

APPENDICES

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**APPENDIX 3 - EXPERTS FROM THE UNITED STATES WHO ASSISTED THE
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Phillip S. Strain, Ph.D., University of Colorado at Denver, Denver, CO. Dr. Strain developed the LEAP preschool model for services to young children with autism and is the author of over 200 scholarly works on the education of young children with special needs. The LEAP program has been replicated in many areas throughout the United States. He has received *Distinguished Career Awards* from the *International Council for Exceptional Children*.

Martha H. Ziegler, is a parent of a child with autism and founder (1975) of the *Federation for Children with Special Needs*. In 1999 she became coordinator for the *Massachusetts Autism Project*. She has received the *Award for Outstanding Public Service* from the *National Council for Exceptional Children*.

Patricia Guard is the Deputy Director of the Office of Special Education Programs (OSEP) in the United States Department of Education. As the senior career official in OSEP, Ms Guard is responsible for providing policy guidance, managerial direction and supervision for all OSEP programs, including those for children with autism.

APPENDIX 4 : ICD-10

The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, 1994 (ICD-10)

ICD is published by the World Health Organisation (WHO). Revision conferences are held every ten years, the last one was in 1993. The familiar abbreviation "ICD" was retained when the title was amended as above in the Tenth Revision to reflect the extension of the scope of the classification beyond diseases and injuries. ICD-10 is used as a basis for analysis and comparison of statistical returns from WHO member countries. Individual countries use it in the preparation of their statistical returns for the WHO. Most other major classification systems endeavour to make their systems compatible with ICD, so that data coded in them can be mapped directly to ICD codes. In practice ICD acts as a reference classification. As such it facilitates communication across cultures and countries.

In ICD-10 the code *F84* represents *pervasive developmental disorders*. **Pervasive developmental disorders (F84)** are allocated codes as follows:

F84.0 Childhood autism

F84.1 Atypical autism

F84.2 Rett's syndrome

F84.3 Other childhood disintegrative disorder

F84.4 Overactive disorder associated with mental retardation and stereotyped movements

F84.5 Asperger's syndrome

F84.8 Other pervasive developmental disorders (*This code is left blank - for assignment to any new pervasive developmental disorder which may be identified in the future*).

F84.9 Pervasive developmental disorder, unspecified.

The Task Force decided that it would interpret the word *autism* in its terms of reference as denoting *autistic spectrum disorders (ASDs)*. The term ASDs is used by the Task Force to refer collectively to the following four ICD-10 pervasive developmental disorders, *F84.0 Childhood autism*, *F84.1 Atypical autism*, *F84.5 Asperger's syndrome*, *F84.9 Pervasive developmental disorder, unspecified*.

The diagnostic criteria for these ICD-10 **Pervasive developmental disorders** are as follows:

(Reprinted with permission from *The ICD-10 Classification of Mental and Behavioural Disorders - Diagnostic criteria for research*, Tenth Revision, 1993, World Health Organisation, Geneva).

F84.0 Childhood autism

- A. Abnormal or impaired development is evident before the age of 3 years in at least one of the following areas:
- (1) receptive or expressive language as used in social communication;
 - (2) the development of selective social attachments or of reciprocal social interaction;
 - (3) functional or symbolic play.
- B. A total of at least six symptoms from (1), (2), and (3) must be present, with at least two from (1) and at least one from each of (2) and (3):
- (1) Qualitative impairments in reciprocal social interaction, as manifested by at least two of the following areas:
 - (a) failure adequately to use eye-to-eye gaze, facial expression, body posture, and gesture to regulate social interaction;
 - (b) failure to develop (in a manner appropriate to mental age, and despite ample opportunities) peer relationships that involve a mutual sharing of interests, activities and emotions;
 - (c) lack of socio-emotional reciprocity as shown by an impaired or deviant response to other peoples emotions; or lack of modulation of behaviour according to social context; or a weak integration of social, emotional, and communicative behaviours;
 - (d) lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. a lack of showing, bringing or pointing out to other people objects of interest to the individual).
 - (2) Qualitative impairments in communication, as manifested by at least one of the following:

- (a) a delay in, or total lack of development of spoken language that is not accompanied by an attempt to compensate by the use of gesture or mime as an alternative mode of communication (often preceded by a lack of communicative babbling);
 - (b) relative failure to initiate or sustain conversational interchange (at whatever level of language skills is present), in which there is reciprocal responsiveness to the communication of the other person;
 - (c) stereotyped and repetitive use of language or idiosyncratic use of words or phrases;
 - (d) lack of varied spontaneous make-believe or (when younger) social imitative play.
- (3) Restricted, repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least one of the following areas:
- (a) an encompassing preoccupation with stereotyped patterns of interest that are abnormal in content or focus; or in one or more interests that are abnormal in their intensity and circumscribed nature though not in their content or focus;
 - (b) apparently compulsive adherence to specific, nonfunctional routines or rituals;
 - (c) stereotyped and repetitive motor mannerisms that involve either hand or finger flapping or twisting, or complex whole body movements;
 - (d) preoccupations with part-objects or nonfunctional elements of play materials (such as their odour, the feel of their surface, or the noise or vibration that they generate).
- C. The clinical picture is not attributable to other varieties of pervasive developmental disorder; specific developmental disorder of receptive language (F80.2) with secondary socio-emotional problems; reactive attachment disorder (F94.1) or disinhibited attachment disorder (F94.2); mental retardation (F70-F72) with some associated emotional or behavioural disorder; schizophrenia (F20.-) of unusually early onset; and Rett's syndrome (F84.2).

F84.1 Atypical autism

- A. Abnormal or impaired development is evident at or after the age of 3 years (criteria as for autism except for age of manifestation).
- B. There are qualitative abnormalities in reciprocal social interaction or in communication, or restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities. (Criteria as for autism except that it is unnecessary to meet the criteria for number of areas of abnormality.)
- C. The disorder does not meet the diagnostic criteria for autism (F84.0).

F84.5 Asperger's syndrome

- A. There is no clinically significant general delay in spoken or receptive language or cognitive development. Diagnosis requires that single words should have developed by 2 years of age or earlier and that communicative phrases be used by three years of age or earlier. Self-help skills, adaptive behaviour, and curiosity about the environment during the first 3 years should be at a level consistent with normal intellectual development. However, motor milestones may be somewhat delayed and motor clumsiness is usual (although not a necessary diagnostic feature). Isolated special skills, often related to abnormal preoccupations, are common, but not required for diagnosis.
- B. There are qualitative abnormalities in reciprocal social interaction (criteria for autism).
- C. The individual exhibits an unusually intense, circumscribed interest or restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities (criteria as for autism; however, it would be less usual for these to include either motor mannerisms or preoccupations with part-objects or non-functional elements of play materials).
- D. The disorder is not attributable to the other varieties of pervasive developmental disorder: simple schizophrenia (F20.6); schizophrenia disorder (F21); obsessive compulsive disorder (F42.-); anankastic personality disorder (F60.5); reactive and disinhibited attachment disorders of childhood (F91.4 and F94.2, respectively).

F84.9 Pervasive developmental disorder, unspecified

This is a residual diagnostic category that should be used for disorders which fit the general description for pervasive developmental disorders but in which contradictory findings or a lack of adequate information mean that the criteria for any of the other F84 codes cannot be met.

APPENDIX 5 : DSM-IV-TR

Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, Fourth Edition, Text Revision (2000)

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the diagnostic classification system for mental disorders developed by the American Psychiatric Association. The first version, DSM-I was published in 1952. The 1994 revision, i.e. DSM-IV, has four elements:

- (i) a system of categories of disorder, e.g. Pervasive Developmental Disorders,
- (ii) diagnostic criteria sets in respect of each specific disorder, e.g. *autistic disorder*,
- (iii) a code number for each disorder,
- (iv) descriptive text regarding the disorder in question and also under headings such as *associated features and disorders, diagnostic features, associated laboratory findings, associated physical examination findings and general medical conditions, specific age and gender features, prevalence, course, familial pattern and differential diagnosis.*

DSM-IV is closely aligned with the diagnostic categories described in ICD-10. There are two unusual features regarding the DSM-IV codes, however. As the implementation of ICD-10 in the United States was significantly delayed, the codes used in DSM-IV were taken as of May 1994 from the *International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM)*. Secondly, DSM-IV identifies more discrete disorders than the actual number of official codes in ICD-9-CM with the result that some DSM-IV disorders share the same diagnostic code, e.g. the code 299.80 is shared by *Asperger's Disorder, Rett's Disorder* and *PDD-NOS*.

A revised version of DSM-IV was published in 2000. As the main changes were in the descriptive text, it is described as a *text revision* and is known as *DSM-IV-TR*. The alterations affecting ASDs include the "Diagnostic Features" section which highlights difficulties in the pragmatic aspects of language, especially important in higher-functioning individuals. In addition, the authors have improved the examples of restricted, repetitive, and stereotyped patterns of behaviour, interests and activities. The new text reflects evidence that, in up to one-fifth of cases of autistic disorder, parents retrospectively report that their children were developing relatively normally for the first or second years of life. While there were changes also in some parts of the introduction, in appendices and in some codes for specific disorders, the major difference between *DSM-IV* and *DSM-IV-TR* is in the descriptive text, not in the classification of specific disorders or in the diagnostic criteria for disorders. There is no change in the classification system or in the

diagnostic criteria for pervasive developmental disorders from *DSM-IV* to *DSM-IV-TR*.

In the *DSM-IV-TR* system **Pervasive developmental disorders** are assigned codes as follows:

299.00 Autistic Disorder

299.10 Childhood Disintegrative Disorder

299.80 Asperger's Disorder

299.80 Rett's Disorder

299.80 Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) (Including Atypical Autism)

As stated in paragraph 1.3, the Task Force decided that it would interpret the word *autism* in its terms of reference as denoting *autistic spectrum disorders (ASDs)*. The term ASDs is used by the Task Force to refer collectively to the following three *DSM-IV-TR* pervasive developmental disorders, *299.00 Autistic Disorder*, *299.80 Asperger's Disorder*, *299.80 Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) (Including Atypical Autism)*.

The *DSM-IV-TR* diagnostic criteria for these disorders are as follows:

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299.00 Autistic Disorder

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):
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(1) qualitative impairment in social interaction, as manifested by at least two of the following:

(a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

(b) failure to develop peer relationships appropriate to developmental level
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(c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
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(d) lack of social or emotional reciprocity

(2) qualitative impairments in communication as manifested by at least one of the following:
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- (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)
 - (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - (c) stereotyped and repetitive use of language or idiosyncratic language
 - (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- (3) restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
- (a) encompassing preoccupation with one or more stereotyped patterns of interest that is abnormal either in intensity or focus
 - (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
 - (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - (d) persistent preoccupation with parts of objects.
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
- (1) social interaction,
 - (2) language as used in social communication, or
 - (3) symbolic or imaginative play.
- C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

299.80 Asperger's Disorder

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
- 1. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - 2. failure to develop peer relationships appropriate to developmental level

3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people(e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 4. lack of social or emotional reciprocity.
- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 2. apparently inflexible adherence to specific, non-functional routines or rituals
 3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 4. persistent preoccupation with parts of objects.
- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

299.80 Pervasive Developmental Disorder - Not Otherwise Specified (Including Atypical Autism) (PDD-NOS)

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes atypical autism --- presentations that do not meet the criteria for Autistic Disorder because of late age of onset, atypical symptomatology, or subthreshold symptomatology, or all of these.

Note: Autistic spectrum disorders (ASDs) is a generic term used to refer to autistic disorder, pervasive developmental disorder - not otherwise specified (PDD-NOS) and Asperger's disorder. ASD does not include the degenerative disorders of Rett's Disorder or Childhood Disintegrative Disorder [U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Faqs about Autism, www.cdc.gov/nip/issues/autism].

APPENDIX 6 - Diagnostic criteria for Asperger's Syndrome - Gillberg and Gillberg (1989)

1. ***Social impairment*** (extreme egocentricity) (at least two of the following):

- Inability to interact with peers
- Lack of desire to interact with peers
- Lack of appreciation of social cues
- Socially and emotionally inappropriate behaviour

2. ***Narrow interest*** (in at least one of the following):

- Exclusion of other activities
- Repetitive adherence
- More rote than meaning

3. ***Repetitive routines*** (at least one of the following):

- On self, in aspects of life
- On others

4. ***Speech and language peculiarities*** (at least three of the following):

- Delayed development
- Superficially perfect expressive language
- Formal pedantic language
- Odd prosody, peculiar voice characteristics
- Impairment of comprehension, including misinterpretations of literal/implicit meanings

5. ***Non-verbal communication problems*** (at least one of the following):

- Limited use of gestures
- Clumsy/gauche body language
- Limited facial expression
- Inappropriate expression
- Peculiar stiff gaze

6. ***Motor clumsiness***

- Poor performance on neuro-developmental examination

(Note: A cross-mapping arrangement between the Gillberg and ICD-10 diagnostic criteria, similar to that which has been developed in DSM-IV-TR for ICD-10, is not available.)

Appendix 7 : Irish Society for Autism - Guidelines for Challenging Behaviour

GUIDELINES FOR CHALLENGING BEHAVIOUR

Identifying Challenging Behaviour

Challenging behaviour is a very subjective problem. It relates to place, time, activity, emotion, expectancy and social norms. What is considered challenging in one situation at 8. a.m. may be acceptable at 8. p.m. What is an expected response to a request by one person might seem inappropriate to another. How then do we identify accurately what is truly challenging behaviour and what is an inappropriate response by an individual in a confused situation.

Behaviours should only be considered challenging when the severity of the problems created by the behaviour are harmful to the individual or to others and where it can be manifestly demonstrated a barrier to further development of potential or where the individual loses out considerably by his/her behaviour.

The inability to communicate, the absence of a system by which a person with Autism can make his/her needs known can result in inappropriate behaviour. Head banging, biting, shouting etc., are commonly used by people with Autism to indicate distress, pain or anxiety.

Breakage's, the repositioning or removal of furniture, reluctance to enter or stay in rooms, might suggest the person with Autism is trying to reorganise his environment, attempting to alter what might be unacceptable to him, in the only way he knows how.

Parents and staff should be more sensitive to the messages that people with Autism are sending out, be more aware of an individual's basic needs, learn to be more creative and imaginative in their approach to understanding people with Autism, never close their eyes or ears to cries for help. They should respond with love and tolerance not react with frustration and impatience.

Many of the challenging behaviour problems arise out of our own limitations, both in understanding and resources, and we may not have the time to devote to the person's covert overtures. Too much emphasis on results or in the completion of tasks may subject some people with Autism to undue stress and anxiety and create situations where negative criticism becomes widely used. Continuous criticism can damage an already unhappy and dejected person.

Many times, we inadvertently create a situation of conflict by our own inflexible ideas and principles. We want to impose norms because they are culturally desirable and therefore, in our minds, mandatory, even if it means conflict. We should stop and analyse, start thinking positively, start asking questions.

P.M. Dec 2000

The Irish Society for Autism

The Pro-active Management of Challenging Behaviour

Policies and guidelines for staff members

8.1.1.1 Introduction

The Irish Society for Autism provides residential services to adults with Autism in a number of locations. Service provision is based on the organic farm model developed at Dunfirth, Co Kildare. This model of service is underpinned by the following fundamental principles.

A belief that people with Autism are people first, and must be treated with dignity and respect.

All persons with Autism have the right to grow and develop as unique individuals. The service model is a holistic one based on accommodating the persons Autism rather than suppressing it.

All behavioural interventions must be non-aversive.

(For a discussion of non-aversive interventions please refer to part 2 of the document “The Challenge of Working with Autism”)

The use of psychotropic medication to control behaviour must be minimised and where possible eliminated.

From time to time persons with Autism in our services may present with challenging behaviours which can cause great distress to themselves, their compatriots, staff members and family members.

This policy and guidelines document is a response to the situation and seeks to set out the Society’s position regarding the management of such behaviours.

What is Challenging Behaviour?

The most widespread definition of challenging behaviour is as follows:

Challenging behaviour is behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy.

For a detailed discussion on challenging behaviour please refer to the document (“The Challenge of Working with Autism,” Part 1)

It is sufficient for the purpose of this document to state that challenging behaviour presents difficulties for all concerned. Research has shown most difficult behaviours are predictable and that all behaviours have a cause.

The thrust of the Society's policy on challenging behaviour is around understanding the likely causes of behaviour and understanding how to prevent or minimise the likely occurrence of challenging behaviour.

Why might a person with Autism display challenging behaviour?

As stated all behaviours occur for a reason. One of the central responsibilities of staff members is to seek to understand why a behaviour occurs. The most common reasons for challenging behaviour are:

Physical pain/discomfort

This could be any bodily pain, feeling of sickness, pre-menstrual tension, constipation, toothache, earache, headache, migraine etc. NB. Obviously persons in our care should have regular medical checks to eliminate physical causes. If unusual behaviour occurs always look to a possible physical cause.

Psychological distress/anxiety

This may be caused by fear, panic, reaction to noise, unfamiliar environments, unfamiliar people, changes in routines, not understanding what is going on

Inability to communicate specific needs

Challenging behaviour is often a response to being unable to make one's needs known clearly ie using speech, signs or gestures.

Response to demands being made

Many people with Autism become confused when demands are made upon them. Sometimes they do not understand what is asked of them or maybe they do not see the reason for the demand. In many cases the natural response to such confusion is one of panic which may lead to challenging behaviour.

Challenging behaviour may be a symptom of illness: psychological or physical, drug use (alcohol, Benzodiazepams, Barbituates, anti-epileptic drugs eg. Lamictal)

It is important to remember that in all cases of challenging behaviour there is a cause. It may not be apparent, but nonetheless there is always a cause.

