The Ohio State University Project Team

Education Services for Military Dependent Children with Autism

Final Project Report
Submitted to the Department of Defense
Deputy Under Secretary of Defense
Military Community and Family Policy

January 6, 2011
BACKGROUND

The United States Department of Defense (DoD) contracted with the Ohio State University (OSU) to review the access and availability of evidence-based educational practices for military dependents with autism spectrum disorders (ASD) in the states of California, Georgia, North Carolina, Texas, and Virginia. These states were selected based on their number of assigned military personnel. For this report, the terms *autism* and autism spectrum disorder (ASD) are used interchangeably.

This project was intended to help fulfill the requirement in Section 587 of the National Defense Authorization Act of 2008\(^1\) that required the Secretary of Defense to conduct a comprehensive assessment of federal, state, and local educational services on or near covered military installations for military dependents diagnosed with ASD regarding:

1. The local availability of adequate educational services for children with autism;
2. The ease of access of children with autism to adequate educational services, such as the length of time on waiting lists;

The following project objectives were defined:

1. Assess the local availability of educational services for children with ASD on and near military bases and installations;
2. Develop a review of evidence-based, best practices in educational services for children with ASD and vet this review with national experts in ASD;
3. Create a set of recommendations for the provision of ASD educational services to military dependent children;

PROJECT TEAM

Dr. David Andrews, former Dean of the College of Education and Human Ecology at the Ohio State University and currently Dean of the School of Education at Johns Hopkins University, is Principal Investigator. Greg Maloney, former State Director of Special Education for Alaska and Ohio, is Project Coordinator. Dr. Brenda Smith-Myles, an internationally recognized expert on ASD, is a project consultant.

*Advisory Panel.* The Advisory Panel, composed of nationally recognized ASD experts and DoD Education Activity (DoDEA) Area Autism consultants, provided the project staff with feedback on project implementation and outcomes. Panel members also suggested additional research topics and resources. Panel members included:

\(^1\) Section 563 of the 2010 NDAA rescinded the requirements of Section 587 of the 2008 NDAA, but the Department of Defense decided to move ahead with the study to further knowledge of availability of services.
• Mr. Bill East, Executive Director of the National Association of State Directors of Special Education (NASDSE);
• Dr. David Mandell, Associate Director, Center for Autism Research, The Children’s Hospital of Philadelphia;
• Dr. Samuel Odom, Director of National Professional Development Center for ASD;
• Dr. Cathy Pratt, Director of the Indiana Resource Center for Autism;
• Dr. Diane Sainato, Associate Professor at the Ohio State University;
• Dr. Susan Wilczynski, Executive Director of the National Autism Center;
• DoDEA Area Autism Consultants: Jennifer Baldwin, Chuck York, Jill Kleinheinz, Margaret Murray, Terry Dutton, and Deborah Cureton.

Biographical summaries for the project team and advisory panel members are provided in Appendix A.

PROJECT STRUCTURE

The project team researched national and state-specific ASD developments that affect the access to and availability of educational services for children with ASD. Local school districts in the five states were surveyed regarding the educational services they provide to children with ASD. This report summarizes the data collected, including a review of ASD evidence-based practices and of military-related ASD resources. Recommendations for DoD consideration are provided.

The project focused on educational services for children with ASD ages 3-21 provided by public school districts serving covered military institutions in the five identified states. Early intervention services, insurance coverage, and post-secondary transition were not included.

NATIONAL OVERVIEW

This section summarizes national developments that affect the access to and availability of educational services for children with ASD.

Rising prevalence and educational service rates of children with ASD. The number of children identified with ASD has dramatically increased within the past decade. The Centers for Disease Control & Prevention (CDC) proposed an ASD prevalence rate of 1 child per 110 children based on 2006 data. A British study (Baird, et al, 2006) suggested 1 in 100 while another study estimated 1 in 91 (Kogan, et al). Many within the field suggest that children with ASD may still be under-identified. Using CDC data, males (1 in 70) are more frequently identified than females (1 in 315). Children from under-represented populations are diagnosed less often than their White counterparts. Those who are diagnosed tend to be older than White children and more likely to receive another diagnosis (adjustment disorder, conduct disorder, attention deficit disorder) prior to the ASD diagnosis.

The number of children with ASD receiving special education services has significantly risen. Between the 2000-01 and the 2007-08 school years, the percentage of children with ASD served in public schools nearly tripled and this cohort now accounts for .6% of all children enrolled in public school. In contrast, the percentage of children identified with intellectual disabilities declined while the overall special education population has remained relatively unchanged. Still, children with ASD may actually be
under-identified. One reason is that children with autistic-like behaviors may be served under other eligibility categories such as Early Childhood Developmental Delay, Mental Retardation (Intellectual Disability), Emotional Disturbance, or Multiple Disabilities.


The Individuals with Disabilities Education Act (IDEA) defines autism as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance. Under IDEA, children clinically diagnosed with autism are not automatically eligible for special education services; IDEA requires a child to experience a significant educational deficit as a result of the disability in order to be eligible for special education. This has been a source of misunderstanding among families, school personnel, and other providers.

According to Autism Speaks, the average age at which children with ASD are identified is 4.5 years (53 months). Current research suggests children may be reliably diagnosed at 24 months and possibly even earlier (14-18 months). Studies further suggest that children with ASD receiving services at younger ages demonstrate improved cognitive, social, and behavioral development. A growing awareness of the wide range of cognitive development, speech and language skills, and socialization demonstrated by children with ASD is emerging. The need for identifying a child’s specific skill deficits and providing services to address these specific deficits is also being emphasized within the field.

**Service coordination efforts & resource networks.** In response to the growing number of children identified with ASD, federal and state initiatives have been implemented to increase collaboration among public agencies and ASD service providers. Nationally, the Interagency Autism Coordinating Committee (IACC), comprised of representatives from the Department of Education (ED) and seven Department of Health and Human Services (HHS) programs, has the mission to “facilitate the efficient and effective exchange of information on autism activities among the member agencies, and to coordinate autism-related programs and initiatives.” Many states have created similar interagency ASD coordination teams, which are described below.

National and statewide ASD support networks are being created. Entities such as Autism Speaks, the Autism Society, and the Council for Exceptional Children provide a wide array of supports. The National Association of State Directors of Special Education (NASDSE) has created a Community of Practice focusing on ASD in which sixteen states are currently participating. Some states have identified a lead agency for ASD services or established statewide ASD clearinghouses, which are also described below.

**Funding priorities for ASD.** Public and private funding for ASD-related projects continues to grow. One study indicated that ASD-related grants grew by 15% annually between 1997 and 2006. In 2009, the National Institute of Health (NIH) budgeted nearly $200 million for ASD research and the 2011 federal budget includes a recommendation for approximately $25 million more. Reviewers have suggested that most of this funding focuses on ASD causes and cures, not school-based services. HR 5756, the Training
and Research for Autism Improvements Nationwide Act of 2010 (TRAIN Act), was passed by the House of Representatives in September 2010 and, if enacted, will provide $17 million annually through FY 2016 for grants and technical assistance to improve services for individuals with autism and their families.

**EDUCATIONAL SERVICES FOR CHILDREN WITH ASD**

IDEA does not contain a “wait list” provision; districts are required to serve all children with disabilities. Districts are not, however, required to implement a particular methodology, which is often a source of disagreement between parents and districts. The dramatic increase in children identified with ASD has focused more attention on the educational services they receive, particularly evidence-based practices (EBPs). Dr. Brenda Myles defines EBPs as those “supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices.” This section describes trends in EBPs and the personnel who implement them.

***Evidence-Based Practices (EBPs).*** The National Professional Development Center on Autism Spectrum Disorders (NPDCASD), the National Autism Center (NAC), and the Center for Medicare and Medicaid Services (CMMS) have developed lists of EBPs. Advisory Panel members Dr. Mandell, Dr. Odom, and Dr. Wilczynski helped develop these respective lists and, for this project, collaborated with Dr. Myles to create the EBP comparison chart contained in Appendix B. One EBP, Applied Behavior Analysis, has been the subject of much research and debate, and is discussed further below.

***Applied Behavior Analysis (ABA).*** ABA is generally viewed as a category of practices that includes shaping, extinction, chaining, etc. similar to Positive Behavior Support (PBS). Others equate ABA more specifically with discrete trial training. Although ABA has been extensively researched, some question its effectiveness for addressing certain deficit areas, such as speech/language delays. Questions regarding whether children effectively generalize skills learned in controlled settings, where ABA is typically conducted, to the general environment are also raised. Proponents respond that the issue is more about whether providers effectively plan for generalization. Dosage or the amount of time ABA should be provided is also debated. Some believe that children with ASD should receive as much as 40 hours per week. School personnel and other providers have suggested that for many children 40 hours is excessive and the amount of service should be determined by data describing the child’s needs, rather than a predetermined dosage.

***Eclectic services.*** District staff members often describe their service approach as eclectic, meaning they use more than one practice or use some elements of specific practices to create a child’s program. The term eclectic has assumed a more negative connotation recently since some see it as an indication that districts are not implementing the practices as designed. Another issue is whether school personnel have received appropriate training to implement multiple practices with fidelity.

***ASD provider guidelines.*** No state currently requires ASD certification although various states offer endorsements. The Department of Defense Education Activity (DoDEA) also offers an autism endorsement. While some suggest that providers should be certified due to the complex nature of ASD, others express concern this would intensify the special education personnel shortage. Efforts to improve teacher preparation activities have increased. The Autism Society and the Council for Exceptional
Children (CEC) recently sponsored the development of teacher competencies in ASD matched to EBPs Appendix C. These guidelines were approved by CEC and the National Council for Accreditation of Teacher Education (NCATE).

MILITARY-RELATED ASD RESOURCES

This section provides a selection of resources sponsored by DoD and agencies outside of DoD available to military families with children with ASD.

DoD and military-related support for families of dependents with ASD. DoD provides a number of resources for families with military dependents with ASD including:

1. The Military Interstate Children’s Compact Commission (MICCC) was created to address education transition issues faced by military families when they are reassigned. By working with member states and territories, the Compact seeks to make transition easier for children of military families so they are afforded the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals when transferring from DoDEA or another state. Thirty-five states have joined the Compact, including California, North Carolina, Texas, and Virginia.

2. The TRICARE Enhanced Access to Autism Services Demonstration Project provides families of military dependents with ASD up to $36,000 annually for ABA services. Currently, ABA is the only practice that TRICARE includes in its demonstration project. TRICARE requires services to be provided by Behavior Analysts (Supervisors) or Assistant Behavior Analysts (Tutors) certified by the Behavior Analyst Certification Board (BACB) and enrolled in TRICARE. According to TRICARE, 985 Supervisors and 4,924 Tutors were enrolled as of November 2010. Compared to figures from December 2009, the number of Supervisors has more than tripled while the number of Tutors has more than doubled. Certification is not required to implement ABA practices in schools and ABA practices are commonly used in schools by educational professionals. The demonstration was scheduled to expire in March 2010 but was granted a two year extension through March 2012, partly due to lower-than-expected utilization by military families.


4. The Military HOMEFRONT online resource contains:
   - information for navigating public school systems;
   - HOMEFRONT Connections, a social networking tool;
   - The DoD Special Needs Parent Toolkit (http://www.militaryhomefront.dod.mil/).

5. Military OneSource provides a 24/7/365 call center for information and referral, and access to special needs specialty consultants. Military OneSource also provides information on a variety of issues related to special needs including webinars and an online library with eBooks on ASD. (www.militaryonesource.com).
Resources created by agencies outside of DoD include:


2. Exceptional Parent magazine created a section on its website devoted to military families;

3. STOMP (Specialized Training of Military Families) is the federally-funded Parent Training and Information (PTI) center for the military and provides a variety of support services to military families with special needs, including ASD. The role of PTIs is discussed below.

STATE ASD OVERVIEW

IDEA provides states with flexibility for deciding how to implement certain provisions. States may supplement IDEA requirements, but not restrict them. Consequently, a variety of policies and practices related to ASD are found among states. This section summarizes the ASD educational developments in the five states that influence the access to and availability of educational services for children with ASD. More detailed summaries for each state are contained in Appendix D.

Educational definition of autism. Most state definitions reflect the IDEA definition of autism cited earlier, including the component that the condition must result in a significantly negative educational deficit that requires specialized instruction. Eligibility teams in Texas must further review whether a child with ASD requires any of eleven strategies, including extended educational programming, positive behavioral support strategies, and use of “research-based practices.”

Number of children with ASD served. For each of the five states, Table 1 lists the number of children with autism, including military children, served by local schools; the percentage of all students with individual education plans (IEPs) that students with autism represent; the percentage increase of students identified with autism since the 1999-2000 school year; and where autism ranks among all disability categories.

<table>
<thead>
<tr>
<th>Categories</th>
<th>CA</th>
<th>GA</th>
<th>NC</th>
<th>TX</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students w/ Autism Served</td>
<td>59,690</td>
<td>10,312</td>
<td>10,313</td>
<td>26,003</td>
<td>10,092</td>
</tr>
<tr>
<td>Percent of Students w/ IEPs with Autism</td>
<td>8.8%</td>
<td>5.8%</td>
<td>5.4%</td>
<td>5.7%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Percent Increase in Students Identified w/ Autism since 1999-2000</td>
<td>327%</td>
<td>371%</td>
<td>291%</td>
<td>265%</td>
<td>353%</td>
</tr>
<tr>
<td>Autism’s Rank among Disability Categories</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

California has the largest population of students with autism among the five states, which ranks as the third largest category of service in California; highest among the states. Since the 1999-2000 school year, the number of children with ASD has more than tripled in three states and nearly tripled in the other two.
Support service structure. All five states provide or sponsor statewide assistance efforts for children with ASD. All but North Carolina utilize regional support structures that provide services such as professional development, related services, and assistive technology. In North Carolina, nine regional TEACCH (Treatment and Education of Autistic and Communication-Related Handicapped Children) centers provide ASD services, typically on a contractual basis. The North Carolina Department of Education has created a set of autism professional development modules for onsite training of district-level ASD problem-solving teams. Institutes of Higher Education (IHEs) and private non-profit agencies also provide services including professional development, offsite ASD programs, and family support.

Statewide ASD task forces. California and Texas have standing autism task forces. In 2009, the Joint Legislative Audit and Review Commission (JLARC) in Virginia conducted a comprehensive review of all service sectors related to ASD. Its recommendations continue to be evaluated and implemented.

Statewide ASD clearinghouses. Virginia and Texas have statewide clearinghouses that provide information on research-based practices, professional development, resources, and other information related to ASD. Legislation creating the California Autism Spectrum Disorder Clearinghouse was passed in 2008 but subsequently vetoed.

Statewide ASD scholarship programs. In 2007, the Georgia Special Needs Scholarship Program was established and provides an average of $6000 per year for eligible children. One requirement is that a child’s parents must be Georgia residents for at least one year, which may impact the access of military families to the program. Legislation was introduced in Virginia and Texas to create similar programs, but neither initiative passed.

Credentials and certification related to ASD. No state requires ASD certification for school personnel. In 2009, the California state legislature created an “authorization” in ASD that educators may add to their existing certification. Eleven institutions of higher education were approved to provide training for this authorization. Texas Tech University offers an online ASD certification program and regional support agencies in Texas provide ASD certification training. In Virginia, credentialing programs related to ASD were established based on JLARC recommendations, and the Virginia Autism Council provides tuition reimbursement for teachers who participate. Georgia and North Carolina do not have endorsements for ASD although some post-secondary teacher preparation programs provide academic emphases in ASD.

TRICARE-enrolled ABA providers. According to TRICARE, a total of 985 Supervisors and 4924 Tutors were enrolled as of November 2010. Table 2 lists the number of supervisors and tutors enrolled in each of the five states.

<table>
<thead>
<tr>
<th>Personnel</th>
<th>CA</th>
<th>GA</th>
<th>NC</th>
<th>TX</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors</td>
<td>251</td>
<td>29</td>
<td>37</td>
<td>59</td>
<td>49</td>
</tr>
<tr>
<td>Tutors</td>
<td>2359</td>
<td>62</td>
<td>140</td>
<td>204</td>
<td>157</td>
</tr>
</tbody>
</table>

The difference among states is notable. Virginia and Texas serve the most military children with ASD but California has a much higher number of supervisors and tutors. These personnel have limits on the number of children they serve, which may result in military families competing with other families for
their services and also reduce the number of military families that may participate in the TRICARE Enhanced Access to Autism Services Demonstration Project.

**Parent Training & Information Centers (PTIs).** PTIs receive funding through IDEA to provide training, resources and support to parents of children with disabilities. Each state and territory has at least one PTI, while larger states may have more. California has 7 PTI centers and 5 Community Parent Resource Centers (CPRCs) that provide support for parents from under-represented populations. The 7 PTIs are among the 14 Family Empowerment Centers that receive state IDEA funds to ensure parents of children with disabilities have access to information, training, and peer support. Texas has 3 PTI centers while North Carolina has 1 PTI center and 2 regional family support centers. Georgia and Virginia each have one PTI center. Military families are able to utilize these services and are also served by STOMP.

**Military Interstate Children's Compact Commission (MICCC).** California, North Carolina, Texas, and Virginia have joined the MICCC.

**SCHOOL DISTRICT SURVEY OVERVIEW**

This section describes the school district survey and summarizes the results.

**School district survey.** To obtain information about educational services for children with ASD, school districts that serve covered military installations in the five states were asked to complete a survey. Project staff members began contacting districts in December 2009 to alert them to the upcoming survey and to confirm contact information. The survey was then disseminated online and via e-mail in February 2010. After the initial set of responses was received, DoD reviewed and prioritized the remaining districts based on the number of military dependents assigned to the installation. Assistance with obtaining district responses was provided by NASDSE, the five state departments of education, and the Council of Administrators of Special Education (CASE). A total of 93 responses were obtained, including 100% of the priority districts, although not all districts answered all questions. The project team followed up with these districts and incorporated any additional information into the results.

The survey contained five sections: District Characteristics; Educational Services; District Personnel; Challenges; and, Resources. This section summarizes the overall district responses. More detailed information about each district is contained in the Education Directory for Children with Special Needs developed through this project and described below.

**A. District Characteristics**

Districts were asked to provide information about their enrollment.

1. **Population classifications of participating districts.** The survey asked districts to provide overall student enrollment data. All ninety-three districts responded. Based on criteria from the U.S. Department of Education’s Institute of Education Sciences, responding districts are listed by percentage in Table 3.
Table 3. Size of Responding Districts

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>40%</td>
</tr>
<tr>
<td>Suburban</td>
<td>26%</td>
</tr>
<tr>
<td>Town</td>
<td>15%</td>
</tr>
<tr>
<td>Rural</td>
<td>19%</td>
</tr>
</tbody>
</table>

These figures indicate that over fifty districts in the five states are of considerable size. Since larger districts and communities typically possess more resources to serve children with disabilities, this provides assignment personnel flexibility with recommending sites to military families with children with ASD and can help lessen the impact on an individual district.

2. **Average district enrollment.** The survey asked districts to provide disability enrollment data. Table 4 provides the averaged responses of the districts or the average district enrollment based on the total set of responses.

Table 4. Average Enrollments of Responding Districts

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Enrollment</td>
<td>28,955</td>
</tr>
<tr>
<td>Average Number of Children with Disabilities</td>
<td>3,476</td>
</tr>
<tr>
<td>Average Number of Children with ASD 3-5 yrs. old</td>
<td>42</td>
</tr>
<tr>
<td>Average Number of Children with ASD 6-21 yrs. old</td>
<td>267</td>
</tr>
</tbody>
</table>

Children with disabilities represent 12% of the total enrollment in the responding districts, which is consistent with the national average. Children with ASD constitute 1.1% of the total enrollment, which is also consistent with national prevalence figures cited earlier.

**B. Educational Services**

Districts were asked to describe the educational services they provide to children with ASD ages 3-5 years old and 6-21 years old.

1. **Intensive support for children with ASD.** The survey asked districts to identify the number of children with ASD that received intensive 1-to-1 support for various time increments. Table 5 lists the mean number of children served for each time increment.

Table 5. Provision of Intensive Support for Children with ASD

<table>
<thead>
<tr>
<th>Service Time</th>
<th>3-5 year olds</th>
<th>6-21 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 hours or less/week</td>
<td>8</td>
<td>46</td>
</tr>
<tr>
<td>11-20 hours/week</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>21-39 hours/week</td>
<td>7</td>
<td>55</td>
</tr>
<tr>
<td>40 or more hours/week</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

For 3-5 year old children, the largest cohort received intensive support 11-20 hours per week, or 2-4 hours per day. This is consistent with the fact that most preschool programs are half-day. Although the largest number of children with ASD ages 6-21 received intensive support for 21-39 hours per week, the
second largest received 10 hours or fewer. This reflects that some children with ASD are higher functioning and require less intensive support and also suggests that districts are improving their ability to serve children with ASD in more typical settings with less need of intensive support.

