

A Call for Action: Improved Services for Children with Autism Spectrum Disorders

California Superintendent of Public Instruction Autism Advisory Committee

Final Report

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Executive Summary

Since the late 1990s the number of pupils with autism spectrum disorders (ASD) in California's public education system has rapidly increased. This growth intensifies the need for educational services to support this group. The Legislature responded by passing Assembly Bill 2513 (Chapter 783, Statutes of 2006), which authorizes the State Superintendent of Public Instruction to convene a statewide autism advisory committee to facilitate the development of consistent, evidence-based educational services for pupils with ASD. To fulfill the legislative requirements, the committee called for urgent action on behalf of those children and made specific recommendations in the three areas, which are discussed next.

Policy Changes

Policy changes are called for in the following areas: seamless delivery of services, early intervention, information dissemination, training, and credentials and certification. These proposed changes require interagency agreements between the special education local plan areas (SELPAs) and the regional centers to contribute toward a coordinated interagency system to deliver services to children with ASD from birth through age five and throughout their school years. It is recommended that the California Department of Education (CDE) establish a new state policy requiring that the parents' rights statement (Notice of Procedural Safeguards) within the individualized education program (IEP) and individualized family service plan (IFSP) contain a section describing how families can access evidence-based information, resources, and training regarding ASD.

Statewide ASD Clearinghouse

Another recommendation is to develop a statewide, education-focused interagency clearinghouse to provide information to a range of audiences, including special and general education teachers, parents and other caregivers, administrators, and other school personnel. The clearinghouse will provide information on ASD-related, evidence-based interventions and strategies and other resources to be disseminated through a Web site and other venues. The content will be based on criteria established and monitored by an oversight committee.

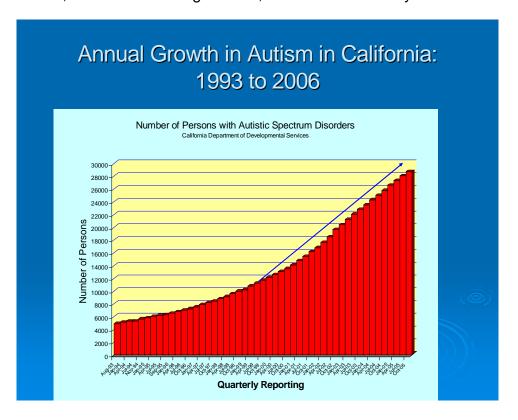
Training and Technical Assistance

SELPAs would be required to have annual regional training plans to provide competency-based training and technical assistance for key personnel in each local educational agency (LEA), charter school, and certified nonpublic school and agency. The training is to be culturally sensitive and linguistically appropriate and include modules with content ranging from general training on autism to more specific training on evidence-based interventions and field applications of

those interventions. Modules to be used specifically in continuing education and staff recertification are also included.

1. Urgent Call for Action

As of December 2006, research studies indicate that nationwide one out of every 150 children has an autism spectrum disorder (ASD). As indicated in the chart "Annual Growth in Autism in California," provided by Rick Ingraham from the California Department of Developmental Services (DDS), data for California show a large and increasing number of children with ASD. For the quarter ending in June 2006, the DDS staff diagnosed 3,717 three- and four-year olds with ASD.



Although scientific research is making progress in understanding root causes of ASD, more work is needed. When crafting recommendations regarding support for children with ASD in the publicly funded educational system, policymakers need to recognize that the extent of the issues related to ASD threatens to overwhelm local educational systems. This statement is not an exaggeration, but an indicator of the intensive services needed to support children with ASD; the lack of coherent, universally accepted effective educational practices; an overall lack of knowledge and training at all levels; and a shortage of personnel in key positions, coupled with inadequate local financial resources to meet immediate needs, especially for preschool children with ASD. Decisive, immediate action at the state level can significantly mitigate short-term needs and establish systems that will provide long-term sustainable support to students and their families, schools, and communities.

There is no universally accepted definition of evidence-based strategies and interventions, terms frequently appearing in this publication. Throughout this

report the term *scientifically based* is often used interchangeably with *research based* and *evidence based*. Appendix C contains examples of evidence-based and scientifically based definitions being used across the country. Throughout this document the term *children with ASD* refers to children and youths from birth through twenty-one years who have ASD.

2. Background

On September 29, 2006, Governor Arnold Schwarzenegger signed Assembly Bill 2513 (AB 2513) Chapter 783, Statutes of 2006. The measure, among other things, required the State Superintendent of Public Instruction to appoint and convene a statewide autism advisory committee to develop specified recommendations that would "identify the means by which public and nonpublic schools, including charter schools, can better serve children with autism." (Assembly Bill 2513 [Pavley], Chapter 783, Statutes of 2006, added Chapter 7.5 [commencing with Section 56846] on Autism Training and Information to Part 30 of the *Education Code*.)

In emphasizing the need for recommendations on better serving children with autism, the California Legislature made the following declarations, which appear in *Education Code* Section 56846(a)(1)–(3):

Autism is the fastest growing special education eligibility category for public education in California and the nation. In the years between 1998 and 2002, the number of pupils with autism receiving services in California almost doubled, from 10,360 to 20,377. These numbers have continued to climb at a surprising rate. In 2004, there were 4,427 additional pupils diagnosed with autism, an increase of 18 percent.

Autism is not a rare disorder. It is a major public health problem that must be addressed by the State Department of Education, the State Department of Developmental Services, the State Department of Social Services, the state public school system, regional centers, and other entities assisting children with autism.

Significant gains have been made in the expansion of research related to autism and related neurodevelopmental disorders. The findings of this research need to be fully disseminated to parents, families, school districts, nonpublic schools, and regional centers throughout the state.

Education Code Section 56847(b)(1) requires that recommendations be provided to the Legislature and the Governor on or before November 1, 2007, in the following areas:

- (1) Developing a policy on the most effective manner of informing schools about the status of educationally related research and outreach services available to children with autism and their families.
- (2) Creating a statewide clearinghouse for information on the findings of educationally related research-based, recommended practices to support children with autism that can be disseminated to schools, parents, and other interested parties.
- (3) The feasibility and need for establishing a program that would provide technical assistance to schools on all of the following subjects:

- (a) The identification and diagnosis of autism spectrum disorders.
- (b) The development of research-based programs that best serve children with autism in order for them to succeed academically.
- (c) The development of a research-based professional development program to train teachers and administrators on the best practices for providing instruction to children with autism.