Strategies Aimed at Reducing the Likelihood of Challenging Behaviour Occurring

(Pro-active Strategies)

Skills teaching

Research and practice shows that the more skills a person learns, the less likely he is to indulge in challenging behaviour. Co-workers should be constantly striving to improve the level of skills in all areas of development.

2. Developing effective communication skills

Good communication skills either verbally or non-verbally means that the person with Autism can make his needs and wants known. This decreases the likelihood of challenging behaviour.

Low demand policies

This means keeping the level of requests at a minimum and using simple words or signs. Demands may have to be paced and people will have to adapt to the responses of the person with Autism.

4. Environmental changes

Co-workers should constantly examine the person's living and working environment to determine if there are any factors which can precipitate challenging behaviours. These may include reasons such as noise, colour, temperature, the presence of animals or people. If factors are identified then changes can be made.

5. Relationship building

Many people report that the success to working with people with Autism is to establish a trusting relationship where the person feels safe in one's presence. Such a statement seems obvious, but is fundamental to relationships.

6. Provision of valued activities and routines

Routines and activities provide a structure to the day and allow people with Autism to make sense of the world. Care must be taken to avoid sudden change. Where change is inevitable, steps should be taken to warn the person of change and allow the person to adapt.

Never respond to aggression with aggression.

This will only make the situation worse and the challenging behaviour will escalate.

General Strategies to Cope with Challenging Behaviour (Reactive Strategies)

There are many reactive strategies which can be used. Some or all of the strategies should be planned.

Reactive strategies include the following:

8.1.1.2 Low arousal approaches

Remain calm: one of the factors which exacerbates challenging behaviour is the response of others in the vicinity.

Minimise direct eye contact: direct eye contact and prolonged staring can unnerve emotions and can be interpreted as aggression.

Stand at 45° angle to the person rather than directly in front of him.

Respect personal space by not standing too close to the person. A distance of about four feet or more is considered appropriate.

Minimise physical contact as this can be interpreted as an attempt to control or as a sign of danger.

Avoid aggressive postures.: Standing with hands on hips is often seen as a negative posture.

Tone of voice: always use a calm tone and avoid shouting, using exasperated tones or swearing .

Use positive language-instead of saying “no” or “don’t”. For example, instead of saying “don’t sit on the ground” say “will you sit on the sofa?”

Behaviour approaches

Use of music to calm situations:-this is particularly good when a person’s favourite music or song is played.

Undertaking physical exercise as a way of releasing energy

Massage: – if it is welcomed and feasible, head or body massage can be used.

Deep breathing: – This involves instructing the person to take deep slow inhalations and exhalations.

Talking down: – sometimes the use of verbal assurance can affect calmness and control

Physical approaches

Blocking – This means physically shielding so that the person cannot injure himself or others

B. Re-direction – This means interrupting inappropriate behaviour and redirecting the person to some other behaviour which is incompatible with the appropriate one.

C. Break-away Techniques – These are the last resort techniques to break away from a dangerous hold without injury to either party. These techniques must be taught and used properly.

C. Restraint Techniques – There are specific control and restraint techniques which have been used in some care services. These techniques can only be used if the person using them has been taught properly.

At the time of writing it is the policy of the Society that control and restraint techniques are not compatible with the ethos of the Society and should not be used as a means of “controlling” behaviour. The only circumstances where the physical restraint of a person is merited is where it can be clearly demonstrated that such restraint was essential to protect the person with Autism from serious injury to themselves or others in our care.

Non-Aversive Reactive Plans

For any person who displays a high level of challenging behaviour over a prolonged period of time, it is important that an agreed reactive plan is put in place. The following outline the main elements of a non aversive reactive plan.

Writing a non-aversive reaction plan

Specify the background to the plan

Describe the persons history in a few words and specify briefly why the plan is needed.

Specify the target behaviours

A reactive plan should state clearly which behaviours are being concentrated on, and should include a clear unambiguous description of the behaviour.

Specify the triggers and cues that precede the behaviour

People can often specify that they knew a behaviour was about to happen even if they did not know the cause of it. These need to be noted down. If they cannot agree then specify all of them.

Be clear how staff are supposed to react to the behaviour

List the steps that staff are expected to follow. It is especially important to include a script that literally contains statements that carers are supposed to say to the person.

Specify how the incident should be recorded

Specify how staff involved in the incident should be supported afterwards.

Ensure there is a de-briefing procedure in place for all staff involved in an incident.

Involve all staff

It is important to note that all carers should be involved in discussions about reactive plans. People's grievances should be 'aired' and comments about the plan should be encouraged. A critical factor in the successful implementation of reactive plans has been the ownership of the plan by staff teams.

Reactive plans should be compiled by the relevant co-ordinator with input from staff involved, family members and the Manager of Service. Reactive plans must be approved by the Executive Director or his nominee prior to implementation.

Part 1

THE CHALLENGE OF WORKING WITH AUTISM

All of the services founded by the Irish Society for Autism are provided on behalf of people with Autism and their parents. They are provided in the belief that people with autism have the capacity to develop and grow in a service which recognises their essential human dignity and individual needs.

The basic philosophy of the Society, is a recognition of the individuality of persons with Autism, their capacity to benefit from education, training and care, and their entitlement to participate in the development of society in accordance with their individual dignity as human beings.

To this end, the Society is committed to creating a home like environment where management and staff are aware of the individual needs of people with Autism and the wishes of the parents. Staff and parents should work tirelessly to achieve mutual respect and confidence in each other, so that, the residents with Autism can prosper and develop in a stress free and pleasant ambience.

Predictability and structure are the essential ingredients necessary to achieve our aims. Neither staff nor people with Autism do well in unpredictable or unplanned situations. Anxiety and uncertainty very often lead to challenging behaviour.

Identifying Challenging Behaviour

Challenging behaviour is a very subjective problem. It relates to place, time, activity, emotion, expectancy and social norms. What is considered challenging in one situation at 8. a.m. may be acceptable at 8. p.m. What is an expected response to a request by one person might seem inappropriate to another. How then do we identify accurately what is truly challenging behaviour and what is an inappropriate response by an individual in a confused situation.

Behaviours should only be considered challenging when the severity of the problems created by the behaviour are harmful to the individual or others and where it can be manifestly demonstrated a barrier to further development of potential or where the individual loses out considerably by his/her behaviour.

The inability to communicate, the absence of a system by which a person with Autism can make his/her needs known can result in inappropriate behaviour. Head banging, biting, shouting etc., are commonly used by people with Autism to indicate distress, pain or anxiety.

Breakage's, the repositioning or removal of furniture, reluctance to enter or stay in rooms, might suggest the person with Autism is trying to reorganise his environment, attempting to alter what might be unacceptable to him, in the only way he knows how.

Parents and staff should be more sensitive to the messages that people with Autism are sending out, be more aware of an individual's basic needs, learn to be more creative and imaginative in their approach to understanding people with Autism, never close their eyes or ears to cries for help. They should respond with love and tolerance not react with frustration and impatience.

Many of the challenging behaviour problems arise out of our own limitations, both in understanding and resources, and we may not have the time to devote to the person's covert overtures. Too much emphasis on results or in the completion of tasks may subject some people with Autism to undue stress and anxiety and create situations where negative criticism becomes widely used. Continuous criticism can damage an already unhappy and dejected person.

Many times, we inadvertently create a situation of conflict by our own inflexible ideas and principles. We want to impose norms because they are culturally desirable and therefore, in our minds, mandatory, even if it means conflict. We should stop and analyse, start thinking positively, start asking questions.

If this person with Autism does not comply with my wishes or my instructions what are the likely consequences ?

Will the person with Autism be worse off ?
Will the person with Autism be better off ?
Will the quality of his/her life be significantly improved by complying with my request ?
Will I have lost face ?
Am I afraid that if I concede in any situations I will lose my position of authority ?
Does the person with Autism know what is required ?

Has he/she the skills to comply ?
Has he/she a point of view ?
Does he/she like the task ?
Has he/she any choice ?
Do we both understand the consequences of compliance or non compliance of the request ?

Never try and enforce a situation where the outcome will predictably end up in physical conflict, no one wins - everyone loses. Self respect is lost, dignity is lost, and a

frightening experience endured by the person with Autism, staff and onlookers in an avoidable situation where a more enlightened and creative approach may have positive results.

Start Asking Questions

- Why do we consider a particular behaviour challenging ?**
- How many times does it occur ?**
- How severe or intense ?**
- How long does it last ?**
- Where does it occur ?**
- With whom does it occur ?**
- Who does it involve ?**
- Who does it effect ?**
- Have we responded in the past ?**
- How effective were our methods ?**
- Will the life of the person with Autism be enriched by modifying this behaviour ?**
- Will this particular behaviour endure if the person with Autism acquires new skills ?**

When a decision has been made by the care team comprising of a manager, co-ordinator and co-worker, that a particular behaviour by an individual is causing concern, the parents should be consulted and involved in a course of action to modify the challenging behaviour. A strategy should be devised using methods which are the least restrictive, positive, and are considered to be non-aversive.

The progress to more restrictive strategies should only be considered when every known non-aversive procedure has been tried and where the documented results indicate conclusively that the non-aversive procedures have demonstratively failed and that a failure to correct or modify the behaviour would have serious implications for the person with Autism.

Consultation must always take place with the Executive Director, Manager of Services and the parents.

Planned programmes or strategies should not be confused with Crisis Intervention or Management. From time to time, even in the most predictable and structured services, serious situations can arise which catch us all unaware or unprepared. In such situations it may be necessary to physically restrain the person with Autism to prevent serious injury to himself or to others. However, physical restraint should only be of the minimum intensity necessary to restrain in the gentlest way possible. During such restraint, every attempt should be made to reassure and calm the person with Autism. Common sense should prevail.

How we deal with unexpected serious challenging behaviour depends a lot on our knowledge of the individual and what he is likely to respond to. There is no crisis strategy which works with all persons at all times. It is during periods such as this that the competency and humanity of parents and staff are challenged. Our response should be calm, firm and reassuring.

When the challenging behaviour has ceased and order restored, log the event as accurately as possible paying particular attention to the intervention used and its effectiveness. Try and identify the events preceding the outburst.

Non Aversive Does Not Mean Non Restrictive

Persons with Autism, like the rest of us, need structure and rules to help them to lead a reasonably ordered life. There is a time to get out of bed in the morning, there are meal times, a way of dressing, expected social behaviour etc. etc. etc.

Non Aversive Means - that we apply rules in the least restrictive but firm and gently way. The qualification is - does the person with Autism understand the rules. Have we taught him the expected response ? It also means that no harm or negative consequence is brought on the person with Autism.

The education of our people with Autism, the teaching of real life skills requires consistency, patience and time. Time measured in years not weeks or months. It requires a commitment and dedication which can only come from a team approach. Parents, staff, and people with autism working together for a common purpose.

People with Autism are educable. They can learn and acquire skills. Their challenging behaviour can be corrected. They can learn to cope with unexpected social forms. They can learn appropriate responses.

To do this, they need a language. Lack of communication skills are the major difficulties which beset all people with Autism.

One of the priorities must be to concentrate on better communication, to give our people with Autism some way of making their views known, their likes and dislikes, their individual choices.

We, in turn, must listen, must learn to read signs, be more creative and flexible in our approach, be more tolerant and understanding.

We must practice tolerance and understanding of all of the difficulties encountered in a community for persons with Autism.

Tolerance and understanding of the problems of parents.
Tolerance and understanding of our fellow workers.

Tolerance and understanding of the need for a total team approach to combat the problems of Autism.

Pride In Our People

We should, at all times, be proud of our people with Autism who are living day after day with a very complex and serious disability which impairs their ability to make sense of our world and limits their capacity for enjoyment. **It is our responsibility and challenge to provide a centre of excellence. Working together we can do it.**

Part 2

BEHAVIOUR MANAGEMENT GUIDELINES

It is the stated policy of the Irish Society for Autism, that aversive approaches to managing behaviour are prohibited. All programmes, arrangements, local policies, agreed protocols should only use non-aversive approaches and methods.

The contents of this paper is an attempt to differentiate for the benefit of staff members between "aversive" and "non-aversive" approaches.

The Irish Society for Autism's model of services is a developmental one. This is based on the achievement of positive growth and well-being for the person with Autism, through the provision of a healthy living environment and healthy positive relationships which are supportive.

The use of aversive approaches to managing behaviour results in a different relationship between the carer and the person being cared for. The relationship is an unequal one of the controller and the person being controlled. The controlled person is often fearful of consequences and indulges in avoidance behaviour. The dignity, esteem and self worth of the person is subsequently reduced.

Types and definitions of non-aversive behavioural management approaches :-

Support and Direction :-

Giving verbal/gestural/physical support to enable the person to achieve some task. e.g.. assisting with dressing, pointing out appropriate matching clothing.

Verbal Praise :-

Telling someone that they have done well, congratulating, smile, pleasant tone of voice.

Positive Reinforcement :-

This involves giving a reward to somebody for behaving in a certain manner.

Setting Realistic Objectives :-

This means setting targets, so that a person can succeed in a task which in itself is reinforcing.

Blocking :-

Physically shielding so that a person cannot injure himself or others.

Re-direction :-

This involves interrupting in-appropriate behaviours and re-directing the person to doing some other behaviour which is incompatible with the inappropriate one. e.g.. raking grass instead of self injury.

Behavioural Contracts :-

This involves a written agreement to behave in a certain manner in order to achieve a desired outcome. It requires understanding and motivation by both parties.

Breakaway Techniques :-

These are last resort techniques to breakaway from a dangerous hold without injury to either party. These techniques must be taught and used properly.

Talking Down :-

This involves the use of verbal reassurance to identify the persons needs and effect calmness and control instead of aggression.

Deep Breathing :-

Instructing someone to take deep slow inhalations and ex-inhalations can reduce anxiety.

Hand Massage/Foot Massage/Head Massage :-

The use of massage can often help in reducing tension and stress. Regular massage is very beneficial.

Snouzeleen Rooms :-

Can be very relaxing if used consistently. Some people have adverse reactions.

Music :-

Listening to music alone or in conjunction with massage/snouzeleen can be very useful.

Exercise :-

Physical exercise is always a good way to release energy.

Involvement in Decision Making :-

The more a person is involved in decisions about his/her own life the less likely there is to be behavioural problems.

Improving Communication Skills :-

Improving communication skills and teaching signs, gestures, symbols will help a person establish his needs and lead to greater satisfaction.

Types and Definitions of Aversive and Prohibited Approaches to managing Behaviour

Physical Punishment :-

This means inflicting physical harm to stop behaviour e.g.. slapping, holding too tightly, punching, kicking, shoving, pulling, hitting with an object etc.

Psychological Punishment :-

Using threats of aggression, withdrawal, engendering fear, bullying, name calling, bad language etc.

Sexual Exploitation :-

Inappropriate touching, assault, rape.

Seclusion :-

Making somebody stay in isolation against their will, restricting exit and locking doors (except when this is for normal security).

Time-out Rooms :-

These are rooms used to give "time out" from positive reinforcement. They can easily become seclusion rooms.

Withdrawal of favourite possessions/food/treats/attention :-

This is negative reinforcement. The withdrawal of a reinforcer in order to change a behaviour.

Inappropriate use of physical restraint :-

If physical restraint is needed it should only be used to secure the safety of the individual and must do no harm.

Neglect :-

Not caring for someone's needs can be perceived as a punishment and is unsafe and unethical.

Inappropriate use of drugs :-

Excessive prescribing of drugs to achieve control or administering of drugs not prescribed - applies to psychotropic drugs.

Using body restraints :-

Handcuffs, restraints, arm splints etc..

Inappropriate clothing :-

Making the person strip, take off shoes, putting on pyjamas etc.

Using locked doors :-

Other than for normal security.

Sleep deprivation :-

Ensuring that a persons sleep is disrupted to punish the person.

APPENDIX 8 : *Blinded By Their Strengths: The Topsy-Turvy World of Asperger's Syndrome*

Diane Twachtman-Cullen, Ph.D., CCC-SLP

This paper was reprinted with permission from Diane Twachtman-Cullen for use on the [O.A.S.I.S.](#) (On-line Asperger's Syndrome Information and Support) Web Site. It was also published in the Autism Society of America Newsletter "The ADVOCATE".

"I've come to the frightening conclusion that I am the decisive element in the classroom... As a teacher, I possess a tremendous power to make a child's life miserable or joyous... In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or de-humanized." - Haim Ginott

Few could disagree with the sentiments expressed by Ginott, at least in theory. Unfortunately, theory doesn't always translate into practice, at least not for children with the enigmatic and complex disorder known as Asperger's Syndrome (AS). Thus, when a crisis occurs, or worse yet escalates, it is often the child who is held accountable, and the teacher who is exonerated!

Consultants are rarely asked to look at what the school staff needs to know and do to better understand and address the challenges that accompany Asperger's Syndrome. Rather, they are all too often directed to focus their efforts on "fixing" the child, as though his or her actions are the result of behavioral decisions, rather than the reflection of a neurological impairment.

Could it be that Ginott's words were intended only for teachers of typical children? That is most unlikely. Then what is there about AS that "invites" placing the burden of responsibility with respect to aberrant behavior on the children who manifest the disability, rather than on those who have the wherewithal to operate with far greater freedom and flexibility (i.e., their teachers or caregivers)?

