

Serving Children/Teens with Special Needs

ADD/ADHD

What is ADD/ADHD

<http://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm>

We all know kids who can't sit still, who never seem to listen, who don't follow instructions no matter how clearly you present them, or who blurt out inappropriate comments at inappropriate times. Sometimes these children are labeled as troublemakers, or criticized for being lazy and undisciplined. However, they may have ADD/ADHD.

Attention deficit hyperactivity disorder (ADHD) is a disorder that appears in early childhood. You may know it by the name *attention deficit disorder*, or ADD. ADD/ADHD makes it difficult for people to inhibit their spontaneous responses—responses that can involve everything from movement to speech to attentiveness.

The signs and symptoms of ADD/ADHD typically appear before the age of seven. However, it can be difficult to distinguish between attention deficit disorder and normal “kid behavior.”

If you spot just a few signs, or the symptoms appear only in some situations, it's probably not ADD/ADHD. On the other hand, if your child shows a number of ADD/ADHD signs and symptoms that are present across all situations—at home, at school, and at play—it's time to take a closer look.

Once you understand the issues your child is struggling with, such as forgetfulness or difficulty paying attention in school, you can work together to find creative solutions and capitalize on strengths.

Myths About ADD/ADHD

Myth #1: All kids with ADD/ADHD are hyperactive.

Fact: Some children with ADD/ADHD are hyperactive, but many others with attention problems are not. Children with ADD/ADHD who are inattentive, but not overly active, may appear to be spacey and unmotivated.

Myth #2: Kids with ADD/ADHD can never pay attention.

Fact: Children with ADD/ADHD are often able to concentrate on activities they enjoy. But no matter how hard they try, they have trouble maintaining focus when the task at hand is boring or repetitive.

Myth #3: Kids with ADD/ADHD could behave better if they wanted to.

Fact: Children with ADD/ADHD may do their best to be good, but still be unable to sit still, stay quiet, or pay attention. They may appear disobedient, but that doesn't mean they're acting out on purpose.

Myth #4: Kids will eventually grow out of ADD/ADHD.

Fact: ADD/ADHD often continues into adulthood, so don't wait for your child to outgrow the problem. Treatment can help your child learn to manage and minimize the symptoms.

Myth #5: Medication is the best treatment option for ADD/ADHD.

Fact: Medication is often prescribed for attention deficit disorder, but it might not be the best option for your child. Effective treatment for ADD/ADHD also includes education, behavior therapy, support at home and school, exercise, and proper nutrition.

Primary Characteristics

When many people think of attention deficit disorder, they picture an out-of-control kid in constant motion, bouncing off the walls and disrupting everyone around. But this is not the only possible picture. Some children with ADD/ADHD are hyperactive, while others sit quietly—with their attention miles away. Some put too much focus on a task and have trouble shifting it to something else. Others are only mildly inattentive, but overly impulsive.

The three primary characteristics of ADD/ADHD are inattention, hyperactivity, and impulsivity. The signs and symptoms a child with attention deficit disorder has depends on which characteristics predominate.

Children with ADD/ADHD may be:

- Inattentive, but not hyperactive or impulsive.
- Hyperactive and impulsive, but able to pay attention.
- Inattentive, hyperactive, and impulsive (the most common form of ADD/ADHD).

Children who only have inattentive symptoms of ADD/ADHD are often overlooked, since they're not disruptive. However, the symptoms of inattention have consequences: getting in hot water with parents and teachers for not following directions; underperforming in school; or clashing with other kids over not playing by the rules.

INATTENTION

It isn't that children with ADD/ADHD can't pay attention: when they're doing things they enjoy or hearing about topics in which they're interested, they have no trouble focusing and staying on task. But when the task is repetitive or boring, they quickly tune out.

Staying on track is another common problem. Children with ADD/ADHD often bounce from task to task without completing any of them, or skip necessary steps in procedures. Organizing their schoolwork and their time is harder for them than it is for most children.

