

EDUCATION OF PERSONS WITH AUTISM SPECTRUM DISORDERS (ASD)

RECOMMENDATIONS OF AUTISM-EUROPE AISBL

1. LEGISLATION

- 1-1.** Rules and regulations should ensure equal access for all to the education systems, regardless of the nature or severity of disability and prevent the school system and/or schools from having the legal freedom to refuse education to persons with ASD on the basis of the nature or severity of their disability (because they are “uneducable”) or of a lack of resources (because the school is not equipped to deal with their educational needs).
- 1-2.** Rules and regulations should ensure equal opportunities to develop individual potential in every kind and level of education, regardless of the nature or severity of disability, by means of research sound educational strategies and individually tailored educational programmes.
- 1.3.** Rules and regulations should promote a user - centred educational approach, by means of Individual Education Plans (IEP) that are functional in order to achieve personal independence and dignity and social responsibility, according to individual needs, motivations and potentials.
- 1-4.** Rules and regulations should define minimum standards in terms of the qualifications of the teachers for the staff enrolled in educational settings for children with ASD.
- 1-5.** Rules and regulations should ensure access to life-long education for persons with ASD, from pre-school facilities to upper grade education and/or adapted facilities for adults, providing vocational training, as well as training for the maintaining and improvement of acquired communication, social and personal skills.

2. PUBLIC POLICIES

- 2-1.** States should ensure resources and training centres with expertise in autistic spectrum disorders to provide training and technical support to schools
- 2-2.** States should provide a mechanism to evaluate the adequacy of support systems to schools in terms of training of personnel and technical assistance.
- 2-3.** States should fund or support local facilities to provide upper and continuous education and vocational training for adults with ASD, after compulsory education
- 2-4.** States should monitor coordination among and transitions between the different levels of education for all ages, from pre-school educational services to upper grade schools and educational/vocational training facilities for adults



- 2-5. States should provide training programmes for personnel with minimum standards of qualification in educational settings for persons with ASD. For example, at a minimum, teachers should have access to some special training (e.g. pre-service course work, equivalent in-service training, workshops), and to supervised practice in research-based practices in ASD. States should also provide continuous training and additional consultation by well-qualified, experienced support trainers.
- 2-6. States should develop a systematic strategy to fund the educational interventions that are necessary for persons with ASD in schools. Families should not be expected to fund or provide the majority of educational programming for their children.
- 2-7. Since levels of information about ASD vary greatly within the groups and agencies that make funding and policy decisions, it is crucial that persons knowledgeable in the range of needs and interventions associated with ASD be included in all decision-making activities.

3. IMPLEMENTATION

3-1. DIAGNOSIS AND ASSESSMENT

- 3-1-1. Because of their unique social difficulties, children with any ASD (autistic disorder, Asperger's disorder, atypical autism, PDD-NOS, childhood disintegrative disorder), regardless of their level of severity or functioning, should be eligible for special support in education.
- 3-1-2. Autistic disorder, Asperger's disorder, atypical autism, PDD-NOS, childhood disintegrative disorder should be identified and classed following the International classifications within the category of *autistic spectrum disorders (ASD)*, as opposed to other terminology used by school systems, such as social emotionally maladjusted, significantly developmentally delayed, etc., by means of appropriate, reliable instruments.
- 3-1-3. Identification of ASD should include a formal multidisciplinary evaluation of social behaviour, language and nonverbal communication, adaptive behaviour, motor skills, atypical behaviours, and cognitive status by means of appropriate reliable instruments, carried out by a team of professionals experienced with ASD. An essential part of this evaluation is the systematic gathering of information from parents on their observations and concerns. In order to carry out such an assessment, the local health services should collaborate with the education system.

3-2. TRAINING OF PERSONNEL

National Education Authorities should institute an agenda for upgrading the training of personnel for those who work with, and are responsible for, the education of children with autistic spectrum disorders, in collaboration with the already established infrastructure of special needs education (Universities, reliable training centres, other relevant agencies).

