

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Dear Early Educators,

Please join us in recognizing April as National Autism Awareness and Acceptance Month. Autism Spectrum Disorder (ASD) affects about 1 in 88 children in the United States (CDC, 2012), with more children identified than ever before. The impact is not only felt by millions of families nationwide, but also by early care and education providers. With numbers like these, it is likely that each of you has worked- or will work- with a child with ASD. This gives you the unique opportunity to touch the lives of these children and their families in ways that can make a real difference.

ASD is a developmental disability that can affect communication, social, and behavioral development. Each child is affected differently. Early identification of ASD is important so children and families can get the services and support they need as soon as possible. With acceptance, awareness, and the appropriate supports, early childhood providers can help children with ASD have the best possible start in life.

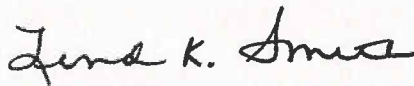
While diagnosing and providing specific interventions for young children with ASD is the role of specialists, as early care and education providers, you can play an active role in helping children reach their potential. That is why we are dedicated to providing you with information to better understand ASD and support the children in your care and their families. In the package attached and on our website ([www.acf.hhs.gov/ecd/ASD](http://www.acf.hhs.gov/ecd/ASD)) you will find:

- Fact sheets;
- Simple tips to embed in everyday routines;
- Website links to find state-specific ASD resources;
- Individualized Education Plan (IEP) Basic: Tips for Teachers
- An Inclusivity Checklist to ensure that all children are included in all activities; and
- Tips on how to talk to parents if you suspect a child has a developmental concern.

In learning more about ASD, we hope that you will see yourself as an active partner on every child's support team, working alongside families and specialists. Remember, children with ASD are children first. They are children who need extra support in learning how to speak, act, learn, and play in the most inclusive environments possible. We hope that these materials help you support the children in your care and foster an environment of inclusivity, as a sense of belonging and community are important for the development and well-being of all children.

On Autism Awareness and Acceptance Month, we recognize the potential that lies in our youngest children with ASD and recommit ourselves to making sure that every child has the supports they need to thrive. Thank you for the important work you do on behalf of children and families.

Sincerely,



Linda K. Smith  
Deputy Assistant Secretary for Early Childhood Development  
Administration for Children and Families  
U.S. Department of Health and Human Services

# TIPS FOR EARLY CARE AND EDUCATION PROVIDERS

## Simple Concepts to Embed in Everyday Routines



Some of the top researchers in the country offer helpful tips and concepts to help you work with young children with Autism Spectrum Disorder (ASD). The tips are based on concepts of learning and development that can be worked into everyday routines. Each tip describes a concept, why the concept is important, and a step-by-step description of how to work these simple concepts into everyday routines. The concepts include:

- Engaging Children in Play
- Using Children's Interests in Activities
- Promoting Child Participation with a Shared Agenda
- Using Visual Cues to Make Choices
- Playing Together with Objects: Practicing Joint Attention
- Learning Words During Joint Attention
- Book Sharing
- Uncovering Learning Potential
- Teaching Children to Play with Each Other
- Predictable Spaces
- Predictable Routines
- Distracting and Redirecting Children to Engage in Appropriate Behavior

Although these tips were developed to help children with ASD, they can help all children grow and learn. We hope these concepts are useful in supporting all the children in your care.

*Publication compiled by:*

# CONCEPT

## Engaging Children in Play

### WHAT:

Social play with objects involves playing with toys in a way that encourages talking, looking, or engagement between a child and a caretaker and/or a peer. The child engages with the adult or peer and with the object, usually taking turns that build on or keep the activity going. This type of play is usually marked by shared enjoyment between partners and includes smiles, laughs, and continued interest.

### WHY:

Social object play is an important developmental skill that increases social engagement and communication between partners.

### HOW:

Adults can engage children in socially-mediated object play by following these steps:

**Step 1:** Provide developmentally appropriate toys at the child's current play level.

**Step 2:** Follow what the child is looking at to see what interests them.

**Step 3:** Once the child begins to play with the toy, join in the play by imitating what the child is doing.

**Step 4:** Build the play activity by taking a turn with the child and following what the child does. Balance the turns so that neither partner is taking more turns than the other.

**Step 5:** Once the play routine is solid, expand the routine. Bring in other toys or items to extend the activity. Here's an example:

- If the child is building a tall tower with blocks and you are helping to build the tower by taking your turn, encourage the child to knock the blocks down when all the blocks are used. The crashing of the blocks should be fun and motivate the child to repeat the activity (rebuild the tower and crash again).
- Expand the activity by adding a toy figure to the tower that falls down, or add a truck to the game that knocks the blocks down.