Kids with ADD/ADHD also have trouble concentrating if there are things going on around them; they usually need a calm, quiet environment in order to stay focused.

Symptoms of inattention in children:

- Doesn't pay attention to details
- Makes careless mistakes
- Has trouble staying focused; is easily distracted
- Appears not to listen when spoken to
- Has difficulty remembering things and following instructions
- Has trouble staying organized, planning ahead, and finishing projects
- Gets bored with a task before it's completed
- Frequently loses or misplaces homework, books, toys, or other items

HYPERACTIVITY

The most obvious sign of ADD/ADHD is hyperactivity. While many children are naturally quite active, kids with hyperactive symptoms of attention deficit disorder are always moving. They may try to do several things at once, bouncing around from one activity to the next. Even when forced to sit still which can be very difficult for them their foot is tapping, their leg is shaking, or their fingers are drumming.

Symptoms of hyperactivity in children:

- Constantly fidgets and squirms
- Often leaves his or her seat in situations where sitting quietly is expected
- Moves around constantly, often runs or climbs inappropriately
- Talks excessively
- Has difficulty playing quietly or relaxing
- Is always “on the go,” as if driven by a motor
- May have a quick temper or a “short fuse”

IMPULSIVITY

The impulsivity of children with ADD/ADHD can cause problems with self-control. Because they censor themselves less than other kids do, they’ll interrupt conversations, invade other people’s space, ask irrelevant questions in class, make tactless observations, and ask overly personal questions.

Instructions like “Be patient” and “Just wait a little while” are twice as hard for children with ADD/ADHD to follow as they are for other youngsters.

Children with impulsive signs and symptoms of ADD/ADHD also tend to be moody and to overreact emotionally. As a result, others may start to view the child as disrespectful, weird, or needy.

Symptoms of impulsivity in children:

- Acts without thinking
- Blurts out answers in class without waiting to be called on or hear the whole question
- Can’t wait for his or her turn in line or in games
- Says the wrong thing at the wrong time
- Often interrupts others
- Intrudes on other people’s conversations or games
- Inability to keep powerful emotions in check, resulting in angry outbursts or temper tantrums
- Guesses, rather than taking time to solve a problem

Positive Effects of ADD / ADHD in Children

In addition to the challenges, there are also positive traits associated with people who have attention deficit disorder:

- **Creativity** – Children who have ADD/ADHD can be marvelously creative and imaginative. The child who daydreams and has ten different thoughts at once can become a master problem-solver, a fountain of ideas, or an inventive artist. Children with ADD/ADHD may be easily distracted, but sometimes they notice what others don’t see.
- **Flexibility** – Because children with ADD/ADHD consider a lot of options at once, they don’t become set on one alternative early on and are more open to different ideas.
- **Enthusiasm and spontaneity** – Children with ADD/ADHD are rarely boring! They’re interested in a lot of different things and have lively personalities. In short, if they’re not exasperating you (and sometimes even when they are), they’re a lot of fun to be with.

- **Energy and drive** – When kids with ADD/ADHD are motivated, they work or play hard and strive to succeed. It actually may be difficult to distract them from a task that interests them, especially if the activity is interactive or hands-on.

Keep in mind, too, that ADD/ADHD has nothing to do with intelligence or talent. Many children with ADD/ADHD are intellectually or artistically gifted.

Challenges of ADD / ADHD in the Classroom

Think of what the school setting requires children to do: Sit still. Listen quietly. Pay attention. Follow instructions. Concentrate. These are the very things kids with ADD/ADHD have a hard time doing—not because they aren’t willing, but because their brains won’t let them. That doesn’t make teaching them any easier, of course.

Students with ADD/ADHD present the following challenges for teachers:

- They demand attention by talking out of turn or moving around the room.
- They have trouble following instructions, especially when they’re presented in a list.
- They often forget to write down homework assignments, do them, or bring completed work to school.
- They often lack fine motor control, which makes note-taking difficult and handwriting a trial to read.
- They often have trouble with operations that require ordered steps, such as long division or solving equations.
- They usually have problems with long-term projects where there is no direct supervision.
- They don’t pull their weight during group work and may even keep a group from accomplishing its task.