- 3-2-1. The States should establish a plan to provide priority funds for pre-service and in-service training of teachers, paraprofessionals, and other personnel providing educational programmes for persons with autistic spectrum disorders, including children under 3 years of age and adults.

- 3-2-2.** The need for a comprehensive approach involving many professions should be addressed during personnel training and practical work within multidisciplinary organizations and teams.
- 3-2-3.** A special emphasis should be placed on the training of trainers, and special attention should be paid to rapidly increase the capabilities of the trainers in the special skills and practices for children with autistic spectrum disorders.
- 3-2-4.** The existing support systems that provide training to teachers should include people with special expertise in autistic spectrum disorders on their staff.
- 3-2-5.** The content of the curriculum for children with autistic spectrum disorders should be based on sound research.

3-3. EDUCATIONAL GOALS

The IEP should be the vehicle for planning and implementing educational objectives.

- 3-3-1.** Appropriate educational objectives for children with autistic spectrum disorders should be observable, measurable behaviours and skills, functional for self-independence and social responsibility. These objectives should be able to be accomplished within 1 year and expected to affect a child's participation in education, the community, and family life. They should include the development of:
 - a. Social skills to enhance participation in family, school, and community activities (e.g., imitation, social initiations and response to adults and peers, parallel and interactive play with peers and siblings);
 - b. Expressive verbal language, receptive language, and nonverbal communication skills;
 - c. A functional communication system;
 - d. Increased engagement and flexibility in developmentally appropriate tasks and play, including the ability to attend to the environment and respond to appropriate motivational requests;
 - e. Fine and gross motor skills used for age-appropriate functional activities, as needed;
 - f. Cognitive skills, including symbolic play and basic concepts, as well as academic skills;
 - g. Replacement of problem behaviours with more conventional and appropriate behaviours; and
 - h. Independent organizational skills and other behaviours that underlie success in regular education classrooms (e.g. completing a task independently, following instructions in a group, asking for help).
- 3-3-2.** Ongoing measurement of educational objectives must be documented in order to determine whether a child is benefiting from his individual educational plan. Every child's response to the educational programme should be assessed after a short period of time. Progress should be monitored frequently and objectives adjusted accordingly.

3-4. EFFECTIVE EDUCATION

Recommendations for effective education are made on the basis of empirical findings from representative programmes and findings in the general education and developmental literature.

- 3-4-1.** Skilled diagnosis and ongoing specialised assessment should be implemented in partnership with parents and health professionals in order to determine appropriate educational programmes
- 3-4-2.** Educational intervention based on a set of individualized objectives and plans should begin as soon as a child is suspected of having an autistic spectrum disorder. Taking into account the needs of an individual child and its family, the child's schedule and educational environment, in and out of the classroom, should be adapted as needed in order to implement the IEP. Educational intervention should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, developmentally appropriate educational activity aimed toward identified objectives. Wherever the educational activity takes place (in ordinary school or specialized educational facilities), the content of the activity should be determined on the basis of the child's best interest, motivation, strengths and needs, depending on the characteristics of both the child and the family.
- 3-4-3.** A child must receive sufficient individualized attention on a daily basis so that individual objectives can be effectively implemented; individualized attention should include individual teaching, small group instruction with peers, and direct one-to-one contact with teaching staff.
- 3-4-4.** Assessment of a child's progress in meeting objectives should be used on an ongoing basis to further refine the IEP. Lack of objectively documentable progress over a 3-month period should be taken to indicate a need to increase intensity by lowering student/teacher ratios, increasing programming time, reformulating curricula, or providing school staff with additional training and consultation.
- 3-4-5.** To the extent that this leads to the specified educational goals (e.g. peer interaction skills, independent participation in regular education), children should receive specialized education in inclusive settings in which ongoing interactions regularly occur with typically developing children.

3-5. AREAS OF EDUCATIONAL INTERVENTION

Six kinds of intervention should have priority:

- 3-5-1.** Functional, spontaneous communication should be the primary focus of education. For very young children, programming should be based on the assumption that most children can learn to speak. Effective teaching techniques for both verbal language and alternative modes of functional communication, drawn from the empirical and theoretical literature, should be vigorously applied across settings.