2. **Service placements.** The survey asked districts to identify the number of children with ASD they served in various settings. Table 6 provides the mean number of children served in each placement.

<table>
<thead>
<tr>
<th>Service Placements</th>
<th>3-5 year olds</th>
<th>6-21 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular education classroom with no support</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Regular education classroom with support</td>
<td>17</td>
<td>58</td>
</tr>
<tr>
<td>Removed from the regular classroom less than 21% of the day</td>
<td>6</td>
<td>54</td>
</tr>
<tr>
<td>Removed from the regular classroom more than 60% of the day</td>
<td>14</td>
<td>80</td>
</tr>
<tr>
<td>Day Treatment Program (in district)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Day Treatment Program (out of district)</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Residential Treatment Program (in state)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Residential Treatment Program (out of state)</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

For children ages 3-5, instruction in the regular classroom and in a setting removed from the regular classroom for more than 60% of the day were the two most common responses. One factor may be the intensity of needs the children experience, with higher functioning children being served in the regular classroom and those with more intensive needs in the more restrictive setting. This result may also be partially explained by how the regular preschool classroom is defined. In the five states, districts are only required to provide preschool services to children with disabilities. Consequently, the regular preschool classroom is usually the same as the special education classroom. Survey respondents may have thought that a child with ASD in a typical preschool classroom was actually in the more restrictive setting.

For children ages 6-21, the largest cohort was removed from the regular classroom for more than 60% of the day. However, children served in the classroom with or without support and children removed for less than 21% of the day combined to form a larger cohort than those served in more restrictive settings. This may again reflect services provided to higher functioning children, services provided in inclusive settings, and districts becoming more skilled at serving children in more typical school environments. The responses also demonstrate that most children with ASD are served in their home districts.

2. **Educational services.** The survey asked districts to identify which educational practices they utilized for children with ASD. Table 7 lists the top twelve practices.
Table 7. Educational Services for Children with ASD

<table>
<thead>
<tr>
<th>Educational Service</th>
<th>Percent of Districts Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Behavior Assessment</td>
<td>93%</td>
</tr>
<tr>
<td>Picture Exchange Communication System (PECS)</td>
<td>86%</td>
</tr>
<tr>
<td>Sensory Supports</td>
<td>83%</td>
</tr>
<tr>
<td>Prompting</td>
<td>80%</td>
</tr>
<tr>
<td>Augmentative/Alternative Communication Device</td>
<td>79%</td>
</tr>
<tr>
<td>Visual Supports</td>
<td>78%</td>
</tr>
<tr>
<td>Applied Behavior Analysis</td>
<td>73%</td>
</tr>
<tr>
<td>Social Narratives</td>
<td>73%</td>
</tr>
<tr>
<td>TEACCH Interventions</td>
<td>73%</td>
</tr>
<tr>
<td>Computer-Aided Instruction</td>
<td>72%</td>
</tr>
<tr>
<td>Social Skills Training Group</td>
<td>70%</td>
</tr>
<tr>
<td>Differential Reinforcement</td>
<td>67%</td>
</tr>
</tbody>
</table>

The most frequent response, Functional Behavior Assessment (FBA), is a process for determining the purpose underlying a child’s behavior in order to create a plan to help the child develop more appropriate behavioral choices to accomplish the same purpose. Although FBA and Prompting are components of ABA, some advisory panel members expressed surprise that ABA itself was not ranked higher. Sensory supports are not currently recognized as a category of evidence-based practices; however, sensory interventions can be found in the EBP categories of: (a) antecedent package and (b) multi-component package as identified by CMS, NAC, and NPDC in the comparison chart in Appendix B.

4. Dispute resolution. IDEA provides parents the options of requesting mediation, filing an administrative complaint, or requesting a due process hearing to resolve disputes with districts. The survey asked districts to provide the number of these events related to ASD that occurred between the 2006-07 and the 2008-09 school years. Table 8 provides the mean number of responses.

Table 8. Dispute Resolution Activities

<table>
<thead>
<tr>
<th>Dispute Resolution Activity</th>
<th>Mean Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediation</td>
<td>15</td>
</tr>
<tr>
<td>Complaints</td>
<td>02</td>
</tr>
<tr>
<td>Due Process</td>
<td>01</td>
</tr>
</tbody>
</table>

The higher incidence of mediation requests is a positive feature given that the process often improves communication between parents and districts. The number of complaint and due process requests is relatively low.
C. District Personnel

1. Professional development. The survey asked districts to provide information about the amount of professional development focusing on ASD they provided to their personnel. Table 9 lists the percentage of individuals in the responding districts that received specified amounts of training on ASD topics.

<table>
<thead>
<tr>
<th>Annual Hours of PD</th>
<th>Professional</th>
<th>Paraprofessional</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>1-5 hours</td>
<td>23%</td>
<td>36%</td>
</tr>
<tr>
<td>6-10 hours</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>11-15 hours</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>More than 15 hours</td>
<td>45%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Nearly half of the professionals serving children with ASD received more than 15 hours of ASD training annually. Although the content or effectiveness of these activities is not known, this is a significant level of training. At the same time, 42% received 10 hours or less and 5% received no training related to ASD. Under IDEA, paraprofessionals may perform only limited unsupervised duties. However, staffing and resource shortages in some districts may result in paraprofessionals assuming additional responsibilities. The fact that over 60% of paraprofessionals received 10 or fewer hours of training per year, and 6% received no training, is consequently a concern.

2. Providers of Professional Development. The survey asked districts to identify the professional affiliation of individuals providing ASD training. Table 10 summarizes the results.

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>% of Districts Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Personnel</td>
<td>49%</td>
</tr>
<tr>
<td>Regional Educational Support Staff</td>
<td>21%</td>
</tr>
<tr>
<td>Consultants Hired by District</td>
<td>19%</td>
</tr>
<tr>
<td>Educational Service Agency Staff</td>
<td>9%</td>
</tr>
<tr>
<td>College/University Faculty</td>
<td>6%</td>
</tr>
<tr>
<td>State Dept. of Education Staff</td>
<td>5%</td>
</tr>
<tr>
<td>ASD Support Agency Staff</td>
<td>1%</td>
</tr>
</tbody>
</table>

District personnel are the most frequent providers of ASD training in schools. This raises the question for some individuals of how to make certain district personnel are appropriately trained or prepared to lead these activities and ensure practices are implemented with fidelity.

3. ASD training topics. The survey asked districts to identify the ASD educational services for which their staff members were trained. Table 11 lists the ten most frequent responses.
Table 11. ASD Educational Service Training Topics

<table>
<thead>
<tr>
<th>ASD Educational Services</th>
<th>% of Districts Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Behavior Analysis</td>
<td>75%</td>
</tr>
<tr>
<td>Functional Behavior Assessment</td>
<td>75%</td>
</tr>
<tr>
<td>Augmentative/Alternative Communication Device</td>
<td>74%</td>
</tr>
<tr>
<td>Picture Exchange Communication System</td>
<td>69%</td>
</tr>
<tr>
<td>TEACCH Interventions</td>
<td>64%</td>
</tr>
<tr>
<td>Discrete Trial Training</td>
<td>60%</td>
</tr>
<tr>
<td>Social Narratives</td>
<td>59%</td>
</tr>
<tr>
<td>Visual Supports</td>
<td>57%</td>
</tr>
<tr>
<td>Social Skills Training Groups</td>
<td>55%</td>
</tr>
<tr>
<td>Prompting</td>
<td>52%</td>
</tr>
</tbody>
</table>

ABA is a frequent topic of training even though it ranked seventh on the educational services list in Table 7. PECS, ranked second on the services list, was fourth on the training list, while sensory supports did not rank in the top ten even though it was third on the services list.

4. **Access to Board Certified Behavior Analysts (BCBAs).** The survey asked districts to identify whether they currently employed or had access to services provided by BCBAs. Eighty-five (85) districts responded and 47 (55%) reported they currently employed one or more BCBAs, or had access to their services.

D. **Challenges & Barriers**

The survey asked districts to identify challenges or barriers they experienced in providing services to children with ASD. Themes that emerged included:

1. The increasing number of children identified with ASD and the complexity of their needs;
2. Limited resources to support the educational services provided to children with ASD;
3. Limited access to resources in smaller districts;
4. Recruiting, training, and retaining qualified general and special education teachers, related service personnel, and paraprofessionals;
5. ABA-related issues including the need for more BCBAs, the need for more school staff to be trained in ABA, and the tendency of some parents to want only ABA services;
6. Developing and maintaining effective communication with parents.

The survey also asked districts to indicate if there were issues specific to military dependents with ASD or their families that affected access to educational services. The most frequent response was there were no differences in services or issues for military families compared to the general population. Issues that emerged related to the impact of frequent moves on a child’s education included:

1. Access to complete educational records;
2. Parental involvement in school activities;
3. Lack of continuity in services provided;
4. Implementing the IEP as written due to differences in services nationally and internationally; and,
5. Increase in number of military dependents with ASD enrolled in some districts due to the availability of services in a particular district.

E. Resources
The survey asked districts to identify what additional resources they offered for family members of children with ASD. Table 12 summarizes the responses.

<table>
<thead>
<tr>
<th>Parent/Family Resources</th>
<th>% of Districts Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Education or Training</td>
<td>73%</td>
</tr>
<tr>
<td>Parent Support Groups</td>
<td>70%</td>
</tr>
<tr>
<td>Library of ASD-related materials</td>
<td>58%</td>
</tr>
<tr>
<td>Sibling Groups</td>
<td>18%</td>
</tr>
<tr>
<td>Parent Mentors</td>
<td>15%</td>
</tr>
<tr>
<td>Parent Resource Centers</td>
<td>05%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
</tbody>
</table>

The top three resources were parent education, parent support groups, and a library of ASD-related materials that family members could use. Districts were also asked to identify any additional educational support resources that were available to the district or to families within the district. Responses included partnerships with institutes of higher education and access to non-profit support agencies.

EDUCATION DIRECTORY FOR CHILDREN WITH SPECIAL NEEDS
The project team collaborated with DoD to create an educational directory entitled The Education Directory for Children with Special Needs. Produced in both online and print versions, the directory summarizes the information presented in this report and includes individual district pages listing contact information, enrollment, and ASD service descriptions. The Directory also provides useful suggestions and resources to help assignment personnel assist families in preparing to move into a new community and school district. Both directories will be available in early 2011.

It should be noted that maintaining and updating the information regarding ASD services collected through this project, as well as collecting similar information for additional states and service sectors will require a significant commitment of time and resources.
PHASE II

DoD has contracted with the Ohio State University to conduct a second phase of this project. Phase II will continue the focus on ASD in 10 additional states with a high concentration of military families. Phase II will also include a review of early intervention services in all 15 states, as well as review the availability of services for children with intellectual disabilities and emotional/behavioral disorders. The information obtained in Phase II will be used to update and expand the education directory. Phase II activities are expected to be completed by October 2011.

CONCLUSION

Developments affecting the access to and availability of educational services for military children with ASD at the national and state levels were reviewed, as well as those related to DoD. One clear trend is the number of children identified with ASD and served by school districts continues to increase resulting in greater focus on the educational practices used, particularly evidence-based practices. The survey of school districts serving covered military installations in five states indicates that children with ASD do have access to evidence-based educational services, although not necessarily the type and/or amount parents would choose. It appears that children with ASD, particularly those with more intensive needs, may be more effectively served in larger communities where they typically have access to more educational as well as community resources. While districts report military families have the same access to services as other families, the mobility of military families affects the consistency and continuity of services received by military children with ASD.

RECOMMENDATIONS

Based on project findings, the following set of recommendations for increasing the access to and availability of appropriate educational services for military children with ASD is presented for DoD consideration.

1. Encourage assignment personnel to utilize the Education Directory for Children with Special Needs in a similar fashion as the OCONUS directory is used overseas to help effectively match military families with children with ASD to appropriate school districts.

2. Create a set of decision rules for assigning military families with children with ASD to installations located in communities and served by school districts that have the capacity to meet these needs. As discussed above, children with more intensive needs will typically have access to more services, including early intervention, community supports, and access to BCBA s, in larger communities and school districts.

3. Provide training and resources for EFMP Family Support personnel on issues related to ASD to assist them in serving as a resource for military families with children with ASD. Topics may include a basic understanding of the characteristics of ASD, early intervention and special education services available on or near the installation, and contact information on how to access services.
4. Support EFMP Family Support personnel in establishing family support groups to facilitate the sharing of information and resources. These groups would be particularly helpful in reaching out to military families with children with ASD who are transitioning to a new school district.

5. Provide financial support to individuals who are pursuing their BCBA accreditation in order to increase the availability of certified ABA providers to military families. This would especially apply to larger installations where more military families that have children with ASD may be assigned. Potential participants in this type of program may be military spouses or tutors currently enrolled in TRICARE.

6. Create a process to obtain feedback from families of children with ASD, DoD assignment personnel, and family support personnel regarding issues they experience related to ASD educational services and their suggestions for improvement.

7. Add ASD-related content to the clearinghouse DoD is establishing in collaboration with the U.S. Department of Agriculture at Penn State University.

8. Procure or develop training activities and materials for military parents of children recently identified with ASD. Activities could focus on increasing parental understanding of ASD and their awareness of available resources including support groups. Training could be provided online or in person and focus on the characteristics of ASD, special education procedures, educational interventions, and issues and resources that pertain specifically to military personnel, such as the impact frequent moves may have on children with ASD.

9. Develop a set of guidelines and monitoring process to help ensure an equitable assignment of military children with ASD among school districts.
GLOSSARY

Asperger Syndrome: developmental disorder that affects a person's ability to socialize and communicate effectively with others.

Autism: developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three;

Autism Spectrum Disorders (ASD): categorical term that encompasses the various syndromes related to autism. Often used interchangeably with autism and pervasive developmental disorders.

Board Certified Behavior Analyst (BCBA): behavior analyst certified through the Behavior Analysts Certification Board.

Childhood Disintegrative Disorder (CDD): developmental disorder in which children develop normally until ages 2 to 4, but then demonstrate a severe loss of social, communication and other skills.

Department of Defense Education Activity (DoDEA): field activity of the Office of the Secretary of Defense that has the mission to plan, direct, coordinate, and manage the education programs for eligible dependents of U.S. military personnel and civilian personnel of the DoD.

Diagnostic & Statistical Manual of Mental Disorders (DSM): publication of the American Psychiatric Association (APA) that contains the diagnostic criteria for all mental health disorders for children and adults, including autism. DSM-IV is the current edition and DSM-V is expected to be published in 2013.

Dispute Resolution: under the Individuals with Disabilities Education Act (IDEA), parents have the right to request mediation, file an administrative complaint, or request a due process hearing to resolve special education conflicts with school districts.

Evidence Based Practices (EBP): educational practices supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices.

Exceptional Family Member Program (EFMP): component within the military that provides support to military families that include members with exceptional needs, including ASD. Each branch of the military administers its own EFMP for its members.

Individuals with Disabilities Education Act (IDEA): federal law that requires public school districts to identify children with disabilities and provide them with a free and appropriate public education in the least restrictive environment.

Military Interstate Children’s Compact Commission (MICCC): created to address education transition issues faced by military families when they are reassigned so they are afforded the same opportunities for educational success as other children.

OCONUS Directory of Special Needs: provides information about the level of special education services available in overseas military communities.
Pervasive Developmental Disorder: categorical term that encompasses several developmental disorders, such as autism or Asperger Syndrome, characterized by severe deficits in social interaction and communication or by the presence of repetitive, stereotyped behaviors.

Rett Syndrome: rare genetic disorder that affects the way the brain develops. It occurs almost exclusively in girls.

TRICARE: health care program serving active duty service members, National Guard and Reserve members, retirees, families and survivors worldwide.
Selected Bibliography


APPENDIX A: Project Personnel

This appendix includes curriculum vitae and biographical summaries for the project team and the advisory panel.
DAVID W. ANDREWS

PERSONAL DATA

Office Address: 147 Campbell Hall
1787 Neil Avenue
Columbus, Ohio 43210

Home Address: 8334 Concord Road
Delaware, Ohio 43015

Phone: (614) 578-6028
e-mail: andrews.128@osu.edu

EDUCATION

1983 Ph.D.  Florida State University - Child Development
1980 M.S.  Kansas State University - Child Development
1977 B.A.  Auburn University - Psychology

PROFESSIONAL EXPERIENCE

Johns Hopkins University

2010 – Present  Dean and Professor, School of Education.  Academic and operational leader for the school.  Member of the university senior leadership team.

The Ohio State University (1995-2010):

1996 – 2010  Professor, Department of Human Development and Family Science, College of Education and Human Ecology.  Participate as graduate faculty member with responsibilities for teaching, research, and service.

2006-08  Dean, College of Education and Human Ecology.  Oversaw merger of the College of Education with the College of Human Ecology and became the founding dean. Chief administrative officer responsible for all academic and non-academic operations of a college with 179 faculty, 323 staff members, 1706 graduate students, and 3105 undergraduate students with an operating budget of over $65 million.

2005-06  Interim Dean, College of Education.  Provided overall leadership to the College of Education.  Focused charge from the Provost to stabilize fiscal status, restore national rankings, and investigate advantages to restructuring.

2000-05  Director, Center for Learning Excellence.  The Center was established to promote the implementation of best practices to impact student learning in education, mental health, substance abuse, delinquency and violence prevention, and family supports and engagement.  Provided policy advice, research, evaluation, staff training, and technical assistance to 129 Alternative Education Grant programs serving 540 Ohio school districts.

1998-06  Dean, College of Human Ecology.  Provided overall leadership for the College of Human Ecology.  Participated in university decision making through the Council of Deans.  The College of Human Ecology had approximately 2,000 students served by 55 faculty members.
1996-98 **Assistant Director of Extension**, 4-H Youth Development. Provided leadership to the Ohio 4-H Youth Development Program and Ohio 4-H Foundation. Program reached over 230,000 youth through the efforts of 150 paid staff and 35,000 volunteers. Ohio 4-H Foundation raised $900,000 per year in private funding to augment local, state and national funds. Participated on the Administrative Cabinet of Ohio State University Extension.

1995-96 **Associate Professor**, Extension State Specialist, Department of Human Development and Family Science. Areas of specialization include adolescent and youth development, program development and evaluation, and parenting.

**Oregon Social Learning Center (1989-1995):**
1989-95 **Research Scientist**, Eugene, Oregon. Co-Principal Investigator and Co-Investigator on National Institute of Mental Health and National Institute of Drug Abuse projects developing and assessing the effectiveness of school and community based prevention programs for adolescents. Worked on projects to adapt prevention initiatives to urban environments, longitudinal studies of delinquent youth, and elementary school prevention programs for high risk youth.

**University of Oregon (1989-1995):**
1989-95 **Adjunct Associate Professor** - Department of Psychology. Taught undergraduate courses in child development, social development, and research methods.

**Oregon State University (1983-1989):**
1988-89 **Associate Professor** - Tenured in the Department of Human Development and Family Studies. Responsibilities included research, instruction, community service, and Extension.

1985-89 **Department Head** - (Acting Head 1985-1986). Department of Human Development and Family Studies. Responsible for department administration including fiscal responsibility, review of faculty performance, course scheduling, long range planning, Extension programming, development, student recruitment, international programs, and alumni relations. Department included nine faculty members.

1984-88 **Research Methodology Consultant** - Assigned by Vice President for Research and Graduate Study to give ongoing support to faculty engaged in systematic research and program evaluation. Assisted faculty in writing grants to secure funding, and consulted on design, analysis, and interpretation of results.

1983-88 **Assistant Professor** - Department of Human Development and Family Studies. Teaching responsibilities included undergraduate and graduate courses in child and adolescent development, early childhood education, life span social development, prenatal and infant development, and research methods. Advised students and served on various college and university committees.

**Escambia County Schools, Florida (1979-1980)**
1979-80 **Early Childhood Specialist** - Responsible for designing, implementing, and evaluating early intervention programs for children and their parents. Worked closely with community services to provide comprehensive early intervention to high risk children.

**REFEREED JOURNAL ARTICLES**


**REFEREED JOURNAL ARTICLES (continued)**


REFEEREED JOURNAL ARTICLES (continued)


BOOK CHAPTERS


BOOKS


ABSTRACTS


TECHNICAL REPORTS, INSTRUMENTS, AND PAPERS


RECENT AND SELECTED INVITED PRESENTATIONS


RECENT AND SELECTED INVITED PRESENTATIONS (continued)


REFEREED PRESENTATIONS


**REFEREED PRESENTATIONS (continued)**


Andrews, D.W., Sugawara, A., & Cate, R. (1987, Nov.). “Gender role orientation and peer relations among preschool children.” Presented at the Annual Conference of the National Council on Family Relations, Atlanta, GA.


