as DTORF (Developmental Therapy Objective Rating Form) items for assessment, IEP planning, instruction, and accountability.
- These items are universal because they reflect broad qualities all people acquire as they mature in any culture.

Developmental Therapy-Developmental Teaching (DTT)

Role of Typically Developing Children

- Developmentally-based Individualized Education Programs (IEPs) are "portable" and not dependent on any particular academic curriculum or organizational structure.
- Each program can be carried out in whatever setting is most effective for that student's learning.
- Sometimes the programs are in a fully inclusive setting where developmental practices are added to an existing general education curriculum.
- Intervention may be provided in a modified cluster plan for partial inclusion (resource room plans).
- Reverse inclusion with typically developing peers also offers the benefits of inclusion, as does a social program plan in which special groups have scheduled opportunities with typically developing peers.

Developmental Therapy-Developmental Teaching (DTT)

- The Developmental Therapy-Teaching Program is operated through the Developmental Therapy Institute (DTI), in Athens, Georgia.
- DTT programs have well-developed field-tested resource materials and certified instructors with extensive experience in planning and implementing this direct service model with preschool, school-age, or teen-age students.
- When working with local programs which have committed to replicating components of this model, the costs are negotiated at the time the initial training agreement is finalized.
- Within the State of Connecticut, Cooperative Educational Services' (C.E.S.) Preschool Primary Learning Center is a demonstration site for DTT.

https://www.developmentaltherapyinstitute.org

Early Start Denver Model for Young Children with Autism (ESDM)

Philosophy

- An extension of the original Denver Model for preschoolers with ASD ages 24-60 months; now includes children as young as 12 months.
- uses knowledge of typical infant development but is set apart from other models by it explicit, behavioral teaching paradigm which is strongly data driven, and it explicitly covers all developmental domains in its teaching practices
- As a whole ESDM allows professionals to teach to individual learning styles, developmental strengths and needs, and personal preferences, as well as family values and priorities.

In general, students are taught:

1. To follow daily routines

2. To participate independently in large- and small-group activities

3. To communicate intentionally with peers and adults in a group environment

4. To engage in purposeful play and appropriate use of objects

5. To develop personal independence in managing belongings, daily living, and safety skills

6. To interact spontaneously with peers and adults

7. To expand developmental skills in all areas

8. To acquire the needed skills to participate in the next learning environment

Early Start Denver Model (ESDM)

What is taught:

- Teaching practices and procedures are melded together from three intervention traditions: Applied Behavior Analysis (ABA), Pivotal Response Training (PRT), and the Denver Model.
- Therapists use these techniques to elicit social and communicative behavior from the child. In particular this intervention focuses on boosting children's social-emotional, cognitive, and language abilities, as development in these domains is particularly affected by autism.
- Development domains: receptive communication, expressive communication, social skills, play skills, cognitive skills, Imitation, cognition, play, fine motor, gross motor, and adaptive behavior skills. Skills range from 9-12 months to 48 months across 4 skill levels.

Early Start Denver Model (ESDM)

Who can teach it?

- The ESDM curriculum and delivery draw directly from developmental and child psychology, early childhood education, speech pathology, OT, and ABA. Any individual who is using the ESDM needs background in the knowledge base, concepts and practices from these disciplines. This is most easily gained from a team of early interventionists who can cross train each other in the concepts and practices underlying the ESDM.
- Therapists and paraprofessionals can implement the objectives under the guidance of a one of these professionals.
- The team may also consider having an ESDM certified therapist lead and oversee the child's program.

Early Start Denver Model (ESDM)

Where is it taught?

- In center-based preschools
- inclusive preschools
- parent-delivered interventions
- home-based interventions

Parents and therapists can both use play-based therapy, wherever they are, to work towards the development of positive relationships and associated relational skills.

Early Start Denver Model (ESDM)

How is it taught?

