



# **Texas Professional Home Childcare Association**

## 2017

1st Quarter Self-instructional Training  
“Exceptional Children: Autism”  
3 training hours

Donated by: Rhonda Crabbs

Master Registered Trainer with Texas Trainer Registry -#1509

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## Exceptional Children: Autism

As a result of this class, the participant will be able to:

1. Explain what IDEA 2004 consist of.
2. Develop individualized learning objectives for a child
3. Explain the role of the teacher when working with children who have special needs

## Introduction

We have to remember that all children will exhibit differences from each other, rather they are disabled or not. These differences will be either physical attributes or learning abilities. Most children's differences are relatively small but at times the range will be great. When we see a large range of physical attributes or learning abilities in a child, we will call that child an exceptional child. These children will differ extremely from the norm of other children either above or below. The term exceptional children will include children that have difficulties learning, behaviorally, physically, or who are gifted. Many people don't think about a gifted child as being a member of the exceptional children grouping, but they are.

When children have a special need it is important that we act as quickly as possible to insure that they receive the proper needed help. Early intervention is a collaborate group of professionals that create a comprehensive system for the child's benefit and help with developmental delays (Heward, 2009). This collaborate group consist of adults who can help provide therapy, educational settings, nutritional advice, child care, and family support. The group of professionals and services are provided to help reduce the effects of a disability, to help prevent developmental delays or to help further developmental delays in at risk children. When these young children are discovered to have a developmental delay risk, the early intervention will consist of different services by a variety of professionals to lessen the effects of the developmental delay to both the child and the family. Early intervention occurs to either prevent the occurrence of delay or to remediate the existing delay in development. It has been proven that a child's learning and development is most rapid before and during the preschool years. This is a main reason for early intervention occurring as soon as possible. Early intervention and services does make a difference in laying a solid foundation in a child with special needs life.

A family that has an exceptional child will also have added stress from the situation. Early intervention can also help with some of that stress from education and knowledge. Knowing that your child is receiving the appropriate extra attention that early intervention can provide, will help a family

be less stressed. Many children that receive early intervention will be at reduced risk of the need for special education and related services after they reach school age (Heward, 2009).

## Vocabulary

It is very important for educators to make sure to look at each individual child because everyone has unique characteristics (Heward, 2009). When someone has a characteristic that will make them stand out either physically or cognitively they are labeled as an exceptional child. Often adults will group all children that experience difficulty in a physical activity or a learning ability as exceptional, but children who are gifted also fall under the umbrella of exceptional children. With such a broad range of abilities identified under exceptional children, we need to break down certain characteristics into smaller groupings so adults will have a better understanding of a child's abilities and limitations. The words impairment, disability, handicap and at risk are often used with the same definition, but this is incorrect. As educators we must know the proper definition of each term, to better provide the correct environment for our students.

The word impairment refers when a person has lost a body part or has lost the ability to use that body part like their peers, like the loss of an arm or leg. When a person's impairment creates a situation where he is not able to perform specific task like most people, we then can say that he has a disability. I live on a pretty busy street, right behind a high school so many teenagers drive way to fast down my street each morning. Every day at 8:00 am, a young man walks down my side walk. He is probably in his mid twenties, always dressed professionally, always well groomed, and has a smile on his face. Sadly the only thing people in my neighborhood notices about him are that he is blind. It is easy to see that he is unable to walk down the street like most other individuals because he has his white cane moving back and forth in front of him, walks a little slower and often stops when he hears a car coming. He has a disability with his sight that makes it where he doesn't walk down the sidewalk like other individuals, but he still does it every day.

When a person that has a disability encounters a situation that becomes problematic when dealing with his environment, we then can refer to the word handicap. It is important to note that a person's ability to deal with his environment might change throughout the day. The environment is the key factor here when deciding if the child has a handicap. For example, my son's ADHD would pose a handicap when he needed to set quietly still at the library story time when he was young. The ADHD was a negative factor for him to behavior in the same way that other children did when listening to the story. However, his ADHD was not a handicap when he was playing flag football or Tball. It was the environment that made his disability a handicap or not. Often times as a preschool educator I see children that I classify as being at risk for a delay. These children have not yet been identified as having an impairment, disability or handicap, but because of their situation they are at risk of it. I work with mainly teenage parents who

were not expecting to have a child at such a young age. The environment they put their children in, often times creates an at risk situation for the child. At this present time, I have a three year old child that was born prematurely probably due to his mother's constant drug use while she was pregnant. I see him at risk for future impairments, disabilities and handicaps. Luckily his mother is now drug free, which helps his at risk factor be lowered since he no longer gets second hand drugs.