To address the preceding requirements in *Education Code* Section 56847(b) (1)–(3), a 21-member autism advisory committee was appointed by State Superintendent Jack O'Connell. The committee represented the major stakeholders responsible for the education of students with ASD, including local educational agencies (LEAs), special education local plan areas (SELPAs), charter schools, nonpublic schools and agencies, teachers, parents, county offices of education, university researchers, private providers, and the Legislature.

3. Process of the Autism Advisory Committee

The autism advisory committee held five one-day meetings for six months: February 26, 2007; March 26, 2007; April 23, 2007; May 30, 2007; and July 27, 2007. In addition, conference calls were held on June 18, 2007, and August 27, 2007, to review a draft report of the committee's recommendations. The advisory committee meetings were audiotaped for dissemination. Community members were also welcomed at each of the five meetings, and their comments were received and incorporated into the advisory committee's discussions.

Because of the need for coordination and alignment with the work and recommendations of other autism committees and projects of the Legislature, staff members from the Legislative Blue Ribbon Commission on Autism and from the California DDS Project provided presentations and information. The autism advisory committee reviewed written interim reports from the following task forces of the Legislative Blue Ribbon Commission on Autism: the Task Force on Education and Professional Development, the Task Force on Early Identification and Intervention, and the Task Force on Transitional Services and Supports. The methodology and outline of the draft for the document *Autism Spectrum Disorders: Guidelines for Effective Interventions*, developed by the DDS project, were also reviewed and discussed.

In addition to collaborating with these two important efforts, the autism advisory committee determined that final recommendations must draw on other California programs and resources for children with ASD. (See Appendix A for examples.) Presentations were also given regarding current California licensure requirements. The autism advisory committee discussed information on these existing in-state programs and resources. It also reviewed out-of-state projects and efforts on autism, including documents prepared by the National Association of State Directors of Special Education and material on a number of Web sites. (Appendix B provides some examples of these out-of-state efforts.)

4. Autism Advisory Committee's Vision

The autism advisory committee developed the following overall vision to convey the importance of implementing recommendations across *all three* required areas, as stated in *Education Code* Section 56847(b)(1)–(3), with some unifying themes.

The vision of the Superintendent's Autism Advisory Committee is that there will be a publicly funded educational system within California that offers children with ASD access to evidence-based resources individualized to each student's needs and designed to provide equal opportunity for students to reach their full potential and to meet their capacity for independent living.

To accomplish this vision, the state of California will:

- 1. Adopt policies that ensure the implementation of evidence-based practices, research, and technical assistance and provide consistent information regarding expectations and practices at the state, regional, and local levels.
- 2. Develop a common database of state-of-the-art, evidence-based knowledge easily accessible to teachers, related services personnel, support personnel, administrative staff, parents, families, caregivers, and the community at large.
- 3. Encourage and create incentives for partnerships to ensure that children with ASD experience a seamless system of support throughout their growth and development.
- 4. Establish a regional infrastructure that will provide options for training and technical assistance to best meet the needs of LEAs and communities.
- 5. Identify, support, and disseminate information about demonstration programs that have a sustained record of using evidence-based practices effectively.
- 6. Identify and disseminate information and resources in culturally and linguistically appropriate ways to children and youths with ASD, their families, caregivers, and communities.

5. Recommendations of the Autism Advisory Committee

This section provides a summary of the recommendations of the Superintendent's Autism Advisory Committee in the three areas required by *Education Code* Section 56847(b)(1)–(3): policy development, a statewide clearinghouse, and training and technical assistance. These recommendations are integrated and supported across the three required areas.

Recommendation Area 1. Policy

"Developing a policy on the most effective manner of informing schools about the status of educationally related research and outreach services

available to children with autism and their families" (*Education Code* Section 56847[b][1]).

Policy Vision

The vision of the autism advisory committee is that state policies will support and facilitate implementing evidence-based programs and practices for students with ASD through a statewide ASD clearinghouse¹ and through technical assistance and training for local educational entities, for example, LEAs, charter schools, and certified nonpublic schools and agencies.

Policy Changes

The autism advisory committee has developed the following recommendations for policy changes:

Seamless Delivery of Services

Given the need for a seamless system to deliver services to children and their families, a memorandum of understanding (MOU) or an interagency agreement or both should be required between the SELPAs and the Lanterman Act Regional Centers to ensure coordinated, effective services for evidence-based ASD practices.

Interagency understandings and agreements can contribute toward a coordinated interagency system to deliver services to children from birth to age five with ASD who are making the transition into school, across grade levels, and beyond the school into successful adulthood.

Early Intervention

Because early intervention is important and funding is inadequate, the State should provide financial support in the form of an adequate per pupil amount for preschool-aged children with ASD and other disabilities. Such support is necessary for a coordinated interagency system to deliver services to individuals with ASD from birth through early adulthood.

Barriers such as eligibility and restrictions on funding that prevent inclusive programs for young children with disabilities, including those with ASD, should be removed from existing centers and programs, for example, Head Start and statefunded preschools.

Information Dissemination

Each SELPA, LEA, charter school, and certified nonpublic school and agency receiving public funds should use evidence-based practices for students with ASD. To that end, those institutions should designate staff to receive and review

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¹See "Recommendation Area 2."

evidence-based information from the ASD clearinghouse² and other sources and to disseminate the information to school staff, parents, families, caregivers, and community members.

The CDE and its interagency partners, including but not limited to the DDS, Lanterman Act Regional Centers, SELPAs, and community advisory committees, should annually disseminate information about the ASD clearinghouse³ and its services to educators, families, and other stakeholders, for example, through the CDE, other state Web sites, conferences, and workshops.

The CDE should add a new required section to the parents' rights statement within the individualized education program (IEP) and the individualized family service plan (IFSP) that provides information on how families can access evidence-based information, resources, and training on ASD.

Training

With the goal of having a sufficient number of trained local providers and educators within each region, each SELPA should annually provide a regional training plan for general and special education teachers, related services personnel, and support staff. The plan should include introductory and competency-based regional training in evidence-based practices for students with ASD, consistent with the recommendations of the Superintendent's Autism Advisory Committee.