- After the team identifies the short term learning objectives, they use a structured and practical approach to setting learning objectives
- Utilize a developmental task analysis to determine learning steps for each objective
- Create a data sheet and planning guide
- Create rich learning activities by becoming a play partner and developing play into joint activity routines

Early Start Denver Model (ESDM)

Role of Typically Developing Children

- For children who do not initially show interest in peers, skills may first be targeted in individual teaching within the classroom activity and in short 1:1 teaching activities during the day
- then small groups are utilized to generalize these skills into peer interactions.
- For children who have learned to carry out a number of joint activities, "play dates" in the classroom are created where an adult is able to scaffold the interactions.

Early Start Denver Model (ESDM)

Resources:

FAQs:
https://cdebe7b5-156d-49e8-8e85-24a586c9dfe1.filesusr.com/ugd/b3eb03_30c8e7cada684ba6939b44e49fb53e0b.pdf

https://www.esdm.co/research-articles

LEAP

Philosophy

The LEAP Preschool Model, an inclusive, evidence-based model for young children with autism that was founded in 1981. The foundations of LEAP are based on teaching socially valid goals in a way that gives children many opportunities to learn, measuring fidelity of implementation and uses data as the basis for decision making.

- Uses a naturalistic, inclusive developmental approach to teaching children with autism spectrum disorders in an early childhood environment
- Focuses on enhancing the skills of children with autism through interaction and play with typically-developing peers
- Children are included from their first day in preschool classrooms with their typically developing peers
- Uses peer mediated interventions to facilitate the social and communicative behaviors of children with autism spectrum disorder
- Families are taught to apply behavioral strategies when interacting with their child on the autism spectrum

LEAP

What is taught?

Peer Mediated Strategies LEAP's Social Skills Curriculum

1. Getting Your Friends Attention

2. Sharing - "Giving Toys"

3. Sharing - "Requesting Toys"

4. Play Organizer • "You be the Mommy."

5. Giving a Compliment • "I like your painting."

LEAP

Who can teach it?

Teachers who have an early childhood special education certification, paraeducators, related service providers can be trained in implementation of the LEAP Model.

Where is it taught?

The LEAP Model is implemented within inclusive preschool classrooms. Inclusive preschool classrooms are defined as having a 3:1 ratio of children without autism to children with autism.

LEAP

How is it taught?

The LEAP Model uses naturalistic teaching strategies during play and structured group times. Strategies are embedded in routines and settings in a preschool classroom. They are teacher planned based on child interest and use natural antecedents and consequences to teach functional skills. This combination of strategies encourages high quality engagement.   LEAP's methods include a) peer-mediated interventions, b) errorless learning, c) time delay, d) incidental teaching, e) pivotal response training and f) the Picture Exchange Communication System (PECS).

Skills are taught using the following sequence:

1. Describe Skill
2. Demonstrate the "Right Way"
3. Demonstrate the "Wrong Way"
4. Child Practice with Adult
5. Child Practice with Child
6. Set up Reinforcement System

Project Data Model

Philosophy

Project DATA (Developmentally Appropriate Treatment for Autism) Model is an inclusive school-based approach to educating preschool students with autism. Its goal is to provide programming that is effective, acceptable, and sustainable.

Project Data model Core Beliefs:
Children with ASD are children first.
Student failure is instructional failure.

Project Data Model

What is Taught?

School-readiness skills such as attention to teachers and materials, following directions, social skills, and independent use of school materials are a focus of the Project DATA model. Independence in the school and community environment is the ultimate goal and is achieved through evidence-based practices applied in the context of the preschool environment.

The Project Data manual provides a skills checklist and instructional programs in the areas of adaptive, executive functioning, cognitive, communication, social, and play.

Project Data Model

Who Can Teach it?

The head teacher should have a special education certificate, training in ABA, and experience working with young children with ASD. Ideally the head teacher would also be a Board Certified Behavior Analyst. The Head Teacher is responsible for training and supervising all of the teaching assistants. The classroom assistants should have a college degree and experience working with young children with disabilities. All staff should receive training on The Project Data Model.

Project Data Model

Where is it taught?

Children spend about half of the 20-25 hours in a high quality integrated preschool program and the other half of the time they receive intensive instruction that may be one-to-one or in a small group depending on their needs.

An activity matrix is used to identify what learning objectives will be addressed in each scheduled activity. Embedded learning opportunities are episodes of embedded instruction that occurs within ongoing classroom activities and routines.