#### IDEA 2004

When children have a special needs it is important that we act as quickly as possible to insure that they receive the proper needed help. Early intervention is a collaborate group of professionals that create a comprehensive system for the child's benefit and help with developmental delays (Heward, 2009). This collaborate group consist of adults who can help provide therapy, educational settings, nutritional advice, child care, and family support. The group of professionals and services are provided to help reduce the effects of a disability, to help prevent developmental delays or to help further developmental delays in at risk children. When these young children are discovered to have a developmental delay risk, the early intervention will consist of different services by a variety of professionals to lessen the effects of the developmental delay to both the child and the family. Early intervention occurs to either prevent the occurrence of delay or to remediate the existing delay in development. It has been proven that a child's learning and development is most rapid before and during the preschool years. This is a main reason for early intervention occurring as soon as possible. Early intervention and services does make a difference in laying a solid foundation in a child with special needs life.

A family that has an exceptional child will also have added stress from the situation. Early intervention can also help with some of that stress from education and knowledge. Knowing that your child is receiving the appropriate extra attention that early intervention can provide, will help a family be less stressed. Many children that receive early intervention will be at reduced risk of the need for special education and related services after they reach school age.

IDEA stands for Individuals with Disabilities Education Improvement Act 2004 is credited with helping children with disabilities in many ways. IDEA 2004 insures that child care centers have a place to refer children and their families when special needs are a concern. It enhances the capacity of agencies both at the local and state level to provide services to children and families with special needs. These services would include diagnosing, services to help the child's developmental delay, and evaluation of the needs of all children. A large percentage of participates might be minorities or low income children both living with their parents and with foster parents. IDEA 2004 is also credited for reducing the cost in our public school by minimizing the need for school age special education. IDEA 2004 also has the outcome of maximizing the ability of individuals with disabilities to be able to live on their own after they are grown.

Families are also able to be encouraged and have enhanced abilities to meet the special needs of infants and toddlers with developmental delays. A large area of IDEA 2004 is to enhance the local and states ability to service children with special needs through agencies and service providers. These programs will help meet the needs of all children, but especially minorities, low income and foster children.

We must have a starting point to know exactly what help a child might need. Observations, screenings and assessments that are given to children are a part of that starting point. Children and families must be identified before they can receive services that will help them. After a screening and assessment shows a child might be at risk for a developmental delay or disability a diagnostic test must be given so more details into the child's abilities will be known. Each suspected delay or disability has its own diagnostic test to make sure the child's ability is measured in the five major developmental areas and domains. (Heward, 2009). The five developmental areas can be broken into specific task that can be observed and the order in which most children will master them. Many times the specific tasks are linked to specific age groups. By knowing these milestones that children go through during a range of specific age, we are able to have a starting point to help these children. The diagnostic tests give us specific information on a child's abilities and weaknesses. Without this information we would not know how to help each individual child. At times these areas will overlap and a child's ability to perform certain task will include development from each domain.

Working with young children I have had early intervention services for many over the last twenty years. One of the ways that IDEA 2004 affects the children in my program is that they are able to receive services in my home, while the parents are away at work (Heward, 2009). In Texas, our early intervention is called ECI. After a child's parents ask for help from ECI, the appropriate professional will come to my house to work with the child. It is very important for services for children birth to age 3 occur in their natural environment. The natural environment is the setting that the child is familiar with. This setting could be the child's home, child care center, or another setting that child is normally a part of. For many of my day care children, they are in my child care more hours per week awake then they do in their home. IDEA 2004 allows for these children to receive special services here, with me by a professional that will come on a regular schedule. IDEA 2004 mandates that all children who are developmentally delayed or at risk for delay in one or more of the areas of: cognitive development, physical development (including vision and hearing), language development, social or emotional development, or adaptive development receives early intervention services. At times the risk for infants and toddlers is environmental conditions. Environmental risks could include extreme poverty, parental substance abuse, homelessness, abuse and neglect, and parental intellectual impairment. (p. 544).