- 3-5-2.** Social education should be delivered throughout the day in various settings, using specific activities and interventions planned to meet age-appropriate, individualized social goals (e.g., cooperative activities with peers, social routines, flexibility in applying social rules, ...).
- 3-5-3.** The teaching of play skills should focus on play with peers, with additional learning in the appropriate use of toys and other materials.
- 3-5-4.** Other education aimed at goals for cognitive development should also be carried out in the context in which the skills are expected to be used, with generalization and maintenance in natural contexts being as important as the acquisition of new skills.
- 3-5-5.** Intervention strategies that address problem behaviours should incorporate:
 - information about the contexts in which the behaviours occur;
 - positive, proactive approaches; and
 - a range of techniques that have empirical support (e.g. functional assessment, functional communication training, reinforcement of alternative behaviours).
- 3-5-6.** Functional academic skills should be taught when appropriate to the ability and needs of a child.

3-6. ROLE OF FAMILIES

Parents' concerns and perspectives should actively help to shape educational planning.

Specifically:

- 3-6-1.** In order for a family to be effective members of the Individualized Education Plan (IEP) team, the local school system should provide the parents with written information concerning the best practices in education of autistic spectrum disorders, sources of support (e.g. a support guide and bibliography), and their child's rights.
- 3-6-2.** The school should provide each family with:
 - the written results of their child's assessment on which the IEP will be based,
 - a contact person to explain the findings and discuss their concerns
 - the opportunity to participate in the IEP meeting to voice their questions, concerns, and perspectives about their child's development and educational programming
- 3-6-3.** The IEP should be approved by the parents/legal representative of the child and the school should provide the opportunity to discuss their child's progress and changes to the IEP at regular intervals (see point 3-4-4.)
- 3-6-4.** The local education authority/school should provide the parents with written information concerning the best practices in education for autism spectrum disorders, sources of support (e.g. a support guide and bibliography), and their child's rights, as well as information and training that enables them to continue the educational process outside the school (at home, in the community ...).



3-7. INCLUSION

Like all society, education systems should be inclusive. Whilst Autism is a spectrum condition requiring a range of sophisticated individual responses, it is hoped that increasingly these will occur within the mainstream of provision, for all or most of the time, under the following conditions:

- 3-7-1.** Inclusion in the mainstream should be based on entitlement, not privilege, and reflect the best interest and individual need of each person.
- 3-7-2.** Appropriate adjustments should be expected within educational facilities to provide better access and sustainable participation and benefit for persons with ASD.
- 3-7-3.** The Policy of Inclusion should never be used to deny any support or access to education to any individual or to provide symbolic or token services which may give the illusion of provision whilst in reality denying opportunity.
- 3-7-4.** The policy of Inclusion should essentially ensure that appropriate learning or other positive experiences take place in a environment as inclusive as possible. It is not simply about 'where' an individual is educated or receives services or support, it is about its quality and relevance.

3-8. LIFELONG EDUCATION

- 3-8-1.** Adults with ASD should be eligible for appropriate support to continuous education and vocational training in terms of specific educational strategies, adapted educational settings, specialized teachers and individualized attention, regardless of level of severity or functioning.
- 3-8-2.** After compulsory education, adults with ASD should have access to regular upper secondary school, when appropriate to their individual needs and ability, or to special courses aimed at enhancing and maintaining acquired individual skills and knowledge in functional areas (*see point 7 - Areas of educational intervention*)
- 3-8-3.** Adults with ASD should have access to vocational training based on the person's individual motivation, ability and needs that can lead to employment or to a more or less protected form of occupation, depending on prior individual training, skills and experience, and which provides continuous education in an occupation.
- 3-8-4.** Whatever kind or level of adult education facilities should provide individually tailored programmes, based on the person's individual strengths, motivation and priorities, and on continuous functional assessments by means of reliable instruments

ACKNOWLEDGEMENTS

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