The SELPAs' regional training plans should be a part of a statewide technical assistance and training network developed and implemented by the CDE and DDS. This network may be similar to that of the current Positive Environments, Network of Trainers (PENT) system at CDE's Diagnostic Center, Southern California, in Los Angeles.

LEAs, charter schools, and nonpublic schools or agencies, or both, should participate in the competency-based regional training program provided by the SELPAs in their geographic area.⁴

The State should provide financial support to implement regional evidence-based trainings on ASD for educators, administrators, parents, other family members, caregivers, and community members.

To provide time for school staff members to participate regularly in training and collaboration regarding students with special needs, including those with ASD, the State should provide funding through the Professional Development Block Grant for a fourth staff development day. LEAs using this additional funding for a fourth day of staff development for general and special education teachers

³See "Recommendation Area 2."

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²See "Recommendation Area 2."

⁴See "Recommendation Area 3."

should be required to plan the day of professional development and collaboration to focus specifically on special education and ways to meet the needs of students with disabilities, including those with ASD.

The Beginning Teacher Support and Assessment (BTSA) program shall include information on autism and evidence-based strategies for educating students with autism consistent with the provisions in *California Standards for the Teaching Profession.*⁵

The feasibility of other regional approaches to training in ASD should be explored, including the following:

- Developing regional training centers, perhaps based on the Orange County S.U.C.S.E.S.S. Project, or a collaborative training group larger than a SELPA, but smaller than a regional diagnostic center
- Creating regional training cadres or training of trainer models, or both, tied to a regional training center model
- Developing on-site expertise within each SELPA or county office of education or through a system of specialists to contact by telephone, e-mail, teleconferences, or Web-based seminars to gain rapid access to information for following up on training (This support can be from designated statewide specialists who agree to offer, pro bono and on a rotating basis, consultation and feedback to districts on-site or through the telephone, e-mail, teleconferences, or Web-based seminars.)
- Encouraging the expansion of Board Certified Behavioral Analyst (BCBA) and Board Certified Applied Behavioral Analyst (BCABA) certification and the use of those certified personnel throughout all SELPAs, possibly by providing incentives for participation in certification courses and facilitating the supervision of those attempting to become certified

Credentials and Certification

The certification and credentialing process should be modified to implement the following recommended changes in policy (these recommendations also apply to intern programs).

Only two credentials specifically authorize teachers to teach students with autism: the Specialist Credential in Special Education—Severely Handicapped and the Education Specialist Instruction Credential—Moderate/Severe Disabilities. Other valid special education credentials should be added to this group, and the standards in the specialist credentials should be reviewed and revised to reflect evidence-based strategies for children with ASD.

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⁵California Commission on Teacher Credentialing, and California Department of Education, *California Standards for the Teaching Profession.* Sacramento: California Commission on Teacher Credentialing, 1997.

A process should be developed for special education and general education teachers and for related services personnel (for example, school psychologists, occupational therapists, speech and language specialists) with valid specialist credentials to obtain a supplementary authorization or certificate in ASD, including a process for demonstrating needed competencies. Any requirements for professional growth should address evidence-based strategies for working with children who have ASD.

Support should be given to increase the number of California institutes of higher education (IHEs) that provide coursework and training in ASD, for example, certificate programs for special education teachers to work with students who have ASD.

Recommendation Area 2. Statewide Clearinghouse

"Create a statewide clearinghouse for information on the findings of educationally related research-based recommended practices to support children with autism" (Education Code Section 56847[b][2]).

Vision for the Clearinghouse

The autism advisory committee's vision is that the information for the ASD clearinghouse needs to be:

- Focused on education and targeted for a range of audiences, including but not limited to special education teachers; general education teachers; parents; other family members and caregivers; administrators; school personnel, including school psychologists, speech and language specialists, bus personnel, and paraprofessionals; school board members; and community service providers
- 2. Verified that it meets criteria established by an oversight committee (The materials are of high quality, representing evidence-based and recommended information and practices.)
- 3. Reviewed and approved by an oversight committee
- 4. Concise and limited to only key documents and resources
- 5. Current, with continually updated materials
- 6. Culturally sensitive and linguistically appropriate, including individuals in various socioeconomic groups
- 7. Readily accessible for teachers and easily implemented
- 8. Complementary with other efforts where possible
- 9. Dynamic and interactive with up-to-date technology and a multimedia environment
- 10. Representative of interagency structures (that is, have an interagency governing structure with a single, integrated policy and structure)

Structure of the Clearinghouse

The ASD clearinghouse will operate under a CDE umbrella, but should be administered with full support by the Departments of Social Services and Developmental Services. The National Standards Project, an initiative from the National Autism Center, can provide guidance for developing the clearinghouse.

The clearinghouse will have a Web site modeled after proven efforts within California and nationwide. The Web site will include links to other sites with evidence-based practices and resources for ASD available electronically or in hard copy or both.

The clearinghouse will create a toolbox of evidence-based resources and practices for ASD that is available to everyone and supported by appropriate state policies⁶ and training to ensure the implementation of the materials.⁷ All clearinghouse resources can be accessed through multiple avenues, for example, through the Lanterman Act Regional Centers and family resource centers. Among the other vehicles for communication and dissemination within the clearinghouse will be an 800 telephone number for referral. The ASD clearinghouse will have two phases of development, which are discussed next.

Phase One—Creation

The steps to create the clearinghouse are as follows:

- An oversight committee representing all stakeholders will create an outline or template for the clearinghouse Web site to guide the selection of documents and resources to be included.
- 2. Technical support will be available to establish the clearinghouse Web site.
- 3. Qualified staff for the clearinghouse will be recruited and hired to create and maintain it.
- 4. While the ASD clearinghouse is being established, the CDE should implement interim activities to disseminate evidence-based information and practices for ASD, for example, information can be posted on the CDE Web site.
- 5. Funding will be provided for the preceding phase-one activities.

Phase Two—Ongoing Maintenance

The steps for maintaining the clearinghouse are as follows:

 The clearinghouse staff will seek out and update information regarding new ASD evidence-based practices, which have been approved by an oversight committee. The staff will also investigate and feature demonstration programs for children and youths with ASD.

⁶See "Recommendation Area 1."

⁷See "Recommendation Area 3."