IDEA 2004 mandates that states to service children ages 3 to 5 years of age similar to those of school age children but with the difference that preschool children do not have to be diagnosed with one of the traditional disabilities of mental retardation, emotional disturbance, or orthopedic impairments to receive services (Heward, 2009). This means that more children in the preschool years will be eligible for services under the IDEA 2004 outcome. This ability to receive early intervention services has laid a foundation with the preschool child that might reduce his need for special education services after

kindergarten. Parents must be allowed to attend all meetings and receive a copy of the IEPs paperwork, with suggestions for home activities and information for the parent in regard to their child. Since the local agency gets to decide how services will be provided, the child may or may not receive services in my center. The local education agency is allowed to adapt the length of school day and year if needed. This means children will be able to receive exactly what they need and not be forced to stay in the school setting for an entire day. This also means that children who need to receive longer services have the opportunity also.

### Six major principles of IDEA

The six major principles of IDEA will remind me of how important it is to embrace a child's unique characteristics. I need to remember that no matter what, the child before me deserves the best possible environment to learn, grow and develop. The first principle of IDEA is titled Zero Reject and it states that school districts must make sure that ALL children with disabilities have a place to be educated (Heward, 2009). It does not matter to what extent the disability is or of what nature; they all must be provided with the opportunity to a free public education if they are between the ages of 6 and 17. If the school district provides educational opportunities to nondisabled children ages 3 to 5 and 18 to 21, then the school district must also provide educational services to disabled children between the same age ranges. This principle also requires that school districts be responsible for locating, identifying and evaluating disabled children from birth to 21 that reside in the state.

The second major principle of IDEA is titled Nondiscriminatory Identification and Evaluation. A school has the responsibility to make sure that they are using a nonbiased, multifactor method of evaluation in regard to determining if a child is disabled. Then they must use a nonbiased method of deciding if the child qualifies or needs special services, and what exactly those services need to include. The test must not reflect or discriminate on the bases of race, culture, or native language. A school district is required to make sure that children are tested in their native language and placement decisions must not be made on a single test score. This is a very important principle for me since I live in Texas and many of the children that come to my program are Hispanic that does not speak English very well.

The third major principle of IDEA is titled Free Appropriate Public Education. All children regardless of any disability must receive a free appropriate public education. The education must not cost the parents any money but be fully funded by the public. Since children have unique characteristics and needs, an Individualized Education Program (IEP) must be developed and implemented for each child. It is important to note that all children deserve a free education and that to discriminate against a child because of his disability saddens my heart, but I know use to happen. As an Early Childhood Professional I advocate for children's rights rather they are in my care or not. This is very important to me because I believe all children deserve a quality education.

The fourth major principle of IDEA is titled Least Restrictive Environment. This principle requires that disabled children are educated with children without disabilities as much as is appropriate. It is important that students are only separated from general education classrooms when they are not able to receive the proper education in that setting. A child's IEP must contain a reason and explanation of thought in regard to how much time a disabled child will spend in general education classes and how much he will spend in special education classrooms. I think this is one of the best principles of IDEA. By making sure that children are given that opportunity but not forced into the mainstream classroom, we are actually taking their needs into account. The individual child's abilities and weaknesses must be taken into account when making these choices. Educators' decisions must be documented so they can be evaluated at a later date to make sure the child's needs are still being met.

The fifth major principle of IDEA is titled Due Process Safeguards. To be sure that every child is receiving the proper attention there are safeguards built into the program. This principle requires that school districts provide their process safeguards to the families of children with disabilities. (p. 20). Parent consent must be obtained before evaluation and throughout the process of helping the disabled child. It is very important for parents to understand what is going to happen with their child's evaluation. Without this principle, educators would have a blank slate to do anything they wished with a child's assessment.

The sixth and last major principle of IDEA is titled Parent and Student Participation and Shared Decision Making. This principle gives the parents the right and opportunity to be a part of the decision-making process in regard to their child. Schools will collaborate with parents in regard to their child's planning and implementation of special services. This collaboration allows the parents to have hands-on participation with their child's education.