One parent's search for answers to a particularly distressing school situation led her to characterize the plight of her 8 1/2 year old son with AS thusly: "The good news is he's bright, and the bad news is he's bright!" This revealing description makes a poignant, and sadly accurate statement about an educational system that not only fails to understand the child with Asperger's, it fails to recognize that such understanding is in fact necessary if positive change is to occur. An analysis of what this parent meant by her statement gives one a window on the topsy-turvy world of Asperger's syndrome.

In most disorders, descriptors such as "more able" and "high functioning" are excellent prognostic indicators - hence, the good news. How then can intelligence be considered bad news? The answer to this question lies in the paradoxical nature of Asperger's syndrome itself.

Individuals with Asperger's are cognitively intact. That is, they possess normal, if not above-average intelligence. This creates an expectation for success. Further, the pursuit of their restricted repertoires of interests and activities often results in the amassing of

impressive facts, and in an expertise beyond their years. Therein lies the problem! Given their enormous strengths, and the expectation that they generate, and given the fact that intelligence is a highly-prized trait in our culture, intellectual prowess in the child with Asperger's syndrome virtually eclipses the social-emotional and other deficits that are at the heart of the unusual behavior and interests are often seen.

Stated more succinctly, unmindful of their neurologically-based weaknesses, teachers and/or clinicians get blinded by the strengths of these children. This situation inevitably leads to a mental set that can be summed up as follows: "If he/she is that smart, shouldn't he/she know better?" The answer to that question is a resounding "no". In fact, because of the social-emotional and communication deficits, as well as the presence of symptomatology unique to Asperger's syndrome, these children can't "know better" until they are taught simply to know (i.e., to understand).

Consequently, in order to create an hospitable environment for children with Asperger's syndrome in a world that is often inhospitable to their needs, it is vital that teachers and other caregivers employ direct teaching strategies to address the following specific areas:

Perspective-taking

Socio-communicative understanding and expression

Reading/language comprehension

Executive dysfunction (i.e., problems in organizational skills/planning)

Problem solving

Together, these target areas constitute a kind of life skills curriculum for the more able student. Their inclusion in the student's IEP can help to ensure that each of these important skill areas gets the attention it deserves. After all, life skills are far too important to be left to chance!

Diane Twachtman-Cullen is a licensed speech-language pathologist specializing in autism and related disabilities. She holds a Sixth Year Diploma in early childhood education and a Ph.D in special education. She was recently the recipient of the Harris Kahn Dissertation Award for completing a doctoral dissertation of distinction. She is the author of *A Passion to Believe: The Facilitated Communication Phenomenon* to be published in the fall of 1996. A former two-term president of the Autism Society of Connecticut, she is an adjunct faculty member of Central Connecticut State University. A frequent workshop presenter, she also provides consulting services throughout the U.S. for individuals with autism and Asperger's syndrome.

APPENDIX 9 - COMPUTER SOFTWARE

Apogee Software, Ltd. (USA) P.O.Box 496389, Garland, TX75049 6389. Tel. +1 800 426 3123.

Broadmaker (computer-based picture symbol resources) Inclusive Technology Ltd. (U.K.) Website: <http://www/inclusive.co.uk>

COMPIC (computer-based picture symbol resources) *P.O. Box 1233, Camberwell, Victoria, 3214, Australia.* Website: <http://www/compic.com/>

Dorling Kindersley (UK) Website: <http://www/dk.com/>

Education by Design (Australia) Website: <http://www/edbydesign.com>

FAST FOR WORD (Program involves a interactive exercises which are used in an intensive course to develop language skills) Scientific Learning Corporation, 1995 University Avenue, Suite 400, Berkeley, CA 94704. Email: info@scilearn.com Website: <http://www.fastforward.com>

Geddes Productions (New Zealand) Website: <http://www/geddesproductions.com/>

Herskowitz, V. (2000) *Advocate – Newsletter of the Autism Society of America.* Language development software for individuals with autism. Website: <http://dimensionsspeech.com/articles-languagedev.html>

Hileman.C. (1997) *Point, Click and Learn! A user-friendly guide to educational software programs for individuals with developmental disabilities.* Future Horizons Inc., 721 W. Abram Street, Arlington, TX 76013. ISBN: 1885477430.

Inclusive Technology Ltd. (UK) Website: <http://www/inclusive.co.uk/>

Laureate Learning (USA) Website: <http://www/laureatelearning.com>

LOGOTRON. 124 Cambridge Science Park, Milton Road, Cambridge, CB4 4ZS, Tel. 01223 425558.

My Friend Ben (Social Skills training software – multimedia CD-ROM for young adults with Asperger Syndrome, in a project called Autism Specific Interactive Learning Software Packages (ASILeSP). Paul Quantock (Chairman, ASILeSP). Tel +44 (0) 1482 651695. Website: <http://www/asilesp.com/>

National Autistic Society (1999) *Communication.* Software for children with autism/asperger syndrome. National Autistic Society, Publications Department Distributors, St. John Supplies, P.O. Box 707B, Friend Street, London EC1V 7NE. Tel. +44(0)20 7278 7888.

Omnimedia (UK) Tel. +44(0)20 8974 6766.

Reader Rabbit's Toddler. Learning Company. National Autistic Society, 393 City Road, London EC1V 1NE.

REM (Rickett Educational Media). Great Weston House, Langport, Somerset TA10 9YU, Tel. 01458 253636. Website: <http://www/r-e-m.co.uk>

RESOURCE (Flying Start Software) (U.K.) Tel. +44(0) 1509 672222. Website: <http://www/resourcekt.co.uk/>

SEMERC (Granada Learning). 1 Broadbent Road, Watersheddings, Oldham OL1 4LB, Tel. 0161627 4469. Website: <http://www/granada-learning.com/>

SHERSTON. Angel House, Sherston, Malmesbury, Wiltshire, SN16 0LH, Tel. 01666 840433.

SNUGfile (Special Needs User Group) (U.K.) Tel. +44(0)161 827 2887 Website: <http://www/box42.com/snug/snug.htm>

Smart Alex (learn how to recognise facial expressions and emotions from an animated character) *Team Asperger at N451 South Mayflower Drive, Appleton WI 54915-9193*. Website: <http://www/ccoder.com/GainingFace/>

Special Needs Computing (SNCL) Box 42, St. Helens, WA10 3BF. Tel. +44(0) 151 426 9988. Email: sncl@box 42.com Website: <http://www/box42.com/box42/sncl.htm>

Special Needs Xplanatory Department of Education, Canterbury Christ Church College, Canterbury, Kent CT1 1QU. Tel. +44(0) 1227 767700. Website: <http://www/canterbury.ac.uk/xplanatory/xplan.htm>

The Jump Ahead Series. Cendant Software. National Autistic Society, 393 City Road, London EC1V 1NE.

Widget Software (U.K.) Tel. +44(0)1926 885293. Website: <http://www/widgit.com>

Software companies may offer products to parents at a price exempt of VAT. This offer can apply to computer hardware as well as software, so it is worth asking when you place an order whether the company makes discounts. You may also be able to try out a free demo CD-ROM before you buy.

There is an email discussion list for anyone interest in sharing information on software they have found useful in therapy for children with autism.

<http://www.egroups.com/group/Autism-Software>

APPENDIX 10 : Klin, A., & Volkmar, F. R. (2000). Treatment and intervention guidelines for individuals with Asperger Syndrome. In Klin, A., Volkmar, F. & Sparrow, S. (eds.) *Asperger Syndrome*, (pp. 340-366). New York, London: The Guilford Press.

Treatment and Intervention Guidelines for individuals with Asperger Syndrome

AMI KLIN, FRED R. VOLKMAR

Most of this volume is concerned with diagnostic, neuropsychological, and neurobiological issues related to Asperger syndrome (AS). The uncertainty regarding the validity of the condition, the limitations of current research, and the confusion prevalent in clinical practice can all be very disconcerting to parents and educational professionals alike, whose primary focus is on how to provide services to one specific child. Although this chapter builds on current knowledge and clinical experience, it does not presuppose a consensus on any of the other issues discussed in the other sections of this book. In other words, regardless of the specific nosological status of AS, and even regardless of whether this diagnosis applies flawlessly to a given individual, there are certain guidelines for intervention that are thought to be helpful in devising treatment programs for individuals with severe social disabilities with relative strengths in cognitive and language functioning. Intervention programs should never be based solely on a given diagnosis; rather programs should be highly individualized to address a specific child's needs while capitalizing on the child's assets. Therefore, even though treatment programs for individuals with AS do not require the resolution of the vexing questions of diagnosis and etiology, they do require a thorough understanding of the specific individual's profile of skills and deficits in areas important for learning, for communicating and relating with others, and for acquiring independent living skills.

The aim of this chapter is not to provide a scholarly review of the work available on educational and behavioral interventions for individuals with severe social disabilities. Instead, this chapter provides a series of suggestions to be considered when planning and implementing the intervention program for a given person. Readers interested in more details about the various topics addressed are referred to the original cited materials. Although the research literature on interventions for individuals with AS is still scant, several helpful texts are available that portray different approaches and provide a wealth of concrete ideas and teaching strategies for individuals with this or similar conditions (e.g. Attwood, 1998; Myles & Simpson, 1998; Quill, 1995; Schopler & Mesibov, 1992; Schopler, Mesibov, & Kunce, 1998). Equally helpful materials can be accessed in the literature of interventions

for children with learning disabilities (e.g., Minskoff, 1994; Minskoff & DeMoss, 1994), whose profile often includes a social disability component of varying degrees (Gresham, 1992). In this context, the treatment guidelines outlined by Rourke (1989, 1995) for children with Nonverbal Learning Disabilities (NLD) is of particular importance given that there appears to be some areas of convergence in both learning and social style between what is referred to as NLD and AS (Klin, Sparrow, Volkmar, Cicchetti, & Rourke, 1995). Other chapters in this volume provide additional relevant information (e.g., Chapter 7 discusses drug treatments).

Understandably, the needs of children with autism and the support services available to address these needs - from special education schools, to model programs and research data on intervention approaches - have become associated with a profile of severe social disability usually accompanied by equally severe cognitive and language limitations and behavioral challenges. As a result, parents of individuals with AS often find themselves unable to profit from the considerable resources associated with the term "autism," because their children's needs and challenges as well as their strengths are quite different. This historical development has resulted in a void of support services for more able children with social disabilities and their families, who, to some extent, have become orphans in a system primarily categorized in terms of autism on the one hand and the more academically based learning disabilities or mainstream education on the other hand. There is little doubt that this situation has been the main motivator for the proliferation of regional and national parent support organizations coalescing around the terms "Asperger syndrome," "higher-functioning autism," or "higher-functioning pervasive developmental disorders." The following set of treatment and intervention guidelines accompanies this trend by extracting the principles and strategies that are thought to be uniquely suited to address the needs of individuals with AS and their families.

Securing And Implementing Services

The authorities who decide on entitlement to services are sometimes unaware of the extent and significance of the disabilities involved in AS. Proficient verbal skills, overall IQ usually within the normal or above normal range, and a solitary lifestyle often mask outstanding deficiencies observed primarily in novel or otherwise socially demanding situations, thus decreasing other people's perception of these children's salient needs for supportive intervention. Thus, active participation on the part of the clinician, together with parents and possibly an advocate, to

forcefully pursue the patient's eligibility for services is often needed. It is the case, however, that educational professionals are becoming increasingly more aware of the condition, not in small part because of the extremely effective dissemination of information being carried out by parent support organizations armed with Internet Web sites and the latest clinical and research literature. Also, the apparent increased use of the term "Asperger syndrome" by clinicians has led to an increase in referrals for special education services and has forced educators to pursue further training of their personnel and restructuring of services to better cater to children with this unique profile of severe social and communication disabilities in the presence of cognitive and language strengths. Unfortunately, this development is uneven in different parts of North America, and it is still common for parents to confront denial of services because the child is seen as "too bright," "too verbal," or "doing very well academically".

Individuals with AS have been identified in the past with different diagnostic concepts, which at times considerably frustrate their parents' effort to secure adequate services. For example, through our partnership with the Learning Disabilities Association of America we were able to learn that many individuals with AS or related conditions were diagnosed as learning disabled (with the occasional accompanying notes highlighting the presence of some "eccentric features"); this non-psychiatric diagnostic label is often much less effective in securing services. Parents of children with AS who carry a diagnosis of autism or pervasive developmental disorders not otherwise specified (PDD-NOs) often had to contend with educational programs designed for much lower-functioning children, thus failing to have their children's relative strengths and unique disabilities properly addressed. Yet another large number of individuals with AS were sometimes characterized as exhibiting "social-emotional maladjustment" (SEM), or "social-emotional disturbance" (SED), an educational label often associated with conduct problems and willful maladaptive behaviors. These individuals were often placed in educational settings for individuals with conduct disorders, thus allowing for possibly the worst mismatch, namely, the bringing together of individuals with a naive understanding of social situations and individuals who can and do manipulate social situations to their advantage without the benefit of self-restraint. In other words, the perfect victims placed with the perfect victimizers.

Not that individuals with AS may not present with significant maladaptive and disruptive behaviors in social settings; however,

these behaviors are often a result of their narrow and overly concrete understanding of social phenomena and the resultant overwhelming puzzlement they experience when required to meet the demands of interpersonal or group social life. As a result, the social maladaptive behaviors exhibited by individuals with AS should be looked at in the context of a thoughtful and comprehensive intervention needed to address their social disability-as a curriculum need-and not as punishable, willful behaviors deserving suspensions or other disciplinary measures that in fact mean very little to them, punish them for their disability, and only exacerbate their already poor self-esteem.

It is often helpful for the child's advocates to bring to the school authorities' attention the fact that the child can look better or worse depending on the setting in which he or she is observed. Situations in which the child may be observed in optimal adjustment to the school setting tend to be highly structured and routinized or otherwise academically driven situations. Situations that maximize the visibility of the condition include unstructured social situations (particularly with same-age peers) and novel situations requiring intuitive or quick-adjusting social problem-solving skills. The same observation applies to the clinicians conducting the evaluation intended to ascertain the need for special services: Such an evaluation should include detailed interviews with parents and professionals knowledgeable of the child in naturalistic settings (e.g., home and school) and, if possible, direct observations of the child in unstructured periods such as recess time or otherwise unsupervised settings (see Chapter 11, this volume).

Finally, it is not uncommon for the focus of educational professionals' concern to center around a child's increasingly challenging behavioral problems, including noncompliance, anxiety, disruptive behaviors such as "talking back," interrupting classroom activities, "bothering" other children, or even verbal aggression or otherwise "acting out." Resources are often allocated to address the disruptive behaviors, including the assignment of an aide, disciplinary measures, behavioral management aimed at extinguishing the problematic behaviors, and, at times, despair, which then includes contacting outside specialists and considering removal of the child from school to a self-contained placement or even home-bound schooling. What is often lacking in this effort is the consideration of the behaviors in question as, at least partially, a result of the child's social disability. If this paradigm shift is effected, the solution for the disruptive behaviors is often found in a more comprehensive

program of action, which gives center stage to the social disability and its impact on the child's capacity for adjusting to the demands of everyday life at school. No doubt, some of these steps might still have to be taken, but by implementing them as if the social disability was not there. Such a strategy is more likely to result in escalation of behavioural difficulties and in increase of general frustration to all those involved, including the child.

General Educational Intervention Setting

Although one of the main social policy debates in special education has focused on whether children with special needs such as autism and related conditions should be in a self-contained or a mainstream environment (Burack, Root, & Zigler, 1997), most professionals would agree that these children are best provided with a continuum of services built around the child's individual needs (Harris & Handleman, 1997). The reality of available services in a given region, however, often determine what might be the specific mix of specialized and inclusive experience that is adequate, if not optimal, for a given child. Whereas self-contained settings may be best equipped to provide the specialized services a socially disabled child needs, these settings often fail to provide enough experiences with typical peers from whom a child may model appropriate behaviours and learn to function in a "real-life" environment. Regular school environments may provide the latter but may not have the resources to address the former. There are no inherent flaws in either model as successful intervention program can be provided in either setting provided there is an effort to optimize individualized services, expanding, creating, training, monitoring, and empirically evaluating the program over time.

Parents of individuals with AS often ask the question, "Where are the best schools for children with this condition?" Although some special education schools have been developing some special expertise in this area, in most situations the answer to this question is more complex, as there are virtually no schools that identify themselves as "AS schools," nor would it be probably a good thing that only segregated settings could provide the specialized educational intervention. Both private and public school settings can provide a good program. This section deals with the elements of an adequate program, not necessarily where this program should be provided, as the possibilities are wide open. The absence of readily identified schools serving bright children with severe social disabilities makes the process of securing an appropriate program quite difficult for both parents and clinicians seeking the right placement. Detailed state registers are often lacking, and the

parents and/ or clinicians are left to deal with this issue on their own. Quite often, an effective partnership is established between the child's caregivers and the school district authorities, although at times there is mis- trust and even litigation. To avoid adversarial relationships, all people involved should make an effort to acquaint themselves with the following factors involved in securing or providing appropriate placement and programming for children with social disabilities:

1. ***The range of services available in the region.*** Educational managers should have a detailed knowledge of all resources available within their immediate jurisdiction as well as in a wider contiguous region and make this information available to all those involved in the process, but parents should make an attempt to visit the various suggested educational placements and service providers available to obtain firsthand knowledge and feelings about them, including the physical setting, staffing, adult/ student ratio, range of special/ support services, children mix, and so forth.

2. ***Knowledge of model programs.*** Parents and professionals should make an effort to locate programs (public or private) that are thought to provide high-quality services according to local experts, parent support organizations, or other parents. Regardless of whether the program is an option for the given child, knowledge of such programs may provide all those concerned with a model and criteria with which to judge the appropriateness of the program in discussion for the specific child.