**Step 6:** Look to the child's attention, active involvement, and enjoyment of the activity to see if the play routine is motivating. The more motivated the child is, the longer the play routine will last and the greater the opportunities for practicing social and communication skills.

Connie Kassari, Ph.D., Professor, Graduate School of Education and Information Sciences,  
University of California, Los Angeles



# CONCEPT

## Using Children's Interests in Activities

### WHAT:

When you are planning activities to do during the day, use the interests of children with autism to guide you. When transitioning to an activity that is not preferred by the child, use favorite interests to help motivate the child during the activity.

### WHY:

Children with autism often have special interests. They are more likely to engage in an activity that includes their special interests. So, it may be easier to help a child engage or transition into an activity if that activity uses their interests.

### HOW:

Adults can use children's special interests in activities by following these steps:

**Step 1:** Make a list of the special interests of the children with autism in your care. They may include:

- toys or objects, such as trains, vacuums, light switches, certain books, or movies
- topics, such as dinosaurs, maps, or the alphabet
- characters, such as *Dora the Explorer* or *Thomas the Tank Engine*
- activities, such as bouncing a ball, spinning, or singing
- certain colors, numbers, or songs

**Step 2:** Make a list of the activities during the day that are difficult for the child to do or transition to.

**Step 3:** Think about different ways that you can include the child's interests in activities.

Here are some examples:

- If a child with autism does not like playing with blocks or other manipulatives, tape pictures of their favorite cartoon character to the blocks.
- If a child has trouble doing art projects, create an art project based on their favorite book or song.
- If it is hard for you to get the child to wash their hands, try singing a favorite song only when they are washing their hands or have them wash their hands and a dinosaur (or another favorite toy) at the same time.



Using Interests – A teacher took a photo of the child's favorite toy to begin to teach the child with autism how to put together a puzzle.

Sam Odom, Ph.D., Professor and Director of the Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill  
Jessica Dykstra, Ph.D., Investigator, University of North Carolina, Chapel Hill

# CONCEPT

## Promoting Child Participation with a Shared Agenda

### WHAT:

Any everyday activity can be improved by making it fun and motivating, giving the child a clear and predictable role or a “job,” and talking about what the child is looking at or engaged in. This creates what is called a “shared agenda” which helps to build social and communication skills.

### WHY:

Children with autism often do not understand what they are supposed to be doing. Because of that, they miss out on important learning opportunities. By creating a shared agenda, early care and education providers can support more active participation, create opportunities for social play with the child, and make more moments for learning. When given a specific “job,” children are able to (1) pay attention to what’s important, (2) have something meaningful to do, and (3) know exactly what is expected of them in a given situation. This can help a child know what to do in an activity with others, which can lead to sharing enjoyment and interests.

### HOW:

Adults can promote child participation with a shared agenda by following these steps:

- Step 1:** Notice what the child is paying attention to and doing. Talk to the child in simple sentences about what they are doing or looking at. If the child needs help knowing what to do, suggest a simple “job” that the child might be interested in or can do with little help, like knocking down a tower of blocks or putting a napkin in the trash.
- Step 2:** Add small steps to the activity to make it predictable. For example, you can give the child a role in building the tower of blocks and then knocking it down. Offer more roles for the child within activities. Here are some examples:
- looking for hidden puzzle pieces with a friend
  - passing out napkins
  - turning on lights
  - collecting books and putting them away
  - holding a musical instrument and marching in a parade with peers
- Step 3:** If needed, offer extra help for the child to complete their “job.” For example, if the child does not respond the first time to your instruction of throwing a napkin in the trash, you can try:
- getting closer to the child
  - repeating the instruction once
  - pointing to the trash can
  - asking a peer to walk with the child to the trash so they can drop in the napkins together
- The early care and education provider should be very clear about what they expect and make sure the child understands. It is important that the child learn to take on a simple “job” with less and less help over time, so that the child can actively participate with more independence.

Amy Wetherby, Ph.D., Distinguished Research Professor and L.L. Schendel Professor of Communication Science & Disorders,  
College of Medicine, Florida State University



# CONCEPT

## Using Visual Cues to Make Choices

### WHAT:

When it is time for children to move to centers or play areas in the room, offer the child a choice of where to go. If a choice of location is not available, offer a choice within an activity, such as “Do you want the red cup or the blue cup during lunch time?” Using pictures to inform the child of their choices is a good way to help them understand.

### WHY:

Giving choices that you select can help with transition difficulties. Making the choices visual, such as showing the child a photo or an object that represents the areas or activities, helps them to understand their choices. Giving choices instead of directing children can help those who resist transitions. Offering choices can also help children who do not know which activity to choose and tend to wander.