#### IDEA Natural Environment

It is important for educators to remember that the least restrictive environment for one child might be totally inappropriate for other children even if the children have similar needs. Two children who are diagnosed with the same disability might need two different classrooms because of their individual needs. Each child's individual abilities, personalities, and weaknesses must be taken into consideration. Mainstream classrooms are the starting place for deciding on the least restrictive environment for each child (Heward, 2009). The IEP team must take into consideration if the child's IEP goals are going to be able to be met in the mainstream classroom. An IEP team must consider the child's individual disability because a child with a disability should only be removed from the mainstream classroom if and when the child's disabilities are keeping him from receiving a quality education in the mainstream classroom. If this appropriate education cannot be achieved in the mainstream classroom, the IEP team must

consider the next place the child's least restrictive environment would place him. It is very important for the IEP team to consider to what extent a child with a disability can be actively involved in the general education classroom, the extracurricular activities like clubs and organizations of the school, and other school activities like lunch and recess. Taking into consideration all areas of the school the child can be actively involved with will give the child multiple opportunities for being involved in the least restrictive environment. The IEP team must also consider what they will do if their plan of action does not work. They must remember that their recommendations are not permanent but must remain flexible to make sure they are always placing the child in the least restrictive environment.

On the spectrum of least restrictive environments there are eight different areas that the IEP can consider for each child. The spectrum goes from least restrictive of general education classrooms to most restrictive of a child being homebound or in the hospital. The child's least restrictive area might also change depending on his body's ability to handle his disability. The IEP team must consider each of the environments when placing a child in the least restrictive.

The above mentioned considerations are very important for the IEP team to remember when placing a child in the least restrictive environment but I believe that the IEP team must also take into account the related services and assistive technology of the school district. When deciding on the least restrictive environment the school district must consider their mainstream classroom's technology that could help a disabled child. School districts that have multiple assistive technology devices like visual aids, augmentative communication devices, and specialized equipment for computer access help a child with disabilities that can use such devices be able to receive a quality education in a mainstream classroom.

### Teacher's Role

There are many types of special needs. Communication needs are the most common. These usually fall into three categories: hearing, speech, and language problems. Visual, physical and learning disabilities and chronic health problems are other types of special needs (Herr, 2002). Inclusion, in past years referred to as mainstreaming, means placing special needs children in regular classrooms and day care facilities. This process allows children to learn in the least restrictive environment. All children gain skills by interacting with each other. In this type of environment, children with disabilities have nondisabled children as role models. This interaction can lead to imitation. Inclusionary classrooms are frequently team taught by regular and special education teachers.

Teacher's roles have expanded since federal law first mandated including children with special needs in classrooms and into day care centers. IDEA has created the way for inclusion in all types of classrooms, so all educators need to understand about special needs children.



Teacher's need to:

~take part in identifying an exceptional child

~work with speech clinicians, school psychologist, health professionals, ECI staff, and other resources persons to design individual programs

~care for and teach children who have special needs and nondisabled children in the same classroom

~share information with parents and make suggestions for referrals

~base program decisions on input from several resources including parents, school personal, and professionals

~encourage parents to participate in their child's education. This is their right and duty.

## Identification

First, as a teacher, you will need to learn how to identify children with special needs. Remember you are NOT licensed or educated to diagnose children, but rather to observe and watch for signals. You will need to develop and have a basic understanding of the learning needs of children with hearing, visual, speech, physical, learning, behavioral and health disabilities. With this knowledge you can then adapt your classroom and curriculum to meet the special needs of the child.

## Autism Spectrum Disorder

When we are speaking about children that have been diagnosed with autism, we want to intervene early so that we can have the best optimal outcome for their life. At this time in our society children as young as 18 months can reliably be diagnosed with autism and research is working on changing that to as young as 14 months (Heward, 2009). Early intervention is more critical for a child that has one of the five subtypes of autism spectrum disorder than any other disability. Research has shown that early intervention with autistic child has a strong correlation with better outcomes than when intervention starts later in life (Heward, 2009, p. 269). When early intervention is available children with autism are able to have secondary deficits minimized. These secondary deficits, like social engagement and experiences, being more productive it will help them to have a more fulfilled life in the future. The early intervention will also help the parents to understand their child better, which will help with their own devastation. As a parent I believe autism spectrum disorder would be the hardest diagnoses to hear

from my physician. When we provide early intervention for a child, that experience will also include helping the parents deal with their child's disability and the situations that will come from it.

