



Autism Programmatic Case Studies

Thalia

Thalia is an 8-year-old girl. She is attending an elementary school where she participates in mainly special education classroom. Thalia was diagnosed with autism at age 3. There are seven students in Thalia's class, served by one teacher and one educational assistant. During the day, Thalia participates in group activities with same-age peers in an inclusive setting. She receives services from a speech-language therapist and an occupational therapist within the special education classroom setting.

Thalia's most recent assessment at school was her triannual at age 6. The school district accepted her developmental pediatrician's diagnosis for autism when Thalia enrolled in preschool at 3-years-old. During the triannual evaluation, the team used the Autism Spectrum Screening Questionnaire (ASSQ), the Clinical Evaluation of Language Fundamentals (CELF-4), and the Adaptive Behavior Assessment System (ABAS-3). All of the assessments were used to substantiate the severity of Thalia's symptoms.

The ASSQ is scored using a T-score with scores at 40 or below considered low, 40-59 average, 60-64 slightly elevated, 65-69 elevated, and 70+ very elevated. Scores that are 65+ indicated that the behavior is affecting the student. Both the special education teacher and parent completed the ASSQ. In peer socialization, the teacher rated Thalia at 78 and the parent rated at 70. In adult socialization, the teacher rated Thalia at 78 and the parent rated at 65. For social/emotional reciprocity, both teacher and parent rated Thalia at 73. In atypical language, the teacher rated Thalia at 76 and the parent rated at 68. For stereotypy, the teacher rated Thalia at 71 and the parent at 70. Both raters agreed that behavioral rigidity is at 72. In sensory sensitivity, the teacher rated Thalia at 68 and the parent rated her at 75. For the final rating scale, attention, the teacher rated her Thalia at 74 and the parent rated her at 73.

The CELF-5 is scored using a scaled score (SS) with a median of 10 and standard deviation of 15. She was able to use her communication device to help her with the assessment. Thalia's data showed she was able to follow simple directions with a standard score of 4. The remaining scores were all in the extremely low range with standard scores of 1.

The ABAS-3 data is presented with scaled scores (SS) with a median of 10 and standard deviation of 3. Thalia had extremely low communication (SS:2), low functional academics (SS:4), and low self-direction (SS:4). In the areas of leisure and socialization, Thalia has a scaled score of 2 for both. In self-care, Thalia has a SS of 3, health and safety an extremely low score (SS:2), school/home living is low with a SS of 4, and community use is extremely low at SS 1.

Cognitively, Thalia matches pictures to items and identifies basic pictures by name and function. She can identify familiar items by pointing to objects. Thalia can complete academic tasks with verbal and visual prompts, but not at grade level. Thalia is able to answer reading comprehension from simple books read aloud to her. She enjoys books about dogs or birds. Thalia is able to identify numbers 1 through 5 and can identify the days of the week. Thalia can follow short auditory directions with visual prompts. Thalia needs systematic prompting to complete activities, such as visual schedules to transition between activities, visual prompts to initiate tasks, and visual organizers to complete academic work. Thalia does her best work when she has a routine and is able to anticipate her daily activities.

Thalia is functionally nonverbal; she uses gestures and visual cues to communicate. She vocalizes primarily using vowel sounds. Some vocal patterns are consistently used for items. For example, she makes an “umm” sound for requesting food. Also, she is able to use gestures to point to objects and express needs. Thalia uses gestures to respond to simple questions such as “Where is your blue jacket?” and is able to share toys and objects with verbal request. The Picture Exchange Communication System (PECS) is used to improve Thalia’s communication. For example, when requesting a desired item, she assembles a phrase (I want + item) with a picture icon strip to request desired items from a communication partner. Thalia is working with the speech pathologist to improve her communication skills with the use of PECS.

Thalia does not play socially interactive games such as tag or board games and does not engage in turn taking during play. In addition, she does not play creatively with toys. From a sensory standpoint, Thalia does not like her head/hair, or the back of her neck touched. Thalia keeps her hair short to avoid having to brush it. Deep pressure brushing is used to provide sensory stimuli. Textured balls and other fidget toys are usually a part of her calming strategies. Motorically, Thalia can chew food and use a spoon and fork. She can also pull the zipper on her jacket and make a knot with her laces, but not tie a bow. She needs assistance with gross motor movements such as climbing up/downstairs or a ladder to a slide.