3. ***Knowledge of the rights and duties of all those involved in the process leading to educational placement.*** It is crucial that parents become acquainted with their legal rights in order to become effective advocates for their children (Berkman, 1997), and it is equally important that the school authorities establish their own knowledge base of appropriate services so that fringe or otherwise questionable educational practices unsupported by any data are not forcefully introduced into a program because of legal pressure. Discussions likely to produce consensual agreement tend to be based on detailed and individualized knowledge of a child's needs, which refrain from ideological statements (e.g., treatment X is good for all children, regardless of the child's profile), and seek to evaluate existing services while not precluding the creation of new ones. An evolving partnership between parents, educational professionals, and specialists in the various components of the educational program is needed, which includes mechanisms of self-evaluation and empirical monitoring, and which leads to a

periodic adjustment of goals, discarding ineffective approaches and testing new ones.

When reviewing the appropriateness of a given program for a bright child with social disabilities, the infrastructure of educational resources should be the focus of discussion, including the available resources that will serve the given child. The following specifications are usually thought to be positive and necessary resources, which, however, may vary in content from place to place:

1. Although a relatively small setting is usually preferable, regardless of the size of the program, the setting should provide ample opportunity for individual attention, individualized approach, and small work groups. At times, a compromise is reached by placing a socially disabled child in a large setting accompanied by a paraprofessional aide. This alternative places the child beyond the immediate presence of the aide; the absence thereof places undue responsibility on a less trained person, however gifted he or she might be. As a result, the aide rather than supporting the child inclusion in the program might end up serving as a virtual partition between the child and peers, constantly redirecting, mediating, or otherwise containing the child.

2. An essential aspect of the available educational infrastructure concerns the availability of a communication specialist with a special interest in pragmatics and social skills training, who can be available for individual and small-group work, and who also can make communication and social skills training intervention an integral part of all school activities, implemented at all times, consistently, and across staff members, settings, and situations. This professional should also act as a resource to the other staff members and an advocate of the social and communication skills training aspect of the curriculum.

3. There should be opportunities for social interaction and promotion of social relationships in fairly structured and supervised activities. By building social contact around a common interest or activity, the pressure of unstructured social exchange is lessened, making the experience more likely to be successful. Of course, there should be naturalistic interaction as well, although the availability of different configurations of social settings—from individual work to small groups to structured larger group activities to unstructured large natural gatherings such as recess time or lunch—makes it possible to practice social skills in one setting and then to apply them in others. It also allows for

frequently troublesome situations to be identified in larger settings and then brought into the small therapeutic setting for correction, skill building, practice, and rehearsal.

4. There should be a concerted effort to promote the acquisition of real-life skills in addition to the academic goals. The norm in individuals with AS (Klin, 1997) is to exhibit a significant discrepancy between cognitive potential (i.e., IQ) and their ability to translate this into adaptive functioning (i.e., constructive real-life behaviors consistently performed to meet the demands of everyday life). Although it is always encouraging to document a child's potential, longer-term goals including the child's prospects for vocational accomplishment and independent living require higher-level adaptive skills than are usually found in this population. Therefore, adaptive skills should be one of the central points of any program for a child with AS.

5. There should be a willingness to adapt the curriculum content and requirements to provide flexible opportunities for success, to foster the acquisition of a more positive self-concept, and to foster an internalized investment in performance and progress. Assignments, projects, and so on, should be evaluated in terms of their contribution to the child's longer-term educational goals rather than being enchainned to inflexible (e.g., credit) requirements. This may mean that the individual with AS is provided with individual challenges in his or her areas of strengths, and with individualized programs in his or her areas of weakness. For example, given the fact that individuals with AS often excel in certain activities, social situations may be constructed to allow the child the opportunity to take the leadership in the activity, explaining, demonstrating, or teaching others about it. Such situations are ideal to help the individual with AS to (a) take the perspective of others, (b) follow conversation and social interaction rules, and (c) follow coherent and less one-sided goal-directed behaviors and approaches. In addition, by taking the leadership in an activity, the individual's self-esteem is likely to be enhanced, and the child's (usually disadvantageous) position vis-a-vis peers is for once reversed. When this initiative is entertained, however, appropriate preparation should take place, so that the result obtained is not the reverse of the envisioned goal because of undue pressure placed on the child.

6. Children with AS are often overwhelmed by the day-to-day pressures of life at school. One proactive way of addressing this issue is to make available to the child a sensitive in-school counselor who can focus on the individual's emotional well-being

and serve as the "safe address" to the child, and who can coordinate services, monitor progress, serve as a resource to other staff members, and be an effective and supportive liaison with the family.

General Intervention Strategies

Strategies of intervention-including teaching practices and approaches, behavioral management techniques, strategies for emotional support, and activities intended to foster social and communication competence-should be conceived and implemented in a thoughtful, consistent (across settings, staff members, and situations), and individualized manner. Equally important, the benefit (or lack thereof) of specific recommendations should be assessed in an empirical fashion (i.e., based on an evaluation of events observed, documented, or charted), with useful strategies being maintained and unhelpful ones discarded in order to promote an ongoing adjustment of the program to the specific conditions of the individual child with AS. The following suggestions may be helpful when considering the optimal approaches to be adopted. It should be noted, however, that there are different degrees of concreteness and rigidity, paucity of insight, social awkwardness, communicative one-sidedness, and so forth, characterizing individuals with AS and that the particular circumstances and patterns of strength and weakness all require consideration. Care providers should embrace the wide range of expression and complexity of the disorder, avoiding dogmatism in favor of practical, individualized, and commonsense clinical judgment. The following general recommendations are ones which require thoughtful individualized adjustment:

Problem-solving skills in general but also concepts and helpful behavioral routines should be taught in an explicit and sometimes rote fashion using a parts-to-whole teaching approach, often couched in verbal instruction, and presented and rehearsed in such a way that the verbal steps are in the correct sequence for the behavior to be effective.

Specific problem-solving strategies should be taught for handling the requirements of frequently occurring troublesome situations. Training should also be necessary for recognizing situations as troublesome and for applying learned strategies in discrepant situations.

The individual with AS should be instructed on how to identify a novel situation and to resort to a preplanned, well-rehearsed list of steps to be taken. This list should involve a description of the situation, retrieval of pertinent knowledge, and step-by-step decision-making. When the situation permits (another item to be explicitly defined), one of these steps might be reliance on the counselor's, a friend's, or an adult's advice, including a tele- phone consultation;

4. Social awareness should be cultivated at every opportunity, focusing on the relevant and essential aspects of given situations and pointing out the marginal or irrelevant aspects contained therein. Discrepancies between the individual's perceptions regarding the situation in question and the perceptions of others should be made explicit.

An important priority in the program is to foster generalization of learned strategies and social skills. This is also one of the main challenges (Gaylord-Ross, Haring, Breen, & Pitts-Conway, 1984; Ihrig & Wolchik, 1988). Although a great deal of attention and research has been invested in generalization technology in the field of behavioral therapies (Powers, 1997), less knowledge is available in the crucial areas of social and communication skills training. But this situation is changing, and new research studies are now becoming available in this area as well (e.g., Gena, Krantz, McClannahan, & Poulson, 1996; Taylor & Harris, 1995). From a programming perspective what is important is to define generalization explicitly as a goal to be achieved, including the various specific strategies to be implemented and the goals in the light of which the success of the program will be measured.

6. Self-evaluation should be encouraged, but it is important that this process is done in a concrete and explicit fashion concerning day-to-day behaviors, and not on the basis of insight-oriented, more fundamental reappraisal of oneself, which might frustrate the child and/ or further exacerbate negative self-feelings. Awareness should be gained into which situations are easily managed and which are potentially troublesome. This is especially important with respect to perceiving the need to use prelearned strategies in appropriate situations. Self-evaluation should also be used to strengthen self-esteem, but this should be done by way of choosing or restructuring the situations to promote success. The goal here is to teach the children about the situations in which they are more likely to present themselves in a position of strength rather than a position of vulnerability or weakness;

7. The link between specific frustrating or anxiety-provoking experiences and negative feelings should be taught to the individuals with AS in a concrete, cause-effect fashion, so that they are able to gradually increase insight into their feelings and have more control over the situations that usually result in negative feelings or otherwise emotional pressure. In this context, it is also important to promote awareness of the impact of their actions on other people's reactions and feelings, to gain increased control over the result of their social experiences.

8. Adaptive skills intended to increase self-sufficiency should be taught explicitly with no assumption that general explanations might suffice or, as noted, that the children will be able to generalize from one concrete situation to similar ones. Rule sequences for shopping and using transportation, for example, should be taught verbally and repeatedly rehearsed. There should be constant coordination and communication between all those involved in order to maximize consistency. A list of specific adaptive behaviors to be taught may be derived from results obtained with the Vineland Adaptive Behavior Scales, Expanded Edition (Sparrow, Balla, & Cicchetti, 1984), which assess adaptive behavior skills in the areas of Communication, Daily Living (self-help) Skills, Socialization, and Motor Skills. As the behaviors listed in the Vineland are normed, it is possible to extract from this instrument all skills that the individual should be exhibiting given his or her cognitive level and then to incorporate these skills in the child's program. The Vineland may also be used to gauge progress in adaptive skill development using a test-retest model after a meaningful period (e.g., at the end of two consecutive school years).

9. Additional teaching guidelines should be derived from the individual's profile of neuropsychological assets and deficits. The major areas of neuropsychological focus should be motor, fine motor, and visual-motor co-ordination, including graphomotor skills, visual-spatial attention, perception, problem-solving and memory skills; auditory /verbal attention, learning, reasoning, and memory; cross-modal integration of information, and executive functions (see later). Specific intervention techniques should aimed at remediating or circumventing the identified difficulties by means of compensatory strategies, usually of a verbal nature. However, the goals established for intervention based on neuropsychological findings should be broad based, with a view to address central aspects of the social disability. For example, if significant motor, sensory-integration, or visual-motor

deficits are corroborated during an evaluation, the individual with AS should receive physical and occupational therapies, but not only should these therapies focus on traditional techniques designed to remediate these deficits but also they should promote the learning of visual-spatial concepts (e.g., order, causation, sequencing, and left-right orientation), real-life navigation issues (e.g., how to get somewhere), and time concepts, pairing narratives and verbal self-guidance to the actual physical activity taking place. Another adequate goal to be advanced in occupational therapy intervention is to teach self-help skills (e.g., dressing and grooming) and to promote the optimal utilization of assistive technology (e.g., computer-based skills; see later discussion). Other neuropsychological deficits such as difficulties in processing visual sequences or in interpreting visual information simultaneously with auditory information, particularly in social situations, should be addressed by promoting increased reliance on verbal mediation (e.g., having a script) and on explicit routines for seeking relevant information (e.g., having a stepwise routine to be followed including looking at the other person's eyes or listening to the person's voice for explicit cues). Cross-modal integration is of particular importance as, for example, it is important not only to be able to interpret other people's nonverbal behavior correctly but also to interpret what is being said in conjunction with these nonverbal cues (Minskoff, 1980a, 1980b; Rourke, 1989; 1995).

Social And Communication Skills Training

Almost universally, the most important component of the intervention program for individuals with AS involves the need to enhance communication and social competence. This emphasis does not reflect a societal pressure for conformity or an attempt to stifle individuality and uniqueness. Rather, this emphasis reflects the clinical fact that most individuals with AS are not loners by choice, and that there is a tendency, as children develop toward adolescence, for despondency, negativism, and sometimes, clinical depression, as a result of the individual's increasing awareness of personal inadequacy in social situations, and of repeated experiences of failure to make and/ or maintain relationships (Klin & Volkmar, 1997). The typical limitations of insight and self-reflection vis-a-vis others often preclude spontaneous self-adjustment to social and interpersonal demands. Therefore, there is a need to teach social and communication skills, explicitly, at all times, as an integral part of the program and as its major priority. Training in communication and social skills usually does not imply that the child will eventually acquire communicative or social spontaneity, naturalness, and gracefulness. It does, however, better prepare the individual with AS to cope with social and

interpersonal expectations, thus enhancing their effectiveness as conversational partners, as potential friends or companions, and as employable professionals. Many adults with this condition are not given an opportunity to exhibit their considerable talents and skills because of failure during the interview stage of job applications; earlier in life they might be lost in a vicious cycle of misguided attempts to pursue goals that are incompatible with their profile of strengths and weaknesses, leading to repeated experiences of failure and a resultant poor view of themselves. Limited insight might also signify that the person may pursue an irrelevant course of action. For example, after being turned down in several job interviews, talented college graduates might attempt to pursue a manual job that requires considerable eye-hand coordination skills, manual dexterity, improvisation in novel situations, and speed of execution, all skills usually found to be weaknesses in these individuals' profiles. Feeling the burden of failure in what they might see as a "menial" job not commensurate with their educational training, they might pursue an additional degree, only to repeat this cycle next time they approach the job market. Unless issues of social presentation and competence are adequately addressed, including what to do in specific situations such as lunch or free-time periods, the chances for vocational satisfaction are lessened.

The observation that social and communication skills building is the core intervention component for individuals with AS and related social disabilities is certainly not new (Mesibov, 1984,1986). However, this emphasis in the literature has not necessarily translated into more readily available educational programs and resources. And even though school systems are increasingly more aware of this issue, and parents are repeatedly told of the importance of social and communication skills training, the situation in the field is still quite frustrating for all those concerned, service providers and consumers alike. Until recently, the immediate reason for this state of affairs had to do with the lack of a readily available program of intervention in this area; more recently, however, there has been a small, but important, upsurge of ideas and strategies for social skills building (e.g., Baron-Cohen & Howlin, 1998; Gray, 1995; Hodgdon, 1995; Koegel & Koegel, 1995), including some initial treatment studies (e.g., Ozonoff & Miller, 1995). The reality, however, is that the number of professionals trained to implement such a curriculum, or even to train educational professionals on the fundamentals of this approach, is still quite minimal, leaving both educational managers and parents in a dire quandary, namely, how to include what is being promoted as the most important component of any

program for individuals with social disabilities without access to the knowledge base in this area, and even less access to professionals who feel comfortable carrying out the social-skills-building program. Clearly, without a concerted effort to develop this area as a discipline in which a much larger number of professionals are trained, curricula are developed, and research data are produced, this situation will not be easily changed, and is likely to worsen before it starts to get better, hopefully as a result of clinicians', educational managers', and parents' pressure. At present, the professionals who would appear to be at the greatest advantage to play the central role in this area are speech and language therapists with a special interest in pragmatics or conversational skills, although other mental health or educational professionals could certainly be equally proficient. The issue, of course, is that all these professionals require training not only in social and communication skills training but also in the unique challenges posed by bright individuals with severe social disabilities.

Although there are a few prepackaged social skills programs available commercially, they are of limited effectiveness because they are not based on the specific experiences of a given socially disabled child. Also these packages tend to promote prosocial skills in children whose difficulties do not require the much more intensive and explicit intervention needed in AS. However, it is important for the special educator to become acquainted with these materials as some resources can be of great help in specific areas (e.g., in expanding the vocabulary of emotions, in playing cooperative games, in social problem solving).

Although there are several established approaches to social and communication skills training, there are still few research data available on their effectiveness. This situation is improving, albeit slowly, with a trickle of research studies that have been published in the past few years (e.g., Ozonoff & Miller, 1995; Pierce & Schreibman, 1997; Thorp, Stahmer, & Schreibman, 1995). Excellent reviews of social and communication skills training are available (e.g., Prizant, Schuler, Wetherby, & Rydell, 1997; Quill, 1995; Twachtman, 1995), including the use of behavioral approaches in promoting social development (Matson, Benavidez, Compton, Paclawskyj, & Baglio, 1996). However, these reviews often focus on principles and general techniques rather than providing a readily applicable and accessible practical approach. As a result, professionals working in the front line often request the translation of these principles into a "package," "instruction

manual," or an otherwise concrete plan to follow in their effort to serve their clients.

Such concrete, adjustable "packages" are now also becoming available. Following are some examples that focus on more able individuals with social disabilities. It should be noted, however, that excellent programs have been described for the promotion of social and communication skills in individuals with autism who exhibit significant cognitive and language deficits (e.g., Carr et al., 1994; Koegel & Koegel, 1995). Several aspects of these programs may be applicable to more able socially disabled individuals as well.

1. ***Social Stories***. One of the most interesting, recent approaches for social skills training in autism and related conditions is the work of Gray and colleagues (Gray, 1995; Gray et al., 1993; Gray & Garand, 1993), who use visual and written materials and techniques based on situations from a child's actual experience to teach social skills. The individualization of the instructional process, combined with the use of written and videotape resources, and the fact that this approach grew from direct school-based work with individuals with social disabilities, makes it an attractive option for special educators.

2. ***Visual strategies for improving communication***. This approach, which was developed by Hodgdon (1995,1996), is in fact a compilation of effective visual tools and resources to aid the child in both communicating more effectively and better understanding the communication demands imposed by the surrounding social environment. It capitalizes on autistic children's typical visual-spatial strengths to compensate for their social and communication deficits. The major resource book (Hodgdon, 1996) provides concrete ideas and examples that can be readily adopted in the classroom. It is important to note, however, that these techniques may not be optimal for students whose visual-spatial processing skills are a weakness rather than a strength.

3. ***Social perception skills training***. Minskoff and colleagues (Minskoff, 1987,1994; Minskoff & DeMoss, 1994) developed two programs focused on social perception skills training for adolescents and adults. One of the very attractive elements of this program is that it focuses on social skills judged by employers as critical for job success.

