Inclusive Education and Autism

This issue of the Inclusion Notebook highlights the topic of teaching children with autism in the general education setting. In this edition we present educational models and practices that are designed to meet the unique needs of children with autistic spectrum disorder (ASD) in a manner that enables them to be educated in an inclusive setting. Rather than focusing on treatment interventions designed to address isolated skill areas, we present information on educational approaches that serve as a framework for meeting the individual needs of students with ASD while in the regular education classroom. We have included articles on the rationale for implementing inclusive models designed for students with ASD as well as articles on student experiences and parent perspectives regarding the inclusive education for their children with ASD. The pull-out section includes an overview of several different models that can be utilized to educate students ages three through adulthood using inclusive practices, as well as a summary of key components necessary in any inclusive program. Our Q and A section highlights one Connecticut school districts’ commitment to educating students with autism not only in the general education setting but in their neighborhood schools as well.
Educating Children with Autism

Autism has become the fastest growing category of special education since it was added to the Individuals with Education Act (IDEA) in 1990. In the decade following its addition to IDEA, the number of students identified as having autism increased from 5,000 to over 118,000 (OSEP, 2004). Since that statistic was reported, the numbers have continued to grow almost exponentially. This has occurred as the result of several factors. First, the definition and diagnostic criteria for identifying autism has been expanded to include a range of abilities and presentations, and is now considered to be a spectrum of disorders. Essentially, three primary characteristics are recognized as defining autistic spectrum disorder (ASD):

1. deficits in social interaction
2. deficits in communication
3. restricted repertoire of interests and behaviors

Second, the Committee on Educational Interventions for Children with Autism, National Research Council (2001) recommended that all children with a diagnosis of ASD should be eligible for special education services under the category of autism, regardless of their level of impairment. Third, it has been proposed that investigation should take place to determine if the dramatic increase in the numbers of children served with autism has been offset by commensurate decreases in other categories into which children with ASD might have once been placed such as other health impairment, social and emotional disability, and developmentally delayed (O'Brien & Daggert, 2006).

The increase in the number of children with ASD and the range of abilities among those children has brought with it a host of questions and concerns on how to provide a free appropriate public education in the least restrictive environment to children on the spectrum. Over the years, a number of teaching methodologies have been proposed, including interventions that target specific areas such as relationship development, individual skill building, cognitive development and physiological processes. Often these approaches are therapeutic in nature and focus on the acquisition of core social, communication and play or academic skills and take place in segregated settings. As children with ASD progress through the school years, those with more significant learning needs may experience a decline in the amount of time that they spend with same-aged peers participating in the general education curriculum.

With the implementation of the No Child Left Behind Act of 2001 and the reauthorization of IDEA in 1997 and 2004, the emphasis on educating students with ASD in the general education setting has increased dramatically (Yell, 2003). As a result, some school districts have begun to look at structured models for inclusive education for students with ASD as an alternative to more therapeutically driven methodologies. The benefits of applying a structured framework for teaching students with ASD in inclusive settings include consistency across people providing support; organized instructional settings; smoother transitions between school-age programs (elementary to middle to secondary); a shared knowledge base among team members; improved family-school partnerships; and enriched social experiences for all students.

The Pull-Out Section of this edition features a description of several models used for teaching children with autism in inclusive educational settings including the SCERTS model, structured teaching, LEAP, and the Autism Spectrum Disorder Inclusion Collaboration Model. These models offer a framework for facilitating the successful education of learners with ASD in the regular education classroom as well as other inclusive settings.
A Tale of Two Students

Two students were observed in their classrooms; both students have a diagnosis of ASD although they are very different. The students, a 2nd grade girl and a 4th grade boy are members of the regular education classroom and receive support from a special education teacher and related service providers. Here’s a glimpse of how they spend their day:

Maritza

When you walk into Mrs. K’s second grade classroom you are met with a typical scenario. Mrs. K is seated in a comfortable rocking chair reading a storybook to her students who are quietly gathered around her, seated on a carpet that defines the boundaries of the meeting space. Most of the students are attending; a few fidget from time to time, shifting their weight or occasionally looking away from Mrs. K, noting that someone has just entered the classroom. One of the students, however, is looking away more than the others and moving a little bit more than the others; her body is turned slightly away from the teacher, and she is holding a book in her hands. She is also not sitting directly on top of the rug, but rather she is sitting on a round rubber disk, about 10” in diameter that has a number on it.