Thalia has goals for communication, reading, and math. Her communication goals target group activities that require social interaction, specifically to improve the integration with other peers and build upon her communication and social skills. Thalia is working on increasing her participation in interactive games and imitative play skills with peers. Thalia responds well to positive praise as reinforcement for desired behaviors. Her reading goals target identification of letters, identifying her name, and reading comprehension. Thalia is working on identifying her numbers to 10 and addition of numbers through five.

Charlie

Charlie is a 10-year-old male. Charlie is enrolled in the fourth grade and participates in the general education classroom with modifications to the general education curriculum. Charlie was diagnosed with autism at age 6 and began to receive school services shortly after. Charlie's school has placed an aide inside the general education classroom to support Charlie and any other students that need support, the aide is not exclusively for Charlie but works mainly with him. Charlie needs to follow routine activities but with advanced warning, he can adjust to a change in schedule such as an assembly or fire drill. Charlie is also able to follow directions to transition from activities, even when he transitions from a favorable to less favorable activity.

Charlie had his triannual evaluation last winter. The school district accepted his developmental pediatrician's diagnosis for autism when Charlie's parents brought in the diagnosis and asked for a school evaluation. During the triannual evaluation, the team used the Wechsler Intelligence Scale for Children (WISC), the Kaufman Test of Educational Achievement (KTEA), the Comprehensive Executive Functioning inventory (CEFI), the Autism Spectrum Rating Scale (ASRS), and the Social Language Developmental Test: Elementary (SLDT). The rating scale assessments were used to substantiate the effect of Charlie's symptoms on his learning.

The WISC is a standardized intellectual assessment with a mean of 100 and a standard deviation of 15. Charlie's full-scale IQ fell within the very superior range with a standard score of 135. His cognitive strength is in the area of verbal comprehension at 142 and his relative weakness is in the area of Processing Speed at 88.

The KTEA is a standardized academic assessment with a mean of 100 and a standard deviation of 15. Charlie's academic strengths are in the areas of math and reading comprehension with a relative weakness in writing although this is still in the above average range. Charlie scored a 130 in the Reading Composite (composite of letter and word recognition and reading comprehension). Charlie scored a 132 in the Math Composite (a composite of math concepts & applications and math computation). Charlie scored a 116 on the Written Language Composite (a composite of written expression and spelling).

The CEFI is a rating scale with a mean of 100 and a standard deviation of 10. Charlie's general education teacher and mother completed the rating scale. Charlie's teacher and mother's scores were relatively similar within the low average to below average range. Charlie has a relative strength in working memory with a score of 88 from the teacher and 86 from mom.

The ASRS is scored using a T-score with scores at 40 or below considered low, 40-59 average, 60-64 slightly elevated, 65-69 elevated, and 70+ very elevated. Scores that are 65+ indicated that the behavior is affecting the student. Both the general education teacher and mom completed the ASRS. In peer socialization, the teacher rated Charlie at 68 and the mom rated at 71. In adult socialization, the teacher rated Charlie at 65 and the parent rated at 63. For social/emotional reciprocity, both teacher and parent rated Charlie at 70. In atypical language, the teacher rated Charlie at 68 and mom rated at 67. For stereotypy, the teacher rated Charlie at 71 and mom at 70. In behavioral rigidity, the teacher rated Charlie at 65 and his mom rated at 63. In sensory sensitivity, the teacher rated Charlie at 68 and mom rated him at 75. For the final rating scale, attention, the teacher rated Charlie at 70 and mom rated him at 68.

The SLDT is a standard score assessment with a mean of 100 and standard deviation of 15. On the Making Inferences subtest, Charlie received a standard score of 64. On the Interpersonal Negotiation subtest, he scored a 71. On the Multiple Interpretations subtest, Charlie scored a 67. On Supporting Peers subtest, Charlie scored a 78.

Charlie's special education teacher provides behavioral services within the classroom and sometimes outside the classroom to facilitate role-playing. Charlie receives services from a speech-language therapist in a special education classroom setting for social communication skills. Charlie works well with positive reinforcement through the use of a behavior chart that he can bring home and show his family daily; he is working on a token reward system at home for his daily behavior chart. His behavior chart tracks his frustrations and success throughout the day.