REFEREED PRESENTATIONS (continued)


FUNDED PROJECTS

Office of the Secretary of Defense/National Institute for Food and Agriculture (Cooperative Agreement). Implementation Grant: Development of an early childhood laboratory school network to enhance face-to-face and online training of military child care workers. $1,799,000 04/15/2010 - 04/14/2011, Principal Investigator.


Office of the Secretary of Defense/National Institute for Food and Agriculture (Cooperative Agreement). Initial Planning Grant: Development of an early childhood laboratory school network to enhance face-to-face and online training of military child care workers. $199,960. 09/01/2009 - 08/31/2010, Principal Investigator.

Office of the Secretary of Defense/National Institute for Food and Agriculture (Cooperative Agreement). Initial program review on Autism Spectrum Disorder (ASD) services for military dependent children. $75,000. 09/01/2009 - 08/31/2010, Principal Investigator.


FUNDED PROJECTS (continued)

National Institute of Mental Health (2003). Ohio Department of Mental Health. Understanding attitudes towards evidence-based practices within the mental health systems of Ohio ($99,960) Principal Investigator

Ohio Jobs and Family Services (2002). Partnerships for Success Academy at The Center for Learning Excellence. Focused on engaging communities in strategic planning that leads to comprehensive, evidence-based preventions/interventions with children and youth ($400,000 annually) Principal Investigator

Ohio Department of Education (2000). Center for Learning Excellence: Research, evaluation, training and technical assistance for Ohio’s Alternative Education Challenge Grant Program ($300,000 annually) Principal Investigator

Ohio Department of Mental Health (2000). Center for Learning Excellence: Research, evaluation and training related to school-based mental health services including support of the School-based mental Health Network (CCOE), ($250,000).

U.S. Department of Health and Human Services, Substance and Mental Health Services Administration (2000). Youth Violence Protection via the Ohio Mental Health/Alternative Education Network ($330,000).

The Learning Place (1998). Secured private funding ($2,700,000) to create a center for high-risk youth in Dayton, Ohio. Collaborative effort with Dayton Five Rivers Metro Parks and Ohio 4-H. Funds secured through Ohio 4-H Foundation.

Youth Volunteer Training Program (1997). Wrote grants, lobbied legislature, and received special line item funding ($800,000) to be used to develop a model youth/child development training program for volunteers working with youth.

Iams Pet Therapy (1997). Wrote proposal to develop and implement a program designed to have youth and their pets serve as companion animals and in therapeutic interactions with the elderly and handicapped. Funded by Iams Pet Food ($65,000)

A Model for Corporate Family Camp (1997). Wrote proposal to development, implement, and evaluate a model family camp focusing on building the corporation’s capacity to meet the needs of employee’s families. Longaberger Company ($40,000).

OSU Cares Adolescent Network Research Initiative (1997). Wrote proposal and received funds to convene and support OSU faculty interested in research and programming for children and youth ($5,700).

Committed Partners for Youth (1992-1994). Wrote grants to private foundations including: Barker Foundation ($15,000), Eugene Rotary ($4,000), First Interstate Bank ($500), Meyer Charitable Trust ($20,000), McKay Foundation ($7,500), U.S. West Foundation ($7,500).

Lane County Child Care Resource and Referral (1991). Initiation of county child care resource and referral services funded through the Oregon Child Care Resources and Referral, federal block grant funds ($35,000).
Multicomponent project for the Prevention of Problem Behavior (1991). Co-Principal Investigator; Tom Dishion Principle Investigator; Adolescent Transitions Project. Prevention program funded through the National Institute of Drug Abuse (approximately $650,000 annually for five years).


**FUNDED PROJECTS (continued)**

A Family Study Center for Oregon (1988). Initiated the design and initial fund raising plan that led to the opening of the Mercedes Bates Family Study Center in 1990. Final project cost was $2.5 million. Secured the following: Quaker Oats Foundation ($25,000), Fisher Price Toys ($1,500), Assisted in Solicitation of Individual Funds ($350,000).


An Oregon State pre-Kindergarten program at Oregon State University (1987). Funded by the Oregon Department of Education ($27,000).

Computerization of child development research (1986). Funded through a Faculty Productivity Award, Oregon State University ($3,200).

The impact of parental interactions with other adults on the social competence of their children (1985). Funded through the Oregon State University Agricultural Experiment Station ($8,982).

Nutrition education through interactive video (1984). Funded by the Oregon State University Research Council ($5,000). Also supported by private donations and matching funds from the Gannett Foundation ($1,400).

Teaching aids for prenatal and infant development (1983). Funded through a Faculty Development Award from Oregon State University ($1,760).

Social competence in young children (1982). Funding from a private donation supplemented by matching funds from the Gannett Foundation ($7,000).


**GRADUATE COMMITTEES**

Major Professor for 14 students who completed doctoral degrees and 4 students who completed master’s degrees. Currently advising one doctoral student and two masters students.

Graduate committee member on 22 completed doctoral degrees and 8 completed master’s degrees.

**UNIVERSITY SERVICE**

The Ohio State University:

Chair, Search Committee for the Director of the John Glenn Math/Science Institute (2006)
University Senate Steering Committee (2005-2007)
Freeman Committee on Graduate Education (2005-2007)
Chair, Search Committee for the Dean of the College of Education (2004-2005)
Chair, Search Committee for the Director of OSU Child Care Center (2004-2005)
Chair, OSU/Columbus Task Force on Preventing Celebratory Riots (2002-2004)
Chair, Search Committee for the Dean and Director, OSU-Mansfield (2002-2003)
Search Committee for the Vice President on University Relations (2002-2003)
Vice President for Research Advisory Board (2002-2007)
Chair, NCAA Certification Academic Integrity Committee (2001-2003)
NCAA Certification Steering Committee (2001-2007)

UNIVERSITY SERVICE (continued)

University Teacher Education Council (2001-2007)
Arts and Sciences Restructuring Task Force (2001-2007)
Co-chair, Community Charitable Drive (2001)
Chair, Search Committee for Dean of the College of Nursing (2001)
OSU Childcare Task Force (2000-2001)
P-12 Advisory Committee (2002-2007)
Life Sciences Deans Advisory Board (1998-2007)
Advisory Board Comprehensive Cancer Center (1998-2007)
Program Committee of University Senate (1998-2000)
University Senator (1998-2007)
OSU Cares Steering Committee (1996-1998)

Oregon State University:
  University Child Care Committee (1986-1987)
  Faculty Senate (1986-1988)
  Graduate Review Committee, College of Education (1986)
  Student Conduct Committee (1984 - 1987)

PROFESSIONAL SERVICE AND AFFILIATIONS

Leadership
Columbus City Schools Foundation (Founding Board Member, 2007 – present)
Phi Delta Kappa Foundation Educational Board of Governors, President (member 2006-present)
OSU Campus Partners (Board Member, 2007 – 2009)
Council of Academic Deans of Research Education Institutions (CADREI: member 2005-2007)
NASULGC Board on Human Sciences (Board Member 1998 – 2007)
Ohio Teacher Quality Project (Board Member, 2005-2007)
Reading Recovery Council of North America (Board Member, 2005-2007)
Reading Recovery and Early Literacy, Inc. (Board Chair, 2005-2007)
Ohio Family and Children First Cabinet Council, (Advisor and special consultant, 2003-2007)
National Positive Youth Development Research (Advisory Board Member, 2003)
American Dietetic Association Foundation (Board Member, 1999-2002)

Memberships (Past and Present)
Kappa Omicron Nu
Phi Delta Kappa
Phi Upsilon Omicron
Society for Prevention Research
National Association for the Education of Young Children
Oregon Council on Family Relations
Society for Research in Child and Adolescent Psychopathology
Society for Research in Child Development
Society for Research in Adolescence

COMMUNITY SERVICE
Godman Guild Settlement House (Board Member, 2009-present)
Champion of Children (Advisory Board Member, 2008-present)
OSU Community Charitable Drive (Campus Chair, 2002)
Service Learning Initiative and Service Board (2002-2004)
Volunteer Assistant Tennis Coach Ohio State University (1999–2002)

COMMUNITY SERVICE (continued)
Children’s Hunger Alliance, Board Member (1998-2004)
World Pride Drug Prevention Conference, Steering Committee (1999)
Ohio Family and Children First, Parent Involvement Task Force (1996-2000)
Lane Community College Respiratory Care Advisory Committee (1991-1993)
Lane County Youth Development Commission (1991-1993)
Linn-Benton Community College Parent Education Advisory Board (1986-1989)
Retired Seniors Volunteer Program (1985-1989)
Campus Day Care Advisory Committee (1983-1984)

AWARDS
Champion of Children Award – 2008, Columbus, Ohio
National Family Advocacy Award – 2007, Godman Guild
Irene Bandy-Hedden Award in Early Childhood -2007, Ohio Department of Education
Human Ecology Alumni Society Faculty of the Year Award – 2003, The Ohio State University
Distinguished Alum Award – 2003, College of Human Sciences, Florida State University
Golden Ruler Award for Service to Public Education – 2002, Columbus Board of Education
Postdoctoral Fellowship Award 1989 – 1991, National Institute of Mental Health
Distinguished Faculty Award – 1989, Oregon State University
PROFESSIONAL EXPERIENCE

11/03 – Current  EDUCATION CONSULTANT  
G & L Services Ohio, LLC (Owner)  
Duties include coordinating an ASD services review project for the Dept. of Defense and guiding an educational support program serving 700 students in foster care. Additional activities include contracting with public and private agencies to perform extensive array of educational services including program efficiency and compliance reviews, staff development training, particularly NCLB training; policy advising; statewide assessment support; school psychological services, grant writing and other related activities. Previous duties include helping direct an instructional coaching program for Columbus City Schools and teaching a masters level university course on positive behavior interventions (PBIS) at University of Alaska-Anchorage. Initiated G & L Services in 2003 and suspended activities while serving with the Ohio Department of Education.

1/07 – 2/08  DIRECTOR, OFFICE FOR EXCEPTIONAL SERVICES  
Ohio Department of Education; Columbus, OH  
Duties included overseeing all aspects of federal and state special education laws in Ohio including those outlined in the State Performance Plan; overseeing all aspects of Gifted education in Ohio; managing a $410,000,000 annual budget; rewriting state legislation and regulations; implementing statewide special education leadership conference; overseeing creation of technical assistance website and tools to help support implementation of IDEA; supervising staff of 60; implementing statewide improvement strategies including Ohio’s State Personnel Development Grant; coordinating with legislators, federal programs including NCLB, and state programs to improve services for youth with disabilities; developing Medicaid program for school-based services; providing technical assistance to school personnel, parents, students, and advocates; coordinating with other departmental and inter-agency initiatives.

7/02 – 11/03  SERRC SPECIAL PROJECTS COORDINATOR  
Southeast Regional Resource Center, Juneau, AK  
Duties included developing, implementing, and evaluating educational programs to help Alaska’s schools meet NCLB requirements; conducting professional development training activities throughout the state; participating on statewide policy groups; obtaining funding from private and public agencies; coordinating a 21st Century project; and developing new entrepreneurial directions for SERRC.

6/00 – 6/02  ALASKA STATE DIRECTOR OF SPECIAL EDUCATION  
Alaska Dept. of Education & Early Development; Juneau, AK  
Duties included overseeing all aspects of federal and state special education laws in Alaska; managing a $22,000,000 annual budget; writing and reviewing state legislation and regulations; hiring and supervising professional and classified staff; developing and implementing statewide improvement strategies for Alaska’s State Improvement Grant; coordinating with state and federal programs to improve services for youth with
disabilities; providing technical assistance to school personnel, parents, students, and advocates; coordinating with other departmental and inter-agency initiatives.

8/99 – 6/00  
**EDUCATION SPECIALIST II / PROGRAM MANAGER**  
Alaska Dept. of Education & Early Development, Juneau, AK  
Duties included coordinating statewide improvement system for increasing the number of highly qualified education professionals and paraprofessionals in Alaska; serving as district liaison for statewide school reform initiative; providing technical assistance to schools regarding special education issues; monitoring district compliance with special education requirements; organizing annual statewide conference for special education directors; developing partnerships with other public and private agencies; serving as state school psychologist consultant.

8/95 – 6/99  
**SCHOOL PSYCHOLOGIST / TRAINING FACILITATOR**  
Southeast Regional Resource Center, Juneau, AK  
Duties included providing itinerant psychological services to Alaska school districts, including training activities on inclusive education; research-based instructional practices; effective system-wide discipline programs; functional academic and behavioral assessment; eliminating barriers between special and general education; providing ongoing staff and parent consultation; conducting psycho-educational assessments of individuals ages 2-22; providing parent training, and coordinating community services.

8/97 – 6/98  
**ADULT EDUCATION DIRECTOR**  
Southeast Regional Resource Center, Ketchikan, AK  
Duties included designing, implementing, and evaluating successful transition program for unemployed timber mill workers; overseeing all management aspects of regional adult education program including GED Preparation and GED Testing; supervising computer skills and office skills training; hiring and supervising professional and classified staff; overseeing budget; working collaboratively with other related public and private agencies.

8/94 – 7/95  
**SCHOOL PSYCHOLOGIST**  
Bi-County Special Education Cooperative, Morrison, IL  
Provided consultation services to school personnel and teachers; conducted student assessments, including summer preschool assessments; provided individual and group counseling to students; provided parent training.

9/92 – 5/95  
**PSYCHOLOGY INSTRUCTOR**  
University of Alaska, Southeast; Spoon River College, Joliet Junior College; Sauk Valley Community College  
Taught graduate level course in special education and undergraduate courses in introductory psychology; educational psychology; and social psychology for a wide range of students.

8/91 – 5/92  
**CARE-A-VAN HOMELESS PROGRAM DIRECTOR**  
Waikiki Health Center, Honolulu, HI
Responsible for overall project management, individual case management, staff supervision, community relations, and providing direct services to homeless individuals throughout Hawaii. Additional duties included collaborating with state legislature for funding and developing data base for caseload of more than 2,000 individuals.

EDUCATION

UNIVERSITY OF ALASKA-FAIRBANKS
Completed graduate level course in multicultural education and an undergraduate class in Alaska History as required for Alaska education certification.

WESTERN ILLINOIS UNIVERSITY
Earned Education Specialist degree in school psychology in 1994. Graduated with honors.

UNIVERSITY OF CALIFORNIA-BERKELEY (GTU)
Earned equivalency of a degree in Philosophy from the Graduate Theological Union, 1988.

UNIVERSITY OF OREGON
Earned Bachelor of Science degrees in Psychology and Political Science in 1983, 1986. Graduated Summa Cum Laude and member of Phi Beta Kappa.

LICENSES / CERTIFICATIONS

MEMBERSHIPS
National Association of State Directors of Special Education (NASDSE) (2000-02; 2007-08)
Statewide Paraprofessional Standards and Assessment Group (2005)
Special Olympics of Alaska School Program Advisory Board (2002-03)
Governor’s Council on Disabilities and Special Education (2001-2003)
Special Education Service Agency Board Member (2001-2003)

RECENT PRESENTATIONS
*Education Services for Military Dependent Children with Autism: Project Overview* for representatives of the military service branches and related personnel (2010)

*The Joy of Special Education: Principles for Principals* at the Ohio Association of Secondary School Administrators Annual Conference (2009)

Multiple presentations on state policy and resources for audiences around Ohio, including the Ohio State Board of Education (2007-2008)

Created, organized & facilitated Ohio’s Statewide Special Education Leadership Conference (2007)

Panel participant on NCLB & IDEA 04 at US DOE Special Education Leadership Conference (2007)

In-Service training programs for Chatham, Tanana, Sitka, Unalaska, Yakutat, Ketchikan, Bering Straits, Craig, Kodiak, Petersburg, Wrangell, Lower Kuskokwim, & Southwest Region School Districts in Alaska (2003-2005)
Special Education: Updates & ABCs; Association of Alaska School Boards (2004)

IDEA Parent Training; PARENTS Inc. (2004)


Regional Trainings on IDEA Alternate Assessment (2003)

NCLB, Supplemental Services, & IDEA; Alaska Statewide Principal’s Conference (2003)

Time (On Task) for Good Behavior: Keynote Presentation; Alaska Special Education Directors Conference (2003)

NCLB & IDEA Reauthorization; Association of Alaska School Boards Statewide Conference (2003)

Alaska 2003 Disability Policy Summit; (Facilitator 2003)


NCLB, Special Education, and Transition; SERRC Transition Camp (2003)

Changes in Latitudes, Changes in Attitudes: Keynote Presentation; Alaska Statewide Special Education Conference (2003)

NCLB & Supplemental Services; EED NCLB Conference (2003)


NCLB, Special Education & Standards; Aleutians East School District (2003)

Paraprofessional Special Education Training; Chatham School District (2002)


Special Education & Regular Education; Kodiak School District (2002)

Special Education Assessment & IEPs; Bering Strait School District (2002)

RECENT SUCCESSFUL GRANT APPLICATIONS

Partnership for Student Success (Ed PASS) (3 year grant for $3 million)

Alaska’s General Supervision Enhancement Grant (approx. $500,000 for 1 year; 10/04)

Chatham School District’s SET for Life Grant Award ($40,000; 9/04)

SERRC Answer Camp Continuation (approximately $550,000 per year; 3 years beginning 10/03)

Focusing on Results: Evaluating EED’s Recruitment and Retention Project (approx. $25,000; 1/03)

Work Never Gets Old: Senior Community Service Employment Program (approx. $167,000; 11/03)

Supporting Success in the Last Frontier: Alaska’s Continuous Improvement Monitoring Process (approx. $290,000; 10/01)

Quality Education in the Last Frontier: Alaska’s State Improvement Grant ($2.75 million for 5 years; 4/2000)

Supporting Secondary Transition: AK Mental Health Trust Authority ($500,000 for 5 years; 8/2000)

RECENT PROJECTS

Coordinated Education Service for Military Dependent Children with Autism for the Dept. of Defense and the Ohio State University (2009-ongoing)
Coordinated Ed PASS program for Franklin County Children Services (2008-ongoing)
Consulted on ESCCO's School Improvement Coaching Project (2008-09)
Conducted program reviews of 4 educational service providers (2008-09)
Facilitated process to revise Ohio’s special education law and operating standards (2007-08)
Provided Career Development services at Lyon College in Batesville, AR (2006-07)
Served as EED-Approved Facilitator for School Improvement (2003-2005)
Created and marketed SERRC’s Supplemental Service Program (2003)
Supervised creation of SERRC’s Paraprofessional Training Components (2002)
Collaborated on AK Transition Outcomes Project (ATOP) (2002)

AWARDS & RECOGNITION
Certificate of Appreciation from Alaska’s Governor’s Council on Disabilities and Special Education (2003)
Nominated for Alaska School Psychologist of the Year (1997)
WIU Graduate Academic Honor Society (1994)
Governor’s Appreciation Award; Philippines; (1985)
Summa Cum Laude; Phi Beta Kappa (1983)
Centurion Leadership Award (1983)

LANGUAGES
Spanish
Filipino (Tagalog, Visayan)
BRIEF VITAE

Brenda Smith Myles  
brenda_myles@mac.com

SELECTED PROFESSIONAL PREPARATION

Ph.D.  University of Kansas, Lawrence, KS; Special Education, Behavior Disorders and Learning Disabilities, 1989 (with honors)
M.S.   University of Kansas, Lawrence, KS; Special Education, Learning Disabilities, 1986
B.S.   State University of New York, Old Westbury, NY; Elementary Education/Special Education, 1985

SELECTED PROFESSIONAL EXPERIENCE

2010-present  Consultant, Education Services for Military Dependent Children with Autism, The Ohio State University, Columbus, OH
2009-2010    Consultant, National Professional Development on Autism Spectrum Disorders, University of North Carolina, Chapel Hill, NC
2008-present  Chief of Programs and Development, Autism Society of America, Washington, DC
2006-2007    Chief of Programs and Development, Ohio Center for Autism and Low Incidence Disabilities (OCALI), Columbus, OH
2006-2007    Co-Principal Investigator, Development of Professional Teacher Standards Guidelines and Modules that Complement Professional Development Guidelines, Autism Society of America Foundation, Washington, DC
2004         Principal Investigator, Children and Youth with Asperger Syndrome: Understanding Characteristics and Skill Acquisition in the Social/Emotional Area,” General Research Fund, University of Kansas, Lawrence, KS
2003-2008    Co-Principal Investigator, Center for Educating and Providing Early Intervention Services to Children with Autism and Autistic Spectrum Disorders: Center for Training: Autism Spectrum Disorders, University of Washington, Seattle, WA (and others)
2000-2001    Steering Committee Member, HEFCE: Improving Provision for Students with Disabilities: Support for Students in Higher Education Who Have Difficulties in Social Understanding and Communication (Including Students with High Functioning Autism/Asperger Syndrome), Canterbury Christ Church University College, Canterbury, England
2000-2005    Co-Principal Investigator, Model Demonstration Project for Children with Disabilities: Interactive Collaborative Autism Network (ICAN), University of Kansas, Lawrence, KS
2000-2005    Co-Principal Investigator, Preparation of Special Education, Related Services, and Early Intervention Personnel to Serve Infants, Toddlers, Children, and Youth with Low-Incidence Disabilities: Personnel Preparation for Low Incidence Disabilities: Communication Autism Project (CAP), University of Kansas, Lawrence, KS
1998-2001    Co-Principal Investigator, Preparation of Leadership Personnel: Doctoral Training Program for Personnel Preparing Careers with Children and Youth with Emotional/Behavioral Disorders, Autism-Related Disorders, and Students At-Risk for Significant Negative Consequences Related to Violent and Aggressive Behaviors, University of Kansas, Lawrence, KS
1998-2001  Co-Principal Investigator, Preparation of Special Education, Related Services, and Early Intervention Personnel to Serve Infants, Toddlers, Children, and Youth with Low-Incidence Disabilities: Personnel Preparation for Low Incidence Disabilities; Graduate Training Program with an Emphasis in Autism, University of Kansas, Lawrence, KS