The student’s name is Maritza and she has autism. When Maritza was a toddler, her parents were given the diagnosis; at that time the family was living in New York and as Maritza moved into the realm of public school at the age of 3, all that the school district was willing to offer was to bus Maritza an hour each way to a “special” program for children with autism. Maritza’s parents refused to have her segregated; rather than fighting the school district, they moved to Waterford, CT to be near family and to provide Maritza with the opportunity to attend school with typically developing children.

While Maritza’s parents did not realize it at the time, their new school district was busy preparing to improve its ability to educate students with autism. The goal was to adopt a framework called the SCERTS model that would enable the district to not only educate students with autism within the district, but to do it in such a way that students could attend their neighborhood school, and be taught in the regular classroom.

Maritza has been able to benefit from the implementation of the SCERTS model to such an extent that she is able to be in the classroom all day, learning alongside her peers, despite her diagnosis of autism. Like many individuals with autism, Maritza does not speak conversationally, she does not engage in age-appropriate social interaction with peers, and she does not have a typical or expanded repertoire of interests for her age. Contrary to what was once considered “typical” for children with autism, Maritza does have a desire to communicate, she does have an interest in her classmates and she does want to participate in a number of activities. Barriers to her achieving these ends, however, lie in the difficulties that Maritza experiences in social communication (SC); emotional regulation (ER) and transactional support (TS). Put them all together and they spell SCERTS, the model that was adopted by the school district.

What you see when you look at Maritza during story time is the SCERTS model in action. To support her participation, Maritza has specific objectives for the lesson that are based on the SCERTS model. The social communication objective for Maritza is to comment or respond using her own words or a picture symbol by raising her hand to gain her teachers attention, responding when she is acknowledged. The emotional regulation objective is for
Maritza to sit through the story without invading the space of the other students, fleeing the group, or trying to grab the book away from her teacher (reported to be one of her past “behaviors”). The transactional supports are the "things" or strategies that will be provided to Maritza to achieve her objectives. For participation in this activity her transactional supports consist of relevant communication symbols to use to respond to the story, a rubber disk placed on the carpet to help her understand where to sit, and a book for her to hold to keep her from trying to take Mrs. K’s.

The SCERTS model makes it possible for Maritza to be supported in the classroom while learning at her own pace. Weekly team meetings take place between key personnel, including a special education teacher trained in the SCERTS model; topics/themes for the week are presented, key concepts and vocabulary are identified and pre-taught in Maritza’s individualized teaching time and supporting materials are identified and created or obtained by the special education teacher. “Why read a long book when a short one will do” stated Mrs. K, indicating how some of the transactional supports are naturally embedded into the lesson and are of benefit to a number of students who may have difficulty attending or learning new material.

When the story is over, Maritza approaches her teacher and asks for the book; her teacher hands it to her, complimenting her for requesting the book appropriately. Maritza smiles and does an over excited “wiggle” taking the book to her seat; she is joined by a peer who begins looking at it with her asking Maritza to point to things in the picture. The rest of the students have become busy, several of them joining Mrs. K for small group work; others writing in journals; two girls are looking at a book together; fortunately for Maritza there is nothing “special” going on in this classroom.
A Tale of Two Students

Seth

Seth is a 4th grade student who has also has a diagnosis of ASD. Seth is one of thousands of children in this country who have been diagnosed as having Asperger’s syndrome (AS) (see box on page 6). Seth’s teachers also use the SCERTS model to include him in the general education curriculum. On this particular day, the class is about to engage in group activities about the concept of elapsed time. For Seth, who speaks conversationally, the social communication (SC) objective is broader than that of a child who does not speak and typically does not change with each activity. The SC objective for Seth is to participate in a group in a cooperative manner, allowing his peers to take turns and contribute to the activity in a fair and equitable way. Seth has difficulty working cooperatively and can become upset when things don’t go according to his expectations; flexibility is not something that comes easily to Seth, a common factor associated with AS.