Cognitively, Charlie has hyper-focused interests and is able to read and write at the eighth grade level. Although Charlie is above grade level, he does not start a task without being prompted several times. He often does not complete tasks, if he was able to start them, in language arts class if the topic is not of interest to him. Charlie's math skills are above grade level and is able to compute problems quickly in his head. In class, Charlie often gets frustrated with his peers who write problems down to solve them as it takes them longer to solve the problem than him. Charlie needs systematic prompting to start and complete activities. The teacher or classroom aide provides two non-verbal prompts to Charlie to get started and if Charlie does not, the teacher and aide has been trained to provide appropriate verbal prompting and use of the behavior chart. Charlie also needs prompting to finish his work. Once he starts working, he often gets distracted and does not complete his work. He is provided the same prompting to start and complete an assignment.

Charlie's verbal skills are in the gifted range and he is able to communicate with adults better than peers. Charlie talks endlessly about his interests and does not seem to pick up the not-so-subtle cues his peers give him indicating they are bored. When he is working in groups, Charlie will contribute once to the group activity and then sits silently the rest of the time. Charlie has a few peers that have learned how to encourage Charlie to reengage with the group. When working in groups, Charlie is always paired with at least one of these peers. His peers use nonverbal cues to remind Charlie to continue to contribute to the group. When Charlie does, his peers provide verbal reinforcements such as "Charlie, you had a good idea" or "Charlie, thank you for your help."

Charlie does not play socially interactive games on the playground and needs the support of the aide to help him play games inside the classroom. Charlie does not play creatively at home or at school and has a difficult time in art class. When given an art assignment, Charlie tries to recreate what the teacher showed and gets frustrated when it is not perfect on the first try. Charlie gets frustrated in all areas when he is not able to accomplish a task on the first try and yells at peers/adults when they offer help or words of encouragement. Charlie is removed from class by the aide when he is yelling and not calming down within one minute.

Charlie has several goals for communication and behavior. He has a behavior intervention plan (BIP) that was created after a functional behavior assessment (FBA) was done last year. The FBA showed the function of Charlie's behavior is attention driven; he yells to avoid attention from peers or adults as he is often removed from class due to this behavior. The FBA showed

that the antecedent to his outbursts was when a task was provided that had more than four steps to achieve the end result, such as a drawing in art class or five-part essay. Behaviorally, Charlie then shows frustration through yelling as he is working on the assignment. Charlie is then removed from class due to the explosive nature of the yelling. His behavior goals address removing himself from a situation that he finds frustrating with less than five verbal prompts. He is working with the special education teacher and speech pathologist on recognizing triggers such as multi-step assignment before they affect Charlie. His special education teacher is working with the aide to break down the assignments into manageable chunks for Charlie, but so far, he still sees the end product and is not able to "see the forest from the trees." His academic goals target work completion and starting work with minimal prompting.

Amaya

Amaya is a 12-year-old sixth grade middle school student with autism. She has been receiving services for math, behavior, and speech articulation since she was a toddler. When Amaya entered school, she was in a self-contained classroom with other students similar to her. Her family advocated and got private speech and ABA therapy at home to help her make gains. Amaya has a clinical diagnosis of autism along with anxiety. Amaya joined a general education classroom for group activities such as PE or art in first and second grade. In third grade, Amaya was integrated into the classroom for group activities and language arts. This continued in fourth grade. In fifth grade, Amaya was fully included in the classroom with a part-time aide for math and to support activities in the afternoon. Amaya is receptive to the aide and takes help from the aide or any adult. Amaya is able to sustain attention for long periods of time, especially in the morning before lunch. Amaya is most successful academically in the morning and the team has placed her language arts, math, and science classes before lunch to help her the most.

Amaya's parents requested a recent evaluation that was completed four months ago. Amaya was reevaluated by her developmental pediatric team and the school accepted the recent diagnosis of autism. Amaya has made progress in the several years she has been receiving support at home and school. During the reevaluation, the team used the Woodcock Johnson for both IQ and academics, the Vineland Adaptive Behavior Scale, and the Autism Spectrum Screening Questionnaire (ASSQ).