### HOW:

Adults can give children visual cues for making choices by following these steps:

- Step 1:** Take photos of the favorite areas, centers, or activities within the setting. Include different play spaces, like the art area, book area, eating area, and the outside space. You can also choose an item from each space that the child recognizes as a symbol of that space. Here are some examples:
- a favorite book can be a symbol of the book area
  - a paint brush can be a symbol of the art area
  - a train can be a symbol of the train table
  - a sippy cup can be a symbol of the snack area
- Step 2:** Put all of your photos and objects in a specific location so it is easy for you or other staff to find them when it is time to move from activity to activity.
- Step 3:** When it is time for children to transition, pull out two photos or objects that represent two desirable activities or locations. Go to the child and get down to their eye level, so they can see the photos or objects clearly.
- Step 4:** Offer the choices to the child. For example, while holding up the toy train and paint brush, ask, “Kate, do you want trains or art first today?” The child may need help making a choice as they learn what the photos or objects represent.
- Step 5:** If all of the children need to go to the same location, such as the playground, also offer a choice. For example, while holding up a shovel and a piece of chalk, ask, “Sam, do you want sand or chalk first today?”
- Step 6:** Praise the child for making a choice! Give a high-five or say, “Great job making a choice!”



Each object represents a favorite toy at different centers – farm table, music center, table top play, art

Sam Odom, Ph.D., Professor and Director of the Frank Porter Graham Child Development Institute,  
University of North Carolina, Chapel Hill

Kara Hume, Ph.D., Scientist, University of North Carolina, Chapel Hill

# CONCEPT

## Playing Together with Objects: Practicing Joint Attention

### WHAT:

Joint attention is a social exchange, usually between a child, caretaker, and an object that interests the child. A child engages with an adult, usually by pointing to, sharing, or showing an object. Joint attention also can happen when a child is looking back and forth between an object and the caregiver, often sharing enjoyment, such as smiling, laughing, or showing and maintaining interest.

### WHY:

Joint attention is an important skill that predicts language development and social outcomes. Adults can make play more beneficial for children with autism by playing *together*, instead of only playing *next* to each other.

### HOW:

Adults can engage children in joint attention by following these steps:

**Step 1:** Find an object or activity that interests the child.

**Step 2:** Engage the child in a game or activity using this object, making sure that both players (you and the child) are necessary to play the game. Here are some examples:

- rolling a truck back and forth between partners
- bouncing a ball back and forth between partners
- building a tower, taking turns adding blocks
- taking turns flipping the pages in a book

**Step 3:** If the child shows interest and enjoyment, keep practicing the activity. Keep track of all the two-player games the child seems to enjoy and practice them daily.

**Step 4:** If the child does not share enjoyment with you (is only looking at the toy and not at you), hold the toy up to your face and wait for the child to look at you. When the child looks at you, offer praise and return the preferred item to them, continuing the game.

Shantel Meek, M.S., Administration for Children and Families, U.S. Department of Health and Human Services

# CONCEPT

## Learning Words During Joint Attention

### WHAT:

Joint attention is when a child shares an object or activity with a caretaker. A child might point to an interesting object, look back and forth between an object and a caretaker, or show interest by holding up or giving you an object. Adding words during periods of joint attention can help children pair words with objects and activities and help them learn new words.

### WHY:

Placing words during joint attention can help children learn new words and further their language development.

### HOW:

Adults can use words during joint attention by following these steps:

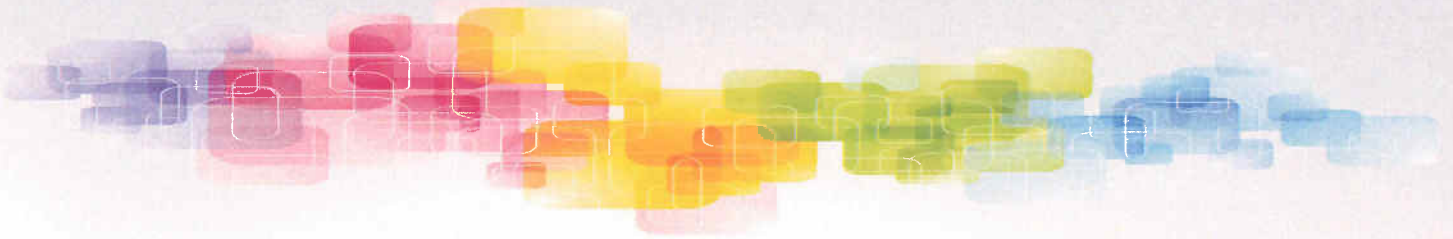
- Step 1:** Follow the child's lead so that you use words about objects that the child is interested in. Following the child's lead means joining the child's activity or playing with an object that interests the child. Paying attention to what the child is looking at or reaching for can give you a good idea of what interests the child.
- Step 2:** Add a playful action to extend the child's activity, like making objects move in new and interesting ways. Make sure you and the child are taking turns with the object. Combine yours and the child's actions with words that match the action, object, or activity.
- Step 3:** Use simple and animated language. Avoid long sentences that narrate what the child is doing. It is better to insert single words and short phrases about the shared object or activity. If the child continues to show interest in the shared object, repeat the same words and phrases. Here is an example:
- If a child likes playing with a toy frog and makes it jump, you can say, "Frog is jumping!" When it is your turn, you can make the frog do a different action, like flying, and say, "Flying frog!"
- Step 4:** If the child does not start using the new word ("frog"), encourage them to use it in a different way. You can ask them to do something with the object ("Make the frog hop!") or ask a question about the object ("Who's hopping?"). Even if the child does not say the new word right away, continue to insert words into joint attention during play and other activities.