1998-2008  Associate Professor, University of Kansas, Lawrence, KS

1997-2000  Co-Principal Investigator, Training Personnel to Serve Low Incidence Disabilities, Preparation of Special Education Related Services, and Early Intervention Personnel to Serve Infants, Toddlers, Children and Youth with Low-Incidence Disabilities: Graduate Training Program with an Emphasis in Asperger Syndrome, University of Kansas, Lawrence, KS

1996-2000  Co-Principal Investigator, Training Personnel to Serve Low Incidence Disabilities, Personnel Preparation in Autism Across the State of Kansas: A Cooperative Venture Among Six State Universities, University of Kansas, Lawrence, KS

1993-2008  Assistant Professor, University of Kansas, Lawrence, KS

Selected Publications


**SELECTED BOOK CHAPTERS**


**Monographs**


**Books**


**Tests**


**Selected Scholarly Presentations**

- June, 2010 “Framing Evident-Based Practices: What Does EBP Mean to Educators?,” parents, students, caregivers, educators, medical professionals, and SLPs, MN Symposium 2010 Self-Management and Video Modeling: Making Use of Evidence-Based Practice, St. Joseph, MN.
- May, 2010 “Making Your Student’s Daily Program Meaningful: CAPS,” parents and educators, State Support Team Region 9 Special Education Conference, Massillon, OH.
- May, 2010 “Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns,” parents and educators, State Support Team Region 9 Special Education Conference, Massillon, OH
- May, 2010 “Simple Strategies That Work! Helpful Hints for All Educators of Students with Asperger Syndrome, High-Functioning Autism, And Related Disabilities,” parents and educators, State Support Team Region 9 Special Education Conference, Massillon, OH
- May, 2010 “Simple Strategies for Students with High-Functioning Autism and Asperger Syndrome,” parents, educators, and para-professionals, Chris Rose Therapy Centre for Autism, Kamloops, British Columbia (keynote)
- April, 2010 “The Cycle of Tantrums, Rage, and Meltdowns,” parents and educators, Indiana Speech-Language-Hearing Associate Conference, Indianapolis, IN
- April, 2010 “Making Your Student’s Daily Program Meaningful: CAPS,” parents and educators, University of the Virgin Islands St. Thomas Campus
- April, 2010 “Simple Strategies for Students with High-Functioning Autism and Asperger Syndrome,” parents and educators, University of the Virgin Islands, St Croix Campus
- March, 2010 “Creating Successful School Experiences for Children and Youth with Autism Spectrum Disorders,” parents, students, caregivers, educators, medical professionals, and SLPs, 9th Annual Autism Summit of Northwest OH Bowling Green State University, Bowling Green, KY
- March, 2010 “Creating Successful School Experiences for Children and Youth with Autism Spectrum Disorders,” parents, students, caregivers, educators, medical professionals, and SLPs, 9th Annual Autism Summit of Northwest OH, Bowling Green State University, Slade, KY
- February, 2010 “Developing a Comprehensive Program for Young Students with Autism Spectrum Disorder (ASD),” Upstate Medical University, Margaret L. Williams Developmental Evaluation Center (MLW/DEC), Syracuse, NY
- November, 2009 “Self-Regulation in ASD,” Network of Autism Training and Technical Assistance Programs (NATTAP), Columbus, OH
- October, 2009 “Understanding the Hidden Curriculum: Practical Solutions to Understanding Unwritten Rules Description,” Nebraska Speech Language Hearing Association, Kearney, NE
- October, 2009 “Planning A Comprehensive Program for Students with ASD,” Nebraska Speech Language Hearing Association, Kearney, NE
- August, 2009 “Creating a Successful Middle and High School Experience for Youth with Asperger Syndrome,” Geneva Center for Autism International Symposium, Toronto, Canada
- July, 2009 “Resolving Issues with My Child’s School: Preventing/Navigating Mediation and Due Process” Autism Society of America’s 40th National Conference and Exposition on Autism Spectrum Disorders, St Charles, IL
- July, 2009 “TGRI Display, Discussion and Parent Focus Group” Autism Society of America’s 40th National Conference and Exposition on Autism Spectrum Disorders, St Charles, IL
- July, 2009 “Brain and Education: Presentation, Panel Discussion and Interactive Questions: A Panel Discussion and Interactive Questions: What tools are available for supporting optimal brain states and best education outcomes? How are educators improving the learning environment for people with autism? What is happening for older learners?,” Autism Society of America’s 40th National Conference and Exposition on Autism Spectrum Disorders, St Charles, IL
- July, 2009 “A Panel Discussion and Interactive Questions: What possibilities do systems advances hold for families managing autism? How close to usable are these technologies? How do traditional clinicians, researchers and educators collaborate on these tools? Could these be integrated with a database?”, Autism Society of America’s 40th National Conference and Exposition on Autism Spectrum Disorders, St Charles, IL
- July, 2009 “Biomedical/Behavioral Integration: Collaborative Opportunities to Advance the Field”, Autism Society of America’s 40th National Conference and Exposition on Autism Spectrum Disorders, St Charles, IL
- May, 2009 “Comprehensive Autism Planning System (CAPS) for individuals with ASD across the lifespan,” YAI/National Institute for People with Disabilities Network, New York, NY
- May, 2009 “Social Skills and Behavior Interventions for Individuals With High Functioning Autism/Asperger Syndrome,” University of Miami/Nova Southeastern University Center for Autism & Related Disabilities and Partnership for Effective Programs for Students with Autism, Davie, FL
- April, 2009 “Comprehensive Planning With Interventions In Social Skills, Academic Modifications/Environmental Supports, Sensory Supports, Hidden Curriculum, Cycle Of Tantrums, Rage, and Meltdowns,” Autism Society of the Pikes Peak Region, Colorado Spring, CO
- March, 2009 “Current Issues in Autism,” Special Education Law and Mediation Conference, UCLA, Los Angeles, CA
- March, 2009 “Social Skills and Asperger Syndrome,” Autism PEP Conference, California University of Pennsylvania, PA
- February, 2009 “The Hidden Curriculum,” Autism Awareness Centre Inc., Victoria, BC
- February, 2009 “Handling Difficult Moments: Tantrums, Rages, and Meltdowns,” The Autism Society of Northwest Ohio, Toledo, OH
- November, 2008 “Universal Screening for students with Autism Spectrum Disorders: In Response to RTI,” 2008 Network of Autism Training and Technical Assistance Programs (NATAP), Columbus, OH
- November, 2008 “An Update on the National Teacher Competencies,” 2008 Network of Autism Training and Technical Assistance Programs (NATAP), Columbus, OH
- November, 2008 “Community of Practice: Pre-Service Education Programs,” 2008 Network of Autism Training and Technical Assistance Programs (NATAP), Columbus, OH
- November, 2008 “University Summit,” 2008 Network of Autism Training and Technical Assistance Programs (NATAP), Columbus, OH
- November, 2008 “Getting the Social Stuff Right,” Birch Family Services 11th Annual Conference, New York, NY
- October, 2008 “What’s Hot and What’s Not in the Science of Autism,” 18th Educational Conference – Advocates for Individuals with High Functioning Autism, Asperger Syndrome and Other Pervasive Developmental Disorders, Bethpage, NY
October, 2008 I Don’t Get it: Under the Hidden Curriculum: Practical Solutions to Understanding Unwritten Rules, Geneva Center for Autism International Symposium, Toronto, Canada
September, 2008 “The Hidden Curriculum for Children and Youth with ASD,” Australian Association of Special Education 2008 Hunter Branch Conference, Newcastle, Australia
September, 2008 “Dealing with Difficult Moments for Primary and Secondary Students Who Have Asperger’s Syndrome,” Australian Association of Special Education 2008 Hunter Branch Conference, Newcastle, Australia
September, 2008 “Autism and Asperger Syndrome: Essential Elements for Success,” University of Sydney, Sydney, Australia
September, 2008 “Autism and Asperger Syndrome: Quality Curriculum for All,” University of Sydney, Sydney, Australia
September, 2008 “Autism and Asperger Syndrome: Quality Curriculum for All,” Australia Association of Special Education, Perth Australia
August, 2008 “The Hidden Curriculum,” The ARMS Global Autism Conference, Brisbane, Queensland, AU (keynote)
August, 2008 “Comprehensive Planning for Students with ASD: Integrating Interventions Throughout the Day,” The ARMS Global Autism Conference, Brisbane, Queensland, AU
August, 2008 “Instruction, Interpretation, and Coaching: Keys to Social Skills Success,” The ARMS Global Autism Conference, Brisbane, Queensland, AU
August, 2008 “The Cycle of Rage and Meltdowns,” The ARMS Global Autism Conference, Brisbane, Queensland, AU
June, 2008 “The Hidden Curriculum,” The ARC of NJ Annual Conference, Jamesburg, NJ (keynote)
June, 2008 “Matching Characteristics of Asperger Syndrome and Job Requirements,” The ARC of NJ Annual Conference, Jamesburg, NJ
June, 2008 “Teaching the Hidden Curriculum: An Essential Bridge to Adulthood,” Autism Conference of Texas, Lubbock, TX (keynote)
June, 2008 “Comprehensive Autism Planning System,” Autism Conference of Texas, Lubbock, TX
June, 2008 “Adolescence and School Success,” Autism Conference of Texas, Lubbock, TX
June, 2008 “Functional Behavior Assessment Using the Ziggurat Model,” Autism Conference of Texas, Lubbock, TX
June, 2008 “Planning Programs that Lead to Success: The Ziggurat and CAPS Models,” Autism Conference of Texas, Lubbock, TX
April, 2008 “Planning for the Education of Students with Autism Spectrum Disorder and Social Skill Development,” Autism Society of Michigan Annual Conference, Clinton Township, MI
April, 2008 “Understanding the Hidden Curriculum: Practical Solutions to Understanding Unwritten Rules,” 24th Annual Pacific Rim Conference on Disabilities, Honolulu, HI (keynote)
April, 2008 “Comprehensive Planning for Students with ASD,” 24th Annual Pacific Rim Conference on Disabilities, Honolulu, HI
April, 2008 “The Hidden Curriculum and Other Social Strategies,” 2nd Annual Northern Arizona Conference on Autism Spectrum Disorders, Flagstaff, AZ
April, 2008 “Low Cost Educational,” 2nd Annual Northern Arizona Conference on Autism Spectrum Disorders, Flagstaff, AZ
• April, 2008 “Designing Interventions for Adolescents with Asperger Syndrome Using the Ziggurat Model,” 2008 Council for Exceptional Children Annual Convention and Expo, Boston, MA
• February, 2008 “Tantrums, Rage, and Meltdowns,” Alabama Autism Conference, Tuscaloosa, AL
• February, 2008 “Educational Supports for School-Aged Children that Foster Social Skills and Understanding of the Hidden Curriculum,” Alabama Autism Conference, Tuscaloosa, AL
• February, 2008 “Autism and Asperger Syndrome,” Association of Student Assistance Professionals, Atlantic City, NJ

Selected Workshops

• May, 2010 “Characteristics of Asperger Syndrome: How Its Impacts Learning; Indicators for Recognizing; Assessment,” parents and educators, Center on Disabilities and Human Development, University of Idaho, Webinar
• May, 2010 “Designing a Comprehensive, Easy-to-Use Curriculum Which Supports Students with Asperger Syndrome Across All Settings: Preschool Through College, Including Community Settings,” parents and educators, Center on Disabilities and Human Development, University of Idaho, Webinar
• May, 2010 “Evidence-based Practice for Individuals with Asperger Syndrome Addressing Interventions in Structure/Modifications, Reinforcement, Social Skills/Communication, and Sensory and Self-Regulations Supports,” parents and educators, Center on Disabilities and Human Development, University of Idaho, Webinar
• May, 2010 “Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns,” parents and educators, Linn Benton Lincoln ESD, Cascade Regional Program, Albany, OR
• May, 2010 “Understanding the Hidden Curriculum,” parents and educators, Linn Benton Lincoln ESD Cascade Regional Program, Albany, OR
• May, 2010 “Teaching Social Skills to Children and Youth with High-Functioning Autism and Asperger Syndrome,” parents, educators, para-professionals, SLPs, and OTs, Learning Centre for Autism and Developmental Disability, The Abe Gold Learning and Research Centre, Montreal, Quebec
• April, 2010 “Asperger Syndrome: Creating Successful Classroom Experiences,” educators, Nova Southwestern University, Atlanta, GA
• March, 2010 “Asperger Syndrome: Characteristics and Interventions: Understanding the Role of Self-Regulation,” educators, Willamette ESD Professional Development Services (WESD PDS), Salem, OR
• March, 2010 “Developing a Comprehensive Program for Young Students with Autism Spectrum Disorder (ASD),” educators and parents, Kentucky Autism Training Center, University of Louisville, KY, Slade, KY
• March, 2010 “Developing a Comprehensive Program for Young Students with Autism Spectrum Disorder (ASD),” educators and parents, Kentucky Autism Training Center, University of Louisville, KY, Bowling Green, KY
• December, 2009 “Helping People with Asperger’s Syndrome and Autism Navigate Social Curriculum and Avoid Behavioral Meltdowns,” educators and parents, Center for Understanding, Brentwood, T
• October, 2009 “Understanding and Educating Students with Asperger Syndrome: Practical Strategies for School Success,” educators and parents, Summit Educational Resources, Buffalo, NY
• October, 2009 “Hidden Curriculum: Practical Solutions for Understanding Rules in Social Situations,” educators and parents, Autism Services, Saskatoon, Canada
• October, 2009 “Implementing the CAP in the Late Elementary/School/High School Setting,” educators and parents, Autism Services, Saskatoon, Canada
• October, 2009 “Making your Child’s/Students Day Meaningful: Introduction to the Comprehensive Autism Planning System (CAPS)” educators and parents, Autism Services, Saskatoon, Canada
• October, 2009 “The Unique Characteristics of Adolescents with Aspergers Syndrome: How These Characteristics Impact Them in School and Community Settings and Specific Tools Used to Address These Challenges,” educators and parents, Autism Services, Saskatoon, Canada
• October, 2009 “Autism Looking Beyond Cause and Cure,” educators and parents, National Autism Center and May Institute, Boston, MA
• October, 2009 “Hidden Curriculum: Practical Solutions for Understanding Rules in Social Situations,” educators and parents, Asperger Syndrome Education Network, Newark, NJ
• September, 2009 “Hidden Curriculum: Practical Solutions for Understanding Rules in Social Situations,” educators, Miami Valley Regional Center, Region 10, Dayton, OH
• August, 2009 “Creating Successful School Experiences for Children and Youth with Autism Spectrum Disorders,” educators, Katy School District, Katy, TX
• August, 2009 “Strategies to Include Students With ASD in the General Education Classroom,” educators, HBM Special Services Cooperative, Carmel, IN
• August, 2009 “Social Skills Supports for Students with High-Functioning Autism and Asperger Syndrome,” educators, Gibson-Pike-Warrick Special Education Cooperative, Oakland City, IN
• February, 2009 “The Ziggurat Model,” educators, Blue Valley School District, Overland Park, KS
• January, 2009 “The Cycle of Tantrums, Rage, and Meltdowns with Task Analysis and Supportive Strategies,” educators, York Catholic District School, Aurora, Ontario Canada
• January, 2009 “Awareness in an Inclusionary School – Promoting Inclusion with Task Analysis and Supportive Strategies,” educators, York Catholic District School, Aurora, Ontario Canada
• January, 2009 “Hidden Curriculum,” educators, York Catholic District School, Aurora, Ontario Canada
• October, 2008 “The Ziggurat Model and Comprehensive Autism Planning System: From Elementary to High School and Beyond,” parents and educators, Brownsville and Halsey School Districts, Halsey, OR
• October, 2008 “The Comprehensive Autism Planning System,” educators and parents, Maine Support Network, Redfield, ME
• October, 2008 “The Hidden Curriculum,” educators, The Ohio Association of Elementary School Administrators, Columbus, OH
• July, 2008 “RTI and Autism Spectrum Disorders: The Comprehensive Autism Planning System,” educators and parents, Aleris Center, Grand Forks, ND
• July, 2008 “Comprehensive Planning,” educators and parents, Midwest Center on Autism Spectrum Disorders, Central Missouri University, Warrensburg, MO
• July, 2008 “Autism Spectrum Disorders: Understanding Characteristics and Instructional Implications for Educators” and “Integrating Best Practices Throughout the Student’s Day,” educators, Wilbur Mills Cooperative, Beebe, AK
• June, 2008 “Comprehensive Planning for Individuals with High functioning Autism and Asperger Syndrome,” educators, Independent Unit 13, Lancaster, PA
• May, 2008 “Understanding the Unwritten Rules: The Hidden Curriculum,” educational professionals and parents, 3rd Annual Autism Disorders Workshop, Manhattan, KS
• May, 2008 “Current Research in Asperger Syndrome and High Functioning Autism,” educational professionals and parents, 3rd Annual Autism Disorders Workshop, Manhattan, KS
• May, 2008 “An Overview of Comprehensive Planning,” The Leicestershire Autism Team, Leicestershire, UK
• April, 2008 “Setting the Stage: Preparing Clients with Autism Spectrum Disorders for a Successful Job Match,” vocational rehabilitation employees, Maryland Department of Education, Division of Vocational Rehabilitation, Baltimore, MD
• March, 2008 “The Ziggurat Model and CAPS: Creating School Success for Children with High Functioning Autism and Asperger Syndrome,” educational professionals, Lethbridge, Calgary, Canada
• February, 2008 “Creating Successful Work Environments for Adults with High Functioning Autism and Asperger Syndrome,” parents, professionals, and individuals on the spectrum, Autism Asperger Syndrome Consulting Group, Birmingham, AL
• February, 2008 “Comprehensive Planning for Students with Autism Spectrum Disorders,” autism consultants, Region XIII, Austin, TX
• February, 2008 “A Brief Overview of Comprehensive Planning Tools,” Texas A&M Educational Psychology faculty and students, College Station, TX
February, 2008 “Practical Solutions for Understanding Social Issues,” parents and educators, Tulare County of Education, Visalia, CA
January, 2008 “Bringing the Ziggurat Model and the Comprehensive Autism Planning System (CAPS) to Scale, Geneva Centre staff, Geneva Centre, Toronto, Canada

Selected Awards
The Global and Regional Asperger Syndrome Partnership (GRASP) Divine Neurotypical Award (2009); American Occupational Therapy Association Scholar (2007); Autism Society of America Evening of Champions Awards: Network of Autism Training and Technical Assistance Programs (2007); Cotsen Teaching Award (Asperger’s Association of New England) (2006); Kansas Council for Exceptional Children Research Award (2006); Princeton Lecture Series Fellowship Award (2006); University of Kansas School of Education Faculty Achievement Award: Teaching (2005); Autism Society of America Wendy F. Miller Autism Professional of the Year Award (2004); Council for Exceptional Children, Division on Developmental Disabilities Burton Blatt Humanitarian Award (2004); Asperger Syndrome Coalition of the United States Outstanding Service Award (2002); Autism Society of America Outstanding Literary Work of the Year Award (2002); Hartman Child and Family Scholar (2002); W. T. Kemper Excellence in Teaching Fellowship, University of Kansas (1999); University of Kansas School of Education Faculty Achievement Award: Scholarship (1997); Northeast Kansas Council for Exceptional Children Outstanding CEC Member (1996); Doctor of Philosophy with Honors, 1989; M. A. McGheyey, Memorial Education Trust, 1989; Phi Delta Kappa, member 1989 to present