- 2. Ongoing technical support will be available to the clearinghouse staff to maintain its Web site.
- 3. Funding will be provided for the preceding phase-two activities.

Clearinghouse Oversight Committee

An oversight committee will be selected that represents all stakeholder groups to provide advisory and overall governing functions for the ASD clearinghouse. Similar to the provisions in AB 2513 for the autism advisory committee, the members of the oversight committee will be appointed by the State Superintendent of Public Instruction. Members of the committee should represent all stakeholders, including one member from the DDS project.

The oversight committee will establish criteria and guidelines for selecting evidence-based criteria for any information to be placed on the clearinghouse Web site, and the members will approve and monitor the Web site. The oversight committee will also provide ongoing advice to the CDE and the clearinghouse staff to keep ASD evidence-based information and resources disseminated by the clearinghouse up-to-date on the basis of field experience, research, and the latest technology. The oversight committee will make recommendations on the content of the training materials provided for regional trainers.⁸

Subcommittees of the oversight committee will focus on such specific topics as training, search for evidence-based practices in the literature, and identification of evidence-based ASD practices used effectively in other states.

Key/Anchor Documents and Resources

Using an established outline or template (see phase one), the clearinghouse staff and the oversight committee will select key/anchor documents and resources recognized as representing evidence-based practices in educating children with ASD. The DDS document *Autism Spectrum Disorders: Guidelines for Effective Interventions* is an example.

Abundant information on evidence-based ASD information and practices is available on the Internet. An important task will be to create links to those resources. (See Appendix D for information on recommended evidence-based content categories.)

A one-page handout (in multiple languages) with information about the ASD clearinghouse and ways to gain access to its information and resources should be given to families through the parents' rights information disseminated within the IEP and IFSP processes. Information regarding the clearinghouse should also be available through other means, such as the CDE and partner Web sites, including the California parent training and information centers.

⁹See "Recommendation Area 1."

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⁸See "Recommendation Area 3."

Structure for Feedback on Evidence-Based Information Received Through the Clearinghouse

An efficient rating system will be included on the clearinghouse Web site to solicit feedback on the content of the clearinghouse materials. A system will also be established for receiving and reviewing feedback from the users of the clearinghouse services. The results from these surveys will determine the usefulness of information and resources received through the clearinghouse Web site and other means of dissemination, such as the 800 referral telephone number. The traffic on the ASD clearinghouse Web site will also be periodically monitored to determine the extent of its use.

An annual survey will also be conducted involving individuals throughout the state who are not Internet users. It will gather information regarding the usefulness of the information and resources received and other dissemination services.

Information gathered from the surveys will be used to modify and improve the services and information provided by the ASD clearinghouse.

Access to Clearinghouse Information and Resources

Access to the Web site of the clearinghouse will be provided at schools, Lanterman Act Regional Centers, diagnostic centers, family resource centers, parent training information centers, family empowerment centers, and public libraries to make this resource available to families, including those who do not have the knowledge or resources or both to have an Internet connection at home.

An 800 referral telephone line should be established and staffed to disseminate information on local resources and sources for information in hard copy. Non-English speakers should be referred to native-language speakers and parents from the same linguistic community.

Recommendation Area 3. Technical Assistance and Training

Determining the need for "establishing a program that would provide technical assistance and training".... (*Education Code* Section 56847[b][3]).

Vision for Technical Assistance and Training

The vision of the autism advisory committee is that there will be an increase in the number of people who have the technical skills to implement and disseminate evidence-based ASD information and strategies. This task will be accomplished through increasing the district's or school site's capacity to provide needed resources and by using a trainer of trainers model. The most up-to-date media will be employed for educators to deliver and receive training.

Each public school district, charter school, and certified nonpublic school and agency receiving public funds should have at least one person trained in evidence-based interventions for students with ASD¹⁰ to receive, review, and disseminate that information. Additional trained personnel are needed, depending on the conditions in a school or district, for example, geographic size or numbers of enrolled students with ASD. These persons should be trained by the SELPAs through a trainer of trainers model within the provisions of their required annual regional training plan.

Content of Training and Technical Assistance

The content of technical assistance and training will:

- Use evidence-based resources, such as the California DDS Autism Spectrum Disorders: Guidelines for Effective Interventions, National Standards Project guidelines being developed by the National Autism Center, and other sources with identified evidence-based practices for children with ASD.
- Be designed for a broad audience that includes educators, administrators, school board members, parents, other family members and caregivers, other agency partners, university personnel, researchers, and community members.
- Be competency based.
- Be culturally sensitive and linguistically appropriate and provide support to parents with limited-English proficiency.
- Include training modules that range from general training on ASD for multiple audiences, to more specific training on evidence-based interventions and field practice of those interventions, and to modules to be used specifically in continuing education and staff recertification.
- Build the district's or school site's capacity to provide needed resources.
- Be based on local assessments of students' needs, with criteria for different student profiles of autism.
- Include locally determined personnel competencies based on a selfassessment tool developed for use by the LEAs, charter schools, and certified nonpublic schools and agencies. This self-assessment tool will be based on ASD evidence-based practices.
- Align with district policies and university eligibility so that certificates of completion can be provided to employees.
- Be designed to be updated and sustainable so that continuing education and recertification can be incorporated continually.

The proposed training model is based on a goal of offering statewide competency-based training, which will provide school district personnel and families with the knowledge and skills regarding evidence-based practices in

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¹⁰See "Recommendation Area 1."

ASD and increase educators' facility in implementing those practices consistently and effectively.

Evidence-based practices in ASD is the focus of two projects, which will inform the CDE about the types of training competencies required for working with individuals with ASD. These are the National Standards Project guidelines being developed by the National Autism Center and the California DDS *Autism Spectrum Disorders: Guidelines for Effective Interventions* project. Within the next one to two years, these projects are expected to be completed.

While awaiting these guidelines on evidence-based practices, program planners can use other sources of information on these practices that can inform a model of statewide training. (See Appendix B for examples.)

The CDE should consider issuing a request for proposals (RFP) to identify a contractor to develop the general and more specific ASD training modules. Recommendations from parents, families, and teachers are essential in developing these training modules.