Lauren Adamson, Ph.D., Regents' Professor of Psychology, Department of Psychology, Georgia State University



# CONCEPT

## Book Sharing



**WHAT:** Book sharing is not just “reading a book” to children. Rather, by sharing time together while looking at and talking about books, children and adults have fun and children learn.

**WHY:** **Children like books. Books have fun pictures.** The pictures, and the related words and events, can help **children learn new words and cause-effect relationships.**

**HOW:** Adults can engage children in book sharing by following these steps:

- Step 1:** **Pick a book with pictures that are colorful.** Avoid books with abstract pictures and pictures that **show many small characters and objects.** Those will be too complicated and distracting.
- Step 2:** **Talk about the picture on one page,** then ask the child to point to the picture you name. **Make it fun and interactive.** You do not have to read the text on the page. Keep your language simple.
- Step 3:** Give the child a turn to say something and to turn the page.
- Step 4:** **After sharing the book, be sure that toys related to the book are available for play.** As you and the **child play with these toys, repeat the words you used when you shared the book.** This will help the child learn that the words apply to both pictures and objects.

Rebecca Landa, Ph.D., CCC-SLP, Director, Center for Autism and Related Disorders, Kennedy Krieger Institute

# CONCEPT

## Uncovering Learning Potential

### WHAT:

Children with autism are capable of learning. They often need more support from their providers than other children do. To promote learning, you can get the children's attention, provide clear instructions, persist in your request, and help them respond appropriately.

### WHY:

Children with autism miss out on hundreds of learning opportunities every day because they are not paying attention to what others pay attention to. Missed learning opportunities can hold them back in their learning. Over time, lack of progress may lower adult expectations. This can be prevented.

### HOW:

Adults can help children reach their learning potential by following these steps:

**Step 1:** Expect that children with autism can learn.

**Step 2:** Give clear instructions. Here are a few tips:

- Get close to them and at their eye level to get their attention.
- Tell them and show them the instructions. Using pictures or demonstrating can help.
- Use simple and clear language.

Always be sure the child understands what is expected. If your instructions are clear, the activity will result in a more positive experience.

**Step 3:** Help them complete the task after you have made sure they understand your instructions. Provide as much help as needed for the child to participate, but make sure they make an effort, as well. Do not just move them through the motions.

**Step 4:** Give many opportunities for practice throughout the day, reducing your help as the child learns the routine. Your goal is for the child to participate with less and less help over time.

**Step 5:** Engage them throughout the day in what you and others are doing. Letting children with autism occupy themselves or wander for long periods, rather than engaging in social learning with adults and other children, deprives them of needed learning opportunities and can slow their progress.

Sally Rodgers, Ph.D., Professor of Psychiatry and Behavioral Sciences, The M.I.N.D Institute, University of California Davis Medical Center

# CONCEPT

## Teaching Children to Play with Each Other

### WHAT:

“Peer-mediated support” means teaching children specific social skills to help them play with friends who have social difficulties, including children with autism.

### WHY:

Autism affects social development. For this reason, many children with autism have fewer friends than other children. Research tells us that early social skills and friendships predict positive social and academic outcomes for all children. Teaching children how to initiate play with their peers with autism encourages friendships and allows children to bond by socializing.

### HOW:

Adults can help children with peer-mediated support by following these steps:

**Step 1:** Teach all children basic social skills during large group times, like circle time. Some skills may include:

- getting a peer’s attention, such as tapping a friend’s arm or asking to play
- sharing by giving an object to a classmate, such as a toy or snack
- sharing by asking for an object
- giving compliments

**After teaching these skills, have children practice and show you the skills.**

**Step 2:** Encourage children to use these skills with each other during daily activities, including free play, outdoor play, meal time, and transitions.