Seth’s emotional regulation (ER) objective is to maintain an appropriate state of arousal throughout the activity from the time the teacher is giving the directions to the time the activity comes to a close. Seth uses predominantly self-regulatory strategies, which are those strategies that are self-initiated and self-directed, as opposed to relying on others to provide support for emotional regulation.

Seth’s transactional supports (TS) consist of a check list that he’ll use at the end of the lesson to self-assess his social communication experiences and emotional regulation. There are supports in place for him to discuss any problems that occurred (i.e. social skills group and counseling) and role play/problem solve how things could be done differently in the future. Other transactional supports include a small counting clock for Seth to use to compute the elapsed time, a “bumpy” cushion on his chair to help him remain attentive, and a visual schedule to let him know what to expect across the day. Since Seth can read well, his schedule is presented in words rather than pictures. There are also a host of other visual supports available to all students to help with the assignment including manipulatives and step-by-step written instructions for the kids to refer to.

Seth’s ability to emotionally regulate himself is a key objective of his program, in an effort to help him achieve that, a number of accommodations serve as on-going transactional supports. For example, Seth has difficulty getting through a fire drill. His anxiety over whether or not a fire drill would occur was interfering with his ability to learn in the classroom. An accommodation was written into his IEP requiring him to be told ahead of time when a fire drill would occur. This has worked well and Seth is no longer anxious that the alarm will sound. Other accommodations that serve as transactional supports include telling him ahead of time of when changes will occur in his schedule or when activities that are out of the ordinary will take place. Seth’s principal shared an experience where he went in to teach a lesson to the class. He quickly realized that Principal-turned-Teacher was not a change that Seth was comfortable with; he also realized that the approach he was going to use to address the class did not match Seth’s needs. Subsequently, he met with the team for a problem solving session whereby he was able to adjust his approach to the topic and be more effective in the future.

Seth also receives on-going instruction in social skills and peer relationship development. Topics include conflict resolution, carrying on a conversation with turn-taking and topic expansion, knowing how to initiate and end a conversation, and reading and interpreting non-verbal cues and information.

Seth, continued on page 6
Seth is preparing to move to another state with his family. He has benefited from the SCERTS approach across the domains of social communication, emotional regulation and transactional supports. As a result, he is better prepared to face the challenges of transitioning into a new school; hopefully, he can continue to be supported in a manner that enables him to take risks and grow socially and emotionally as well as academically.

**ASPERGER’s SYNDROME**

Asperger syndrome (AS) is an autism spectrum disorder (ASD), one of a distinct group of neurological conditions characterized by impairment in language and communication skills, social interactions and a limited or restricted repertoire of interests. Unlike children with a diagnosis of autism, children with AS develop language skills and are usually conversant.

One distinguishing symptom of AS is a child’s excessive interest in a single object or topic often to the exclusion of any other, such as lawn equipment, transport vehicles or historic events. Children with AS may focus intently on their topic of interest, often learning minute details that are of little or no interest to others. Similarly, their conversations with others may be repetitive and focus on their topic of interest exclusively. Their “expertise,” high level of vocabulary, and formal speech patterns have sometimes earned them the title of “little professors.” Other characteristics of AS may include repetitive routines or rituals; peculiarities in speech and language; socially and emotionally inappropriate behavior and the inability to interact successfully with peers; problems with non-verbal communication; others may have clumsy and uncoordinated motor movements.