The Woodcock Johnson is a standardized intellectual and academic assessment with a mean of 100 and a standard deviation of 15. Amaya has a strength in comprehension-knowledge and a weakness in fluid reasoning. Her overall full-scale IQ of 82. Her academics showed strengths in reading and writing with a relative weakness in math. Amaya has a Broad Reading score of 81 with strengths in reading comprehension and word attack skills. Amaya has a Broad Math score of 71. Her Written Expression score was 78.

The Vineland is scored using a standard score with a mean of 100 and a standard deviation of 15. The Vineland measures an overall summary of adaptive functioning. In the Communication domain, Amaya scored an 88. In the Daily Living Skills domain, Amaya scored a 74. In the Socialization domain, Amaya scored a 76. In the area of Motor Skills, Amaya scored an 89.

The ASSQ is scored using a T-score with scores at 40 or below considered low, 40-59 average, 60-64 slightly elevated, 65-69 elevated, and 70+ very elevated. Scores that are 65+ indicated that the behavior is affecting the student. Both the general education teacher and parent completed the ASSQ. In peer socialization, the teacher rated Amaya at 70 and the parent rated at 68. In adult socialization, the teacher rated Amaya at 65 and the parent rated at 60. For social/emotional reciprocity, both teacher and parent rated Amaya at 69. In atypical language, the teacher rated Amaya at 67 and the parent rated at 62. For stereotypy, the teacher rated Amaya at 71 and the parent at 70. Both raters agreed that behavioral rigidity is at 67. In sensory sensitivity, the teacher rated Amaya at 61 and the parent rated her at 63. For the final rating scale, attention, the teacher rated Amaya at 65 and the parent rated her at 73.

In the afternoon, Amaya's behavior is more prone to occur. Amaya absconds from class or shuts down by putting her head between her legs and rocking when a task becomes difficult. Amaya currently receives services in speech for an articulation delay, and math and behavior services

from the special education teacher. A year ago, when Amaya absconded from class, she made it out of the school and over the playground fence before she was restrained by the aide. Outbursts such as this are far and few between, but they happen at least three times a year. When Amaya is upset and puts her head down, the length of time it takes her to regain focus and attend to the task at hand can range from a few minutes to almost thirty minutes. Amaya is seeing a therapist and ABA specialist outside of school to help with this.

Amaya reads slightly below grade level and uses her accommodations to help her access reading such as speech-to-text. Her reading comprehension is at grade level and is most successful when text is read aloud. Amaya is able to write but gets hand fatigue easily. Amaya has used speech-to-text in the past but due to her articulation errors is not always successful. Her team is working with Amaya on using predictive text programs to write with. Amaya's articulation delays are severe enough that new people have a difficult time understanding her. Due to this Amaya chooses not to speak unless asked as it is frustrating for her to have to repeat herself. Amaya is about two years below grade level in math. Her aide helps support access to the general education math curriculum and her special education teacher remediates missing math skills in a resource setting.

Behaviorally, Amaya is working on peer relationships and working through difficult tasks. Her parents have placed Amaya on slow-release medication to help with her anxiety this school year and her frustration has lessened but not extinguished. Amaya is able to listen to multiple people talking at one time and filter out background noise. Amaya does well with routine but is flexible if there is a disruption in routine. Amaya does not interact with peers without prompting and then only contributes minimally to the group. When paired with a peer, she uses a visual cue system to help her work with the peer. Amaya relies on the visual cues system for all her social interactions in class.

Amaya has goals for speech, math, and behavior. Her speech goals target articulation delays in voiced/unvoiced 'th', all positions of 's', and 'f'. Her math goals are currently targeting place-value, multiplication, and judging the reasonableness of an answer. Amaya is also working on socializing by phasing out her visual cue system. She is also working on appropriate coping skills for when she is frustrated.

Akando

Akando is a 14-year-old boy with autism. He is in the eighth grade and participates in the general education classroom with modifications to the curriculum. He has been nonverbal since he was 3 but is showing some signs of functional verbal communication with the aid of PECS. Akando has difficulty discriminating letters and therefore has difficulty with words when reading sentences. He can match sight words to pictures provided limited choices and can independently write his first name. Akando can sequence numbers up to 20 and use one-to-one correspondence up to 10. He responds well to physical and oral prompting. Akando has good navigation skills and is able to independently orient himself around school. Each day he sorts the teacher's mail into their mailboxes as a life-skills elective.

