

SYMPTOMS/BEHAVIOURS

- Repetitive, non-productive movement, for instance, rocking in one position or walking around the room
- Trailing a hand across surfaces such as chairs, walls or fences as the student passes as well as resistance to interruptions of such movements
- Sensitivity or overreaction to touch
- Minimal speaking, continuous repetition of the same phrases or of another person's spoken words (Echolalia)
- Avoiding eye contact
- Engaging in self-injury

EDUCATIONAL IMPLICATIONS

Children with Autism Spectrum Disorder will have unique behaviours. Parents/guardians and professionals who are familiar with the student are the best source of information. In general, children with Autism Spectrum Disorder usually appear to be in their own world and seem oblivious to classroom materials, people or events. However, despite appearances, a child's level of attention towards their educator and/or the material being presented may be relatively high.

Teaching must be direct and personalized in all areas including social skills, communication, academic subject matter and routines such as standing in line. Patience, firmness, consistency and refusing to take behaviours personally are solutions for success.

SERIES ON MENTAL HEALTH AND WELL-BEING



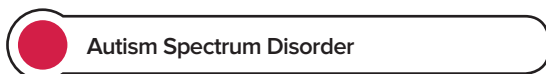
Anxiety



Attention Deficit Hyperactivity Disorder



Asperger's Syndrome



Autism Spectrum Disorder



Conduct Disorder



Depression



Eating Disorders



Fetal Alcohol Spectrum Disorder



Obsessive Compulsive Disorder



Oppositional Defiant Disorder



Reactive Attachment Disorder



Tourette Syndrome



AUTISM SPECTRUM DISORDER

TO LEARN MORE, PLEASE CONTACT:

Rainbow District School Board
Gord Ewin Centre for Education
275 Loach's Road
Sudbury, ON P3E 2P8
Phone: 705.523.3308
rainbowschools.ca

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ABOUT AUTISM SPECTRUM DISORDER

Autism Spectrum Disorder belongs to the category of disorders known as Pervasive Developmental Disorders, which includes Rett Syndrome, Childhood Disintegrative Disorder, Asperger's Syndrome, and Pervasive Developmental Disorders Not Otherwise Specified.

Autism Spectrum Disorder is a life-long neurological condition that is present at birth. The disorder is variable. Some children have a profound developmental delay and have no language, while others are mildly affected with average or above average intelligence and functional language.

Autism Spectrum Disorder appears within the first three years of life. It is four times more prevalent in males than females and occurs in all racial, ethnic and social groups. Children with Autism Spectrum Disorder are individuals who have their own strengths, weaknesses and patterns of symptoms. The disorder is defined by a certain set of behaviours. A child can exhibit any combination of behaviours in any degree of severity, therefore no two children with autism will act the same. Although estimates vary, it appears that approximately one in 110 children have a form of Autism Spectrum Disorder.

Over the years, autism has been used as an umbrella term for all forms of Pervasive Developmental Disorders. For instance, a student with Asperger's may be described as having a mild form of autism or a student with Pervasive Developmental Disorders Not Otherwise Specified could have autistic-like tendencies. Nationally, all are known as Autism Spectrum Disorder.

Diagnosis of autism and other forms of Pervasive Developmental Disorders is based on the observation of a child's behaviour, communication and level of development. According to the Autism Society of America, development may appear normal for some children until the ages of 24 to 30 months. For others, development is unusual from early infancy.

Delays may occur in the following areas:

- **Communication:** Language develops slowly or not at all. Children use gestures rather than words or words are used inappropriately. Parents/guardians may also notice a short attention span.
- **Social interaction:** Children prefer to be alone and show little interest in making friends. They are less responsive to social cues such as eye contact.
- **Sensory impairment:** Children may be overly sensitive or under responsive to senses (touch, pain, sight, smell, hearing or taste) and show unusual reactions to these physical sensations.
- **Play:** Children do not create pretend games, initiate others, or engage in spontaneous or imaginative play.
- **Behaviour:** Children may exhibit repetitious activities such as rocking back and forth or head banging. They may be very passive or overactive and lack common sense. Disappointments over small changes in the environment or daily routine are common. Some children are aggressive and self-injurious. Some are severely delayed in areas such as understanding personal safety.

A child who is suspected to have Autism Spectrum Disorder should be evaluated.

INSTRUCTIONAL ACCOMMODATIONS AND CLASSROOM STRATEGIES

- Use a team approach to curriculum development and classroom adaptations. Occupational therapists and speech/language pathologists can be of great assistance and evaluations for assistive/augmentative technology should be done early, and often.
- To teach basic skills, use materials that are age appropriate, positive and relevant to student life.
- Maintain a consistent classroom routine. Objects, pictures and words can be used as required to make sequences clear and to help students learn independence.
- Avoid lengthy verbal instruction. Instead, use written checklists, picture charts or object schedules. If necessary, deliver instructions one step at a time.

- Minimize visual and auditory distractions. Modify the environment to meet the student's sensory integration needs. Some stimuli may actually be painful to a student. An occupational therapist can help identify sensory problems and suggest needed modifications.
- Use direct teaching to assist students in developing functional learning skills. For instance, teach them to work left to right and top to bottom as well as to help students develop social and play skills. Help them understand social language, feelings, words, facial expressions and body language.
- Many students with Autism Spectrum Disorder are good at drawing, art and computer programming. Encourage these areas of talent.
- Motivate students who are fixated on a particular topic by including it as the subject for reading, science, math and other lessons.
- If the student avoids eye contact or looking directly at a lesson, allow him/her to use peripheral vision to avoid the intense stimulus of a direct gaze. Teach students to watch the forehead of a speaker rather than the eyes, if necessary.
- Some autistic children do not understand that words are used to communicate with someone who has a different brain than their own. Respond to words and teach techniques for repairing broken communication.
- Consult your school's speech language pathologist for more information about your student's communication.
- Help students to apply their learning in different situations through close co-ordination with parents/guardians and other professionals who work with them.

This fact sheet is not to be used for the purpose of making a diagnosis. It is a reference for understanding and to provide information about different behaviours and mental health issues you may encounter in the classroom.

Resources:

Autism Research Institute: www.autism.com/ari
Autism Society of America: www.autism-society.org