4. ***Teaching theory of mind (ToM)***. Capitalizing on the ToM research in autism (Baron-Cohen, Tager-Flusberg, & Cohen,

1993), several attempts have been made to teach children underlying social cognitive principles necessary to infer the mental states of others (e.g., beliefs, intentions, and feelings)-that is, to acquire ToM skills. Although studies to date have shown that despite improvement on children's performance on experimental tasks there is apparently little improvement on general social competence (Ozonoff & Miller, 1995) or in communication competence (Hadwin, Baron-Cohen, Howlin, & Hill, 1997), the potential of this approach has not yet been properly evaluated. A practical guide is now available on this approach (Baron-Cohen & Howlin, 1998).

There are several core elements in these various approaches and in specialized clinical practices serving children and adolescents with social disabilities. The following strategies are often included in social and communication skills training:

1. Awareness of conventional pragmatic or conversation rules are central to every program, including topic selection, ways of marking topic shifts, and the ability to consistently provide the necessary amount of background information for an unfamiliar listener. This goal can be advanced by helping the child appreciate who is likely to be more interested or familiar with various topics. For example, relatives are more interested in and acquainted with topics related to the family than strangers; same-age peers are likely to be more interested in and familiar with topics related to movies, games, TV shows, and so on, than are adults. On the other hand, same-age peers are not likely to be interested in discussing more circumscribed topics such as deep-sea marine biology or politics, or any special interest the child with AS may have that is likely to be unusual or eccentric to same-age peers. These unusual topics are more likely to be of interest to adults and teachers. It is helpful to foster the child's awareness of the varying interests of his or her friends by developing a list of preferred topics and less preferred topics for each individual friend. This goal is sometimes advanced by means of letter composition, where the child writes a letter to a friend, to a same-age acquaintance, to a relative, to an unfamiliar adult, to a celebrity, and so on.

2. Appropriate "reading" of social cues is a necessary precursor for generating appropriate comments, for adjusting to social demands, for determining the listener's perspective, reactions, and so on, and for maintaining a level of reciprocity without which there is communication breakdown (e.g., the listener may leave, become upset, or have unfavorable impressions of the speaker). For example, the child needs to be able to monitor the relative

interest of his or her listener so he or she can make a decision as to whether the listener may be appreciating the exchange on a given topic or whether a new topic should be introduced. In this context, verbal instructions on how to interpret other people's social behavior are often helpful, following explicit guidelines accompanied by repeated rehearsal and practice, initially in a rote fashion and gradually moving toward variations of the initial practice situations. The meaning of eye contact, gaze, and various inflections, as well as tone of voice and facial and hand gestures, at times, needs to be taught in a fashion not unlike the teaching of a foreign language; that is, all elements should be made verbally explicit and appropriately and repeatedly drilled. The same principles should guide the training of the individual's expressive skills. Concrete situations should be exercised in the therapeutic setting (individually, or, preferably, in small groups) and gradually tried out in naturally occurring situations. All those in close contact with the individuals with AS should be made aware of the program so that consistency, monitoring, and contingent reinforcement are maximized. Of particular importance, encounters with unfamiliar people (e.g., making acquaintances) should be rehearsed until the individual is made aware of the impact of his or her behavior on other people's reactions to him or her. Techniques such as practicing in front of a mirror, listening to the recorded speech, watching a videorecorded behavior, and so forth, should all be incorporated in this program. Videotaped feedback, in particular, has been found to be a useful medium for advancing this goal given the potential for pausing the picture and highlighting specific visual cues in a more explicit manner. Social situations contrived in the therapeutic setting that usually require reliance on visual-receptive and other nonverbal skills for interpretation should be used and strategies for deciphering the most salient nonverbal dimensions inherent in these situations should be offered and practiced. The following nonverbal social cues should be included in the program: (a) setting: the child needs to be made aware of where the interaction is taking place, what expectations (e.g., volume of voice, style of speech) are associated with that setting (e.g., school playyard, church service); (b) body proximity: how to position oneself when engaged in conversation, the meaning of different postures, and what information can be gained from such cues; (c) facial, bodily, and voice emotional expressions: individuals with AS often require explicit instruction on the need to pay attention to affective expressions in all modalities, and on how to decode these separately, and, even more important, on how to integrate this set of cues into a meaningful context; and (d) special instruction is often needed with nonverbal cues providing the context of nonliteral forms of communication,

including teasing, irony, and sarcasm, as well as figures of speech and humor. Other emotional tones of speech (e.g., excitement and anger) may also require instruction.

3. *Self-monitoring in conversation* often needs to be taught, with a view toward helping the child to adjust speech style in terms of setting (e.g., more or less formal) and volume (e.g., when a loud voice, say in a sports game, is appropriate and when a whisper, say in a funeral, is expected), as well as rate and rhythm, inflection modulation, stress for emphasis, and so on. The child may also need to be taught on how to adjust speech depending on proximity to the speaker and number of people and background noise.

These goals are often advanced in the context of individual, small-group (up to three students), or slightly larger (up to six students) social skills training groups using a range of specific techniques. In Gray's (1995) approach, for example, "Comic Strip Conversations" visually highlight the feelings and intentions of each speaker using color (e.g., red for teasing statements and green for friendly statements). By representing the emotional expression of the characters' statements, thoughts, and feelings, the perspective of those individuals becomes more readily apparent. "Topic Boxes" is another useful strategy: In this activity, a topic is drawn out of a box for both the socially disabled student and a peer or therapist to comment on while drawing attention to different opinions about these topics. Such specific techniques are organized under the more general " social review strategies, " which include the following steps: (1) identification of a target social situation known to be problematic for the student; (2) gathering information about what the student already knows about that situation (including both helpful knowledge about setting, perceptions, interpretations, expectation, as well as unhelpful knowledge or absence thereof); (3) sharing observations of nonverbal cues, interpretations of a given situation, and so on, with other people in the group including peers and therapist; (4) practice of newly acquired knowledge and behaviors in the context of one-to-one exchanges, group interaction, watching videotapes, and casual conversation; and (5) generalization of skills to a variety of contexts under some supervision, so that the student's progress can be determined and outstanding or new problematic areas can be identified as situations to be revisited in the small, therapeutic environment.

In summary, the effort to develop the individual's skills with peers in terms of managing social situations should be a priority in any social and communication skills training program. This

development should include *topic management* (to expand and elaborate on a range of different topics initiated by others, shifting topics, ending topics appropriately, and feeling comfortable with a range of topics that are typically discussed by same-age peers), *flexibility in social interaction* (to recognize and use a range of different means to interact, mediate, negotiate, persuade, discuss, and disagree through verbal and nonverbal means), *perception of nonverbal social cues* (to attend to and correctly understand the meaning of gaze, gestures, voice, and posture), *appreciation of social expectations associated with a given setting* (to be aware of the implications of where and with whom the social situation is taking place and to correctly derive the appropriate set of behaviors to that setting), and *operational knowledge of the language of mental states and related phenomena* (to make inferences, to predict, to explain motivation, and to anticipate multiple outcomes so as to increase the flexibility with which the person both thinks about and uses language with other people).

Organizational Skills

Among the most established neuropsychological findings in studies of individuals with AS is the observation that they present with significant executive function (EF) deficits (Pennington & Ozonoff, 1996; Ozonoff, 1998). EFs denote a range of specific neuropsychological abilities, including, among others, inhibition of prepotent but irrelevant responses, adjustment of behavior using environmental feedback, extracting rules from experience, selection of essential from nonessential information, and upholding in one's mind both a desired goal and the various steps required to accomplish it. One of the most direct implications of deficits in EF concerns the well-known real-life difficulties that these individuals encounter in organizing their activities, in completing tasks in an efficient manner, in avoiding getting stuck in counterproductive routines, and in learning from their ongoing experiences. Some parents sometimes described their children as being devoid of a "pilot" or "navigator," requiring help with trivial matters such as shopping and completing homework assignments, despite being otherwise quite bright.

Such difficulties can be impairing, resulting in school failure or an inability to achieve a minimal level of community-related independent living skills. A lack of appreciation of these difficulties often results in giving students with AS long-term open-ended assignments and other forms of unstructured homework which they are unable to perform, not because they

have difficulty with the subject but because they have problems producing a realistic stepwise plan on how to achieve their goal and then following the various steps to implement the plan. The combination of social and EF difficulties also result in problems with grooming, scheduling, and a long list of fundamental adaptive behavioral skills.

There are at least two forms of treatment and intervention to be considered in regard to these difficulties. The first approach uses computer-based cognitive rehabilitation packages that take the student along a series of exercises promoting each of the EF areas as well as other neuropsychological capacities underlying EF. Although this form of intervention has been shown to have positive impact on real-life skills in individuals with neurologically based disorders (e.g., Chen, Thomas, Glueckauf, & Bracy, 1997), the data on individuals with autism-related conditions are still scant. The second approach switches the focus from underlying neuropsychological capacities to the real-life situations in which the organizational skills deficits are most problematic for a given individual. This approach involves the identification of a person's frequently troublesome situations in which organizational skills are required and then the use of an assistive tool or approach to remediate the given problem. Specific remediation strategies range from creating lists or scripts detailing a stepwise approach to achieve a given goal and rehearsing with the individual the implementation of that list to the creation of pictorial schedules and reminders to the use of assistive technology (see next section). The latter usually provides the student with a readily available tool such as an electronic organizer or laptop computer, which gives the student immediate access to, for example, short-term and long-term schedules, homework assignments containing details of steps to be accomplished, in the order that they need to be completed for achieving the goal, and writing programs that organize narrative structure, elicit topics to be covered, and so on.

Assistive Technology

Assistive technology (AT) refers to the use of computer-based resources developed for individuals with disabilities. Although traditionally the focus has been on students with sensory and physical impairment, this focus has expanded considerably in the past few years, including also individuals with learning disabilities (Bryant & Bryant, 1998; Raskind & Higgins, 1998). AT was recognized by Congress as a viable need for people with disabilities when it passed the Technology-Related Assistance to

Individuals with Disabilities Act in 1988, and reauthorized the legislation in 1994 (Bryant & Seay, 1998). This development has resulted in numerous services benefitting a wide range of individuals with disabilities (Lewis, 1998); the legislation mandating accessibility of this technology to students with disabilities has also led to increasing dissemination of these resources in school programs (Smith, 1998).

Unfortunately, there is still very little documentation on the use of AT in the field of autism and related conditions, particularly in regard to more able students who do not require basic enabling devices to operate a computer, to learn basic language skills, and so on. Nevertheless, individuals with AS and related conditions do exhibit many disabilities which can be effectively addressed by means of computer-based resources. Given the natural affinity with computers that these children often exhibit, this medium can be used to promote learning and adaptation in a range of important areas. First, graphomotor difficulties are often found in AS; sometimes, students cannot complete their assignments, or they cannot properly expand their thoughts and learning because they are required to write their work by hand, resulting in a laborious, untidy, and frustrating process. Although handwriting should be addressed in occupational therapy, from a longer-term perspective, it does not make sense to enchain the student's learning to whatever he or she will be able to handwrite. The various commonplace tools available for grammatically correct writing and the more specialized software capable of eliciting and structuring the student's work, combined with enabling devices such as special keyboards or mouse, offer a long-term empowering strategy to deal with writing deficits. Second, as previously noted, individuals with AS often exhibit significant organizational and self-management deficits. Software designed to provide the student with clear schedules, task organizers, ready-made routines (or algorithms) for completion of frequent tasks, and so on, can be of great help to these students. Third, communication between home and school as well as between settings of the school, components of behavioral management programs such as reinforcement or reward menus, and other elements of the educational intervention can be written or programmed directly onto the student's computer or organizer; as the device travels with the child, the tool can become a readily available support to the child, empowering him or her in these various settings and promoting transfer of information among the various professionals and family members. Fourth, proficiency in computer-related skills allows the student to independently access sources of information for general purpose as well as for school use (e.g.,

using the Internet), to initiate some social contact in a less stressful fashion by communicating with others by means of electronic mail, to promote self-initiative and self-reliance in the context of the child's own interests, and so forth. Although there is always a concern that computer-related activities can further exacerbate social isolation, it does not need to be this way. For example, classroom-based activities can and should involve several students acting in collaboration, where group results require the coordination among each member of the group. For older individuals, computer-based skills may allow them vocational possibilities not hitherto available. For example, some of our adult clients have established their own Internet businesses, whereas others work in this field for a wide range of agencies, from mental health centers to libraries or schools.

Despite the potential of AT for individuals with social disabilities, and the fact that the use of enabling technology is mandated whenever a case can be made of its benefits to a given child with disabilities, there is no compilation of resources currently available from the perspective of autism, AS, and related conditions. The number of AT professionals and consultation services is still limited. Therefore, parents, clinicians, and educational professionals are often left to learn on their own about what might be applicable in the case of a given child, which is a daunting task for the noninitiated. The most well-known clearing house agency for dissemination of AT information is probably *Closing the Gap*, which can be accessed through the Internet. A review of the efficacy of AT, its applications, and easily accessible resources are badly needed in the field of AS and related conditions.

Academic Curriculum

The curriculum content should be decided based on long-term goals, so that the usefulness of each item is evaluated in terms of its long-term benefits for the individual's socialization skills, vocational potential, and quality of life. Emphasis should be placed on skills that correspond to relative strengths for the individual as well as skills that may be viewed as central for the person's future vocational life (e.g., writing skills, computer skills, and science). If the individual has an area of special interest that is not so circumscribed and unusual as to prevent its use in prospective employment, such an interest or talent should be cultivated in a systematic fashion, helping the individual to acquire strategies of learning (library, computerized data bases, Internet, etc.). Specific projects can be set as part of the person's credit

gathering, and specific mentorships (topic related) can be established with staff members or individuals in the community.

This approach is necessary to avoid the common situation in which an inflexible school credit system is applied, enforcing the teaching of academic subjects that are only marginally related to the future life of a student with a social disability. Quite often, this inflexible approach leads to a great deal of frustration and, eventually, to the student's failure and loss of motivation, sacrificing the whole school experience for the sake of complying with irrelevant requirements. Given that motivation, self-initiative, and a positive self-concept are the main goals to be maximized, special modifications of assignments can enable a student to complete the requirements of a given class successfully. For example, if the goal of an English class is to teach composition, the actual topic for research should tailor the student's intrinsic interests. A student failing an English course because the topic of research is, for example, standard novels, may succeed if the topic is shifted to, for example, a science-related topic.

Behavioral Management

Individuals with AS often exhibit different forms of challenging behavior. It is crucial that these behaviors are not seen as willful or malicious; rather, they should be viewed as connected to the individual's disability and treated as such by means of thoughtful, therapeutic, and educational strategies rather than by simplistic and inconsistent punishment or other disciplinary measures that imply the assumption of deliberate misconduct. Specific problem-solving strategies, usually following a verbal rule or algorithm, may be taught for handling the requirements of frequently occurring, troublesome situations {e.g., involving novelty, intense social demands, or frustration). As noted, training is usually necessary for recognizing situations as troublesome and for selecting the best available learned strategy to use in such situations. Anxiety management is, at times, an important component of intervention and may include both behavioral procedures such as desensitization and rehearsal and psychopharmacological treatment.

The general guidelines for behavioral management, including data collection procedures necessary for a functional analysis of problematic behaviors, intervention approaches including the use of reward systems, and evaluation protocols to gauge the success of specific approaches, should follow the established guidelines of behavioral assessment and therapy {e.g., Powers, 1997). In this

process, it is helpful to compile a list of frequent problematic behaviors such as perseverations, obsessions, interrupting behaviors, or any other disruptive behaviors and then to devise specific guidelines to deal with them whenever the behaviors arise. These guidelines should be discussed with the individual with AS in an explicit, rule-governed fashion and all professionals involved should be aware of the program so that clear expectations are set and consistency across adults, settings, and situations is maintained. Ad hoc approaches are likely to result in improvised reactions to the student's behaviors, reinforcement of maladaptive patterns of behavior and consequent escalation, and insecurity as to how to act on the part of the adults. A proactive approach that makes the management of problematic behaviors an integral component of the general program of intervention is clearly preferable, increasing predictability and consistency, two important factors in any behavioral management approach.

Vocational Training

Often, adults with AS may fail to meet entry requirements for advanced education or for jobs in their area of training because of their poor interview skills, social disabilities, eccentricities, or anxiety-related vulnerabilities. Therefore, an important aspect of vocational training concerns the acquisition of social skills in all areas involved in applying for an advanced education degree or a job. The skills to be targeted include grooming and presentation and application letter writing, as well as every aspect of the interview process. Equally important, individuals with AS should be trained for and placed in jobs for which they are not neuropsychologically impaired, and in which they will enjoy a certain degree of support and shelter. College experience is facilitated by individual tutorial systems, where a faculty member and perhaps a peer, can act as immediate resources to the student, both being available and seeking frequent, periodic contact in order to monitor the student's progress and well-being. A similar situation should be available in job placement, where individual supervision and support should be provided by a supervisor or coworker who is aware that, at least initially, the guidance required will extend to areas other than the specific work apprenticeship. It is usually preferable that the job does not involve intensive social demands.

As originally emphasized by Asperger (1944), it is necessary to foster the development of existent talents and special interests in a way as to transform them into marketable skills. However, this is only part of the task to secure (and maintain) a work placement.

Equal attention should be paid to the social demands defined by the nature of the job, including what to do during meal breaks, contact with the public or coworkers, or any other unstructured activity requiring social adjustment or improvisation. Excellent reviews on vocational possibilities and strategies for vocational training are available in the literature (e.g., Gerhardt & Holmes, 1997; Van Bourgondien & Woods, 1992). However, the number of knowledgeable professionals available as job coaches, as well as the public resources available in this area, is still quite limited; equally frustrating is the absence of good compilations of appropriate college, vocational training, and independent living programs, all of which are of crucial importance to adults with AS and their families, who are left to find their own way by means of independent research. It is hoped that one of the major priorities of parent support organizations and clinicians alike will be to pool resources and knowledge in an easily accessible medium.