Some children with autism have learned how to communicate, have language and some social skills through intensive behaviorally based early intervention (Heward, 2009, p. 273). Outcomes from these types of early intervention have produced situations where autistic children have been able to have a successful education in mainstream classrooms. One of the most prestigious examples of this outcome is from Ivar Lovaas at the University of California at Los Angeles in 1987 (Heward, 2009, p. 274). He was able to take a group of 19 children that were diagnosed with autism and give them for 40 hours per week of intensive behavioral therapy. He worked with them for 2 years and started his intervention before they reached the age of four. The intervention also included training for the parent's and preschool inclusion. By the age of seven years old the children in his research had gained on average 20 IQ points while achieving educational achievements. When the children were 11.5 years a follow up evaluation showed that the children had maintained their 20 IQ point gain.

Taken from [autismspeaks.org](http://autismspeaks.org)

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. With the May 2013 publication of the DSM-5 diagnostic manual, all autism disorders were merged into one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome.

ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art.

Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age. Autism Speaks continues to fund research on effective methods for earlier diagnosis, as early intervention with proven behavioral therapies can improve outcomes. Increasing autism awareness is a key aspect of this work and one in which our families and volunteers play an invaluable role.

Learn the Signs

The following "red flags" may indicate your child is at risk for an autism spectrum disorder. If your child exhibits any of the following, please don't delay in asking your pediatrician or family doctor for an evaluation:

- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles or other facial expressions by nine months
- No babbling by 12 months
- No back-and-forth gestures such as pointing, showing, reaching or waving by 12 months
- No words by 16 months
- No meaningful, two-word phrases (not including imitating or repeating) by 24 months
- Any loss of speech, babbling or social skills at any age

The M-CHAT (Modified Checklist for Autism in Toddlers) can help you determine if a professional should evaluate your child. This simple online autism screen, available on our website, takes only a few minutes. If the answers suggest your child is at risk for autism, please consult with your child's doctor. Likewise, if you have any other concerns about your child's development, don't wait. Speak to your doctor now about screening your child for autism.

#### How common is Autism

Autism statistics from the U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 68 American children as on the autism spectrum—a ten-fold increase in prevalence in 40 years. Careful research shows that this increase is only partly explained by improved diagnosis and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 42 boys and 1 in 189 girls are diagnosed with autism in the United States.

ASD affects over 2 million individuals in the U.S. and tens of millions worldwide. Moreover, government autism statistics suggest that prevalence rates have increased 10 to 17 percent annually in recent years. There is no established explanation for this continuing increase, although improved diagnosis and environmental influences are two reasons often considered.

#### Did you know ...

- Autism now affects 1 in 68 children and 1 in 42 boys

- Autism prevalence figures are growing
- Autism is the fastest-growing serious developmental disability in the U.S.
- Autism costs a family \$60,000 a year on average
- Boys are nearly five times more likely than girls to have autism
- There is no medical detection or cure for autism

#### National Institutes of Health Funds Allocation

- Total 2012 NIH budget: \$30.86 billion
- Of this, only \$169 million goes directly to autism research. This represents 0.55% of total NIH funding.

#### What causes Autism

Not long ago, the answer to this question would have been “we have no idea.” Research is now delivering the answers. First and foremost, we now know that there is no one cause of autism just as there is no one type of autism. Over the last five years, scientists have identified a number of rare gene changes, or mutations, associated with autism. A small number of these are sufficient to cause autism by themselves. Most cases of autism, however, appear to be caused by a combination of autism risk genes and environmental factors influencing early brain development.

Research suggests that the development of autism is rooted in very early brain development. However, in most cases, no one cause can be identified. Research has identified several genes that can cause autism in and of themselves. These account for about 15 percent of cases of autism spectrum disorders. Research has identified more than 100 genes or gene changes (mutations) that increase the risk that a child will develop autism. In most cases, genetics alone can't distinguish why one person has autism and another does not. Gene-environment interactions appear to be at play. When scientists use the term “environment,” they are referring to a wide range of nongenetic factors. Those most associated with increased autism risk include advanced parental age at time of conception and prematurity with very low birth weight. Other possible environmental risk factors include maternal diabetes or infection during pregnancy and certain birth complications, particularly those that may involve oxygen deprivation to a baby's brain. Autism Speaks continues to fund a wealth of studies on the causes of autism, including research on gene-environment interactions that may increase autism risk.