**Step 3:** If a child with autism is playing alone for a period of time, ask a peer to practice one of the social skills they have learned, such as sharing or asking the child to play.

**Step 4:** Praise children every time you find them practicing their social skills with peers. This will call positive attention to the child and the behavior and will motivate other children to practice their social skills too.

**Phil Strain, Ph.D., Professor of Educational Psychology and Early Childhood Special Education and Director, PELE Center, University of Colorado, Denver**

**Edward Bovey, M.A., Associate Director, PELE Center, University of Colorado, Denver**



# CONCEPT

## Predictable Spaces

### WHAT:

Predictable spaces are spaces in your setting that are used for the same purpose on a regular basis. For example, you may have an area for snack time and another area for circle time. Predictable spaces give children information, like “what am I doing?” and “where am I doing it?”

### WHY:

Most children like predictability. This is especially true for children with autism. Predictable spaces provide consistency in the child’s environment and give cues about what the child is supposed to be doing.

### HOW:

Adults can arrange predictable spaces by following these steps:

**Step 1:** Separate the caretaking environment with furniture to create clear boundaries where the same activities happen from day to day. Here are some examples:

- block area
- dramatic play area
- reading area
- eating area
- art area

**Step 2:** For multi-use areas, such as table tops which could be used for art, lunch or other activities, use **visual cues to tell the child what to expect**. Here are some visual cues for different activities at the same table:

- A visual cue for art could be placing paint cans on the table.
- A visual cue for lunch could be a plastic table cloth, placemats, or simply placing lunch boxes on the table before inviting the children to come to lunch.



Courtesy of The Grove School of Cary

Predictable Spaces are clearly divided: dramatic play, block area/circle time space, math/sensory, table top construction

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**Suzanne Kucharczyk, Ed.D., Investigator, National Professional Development Center on Autism Spectrum Disorders, Frank Porter Graham Institute, University of North Carolina, Chapel Hill**

# CONCEPT

## Predictable Routines

**WHAT:** Predictable routines answer questions for children, such as “what am I doing?” “where am I doing it?” “how long will I do it for?” and “what will I do next?”

**WHY:** Young children with autism like predictability. They often need to know what is expected of them and what they can expect throughout the day. Predictable routines provide this information clearly and consistently.

**HOW:** Adults can develop predictable routines by following these steps:

**Step 1:** Make a list of activities that occur in the program on most days, for example, toileting or diaper changes, lunch, snack, free play, outdoor play, and circle time.

**Step 2:** Sequence these activities so that they happen in the same order most days. There may be small changes from day to day. For example, different materials may be used for art, or there may be different visitors each Wednesday, but most activities should occur in the same sequence.

**Step 3:** Warn children when there will be a transition from activity to activity. Here are a few tips you can try:

- Use a visual or ringing timer.
- Say, “Two more minutes, and we will clean up.”
- Use a transition song, such as a clean-up song.

**Step 4:** Alert new staff to the importance of staying consistent with routines.



Courtesy of The Grove School of Cary

Predictable Routines: A daily schedule may be broken down into smaller predictable routines.

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# CONCEPT

## Distracting and Redirecting Children to Engage in Appropriate Behavior

**WHAT:** Distract and redirect a child from one activity to another or away from challenging behaviors.

**WHY:** Sometimes distraction or redirection is all that is needed to change a child's challenging behavior and make them forget about whatever was causing the behavior. When children are upset, you can show them a toy, lead them to another activity, or choose a new playmate to help focus attention away from undesirable behavior. These strategies can lead to a "reset" in behavior, for the better. This works best when the child really likes the distraction and redirection object or activity.

**HOW:** Adults can help redirect children to more appropriate behaviors by following these steps:

- Step 1:** Be aware of settings (time of day or activity) where children are more likely to show challenging behaviors. For example, a child may engage in more challenging behaviors during certain group activities, like snack or circle time. A child also may show more challenging behaviors at certain times of the day, such as in the morning just after arrival, or in the afternoon before going home. During these times, stay close to the child so that you can step in immediately, if needed.
- Step 2:** Make a list of the child's favorite activities and objects. Have pictures of these objects or activities or the actual objects or activities together in one place.
- Step 3:** During each activity or interaction, state clear expectations, such as, "Lilly, we use nice hands."
- Step 4:** If distraction or redirection is needed, show the desired object or activity or its picture.
- Step 5:** Verbally guide the child toward the new object or activity. "Lilly, look! Let's give your favorite doll a bath!" If needed, hold the child's hand as you transition to the new activity.
- Step 6:** Praise the child for transitioning and support them in playing with the new object or activity.