Students with ADD/ADHD pay the price for their problems in low grades, scolding and punishment, teasing from peers, and low self-esteem. Meanwhile, you, the teacher, wind up taking complaints from parents who feel their kids are being cheated of your instruction and feeling guilty because you can’t reach the child with ADD/ADHD.

Tips to Help Students with Attention Deficit Disorder

Adapted from: <https://www.teachervision.com/add-and-adhd/learning-disabilities/6493.html>

As all good teachers know, every student has unique interests, abilities, and learning styles. In a successful classroom, this individuality is respected. In fact, teachers use what they know about each individual to help students learn. This same care and respect can help the growing number of students with Attention Deficit Disorder (ADD) overcome some of the educational challenges that they face.

Distinguishing ADD from the normal range of childhood activity is difficult and requires the help of a trained professional. There is no cure for ADD. However, you can use strategies like the six below to help students with ADD find success in your classroom.

Establish a calm, structured classroom

- Set up regular routines and clear, consistent rules. While this classroom structure need not come at the expense of creativity or excitement, students with ADD are usually most comfortable in classrooms where procedures, expectations, and limits are explicit.

- Seat students with ADD away from distractions and close to you. Younger students who have trouble staying in their own spaces can benefit from clear physical boundaries, such as their own table or a box marked on the floor with colored tape.

Always be clear and concise when giving instructions

- Repeat yourself! Students with ADD flourish in classrooms where reminders and previews are the norm. Be sure that students know what to expect, and give them frequent updates.
- Maintain eye contact when giving verbal instructions and make sure that students understand the instructions before they begin the task. You may want to have students repeat directions back to you.
- Simplify complex instructions, and break large tasks into a series of smaller, more manageable parts. Provide older students with written instructions for multistep projects. Review these instructions orally to be sure that students understand.
- Use non-verbal cues to communicate with the students; for example, quiet the class by raising your hand or blinking the lights. Give private cues when students are off-task, like sending a signal to re-focus by placing your hand on the shoulder of a chatting or distracted student. If a student is struggling with written instructions, print simple, easy-to-understand icons in the margins of the page in order to draw attention to key points.

Starting a lesson

- Signal the start of a lesson with an aural cue, such as an egg timer, a cowbell or a horn. (You can use subsequent cues to show much time remains in a lesson.)
- List the activities of the lesson on the board.
- In opening the lesson, tell students what they're going to learn and what your expectations are. Tell students exactly what materials they'll need.
- Establish eye contact with any student who has ADD/ADHD.

Conducting the lesson

- Vary the pace and include different kinds of activities. Many students with ADD do well with competitive games or other activities that are rapid and intense.
- Use props, charts, and other visual aids.
- Allow a student with ADD/ADHD frequent breaks.
- Let the student with ADHD squeeze a rubber ball or tap something that doesn't make noise as a physical outlet.
- Try not to ask a student with ADD/ADHD perform a task or answer a question publicly that might be too difficult.

Give frequent and specific praise

- Be sure to tell students how much you value them. Praise all good behavior and outstanding academic performance or improvement in front of classmates or in private. Be specific – tell students exactly what they accomplished!

Reward success in the classroom by:

- Distributing small prizes, like stickers.
- Adding checkmarks or stars to a prominently displayed chart.
- Giving successful students firm handshakes and bright smiles.
- Telling students that you are proud of them!

Share good news with family members

- Tell family members about their children's accomplishments. Don't limit home-school communication to difficult periods or crisis situations.
- Give younger students a daily home-school "report card." Encourage them to keep cards in their assignment logs and to share them with their parents. Use this report card to describe students' achievements and to ask for information or assistance.
- There are no easy solutions to ADD, but a classroom environment that is rich in structure, support, and encouragement can nurture success in all students.