In the presence of a genetic predisposition to autism, a number of nongenetic, or “environmental,” stresses appear to further increase a child's risk. The clearest evidence of these autism risk factors involves events before and during birth. They include advanced parental age at time of conception (both

mom and dad), maternal illness during pregnancy and certain difficulties during birth, particularly those involving periods of oxygen deprivation to the baby's brain. It is important to keep in mind that these factors, by themselves, do not cause autism. Rather, in combination with genetic risk factors, they appear to modestly increase risk.

A growing body of research suggests that a woman can reduce her risk of having a child with autism by taking prenatal vitamins containing folic acid and/or eating a diet rich in folic acid (at least 600 mcg a day) during the months before and after conception.

Increasingly, researchers are looking at the role of the immune system in autism. Autism Speaks is working to increase awareness and investigation of these and other issues, where further research has the potential to improve the lives of those who struggle with autism.

#### Are Vaccines to Blame?

Many studies have been conducted to determine if a link exists between immunization and increased prevalence of autism, with particular attention to the measles-mumps-rubella (MMR) vaccine and vaccines containing the preservative thimerosal. These studies have found no link between vaccines and autism. We strongly encourage parents to have their children vaccinated, because this will protect them against serious diseases. It remains possible that, in rare cases, immunization might trigger the onset of autism symptoms in a child with an underlying medical or genetic condition. Autism Speaks is funding studies on the underlying biology of autism, including studies to better understand medical and genetic conditions associated with autism.

We recognize that some parents may still have concerns about vaccines, especially those parents who already have a child or relative with an autism spectrum disorder. Because parents and guardians differ in their sensitivity and concern about this issue, we urge them to find a pediatrician or other health practitioner who will partner with them to consider their concerns and help them ensure the optimal well-being of their child. Establishing open communication and trust with a physician who understands each child and his or her family is the best strategy for keeping a child healthy.

#### What does it mean to Be "On the Spectrum"?

Each individual with autism is unique. Many of those on the autism spectrum have exceptional abilities in visual skills, music and academic skills. About 40 percent have intellectual disability (IQ less than 70), and many have normal to above average intelligence. Indeed, many persons on the spectrum take deserved pride in their distinctive abilities and “atypical” ways of viewing the world. Others with autism have significant disability and are unable to live independently. About 25 percent of individuals with ASD are nonverbal but can learn to communicate using other means. Autism Speaks’ mission is to improve the lives of all those on the autism spectrum. For some, this means the development and delivery of more effective treatments that can address significant challenges in communication and physical health. For others, it means increasing acceptance, respect and support.

### How Can I tell if a Child has Autism?

Though autism cannot be definitively diagnosed until around 18 to 24 months, research shows that children as young as 8 to 12 months may exhibit early signs. Parents should look for symptoms such as no back-and-forth sharing of sounds, smiles or other facial expressions by 9 months; no babbling or back-and-forth gestures (e.g. pointing) by 12 months; or any loss of babbling, speech or social skills at any age.

### Culturally and Linguistically Diverse

Many times parents and educators have a barrier between them due to language barriers and heritage beliefs (Heward, 2009, p. 106). Educators must remember the cultural differences that might affect the view on a child’s disability. Just because I believe a child has a disability, a person’s cultural belief might view it differently. For example, a Native American family would not believe that the birth of a child with a disability is a negative event (Heward, 2009, p. 108). The child might be seen with a special ability or strength in the Native American family, but in our mainstream society we might see the disability as a weakness. It is this difference that I have to make sure and be aware of and sensitive to. If we are going to help the child, we must make sure to be sensitive to the parent’s beliefs.

It is important for teachers to gain the insight of how families might fear an intervention that the school wants to arrange for their child (Heward, 2009, p. 107). Sometimes educators have a hard time building family trust and cooperation. It is important that educators make sure to build this in a sensitive manner so that the child can receive what they need. It does not matter about the child’s immigration status, but what matters is that he is a child that needs help. Many parents that are undocumented immigrants or have other family members that are undocumented immigrants want to stay as far away from the

government as possible. By helping them understand the only thing I care about is the child's education, I hope to gain their trust.

Another insight educators need to remember is that many parents who have a child that are English language learners do not believe they can be of any help to the school system in educating their child (Heward, 2009). What a teacher might see as a parent not wanting to be involved, might be that he just does not have the self confidence to be active in the school. Educators must not judge parents but rather make sure to help them understand that they are very important in their child's education. The school must show them ways to be involved, and ways to help their child learn and succeed.