Many students with AS do not experience academic difficulty in the early years, when the curriculum is predominantly concrete and fact-based. Difficulty often arises later on as the curriculum becomes more inferential and students are required to engage in higher level thinking involving application of abstract reasoning. This is also the time when children start to form independent relationships with peers, based on mutual interests and compatible personalities; children with AS are often isolated because of their poor social skills and narrow interests.
Recently a group of mothers got together to share their perspectives on having a child with ASD fully included in a regular education classroom with the support of the SCERTS model. The SCERTS model is family-centered and believes that family members must be included as collaborators and partners in all efforts, and plans are developed to support families. Here’s what they had to say:

Annmarie, mother of Seth a 4th grade student:

“I’m not really sure what the SCERTS model encompasses exactly. What I know is that Seth is having a good year; the first few weeks were a difficult adjustment for him, but things have smoothed out. We moved here from Massachusetts where trying to accommodate Seth and keep him in the regular classroom was a constant struggle; I was always at odds with my son’s school, trying to make them understand his needs. They were not knowledgeable in how to make school an enjoyable experience. What is different about this school and this program is that I have been able to relax; his teachers and everyone at his school ‘gets it.’ Things that might be upsetting to him are almost always recognized and planned for ahead of time so that unsettling ‘meltdowns’ can be avoided. There have been times when someone from Seth’s school will call to alert me about an event or activity that will be taking place and propose a solution to me ahead of time. Last year, Seth’s teacher called me to let me know that he was bringing home a birthday invitation to a movie theatre party. Knowing that Seth would have a difficult time attending the movie, she offered to take him and bring him in after the movie had started to avoid pre-movie anxiety and the extremely loud previews. The trip was a success and Seth enjoyed a day out with his peers.”

Raquel, mother of Maritza a 2nd grade student:

“Everyone from Maritza’s school has been so helpful to us as a family. Mrs. P [SCERTS trained special education teacher] has come out to our home to help us with problem behaviors that were occurring in home but not at school. Mrs. P. helped us to put things into place to help Maritza be more organized and to do things on her own. She provided us with pictures for communication and setting up a schedule; this helps Maritza to do things at home the same way that she does them in school. Maritza is not always happy to see Mrs. P. come to the house since she has figured out that she will not be able to get away with things. One time when Mrs. P. was visiting Maritza came into the house and dropped all of her belongings on the floor, just as she always did. Mrs. P. redirected Maritza to pick them up and put them away, something that she was expected to do at school, but never did at home. Now Maritza puts her things away when she comes in, just like she does at school, although she will throw them on the floor if she thinks that she can get someone else to do it for her”

Darlene, mother of Nathan a 3rd grade student:

“Nathan has done well this year in 3rd grade, but we are starting to see him struggle more academically. Nathan is in the process of being assessed by his educational team using the SCERTS Assessment Protocol (SAP). It is encouraging to know that Nathan will have a team of people to support him through elementary school who have had this training. It saves us all from having to reinvent the wheel each time a child with ASD comes through the doors.”
Learning Experiences: An Alternative for Preschoolers and Parents (LEAP)

Assumptions:

1. All children benefit from integrated early childhood programs.

2. All children receive benefit from developmentally appropriate curricula.

3. Children with ASD acquire social, language and behavior skills when they are educated with non-disabled peers.

4. Early systematic intervention in the home, school and community are most successful.

5. Parents and professionals working together increases positive outcomes.

LEAP is an early childhood education method that focuses on the social development of young children with ASD. It is designed to take place in an inclusive setting. It has a strong family component that serves to support consistency in the development of skills across contexts.

Suggested ages: Early childhood.
The SCERTS Model
Social Communication (SC); Emotional Regulation (ER); Transactional Support (TS)

Assumptions:

1. Positive long term outcomes for children with ASD are strongly correlated with the achievement of communicative competence.

2. The development of relationships in children with and without disabilities requires emotional regulation as a core process underlying attention and social engagement.

3. The majority of children with ASD require a variety of supports to maximize learning in educational settings, participate in daily living activities and derive pleasure from relationships and everyday activities.

Features:

1. The model is based on the most current research in child development and ASD.

2. The model is flexible enough to incorporate different perspectives (i.e. developmental and contemporary, ABA).

3. It can be applied in an individualized manner while addressing the core deficits of ASD.

4. The model is family centered, taking into account critical individual differences across families in reference to their priorities and their involvement in critical programmatic decision making.