© 2000-2014 Pearson Education, Inc. All Rights Reserved

ADD / ADHD and school: Tips for managing symptoms

Distractibility

Students with ADD/ADHD may be so easily distracted by noises, passersby, or their own thoughts that they often miss vital classroom information. These children have trouble staying focused on tasks that require sustained mental effort. They may seem to be listening to you, but something gets in the way of their ability to retain the information.

Helping kids who distract easily involves physical placement, increased movement, and breaking long work into shorter chunks.

- Seat the child with ADD/ADHD away from doors and windows. Put pets in another room or a corner while the student is working.
- Alternate seated activities with those that allow the child to move his or her body around the room. Whenever possible, incorporate physical movement into lessons.
- Write important information down where the child can easily read and reference it. Remind the student where the information can be found.
- Divide big assignments into smaller ones, and allow children frequent breaks.

Interrupting

Kids with attention deficit disorder may struggle with controlling their impulses, so they often speak out of turn. In the classroom or home, they call out or comment while others are speaking. Their outbursts may come across as aggressive or even rude, creating social problems as well. The self-esteem of children with ADD/ADHD is often quite fragile, so pointing this issue out in class or in front of family members doesn't help the problem—and may even make matters worse.

Reducing the interruptions of children with ADD/ADHD should be done carefully so that the child's self-esteem is maintained, especially in front of others. Develop a "secret language" with the child with ADD/ADHD. You can use discreet gestures or words you have previously agreed upon to let the child know they are interrupting. Praise the child for interruption-free conversations.

Impulsivity

Children with ADD/ADHD may act before thinking, creating difficult social situations in addition to problems in the classroom. Kids who have trouble with impulse control may come off as aggressive or unruly. This is perhaps the most disruptive symptom of ADD/ADHD, particularly at school.

Methods for managing impulsivity include behavior plans, immediate discipline for infractions, and ways to give children with ADD/ADHD a sense of control over their day.

- Make sure a written behavior plan is near the student. You can even tape it to the wall or the child's desk.

- Give consequences immediately following misbehavior. Be specific in your explanation, making sure the child knows how they misbehaved.
- Recognize good behavior out loud. Be specific in your praise, making sure the child knows what they did right.
- Write the schedule for the day on the board or on a piece of paper and cross off each item as it is completed. Children with impulse problems may gain a sense of control and feel calmer when they know what to expect.

Fidgeting and hyperactivity

ADD/ADHD causes many students to be in constant physical motion. It may seem like a struggle for these children to stay in their seats. Kids with ADD/ADHD may jump, kick, twist, fidget and otherwise move in ways that make them difficult to teach.

Strategies for combating hyperactivity consist of creative ways to allow the child with ADD/ADHD to move in appropriate ways at appropriate times. Releasing energy this way may make it easier for the child to keep his or her body calmer during work time.

- Ask children with ADD/ADHD to run an errand or do a task for you, even if it just means walking across the room to sharpen pencils or put dishes away.
- Encourage the child to play a sport—or at least run around before and after school.
- Provide a stress ball, small toy, or other object for the child to squeeze or play with discreetly at his or her seat.
- Limit screen time in favor of time for movement.
- Make sure a child with ADD/ADHD never misses recess or P.E.

Trouble following directions

Difficulty following directions is a hallmark problem for many children with ADD/ADHD. These kids may look like they understand and might even write down directions, but then aren't able to do what has been asked. Sometimes these students miss steps and turn in incomplete work, or misunderstand an assignment altogether and wind up doing something else entirely.

Helping children with ADD/ADHD follow directions means taking measures to break down and reinforce the steps involved in your instructions, and redirecting when necessary. Try being extremely brief when giving directions, allowing the child to do one step and then come back to find out what they should do next. If the child gets off track, give a calm reminder, redirecting in a calm but firm voice. Whenever possible, write directions down in a bold marker or in colored chalk on a blackboard.