Regional Approaches to Training

As stated in Recommendation Area 1, the SELPAs should be required to have an annual regional training plan within a statewide training network and support system. Within this training plan a variety of training modalities should be used, including didactic training, workshops, instructional settings, and generalized training across environments. Charter schools, certified nonpublic schools and agencies, parents, families, other caregivers, and community members should be encouraged to participate in the trainings through mailings and other means of dissemination and welcomed to the regional trainings, to the extent possible and appropriate. Also, whenever possible and appropriate, parents and family members should be informed about and included as a part of the training team at all levels.

In addition to the general and more specific specialized training modules delivered through workshops, videos, Web-based seminars, and regional or statewide training conferences, other training is proposed through fieldwork and hands-on applied practice with supervision and feedback. Formats for certificates and continuing education would be included. The field practice would be required for individuals pursuing certification and optional for others.

Although the SELPAs have control over the training procedures that best meet their resources and circumstances, some training modules are essential for implementing evidence-based practices and should be included in any training provided across the SELPAs. These suggested content components are found in Appendix E.

To be consistent with the need for fieldwork and hands-on applied practice and to coordinate with appropriate outside agencies, such as IHEs and Lanterman Act

Regional Centers, the CDE should create demonstration programs with the following recommendations:

- Demonstration programs should be identified statewide that reflect evidence-based ASD practices, such as those identified by the California DDS Autism Spectrum Disorders: Guidelines for Effective Interventions and other sources, including the National Standards Project guidelines being developed by the National Autism Center. Four or five demonstration programs can be supported within each research-based area.
- Criteria for demonstration programs should be outcome-based. The CDE and DDS should use a panel approach to select demonstration programs, including those for parents, educators, and IHE personnel. A reimbursement formula should be established for soft costs to minimize the financial impact on districts serving as demonstration programs. (Soft costs are those related to being a demonstration program, such as providing brochures or explanatory materials or substitute time if a staff member is released from normal responsibilities to meet with a visiting group.)
- An emphasis on statewide online training in the topic Introduction to Autism Spectrum Disorders is a priority. Within the training plan required annually by each SELPA, expert trainers should provide or facilitate, or do both, online and in-person training within each region, consistent with the parameters established by a state oversight committee. Technical assistance from consultants should be provided to school districts and tailored to students' and teachers' needs.

Existing sources for dissemination, for example, California State Technical Assistance and Training (CALSTAT), state special schools, and Lanterman Act Regional Centers, should be used to communicate the availability of ASD training and technical assistance.

The SELPAs and other training entities within the statewide technical assistance and training network, such as the Lanterman Act Regional Centers, should demonstrate accountability for planning and implementing regional training through the state monitoring process.

6. Conclusions

The numbers of children with ASD in California's public instruction system have increased rapidly, and that system is now challenged both by limited resources and limited inherent capability to meet an intensified need for educational services. Other major challenges are:

- 1. A lack of coherent, universally accepted effective educational practices
- 2. An overall lack of knowledge and training at all levels
- 3. A shortage of personnel trained to provide evidence-based interventions
- 4. Inadequate financial resources for preschool children with ASD

This committee's recommendations for meeting these challenges are constrained by the three major elements of the legislative mandate contained in Assembly Bill 2513 (Chapter 783, Statutes of 2006). Nevertheless, the first, second, and third problems listed previously can be adequately and effectively addressed, provided that the recommendations contained herein are adopted and implemented.

To support coherent, universally accepted effective educational practices, the committee members recommend that the CDE implement and maintain a credible source of current information about recommended practices for educating children with ASD. To that end, the committee proposes the creation of a statewide database of evidence-based practices, with a focus on results in applied settings. Oversight of the database should rest with a panel of professional researchers, educators, and other stakeholders. Regardless of how this system is implemented, it is recommended that the CDE make the emerging information accessible to as many stakeholders as possible, using a variety of current and traditional media to reach across California's socially, economically, culturally, and geographically varied groups.

To improve the overall level of general knowledge and training, the committee members recommend that the CDE work with SELPAs to establish and maintain annual regional training plans that, whenever possible, draw on existing resources and approaches. The training models should be designed for quick, efficient dissemination across California's diverse population and varied sizes of school districts. Exemplary site-based demonstration programs should be identified, and dissemination of information about them should be supported. In addition, the committee expects that parents, as well as professional and paraprofessional educators, should be eligible to participate in training courses.

Training should make use of the most current technology, for example, Webbased video. Outcome-based measures of the effectiveness of training should be regularly assessed.

To reduce the shortage of personnel trained to provide evidence-based interventions, the committee recommends that the Commission on Teacher Credentialing increase the range of recognized credentials for providing services to students with ASD and expand the opportunities for individuals to receive specialized training or ASD-related credentials or both. For example, the Professional Development Block Grant should be increased by one day dedicated to training focused on disabilities. The committee also recommends that the quantity of curriculum materials related to ASD be increased across the range of training opportunities for general education and special education staff members, including those from IHE and BTSA programs.

Finally, the committee recognizes the futility of increasing resources without changing current practices and the policies that underlie them. Therefore, it is recommended that the CDE develop specific policies on the most effective manner of informing schools about the status of educationally related research.

These policies should support proposals that emphasize the importance of early intervention, especially as preschool-aged children make the transition between local educational agencies and regional centers, and resist those practices that undermine interagency coordination through all phases of the transition from prekindergarten to early adulthood. For example, interagency MOUs should be required between local educational agencies or SELPAs and regional centers. In addition, it is recommended that the CDE establish a new state policy to require a section in the parents' rights statement in the IEP and IFSP, describing how families can gain access to evidence-based information, resources, and training regarding ASD. Ultimately, students with ASD and their families should enjoy a seamless experience of the highest level of educational services that California can feasibly deliver.

Appendix A

Selected California Resources for Children with Autism Spectrum Disorders

California State Technical Assistance and Training (CalSTAT). Implements California's State Improvement Grant (SIG), using consultant experts, leadership sites, and parent-to-parent organizations.

California State University at San Bernardino. Provides specific assistance to the California Youth Authority (CYA).

Diagnostic Centers. Authorized by the Legislature in 1944 and established regionally in Los Angeles, Fresno, and Fremont, the three diagnostic centers provide high-quality services to special education students, their families, and LEAs. The centers provide comprehensive assessments to special education students and staff development and training services to LEAs. In addition, the centers have expert, transdisciplinary teams of diagnostic professionals to address the unique educational needs of California's most difficult to serve special education students. Other services provided by the centers are professional development, including the Positive Environments, Network of Trainers (PENT) program, and assistance through the Ask A Specialist program.