Developmental Dimensions Addressed in SCERTS

1. Social Communication (SC); two core challenges have been identified:
   a. Capacity for joint attention
   b. Capacity for symbol use

2. Emotional Regulation (ER)
   a. Self-regulation
   b. Mutual regulation

3. Transactional Support (TS)
   a. Interpersonal support
   b. Educational and learning supports
   c. Family support

The SCERTS model lends itself well to inclusive education in that it prioritizes learning in a variety of settings, as opposed to restrictive settings. Justification for this approach is that generalization is more likely to occur when children learn skills in settings that occur naturally as part of their daily routine.

Suggested ages: Preschool through age 11.
Structured Teaching  
Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH)

Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH) is a structured teaching method developed at the University of North Carolina in the 1970’s. The underlying premise for structured teaching is the principle for modifying the environment to accommodate the needs of individuals with ASD. Four main components are related to this process:

1. Physical organization: this refers to the layout or setup of the teaching area for both academic and functional skills teaching.

2. Visual schedules: allow students to see what and when activities will be happening.

3. Work systems: visually specify what and how much work is to be done.

4. Task organization: presents information on within-task actions such as the sequence of steps.

The TEACCH approach is broad-based, taking into account all aspects of the lives of people with autism and their families. Although independent work skills are emphasized, it is also recognized that communication, social and leisure skills can be learned by people with autism and can have an important impact on their well-being. An important part of any TEACCH curriculum is developing communication skills, pursuing social and leisure interests, and encouraging people with autism to pursue more of these opportunities. Structured teaching emphasizes individualized assessment to understand the individual better and also “the culture of autism,” suggesting that people with autism are part of a distinctive group with common characteristics that are different, but not necessarily inferior, to peers. Structured teaching can be implemented in inclusive settings.

![Iconic encoding sample. Student reviews picture and applies icons to “encode” activity. May start with action only as applicable.](Icons made with Mayer Johnson Boardmaker®)

Girl reads.
The Autism Spectrum Disorder Inclusion Collaboration Model

Assumptions:

1. Students with ASD and their non-disabled peers benefit from planned contact with one another.

2. With appropriate support and resources, the majority of general education teachers, staff members and administrators are agreeable to having qualified students with ASD in their classrooms.

3. General educators are willing and able to effectively assume primary teaching responsibility for many students with ASD, contingent on special educator and ancillary staff support and other resources.

The underpinning of the model is collaboration, emphasizing shared responsibility and decision making among the team and makes consideration of both learner behaviors and instructional factors.

Five major components:

1. Environmental and curricular modifications, general education classroom support and instructional methods.
   a. Training/support for all educators.
   b. Collaborative consultation.
   c. Small regular education class size.

2. Attitudinal and social support
   a. Curriculum to support understanding of students with ASD.
   b. Direct social skill instruction.
   c. Peer training/mentoring.

3. Coordinated team commitment of shared responsibility for ASD students.

4. Recurrent evaluation of inclusion procedures and student social and academic progress.

5. Home-school collaboration.

Each component, while discreet, is interwoven; thus each component affects the others and cannot operate effectively in isolation. The underpinning of the model is collaboration, emphasizing shared responsibility and decision making among the team and makes consideration of both learner behaviors and instructional factors.

Suggested grades: Preschool-12th grade.
Elements of Inclusive Teaching

Adapted from: You’re Going to Love This Kid! Teaching Students with Autism in the Inclusive Classroom by Paula Kluth

1. Choose content that matters. Lessons should engage students in real-world problem solving, provide an opportunity for active participation, allow students to direct their learning, provide challenge and interest and be multidimensional.

2. Use flexible groupings. Groups should be based on goals, interests, needs and skills. Grouping students with similar needs and different needs should take place as appropriate to allow for students to share and teach each other.

3. Use a wide range of materials. Some students with autism may find it difficult to use “traditional” teaching materials. Using a wide range of materials offers every student a chance to be successful.

4. Mix up lesson formats. Use of a wide variety of formats will benefit students with learning differences, particularly those with autism, many of whom struggle during whole-class lecture formats, discussions, and pencil/paper tasks.

5. Use multiple assessments. Traditional tests can be problematic for many students, by providing other means of assessment students can have an opportunity to share what they know in the manner that is most appropriate for them.