Autism Spectrum Disorder

Characteristics

Symptoms of ASD range in severity, which is why it is referred to as a “spectrum.” ASD is an umbrella term for students diagnosed with any of a variety of disorders, including:

Autism

A neurological disorder that typically appears before the age of three which impacts development in social and communication skills.

Pervasive Developmental Disorder, not otherwise specified (PDD-NOS)

Also called “atypical autism,” PDD-NOS is very similar to autism. The difference is that only some (but not all) of the criteria associated with autism are present.

Asperger Syndrome

The highest functioning sub-category; children with Asperger Syndrome usually do not have language delays, but struggle with social interactions and obsessions.

Rett Disorder

Found only in girls; children begin developing on target but later lose communication skills.

Childhood Disintegrative Disorder

Similar to autism, but appears at an earlier age with a more dramatic loss of skills and a greater chance of having intellectual disabilities.

Intelligence quotients range from having a severe intellectual disability to being gifted. Although the range encompasses a wide spectrum of abilities, all five sub-categories cause impairments in social, communication, and behavioral skills.

A List of Impairments For Each Domain

Social

- **Social cues:** Children may have difficulty understanding social cues and reading others’ nonverbal gestures.
- **Sharing:** Children may display problems with sharing or waiting for a turn during a game.
- **Eye contact:** When having a conversation, children may not look directly into the eyes of the person speaking; this is thought to be a self-regulating strategy to compensate for visual input difficulties.
- **Social interactions:** Children may lack the skills, ability, or understanding to make friends, initiate contact, and maintain social interactions.
- **Responsiveness:** Children may be more interested in “things” than in people, and may lack interest in responding to other children.

Communication

- **Functional language:** Children with ASD are often echolalic — repeating what others say.
- **Verbal language:** Forty to forty-five percent of students with ASD are nonverbal.
- **Reciprocal conversation:** Children may have difficulty in the natural “give and take” in a conversation and may talk only of their obsessions.
- **Imitation and comprehension of language:** Children may demonstrate *hyperlexia* — an above-average ability to read with a below-average ability to understand spoken or written language.

Behavioral

- **Unusual obsessions and compulsions:** Children may become preoccupied with a single television program or with arranging objects in lines or stacks.
- **Unusual sensory experiences:** Children with ASD may be hypersensitive to touch.
- **Repetitive use of objects:** Stacking or lining up objects, for example, may become a fixation.
- **Self-injury:** This is common in more severe forms of autism. Children may, for example, bite themselves.
- **Splinter skills:** Children may be highly skilled in one area, such as painting.

BY SUSAN FLYNN

[Tips For Helping Students with Autism](#)

Adapted from: <http://www.teachthought.com/teaching/autism-awareness-month-6-strategies-for-teaching-students-with-autism/> + other sources

Create a classroom routine

Students with autism appreciate routine. Non-autistic students appreciate routine, too, so this is helpful to the class at large. If you are setting up classroom systems geared toward students with autism, chances are all students will benefit.

Recognizing that some change in manner or behavior may reflect anxiety (which may be triggered by a [minor] change to routine).

Try this: establish a pattern, which includes a classroom greeting, a special starter activity, then similar transition cues and wrap-ups. Close the activity or day the same way, setting up structure, clear expectations, and routine. If you change the routine, be sure to use plenty of advance-notice verbal cues.

Sacred Circle

Use preparatory commands and commands of execution to cue transitions

Students with autism often struggle with transitions. Using preparatory commands—commands that cue in on the forthcoming action words—help these transitions. Again, this structure is helpful for all students. Using the preparatory command, “When I say move we will...” followed by command of execution, “move,” sets up clear expectations. “In five minutes we will finish that paper and discuss it.” “Okay, now let’s switch papers and discuss answer two.”

Always keep your language simple and concrete. Get your point across in as few words as possible. Typically, it’s far more effective to say “Pens down, close your journal and line up to go outside” than “It looks so nice outside. Let’s do our science lesson now. As soon as you’ve finished your writing, close your books and line up at the door. We’re going to study plants outdoors today”.