Family Empowerment Centers (FECs). Provides specific assistance for parents of children with disabilities.

Least Restrictive Environment (LRE) Project. Provides resources on how to gain access and ensure progress in general education for students with disabilities.

Optimal: Providing Optimal Behavioral Services to Children and Their Families, a Southwest SELPA Project. Provides training to parents, teachers. and paraeducators regarding autism spectrum disorders. Web site available at http://www.swselpa.org/home.asp.

Positive Environments, Network of Trainers (PENT). Is a dissemination model that includes specialists in positive behavior intervention and is a part of the California Diagnostic Center, Southern California. The program established a network of trainers within school districts, called a *cadre* and developed an online clearinghouse of information. Regular trainings and meetings are held for the cadre members to discuss current information and bring it back to their districts. The Web site is at http://www.pent.ca.gov/posenv.htm.

Quality Assurance Process Project. Provides technical assistance to four CDE-selected "facilitated" school districts that have the greatest need to improve student achievement according to low key performance indicators (KPIs) of literacy, overall achievement, and LRE. Through funding from the Riverside

County Achievement Team (RCAT Plus) during fiscal year 2006-07, new grants were made available to "scale up" effective site-based improvement activities through training and coaching staff from regional sites through the Riverside County Office of Education.

Special Education credential requirements. Can be reviewed at the California Commission on Teacher Credentialing (CTC) Web site http://www.ctc.ca.gov/credentials/creds/special-ed.html. Information about the CTC's Special Education Credential Workgroup can be reviewed at http://www.ctc.ca.gov/educator-prep/special-education.html.

Special Education Division (SED) of the CDE. Provides ongoing technical assistance from staff and other specific technical assistance through grants and contracts.

Special Education Early Childhood Administrators Project (SEECAP). Provides training for administrators of early childhood special education programs and services.

Special Education Local Plan Areas (SELPAs). Throughout California 121 SELPAs provide regional and local training, support, and assistance to LEAs.

The S.U.C.S.E.S.S. Project of the Orange County Department of Education. Systematic Utilization of Comprehensive Strategies for Ensuring Student Success (S.U.C.S.E.S.S.) provides educationally related information on best practices designed to meet the needs of ASD students. The Web site can be viewed at http://sped.ocde.us/cses/autism/cc_ap.htm.

Supporting Early Education Service Delivery Systems (SEEDS). Provides technical assistance in early childhood special education and assists the CDE with Verification Reviews.

Appendix B

Examples of Selected Web Sites for Autism Spectrum Disorders

- Families for Early Autism Treatment (FEAT). This Web site provides a
 document library, newsletter, and resources for parents. See the report
 titled Best Practices for Designing and Delivering Effective Programs for
 Individuals with Autistic Spectrum Disorders, which was sponsored by the
 California Department of Education and California Department of
 Developmental Services, July 1997. Web site address: http://www.feat.org.
- 2. The Autism Society of Maine has compiled information on ASD that can be reviewed at http://www.asmonline.org/default.asp.
- The Center for Autism and Related Disabilities at the University of Florida, Gainesville, has compiled information on ASD that can be reviewed at http://card.ufl.edu.
- 4. The Center for Autism and Related Disabilities at the University of South Florida provides research information on ASD for families and educators that can be reviewed at http://card-usf.fmhi.usf.edu.
- 5. The University of Michigan Autism and Communication Disorders Center provides research findings and education resources for educators and families of individuals with ASD. The material and be reviewed at http://www.umaccweb.com/asd_resources.
- 6. The Autism Outreach Project, in Washington State, provides technical assistance and other resources for parents and educators of children with ASD. The material can be reviewed at http://www.esd189.org/autism.
- 7. Information on the Autism Project of Rhode Island can be reviewed at http://www.theautismproject.org/index.php.
- 8. The Special Needs Network is an organization that provides information on developmental disabilities and autism to help children, parents, and other adults. The Web site can be reviewed at http://www.specialneedsnetwork.net.
- Research information and other resources on ASD compiled by the New York State Education Department can be reviewed at http://www.vesid.nysed.gov/specialed/autism.

Appendix C

Definitions of Evidence-Based Practices and Scientifically Based Research

Some sample definitions of characteristics of evidence-based practices and scientifically based research and scientifically based reading research are provided in this appendix.

Accepted Continuum of Evidence-Based Practices

The following criteria for "Levels of Evidence on What Works" were proposed by the Institute of Education Sciences in 2006. More information may be found at http://www.nationaltechcenter.org/demo_renamed/documents/Kamennui_present ation.ppt.

- Meta-analyses of high-quality evidence
- Experiments and well-designed quasi experiments using the What Works Clearinghouse (WWC) standards (including small n designs)
- Statistical modeling of correlational and longitudinal data
- Best practice studies with matching and contrastive analyses
- Expert opinion supported by conceptual models and generalizations from high-quality research on related topics
- Simple correlational studies, case studies, pre-studies and post-studies, and best practice studies without matching

The "Hierarchy of Evidence" listed below originated from a speech, "What Is Scientifically Based Evidence? What Is Its Logic?" given by Valerie Reyna, Office of Educational Research and Improvement, U. S. Department of Education.

Her speech was a part of a conference on "The Use of Scientifically Based Research in Education," held in Washington, D. C., on February 6, 2002.

Hierarchy of Evidence

- Randomized trial
- Quasi experiment
- Correlational study with statistical controls
- Correlational study without statistical controls
- Case studies

The complete outline of Valerie Reyna's paper "The Logic of Scientific Research," the source of the preceding list, may be downloaded at http://www.ed.gov/nclb/methods/whatworks/research/page_pg10.html.

The definitions given below for scientifically based research and scientifically based reading research are from the No Child Left Behind Act of 2001.