Selected Professional Affiliations

Advisory Board
Advocacy Center for Adults for Asperger’s Syndrome and Related Disabilities, Inc., Lugoff, SC (2007 to present); Advocates for Individuals with High Functioning Autism, Asperger’s Syndrome, and Other Pervasive Developmental Disorders (HFA/AS/PDD), New York (2001 to present); Asperger Syndrome Coalition of the United States (ASC-US), Jacksonville, FL (1998 to 2003); Asperger Syndrome Education Network (ASPEN), Edison, NJ (2001 to present); Autism Society of America - Greater Georgia Chapter (2004 to present); Chapel Haven: Asperger’s Syndrome Adult Transition Program, Westville, CT (2005 to present); College Internship Program/The Brevard Center, Melbourne, FL (2003 to present); Early Autism Risk Longitudinal Investigation Network, Philadelphia, PA (2008 to present); Eden Innovative Learning Advisory Board, NJ (2006 to present); Geneva Centre for Autism, Canada (2004 to present); Gersh Academy, Huntington Station, NY (2006 to present); Homewood, Inc., Topeka, KS (2004 to present); Maap Services Inc., Crown Point, IN (2001 to present); Millennium School, Baltimore MD (2001 to present); Minnesota Life College, Richfield, MN (2008 to present); National Institute of Mental Health Interagency Autism Coordinating Committee Intervention Strategic Planning (2007 to present); Professional Development Center on Autism Spectrum Disorders (2007 to present); Traumatic Brain Injury Preservice/Inservice Project, Kansas City, KS (1994-1995)

Board of Directors

Chair (Co), Conference

Chair (Co), Competencies
National Teacher Competencies in Autism Spectrum Disorders (2007)

Consulting Editor

Editor (journal)
Intervention in School and Clinic (1996 to 2005); Journal for the International Association of Special Education (interim editor, 2004)

Editorial Board
Assessment for Effective Intervention (formerly Diagnostique) (2000 to present); Focus on Autism and Other Developmental Disabilities (1990 to present); Intervention in School and Clinic (1995-1996); Journal for the International Association of Special Education (2000 to present); Beyond Behavior (2002 to present); Journal of Positive Behavior Interventions (2003 to present); AS Quarterly (2004 to present); Remedial and Special Education (2005 to present); Autism: The International Journal of Research (2007 to present); School Psychology Quarterly (2007 to present)

**Guest Editor, Journal (Invited)**

**Guest Reviewer**

**Program Advisory Committee (PAC)**
Council for Exceptional Children Annual Conference and Expo (2005-2006)

**Product/Program Review**
National Institute of Mental Health: 3-C Institute for Social Development (2005)

**Proposal Reviewer**

**Member**

**Selected Graduate Courses Taught**
Advanced Topics: Peer Coaching; Exceptional Child and Adolescent in the Regular Education Classroom; Master’s Project; Master’s Thesis; Methods of Teaching Students with Asperger Syndrome; Methods of Teaching Students with Autism I; Methods of Teaching Students with Autism II; Methods of Teaching Students with Behavior Disorders I; Observation and Participation: Asperger Syndrome; Observation and Participation: Autism; Observation and Participation: Behavior Disorders; Practicum: Asperger Syndrome, Practicum: Autism; Practicum: Behavior Disorders; Practicum: Peer Coaching; Understanding Research in Education, Seminar: Methods of Teaching Students with Learning Disabilities; Seminar: Autism; Seminar: Behavior Disorders/Autism; Characteristics of Students with Behavior Disorders; Instructional Planning: Behaviors Disorders and the Career Teacher; Issues in Behavior Disorders/Autism I; Issues in Behavior Disorders/Autism II; Practicum: Peer Coaching Introduction

*FULL VITA AVAILABLE UPON REQUEST*
Theron (Bill) East, Jr.
Executive Director
National Association of State Directors of Special Education, Inc.
1800 Diagonal Road, Suite 320
Alexandria, Virginia 22314
703-519-3576
bill.east@nasdse.org

Dr. Bill East has over 40 years experience in the fields of education and mental health. He has been a high school teacher, supervisor in the Alabama mental health system, an adjunct college professor and an educational specialist in the Alabama State Department of Education. Dr. East was the state director of special education in Alabama from 1990-1998, and was honored by the Alabama Federation Council for Exceptional Children (CEC) as the outstanding special educator in Alabama. During his tenure as Alabama’s State Director of Special Education, he represented the Department of Education as a member of the Alabama Institute for Deaf and Blind Board of Trustees.

Dr. East served as president of the National Association of State Directors of Special Education (NASDSE), a membership organization representing states and federal jurisdictions responsible for implementing the Individuals with Disabilities Education Act (IDEA). In 1998, he joined NASDSE as the deputy executive director and was appointed the position of executive director in 1999. During his tenure at NASDSE, Dr. East has made numerous speeches across the nation on educational policy, special education implementation and other related matters. In addition to serving as the principal investigator for NASDSE’s IDEA Partnership, Personnel Improvement Center (recruitment and retention), and Forum projects, he oversees a number of initiatives including NASDSE’s satellite conference series and the organization’s annual conference. Dr. East serves on several advisory groups in support of education for individuals with disabilities. Special areas of interest include transition from school to college and careers; Response to Intervention (RTI); school-based mental health; services for individuals with low-incidence disabilities; and communities of practice.

Dr. East holds a BS degree in education from Jacksonville State University; masters and educational doctorate degrees from the University of Alabama; and a post-doctorate master’s degree in educational leadership from Auburn University at Montgomery.
DAVID S. MANDELL
ASSOCIATE PROFESSOR

Education
1990                COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK                B.A., PSYCHOLOGY
2001                Johns Hopkins School of Public Health                Sc.D., Public Health
2000-02             University of Pennsylvania, Dept. of Psychiatry       Post-Doc

Mental Health Services Positions
2003 – 2010       Assistant Professor, Departments of Psychiatry and Pediatrics, University of Pennsylvania School of Medicine

2008 – present   Associate Director, Center for Autism Research, The Children’s Hospital of Philadelphia

2010 – present   Associate Professor, Departments of Psychiatry and Pediatrics, University of Pennsylvania School of Medicine

SELECTED PUBLICATIONS (42 OUT OF 55)


**Research Support**

**Pending**

R01 MH092453-01 (Mandell DS, PI) 12/01/10 – 11/30/14

NIMH $498,541

Comparative effectiveness of two consultation models on autism outcomes

We propose to randomize autism support classrooms, all using a standardized, evidence-based program (Strategies for Teaching based on Autism Research), to either commitment-emphasis consultation or consultation with performance feedback to examine: 1) the relative effectiveness of these two models in improving program fidelity and student outcomes, and 2) whether District psychologists, speech-language pathologists and case managers, who will be paired with our consultants, increase their effectiveness as consultants to educators in autism support classrooms.

**ACTIVE**

R01 MH077000-01 (Mandell DS, PI) 04/01/07 – 03/31/12 0.0 Calendar

NIMH $578,609

Interstate variation in healthcare utilization among children with ASD

This large national study will comprehensively identify the impact of state policies on the healthcare service utilization of families of children with autism spectrum disorders.

Agency Point of Contact: Agnes Rupp

R01 MH083717-02 (Mandell DS, PI) 07/01/08 – 05/31/10 3.0 Calendar

NIMH $499,001

A randomized trial of the STAR program for children with autism spectrum disorder
This randomized controlled field trial of STAR (Strategies for Teaching Based on Autism Research) will examine the effects of this classroom-based program for children with ASD on school readiness, with a focus on pre-academic skills; communication, including use of expressive and receptive language; socialization and social skills; and adaptive and challenging behaviors. Agency Point of Contact: Lisa Gilotty

R324A080195 (Mandell DS, PI) 07/01/08 – 06/30/12 3.0 Calendar
DoE $468,750

Efficacy and Sustainability of the STAR Program
This study will conduct an extended follow up of a large and diverse group of kindergarten-through-second grade students who participated in a randomized controlled field trial of STAR (Strategies for Teaching Based on Autism Research). The study will examine fidelity of implementation, child outcomes, factors associated with subgroup variation in outcomes, and sustainability of the program model. Agency Point of Contact: Celia Rosenquist

1RC1MH088791-0110 (Doehring P, PI) 10/01/09 – 09/30/11 1.2 Calendar
NIMH $500,000

Building a Community-Based ASD Research Registry
We propose to build on existing community-academic partnerships and to demonstrate the potential of minimally burdensome strategies for phenotyping to create a population-based research registry that will include at least 8000 families.

PAST SUPPORT IN THE LAST THREE YEARS

1K01MH067628-1 (Mandell DS, PI) NIMH $134,288
Understanding the Delay in the Diagnosis of Autism
This mentored career development award supports a training and research agenda designed to develop quantitative and qualitative models to understand why the diagnosis of autism is so often delayed among children with the disorder. Agency Point of Contact: Lisa Gilotty

1-UR3-DD-000085-01 (Giarelli E, PI) 06/01/06-05/31/10
CDC $350,000

Center of Excellence for the Epidemiology of Autism
This multi-site project is designed to estimate the prevalence of autism, and enroll participants into case control studies to determine the etiology of this disorder.

W81XWH-07-ASDRP-CA (Mandell DS, PI) 07/01/08 – 01/01/10
DoD

Autism and Associated Neuro-Behavioral Functioning among Patients in a Psychiatric Hospital
This study will determine the prevalence of autism among psychiatric inpatients; validate a screening instrument for autism in an adult, psychiatrically impaired sample; and identify clinical and neurobehavioral characteristics that discriminate between adults with autism and other psychiatric disorders. Agency Point of Contact: Christopher E. Sherman
Samuel L. Odom
Director, FPG and Professor, School of Education
University of North Carolina at Chapel Hill

EDUCATION
University of Tennessee Knoxville Psychology 1967-1971 B.S.
University of Tennessee Knoxville Special Education 1975-1976 M.S.
University of Tennessee Knoxville Ed. Psych. 1978-1979 Ed.S.
University of Washington Special Education 1979-1982 Ph.D.

POSITIONS AND EMPLOYMENT
2006-Present Director, FPG Child Development Institute UNC-Chapel Hill
Professor, School of Education
1999- 2006 Otting Professor of Special Education Indiana University
1996-1999 William Friday Professor of Education UNC-Chapel Hill
1986-1996 Professor (Assistant, Associate, Full) of Spec.Ed. Vanderbilt University
1984-1986 Training Coordinator and Adjunct Professor Indiana University
1982-1984 Research Associate, Department of Psychiatry University of Pittsburgh
1979-1982 Doctoral Student and Project Coordinator University of Washington
1976-1979 Special Education Teacher Knoxville, TN

PUBLICATIONS
Pertinent Early Publications and Publications in Last Three Years


**Current Publications, Book Chapters (Last Three Years)**


**Books**


Cathy Lynne Pratt, Ph.D.

7/94 - Present  Director: Indiana Resource Center for Autism, Indiana Institute on Disability and Community, Indiana University

SELECTED/CURRENT RESEARCH


Evaluating the IRCA Autism School Team Training Program, (2007). Data reported to the Indiana Department of Education, Division of Exceptional Learners.

SELECTED/CURRENT GRANTS


SELECTED PRESENTATIONS


Pratt, C. (September 2007). Professional Competencies in Autism. NATTAP National Conference. Columbus, OH.


SELECTED CONCURRENT PROFESSIONAL EXPERIENCE

2005-Present  Panel of Professional Advisors: Autism Society of America
2004-Present  Chair of the Board: National Autism Society of America
2002-Present  Government Relations Committee: National Autism Society of America
2003-2004  First Vice Chair: National Autism Society of America

SELECTED PUBLICATIONS


MISCELLANEOUS ACTIVITIES

2007-Present: Advisory Board of the National Professional Development Centers in Autism Spectrum Disorders.
2005-2007: Institute on Vocational Rehabilitation Work Group
2005-2007: Scientific Advisory Committee: IMFAR
Interagency Autism Coordinating Committee
1998-Present: Guest Editor: *Journal of Autism and Developmental Disorders*

DISSERTATION COMMITTEES

Jane Ford: 2007
Kara Hume: 2005
Ling-Ling Tsao: 2004
Glenda Pate: 2003
Scott Bellini: 2002
Colleen Thoma: 1999

AWARDS

1991 Individual Achievement Award - Presented by the National Autism Society of America.
1988 Pi Lambda Theta - Educational Honorary Sorority.
1987 Sandra Bailey Memorial Scholarship - Presented by National Autism Society of America

Diane M. Sainato

A. Positions and Honors
   1992-Present Associate Professor, Special Education Section, 
   The Ohio State University
   1987-1989 Senior Research Principal, University of Pittsburgh, School of Medicine
   1981-1983 Assistant Professor, Exceptional Children Education Department, 
   State University, College at Buffalo
   1999 - The Ohio State University Alumni Distinguished Teaching Award
   2003 - The Ohio State University, College of Education 
   Distinguished Collaborative Award

B. Selected publications
     social interactions in young children with autism. Manuscript submitted for publication to the Journal 
     of Early Intervention. 30(3),163-187
     Project IMPACTS: Preparing therapists to provide best practice in early intervention services. 
     Physical and Occupational Therapy in Pediatrics. 27(3), 73-90.
     and adaptive skills in young children with special needs. Korean Journal of Special Education. 41(2), 
     21-44
     childhood classrooms. Young Exceptional Children. 8 (3),12-19.
   - Morrison, R.S., Sainato, D.M. BenChaaban, D. & Endo, S. (2002) Increasing the play skills of 
     children with autism in an inclusive classroom using activity schedules and correspondence training. 
     with disabilities during mealtimes: The effects of an interactive placemat game. Education and 
     Treatment of Children, 22(1), 25-34.
     compliant responding. Journal of Behavioral Education. 8, 347-368.
     children’s use of social interaction strategies with their handicapped peers. Journal of Applied 
     Behavior Analysis, 25, 127-141.
     performance in preschool children with disabilities. Education and Treatment of Children, 13(4), 288- 
     297.

C. Research Support (Federal Grants Ongoing or Completed in Last 3 Years).

**Ongoing Research Support**

Susan M. Wilczynski, PhD, BCBA
National Autism Center
41 Pacella Park Drive
Randolph, MA 02368
781.437.1371

Education

Doctor of Philosophy in Psychology
Indiana State University, Indiana
Specialization in School Psychology
August 1993-August 1997

Masters of Science in Psychology
Northern Illinois University, Illinois
Specializations in School and Developmental Psychology
August 1990 – May 1993

Bachelor of Science in Psychology
Indiana University Northwest, Indiana
August 1983 – May 1990

Academic Appointments

Associate Professor, Pediatrics
Munroe-Meyer Institute for Genetics and Rehabilitation
Department of Psychology
University Nebraska Medical Center
June 2001 – March 2006

Adjunct Professor, Psychology
Munroe-Meyer Institute for Genetics and Rehabilitation
Department of Psychology
University Nebraska Medical Center
June 2001 – March 2006

Assistant Professor, Psychology
University of Southern Mississippi
Department of Psychology
August 1997 – May 2001

Certifications and Licenses

Nebraska License, #507 (October 2001)
Board Certified Behavior Analyst #1-03-1088 (June 2003)

Publications

Articles published in scholarly journals


Chapters in books


**National Task Forces**

National Standards Project (Chair)
National Autism Center, 2006-2010

**Books, manuals, or journals edited**

Editor
Findings and Conclusions of the National Standards Project National Autism Center

National Standards Report
National Autism Center
Co-Editor
Evidence-Based Practice and Autism in the Schools
National Autism Center
Effective Practices for Children with Autism
Oxford Press

Guest Editor
Special issue on Autism Spectrum Disorders for Psychology in the Schools (Current)

Editorial board member
1998 – 2004 Proven Practice
1998 – Present Psychology in the Schools
2004 – Present Journal of Evidence Based Practice for Schools
2010 – Present Behavior Analysis in Practice

Ad hoc reviewer
Journal of Applied Behavior Analysis
School Psychology Review

Grant/Contract Support
Accepted and/or Funded


Presentations
International, National, and Regional Presentations


Wilczynski, S. M. (2009). Major findings of the National Standards Project. Presented at the
Autism Consortium symposium, Boston, MA.


Wilczynski, S. M. (2009). *Barriers to building capacity in evidence-based practice.* Invited presentation at the annual Nebraska ASD Network conference, Omaha, NE.


Wilczynski, S. M. (2008). *Barriers to building capacity in evidence-based practice.* Presented at the State Team Forum, Columbus, OH.


Wilczynski, S. M. (2008). *Unit of analysis: Choosing specificity and clarity in the National Standards Project*. Invited presentation at the 34th annual conference of the Association for Behavior Analysis, Chicago, IL.


Autism Spectrum Disorders (ASD). Presented at the California Association for Behavior Analysis (CaLABA) 25th annual western regional conference, Burlingame, CA.


of a preschooler with autism. Presented at the annual convention of the Association for Behavior Analysis, San Francisco, CA.


**Invited Workshops**


Wilczynski, S. M. (2003). *Foundations and autism and discrete trial learning (day 1); Generalization of skills; Development of curriculum and educational goals (day 2); Functional behavioral assessment and preference assessment (day 3)*. Presented at the first annual Becker Institute on Interventions sponsored by Indiana Association of School Psychologists and Indiana State University.


Interventions for children with ADHD or autistic disorder. Mini-skills workshop presented to the National Association for School Psychologists, Orlando, Florida.


Wilczynski, S. M. (October, 1997). Teacher support teams: Creating environments in which students and teachers are successful. Presented to the Caring for Kids Consortium, Petal, Mississippi.

“Published” Continuing Education Materials


Invited lectures


Wilczynski, S. M. (Spring, 2004). Understanding the needs of children with autism spectrum disorders. EDUC-2510-003 Applied special education. Course taught by K. Swain, PhD. at the University of Nebraska – Omaha.

Wilczynski, S. M. (Fall, 2004). Four obsessions of a CEO. Book review and lecture delivered to Leadership Education in Neurodevelopmental and Related Disabilities (LEND) at Munroe-Meyer Institute.

Wilczynski, S. M. (Spring, 2004). Four obsessions of a CEO. Book review and lecture delivered to Leadership Education in Neurodevelopmental and Related Disabilities (LEND) at Munroe-Meyer Institute.


Wilczynski, S. M. (Spring, 2003). Understanding the needs of children with autism spectrum disorders. EDUC-2510-003 Applied special education. Course taught by K. Swain, PhD. at the University of Nebraska – Omaha.


Wilczynski, S. M. (Fall, 2002). Project BEST-CASE. Lecture delivered to Autism Society of Nebraska.

Wilczynski, S. M. (Spring, 2002). Project BEST-CASE. Lecture delivered to the Nebraska Consortium for Professional Psychology.
Service

Consulting Positions
Metro Regional Autism Team (2003-present)

Committee Assignments
Mississippi
1999-2001 Member of Human Subjects Review Board
1999 Member of the Committee for the Southwest Mississippi Health Coalition Proposal
1998-2001 Counseling Psychology Search Committee
School Psychology Search Committee
Industrial/Organizational Psychology Search Committee
1999 Qualifying Examination Coordinator (summer)
1998-1999 Member of 3 Graduate Appeals Committees
1998-2001 School Psychology Internship Coordinator
1997-2001 Member of Graduate Committee
1997-2001 Faculty advisor, Student Affiliates of School Psychology
The University of Southern Mississippi

Community Service
Nebraska Department of Education
    Autism Training Committee
    Autism Web Committee
    Metro Regional Autism Team – Advisory Board

Professional Affiliations and Accomplishments

Honors and Awards
2004 Nominated for NIH Pioneer Award
2003 American Association on Mental Retardation – Nebraska; Distinguished Researcher Award
2002 UNMC – Silver ‘U’ Award Winner

Membership and Offices in Professional Societies
Association for Behavior Analysis (ABA)
American Psychological Association (APA)
American Psychological Association
    Division 16 (School Psychology)
    Division 25 (Experimental Analysis of Behavior)
    Division 53 (Clinical Child Psychology)
National Association of School Psychologists (NASP)
    National Association of School Psychologists, Behavioral School Psychology Interest Group
UMASS Advisory Board to the Center for Autism and Neurodevelopmental Disorders (CANDO)

Teaching Activities

Courses taught
Graduate courses at the University of Nebraska-Omaha:
PSYC 4570 Child Behavior Analysis and Intervention

Graduate courses at the University of Southern Mississippi:
PSY 772 Interventions in the Schools, Consultation
PSY 771 Practicum
PSY 642 Psychoeducational Assessment I
PSY 643 Psychoeducational Assessment II.