If you ask a question or give an instruction and are greeted with a blank stare, reword your sentence. Asking a student what you just said helps clarify that you’ve been understood.

Language

Avoid using sarcasm. If a student accidentally knocks all your papers on the floor and you say “Great!” you will be taken literally and this action might be repeated on a regular basis.

Avoid using idioms. “Put your thinking caps on”, “Open your ears” and “Zipper your lips” will leave a student completely mystified and wondering how to do that.

Teaching what “finished” means and helping the student to identify when something has finished and something different has started. Take a photo of what you want the finished product to look like and show the student. If you

want the room cleaned up, take a picture of how you want it to look some time when it is clean. The students can use this for a reference.

Addressing the pupil individually at all times (for example, the pupil may not realize that an instruction given to the whole class also includes him/her. Calling the pupil's name and saying "I need you to listen to this as this is something for you to do" can sometimes work; other times the pupil will need to be addressed individually).

Give fewer choices

Students with autism can get overwhelmed when given list-style selections. Try using just two choices. This helps de-clutter the landscape and yet still allows students to make a decision. Give fewer choices. If a child is asked to pick a color, say red, only give him two to three choices to pick from. The more choices, the more confused an autistic child will become.

Give very clear choices and try not to leave choices open ended. You're bound to get a better result by asking "Do you want to read or draw?" than by asking "What do you want to do now?"

Repeat instructions and checking understanding. Using short sentences to ensure clarity of instructions.

Treat them like any other kid as much as possible

Sure, students with autism have specific needs, but so does every kid. Make sure students with autism get the "kid" experience, not the "autistic kid" experience, or the "special needs" treatment. This makes a difference. One day, I was telling jokes in class. My autistic kid laughed—a big laugh. It took me a minute to realize, "Wow... he...laughed!" If you are a parent of a child with autism, you know what that means. That means he understood humor and body language—both very big achievements. I called his mom. These victories are huge—milestones. One parent told me, "He never went to a birthday party before, now he has friends." That is priceless for a parent and a student.

Protecting the pupil from teasing at free times, and providing peers with some awareness of his/her particular needs.

Allowing the pupil to avoid certain activities (such as sports and games) which s/he may not understand or like; and supporting the pupil in open-ended and group tasks.

Allowing some access to obsessive behavior as a reward for positive efforts.

Asperger Syndrome

Asperger syndrome is a condition that forms part of the autism spectrum, it is caused by a biological brain dysfunction. In order for there to be a diagnosis of autistic spectrum disorder, there have to be impairments in three main areas:

- **Social communication** - concrete understanding of language and formal, monologue type use of speech and a distinct difficulty in interpreting non-verbal forms of communication.
- **Social interaction** - difficulty in relating on a social level to others, inability to read the thoughts and feelings of others; forming relationships is a problem area.
- **Social imagination** - rigid and inflexible ways of thinking associated with obsessions and stereotyped behaviours and a resistance to change. Alongside this is poor motor co-ordination which may appear as a physical clumsiness.

Characteristics specific to Asperger syndrome:

- **Language peculiarities** - including overly dull speech, speaking in a monotone, hyper-correct use of grammar and vocabulary, semantic pragmatic problems (ie although vocabulary may appear quite advanced, it may be used in inappropriate situations, and may also be quite 'empty' - for example the individual does not always have a thorough comprehension of the words they are using).
- **Imposition of rules and routines** - obsessional insistence on sameness, that is also imposed on others. Can sometimes lead to phobias and avoidance behavior.
- **Non-verbal communication problems** - may include blank facial expressions, limited eye contact, lack of understanding of sarcasm or irony (as the Asperger individual takes language very literally, when a tone of voice, or a raised eyebrow can completely change the meaning of seemingly genuine words, they will not interpret these visual, non verbal cues and therefore will miss the intended meaning of the conversation).
- **Clumsiness** - may include poor gross motor skills, poor co-ordination, ungainly movement, trouble learning certain activities (eg riding a bike), or performing certain tasks (eg balancing on one leg to put on shoes etc).
- **Problems with social relationships** - there will be problems with making friends in the first instance, and then in maintaining the relationship. This is not a phase the person is going through; there will always be problems interacting with peers. As a child the individual may have preferred the company of adults, or may have sought out younger playmates (whose social skills were less complex and therefore easier to understand).
- **An overriding, all pervasive single (and usually odd) interest** - this is not just a hobby or a normal fad, it is more far reaching and obsessional in nature.