Title IX, General Provisions, Part A Section 9101 Definitions	Title I, Part B Section 1208 Student Reading Skills Improvement Grants
SCIENTIFICALLY BASED RESEARCH	SCIENTIFICALLY BASED READING RESEARCH
The term "scientifically based research"—	The term "scientifically based reading research" means research that—
 (A) means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; (B) includes research that— (i) employs systematic, empirical methods that draw on observation or experiment; (ii) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different 	(A) means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to reading development, reading instruction, and reading difficulties; and (B) includes research that— (i) employs systematic, empirical methods that draw on observation or experiment; (ii) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers and across multiple measurements; and
investigators; (iv) is evaluated using experimental or quasi- experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with preference for random- assignment experiments, or other designs to the extent that those designs contain with- condition or across-condition controls; (v) ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and (vi) has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.	(iv) has been accepted by a peer –reviewed journal or approved by a panel of independent exerts through a comparably rigorous, objective, and scientific review.

Appendix D

Recommended Evidence-Based Content Categories for the ASD Clearinghouse

Applied Research for Educational Settings

This content category will be the core of the clearinghouse and will:

- Define evidence-based practices.
- Include key/anchor documents and information about evidence-based practices.
- Be well-rounded and comprehensive.
- Use the DDS project's new resource publication *Autistic Spectrum Disorders: Guidelines for Effective Interventions* as a key document.
- Contain information regarding the differences between the clinical and medical diagnoses of ASD in the *Diagnostic and Statistical Manual (DSM-IV)* and the definitions from the Individuals with Disabilities Education Act (IDEA).
- Include a standard set of criteria for comparing new programs and practices with established evidence-based practices.
- Define what is needed for a promising practice to become an evidencebased practice.

Training

This content category will:

• Provide links to online training modules and live in-person trainings (see recommendations within Recommendation Area 3).

Support from Parents and Caregivers

This content category will:

- Provide clear, understandable information to help parents, families, and caregivers who are navigating their child's entrance into the school system as well as at different transition points from kindergarten through grade twelve, for example, preschool to kindergarten, kindergarten to first grade, elementary school to middle school, middle school to high school, and high school to postsecondary education or employment.
- Include links to other parent information Web sites.
- Include links to other Web sites for local resources and SELPAs.

School-Focused Demonstration Programs

Educators, parents, and others need to see evidence-based practices being implemented. There is already a Supporting Early Education Delivery Systems (SEEDS) model sponsored by the CDE that can provide guidance to this content area. This content category will:

- Include specific criteria for selecting and implementing demonstration sites:
 - Model school programs can apply to be a demonstration site.
 - Key organizations can be asked to identify promising programs and models.
- Include a videotape of evidence-based classroom practices, with expert narration and a possible focus on the specific roles and responsibilities of the various educators involved in the innovative programs.
- Include a written description of the program.
- Include a timeline for developing and implementing the program.
- Include information unique to specific target audiences.

Calendar

This content category will:

- Maintain a calendar and links to key events for stakeholders, with information on persons to contact and registration.
- Allow target audiences, including parents, general educators, special educators, administrators, and specialists, to select events.
- Highlight only major conferences and other significant events instead of trying to include every activity.

Key Legal Updates

This content category will:

- Include the top ten precedent-setting cases, with selection to be agreed on by attorneys representing districts and parents (pro bono).
- Include a guide to the basics of the IDEA.

Evidence-based information and resources within the preceding content areas in the ASD Clearinghouse will be categorized and indexed by students, as determined by their ages and levels of functioning.

Appendix E

Suggested Components of SELPA Training in Autism Spectrum Disorders

I. What Is Autism?

- Autism
- Asperger's disorder or syndrome
- Pervasive developmental disorder, not otherwise specified (PDD-NOS)
- Rett's disorder
- Childhood disintegrative disorder (CDD)
- Behaviors associated with autism spectrum disorders

II. Theory and Research That Form the Basis for Understanding Autism

- Historical perspective
- Genetic basis
- Environmental factors
- Changing perspectives and priorities

III. How Autism Is Diagnosed

- Signs of autism
- Ways to diagnose autism

IV. Behaviors Associated with Autism Spectrum Disorders

- Social impairments
- Difficulties with communication
- Repetitive behaviors and unusual interests
- Associated features

V. Learning Disorders Associated with Autism Spectrum Disorders

- Reading (dyslexia)
- Arithmetic (dyscalculia)
- Writing (dysgraphia)
- Nonverbal learning disability (NLD)
- Central auditory processing disorder (CAPD)
- Additional common learning difficulties

VI. Environmental Sensitivities Associated with Autism Spectrum Disorders

- Hypersensitivity and hyposensitivity
- Touch or tactile sense
- Movement or vestibular sense
- Sound or auditory sense
- Visual sense
- Smell or olfactory sense
- Behaviors as responses to the environment

VII. Sensory Integration Disorder

- Sensory integration disorder
- Proprioceptive sense and dysfunction
- Vestibular system and dysfunction

Requirements for Educating Children with Autism Spectrum Disorders

VIII. The History of the IDEA Legislation

- Public Law 94-142
- Individuals with Disabilities Education Act (IDEA)
- Legal rights of children with special needs under the IDEA

IX. Major Regulations of the IDEA

- Free and appropriate public education (FAPE)
- Least restrictive environment (LRE)
- Evaluating and identifying students with disabilities
- Early intervention services (EIS)
- Program for infants and toddlers with disabilities
- Individualized education program (IEP)

X. Required Components of the IEP

- Requirements of the IEP
- Members of the IEP team
- Related services

XI. Major Steps Required for the IEP Process

- Referral
- Evaluation
- Determination of eligibility
- IEP meeting
- Services provided
- Progress reporting
- Annual IEP review
- Reevaluation
- Procedural safeguards and due process
- Process and timeline of the IEP

Effective Programs for Students with Autism Spectrum Disorders

XII. Components of Effective Programs for Students with Autism Spectrum Disorders

XIII. Foundations of Behaviorism

- The basis for behaviorism
- Theory of operant conditioning
- Schedules of reinforcement
- Shaping
- Behavioral modification
- Making a plan for behavioral modification
- Token economy

XIV. Behavioral Assessment

- Functional behavioral assessment
- Observation
- Behavioral goals
- Behavioral intervention

XV. The Individual Behavioral Plan and the Individual Curriculum Plan

XVI. Monitoring Student Progress

- Statewide assessments
- Collecting data to monitor progress toward achieving behavioral goals
- Reviewing and monitoring individual progress

XVII. Supporting Parents, Families, and Caregivers

- "It Takes a Village"—Intervention for the whole family and whole child
- Balancing the needs of the child with the family
- Parents and family members coping with autism spectrum disorders
- Supporting structures
- Resources for parents, families, and caregivers

Instructional Intervention for Students with Autism Spectrum Disorders

XVIII. Early Intervention Programs for Children with Autism Spectrum Disorders

- Behavioral strategies
- Developmental strategies
- Augmentative and alternative strategies
- Individual versus group instruction

XIX. Applied Behavioral Analysis

- How is applied behavioral analysis used with individuals with autism spectrum disorders?
- What does the applied behavioral analysis therapist do?
- When should applied behavioral analysis be used?