It is very important for all educators to be sensitive to culturally diverse families. We must not judge them or try to change them, but to see their special differences as a way to help their child. When we only see our way as the right way, we are being unfair to not only the family, but to the child because their needs will not be met. When we are sensitive to the families, we are able to build a better relationship with them, and a bond that will help us gain their trust. It is important to remember that not all people in one cultural diverse group necessarily share the same beliefs (Heward, 2009). As educators we must make sure that we are sensitive to each family, and not to make assumptions of what we believe is their viewpoints.

#### Resources

These include Autism Speaks 100 Day Kit and the Asperger Syndrome and High Functioning Autism Tool Kit. Please visit Treatment of Autism and our Resource Guide for more information. Have more questions? Autism Speaks' Autism Response Team can help you with information, resources and opportunities. Call us at 888-288-4762 (en Español 888-772-9050) or email [familyservices@autismspeaks.org](mailto:familyservices@autismspeaks.org).

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### Exceptional Children: Autism

1. When children have a special need it is important that we act as quickly as possible to insure that they receive the proper needed help.

- a. True
- b. False

2. It has been proven that a child's learning and development is most rapid \_\_\_\_\_ the preschool years.

- a. Before
- b. During
- c. After
- d. Before and During
- e. During and After

3. \_\_\_\_\_ intervention can also help with some of that stress from education and knowledge.

- a. Early
- b. Any type of
- c. Seldom

4. Early intervention is a collaborate group of professionals that create a comprehensive system for the child's benefit and help with developmental \_\_\_\_\_.

- a. accomplishments
- b. delays
- c. successes

5. IDEA stands for Individuals with Disabilities Education Improvement Act \_\_\_\_\_ is credited with helping children with disabilities in many ways.

- a. 2004
- b. 1998
- c. 2012

6. \_\_\_\_\_ that are given to children are a part of that starting point.

- a. observations
- b. screenings
- c. assessments
- d. none of the above
- e. all of the above

7. There are \_\_\_\_\_ major principles of IDEA.

- a. 4
- b. 6
- c. 9

8. It is important for educators to remember that the \_\_\_\_\_ restrictive environment for one child might be totally inappropriate for other children even if the children have similar needs.

- a. most
- b. frequent
- c. least
- d. none of the above

9. On the spectrum of least restrictive environments there are \_\_\_\_\_ different areas that the IEP can consider for each child.

- a. 4
- b. 6
- c. 8

10. Teacher's roles have \_\_\_\_\_ since federal law first mandated including children with special needs in classrooms and into day care centers.

- a. stayed the same
- b. expanded
- c. become less

11. Research has shown that early intervention with a child that has autism has a strong correlation with better outcomes than when intervention starts later in life.

- a. True
- b. False

12. \_\_\_\_\_ are general terms for a group of complex disorders of brain development.

- a. Autism
- b. Autism spectrum disorder (ASD)
- c. Neither
- d. Both

13. Autism appears to have its roots in very \_\_\_\_\_ brain development.

- a. early
- b. late

14. Possible Autistic warning signs include:

- a. No big smiles or other warm, joyful expressions by six months or thereafter
- b. No babbling by 12 months
- c. No words by 16 months
- d. All of the above
- e. None of the above

15. An estimated 1 out of \_\_\_\_\_ boys and 1 in \_\_\_\_ girls are diagnosed with autism in the United States.

- a. 42, 189
- b. 189,42
- c. 42, 42
- d. 189, 189

16. Autism is the \_\_\_\_\_ growing serious developmental disability in the U.S.

- a. slowest
- b. fastest

17. Every child deserves a quality life, and that means that they deserve a quality education to try and help them achieve an optimal living situation.

- a. True
- b. False

18. In the presence of a genetic predisposition to autism, a number of nongenetic, or “\_\_\_\_\_ stresses appear to further increase a child’s risk.

- a. environmental
- b. biological
- c. natural

19. The clearest evidence of these autism risk factors involves events \_\_\_\_\_ birth.

- a. before
- b. during
- c. before and during

20. Studies connected have shown a connection between immunization and increased prevalence of autism, with particular attention to the measles-mumps-rubella (MMR) vaccine and vaccines containing the preservative thimerosal.

- a. True
- b. False