Autism Resources

A.J. Pappanikou Center for Excellence in Disabilities  http://www.uconnucedd.org
Autism Society of CT  http://www.autismsocietyofct.org/
CT Autism Spectrum Resource Center  http://www.ct-asrc.org
LEAP  http://www.leapsandbounds.org/curriculum.htm
SCERTS Model  http://www.scerts.com
Barry M. Prizant, Ph.D. CCC-SLP  http://www.barryprizant.com
TEACCH  http://www.teacch.com
Early Signs of Autism:

At 6 months:
• Not making eye contact with parents during interaction.
• Not cooing or babbling.
• Not smiling when parents smile.
• Not participating in vocal turn-taking (baby makes a sound, adult makes a sound, and so forth).
• Not responding to peek-a-boo game.
• Fixation on a single object.
• Oversensitivity to textures, smells, sounds.
• Strong resistance to change in routine.
• Any loss of language.

At 12 months:
• No attempts to speak.
• Not pointing, waving or grasping.
• No response when name is called.
• Indifferent to others.
• Repetitive body motions such as rocking or hand flapping.
• Does not initiate two-word phrases (that is, doesn’t just echo words).
• Any loss of words or developmental skill.

At 24 months:
• Does not initiate two-word phrases (that is, doesn’t just echo words).
• Any loss of language.

Source: Rebecca Landa, Center for Autism and Related Disorders at the Kennedy Krieger Institute, Baltimore.

Asperger's syndrome

Signs and symptoms

Signs and symptoms of Asperger’s syndrome include:
• Engaging in one-sided, long-winded conversations, without noticing if the listener is listening or trying to change the subject
• Displaying unusual nonverbal communication, such as lack of eye contact, few facial expressions, or awkward body postures and gestures
• Showing an intense obsession with one or two specific, narrow subjects, such as baseball statistics, train schedules, weather or snakes
• Appearing not to understand, empathize with, or be sensitive to others’ feelings
• Having a hard time “reading” other people or understanding humor
• Speaking in a voice that is monotonous, rigid or unusually fast
• Moving clumsily, with poor coordination
• Having an odd posture or a rigid gait
Recently we met with a team of people from Great Neck School in Waterford, CT. Over the past 4 years the district has built an inclusive program to educate students with autism in their home elementary school by using the SCERTS model. Great Neck is an elementary school with approximately 250 students, several of whom have autism. All of the students spend the majority of their day in the general education setting, supported by teams of teachers, related service providers and paraprofessionals who have been trained in using the SCERTS model. Included in the discussion were:

Sue Rosenfield, Supervisor, Special Education  
Craig Powers, Principal  
Barbara Roberts, Special Education teacher and district autism specialist  
Cynthia White, Special Education teacher  
Wendy McCabe, Special Education Teacher  
Laura McCue, Regular Education Teacher  
Lauren McKenna, Regular Education Teacher  
Paula MacDonald, Adaptive Physical Education Teacher

Sue Rosenfield, Director of Special Education provided an overview of the process involved in adopting the SCERTS Model.

Continued on page 10
Q How did you come to choose the SCERTS Model?

A Several years ago the district recognized the need to be able to provide quality programming for students with autism within the school district. At that time, students with autism were educated using a variety of approaches. The district sent a group of teachers to a training workshop to learn a particular methodology for teaching children with autism; upon returning from that workshop, the teachers shared concerns that such a method seemed to isolate children from their peers and to be in conflict with the philosophy of inclusive education. This prompted the district to explore other options and to contact Dr. Barry Prizant, co-founder of the SCERTS model.

After learning about the SCERTS model from Dr. Prizant and his team, school district personnel overwhelmingly felt that the SCERTS model fit the prevailing belief system of inclusive education. The SCERTS model embodied a framework that is consistent, yet its structure allows for the implementation of a variety of teaching methodologies based on the individual needs of the child. It is the consistency of the SCERTS framework that allows it to be implemented in as many classrooms in as many elementary schools as necessary, allowing all students to attend their neighborhood school. “It’s a program, not a place” shared Rosenfield, referring to the flexible consistency of the model that prioritizes the need for children with ASD to learn in a variety of natural settings.

Q How did you go about implementing the SCERTS model?