Psychotherapy

Although insight-oriented psychotherapy is not usually helpful, it does appear that fairly focused and structured counseling can be useful for individuals with AS and related conditions, particularly in the context of alleviating overwhelming experiences of sadness, negativism, or anxiety; problem-solving specific frustrations in regard to vocational goals and placement; and promoting family functioning and ongoing social adjustment (Pope, 1993). The psychotherapeutic relationship can be used to address concrete issues related to the patient's well-being, from practical, independent living problems to self-management and more intimate interpersonal problems, including sexuality and fantasy life.

Self-Support Groups

As individuals with AS are usually self-described loners despite an often intense wish to make friends and have a more active social life, there is a need to facilitate social contact within the context of an activity-oriented group (e.g., church communities, hobby clubs, and self-support groups) (Mesibov, 1992). Although there is little published documentation on the effects of self-support groups, the available information suggests that individuals with AS enjoy the opportunity to meet others with similar problems, finding reassurance and a sense of identify in the group. However, this experience is not universal, and some individuals prefer to avoid association with others with similar problems. Others still fail to relate to any commonalities among group members and,

consequently leave the group. It is also important to acknowledge that relationships established during group activities may not carryover to other settings, in which the group members themselves, rather than the therapist or group leader, would have to initiate the contact.

Conclusion

Individuals with AS and their families have to contend with the fact that public awareness of this condition, including its unique disabilities and strengths and the resources available for educational and other services, is still limited. The recent proliferation of parent support groups coalescing around the terms "Asperger syndrome," "high-functioning autism," or "high-functioning pervasive developmental disorders" reflect the fact that individuals with AS have in the past been offered a choice between insufficient services for students with academically based learning disabilities, services for children with autism who are at a much lower level of general functioning, or, still, services for children with conduct problems, whose needs are totally different and incompatible with AS. These gaps in awareness and in services are slowly being corrected, although there is still much to be done in terms of producing a more research-based body of knowledge on effective interventions and in terms of considerably augmenting the resources available, including training of professionals, restructuring of current educational curricula, and better preparation of students for the demands of independent living. This chapter highlights some core components of any educational and treatment program for individuals with AS. As part of the approach presented here, social and communication skills training and the acquisition of adaptive skills take center stage. It advances the principle that our educational and treatment goals should focus on the longer-term goals of promoting increased social opportunities, of better capitalizing on the individuals' natural talents and on vocational satisfaction and independent living skills, as well as on their general emotional well-being.

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**CIRCULAR TO BOARDS OF MANAGEMENT AND PRINCIPAL TEACHERS
OF NATIONAL SCHOOLS**

Applications for the services of a full or part-time resource teacher to assist a school in providing education to meet the needs and abilities of children with disabilities

Introduction

The post of Resource Teacher is an additional post allocated to assist a school or cluster of schools in providing an education which meets the needs and abilities of children assessed as having disabilities. Under the direction of the relevant Principal, the role of the Resource Teacher is to provide additional teaching support for these children who have been fully integrated into mainstream schools and who need such support. In addition, s/he should advise and liaise with other teachers, parents and relevant professionals in the children' interest.

This is a whole school effort and not the responsibility of the resource teacher alone because these children are fully integrated into a mainstream school and will spend most of his/her time with the mainstream teacher.

2. The role of a Resource Teacher

A Resource Teacher assists schools in providing support for children with special educational needs arising from disability by:

(a) Assessing and recording child needs and progress;

Setting specific, time-related targets for each child and agreeing these with the class teacher and principal;

Direct teaching of the children, either in a separate room or within the mainstream class;

Team-teaching – so long as the children concerned are deriving benefit from it;

Advising class teachers in regard to adapting the curriculum, teaching strategies, suitable textbooks, use of Information Technology and suitable software and a range of other related matters;

Meeting and advising parents, when necessary, accompanied by the class teacher, as necessary;

Short meetings with other relevant professionals, in the children's interest – e.g. psychologists, speech and language therapists, visiting teachers, special school or special class teachers.

3. How are Resource Teacher posts allocated?

Resource teachers are allocated where there is a number of children with special educational needs arising from a disability who are fully integrated into mainstream national schools where there are no other adequate supports teaching resources available to the children. Child eligibility and degree of need are established following consideration of reports on assessments carried out by relevant professionals.

Each child is given a weighting which is determined by the nature and degree of disability and the current pupil-teacher-ratio for that particular disability. For example a child with a mild general learning disability would count as 1/11th of a teacher post. A child who is profoundly deaf would count as 1/6th of a teacher post. The current pupil teacher ratios for each disability are listed in Appendix 1.

Schools should read Appendix II when actively considering applying for a resource teacher appointment.

Resource teacher posts may be sanctioned on a full-time basis – either in a single school or in a cluster of schools – provided there are sufficient children with special educational needs arising from a disability to warrant a full-time post. Alternatively, part-time hours may be sanctioned to provide support teaching for individual children where there are insufficient children with special educational needs to warrant the allocation of a full-time post or of a second full-time post.

4. How should an application be made for a resource teacher post either on a full-time or part-time basis?

Following consultation with the Principal, Staff and Parents and, where appropriate, Chairpersons of other schools, the Chairperson of the Board of Management of a school with a pupil or children with special educational needs arising from a disability should write to the School's Inspector stating that the school is seeking the sanction of a resource teacher post either on a full or part-time basis and giving

details of the children concerned and requesting that the Inspector visit the school to evaluate the case for such a post.

Applications for a Resource Teacher post may be sought on a shared basis between a number of schools.

5. Information required by Inspector

The school must have the following information available to the Inspector when s/he calls:

- . Name and Date of Birth of each child;
- . Class in which the child is currently placed and level of attainment;
- . Psychological reports and, where appropriate, other specialist reports e.g. audiological, speech and language therapy reports, etc;
- . Confirmation that the school has received parental agreement regarding acceptance of support from a resource teacher in respect of each child;
- . Confirmation that suitable accommodation is available or will be made available in the event of an appointment.

The Inspectorate will review the recommendations contained in the reports drawn up by the relevant professionals as well as current provision available in the school and in the local area when considering applications. Applications in regard to children can only be considered when the relevant professional reports are made available.

6. Notification to schools

The Inspector will evaluate the information made available and subsequently notify schools if s/he intends to forward the application to a relevant senior Inspector for further consideration. This should not be seen as an indication that the applications have been approved. Alternatively, the Inspector will notify the school concerned that the details of the children presented for consideration are such that the sanction of a resource teacher service on either a full or part-time basis cannot be supported.

School Authorities may appeal such a decision to the Special Education Section of this Department.

The Department will notify schools in the event that a full or part-time resource teacher service has been sanctioned. Schools should allow a minimum of two months' processing time after the Inspector has advised the school that the application

has been forwarded to the relevant Senior Inspector. Schools, which have not heard from the Department within this time, should contact the Special Education Section at the address below.

Enquiries about this circular should be made to:

Special Education Section 1
Department of Education and Science
Cornamaddy
Athlone
Co Westmeath

Telephone No. (0902) 74621 or (01) 873 4700
Fax No. (0902) 76939

L Kilroy

Principal Officer
1999

April,

Appendix 1

<i>Disability</i>	SERC recommended pupil-teacher-ratio	Curren t pupil- teacher -ratio
Visual impairment	8:1	8:1
Hearing impairment	7:1	7:1
Mild General Learning Disability*	11:1	13:1
Moderate General Learning Disability*	8:1	9:1
Severe/Profound General Learning Disability*	6:1	6:1
Emotional Disturbance	8:1	9:1
Severe Emotional Disturbance	6:1	6:1
Autism/Autistic Spectrum Disorders	6:1	6:1
Physical Disability	10:1	12:1
Multiple Disabilities	6:1	6:1
Specific Learning Disability	11:1	11:1
Specific Speech and Language Disorder	7:1	7:1

The Department of Education and Science uses the term “general learning disability” rather than “mental handicap”

The Department of Education and Science is working towards bringing all pupil teacher ratios in line with the recommendations of the Special Education Review Committee.

Appendix II

Glossary of terms

Does the child concerned have special educational needs arising from one of the following disabilities?	Definition
Physical Disability	<p>Such children have permanent or protracted disabilities arising from conditions such as congenital deformities, spina bifida, dyspraxia, muscular dystrophy, cerebral palsy, brittle bones or severe accidental injury. Because of the impairment of their physical function, they require special additional intervention and support if they are to have available to them a level and quality of education appropriate to their needs and abilities.</p> <p>Many require the use of a wheelchair, a mobility or seating aid or other technological support.</p> <p>They may suffer from a lack of muscular control and co-ordination and may have difficulties in communication, particularly in oral articulation e.g. as in the case of severe dyspraxia.</p>
Hearing Impairment	<p>Such children have a hearing disability which is so serious as to impair significantly their capacity to hear and understand human speech, thus preventing them from participating fully in classroom interaction and from benefiting adequately from school instruction. The vast majority of them have been prescribed hearing aids and are availing of the services of a Visiting Teacher.</p> <p><i>This category is not intended to include children with mild hearing loss.</i></p>

Visual Impairment	<p>Such children have a visual disability which is so serious as to impair significantly their capacity to see, thus interfering with their capacity to perceive visually presented materials such as pictures, diagrams and the written word. Some will have been diagnosed as suffering from conditions such as congenital blindness, cataracts, albinism and retinitis pigmentosa. Most require the use of low-vision aids and are availing of the services of a Visiting Teacher.</p> <p><i>This category is not intended to include those children whose visual difficulties are satisfactorily corrected by the wearing of spectacles and/or contact lenses.</i></p>
Emotional Disturbance and/or Behavioural Problems	<p>Such children are being treated by a psychiatrist or psychologist for conditions such as neurosis, childhood psychosis, hyperactivity, attention deficit disorder, attention deficit hyperactivity disorder and conduct disorders.</p> <p><i>This category is not intended to include children whose conduct or behavioural difficulties are being adequately dealt with in accordance with agreed procedures on discipline.</i></p>
Mild General Learning Disability	Such children have been assessed by a psychologist as having a mild general learning disability.
Moderate General Learning Disability	Such children have been assessed by a psychologist as having a moderate general learning disability.
Severe or Profound General Learning Disability	Such children have been assessed by a psychologist as having a severe or profound general learning disability. In addition, such children may have physical disabilities.
Borderline Mild General Learning Disability	<p>Such children have been assessed by a psychologist as having a borderline mild general learning disability. A psychologist may recommend such children for additional teaching support or special class placement on account of a special learning problem such as:</p> <p>Mild emotional disturbance associated with persistent failure in the ordinary class (disruptive behaviour on</p>

	<p>its own, however, would not constitute grounds for special class placement or additional teaching support); Immature social behaviour; Poor level of language development in relation to overall intellectual level.</p> <p>A recommendation to place such a child in a special class or to allocate additional teaching resources to support a school in catering for his/her needs should take into account the extent to which the child is making progress in his/her present learning environment and the other existing support available to the child in his/her school.</p>
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Autism/Autistic Spectrum Disorders	A psychiatrist or psychologist will have assessed and classified such children as having autism or autistic spectrum disorder according to DSM–IV or ICD–10 criteria.
Specific Learning Disability	<p>Such children have been assessed by a psychologist as:</p> <p>Being of average intelligence or higher; and Having a degree of learning disability specific to basic skills in reading, writing or mathematics which places them at or below the 2nd percentile on suitable, standardised, norm-referenced tests.</p> <p>Children who do not meet these criteria and, who in the opinion of the psychologist, have a specific learning disability are more properly the responsibility of the remedial teacher and/or the class teacher.</p>
Children with special educational needs arising from an assessed syndrome	The level of additional support to be provided for children who present with a particular syndrome e.g. Down Syndrome, William’s Syndrome and Tourette’s Syndrome will be determined following consideration of psychological or other specialist reports which details the nature and degree of the child’s special educational needs.
Specific Speech and Language <u>Disorder</u>	<p>Such children should meet <i>each</i> of the following criteria:</p> <p>Assessment by a psychologist on a standardised test of intelligence which places non-verbal or performance ability within the average range or above;</p>

	<p>Assessment on a standardised test of language development by a speech therapist which places performance in one or more of the main areas of speech and language development at two standard deviations or more below the mean, or at a generally equivalent level;</p> <p>The child's difficulties are not attributable to hearing impairment; where the child is affected to some degree by hearing impairment, the hearing threshold for the speech-related frequencies should be 40Db;</p> <p>Emotional and behavioural disorders or a physical disability are not considered to be primary causes.</p> <p>Children with speech and language <u>delays</u> and <u>difficulties</u> are not to be considered under this category.</p>
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CIRCULAR 9 /99

**CIRCULAR TO BOARDS OF MANAGEMENT AND PRINCIPAL TEACHERS
OF NATIONAL SCHOOLS**

APPLICATIONS FOR SPECIAL CLASSES FOR CHILDREN WITH DISABILITIES.

Introduction

Following a review, the Department of Education and Science has decided to introduce new procedures for establishing special classes for children with certain special educational needs arising from disabilities. The revised procedures take effect from the date of this Circular.

1.1 Special classes for children with certain disabilities

Special classes are established for children with certain special educational needs arising from the following disabilities:

<i>Disability</i>	SERC recommended pupil-teacher-ratio	Current pupil - teacher ratio
Visual impairment	8:1	8:1
Profoundly hearing impairment	6:1	6:1
Hearing impairment	7:1	7:1
Mild General Learning Disability	11:1	13:1
Moderate General Learning Disability	8:1	9:1
Severe/Profound General Learning Disability	6:1	6:1
Emotional Disturbance	8:1	9:1

Severe Emotional Disturbance	6:1	6:1
Autism/Autistic Spectrum Disorders	6:1	6:1
Physical Disability	10:1	12:1
Multiple Disabilities	6:1	6:1
Specific Learning Disability	11:1	11:1
Specific Speech and Language Disorder	7:1	7:1

The Department of Education and Science is working towards bringing all pupil-teacher-ratios in line with the recommendations of the Special Education Review Committee.

Since 1994, children in special classes have been counted on the ordinary roll for staffing purposes. This arrangement was put in place for the purpose of promoting the integration of children from special classes into mainstream classes. The Department would remind schools that arrangements must be made for the appropriate integration of children with special educational needs attending special classes into mainstream classes according to their level of needs and attainments. Evidence will be required from time to time that such is happening in respect of individual children.

2. New Procedures

The Chairperson of the Board of Management of a school wishing to establish a special class to cater for children with special educational needs arising from any of the above disabilities should write to the Inspector stating that the school is seeking to establish a special class for children with special educational needs arising from a particular disability and requesting that the Inspector visit the school to review the case for such an appointment.

3. Information required by the Inspector

The school must have the following information available to the Inspector when s/he calls:

- . Type of special class being sought;
- . Name and Date of Birth of each child;
- . Child's current class level and attainments;
- . Specialist reports, e.g. psychological reports or, where appropriate, other reports audiological, speech and language therapy;
- . Confirmation that the children concerned are within reasonable commuting distance of the school – mileage from home to school should be detailed for each child.
- . Confirmation that the school has received parental agreement regarding enrolment in the special class in respect of each child;
- . Confirmation that suitable accommodation is available or can be made available in the event of the establishment of a special class.

Criteria for appointment

Initial criteria to establish a special class include:

- . A sufficient number of eligible children;
- . Availability of suitable accommodation;
- . Distance from home to school for the children concerned is reasonable for commuting purposes;
- . Whether other suitable provision is available in the school and/or in the local area for the children in question.

5. Notification to schools

The Inspector will evaluate the information made available and subsequently notify schools if s/he intends to forward the application to a relevant senior Inspector for further consideration. This should not be construed that the applications have been approved. Alternatively, the Inspector will notify the school concerned that the application has failed to meet the initial criteria for a special class. [In this event, the Inspector may advise the school and the Department in regard to the provision of a full or part-time resource teacher.]

School Authorities may appeal such a decision to the Special Education Section of this Department.

The Department will notify schools when a class has been sanctioned. Schools should allow a minimum of two months' processing time after the Inspector has advised the school that the application has been forwarded to the relevant senior Inspector. Schools, which have not heard from the Department within this time, should contact the Special Education Section at the address below.

Appointment of a permanent teacher

All posts are sanctioned on a temporary basis initially. Posts are sanctioned on a permanent basis when the relevant pupil-teacher-ratio has been achieved in the special class for two consecutive quarters and arrangements have been put into effect for appropriate integration into mainstream classes. The relevant quarterly enrolment dates are the end of March, June, September and December.

The Chairperson of a school seeking a permanent appointment should write accordingly to the School Inspector giving details of the relevant enrolments.

Enquiries about this circular should be made to:

Special Education Section 1
Department of Education and Science
Cornamaddy
Athlone
Co Westmeath

Telephone No. (0902) 74621 or (01) 873 4700
Fax No. (0902) 76939

L Kilroy

Principal Officer

April, 1999

APPENDIX 12 : Sanction Conditions - Special classes for Pupils with ASDs

Chairperson
Board of Management.

Re: Special Class provision for children with Autism.

Dear Chairperson,

I refer to your enquiry regarding provision for pupils with autism in primary schools.

You may find the following information helpful.

Each class, which caters for a maximum of six children with autism, would receive the following supports from this Department;

1 Class teacher

2 Special Needs Assistants

Start-up equipment grant £ 500

Annual capitation grant £451 per pupil

Applications for computer equipment may be submitted through the Inspectorate, and will be considered in the context of available resources.