XX. Analysis of Verbal Behavior

- B. F. Skinner and verbal behavior.
- Analysis of verbal behavior

XXI. Social Stories and Comic Strip Conversations

- Social stories
- Process for writing a social story
- Comic strip conversations

XXII. Occupational Therapy

- What is occupational therapy?
- What are the educational requirements for the field?
- What are the support systems for sensory integration?

XXIII. Speech and Language Therapy

- Evaluating speech and language difficulties in autism spectrum disorders
- Understanding speech and language techniques
- Identifying other speech and language-based disorders

XXIV. Social Skills Training

- Defining social skills training
- Teaching in a "teachable environment"
- Skill streaming
- The need for companionship

Overview of Strategies

- XXV. Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH)
- XXVI. Pivotal Response Training
- XXVII. Floortime
- XXVIII. Relationship Development Intervention (RDI)
 - Picture exchange systems (PECS)

XXIX. Use of Successful Strategies

- Environmental needs
- Visual schedules and structures
- Alternatives to verbal communication
- Best strategies to practice for students with autism spectrum disorders

Glossary

(Instructor's discretion)

List of Resources

(Instructor's discretion)

List of Video Programs

(Instructor's discretion)

Source: A Self-Study Course

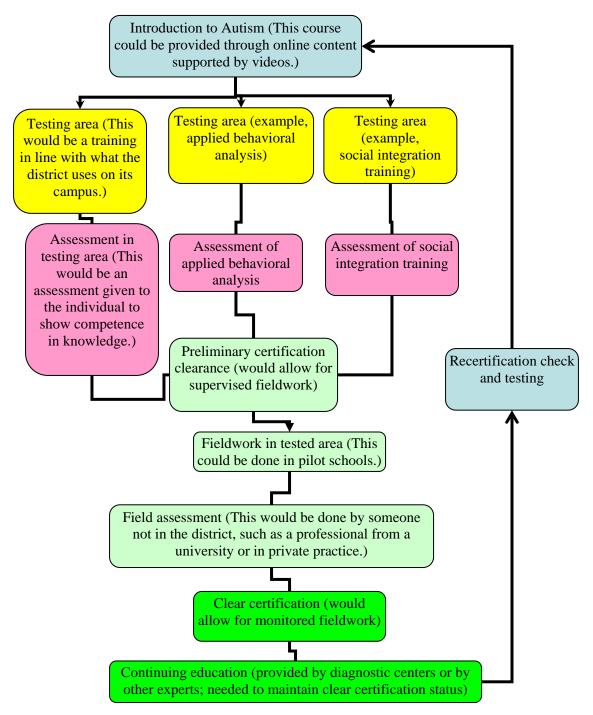
Introduction to Autism Spectrum Disorders

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Developed and designed by the Dahlman Institute for Southwest SELPA's Project Optimal.

Appendix F Flowchart for Autism Training for Paraprofessionals



Glossary

Autism Spectrum Disorders (ASD). Refer to a range of neurodevelopmental disorders that result in qualitative impairment in the development and use of language, qualitative impairment in social interaction, and restricted repetitive and stereotyped patterns of behavior, interests, and activities. The impact of ASD on children is variable, ranging from mild to severe impairment. Unlike the symptoms of other neurodevelopmental disorders, there are no physical characteristics that identify children who are on the spectrum. However, there are considerable differences in how they learn, interact, and behave. To date, there are no known causes for ASD, and the definition continues to evolve. For example, ASD include children identified to meet eligibility for educational services under autistic-like behaviors (*California Code of Regulations,* Title 5, Section 3030[g]), as well as those who meet criteria for one of the five clinical disorders identified in the *Diagnostic and Statistical Manual of Mental Disorders* under "Pervasive Developmental Disorders."

Charter School. A public school that may provide instruction in kindergarten or in any of grades one through twelve. A charter school is usually created or organized by a group of teachers, parents, and community leaders or a community-based organization, and it is usually sponsored by an existing local public school board or county board of education. Public charter schools may not charge tuition and may not discriminate against any pupil on the basis of ethnicity, national origin, gender, or disability.

Certified Nonpublic Agencies. Private nonsectarian establishments or individuals certified by the California Department of Education and that provide related services and/or designated instruction and services necessary for a pupil with a disability to benefit educationally from the pupil's IEP. They do not include an organization or agency that operates as a public agency or offers public service, including but not limited to, a state or local agency or an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency, a public university or college, or a public hospital.

Certified Nonpublic Schools. Private, nonsectarian schools, that enroll individuals with exceptional needs pursuant to an IEP, employ at least one full-time teacher who holds an appropriate credential authorizing special education services, and are certified by the California Department of Education. They do not include an organization or agency that operates as a public agency or offers public services, including but not limited to, a state or local agency or an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency or a public university or college.

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition. Published by the American Psychiatric Association, this manual is used

in clinical practice to assist with the diagnosis and classification of mental health disorders for both children and adults.

Individualized Education Program (IEP). A written document for an individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with sections 300.340 through 300.350, inclusive, of Title 34 of the Code of Federal Regulations, which contains the elements specified in Section 56345 of the Education Code.

Individualized Family Service Plan (IFSP). An individualized education program that pertains to an individual with exceptional needs younger than three years of age.

Lanterman Act Regional Centers. A statewide system of 21 locally based, state-funded, private nonprofit agencies that provide diagnostic, case management, and other services to individuals with developmental disabilities and that help individuals and their families find and access those services (funded through the California Department of Developmental Services).

Local Educational Agency (LEA). A public board of education or other public authority legally constituted in California for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of California. Examples of LEAs are school districts and county offices of education.

Special Education Local Plan Area (SELPA). An identified geographic region responsible for maintaining the local policies and procedures (local plan) that ensure access to special education programs and services for all individuals with exceptional needs.