Sam Odom, Ph.D., Professor and Director of the Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill  
Angel Fetig, Ph.D., Investigator, University of North Carolina, Chapel Hill



# Autism Spectrum Disorders

## FACT SHEET

### What are autism spectrum disorders?

Autism spectrum disorders (ASDs) are a group of developmental disabilities caused by a problem with the brain. Scientists do not know yet exactly what causes this problem. ASDs can impact a person's functioning at different levels, from very mildly to severely. There is usually nothing about how a person with an ASD looks that sets them apart from other people, but they may communicate, interact, behave, and learn in ways that are different from most people. The thinking and learning abilities of people with ASDs can vary – from gifted to severely challenged. Autistic disorder is the most commonly known type of ASD, but there are others, including "pervasive developmental disorder-not otherwise specified" (PDD-NOS) and Asperger Syndrome.

### What are some of the signs of ASDs?

People with ASDs may have problems with social, emotional, and communication skills. They might repeat certain behaviors and might not want change in their daily activities. Many people with ASDs also have different ways of learning, paying attention, or reacting to things. ASDs begin during early childhood and last throughout a person's life.

#### A child or adult with an ASD might:

- not play "pretend" games (pretend to "feed" a doll)
- not point at objects to show interest (point at an airplane flying over)
- not look at objects when another person points at them
- have trouble relating to others or not have an interest in other people at all
- avoid eye contact and want to be alone
- have trouble understanding other people's feelings or talking about their own feelings
- prefer not to be held or cuddled or might cuddle only when they want to
- appear to be unaware when other people talk to them but respond to other sounds

- be very interested in people, but not know how to talk, play, or relate to them
- repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- have trouble expressing their needs using typical words or motions
- repeat actions over and over again (hand flapping, finger movements, rocking, etc.)
- have trouble adapting when a routine changes
- have unusual reactions to the way things smell, taste, look, feel, or sound
- lose skills they once had (for instance, stop saying words they were using)

\* Note: Contact your child's doctor or nurse if your child experiences a dramatic loss of skills at any age.

### What can I do if I think my child has an ASD?

Talk with your child's doctor or nurse. If you or your doctor think there could be a problem, ask for a referral to see a developmental pediatrician or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older). To find out whom to call in your area about these services, contact the National Information Center for Children and Youth with Disabilities at [www.nichcy.org/states.htm](http://www.nichcy.org/states.htm) or call the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636**. In addition, CDC has links to information for families at [www.cdc.gov/autism](http://www.cdc.gov/autism).

Right now, the main research-based treatment for ASDs is intensive structured teaching of skills, often called behavioral intervention. It is **very** important to begin this intervention as early as possible in order to help your child reach his or her full potential. Acting early can make a real difference!

[www.cdc.gov/actearly](http://www.cdc.gov/actearly) | 1-800-CDC-INFO



Learn the Signs. Act Early.

# Tips for Talking with Parents

If you suspect a child has a developmental delay and believe a parent is unaware of it, this sample conversation can give you ideas of how to talk with the child's parent.

Good afternoon, Ms. Jones. We love having Taylor in class. He really enjoys story time and follows directions well. He is working hard on coloring but is having a difficult time and gets frustrated. I have also noticed a few things about Taylor's social skills that I would like to discuss with you. Do you have a few minutes? *[Cite specific behaviors and when they occurred.]*

Have you noticed any of these at home?

Ms. Jones, here is some information that shows the developmental milestones for a child Taylor's age. Let's plan to meet again next week [set a time] after you've had time to read it and think it over. *[Provide information such as the fact sheets.]*

Ms. Jones, I know this is hard to talk about, and I may be over-reacting, but I think it would also be a good idea to talk to Taylor's doctor about this in the next few weeks. You can take this information with you when you go. The doctor can give Taylor a "developmental screening" which can answer some questions about his progress and whether you need to do anything else. Maybe there is no problem, but getting help early can make a big difference if there is, so it's really important to find out for sure. Let me know if you need anything from me for that doctor's appointment!

Thank you for agreeing to talk with me today. We'll all do our best to help Taylor. He is a great kid!

If a parent approaches you with concerns about his or her child, this might help you respond.

Mrs. Smith, you wanted to speak with me privately about Taylor?

*[Listen to her concerns. See if she has noticed the same behaviors you have, and share examples that are the same as or different from hers.]*

I am glad to know we are both on the same page. I have some information that might help you when you're watching Taylor at home this week. This fact sheet shows the developmental milestones for his age. Each child develops at his or her own pace, so Taylor might not have met all these milestones; it's worth taking a closer look. Let's meet again next *[set a date]* after you've had time to read this and think about it.