The number of pupils in the special class may also be counted as part of the overall school enrolment when calculating the general school staffing.

Pupils are enrolled in a special class setting on the basis of need identified and supported by up-to-date psychological assessment. The school management will be made aware of the child's assessed level of need, and will consult with the relevant parties with regard to meeting the special needs of the child concerned.

In the event of the establishment of a special class and in addition to teaching and child care staff, it is envisaged that a multi-disciplinary team will be available to support this class. The multi-disciplinary approach is a key element in ensuring a comprehensive and effective response to the needs of children with autism.

The multi-disciplinary team includes such support services as child psychiatrist, clinical psychologist, social worker, speech and language therapist, child care staff and nursing personnel. The relevant Health Authority has responsibility for the provision of these support services.

Inservice training is expected to be delivered on an on-going basis and proposals will be considered by the Department's Inspectorate and the In-career Development Unit in this regard.

In the event of the establishment of a special class, the class will form part of an integral part of the school setting. As such, it will be the responsibility of the school management to make suitable local arrangements in the event of absence from duty of a teacher and in the organisation of the school day.

Teachers will, if possible, hold full recognition from the Department of Education and Science and will have completed the Diploma in Special Education. You should contact the Primary Administration Section of the Department (Athlone office) with regard to teacher qualifications.

If the special class teacher is a fully qualified primary school teacher then he/she has the same entitlements, including mobility, as all the teachers on the school staff. If the teacher has confined recognition, then there is no question of moving within other classes in the school.

It should be noted, however, that classes are generally established on a temporary basis, initially.

Advertisement procedures for such posts are as set out in the Rules and Procedures for Boards of Management. Advertisement should indicate the nature of the special class.

In relation to the Special Needs Assistant post the present minimum qualification is Junior Cert. or equivalent. Recruitment of the Special Needs Assistant is the responsibility of the Board of Management. Arrangements can be made for the relevant Job Description, Conditions of Service, Pay Scales to issue to you if required. Please note that with effect from 6 April, 2001 the salary for Special Needs Assistant will be paid directly by the Department.

Details of the pupils to be enrolled should be forwarded to the Special Education Section, when available. Transport provision will then be investigated with Bus Eireann, who operate the special school transport service on behalf of the Department. Since September, 1999 funding has been allocated for the provision of an escort on all special transport services catering for pupils with special needs. An annual grant of £5,160 is paid to the school management towards the cost of the escort provision. This grant is based on a rate of £4.70 per hour for 6 hours per day for the school year. Funding is also available for the provision of harnesses, where required on special school transport services. I have enclosed a copy of the Transport leaflet for information.

The Department's Building Unit, Portlaoise Rd., Tullamore should be contacted in relation to capital works necessary in connection with special class provision.(Tel: 0506 21363 ext. 4444). I understand that a once-off equipment grant of £5000 per class is available from the Building Unit, Tullamore. For information regarding this grant, furniture, and items for Physical Education for newly established special class please contact the Building Unit also.

Finally, I would like to assure you of the assistance and advice of the Department's Inspectorate with the establishment of a special class.

The Board's formal decision with regard to the establishment of a special class should be notified to this section in order that sanctions and supports may be put in place.

Please contact me if you require any further information in this matter.

Yours sincerely,

Special Education I.

APPENDIX 13 : List of Special Classes for Pupils with ASDs

SPECIAL PRE-SCHOOL CLASSES FOR CHILDREN WITH AUTISM

NAME OF SCHOOL	ROLL NO	NO. OF POSTS	DATE SANCTIONED
Scoil Chiarain Donnycarney	17732	1	Sep-99
St. Mary's Ballyboden	19490	1	Sep-99
Our Lady of Consolation Donnycarney	20064	1	8th January 2001

SPECIAL CLASS FOR CHILDREN WITH ASPERGER SYNDROME				
NO	COUNTY	ROLL NO	SCHOOL	POSTS
1	Dublin	19158	St. Peter's B National School, Greenhills	2
1	Dublin	18726	St. Joseph's CBS Fairview	1

SPECIAL CLASSES IN NATIONAL SCHOOLS FOR CHILDREN WITH AUTISM					
NO	CO.	ROLL NO	SCHOOL	POSTS	DATE
1	Clare	4919	Cratloe NS, Ennis, Co. Clare	1	Pilot Scheme
2	Cork	14000	St. Marie's of the Isle NS, Sharman Crawford St., Cork	1	28/02/00
3	Cork	16901	Scoil Padraig naofa, Skibbereen, Co. Cork	1	17/04/00
4	Donegal	19553	St. Crona's NS, Dungloe, Co. Donegal	1	
5	Dublin	17732	Scoil Chiarain, Donnycarney, Dublin 5	2	01/09/98
6	Dublin	19314	Scoil na Maighdine Mhuire B, Ballinteer, Dublin 16	2	01/09/99
7	Dublin	19579	St. Helen's JNS, Portmarnock, Co. Dublin	2	06/06/00
8	Dublin	19929	St Brigid's S GNS Finglas	2	01/09/98
9	Dublin	20064	Our Lady of Consolation NS Donnycarney	1	08/01/01
10	Dublin	20066	Lucan Educate Together, Lucan, Co. Dublin	2	12/10/2000, c
11	Kerry	13615	ST. John's NS, Balloonagh, Tralee	1	01/09/00
12	Kildare	18288	Scoil Mhichil Naofa, Athy	2	01/09/98
13	Kildare	18515	Scoil an Linbh Iosa, Prosperous, Naas	2	06/10/2000, c
14	Kildare	19459	Leixlip GNS, Leixlip, Co. Kildare	2	01/09/98
15	Kildare	19675	Scoil Bhríde, Kilcullen	2	01/09/98
16	Louth	18107	Scoil Realt na Mara, Dundalk	1	01/09/99
17	Meath	5630	St. Michael's BNS Trim	1	01/09/00
18	Meath	17969	Scoil Mhuire, Navan	2	1st 1/9/1998,

19	Waterford	13635	Ballyduff NS, Kilmeaden, Co. Waterford	1	03/04/00
20	Waterford	17351	St. Mary's NS, Ballygunner, Co. Waterford	1	29/06/00
21	Westmeath	18212	Presentation School, Mullingar	1	01/09/99
22	Wexford	16605	Kilrane NS, Rosslare Harbour, Co. Wexford	1	11/05/00
23	Wicklow	18732	St. Joseph's National School, Newtownmountkennedy	2	01/09/98
				34	

SPECIAL SCHOOLS WITH CLASSES FOR AUTISM

NO	COUNTY	ROLL NO	SCHOOL	POSTS	DATE
1	Cavan	19039	Holy Family, Cootehill	2	28/10/99
2	Cork	19433	Holy Family Charleville	1	01/09/99
3	Cork	19760	Scoil Triest. Lota, Glanmire, Cork	6	
4	Cork	20074	St Gabriel's, Curraheen Road	1	01/09/99
5	Donegal	19592	St Bernadette's Letterkenny	2	0
6	Donegal	19724	Little Angels, Letterkenny	1	01/09/99
7	Dublin	17971	Holy Angels, Glenmaron, Chapelizod	1	01/09/99
8	Dublin	19355	Ballyowen Meadows Stillorgan	6	Pilot Sc
9	Dublin	20028	Setanta, Stillorgan	4	Pilot Sc
10	Galway	19047	St Joseph's, Newcastle	2	0
11	Galway	20070	Rosedale School	1	0
12	Kerry	19548	Nano Nagle, Listowel	1	0
13	Longford	19429	St. Christopher's	1	0
14	Limerick	18692	Catherine McAuley SNS	1	0
	Louth	18936	St Ita's Special school	1	0
15	Mayo	19375	St Brid's Castlebar	1	0
16	Mayo	19387	St Dympna's Ballina	1	0
17	Mayo	19773	St Nicholas' Ballina	1	0
18	Tipperary	19230	Scoil Chormaic, Cashel	2	0
19	Tipperary	19230	Scoil Chormaic, Cashel	1	1
20	Tipperary	19370	St Anne's Roscrea	2	0
21	Waterford	19108	St. Martin's Spl, Waterford	1	3
22	Waterford	19244	St. Joseph's Spl, Waterford	1	3
	Wexford	19240	St. Patrick's Spl. School	1	0
23	Roscommon	19789	St Michael's Special School, Castlrea	2	1

24	Kilkenny	19383	St Patrick's Special School	2	2
25	Meath	19560	St. Mary's Spl School, Johnstown	1	

There are also 3 pilot projects using the ABA method, one in Cork, one in Dublin and one in Kildare.

APPENDIX 14 : Equipment grant for special classes for pupils with autistic spectrum disorders

Dear ...,

I refer to your application for the provision of equipment for the Autistic Unit established at National School.

The Department is prepared to provide a **once-off grant of £ 5,000** per class (i.e. £ 10,000 where there are two classes in one unit) towards the purchase of equipment (including P.E. equipment).

The Board of Management should be aware of the following:-

This grant devolves authority to the Board for the purchase of equipment for the Autistic Unit.

The Board should satisfy itself that the equipment purchased with the grant is suitable having regard to the age and educational requirements of the children for whom it is intended. The Board is advised to consult with the local school inspector and, if necessary, an occupational therapist on this matter.

The Board will be required to maintain complete records of expenditure. All invoices, receipts, etc. relating to the expenditure of the grant must be retained by the school for a minimum of five years in the event of an audit inspection by the Department and/or the Comptroller and Auditor General. An inventory of equipment purchased with the grant should be kept by the school for inspection by officials of the Department.

Schools must purchase the equipment in accordance with public procurement procedures and pay the bills themselves. Three tenders should be sought for the items of equipment and a tax clearance certificate should be sought if it is intended to buy more than £5,000 (including VAT) worth of goods in any 12 month period from a single supplier.

The Department has already issued a maintenance manual, "*Maintenance Matters*", to assist schools in relation to the procedures for public procurement. School authorities should refer to the procedures contained in this manual before authorising any expenditure under the grant. Chapter 9 provides information on statutory approvals, tenders, contracts and tax clearance.

A payable order in the amount of £ will issue to the Chairperson of the Board of Management shortly

Should you have any queries concerning the above, please do not hesitate to contact me.

Yours sincerely
Primary Building Unit.

APPENDIX 15: In-career Development Training Courses for Teachers of Pupils with ASDs

The Department has embarked on intensive training programmes for Teachers of Pupils with ASDs.

A Five-day training programme (January/May 2001) for teachers in special schools and special classes delivered by Dr Theo Peeters and Hilda De Clerqe – International Specialists from the Centre for training in Autism and Asperger Syndrome Antwerp, Belgium. Delivered in Portlaoise. Attended by 80 Teachers and 20 Inspectors/psychologists.

A specialised five-day training course (February/May 2001) for resource teachers and classroom teachers (31 participants) delivered by Gilian Boyd (Principal of Special School in Belfast and tutor on the University Birmingham programmes in Autism. – This programme will be replicated in four areas in the country and delivered by four Irish trainers qualified in the area. Delivered in Portlaoise.

Twenty five teachers (commenced January 2001) doing the professional training programme run by the University of Birmingham and St. Patrick's College, Drumcondra. Another twenty five teachers will commence in January 2002. One of the longer-term objectives of such training is to add to the level of expertise that already exists in Ireland in the special needs area, thereby enabling the design and delivery of training courses by Irish experts to meet the ongoing training requirement as they arise.

A three-day training programme (February 2001) for 57 teachers and 11 class-room assistants delivered in West Cork by Dr. Gary Mesibov, Director of Division T.E.A.C.C.H. University of North Carolina, USA assisted by Sloane Burgess.

P.E.A.T.(Parent's Education as Autism Therapists) delivered by Dr. Ken Kerr, Director of Training PEAT, Fermanagh, 8th to 12th January: Scoil an Linbh Iosa, Prosperous, Co. Kildare.

One day Autism in Schools – in association with South Western Area Health Board Dublin 5th April 2001: 51 participants. St Peters BNS., Greenhills, Dublin 12 delivered by Mary Morrissey, Director services for Children with Autism.(Health Board)

P.E.C.S. (Picture Exchange Communication System) course is being funded for Teachers and Special Needs Assistants on 18th and 19th June 2001.- in Dublin.

'Best Practice and Autism' course 2nd to 6th July, in Scoil Triest, Glanmire, Cork. 50 participants.

12 day Introductory Course in Applied Behaviour Analysis (ABA), May to August.

Further Courses Planned:

Dr Theo Peeters will return in November with five assistants to deliver a specialised course to thirty teachers and will work with children with autism during the course.

Trainers are currently being appointed to deliver courses to resource teachers and classroom teachers working with children with autism, in the four locations in the country. These courses will be based on the Gillian Boyd mode of delivery and each course will be limited to thirty teachers.

It is planned to have further training courses in the next (2001/2002) school year.

The report of the Task Force on Autism will shortly be available to me and this will provide a basis for the consideration of further training provision in this area.

In addition the Department is open to consider funding for courses for teachers run on a local basis.

**APPENDIX 16 : Fund for Students with Disabilities in Higher Education -
Application Forms**

FUND FOR STUDENTS WITH DISABILITIES - 2001

Funded by the Department of Education and Science under the
National Development Plan 2000-2006 with assistance from the European Social Fund

To be completed by student and returned to the appropriate **COLLEGE DISABILITY / ACCESS OFFICER**

for submission to the Department of Education & Science before 19th OCTOBER 2001.

Only applications that have a direct bearing on your Education needs will be considered.

	APPLICATION FORM Please complete form in block capitals	
1	Full Name	Male / Female
2.	Age: This information is for statistical purposes only	
3.	Full Postal Address:	
4.	(a) Full Name of College: (b) Full Address of College:	
5.	Title of Course:	
6.	Course Duration: 1 / 2 / 3 / 4 years / 4th	Current Year: 1st / 2nd / 3rd
7.	Is the course a full-time course: If no, please outline details of attendance at part-time course:	YES / NO
8.	(a) Nature of Disability : _____ Please tick the appropriate box / boxes :	

	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Significant Ongoing Illness <input type="checkbox"/> Mobility Impairment Other (Please give details) : </div> <div style="width: 45%;"> <input type="checkbox"/> Learning Difficulties (e.g. Dyslexia) <input type="checkbox"/> Physical Disability / </div> </div> <p style="text-align: center;">If applying for assistance under the category of Learning Difficulties / Dyslexia please complete the following.</p> <p>(b) Have you medical evidence / professional assessment to support your request ? YES / NO A copy of the assessment <u>MUST</u> be attached to your completed application form.</p>
<p>9.</p>	<p>Did you receive or did your school receive, on your behalf, grant assistance for the purchase of equipment for pupils with disabilities at second level ? YES / NO</p> <p>If yes, please give name of school attended at the time : _____</p>
<p>10.</p>	<p>Did your disability require that you received special consideration in the Leaving Certificate Examination?</p> <p style="text-align: center;">YES / NO</p> <p>If so, what form did the special consideration take ?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11.</p>	<p>Have you received assistance from this Fund in the past ? YES / NO</p>

If yes, please give the following details : Amount(s) : _____	In what year(s) ? _____ For what purpose ? _____
--	---

12. Details of Equipment requested :

Cost Breakdown

£ _____

£ _____

£ _____

£ _____

Please note that where funding is provided for the purchase of computers / assistive technology, the equipment will remain the property of the College/3rd Level Institution for the use of other students in the future.

13. Details of Services/Resources requested :
(e.g. Personal Assistant, Notetaker, Transport)

Cost Breakdown

£ _____

£ _____

£ _____

£ _____

14 **Please submit any other relevant details:**

15 **Under ES** *liting requirements the following data is required for statistical purposes :*

(a) Please indicate your current status by ticking the appropriate box :

Long-Term unemployed (more than 12 months)

Short-Term unemployed (less than 12 months)

Employed (prior to commencing course)

In Full-Time Education (prior to commencing course)

(b) Please indicate your qualifications to date by ticking the appropriate box :

No qualification

Group Certificate

Intermediate/Junior Certificate

Leaving Certificate

Third Level Qualification

<p>16.</p>	<p>Are you in receipt of any disability related Allowance/Benefit ? YES / NO</p> <p>If yes please state benefit :</p> <p>_____ £ _____</p> <p>_____ £ _____</p>
<p>17.</p>	<p>Have you applied to any other source of funding for the above ? YES / NO</p> <p>If yes, please give details : _____</p> <p>(b) Are you already receiving funding support from any other source on the basis of your disability ?</p> <p style="text-align: right;">YES / NO</p> <p>If so, from what source : _____</p>

18. Please note that the Department may contact the Disability Officer/Access Officer/Student Services Officer or other appropriate person at your college for additional information/to discuss your application.

Disability Officer/Access Officer : _____
(Block Capitals please)

Postal Address : _____

Telephone : _____ e-mail address: _____

Signature of Disability Officer/Access Officer : _____

Date : _____

Signature of Applicant : _____

Date : _____

Important Note :

Applications will only be accepted on the Department of Education and Science Application Form. Any alternative form returned WILL NOT be accepted.

The completed Application Form, returned to the Department, MUST be signed by (1) The Applicant AND (2) The Disability/Access Officer.

Please ensure that all relevant supporting documentation has been attached to the form being returned to the Department.

FUND FOR STUDENTS WITH DISABILITIES – 2001

Funded by the Department of Education and Science under the National Development Plan 2000-2006 with assistance from the European Social Fund

To be completed by student and returned to the appropriate **SCHOOL PRINCIPAL** for submission to the Department of Education & Science before 19th OCTOBER 2001.