Undergraduate courses at the University of Southern Mississippi:
PSY 432 Behavioral Interventions
Graduate Students, Interns, and Fellows

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<th>Category</th>
<th>Count</th>
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<td>Dissertation or Thesis Committee membership</td>
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<td>Post-doctoral Fellows supervised</td>
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<tr>
<td>Predoctoral Interns Supervised</td>
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<tr>
<td>Behavior Analysis students supervised</td>
<td>4</td>
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<tr>
<td>Licensed mental health practitioners supervised</td>
<td>2</td>
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<tr>
<td>Residents trained</td>
<td>100</td>
</tr>
</tbody>
</table>

Updated: June, 2010
Terry M. Dutton

Business: Camp Lejeune Dependent Schools
855 Stone Street
Camp Lejeune, NC 28547
Phone: 910-451-2461 x223
Fax: 910-451-2200
email: tdutt1@aol.com

Home: 200 Nichols Drive, Greenville, NC 27858
Phone: 252-714-9632

Education
East Carolina University, Greenville, North Carolina 1974-76
Degree: M.S.
Major: Child Development and Family Relations

East Carolina University, Greenville, North Carolina 1970-74
Degree: B.A.
Major: Psychology
Double Minor: Sociology, Anthropology

Professional Positions
November 2005 –Present: Autism Consultant for DDESS (Department of Defense Elementary and Secondary Schools), Atlanta, GA
Responsibilities: Provide ongoing consultation and staff training regarding students with ASD (preschool through high school) across 65 DDESS schools located in NC, VA, GA, KY, TN, SC, AL, NY, Puerto Rico and Cuba.

January 1993 – October 2005: Clinical Supervisor, Greenville TEACCH Center, Winterville, NC
Responsibilities: Continued clinic responsibilities for diagnostic evaluations, individualized client therapy, parent counseling and case management. Supervise staff of 6 therapist and clerical staff including; recruiting, hiring and training of staff, and day to day clinic operations. Develop service delivery and training models.

July 1991 - January 1993: Coordinator of Adolescent and Adult Services, Greenville TEACCH Center, Winterville, NC
Responsibilities: Develop adolescent and adult social skills groups, develop models of vocational service delivery, hire and train job coaches, coordinate services with NC Dept. of Vocational Rehabilitation. Diagnostic and vocational assessment of adolescents and adults. Supervise adult counseling services.

Responsibilities: Differential diagnostic evaluation of children, adolescents and adults with autistic spectrum disorders and other disorders of learning, behavior and communication; conduct individual child, adolescent and adult therapy sessions; conduct parent counseling sessions; consult diagnostic parent interviews; consult to school system administrators, classroom teachers and varied support staff regarding educational and behavioral concerns of students with autistic spectrum disorders; supervise practicum work of college students; present workshops; conduct staff development seminars; conduct social skills
groups for clients with autistic spectrum disorders; complete formal written reports.

August 1974 - June 1976: Lead Teacher, East Carolina University
Demonstration Preschool Program, Greenville, North Carolina.

Presentations/Consultations

Numerous Presentations, Seminars, Workshops, Consultations, and Invited Addresses have been conducted individually and in collaboration with other professionals in the field of autism. Frequent presentation topics include: Identifying and understanding Autism Spectrum Disorders, Structured Teaching Methods, Communication Issues, Diagnostic and Assessment Issues, Behavior Management Strategies, High Functioning Autism/Asperger’s Disorder, Working with Parents, Social and Leisure Skill Development, Vocational Training, Developing Independent Skills, Effective Consultation Techniques, Adult ADS issues, Programming approaches, ABA principals and teaching strategies.

Domestic Presentations/Consultations:
Alabama (2008)
North Carolina (Annually, 1977- present)
Oklahoma (2007, 2008)
Pennsylvania (1999, 2001)
South Carolina (2007, 2008)
Texas (2004)
Wyoming (2000)
District of Columbia (2007, 2008)

International Presentations/Consultations:
Belgium (1998)
Guam (2000, 2002)
The Netherlands (1998)
Jill Kleinheinz
PSC 80 Box 12724
APO AP 96367
Phone: 098-936-0569, 090-9818-6861
Email: jkleinheinz@hotmail.com

EDUCATION

B.A., Marketing, Kent State University, Kent, OH, 1988

EMPLOYMENT

Autism Consultant
DoDDS Pacific DDESS Guam
March 2006-present
September 2000-June 2003

- Provide educational support, professional development and consultation to DoDDS Pacific DDESS Guam schools
- Develop educational and behavioral plans for individual students
- Provide staff development to service providers, parents and community members at the school and district levels
- Serve as principal consultant to the District Special Education Coordinators regarding the best practices and programming needs for students with an Autism Spectrum Disorder (ASD)
  - Develop individual After Action Reports outlining specific strategies and recommendations to support students and ensure highest student achievement
- Ensure early resolution of conflicts by taking a proactive role when working with the teachers, Case Study Committees and District Special Education Coordinators
- Participate as a member of special education monitoring teams to ensure that performance-driven, efficient management systems are in place at the school level
  - Advise Case Study Committees on pre-referral activities, observation techniques, and development of appropriate assessment plans
  - Provide in-home support to the families of the students with ASD
  - Collaborate with Educational Development Intervention Services (EDIS) and Exceptional Family Member Program (EFMP) to support the parents of students with ASD
- Conduct EFMP overseas screenings for families of students with special needs
  - Case manage special education students diagnosed with ASD who are in the Non-DoDDS Schools Program (NDSP)
  - Procure curricular materials and resources for program development
  - Disseminate information regarding current educational best practices, trends, and methodologies to teachers, parents and community organizations (EFMP, EDIS)

Teacher: Learning Impaired, Moderate-Severe and Autism

Bob Hope Primary School, Okinawa, Japan
September 2004-March 2006

Killin Elementary School
September 2003-June 2004

Shrevewood Elementary School, Fairfax County, VA
September 1997-June 2000

J.E. Duckworth Special Center, Prince George’s County, MD
Teacher: Secondary August 1992-June 1994

- Provided educational programming including academic, communication, functional/life skills, social/emotional, and self help skills for students with ASD and multiple disabilities
- Instructed children with moderate-severe disabilities including ASD utilizing Applied Behavior Analysis, Structured Teaching, Picture Exchange Communication Systems and sensory based activities
- Organized and executed weekly Community Based Instructional lessons and activities
- Collected and interpreted data to document student progress and program planning
- Collaborated with general education teachers, paraprofessionals, other service providers, and administrators in order to provide educational programming within the inclusive setting
- Developed and implemented Individualized Education Plans and Individualized Transition Plans (14-21 year old population)
- Conducted Alternate Assessments for 3rd-5th grade students Co-authored a curriculum of language-based thematic units for students with moderate-severe disabilities
- Served as Case Study Committee Chairperson
- Developed and facilitated a demonstration classroom as the training grounds for DoDDS Pacific DDESS Guam Learning Impaired, Moderate-Severe Teachers
- Collaborated and communicated with parents regarding their child’s progress and educational program

EXTRACURRICULAR EXPERIENCE

Mentor Teacher-New Beginnings Mentoring Program,
Fairfax County Public Schools, 1998-2000

- Participated in a 9 month training program for Mentors
- Provided instructional guidance and emotional support for new teachers in the Autism Program

Autism Team Leader
J.E. Duckworth Special Center, Prince George’s County, MD
August 1996-June 1997

- Organized and facilitated interdisciplinary team meetings
- Liaison between Sensory Team (Autism teachers) and school administration
- SBMT: Team member of School Based Management Team

Vocational Coordinator and Secondary Team Leader
August 1993-June 1994

- Directed community vocational training program for secondary students with severe mental and physical disabilities including ASD
- Trained and supervised job coaches
• Liaison between parents and the adult service provider agencies (i.e., Developmental Disabilities Administration and Department of Rehabilitation Services)
• Job placement coordinator for graduates; successfully transitioned 100% of graduates into work sites/day programs
• Organized and facilitated interdisciplinary team meetings
• Liaison between Secondary Team staff and the school administration

U.S. Peace Corps Volunteer, Guatemala, Central America
June 1998-September 1990
• Small Enterprise Development Consultant for Guatemalan National Cooperative Agency (Rural Business Development)

COMMUNITY OUTREACH

Autism Consultant to Okinawan School for the Physically and Mentally Challenged
November 2002-June 2003
• Provided educational support and consultation to the school staff in the use of the most current educational strategies used for teaching students with ASD

Special Olympics, Okinawa Japan
June 2001
• Coordinated volunteer registration for all DoDDS employees

English as a Second Language (ESL) Instructor, Arlington Housing Corporation
September-June 1995
• Lead teacher for ESL class (Adult Education)

Maryland Special Olympics, Ski Coach
Winter Games, 1993
• Received training for and participated as a coach in the 1993 Winter Games
Charles D. York

CMR 443 Box 118
APO AE 09002

Skills Summary

MANAGEMENT
- Worked in the DoDDS-Europe Area Office Education Division and the Office of the Chief Educational Officer of the Chicago Public Schools
- Supervised three community based employment sites for the Jewish Vocational Service with six staff and thirty clients
- Team leader for Chicago Public Schools Transition Services including eight counselors, six job coaches, and six clerical staff
- Developed specialized training programs for the Jewish Vocational Service as outlined in NISH contracts
- Managed program budget and payroll documentation for the Transition Services program at Chicago Public Schools
- Analyzed Rehabilitation Services Administration program goals and monitored progress towards those goals
- Participated in the negotiation of annual contracts for the Jewish Vocational Service and Chicago Public Schools
- Represented Chicago Public Schools to various state, city, and agency based committees

Teaching
- Developed Individualized Education Plans and provided instruction, accommodations and modifications for students with a variety of cognitive, behavioral, developmental, and emotional disabilities, including autism
- Developed and provided day-to-day teaching for a life skills program serving middle and high school students with moderate to severe disabilities incorporating pre-employment, home, and community skills
- Provided pull-out services for developmentally delayed primary grade students, including students with autism
- Devised and implemented behavior management plans integrating aspects of Non-Violent Crisis Intervention and Applied Behavior Analysis techniques

COMMUNICATION AND TRAINING
- Developed and presented “Autism 101” to staff and community members of 55 DoDDS-E schools; more than 500 people attended
- Co-authored “Transition: A Family Resource Guide,” a 235-page manual for families and educators of students with disabilities - 15,000 copies were published
- Hosted local portions of a nationally syndicated radio news program with a listening audience of 78,000
- Interpreted ASL and Signed English for deaf university students
- Developed and performed training seminars on a wide variety of topics related to special education and vocational rehabilitation
- Participated in various committees and cadres as both chair and participant

Program Development
- Co-Developed autism services for DoDDS-Europe from a program serving less than 200 students in primarily level three schools into a program serving ~400 students of all levels of impairment and in virtually every school in DoDDS-Europe
- Developed an autism teacher leader program for DoDDS-Europe including fourteen teacher leaders in five districts
- Developed the DoDEA Worldwide Autism Website
- Established school-to-work training program bringing twenty-five students per year into competitive employment
- Planned and hosted an employment/college fair for 800 students and forty speakers

Home Phone: +49-(0)611-308-5788
Duty Phone: 314-338-7940 (DSN)
• Implemented system-wide cooperative work training program in-service to train teachers how to better serve students with special needs

**EDUCATION**

University of Maryland College Park  
Doctor of Education, Special Education Administration (Anticipated 2011)

University of Tennessee Knoxville  
Masters of Science, Special Education, 4.0 GPA

DePaul University  
Bachelor of Arts, School for New Learning, 3.8 GPA

**Professional Certifications**

Department of Defense Dependents Schools  
Learning Impaired, Emotionally Impaired Moderate to Severe and AVID

State of Tennessee Department of Education  
Modified and Comprehensive Special Education grades K through 12

Justice Center of Atlanta  
Mediation Training

**Professional Experience**

*Instructional Systems Specialists - Autism Consultant*
Department of Defense Dependents Schools  
August 2004 to Present  
Provide direct classroom support to students with Autism Spectrum Disorders, their families, and teachers. Train staff in appropriate behavior management techniques for emotionally impaired populations, including functional behavior analysis, behavior intervention plans, and safety plans. Provide training in Non-Violent Crisis Intervention. Provide group training on a variety of special education topics at the district, school, and departmental level. Participate in the development of Individualized Education Plans. Advise in issues of best practices for ASD education, federal law, DoDEA and DoDDS-Europe regulation. Consult with medical personnel regarding treatment options for students. Provide research in support of due process and mediation hearings. Develop budget plans and provide accounting support. Develop short and long-term plans for program development and advancement.

*Associate Adjunct Professor, Special Education*
University of Maryland University College, Europe  
October 2004 to Present  
Provide instruction in Special Education coursework for graduate students in counseling. Participated in the vetting of candidates for thesis work and act as a member of their graduate research committees.

*Special Education Teacher*
Department of Defense Dependents Schools  
August 2002 to August 2004  
Teacher for children with moderate to severe disabilities. Developed life skills oriented Individualized Education Programs incorporating employment, home skills, interpersonal skills, self-care skills, and leisure activities. Developed differentiated instruction plans for use in inclusion settings, as well as unit and lesson plans for use in the self-contained setting. Performed evaluations for eligibility for special education services, including academic achievement, file review, direct observation, and transition planning. Performed extra duty positions including Curriculum Implementation Facilitator, Department Chair, Student Council Advisor, and Football Coach.

*Special Education Teacher*
Anderson County Schools, Clinton, Tennessee  
August 2001 to June 2002  
Inclusion teacher for second grade classroom at Claxton Elementary. Developed and taught day-to-day lessons for all students in a team-teaching environment. Performed pull-out resource services for primary grade students
addressing mathematics and reading. Mid-year transfer to inclusion English teacher for 9-12 grade high-school students at The Learn Center, an alternative school for students with behavioral disabilities. Planned, developed and presented unit plans in the form of day-to-day instruction. Evaluated students on an ongoing basis to determine their skills in relation to the Tennessee State Curriculum Frameworks and the state testing protocol; adjusted instruction accordingly.

Program Host
WUOT Knoxville, 91.9FM
May 2000 to July 2002
Local news host for “All Things Considered” from National Public Radio and “Marketplace” from Public Radio International. Prepared and presented abbreviated local news stories, community events and underwriter announcements to a listening audience of 78,000. Conducted live interviews, participated in funding drives, and represented WUOT at publicity affairs.

Transition Counselor/ Team Leader
Chicago Public Schools
1994 to September 1998
Planned, directed, and coordinated activities of ten counselors and nine support staff providing post-school transition services for students with special needs in 78 public high schools. Established and ensured annual goals and objectives were accomplished. Prepared project status and budget reports. Initiated and chaired committees. Maintained a caseload and associated case files for an average of 225 students at 10 Chicago public high schools. Consulted with community members and personnel at rehabilitation facilities to identify community resources and establish relationships on behalf of students with those providers. Assisted schools in the development of Individualized Education Plans for the students in our program. Worked in conjunction with various universities and community service providers to bring innovations to the program. Wrote grants on behalf of the program. Developed training programs and performed conference training for the educational professionals and families of students with disabilities. Represented the Chicago Public Schools at the State of Illinois Interagency Coordinating Council and the City of Chicago Workforce Board.

COMMUNITY BASED SERVICES SITE SUPERVISOR
Jewish Vocational Service
1991 to December 1994
Supervised three community-based transitional employment sites utilizing four vocational training staff, two case managers, and approximately 30 program participants. Established relationship with local school districts to create school to transitional services programs serving students with moderate to severe disabilities.
Appendix B: Evidence-Based Practices Comparison Chart

This chart compares the lists of evidence-based practices developed by the Centers for Medicare & Medicaid Services, the National Autism Center, and the National Professional Development Center on ASD. Brief descriptions of the practices are also included.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Centers for Medicare and Medicaid Services (CMMS)</th>
<th>National Autism Center (NAC)</th>
<th>National Professional Development Center on ASD (NPDC)</th>
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<tr>
<td>Antecedent Package</td>
<td>(0-16) (17-21) Modifications of events that typically precede the occurrence of a target behavior. These alterations are made to increase the likelihood of success or reduce the likelihood of problems occurring.</td>
<td>(3-18) Behavior chain interruption; behavioral momentum; choice; cueing/prompting; environmental enrichment/modification; errorless learning; habit reversal; incorporating echolalia, special interests, thematic activities, or ritualistic/obsessional activities; maintenance interspersal; noncontingent access/reinforcement; priming; stimulus variation; time delay.</td>
<td>Antecedent-based Interventions (EC-MH) Include 1) using highly preferred activities/items to increase interest level, 2) changing schedule/routine, 3) implementing preactivity interventions, 4) offering choices, 5) altering the manner in which instruction is provided, and 6) enriching the environment for access to sensory stimuli that serve the same function as the interfering behavior.</td>
</tr>
<tr>
<td>Behavioral Package</td>
<td>(0-16) Interventions designed to reduce problem behavior and teach functional alternative behaviors or skills through the application of basic principles of behavior change.</td>
<td>(0-21) Sleep package; toilet training; chaining; contingency contracting; contingency mapping; delayed contingencies; DR strategies; DTT; FCT; generalization training; mand training; noncontingent escape with fading; progressive relaxation; reinforcement; scheduled awakenings; shaping; stimulus-stimulus pairing with reinforcement; successive approximation; task analysis; token economy.</td>
<td></td>
</tr>
</tbody>
</table>

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2 Reported exact age – not age or grade range.
<table>
<thead>
<tr>
<th>Intervention</th>
<th>CMMS</th>
<th>NAC</th>
<th>NPDC</th>
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</thead>
<tbody>
<tr>
<td>Differential</td>
<td></td>
<td></td>
<td>(EC-H) Reinforcement is provided for desired behaviors, while</td>
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<tr>
<td>Reinforcement</td>
<td></td>
<td></td>
<td>inappropriate behaviors are ignored.</td>
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<tr>
<td>Extinction</td>
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<td></td>
<td>(EC-MH) Based on applied behavior analysis ... is used to reduce or</td>
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<td></td>
<td></td>
<td>eliminate unwanted behavior. Extinction involves withdrawing or</td>
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<td></td>
<td></td>
<td></td>
<td>terminating the positive reinforcer that maintains an inappropriate</td>
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<td></td>
<td></td>
<td></td>
<td>interfering behavior.</td>
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<tr>
<td>Prompting</td>
<td></td>
<td></td>
<td>(EC-MH) Any help given to learners that assist them in using a</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>specific skill.</td>
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<tr>
<td>Reinforcement</td>
<td></td>
<td></td>
<td>(EC-MH) A relationship between learner behavior and a consequence that</td>
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<td></td>
<td></td>
<td></td>
<td>follows the behavior. This relationship is only considered</td>
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<td>reinforcement if the consequence increases the probability that</td>
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<td>a behavior will occur in the future, or at least be maintained.</td>
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<tr>
<td>Time Delay</td>
<td></td>
<td></td>
<td>(E) A practice that focuses on fading the use of prompts during</td>
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<td></td>
<td>instructional activities. With this procedure, a brief delay is</td>
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<td></td>
<td></td>
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<td>provided between the initial instruction and any additional</td>
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<td></td>
<td></td>
<td></td>
<td>instructions or prompts.</td>
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<td>Intervention</td>
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</tr>
<tr>
<td>Cognitive Behavioral Intervention Package</td>
<td>(0-16) Interventions designed to change negative or unrealistic thought patterns/behaviors to positively influencing emotions/life functioning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Behavioral Treatment for Children</td>
<td>(0-16) Interventions involving a combination of instructional and behavior change strategies and a curriculum that addresses core and ancillary symptoms and behaviors of ASD.</td>
<td>(0-8) Using ABA strategies (e.g., DTT, incidental teaching, errorless learning, behavioral momentum, and shaping). Criteria: {a} defined ASD symptoms, {b} treatment manuals, {c} intensive treatment, and {d} measuring program effectiveness.</td>
<td></td>
</tr>
<tr>
<td>Discrete Trial Training</td>
<td></td>
<td></td>
<td>(EC, E) DTT is a one-to-one instructional approach. Used when a learner needs to learn a skill best taught in small repeated steps. Each trial or teaching opportunity has a definite beginning and end. The use of antecedents and consequences is carefully planned and implemented.</td>
</tr>
<tr>
<td>Functional Behavior Assessment</td>
<td></td>
<td></td>
<td>(EC-MH) Systematic strategies used to determine underlying behavior function or purpose, so that an effective intervention plan can be developed.</td>
</tr>
<tr>
<td>Intervention</td>
<td>CMMS</td>
<td>NAC</td>
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</tr>
<tr>
<td>Joint Attention Intervention</td>
<td>(0-16) Interventions involving teaching a child to respond to the nonverbal social bids of others or to initiate joint attention interactions.</td>
<td>(0-5) Often taught in a DTT format; examples include pointing, showing items/activities to another person, and following eye gaze.</td>
<td></td>
</tr>
<tr>
<td>Modeling</td>
<td>(0-16) Interventions relying on an adult or peer providing a demonstration of the target behavior that should result in an imitation by the person with ASD.</td>
<td>(3-18) Examples include live modeling and video modeling.</td>
<td>See Video Modeling</td>
</tr>
<tr>
<td>Multi-component Package</td>
<td>(0-16) These interventions involve a combination of multiple treatment procedures that are derived from different fields of interest or different theoretical orientations. They do not better fit one of the other treatment &quot;packages&quot; in this list nor are they associated with specific programs.</td>
<td></td>
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</tr>
<tr>
<td>Naturalistic Teaching Strategies</td>
<td>(0-16) Primarily child-directed interactions to teach functional skills in natural environment. Providing a stimulating environment, modeling how to play, encouraging conversation, providing choices and direct/natural reinforcers, and rewarding reasonable attempts.</td>
<td>(0-9) Different names include focused stimulation, incidental teaching, milieu teaching, embedded teaching, and responsive education and prelinguistic milieu teaching.</td>
<td>(EC-MH) Includes environmental arrangement, interaction techniques, behavioral strategies designed to encourage specific target behaviors. Builds more elaborate learner behaviors that are naturally reinforcing and appropriate to the interaction.</td>
</tr>
<tr>
<td>Intervention</td>
<td>CMMS</td>
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<tr>
<td>Parent Implemented Interventions</td>
<td></td>
<td></td>
<td>(EC-E) Parent-implemented Intervention entails parents directly using individualized intervention practices with their child to increase positive learning opportunities and acquisition of important skills.</td>
</tr>
<tr>
<td>Peer Training Package</td>
<td>(0-16)</td>
<td>(3-14)</td>
<td>(EC-MH) Peer-mediated Instruction/Intervention Peers are systematically taught ways of engaging learners with ASD in social interactions in both teacher-directed and learner-initiated activities</td>
</tr>
<tr>
<td>Picture Exchange Communication System</td>
<td>(0-16)</td>
<td></td>
<td>(EC-E) Learners are taught to give a picture of a desired item to a communicative partner in exchange for the item.</td>
</tr>
<tr>
<td>Pivotal Response Treatment</td>
<td>(0-16)</td>
<td>(3-9)</td>
<td>(EC-MH) Pivotal Response Training Creates a more efficient and effective intervention by enhancing four pivotal variables: motivation, responding to multiple cues, self-management, and self-initiations.</td>
</tr>
</tbody>
</table>