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

I also think it would be a good idea to talk to Taylor's doctor about this in the next few weeks. You can take this information with when you go. The doctor can give Taylor a "developmental screening" which can answer some questions about his progress and whether you need to do anything else. Let me know if you need anything from me for that doctor's appointment. Thank you for talking with me today. We'll all do our best to help Taylor. He is a great kid!

## Tips for these conversations with parents:

- Highlight some of the child's strengths, letting the parent know what the child does well.
- Use materials like the "Learn the Signs. Act Early." fact sheets. This will help the parent know that you are basing your comments on facts and not just feelings.
- Talk about specific behaviors that you have observed in caring for the child. Use the milestones fact sheets as a guide. Example: If you are telling the parent "I have noticed that Taylor does not play pretend games with the other children," you could show the parent the line on the milestones fact sheet for a four-year-old that says that a child that age "engages in fantasy play."
- Try to make it a discussion. Pause a lot, giving the parent time to think and to respond.
- Expect that if the child is the oldest in the family, the parent might not have experience to know the milestones the child should be reaching.
- Listen to and watch the parent to decide on how to proceed. Pay attention to tone of voice and body language.
- This might be the first time the parent has become aware that the child might have a delay. Give the parent time to think about this and even speak with the child's other caregivers.
- Let the parent know that he or she should talk with the child's health care professional (doctor or nurse) soon if there are any concerns or more information is needed.
- Remind the parent that you do your job because you love and care for children, and that you want to make sure that the child does his or her very best. It is also okay to say that you "may be overly concerned," but that it is best to check with the child's doctor or nurse to be sure since early action is so important if there is a real delay.



Learn the Signs. Act Early.

teacher(s):

classroom:

date:



# member of the class: teachers guide

## Teachers:

Use this checklist to guide your classroom inclusion practices. These indicators will help you think about and plan for ways to promote membership in your classroom. Answer the questions from the perspective of a child with special needs.

QUESTION	CIRCLE BELOW	IF NO, WHAT IS THE PLAN?
Do I have a cubby or place to put my coat and backpack just like my classmates?	yes no	
Do I have a seat at circle that includes all the items my classmates have like a carpet square and name tag?	yes no	
Do I have a classroom job just as my classmates?	yes no	
Do I get to take a turn during group activities?	yes no	
Do I have the opportunity to participate in "messy" activities when available, even though I may be a little messier than others?	yes no	
During regular activities am I in a similar position to my classmates (i.e. my classmates are standing-I am standing, etc.)?	yes no	
Can I physically get to all the activities in the classroom (reach into the sensory table, get toys from shelves)?	yes no	
Is there something I know how to use and can use independently in each learning center?	yes no	
Do I have the opportunity to sometimes be in the front and middle of the line during transitions?	yes no	
Am I usually participating in the same or similar activities as my classmates (though they might be adapted)?	yes no	
Do I have the chance to be the "helper" on occasion?	yes no	
Am I an active participant in classroom activities (not just an observer)?	yes no	
Do my teachers and classmates talk to me, ask me questions, play with me?	yes no	
Do I have friends in my class?	yes no	

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## IEP basics: tips for teachers

**What is an Individualized Education Program (IEP)?** *The IEP is the written statement that describes the educational plan designed to meet the child's individual needs. It states the goals for the child for the upcoming year. It is required for every child (three years of age and older) who qualifies for special education. It is developed by a team that includes members of the school staff and the parents. A representative from the child's Head Start program should also participate.*

The IEP is developed by the team and finalized at a meeting with the team. Parent input is very important. Teacher input is also important, as it is often the teacher who can make sure that goals are functional and meaningful. Here are some tips to help make the IEP and the IEP process as useful as possible.

### **Important terms:**

**IDEA:** The **Individuals with Disabilities Education Act** is the federal law that guides the delivery of special education services in the United States.

**FAPE:** **Free and appropriate public education** is required for all children with disabilities ages three through twenty-one years. FAPE is guaranteed by IDEA.

**Annual Goals:** The child's IEP must include measurable, annual goals that are related to meeting the child's educational needs.

**LRE:** According to the federal law, to the maximum extent appropriate, children with IEPs are to receive their education in the **least restrictive environment**. The general education classroom such as a Head Start classroom would be considered the least restrictive environment for many children.

**Related services:** Related services is the term used in the federal law for those services that an individual child might need in order to benefit from special education. Examples are school psychology, speech therapy, occupational therapy and others. If the IEP team determines that the child needs related services, the service is written on the IEP.