A We knew from the beginning that we were essentially looking at a systems change and we approached it carefully, initiating the process by participating in professional development to educate ourselves about the model. The next step was to implement the model in our elementary schools, so we invited Dr. Prizant and his team into the district to train and guide us through this endeavor. Dr. Prizant not only worked with key staff members, but he also met with the parents of young children with autism in our district, since the SCERTS model views family values and influences as critical in the development of children with autism. Since the time of the initial commitment to implement the SCERTS model we have continued to have ongoing consultation and training both on site in our schools and through professional development workshops from Dr. Prizant.

In December 2005, the SCERTS Model Assessment and Intervention Manuals were published. This past summer several people from the district attended an intensive two-day training on the use of these tools to assess students in the areas of social communication, emotional regulation and the need for transactional supports. Using this protocol has enabled teams to identify a student’s present level of performance in each of these areas and to determine the impact that it has on participating in the general education classroom, leading to more effective programming and inclusive practices. The SCERTS Assessment Process (SAP) provides all individuals involved with a shared understanding of terms and objectives when discussing a student’s needs, laying the ground work for consistency within schools and coordinated transitions between schools. When everyone speaks the same language it makes it easier to understand and plan for the needs of each individual student, particularly with the level of variability among students with autism.

Team members contributed input to the following questions.

Q What are some of the most important factors to making the SCERTS Model work in your classrooms?

A Having a special education teacher as a designated “point person” to provide support...
to the staff in implementing the program is the first component that makes the SCERTS model work. The point person also serves as the liaison between the family and the school, helping to provide support that is vital for family investment in the program. The second component is to provide time for teams to have regular collaboration; sometimes that involves the whole team and the point person; other times it may be the classroom teacher and the special education teacher; other times it may be an itinerant teacher such as the physical education teacher or a related service provider who knows the child well. Regular sharing of prior knowledge of a student can make the difference between a successful experience and a disaster. The administration recognized the need for us to have planning time and ongoing training and support and has been committed to seeing that it is provided.

Other times team collaboration serves as a forum for problem solving. For example, one student was having a difficult time regulating her body in space, crashing into the walls along the hallway or bumping up against other students. A team meeting led to the realization that this did not occur during arrival or departure when the child was wearing her backpack. The problem was solved by having her wear a weighted backpack when she leaves the classroom to transition to another setting in the building. “It took a few tries to get the right amount of weight, but once that was accomplished, the student was able to walk in line with other kids, maintaining a safe and appropriate pace and distance.”

Q  What are some of the biggest changes that have taken place in including students with ASD in the general education classroom as a result of implementing the SCERTS model?

A  We no longer struggle with the “how” part of including children into the general education classroom. The SCERTS model provides us with the blueprint that serves as a consistent way to plan for and meet the individual needs of the student. Both of the regular education teachers shared that they viewed the student with ASD as a full member of the class and felt responsible for that child’s progress. “I am his teacher and I receive assistance on how best to teach him from everyone on the team,” said one of the teachers. Everyone agreed that this was a positive change from segregated models where a student was included for certain activities, with programming and progress being the primary responsibility of the special education teacher.

Q  What did you discover as a result of implementing the SCERTS model that surprised you the most?

A  Team members agreed that as the implementation of the SCERTS model took place, the role that the other students could play in naturally supporting each other in learning began to unfold. Most of the students without disabilities had some experience with “helping” students with disabilities in the past; this is not an uncommon experience, particularly when students with disabilities join in for a limited amount of general education activities. Using the SCERTS model has shifted the paradigm so that a student with ASD is a full member of the class who may go out of the general education classroom for limited activities. Under these circumstances the children began to naturally see the benefit in supporting the classmate with ASD to increase his/her personal level of independent participation. As one person shared, “The kids began offering suggestions to peers on how to do things, rather than doing them for the student. It became the difference [for the students] in viewing the child with ASD as a classmate instead of a visitor or guest.”

All team members agreed that while they entered into the SCERTS model in order to support students with ASD, they found that the underlying assumptions could be carried over to supporting all students, enabling them to better serve the diverse learning needs of the whole class.