As mentioned above, people on the autistic spectrum are characteristically extremely rigid in their thinking and related to this is their difficulty to cope with change. Due to the individual with Asperger's having rigid and inflexible ways of thinking, even a slight change to a normal routine can cause enormous amounts of distress. Unexpected or continual changes of familiar people and environments, may upset the person greatly. If change is inevitable, it is vital that it is implemented as gradually as possible within a clear structure that the individual can anticipate and come to terms with.

FIVE-STEP PLAN

Step 1: Educate Yourself

- **People with Asperger Syndrome exhibit a variety of behaviors.** Learning about Asperger Syndrome and how it specifically affects your student will help you effectively manage these behaviors. Here are some helpful hints for teachers:
- **Operate on “Asperger time.** This means, “Twice as much time, half as much done.” Students with Asperger Syndrome often need additional time to complete assignments, gather materials, and orient themselves during transitions.
- **Manage the environment.** Any change can increase anxiety for a student with Asperger Syndrome. Make an effort to provide schedule consistency and avoid sudden changes.
- **Create a balanced agenda.** Consider creating a visual schedule that includes daily activities for students with Asperger Syndrome. Monitor and restructure the schedule as needed.
- **Share the agenda.** Students with Asperger Syndrome have difficulty distinguishing between information that is essential and information that is not. In addition, they often do not remember information that others acquire from past experiences or that come as “common sense.” Thus, it is important to state the obvious and “live out loud.” This will help your student understand the meaning behind your actions.
- **Simplify language.** Keep your language simple and concise, and speak at a slow, deliberate pace. Students with Asperger Syndrome to have difficulty “reading between the lines,” understanding abstract concepts like sarcasm, or interpreting facial expressions. Be clear and specific when providing instructions.
- **Manage change of plans.** Make sure that your student with Asperger Syndrome understands that sometimes planned activities can be changed, canceled, or rescheduled. Have backup plans and share them with your student in advance. Prepare them for change whenever possible; tell them about assemblies, fire drills, guest speakers, and testing schedules. Recurring transitions, such as vacations and the beginning and end of the school year, may cause anxiety.
- **Provide reassurance.** Because students with Asperger Syndrome cannot predict upcoming events, they are often unsure what to do. Provide feedback and reassurance frequently so that the student knows he or she is moving in the right direction or completing the correct task. Use frequent check-ins to monitor student progress and stress.
- **Be generous with praise.** Find opportunities throughout the day to tell your student with Asperger Syndrome what he or she did right. Compliment both successes and worthy attempts at success. Be specific with your words so that your student knows why you are providing praise.

Step 2: Reach Out to the Parents

- The parents of your student with Asperger Syndrome are your first and best source of information about their child; they can provide you with information about their child’s behavior and daily activities. Ideally, this partnership will begin with meetings before the school year. After that, it is critical to establish mutually agreed-upon modes and patterns of communication with the family throughout the school year.

Step 3: Prepare the Classroom

- Having learned about the individual sensitivities and characteristics of your student with Asperger Syndrome, you now have the information you need to organize your classroom appropriately. You can manipulate the physical aspects of your classroom, making it more comfortable for children with Asperger Syndrome without sacrificing your plans for the entire class.