### **What happens in the classroom after an IEP is developed?**

The IEP serves as the "road map" for guiding the teaching team in helping the child accomplish the important goals and objectives that have been outlined. It outlines the supports and services the child needs. It is the shared responsibility of the school district personnel, and the Head Start personnel to develop teaching plans that help a child achieve these goals and objectives. This means that the daily, weekly and/or monthly lesson plans should provide some specific directions for teaching the child.

### **What do these supports and services need to be aimed at?**

These supports and services should help the teaching team help the child participate in and learn from the general classroom curriculum. In addition, the child will need specialized instruction in order to meet the IEP goals and objectives.



### Does anyone help me implement the IEP?

Yes! The Head Start teacher as well as the school district personnel should be working together to assist the child in the classroom. In addition, the Head Start program provides a disability coordinator who helps to coordinate the disability services for the Head Start program and often works as the liaison with the school district. Head Starts and school districts can work together in a variety of ways. Sometimes a consulting teacher or therapist from the school district works with the Head Start teacher to help design specialized instruction, problem solve, and review child performance data. Other times, the school district provides an itinerant (or visiting) teacher or therapist who comes to the Head Start program on a regular basis and works directly with the child to provide specialized instruction or therapy. The itinerant teacher/therapist should also help the Head Start teacher carry out special plans for the time in between the visits. Again, this person should help the teacher problem solve and review child performance data. Sometimes, the specialized instruction or **therapy is provided at another school or center. This can make it more difficult for the Head Start teacher to know how to help the child.** The disability coordinator should help the Head Start teacher get the support that he/she needs.

### What is the role of the Head Start teacher?

The Head Start teacher can provide important information to the process of developing the IEP. The Head Start teacher knows what the child can do in the classroom as well as the child's **interests. The Head Start teacher also knows what the child is having difficulty with and where** he or she needs more help. This is the kind of information that can be shared with the IEP team so that the IEP that is developed is truly functional and meaningful.

The Head Start teacher helps to implement the IEP and helps the child make progress toward learning the goals that are written on the IEP. As stated before, this is a shared responsibility with the school district. One of the important roles for the Head Start teacher is to collect information about the child's progress on a periodic basis.

### Do I get a copy of the IEP?

Yes! The Head Start teacher is an important member of the team and plays a vital role in carrying out the plans to help the child achieve his/her IEP goals.

### Where do I keep the IEP?

Keep your copy of the child's IEP with their other educational plans. Keep it in a place where **you can find it and use it to guide your lesson planning as well as in your conversations with** the school district personnel who help the child.

### What's the role of parents and other family members?

Parents have the right to participate in all decisions related to the education of their child. They are encouraged to attend and participate in IEP and other meetings. They are the ultimate decision makers.

## Helpful Links for Parents and Early Care and Education Providers

- [Autism Now](#) provides resources on a wide array of ASD topics for children, parents, caregivers, and educators. Among the many resources are a [YouTube question and answer series](#), a [state by state directory](#) of agencies that provide services to people with autism, and quarterly webinars on ASD-relevant topics such as making friends and bullying.
- CDC's "[Learn the Signs. Act Early.](#)" offers numerous child development resources in multiple languages for families, early care and education providers, and medical professionals. [Free downloadable materials](#), including milestone checklists and family-friendly milestone brochures, are also available on the website. CDC's [ASD page](#) provides general information, research, toolkits, and [links to numerous other helpful ASD sites and resources](#).
- The U.S. Department of Health and Human Services' [ASD information site](#) displays information on ASD signs and symptoms, screening and diagnostics, treatments, causes and risk factors, research, recent publications, and links to important organizations.
- [The Technical Assistance Center on Social and Emotional Intervention](#) provides free resources and helpful tips for working with children with developmental concerns, including ASD. Materials are tailored to the needs of providers, families, administrators, and policy makers.
- [The Center on the Social and Emotional Foundations for Early Learning](#) provides [learning modules](#), [training kits](#), [practical strategies](#), and a [series of videos](#) for early education providers and families. Materials help adults foster social and emotional development and school readiness in young children, two topics of high importance for children with ASD.
- [The Head Start Center for Inclusion](#) provides web-based learning opportunities and evidence-based instructional strategies for early care and education providers working with children with developmental concerns.
- [The National Center for Medical Home Implementation](#) provides information on ASD for families and professionals. Among the resources available is [Sound Advice on Autism](#), a series of audio interviews with medical experts and parents of children with autism.
- [The National Dissemination Center for Children with Disabilities](#) provides information in multiple languages on disability issues for families and providers, including [tips for working with children with ASD](#) and guidance on where to find additional state-specific resources.
- [The First Words Project](#) at Florida State University maintains a video glossary which allows viewers to observe side by side comparisons of behaviors of children with and without ASD to better understand early signs of ASD.