- Parent-implemented Intervention entails parents directly using individualized intervention practices with their child to increase positive learning opportunities and acquisition of important skills.
- Peer-mediated Instruction/Intervention Peers are systematically taught ways of engaging learners with ASD in social interactions in both teacher-directed and learner-initiated activities.
- Learners are taught to give a picture of a desired item to a communicative partner in exchange for the item.
- Pivotal Response Training Creates a more efficient and effective intervention by enhancing four pivotal variables: motivation, responding to multiple cues, self-management, and self-initiations.
<table>
<thead>
<tr>
<th>Intervention</th>
<th>CMMS</th>
<th>NAC</th>
<th>NPDC</th>
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</thead>
<tbody>
<tr>
<td>Response Interruption and Redirection</td>
<td>(EC-MH) RIR contains two main components: (1) response interruption and (2) redirection. During the response interruption component of the intervention, teachers/practitioners stop the learner from engaging in the interfering behavior. Redirection, the second component of the intervention, focuses on prompting the learner to engage in a more appropriate, alternative behavior.</td>
<td></td>
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</tr>
<tr>
<td>Schedules</td>
<td>(0-16) Interventions involving the presentation of a task that communicates a series of activities or steps required to complete a specific activity.</td>
<td>(3-14) These interventions involve the presentation of a task list that communicates a series of activities or steps required to complete a specific activity.</td>
<td>See Visual Supports</td>
</tr>
<tr>
<td>Self-management</td>
<td>(0-16) These interventions involve independence by teaching individuals with ASD to regulate their behavior by recording the occurrence/nonoccurrence of the target behavior, and securing reinforcement for doing so.</td>
<td>(3-18) These interventions involve promoting independence by teaching individuals with ASD to regulate their behavior by recording the occurrence/nonoccurrence of the target behavior, and securing reinforcement for doing so.</td>
<td>(EC-MH) With these interventions, learners with ASD are taught to discriminate between appropriate and inappropriate behaviors, accurately monitor and record their own behaviors, and reward themselves for behaving appropriately.</td>
</tr>
<tr>
<td>Intervention</td>
<td>CMMS</td>
<td>NAC</td>
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</tr>
<tr>
<td>Social Communication Intervention</td>
<td>(0-16) These psychosocial interventions involve targeting some combination impairments such as pragmatic communication skills, and the inability to successfully read social situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Skills Groups</td>
<td></td>
<td>(EC-MH) Social skills groups are used to teach individuals with ASD ways to appropriately interact with typically developing peers. Social skills groups typically involve small groups of two to eight individuals with disabilities and a teacher or adult facilitator. Most social skill group meetings include instruction, role-playing or practice, and feedback ...</td>
<td></td>
</tr>
<tr>
<td>Social Skills Package</td>
<td>(0-16) These interventions seek to build social interaction skills by targeting basic responses (e.g., eye contact, name response) to complex social skills (e.g., how to initiate or maintain a conversation). They seek to build social interaction skills in children with ASD by targeting basic responses (e.g., eye contact, name response) to complex social skills (e.g., how to initiate or maintain a conversation).</td>
<td></td>
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</tr>
<tr>
<td>Intervention</td>
<td>CMMS</td>
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</tr>
<tr>
<td><strong>Story-based intervention package</strong></td>
<td>(0-16)</td>
<td>(6-14)</td>
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<tr>
<td></td>
<td>These treatments involve a written description of the situations under which specific behaviors are expected to occur. Stories may be supplemented with additional components.</td>
<td>Social Stories™ are the most well-known story-based interventions and they seek to answer the “who,” “what,” “when,” “where,” and “why” in order to improve perspective-taking.</td>
<td></td>
</tr>
<tr>
<td><strong>Social Narratives</strong></td>
<td></td>
<td></td>
<td>(EC-MH)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Social narratives describe social situations in some detail by highlighting relevant cues and offering examples of appropriate responding.</td>
</tr>
<tr>
<td><strong>Speech Generating Devices</strong></td>
<td></td>
<td>(EC-MH)</td>
<td>Speech generating devices (SGD) are electronic devices that are portable in nature and can produce either synthetic or digital speech for the user. SGD may be used with graphic symbols, as well as with alphabet keys.</td>
</tr>
<tr>
<td><strong>Structured Teaching</strong></td>
<td>(0-16)</td>
<td>(EC-MH)</td>
<td></td>
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<tr>
<td></td>
<td>This intervention involves a combination of procedures that rely on the physical organization of a setting, predictable schedules, and individualized use of teaching methods. These treatment programs may also be referred to as TEACCH.</td>
<td>Structured Work Systems The individual work system is defined as a visually organized space where learners independently practice skills that have been previously mastered under the direct supervision of an adult. A work system visually communicates at least four pieces of information to the learner.</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>CMMS</td>
<td>NAC</td>
<td>NPDC</td>
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</tr>
<tr>
<td>Task Analysis</td>
<td></td>
<td></td>
<td>(EC-MH) Breaking a skill into smaller, more manageable steps to teach the skill.</td>
</tr>
<tr>
<td>Technology-based Treatment</td>
<td>(0-16)</td>
<td>The presentation of instructional materials using the medium of computers or related technologies.</td>
<td></td>
</tr>
<tr>
<td>Computer-aided Instruction</td>
<td></td>
<td></td>
<td>(E-MH) Use of computers to teach academic skills and to promote communication and language development and skills. It includes computer modeling and computer tutors.</td>
</tr>
<tr>
<td>Video Modeling</td>
<td>See Modeling</td>
<td>See Modeling</td>
<td>(E-MH) A mode of teaching that uses video recording and display equipment to provide a visual model.</td>
</tr>
<tr>
<td>Visual Supports</td>
<td>See Schedules</td>
<td>See Schedules</td>
<td>(EC-MH) Any tool presented visually that supports an individual as he moves through the day. Might include, but are not limited to, pictures, written words, objects, arrangement of the environment or visual boundaries, schedules, maps, labels, organization systems, timelines, and scripts.</td>
</tr>
</tbody>
</table>

*Note. EC=early childhood, E=elementary, MH=middle/high school.*
Appendix C: CEC Teacher Competencies

Presented below are competencies developed by the Council for Exceptional Children and the Autism Society for teachers of individuals with exceptional learning needs with developmental disabilities/autism. The first set are initial teacher competencies and the second set are advanced.

### Standard 1  Foundations

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
</table>
| DDA1.K1  
Definitions and issues related to the identification of individuals with developmental disabilities/autism spectrum disorders |
| DDA1.K2  
Continuum of placement and services available for individuals with developmental disabilities/autism spectrum disorders |
| DDA1.K3  
Historical foundations and classic studies of developmental disabilities/autism spectrum disorders |
| DDA1.K4  
Trends and practices in the field of developmental disabilities/autism spectrum disorders |
| DDA1.K5  
Theories of behavior problems of individuals with developmental disabilities/autism spectrum disorders |
| DDA1.K6  
Perspectives held by individuals with developmental disabilities/autism spectrum disorders |
| DDA1.K7  
Concepts of self determination, self-advocacy, community and family support and impact in the lives of individuals with developmental disabilities/autism spectrum disorders |

### Standard 2  Development and Characteristics of Learners

<table>
<thead>
<tr>
<th>Knowledge</th>
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</thead>
</table>
| DDA2.K1  
Medical aspects and implications for learning for individuals with developmental disabilities/autism spectrum disorders |
| DDA2.K2 | Core and associated characteristics of individuals with developmental disabilities/autism spectrum disorders |
| DDA2.K3 | Co-existing conditions and range that exists at a higher rate than in the general population |
| DDA2.K4 | Sensory challenges of individuals with developmental disabilities/autism spectrum disorders |
| DDA2.K5 | Speech, language, and communication of individuals with developmental disabilities/autism spectrum disorders |
| DDA2.K6 | Adaptive behavior needs of individuals with developmental disabilities/autism spectrum disorders |

Skills

### Standard 3 Individual Learning Differences

**Knowledge**

| DDA3.K1 | Impact of theory of mind, central coherence, and executive function on learning and behavior |
| DDA3.K2 | Impact of neurological differences on learning and behavior |
| DDA3.K3 | Impact of self-regulation on learning and behavior |

Skills

### Standard 4 Instructional Strategies

**Knowledge**

| DDA4.K1 | Specialized curriculum designed to meet the needs of individuals with developmental disabilities/autism spectrum disorders |

Skills

<p>| DDA4.S1 | Match levels of support to changing needs of the individual |</p>
<table>
<thead>
<tr>
<th>Standard 4</th>
<th>Learning Programs/Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDA4.S2</td>
<td>Implement instructional programs that promote effective communication skills using verbal and augmentative/alternative communication systems for individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td>DDA4.S3</td>
<td>Provide specialized instruction for spoken language, reading and writing for individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td>DDA4.S4</td>
<td>Use instructional strategies that fall on a continuum of child-directed to adult-directed in natural and structured context</td>
</tr>
<tr>
<td>DDA4.S5</td>
<td>Consistently use of proactive strategies and positive behavioral supports</td>
</tr>
<tr>
<td>DDA4.S6</td>
<td>Involve individuals with developmental disabilities/autism spectrum disorders in the transition planning process</td>
</tr>
<tr>
<td>DDA4.S7</td>
<td>Plan for transition needs including linkages to supports and agencies focusing on lifelong needs</td>
</tr>
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</table>

**Standard 5 Learning Environments/Social Interactions**

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<th>Knowledge</th>
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<tr>
<td><strong>Skills</strong></td>
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</table>

| DDA5.S1     | Provide instruction in community-based settings |
| DDA5.S2     | Demonstrate transfer, lifting and positioning techniques |
| DDA5.S3     | Structure the physical environment to provide optimal learning for individuals with developmental disabilities/autism spectrum disorders |
| DDA5.S4     | Provide instruction in self-regulation |
| DDA5.S5     | Utilize student strengths to reinforce and maintain social skills |

**Standard 6 Language**

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<th>Knowledge</th>
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<tr>
<td><strong>Skills</strong></td>
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<table>
<thead>
<tr>
<th>DDA6.S1</th>
<th>Provide pragmatic language instruction that facilitates social skills</th>
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<tbody>
<tr>
<td>DDA6.S2</td>
<td>Provide individuals with developmental disabilities/autism spectrum disorders strategies to avoid and repair miscommunications</td>
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</table>

**Standard 7  Instructional Planning**

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<tr>
<td><strong>DDA7.K1</strong></td>
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<th>Skills</th>
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<tbody>
<tr>
<td><strong>DDA7.S1</strong></td>
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<tr>
<td><strong>DDA7.S2</strong></td>
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<tr>
<td><strong>DDA7.S3</strong></td>
</tr>
<tr>
<td><strong>DDA7.S4</strong></td>
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**Standard 8  Assessment**

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<tr>
<td><strong>DDA8.K1</strong></td>
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<td><strong>DDA8.K2</strong></td>
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<tr>
<td><strong>DDA8.K3</strong></td>
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<tr>
<td><strong>DDA8.K4</strong></td>
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<tr>
<th>Skills</th>
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<tbody>
<tr>
<td><strong>DDA8.S1</strong></td>
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<tr>
<td>DDA8.S2</td>
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<tr>
<td>DDA8.S3</td>
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**Standard 9  Professional And Ethical Practice**

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<td>Skills</td>
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**Standard 10  Collaboration**

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<td>DDA10.K1</td>
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<tr>
<th>Skills</th>
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</thead>
<tbody>
<tr>
<td>DDA10S1</td>
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</table>
### Advanced Knowledge and Skill Set: Developmental Disabilities/Autism Specialist

#### Standard 1  Leadership and Policy

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
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</thead>
<tbody>
<tr>
<td><strong>DDA1K1</strong></td>
<td>Prepare personnel and community members for interaction with individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td><strong>DDA1.S1</strong></td>
<td>Promote high expectations for self, staff, and individuals with exceptional learning needs</td>
</tr>
<tr>
<td><strong>DDA1.S2</strong></td>
<td>Provide structure, on-going training, and support to families, professionals, and paraprofessionals</td>
</tr>
<tr>
<td><strong>DDA1.S3</strong></td>
<td>Oversee and monitor routines, schedules, and sequences of events and activities</td>
</tr>
<tr>
<td><strong>DDA1.S4</strong></td>
<td>Act as a positive role model for the acceptance, treatment and interaction with individuals with developmental disabilities/autism spectrum disorders and their families</td>
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</table>

#### Standard 2  Program Development and Organization

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
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</thead>
<tbody>
<tr>
<td><strong>DDA2.K1</strong></td>
<td>General education curriculum and supports to facilitate the success of individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td><strong>DDA2.K2</strong></td>
<td>Range of environmental supports that maximize learning for individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td><strong>DDA2.K3</strong></td>
<td>Modify the verbal and non-verbal communication and instructional behavior in accord with the needs of individuals with developmental disabilities/autism spectrum disorder</td>
</tr>
<tr>
<td><strong>DDA2.K4</strong></td>
<td>Activities and techniques for developing independent living skills</td>
</tr>
<tr>
<td><strong>DDA2.S1</strong></td>
<td>Apply inclusive principles in the education of individuals with developmental disabilities/autism spectrum disorder</td>
</tr>
<tr>
<td><strong>DDA2.S2</strong></td>
<td>Develop and implement program plans to transition individuals with developmental disabilities/autism spectrum disorder between settings across the life-span</td>
</tr>
<tr>
<td><strong>DDA2.S3</strong></td>
<td>Identify match between job requirements and individual’s skills, preferences, and characteristics</td>
</tr>
<tr>
<td><strong>DDA2.S4</strong></td>
<td>Provide individuals with multiple job experiences</td>
</tr>
<tr>
<td>DDA2.S5</td>
<td>Implement instructional strategies that promote the generalization of skills across domains and settings</td>
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</tr>
<tr>
<td>DDA2.S6</td>
<td>Arrange program environments to facilitate spontaneous communication</td>
</tr>
<tr>
<td>DDA2.S7</td>
<td>Design and implement instruction that promotes effective communication and social skills for individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td>DDA2.S8</td>
<td>Provide varied instruction and opportunity to learn play and leisure skills</td>
</tr>
<tr>
<td>DDA2.S9</td>
<td>Create opportunities and provide supports for individuals to organize and maintain personal materials across environments</td>
</tr>
<tr>
<td>DDA2.S10</td>
<td>Organize the curriculum to integrate individuals’ special interests and materials, activities and routines across curriculum</td>
</tr>
<tr>
<td>DDA2.S11</td>
<td>Identify evidence based strategies to increase self-awareness, and ability to self-regulate</td>
</tr>
<tr>
<td>DDA2.S12</td>
<td>Identify evidence based strategies to increase an individual’s self-determination of activities, services and preferences</td>
</tr>
<tr>
<td>DDA2.S13</td>
<td>Design and implement program activities and techniques for developing independent-living skills</td>
</tr>
<tr>
<td>DDA2.S14</td>
<td>Plan and implement individualized and intensive programming that matches the individual’s needs</td>
</tr>
</tbody>
</table>

**Standard 3  Research and Inquiry**

**Knowledge**

| DDA3.K1    | Current etiology and practice based research specific to developmental disabilities/autism spectrum disorders |

**Skills**

| DDA3.S1    | Interpret and relay research findings in layperson terms or jargon free language.                         |
| DDA3.S2    | Remain informed of current research, legislation and debate concerning developmental disabilities/autism spectrum disorders |

**Standard 4  Individual and Program Evaluation**

**Knowledge**
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDA4.K1</td>
<td>Criteria used to diagnose or identify the continuum of developmental disabilities/autism</td>
</tr>
<tr>
<td></td>
<td>spectrum disorders as defined by the most current version of the Diagnostic and Statistical Manual</td>
</tr>
<tr>
<td>DDA4.K2</td>
<td>Ethical implications and obligations related to diagnosis and identification of an individual</td>
</tr>
<tr>
<td></td>
<td>suspected of having developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td>DDA4.K3</td>
<td>Comprehensive assessment including specialized terminology and assessment tools</td>
</tr>
<tr>
<td>DDA4.K4</td>
<td>Importance of ongoing evaluation of strengths and needs in varied contexts</td>
</tr>
<tr>
<td>DDA4.K5</td>
<td>Conditions for individuals who are dually diagnosed with developmental</td>
</tr>
<tr>
<td></td>
<td>disabilities/autism spectrum disorders and mental health</td>
</tr>
<tr>
<td>DDA4.K6</td>
<td>Comprehensive transition assessment including identification of external agency</td>
</tr>
<tr>
<td></td>
<td>assessment sharing</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDA4.S1</td>
<td>Describe the core and associated characteristics of individuals with developmental</td>
</tr>
<tr>
<td></td>
<td>disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td>DDA4.S2</td>
<td>Describe the distinguishing features of disorders on the autism spectrum</td>
</tr>
<tr>
<td>DDA4.S3</td>
<td>Identify conditions that co exist between developmental disabilities and autism spectrum</td>
</tr>
<tr>
<td></td>
<td>disorders</td>
</tr>
<tr>
<td>DDA4.S4</td>
<td>Conduct non biased assessment</td>
</tr>
<tr>
<td>DDA4.S5</td>
<td>Use information from assessments and educational records to design instruction</td>
</tr>
<tr>
<td>DDA4.S6</td>
<td>Collect, interpret and use data to document outcomes for individuals with developmental</td>
</tr>
<tr>
<td></td>
<td>disabilities/autism spectrum disorders, and change programming-as indicated with family and</td>
</tr>
<tr>
<td></td>
<td>team</td>
</tr>
<tr>
<td>DDA4.S7</td>
<td>Share a thorough profile of the individuals with developmental disabilities/autism spectrum</td>
</tr>
<tr>
<td></td>
<td>disorders with their family and the current and future educational team(s)</td>
</tr>
<tr>
<td>DDA4.S8</td>
<td>Conduct functional behavioral assessments (FBA) to determine what initiates and maintains</td>
</tr>
<tr>
<td></td>
<td>a challenging/interfering behavior</td>
</tr>
<tr>
<td>DDA4.S9</td>
<td>Uses assessments information from a variety of school and external agency resources to</td>
</tr>
<tr>
<td></td>
<td>make transition recommendations</td>
</tr>
<tr>
<td>DDA4.S10</td>
<td>Articulate awareness of and the impact of mental health disorders on individuals with</td>
</tr>
<tr>
<td></td>
<td>developmental disabilities/autism spectrum disorders in collaborating with family and colleagues</td>
</tr>
</tbody>
</table>

**Standard 5**  Professional Development and Ethical Practice
<table>
<thead>
<tr>
<th>Knowledge</th>
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<tbody>
<tr>
<td><strong>DDA5.K1</strong></td>
<td>Benefits of low- to high-technology across all areas of development</td>
</tr>
<tr>
<td><strong>DDA5.K2</strong></td>
<td>Criteria for evaluating effectiveness of interventions and strategies with individuals with developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td><strong>DDA5.K3</strong></td>
<td>Impact of core and associated characteristics of developmental disabilities/autism spectrum disorders on family dynamics and functioning</td>
</tr>
<tr>
<td><strong>DDA5.K4</strong></td>
<td>Critical social and ethical issues that impact the education of individuals with developmental disabilities/autism spectrum disorders, families and professionals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DDA5.S1</strong></td>
<td>Teach others to actively engage individuals with developmental disabilities/autism spectrum disorders in individualized education and life planning</td>
</tr>
<tr>
<td><strong>DDA5.S2</strong></td>
<td>Teach others to use individual strengths to reinforce and maintain skills</td>
</tr>
<tr>
<td><strong>DDA5.S3</strong></td>
<td>Model use of and implementation of assistive technology and augmentative alternative communication to aid in individual’s comprehension and level of engagement</td>
</tr>
<tr>
<td><strong>DDA5.S4</strong></td>
<td>Mentor others to teach unstated rules and customs that govern social behavior</td>
</tr>
<tr>
<td><strong>DDA5.S5</strong></td>
<td>Provide professional service through leadership in the field of developmental disabilities/autism spectrum disorders</td>
</tr>
<tr>
<td><strong>DDA5.S6</strong></td>
<td>Provide service to the profession through leadership activities in professional organizations</td>
</tr>
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<tr>
<th>Standard 6 Collaboration</th>
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<thead>
<tr>
<th>Knowledge</th>
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<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DDA6.S1</strong></td>
<td>Coordinate processes that encourage collaboration needed for transition between settings</td>
</tr>
<tr>
<td><strong>DDA6.S2</strong></td>
<td>Provide leadership in collaborating with individuals and families around the issues of sexuality</td>
</tr>
<tr>
<td><strong>DDA6.S3</strong></td>
<td>Collaborate with families and other team members in non-judgmental ways to make informed decisions about interventions and life planning</td>
</tr>
<tr>
<td><strong>DDA6.S4</strong></td>
<td>Promote collaborative practices that respect the family’s culture, dynamics, and values and the impact the diagnosis may have on the family</td>
</tr>
<tr>
<td><strong>DDA6.S5</strong></td>
<td>Connect families and professionals to educational and community resources</td>
</tr>
</tbody>
</table>
Appendix D: State & District Information

IDEA broadly defines how special education services should be provided. However, states have the flexibility under IDEA to create their own service systems as long as they comply with the federal regulations. This section provides an overview of the service systems for children with ASD in California, Georgia, North Carolina, Texas, and Virginia.
CALIFORNIA

I. **Educational Definition of Autism**: According to California’s state statute, [A Pupil with Autism] is a pupil who exhibits autistic-like behaviors, including, but not limited to, any of the following behaviors, or any combination thereof:

1. An inability to use oral language for appropriate communication.
2. A history of extreme withdrawal or of relating to people inappropriately, and continued impairment in social interaction from infancy through early childhood.
3. An obsession to maintain sameness.
4. Extreme preoccupation with objects, inappropriate use of objects, or both.
5. Extreme resistance to controls.
6. A display of peculiar motoric mannerisms and motility patterns.
7. Self-stimulating, ritualistic behavior.