Step 4: Educate Peers and Promote Social Goals

- Children with Asperger Syndrome have social deficits that make it difficult for them to establish friendships. However, with appropriate assistance, they can engage with peers and establish mutually enjoyable and lasting relationships.
- The characteristics of Asperger Syndrome can cause peers to perceive a child with the disorder as “strange” or “different.” Children with Asperger Syndrome are more likely than their typically developing classmates to be the victims of teasing and bullying, and often cannot discriminate between playful versus mean-spirited interactions. Teachers and school staff must be aware that students with Asperger Syndrome are potentially prime targets, and they must watch for signs.
- Research shows that typically developing peers have more positive attitudes, increased understanding, and greater acceptance of children with Asperger Syndrome when provided with clear, accurate, and straightforward information about the disorder. Thus, educating students about the common traits and behaviors of children with Asperger Syndrome can lead to more positive social interactions between your student and his or her peers.
- Many social interactions occur during unstructured times in settings outside the classroom, where students with Asperger Syndrome may end up being isolated. You may want to create a “circle of friends,” or a rotating group of responsible peer buddies for the student with Asperger Syndrome; they will not abandon him or her, serve as a model of appropriate social behavior, and protect against teasing or bullying. This strategy should also be considered for use outside of school.

Step 5: Manage Behavioral Challenges

- School is a stressful environment. Common academic and social situations may create extreme stress for students with Asperger Syndrome. These stressors may include: difficulty predicting events because of changing schedules, tuning into teachers’ directions and understanding them, interacting with peers, anticipating change, and structural items such as classroom lighting, sounds, noises, odors, etc.
- Tantrums or meltdowns (terms that are often used interchangeably) typically occur in three stages that can be of variable length. These stages and their associated interventions are described more fully in the Educator’s Guide to Asperger Syndrome. Students with Asperger Syndrome rarely indicate (verbally) that they are under stress. While they may not always know when they are near a stage of crisis, most meltdowns do not occur without warning. There is a pattern of behavior, which is sometimes subtle, that suggests an imminent, behavioral outburst. Prevention through the use of appropriate academic, environmental, social, and sensory supports, as well as modification to environment and expectations, are the most effective methods.

Structured Teaching

Adapted from: NASET – Structured Teaching: Strategies for Supporting Students with Autism

Defined

Structured teaching is a system for organizing their environments, developing appropriate activities, and helping people with autism understand what is expected of them. It uses visual cues which help children with autism focus on the relevant information which can, at times, be difficult for the person with autism to distinguish from the non-relevant information.

Primary Components

Physical Structure

The way the space is set up and organized. Pay attention to:

- Physical structure provides environmental organization for people with autism.
- Clear physical and visual boundaries help the person to understand where each area begins and ends.
- The physical structure minimizes visual and auditory distractions.

Strategies

- Minimize visual and auditory distractions:
 - Use muted colors on the walls
 - Limit visual clutter around the room
 - Place sheer curtains over items in the room that are not being used
 - Use natural lighting from windows to reduce visually distracting fluorescent lighting

Visual Schedules

Visual schedules can help because they:

- Help address the child's difficulty with sequential memory and organization of time
- Help children understand what is expected of them and lessen their anxiety
- Schedules clarify that activities happen within a specific time period and also alert the student to any changes that might occur
- Assist the student in transitioning independently between activities by telling them what is going to happen next.
- Are based on a "first-then" strategy; that is, "first you do _____, then you do _____"

Teaching Components

Work Systems, refers to the systematic and organized presentation of tasks/materials in order for students to learn to work independently, without adult directions/prompts. It is important to note that Work Systems can reflect any type of task. Each Work System, regardless of the nature of the task or activity, should address the following four questions.

- **What is the work to be done? What is the nature of the task?** Sign into class; participate in the sacred circle; sit and listen to the story; do the creative experience
- **How much work?** Visually represent exactly how the work is to be done. If he is to cut out only 10 soup labels, just give him 10. Don't give him the whole stack to independently count or he will not understand exactly how much work to complete.
- **When am I finished?** The student needs to independently recognize when he is finished. Use timers or visual cues to help him know.
- **What comes next?** Physical reinforcers, highly desired activities, break times or free choice are highly motivating toward task completion. Sometime, being all done, with the task is enough motivation.