Akando enjoys playing UNO, playing with Legos, or drawing patterns on his whiteboard. These pastimes are frequently used as reinforcers at school. He often initiates playful behavior with his teachers. He initiates verbal greetings with teachers and a few peers he has been with for many years, including hugging them. He can follow simple commands like "gather scissors and colored pencils for the activity" or "pass out these papers to your group." He enjoys watching videos or listening to music.

Transitions are the most difficult task for Akando. If a situation involves a new or unknown adult, he often becomes aggressive and throws items off his desk or kicks his chair to communicate what he cannot verbally express. To regulate himself, Akando often spins or talks in a loud voice. He is able to respond to redirection when given a verbal or physical prompt. Akando is working on his verbalization skills and being able to ask for his needs, wants, and desires to be met. He currently grabs at things and people to initiate these things. Akando enjoys being active, especially engaging in physical interactions with peers and siblings. He typically exhibits a friendly, playful demeanor and has a sense of humor. He is comfortable participating in his community and is frequently found greeting people with whom he comes into contact.

Akando's daily routine includes cereal with 2% milk every morning along with a 4 oz glass of grape juice. Akando picks out his own clothes and dresses himself. He does not always bathe or wear deodorant. Akando has started to shave some of his facial hairs but knicks himself frequently and refuses help. Akando always dresses in tight fitting clothes. When he arrives at school, he eats the school breakfast by himself in the cafeteria at the same seat daily. He wears noise canceling headphones to keep out the cafeteria din. Akando has PE first thing in the morning, then math and language arts with an aide one-to-one in both classes. Both of these classes are taught with a general education and special education teacher full time to support students with IEPs. During lunch, Akando sits in the same seat as breakfast with his headphones on. If there is a student sitting in "his seat," Akando will pace back and forth with his food behind the peer until the peer gets up and Akando sits down at his seat of comfort. In the afternoon, Akando has science and his life-skills elective without the support of an aide. In social studies class, there is one aide for him and two other students. Akando sits at the seat closest to the door in social studies so that he can be the first one out at the bell to get to his bus. Akando rides a special education bus.

Akando receives services to support his needs in reading, writing, math, verbal communication, and social skills. His goals in math target increasing his one-to-one correspondence up to 20 and recognizing numbers through 50. His reading goals target reading comprehension from text read

to Akando. As Akando is not yet reading fluently, he is able to answer questions about who, what, where, when, why, and how 2 out of 5 times from text read to him. Additionally, Akando is working on increasing his sight word knowledge. Akando is working on increasing his skills with PECS and using it fluently in all settings. His social skills goals target peer interactions in his classroom when in a partner setting. Akando's team agrees that his three biggest needs are (a) more verbalization, (b) more physical activity, and (c) increased social interaction with peers.

Niran

Niran is a 16-year-old young man with high functioning autism. Niran has a medical diagnosis of a sleep disorder and autism. He takes medication to assist with sleeping. Until recently, he had never slept through the night without waking up every 2-3 hours. When Niran was a toddler, his mother noticed that he did not socialize with his same-age peers and preferred to play alone. He was very verbal and would talk like an adult. Loud noises bother him and he does not like being touched, not even lightly. He visited his pediatrician who referred him for an evaluation where he was first diagnosed with autism.

Throughout elementary and middle school, Niran continued to struggle with sensory issues but was academically able to perform with his peers. He had a difficult time working with peers or in groups and often did not provide input into the groups. Niran has a history of some discipline referrals and spent one year in a behavioral improvement class. Niran has a very high IQ and academic skills but he is socioemotionally below his peers. He is rigid in his routines and learning style. Niran is currently in the middle of his sophomore year, attending all general education classes. He is enrolled in a co-taught math class (one general education teacher and one special education teacher work together for the full class time) to help him with his rigidity of math. Math requires some flexible thinking at this level and Niran gets stuck trying one solution and is not always able to solve the problem. His schedule also includes a daily support period where he is given assistance with organizational skills and social skills.