The disability must also have a significantly adverse impact upon the student’s education that requires special education services.

II. **Numbers of Students with ASD Served**. Students with autism, ages 3-21, constitute the third largest component of special education eligibility. For the 2009-10 school year, 59,690 students with autism were being served or 8.8% of the total disability population of 680,164. Between the 2007-08 and 2009-10 school years, children identified with autism increased by over 29%, while the total disability population increased by only .3%. A 230% increase occurred between the 1999-2000 and 2009-2010 school years.

III. **Support Service Structure**. Special Education Local Plan Areas (SELPAs) are regional consortia that provide special education support to member districts. Currently, 119 SELPAs provide services in California, with Los Angeles county alone having 16. SELPAs are required to develop a plan that ensures students within their regions receive appropriate services. They also provide a range of services typically including evaluation, interagency coordination, transition planning, and personnel development.

California also has three regional diagnostic centers that provide support to local districts and families for assessing children with autism and other disorders (http://www.dc-cde.ca.gov/).

IV. **Task Force**. The California Superintendent of Public Instruction’s Autism Advisory Committee was created in 2006. Composed of school personnel, service providers, medical personnel, and other stakeholders, the group completed a statewide review of ASD policies in California in 2007 and provided recommendations in three areas: Policy Changes, Creation of a Statewide ASD Clearinghouse, and Training & Technical Assistance (http://www.cde.ca.gov/sp/se/as/saac.asp).

V. **Statewide ASD Clearinghouse**. The Autism Advisory Committee recommended creating a statewide clearinghouse for ASD. Legislation establishing the California Autism Spectrum Disorder Clearinghouse was passed in 2008 but subsequently vetoed.
VI. **Credentials/Certification Related to ASD.** In July 2009, an authorization in ASD was approved that educators could add to their existing education specialist certification. In April 2010, the California Commission on Teacher Credentialing (CCTC) approved 11 postsecondary educational preparation programs to provide training for this authorization. In addition, some SELPAs have created their own ASD training programs.

VII. **TRICARE-Approved ABA Providers.** According to TRICARE, as of November 2010, California had 251 supervisors (direct service providers) and 2,359 tutors (assistants requiring supervision to provide services) enrolled. This number is, by far, the highest of any of the 5 states reviewed.

VIII. **Parent Training and Information Centers (PTI).** Under IDEA, each state has at least one PTI to provide support services to parents and families of children with disabilities. California has three sets of family support groups: 7 PTI Centers, 5 Community Parent Resource Centers (CPRCs) that provide support for parents from under-represented populations, and 14 Family Empowerment Centers (FECs), that include the 7 PTIs (www.cde.ca.gov/sp/se/qa/caprntorg.asp).

IX. **Membership in Military Interstate Children’s Compact Commission (MICCC).** California is a member of the MICCC.

X. **Additional Resources.** A sample of more state-specific resources is presented. Many of these provide links to additional resources of interest.

**California Autism Foundation:** [http://www.calautism.org/](http://www.calautism.org/)
Nonprofit organization that offers services to help meet the needs of people with developmental disabilities.

**California Dept. of Education-Special Education:** [http://www.cde.ca.gov/sp/se/](http://www.cde.ca.gov/sp/se/)
State education agency site that provides information related to special education in California.

- **Special Education Local Plan Areas (SELPAs):** [http://www.cde.ca.gov/sp/se/as/caselpas.asp](http://www.cde.ca.gov/sp/se/as/caselpas.asp)
Describes the system of agencies that provide special education support to California’s school districts.
GEORGIA

I. **Educational Definition of Autism:** According to Georgia state regulations, autism eligibility is “based on assessment of the five characteristic areas associated with autism. The assessments shall minimally document that each of the characteristic areas of (1) developmental rates and sequences, (2) social interaction and participation and (3) verbal and non-verbal communication are significantly affected. The adverse effect on a student’s educational performance shall be documented. The determination of deficits shall be based on the following criteria:

1. Developmental rates and sequences.
2. Social interaction and participation.
3. Communication (verbal and/or nonverbal).
4. Sensory processing.
5. Repertoire of activities and interests.

The disability must also have a significantly adverse impact upon the student’s education that requires special education services.

II. **Numbers of Students with ASD Served.** Children with autism, ages 3-21, constitute the eighth largest component of special education eligibility in Georgia. For the 2009-10 school year, 10,312 students with autism were being served or 5.8% of the total disability population of 176,377. This represents a 371% increase since the 1999-2000 school year.

III. **Support Service Structure.** Georgia has a network of 16 Regional Education Service Agencies (RESAs) that provide educational support services to school districts. Under the RESA service umbrella are 17 regional resource centers that comprise the Georgia Learning Resource System (GLRS). These collaborate with school districts to improve student achievement and increase responsible behavior. They also emphasize the use of effective instructional strategies for children with ASD. In addition, the CDC conducts research and provides outreach services while the Emory Autism Center (see below) provides family support, professional development, assessment, research, community outreach, and other types of ASD services. The May Institute provides a wide variety of support focusing on ABA to families and their children with ASD.

IV. **Task Forces.** Georgia does not have a statewide ASD task force although SB 161, if approved, would create one. The Atlanta Autism Consortium focuses on ASD issues in the Atlanta metro area.

V. **Statewide ASD Clearinghouse.** Georgia does not have an ASD statewide clearinghouse.

VI. **Georgia Special Needs Scholarship Program.** The Georgia Special Needs Scholarship Program is a parent-choice program administered by the Georgia Department of Education that provides financial support for parents of children with disabilities who choose to have their children served by districts, special schools, or private schools other than their home district. Scholarship amounts average $6,000 per year and range from $2,500 to $13,000. More information, including eligibility criteria, is available at [http://public.doe.k12.ga.us/sb10.aspx](http://public.doe.k12.ga.us/sb10.aspx).
VII. **Credentials/Certification Related to ASD.** Georgia does not have an endorsement for ASD but some postsecondary preparation programs provide academic emphases in ASD.

VIII. **TRICARE Approved ABA Providers.** According to TRICARE, as of November 2010, Georgia had 29 supervisors (direct service providers) and 62 tutors (assistants requiring supervision to provide services).


X. **Membership in Military Interstate Children’s Compact Commission (MICCC).** Georgia is not a member of the MICCC.

XI. **Additional Resources.** A sample of more state-specific resources is presented. Many of these provide links to additional resources of interest.

**Emory Autism Center:** [http://www.psychiatry.emory.edu/PROGRAMS/autism/](http://www.psychiatry.emory.edu/PROGRAMS/autism/)

A component of the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine, the center provides diagnosis, family support, innovative treatment, and professional training.

**Georgia Department of Education:**

Component of the state department’s website that provides information and resources related to autism in Georgia.

➢ **Georgia Special Need Scholarship Program:** [http://public.doe.k12.ga.us/sb10.aspx](http://public.doe.k12.ga.us/sb10.aspx)

Description of eligibility criteria for and benefits of this program.


Describes Georgia’s network of support centers that provide training and resources to educators and parents of students with disabilities.

**Marcus Autism Center:** [http://www.marcus.org/](http://www.marcus.org/)

Nonprofit organization that provides information, services, and programs to children with autism and related disorders, their families, and those who live and work with them.
I. **Educational Definition of Autism:** According to state statute, “Autism, sometimes called autism spectrum disorder,

(i) means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disability, as described in paragraph (b)(5)of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (i) of this section are satisfied."

The disability must also have a significantly adverse impact upon the student’s education that requires special education services.

II. **Numbers of Students with ASD Served.** Children with autism, ages 3-21, constitute the sixth largest special education eligibility in North Carolina. For the 2008-09 school year, 10,313 children with autism were being served, or 5.4% of the total disability population of 189,266, an increase of 291% since the 1999-2000 school year. The number of students with autism has increased by 53% since the 2005-2006 school year.

III. **Support Service Structure.** North Carolina does not utilize a regional educational support system. TEACCH ([http://www.teacch.com/](http://www.teacch.com/)) does have 9 regional centers that support school districts, typically on a contractual basis. Support is also provided by the Frank Porter Graham Center of the University of North Carolina at Chapel Hill. The North Carolina Department of Education (NCDOE) has implemented the Autism Spectrum Disorders Program to help support practices in school districts and charter schools. NCDOE is also producing 5 modules focusing on ASD that are used for onsite training with district-level ASD problem-solving teams. Eighty-two of the 115 school districts have implemented these teams. For more information, go to [http://www.ncpublicschools.org/ec/instructional/autism/](http://www.ncpublicschools.org/ec/instructional/autism/).

IV. **Task Force.** North Carolina does not have a statewide ASD taskforce.

V. **Statewide ASD Clearinghouse.** North Carolina does not have a statewide ASD clearinghouse, although the resources mentioned above provide significant support related to ASD.

VI. **Credentials/Certification Related to ASD.** North Carolina does not have an endorsement for ASD but some postsecondary preparation programs provide academic emphases in ASD.

VII. **TRICARE Approved ABA Providers.** According to TRICARE, as of November 2010, North Carolina had 37 supervisors (direct service providers) and 140 tutors (assistants requiring supervision to provide services).

IX. **Membership in Military Interstate Children’s Compact Commission (MICCC).** North Carolina is a member of the MICCC.

X. **Additional Resources.** A sample of more state-specific resources is presented. Many of these provide links to additional resources of interest.


Multidisciplinary Institute at the University of North Carolina-Chapel Hill that focuses on parent and family support, early care and education, child health and development, early identification and intervention, equity, access and inclusion, and early childhood policy.

North Carolina Department of Education ASD pages:

- **Autism Resources:** [http://www.ncpublicschools.org/ec/instructional/autism/resources/](http://www.ncpublicschools.org/ec/instructional/autism/resources/)


Publication produced by the North Carolina chapter of the Autism Society that provides information and resources related to autism for military families in North Carolina.
TEXAS

I. Educational Definition of Autism: According to Texas state regulations, “a student with autism is one who has been determined to meet the criteria for autism as stated in 34 CFR, §300.8(c)(1) [IDEA]. Students with pervasive developmental disorders are included under this category. The team’s written report of evaluation shall include specific recommendations for behavioral interventions and strategies.” The disability must also have a significantly adverse impact upon the student’s education that requires special education services.

Special education teams in Texas are called ARDs, short for Admission, Review, and Dismissal Teams. Since 2007, ARDs must consider 11 strategies during any team meeting for students with autism including (abbreviated form):

(1) extended educational programming …;
(2) daily schedules …;
(3) in-home and community-based training or viable alternatives …;
(4) positive behavior support strategies based on relevant information …;
(5) beginning at any age, futures planning …;
(6) parent/family training and support …;
(7) suitable staff-to-student ratio …;
(8) communication interventions …;
(9) social skills supports and strategies …;
(10) professional educator/staff support ; and
(11) teaching strategies based on peer reviewed, research-based practices …

II. Numbers of Students with ASD Served. Children with autism, ages 3-21, constitute the sixth largest component of special education eligibility in Texas. For the 2009 October count, 26,003 students with autism were being served, or 5.7% of the total disability population of 455,880. This is a 265% increase since the 1999-2000 school year, even as the total number of students with disabilities in Texas has decreased by over 7% since the 1999-2000 school year.

III. Support Service Structure. Texas has 20 regional educational service centers (ESCs) that provide support services for school districts. Region 13 ESC is the ASD lead agency and coordinates the Texas Statewide Leadership for Autism program and provides training and other resources for school districts, including the Texas Autism Resource Guide for Effective Teaching (TARGET). With Region II, it organizes the annual statewide autism conference for parents and school personnel. The remaining 18 ESCs each have a staff member assigned to serve as their region’s autism contact. One current initiative is the Model Sites Project. Ten regions were selected to participate in a 3-year process for developing and disseminating EBPs using financial support and research from the National Professional Development Center for ASD. The Texas Department of Assistive & Rehabilitative Services’s (DARS) Autism Program funds 6 agencies to
provide ABA services to 3- to 8-year-olds.

IV. Task Forces. The Texas Council on Autism and Pervasive Developmental Disorders advises state agencies and the legislature on issues pertaining to ASD, and produces an annual report focusing on ASD lifespan issues. In 2010, the council issued an action plan containing 4 goal areas: 1) Services to Children to Age 5; 2) Services to Individuals Ages 6–22; 3) Services to Individuals Age 23 and Older; and 4) Research and Statewide Infrastructure (http://www.dads.state.tx.us/autism/).

V. Statewide ASD Clearinghouse. The Texas Autism Research and Resource Center (TARRC) has recently been established as the Texas ASD clearinghouse.

VI. Autism Scholarship Program. Legislation has been introduced in the past two legislative sessions to establish a scholarship program for parents of children with ASD, but has not passed.

VII. Credentials/Certification Related to ASD. Texas does not have certification for ASD. Texas Tech University offers an online autism certification program, and the regional centers provide professional development opportunities.

VIII. TRICARE Approved ABA Providers. According to TRICARE, as of November 2010, Texas had 59 supervisors (direct service providers) and 204 tutors (assistants requiring supervision to provide services) enrolled in TRICARE.

IX. Parent Training and Information Centers (PTI). Texas has 3 PTI centers to serve its regions: PATH (Regions 5-13), PEN (Regions 14-19), and TEAM (Regions 1-4, 20). Information is available at http://www.partnerstx.org/.

X. Membership in Military Interstate Children’s Compact Commission (MICCC). Texas is a member of the MICCC.

XI. Additional Resources. A sample of more state-specific resources is presented. Many of these provide links to additional resources of interest.

Texas Council on Autism & Pervasive Developmental Disorders Autism Resources:
http://www.dads.state.tx.us/autism/services.html
List of autism resources in Texas created by inter-agency committee that serves as the Texas advisory council on autism.

Texas Department of Education: http://ritter.tea.state.tx.us/special.ed/
Provides information and resources related to special education services in Texas.

Texas Project First (autism resources): http://texasprojectfirst.org/LinksAutism.html
Provides comprehensive list of autism resources in Texas.

Texas Statewide Leadership for Autism: http://www.txautism.net/
Created by Region XIII, this site provides information on training, technical assistance, support, and resources for educators who serve students with autism.

Texas Autism Conference: http://autism.esc2.net/
Provides information on Texas’s annual statewide conference on autism.
Texas Autism Resource Guide for Teachers:
www.txautism.net/training.html
Manual of characteristics, assessment instruments and interventions for children and youth with ASD.
I. **Educational Definition of Autism**: According to state regulations, autism means “a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance ...” The disability must also have a significantly adverse impact upon the student’s education that requires special education services.

II. **Numbers of Students with ASD Served**. Students with autism, ages 3-21, constitute the seventh largest component of special education eligibility in Virginia. For the 2008-09 school year, 10,092 students with autism were being served, or 5.2% of the total disability population of 167,930. This is an increase of 353% since the 1999-2000 school year.

III. **Support Service Structure**. The Division of Behavioral Health and Developmental Services is the lead agency for ASD in Virginia. The Virginia Department of Education (VDOE) sponsors a network of training and technical assistance centers (T-TACS) that provide regional educational support services, including support for students with ASD. VDOE has made a priority of identifying and serving children with ASD at an earlier age. The current average age is about 4.5 years, and the agency wants to lower that to 20 months. It has formed a joint partnership with Virginia’s Part C (Early Intervention) agency to help educate pediatricians and school psychologists on early identification of ASD.

IV. **Task Force**. In 2009, the Virginia Joint Legislative Audit and Review Commission (JLARC) published the Assessment of Services for Virginians with Autism Spectrum Disorders. JLARC included 21 recommendations, including those stating the VDOE should:

- Collaborate with the office of the attorney general to develop operational guidelines for schools on the provision of a free and appropriate public education;
- Develop a model IEP for students with ASD;
- Create transition guidelines; and,
- Collaborate with relevant stakeholders to improve service delivery.

VDOE has hired a full-time ASD specialist and provided a grant to Virginia Commonwealth University to help implement the JLARC recommendations. VDOE also received a National Professional Development Center on ASD grant, revised Virginia’s ASD eligibility criteria, and created the Autism Priority Project and the Autism Specialists Network to enhance ASD training and support services.

V. **Statewide ASD Clearinghouse**. The VDOE has funded the Virginia Autism Council to serve as the ASD clearinghouse (http://www.autismtrainingva.org/). Through its projects described above, Virginia Commonwealth University also provides statewide support.
VI. **Autism Scholarship Program.** Virginia does not have a scholarship program. HB 1985/SB 956 were introduced in the 2009 legislative session to create a scholarship that would provide up to $20,000 per child with ASD per year to attend a private school. Neither bill passed.

VII. **Credentials/Certification Related to ASD.** Virginia does not have an ASD certification but a number of credentialing programs related to ASD have been established. This was one of the JLARC recommendations. The Virginia Autism Council provides tuition reimbursement for educators for up to 3 courses per year and $300 per course.

VIII. **TRICARE-Approved ABA Providers.** According to TRICARE, as of November 2010, Virginia had 49 supervisors (direct service providers) and 157 tutors (assistants requiring supervision to provide services).

IX. **Parent Training and Information Centers (PTI).** The Parent Educational Advocacy Training Center (PEATC) is Virginia’s PTI: [http://www.peatc.org/](http://www.peatc.org/).

X. **Membership in Military Interstate Children’s Compact Commission (MICCC).** Virginia is a member of the MICCC.

XI. **Additional Resources.**
A sample of more state-specific resources is presented. Many of these provide links to additional resources of interest.

Nonprofit agency that provides a variety of supports and services related to ASD.

**Joint Legislative Audit & Review Commission (JLARC) Autism Report:**
[http://jlarc.state.va.us/reports/Rpt388.pdf](http://jlarc.state.va.us/reports/Rpt388.pdf)
Link to JLARC report on ASD services in Virginia.

**Virginia Autism Center at Virginia Commonwealth University:**
State-funded support agency that provides resources for individuals with ASD.

State-supported agency that serves as Virginia’s ASD clearinghouse.

**Virginia Dept. of Education/Special Education:**
Provides links to autism resources in Virginia.