Project Data Model

How is it taught?

The instructional practices used in Project DATA are based on the principles of ABA. Skills are taught through discrete trial instruction and naturalistic teaching strategies, shaping, and chaining. Teams implementing Project Data should not only be proficient in these methods they must be skilled at determining which method of instruction is best matched for the skill that is being taught.

Project Data Model

Role of Typically Developing Children

An integrated early childhood experience is at the center of the DATA model.   With specialized instruction and support combined with developmentally appropriate practices; preschool students with ASD will have frequent and regularly scheduled opportunities to interact successfully with typically developing peers.

Project Data Model

Resources

There are Project DATA Model books and online trainings available to guide teams through implementation.

https://education.uw.edu/programs/courses/project-data-model-teaching-young-children-autism-spectrum-disorders

SCERTS

Philosophy

- The SCERTS Model is an evidence-based educational framework that addresses the core domains of social communication (SC) and emotional regulation (ER) by ensuring that the environment is adapted with both interpersonal and learning supports, referred to as transactional supports (TS).

- This innovative educational model is based on the integration of research and clinical practice published by Barry M. Prizant, Ph.D., CCC-SLP, Amy M. Wetherby, Ph.D., CCC-SLP, Emily Rubin, M.S., CCC-SLP, Amy C. Laurent, Ed.M., OTR/L, and Patrick J. Rydell, Ed.D., CCC-SLP.

- SCERTS, as a framework, allows individuals, families, and practitioners to select the most essential areas of focus based upon research in child development, longitudinal outcomes in autism, and related neurodevelopmental conditions.

SCERTS

What Is Taught

- The SCERTS Model is a comprehensive intervention model for children with ASD of all ages and ability levels, as well as older individuals with ASD.

- SCERTS provides specific guidelines for helping an individual become a competent, confident, social communicator and an active learner.

- Guidelines are provided to help an individual to be most available for learning, to be engaging, and to prevent problem behaviors.

SCERTS

Fundamentals of The SCERTS Model

The acronym "SCERTS" refers to the focus on:
- **"SC"-Social Communication**
  The development of spontaneous, functional communication, emotional expression and secure and trusting relationships with children and adults.
- **"ER"-Emotional Regulation**
  The development of the ability to maintain a well-regulated emotional state to cope with everyday stress and to be most available for learning and interacting.
- **"TS"- Transactional Support**
  The development and implementation of supports to help partners respond to the person's needs and interests, modify the environment, and provide tools to enhance learning. Specific plans are developed to provide educational and emotional support to families, and to foster teamwork among professionals.

SCERTS

Who Can Teach It

- A unique aspect of SCERTS is that the most significant challenges are addressed while identifying and building upon strengths.
- It provides family members and educational teams with a plan for implementing a comprehensive and evidence-based program that will improve quality of life for children with ASD.
- The SCERTS Model is best implemented as a multidisciplinary team approach that respects, draws from, and infuses expertise from a variety of disciplines, including general and special education, speech language pathology, occupational therapy, child psychology and psychiatry, social work, paraprofessionals, and parents.
- The SCERTS Model manuals are user-friendly and accessible for professionals, paraprofessionals, and parents.

SCERTS

Where Is It Taught

- It is a lifespan model that can be used from initial diagnosis, throughout the school years, and beyond. It can be adapted to meet the unique demands of different social settings for younger and older individuals including home, school, community, and vocational settings.

- In the SCERTS Model, educational and environmental supports are developed and implemented to enable children to be more actively engaged by supporting social communication, emotional regulation, and learning.

- Finally, in designing educational supports and programming, we must always be asking the questions, "What is the true purpose of this activity?" and "How will the skills being worked on make a difference in this child's life?" Activities should be designed to support the acquisition and practice of functional skills that will eventually lead to greater independence across activities and settings.

SCERTS

How It Is Taught

- The SCERTS curriculum is developmentally sequenced and provides a systematic framework that ensures that specific skills and appropriate supports, stated as educational objectives, are selected and applied in a consistent manner across different settings such as home, school, and community.
- This process allows families and educational teams to draw from a wide range of evidence-based practices with a specific focus on promoting initiated communication and emotional regulation in everyday activities.
- The SCERTS Model is most concerned with helping persons to achieve *"Authentic Progress"*, which is defined as the ability to learn and spontaneously apply functional and relevant skills in a variety of settings with a variety of partners.