Recently, Niran has had an increase in discipline referrals and a decline in his grades. Although Niran excels academically, he has been receiving mostly Cs on his report card due to the fact that 25% of grades for all academic classes is based on homework assignments. Niran is a very bright young man with an above-average IQ. He exhibits excellent rote memory skills, can quickly memorize the most recent statistics of any Major League baseball player, and can easily recall those stats when in conversation. However, Niran has difficulty remembering to write his assignments down and often forgets materials needed to complete assignments. As a result, he repeatedly does not do his homework and frequently does not remember to turn in assignments that he has completed. The team has found that Niran is motivated by access to preferred activities. Niran historically does well with reinforcer menus to keep him organized and on track. His increase in discipline referrals are linked to sensory needs. When classes get too loud or he missed a part of the teacher directions, he puts his hands over his ears and yells to silence the class. He is working on replacement coping skills but has not mastered them yet.

Niran has very few friends at school. He tends to keep to himself in social situations. He prefers looking at sports magazines and memorizing baseball players' batting statistics rather than socializing with his peers when time allows. When he does participate in conversation with peers, he stands very close and often attempts to dominate the conversation around topics of his special interests, such as sports. When peers become uninterested in what he is saying, he does not recognize their nonverbal gestures or lack of interest. Although his interest is not atypical of peers his age, he has become obsessed with the topic and incessantly studies newspapers and books, often at inappropriate times during classes.

Niran's current goals target organization, flexibility (especially in math), sensory coping skills, and peer relationships. He is receiving support from a special education teacher through his daily

support period to target his goals. He sees a speech pathologist for social group once a week during this period as well.

Panya

Panya is an 18-year-old young lady with autism. She attends her local high school. Her IEP team has determined that Panya will attend school until she is 22 to support life skills and transitional job skills. Panya was first diagnosed with autism when she was not meeting developmental milestones at age 2. She presents with delays in academics, social communication skills, and repetitive and stereotyped behaviors. Panya is a curious, social, and visually perceptive young lady. Panya is often seen in a cheerful mood and laughs frequently. Panya lacks conversational speech and is mostly non-verbal. Panya hand flaps and toe walks. She receives physical, occupational, and speech therapy along with social skills and academic support. Panya attends classes with her non-disabled peers for science, social studies, and some PE classes (no swimming).

Panya is a multimodal communicator whose verbal communication is not understood by most people. She uses an AAC device, pictures, Panya created signs and gestures, and some words to communicate. Panya tried to learn sign language when she was younger but due to fine motor delays became increasingly frustrated with it. She has had the same special education teacher for four years and is able to communicate well with the teacher, but when a new person comes into Panya's life (such as a peer or new aide), there is a steep learning curve for Panya and the new person. Panya is able to engage in reciprocal interactions, sharing attention to regulate behavior, and using several modes of communication.

Panya has several behavioral/sensory driven needs. When she is in the general education classroom, she has a one-to-one aide to support her. Recently, Panya has difficulty staying in her seat, is irritable, and began to growl and spit at people. Panya is working with her special education team to help extinguish these behaviors. Panya works in a self-contained classroom when she is not in the general education setting. Staff provides Panya a weighted vest or blanket when she starts to growl or pace in the classroom. This works when there are few students in class but not when the classroom is full. Panya uses earplugs to help block out noises. When Panya gets upset, she has a high-pitched cry and begins tossing anything within reach at the wall. She screams and kicks on the floor for several minutes up to 30 minutes. Panya rarely gets upset and most staff and students have not seen her do this; the most recent upset was four months ago. Panya has learned a behavior strategy (holding a block of wood) to focus on when she is upset that helps her calm down prior to getting upset.

Cognitively, Panya is functioning at the kindergarten/first grade level. She is able to identify her name and knows the names of all the letters. Panya is able to make the sounds of most letters and can read a few sight words. Panya is able to identify monetary units and count back change to the dollar. She is working on recognizing one-to-one correspondence through 50. When Panya is in her general education classes, she focuses on listening and participating if able. Panya responds to assistance from a familiar partner when working in groups.

Panya has goals for physical and occupational therapy that target her gross and fine motor skills. Her speech goals include increased use of emotion words on the AAC device, and commenting on objects, actions, or events. Panya works on social skills with her special education teacher, targeting how to treat others (such as not spitting on them). Her academic goals are to increase her sight word reading and increase her math one-to-one correspondence. Panya's

communication, impulsivity, and behavior such as tantrums, aggression, and property destruction make it difficult for Panya to participate in activities with peers.