SCERTS

Role of Typically Developing Children

- Interactions with children without special needs and children who could provide good social and language models in more natural activities and routines are viewed as an essential part of supporting communication and emotional regulation for children with ASD.
- This is due to the flexibility and opportunities for problem solving and negotiating inherent in these more natural activities and experiences.
- These opportunities may also help children without ASD to become more sensitive and supportive partners by developing greater understanding of children who have developmental differences, thus having a mutually interdependent, transactional benefit for children with ASD, as well as for children without ASD.

SCERTS

For a current list of trainings, please refer to:
https://www.facebook.com/pg/The-SCERTS-Model-1530788057150070/events/

The SCERTS Collaborators recognize the need for ongoing educational and training activities designed to support educators, clinicians, and family members in their efforts to implement programs guided by the principles and curriculum of the SCERTS Model. Therefore, ongoing efforts are underway to provide educational activities that will foster greater success with implementing the model. For further information about scheduling a training, please visit www.barryprizant.com for introductory and advanced level training or visit www.commxroads.com or www.amy-laurent.com for advanced level training.

TEACCH

Philosophy

TEACCH is an evidence-based academic program that is based on the idea that autistic individuals are visual learners, so teachers must correspondingly adapt their teaching style and intervention strategies.

TEACCH is centered on five basic principles. First, physical structure refers to an individual's immediate surroundings. Second, having a consistent schedule is possible through various mediums, such as drawings and photographs. Third, the work system establishes expectations and activity measurements that promote independence. Fourth, routine is essential because the most important functional support for autistic individuals is consistency. Fifth, visual structure involves visually-based cues for reminders and instruction.

TEACCH- Core Values

1. Understanding and appreciating people with autism spectrum disorders
2. Committed to excellence and strong work ethic
3. TEACCH has a pragmatic "can do" attitude
4. Spirit of cooperation and collaboration
5. Look for the best in ourselves and others

TEACCH- What, Where, Who

What is taught?

- Situations have meaning and predictability
- Skills for adult life
- Spontaneous communication
- Independence

Where do You find programming?

Schools, homes and job sites, recreational activities, therapy sessions, camps, stores

Who can be trained?

Parents, teachers, therapists

CT Reflection Tool

The purpose of this tool is to help district teams evaluate program options and make decisions about interventions for children with Autism Spectrum Disorders (ASD) in their district. This form has five parts:

- Establishing the team

- Describing how services for children with ASD are currently being provided in your district

- Determining priorities for services in your district

- Guidelines for evaluating different service models, programs, curricula for children with ASD to determine the fit with your district priorities

- Decision making and planning

Next steps:

There will be 3 follow up sessions to support continued exploration of the Models and the development of an implementation plan, dates have not been determined

In between today and the first follow up session:

Complete parts 1, 2 and 3 of the Reflection Tool

Follow up session 2 will focus on a deeper review of the Models and completing Part 4 of the Reflection Tool

Follow up session 3 will focus on Part 5 of the Reflection Tool

Our Team

Carrie Hartman, M.S., BCBA LBA (CT)
Coordinator ACES Behavior Services and
Autism Programs
203-498-6850 (office)
940-395-1973 (cell)
chartman@aces.org

Amy LeQuire, BCBA, LBA
Behavior Coordinator |LEARN
P: 860 400 0840 ext. 2116
C: 860 912-5465
alequire@learn.k12.ct.us

Anne Marie Davidson
Early Childhood Specialist
EASTCONN
860-455-1501
adavidson@eastconn.org

Stacey L. Cronk, MS, CAS
Program Administrator
Preschool-Primary Learning Center
C.E.S.
 203-365-8866
cronks@cestrumbull.org

Mary Jo Terranova, Senior Education Specialist
Director, Advanced Alternative Route to
Certification
Positive Behavior Supports and Interventions
Trainer
CREC Resource Group
C- (203) 233-1940
mterranova@crec.org