Only applications that have a direct bearing on your Education needs will be considered.

APPLICATION FORM - PLC	
Please complete form in block capitals	
1	Full Name Male / Female
2.	Age: This information is for statistical purposes only
3.	Full Postal Address:
4.	(a) Full Name PLC Centre: (b) Full Address of PLC Centre:
5.	Title of Course:
6.	Course Duration: 1 / 2 years Current Year: 1st / 2nd
7.	Is the course a full-time course: YES / NO If no, please outline details of attendance at part-time course:
8.	(a) Nature of <input type="checkbox"/> bility : <input type="checkbox"/> Please tick the appropriate box / boxes : <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Hearing Impairment</p> <p>Visual Impairment</p> <p>Significant Ongoing Illness</p> <p>Mobility Impairment</p> </div> <div style="text-align: center;"> <p>Learning Difficulties (e.g. Dyslexia)</p> <p>Physical Disability /</p> </div> </div>

£ _____

£ _____

£ _____

Please note that where funding is provided for the purchase of computers / assistive technology, the equipment will remain the property of the College/3rd Level Institution for the use of other students in the future.

13. Details of Services/Resources requested :
(e.g. Personal Assistant, Notetaker, Transport)

Cost Breakdown

£ _____

£ _____

	£ _____

	£ _____

14. **Please submit any other relevant details:**

15. Under ESF at requirements the following data is required for statistical purposes :

(a) Please indicate your current status by ticking the appropriate box :

Long-Term unemployed (more than 12 months)

Short-Term unemployed (less than 12 months)

Employed (prior to commencing course)

In Full-Time Education (prior to commencing course)

(b) Please indicate your qualifications to date by ticking the appropriate box :

No qualification

Group Certificate

Intermediate/Junior Certificate

Leaving Certificate

Third Level Qualification

<p>16.</p>	<p>Are you in receipt of any disability related Allowance/Benefit ?</p> <p>If yes please state benefit :</p> <p>_____ £ _____</p> <p>_____ £ _____</p>	<p>YES / NO</p>
<p>17.</p>	<p>Have you applied to any other source of funding for the above ?</p> <p>If yes, please give details : _____</p> <p>(b) Are you already receiving funding support from any other source on the basis of your disability ?</p> <p>If so, from what source : _____</p>	<p>YES / NO</p> <p>YES / NO</p>

18. Please note that the Department may contact the School Principal or other appropriate person at your PLC centre for additional information/to discuss your application.

School Principal : _____

(Block Capitals please)

School Postal Address : _____

Telephone : _____ e-mail address: _____

Signature of School Principal : _____

Date : _____

Signature of Applicant : _____

Date : _____

Important Note :

Applications will only be accepted on the Department of Education and Science Application Form. Any alternative form returned WILL NOT be accepted.

The completed Application Form, returned to the Department, MUST be signed by (1) The Applicant AND (2) The School Principal.

Please ensure that all relevant supporting documentation has been attached to the form being returned to the Department.

Fund for Students with Disabilities 2001

Information Note for Applicants

The Fund for Students with Disabilities 2001 is funded by Department of Education and Science under the National Development Plan 2000-2006 with assistance from the European Social Fund. The Fund provides grants towards the provision of services and the purchase of equipment for students with disabilities attending courses in Third Level Institutions or Post Leaving Certificate Courses. The scheme applies to students who have serious sensory, physical and/or communicative disabilities.

The purpose of the scheme is to provide the students in question with assistance and/or equipment to enable them to enter, partake in and complete their course of study. The following examples indicate the range of provisions in respect of which funding was provided in previous years:-

Assistance: Personal Assistant; Sign Language Interpreter; Notetaker;
Services: Transport; Photocopying; Additional tuition;
Equipment: Computers and specialised software; Tape recorders; Radio aid and other items of assistive technology.

Applicants may wish to seek the advice of a Disability Officer or other suitably qualified person regarding the equipment or service most suited to their needs.

Funding is not allocated for the purchase of textbooks.

Any equipment provided through this fund will remain the property of the Third Level Institution / College / PLC Centre and will be available for allocation in the future to subsequent students with similar disabilities.

The value of each individual grant is calculated by reference to the average rate, cost of the service/equipment in question, applicable at the time.

The scope of the scheme in any financial year will be determined by the funds available. Receipted invoices for services and/or equipment should be submitted to the Disability Officer/Registrar/Student Services Officer or Principal, in the case of a Post Leaving Certificate Student.

The Department must be satisfied that the student is capable of benefiting from the services/equipment in question. Where available, a recent comprehensive and professional assessment of the nature and extent of the disability, and the equipment most appropriate for the needs of the student, should accompany all applications.

If an assessment report is not at present available please include other relevant information which will demonstrate the nature of the disability or learning difficulty disability, and the relevance of the supports requested.

It should be noted that grants from the fund will not cover the cost of any such assessment.

The Department may contact the Disability Officer or other appropriate person at the student's College/PLC Centre for further information or to discuss details of the application.

Please note that students will have responsibility for the care of equipment purchased under this scheme while it remains available for their use.

The closing date for receipt of the completed application form in the Department of Education and Science is the 19th October 2001. Therefore, students wishing to be considered for assistance under this scheme should complete the attached Application Form and return it, **before Monday 15th October 2001**, to the Disability Officer / Registrar / Student Services Officer / Principal (whichever is applicable) in order that it will reach the Department on time.

Thérèse Conlon
Student Support Unit/Third Level Access
September 2001

APPENDIX 17 : Mr. Justice Barr - Breach of Duty Factors

In the High Court on 4.10.2000 in relation to the Jamie Sinnott case, Mr. Justice Barr found that the State's breach of duty included the following:

Failure to provide or have provided adequate primary education for Jamie Sinnott

Failure to provide continuity of educational or other services for him

Failure to provide necessary ancillary services, in particular speech therapy; occupational therapy; physiotherapy and music therapy

Failure to provide sufficient psychological and medical assessment and treatment

Failure to devise and operate an appropriate curriculum for Jamie's education and care

Failure to devise, revise and keep in operation a viable programme for Janie's education and training and to do so in consultation with his mother

Failure to keep adequate records of his education, training and treatment

Failure to keep his mother adequately informed of her son's progress and of intended plans for his education and training

Failure to collaborate with his mother in devising plans for his education and training

Failure to recognise and respond adequately to his needs

Failure to give him adequate training in personal care, hygiene and mobility

Failure to address and provide instruction and treatment for his ongoing drooling problem ...

Failure to provide him with any occupational training which might enable him to obtain meaningful sheltered employment

Failure to provide for Jamie a teacher and other ancillary experts who are trained in autism and familiar with its problems

Failure to establish and maintain reasonable co-ordination between the Orchard (a form of continuing education was provided there) and Mrs. Sinnott

Placing Jamie in an institution (the Orchard) which is unsuitable to his requirements...

Failure to supervise adequately the services for Jamie Sinnott which the State contracted with the COPE Foundation and others to provide on its behalf from time to time

Failure to take any adequate steps to ensure that such services were structured in a meaningful, appropriate way

Failure to provide its contractors with the resources necessary to meet the constitutional obligation of the State to educate the plaintiff and to meet his special needs having regard to his particular disabilities as a person who suffers and has suffered from severe autism since the age of four months and major mental and physical handicap.

APPENDIX 18 : Legislation relevant to the Education of Persons with Disabilities and Special Educational Needs, including ASDs

1. Introduction

In this Appendix, the Task Force presents a summary of recent legislative change which has particular relevance to the education of persons with ASDs. Some of this legislation is educational legislation. Some relates to other areas which may affect education, such as legislation affecting rights, or complaints procedures available to citizens against the State. Since 1980 a number of laws have been enacted which provide a statutory framework for the education service and related issues. In Chapter 14 the Task Force views and recommendations arising from them is presented. In chronological order, the fourteen Acts and Bills which the Task Force considers to be of relevance to persons with an ASD, and their families, are:

- i) Ombudsman's Act, 1980
- ii) Labour Services Act, 1987
- iii) Universities Act, 1997
- iv) Freedom of Information Act, 1997
- v) Employment Equality Act, 1998
- vi) Education Act, 1998
- vii) Qualifications (Education and Training) Act, 1999
- viii) National Disability Authority Act, 1999
- ix) Equal Status Act, 2000
- x) Education (Welfare) Act, 2000
- xi) Human Rights Commission Act, 2000
- xii) Teaching Council Act, 2001
- xiii) European Convention on Human Rights Bill, 2001
- xiv) Disabilities Bill

An Act does not automatically come into operation when it is signed into law. Of the twelve Acts listed above, all the provisions of numbers i, ii, iii, iv, vi and vii, some provisions of numbers v and ix and none of the provisions of numbers viii

and x are in operation (To be re-checked). The provisions of an Act can be brought into force subsequently by commencement orders made by the relevant Minister or the Act may provide that all its provisions shall be commenced within a defined period from the date of enactment, e.g. two years.

The main provisions of these twelve Acts and two Bills which deal with or otherwise affect educational provision for children with disabilities are outlined in the following paragraphs. For more information please consult the full text of each Act.

2. The Ombudsman Act, 1980 (OA)

The Ombudsman Act, 1980 provides for the establishment of the Office of Ombudsman, sets out the powers of the Ombudsman as regards the examination and investigation of complaints and defines the Ombudsman's reporting relationship with the Dáil and Seanad.

This Act is of relevance to persons and parents of persons with ASD as the Ombudsman seeks to provide an independent, accessible, fair and effective complaints examination service. For this purpose, they investigate complaints from members of the public who feel they have been unfairly treated by public bodies, i.e. government Departments or health boards. The Ombudsman can investigate an action where, following a preliminary examination of the matter, it appears:

- i) that the action has adversely affected a person, and
- ii) that the action was or may have been:

taken without proper authority;
taken on irrelevant grounds;
the result of negligence or carelessness;
based on erroneous or incomplete information;
improperly discriminatory;
based on an undesirable administrative practice; or
otherwise contrary to fair or sound administration.

The Ombudsman is empowered only to make recommendations, the findings are not binding. When the Ombudsman carries out an investigation, they must inform the complainant of the result of the investigation. Before the Ombudsman makes a finding or criticism adverse to any person or body in a report or recommendation, that person or body concerned must be afforded an opportunity to consider the matter and make representations in relation to it to the Ombudsman. The Ombudsman must also indicate how the body complained against has responded to any recommendation they may have made. Where it appears to the

Ombudsman that the response to a recommendation which has been made is not satisfactory, a special report on the matter may be made to the Oireachtas. The Ombudsman must make an annual report on the performance of their functions to the Houses of the Oireachtas.

2. Labour Services Act, 1987 (LSA)

FÁS was established in January 1988, under the Labour Services Act 1987. Its functions include the provision of:

- training and re-training;
- employment schemes;
- placement and guidance services;
- assistance to community groups and workers' co-operatives towards the creation of jobs.

FÁS now has responsibility to provide labour market services for people with disabilities. Services as follows are provided:

- assistance to find employment;
- vocational training programmes and employment programmes;
- employment related supports to help people with disabilities gain or retain employment, e.g.:

Employment Support Scheme (ESS)

This scheme offers financial assistance to employers to encourage them to employ people with disabilities whose work productivity levels are between fifty–eight per cent of usual performance.

Workplace Equipment/Adaptation Grant (WEAG)

The aim of this grant is to increase the job opportunities for people with disabilities through supporting any additional costs to an employer in employing or retaining an employee with a disability. These additional costs should relate to the disability. It also supports any additional costs of self-employment for people with disabilities.

Supported Employment Programme

Through this programme, people with disabilities who need additional assistance, will be helped to get and retain employment. It will operate through a range of organisations and will provide for Job Coaches who will assist in the employment of people with disabilities.

Disability Awareness Training for Employers

This will provide for grants to employers towards the cost of Disability Awareness training for employees.

3. Universities Act 1997 (UA) (all provisions in force)

3.1 Provisions Relating to Students with Disabilities

The Universities Act is included in this review as a number of young persons with AS/HFA are known by the Task Force to be in attendance at university or other third level institutions. A number of the equality sections of this Act are of particular relevance to people with disabilities, including those with an ASD. In relation to provision for students with disabilities, this Act provides (Section 34) that the governing authority of a University shall:

“require the chief officer to prepare a statement of the policies of the University in respect of ... access to the university and to university education ...by people who have a disability”...

“the chief officer, in preparing the statement, shall have regard to such policies on those matters as may from time to time be determined by the Minister”...

a governing authority shall *“approve the statement with such modifications as it thinks fit”...*

“A university shall implement the policies set out in the statement as approved”...

3.2 Equality of Opportunity

Among the objects stated in Section 12 of the Universities Act is the promotion of *“equality of opportunity among students and employees of the university.”* The legislation does not define what is meant by equality of opportunity. However, Section 18 which deals with the functions of the Governing Authority discusses the concept of equality of opportunity alongside the concepts of access and participation in university education.

Among those functions is the attainment of ‘equality of opportunity among the students’ and the promotion of access to the university and to university education ‘by people from sections of society significantly under-represented in the student body.’ This Section links equality of opportunity and access to the university, and reinforces the obligation on the university to promote university education to those under represented within university life at present. The Section specifies that this is a function of the Governing Authority, and the Governing Authority must aim to attain equality of opportunity among the student body. Therefore a university’s commitment to disability belongs with the university’s broader commitment to equality.

Section 36 also places the requirement on a university that it actually implements the policies in respect of access to the university. It is not therefore sufficient to have an equality policy, that policy must be implemented within the university. In effect this is the major obligation placed on the universities.

4. Freedom of Information Act 1997 (FOIA)

The *Freedom of Information Act 1997* established three new statutory rights. The Act confers on each person a legal right with regard to:

- i) access to certain information held by public bodies;
- ii) amendment of official information relating to oneself where it is incomplete, incorrect or misleading;
- iii) obtaining reasons for decisions affecting oneself.

The FOI Act requires that each Department of the Government publish information in relation to its functions and the type of records it holds. The Act also requires a public body to give reasonable assistance to a person who is seeking access to a record. A "*record*" includes any form in which information is held or stored manually, mechanically or electronically.

For purposes of the Act a *public body* includes, *inter alia*, each of the following:

the Department of Education and Science;

the National Council for Curriculum and Assessment;

a health board;

any other body, organisation or group on which functions in relation to the general public or a class of the general public stand conferred by any enactment.

In general, the Act does not apply to records relating to the administration of justice, to the work of members of the Oireachtas, a political party or the President.

The Act provides for the establishment of the office of Information Commissioner. The Commissioner may review decisions of public bodies in relation to their duties under the Act and prepare and publish commentaries on the operation of that Act. The Commissioner is also required to prepare an annual report in relation to his or her activities under the Act.

5. Employment Equality Act 1998

5.1 Scope and Objectives

The Act describes discrimination as the treatment of one person in a less favourable way than another person is, has been or would be treated. Discrimination is outlawed on nine distinct grounds including disability. This Act is of relevance to this review as it prohibits discrimination in vocational training:

“...any person including an educational or training body, who offers a course of vocational training shall not, in respect of any such course offered to persons over the maximum age at which those persons are statutorily obliged to attend school, discriminate against a person (whether at the request of an employer, a trade union or a group of employers or trade unions or otherwise)

- a) *in terms on which any such course or related facility is offered,*
- b) *by refusing or omitting to afford access to any such course or facility, or*
- c) *in the manner in which any such course or facility is provided*
[Section 12(1)].

5.2 Vocational Training

“ In this section “vocational training “ means any system of instruction which enables a person being instructed to acquire, maintain, bring up to date or perfect the knowledge or technical capacity required for the carrying on of an occupational activity and which may be considered as exclusively concerned with training for such an activity” [Section 12(2)].

It has long been accepted by the European Court of Justice that university education could constitute vocational training, unless the course was one intended for people to improve their general knowledge rather than to prepare themselves for an occupation. The legislative definition suggests that many third level courses would be covered. Any course ‘required for the carrying on of an occupational activity’ is a vocational training course, and therefore the participants in that course are protected under the legislation.

If a student or a prospective student can show that the course in question is one that is ‘required for the carrying on of an occupational activity’ or one which could be viewed as being ‘exclusively concerned with training for such an activity,’ then the student is entitled to the protection of the Employment Equality Act. As a result of this Section, the term employer can also read educational institute. It has, thus, implications for the education and training of young persons with ASDs.

The protection with respect of vocational training as is available to all persons between fifteen and sixty-five. The provider may not discriminate with respect of the terms on which a course or a related facility is offered, or by refusing access, or in the manner of the provision of the course in question.

5.3 Definition of Disability

The definition of disability adopted in the Employment Equality Act is a traditional one representing the biomedical approach and attempts to encompass all medical conditions that could possibly amount to a disability:

- a) *“ the total or partial absence of a person’s bodily or mental functions, including the absence of a part of a person’s body;*
- b) *the presence in the body of organisms causing, or likely to cause, chronic disease or illness;*
- c) *the malfunction, malformation or disfigurement of a part of a person’s body;*
- d) *a condition or malfunction which results in a person learning differently from a person without the condition or malfunction;*
- e) *a condition, illness or disease which affects a person’s thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour;*
- f) *shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person” [Section 2(1)].*

5.4 Discrimination

The Employment Equality Act prohibits discrimination both direct and indirect on the basis of disability:

“Indirect discrimination will result where there is a provision that can be in the form of a requirement or a practice that applies equally to all prospective or existing students but which operates to the disadvantage of one group such as for example students with disabilities and this rule cannot be justified as being reasonable” (Section).

The legislation also allows or permits to positively discriminate in favour of a person with a disability. Section 33 deals with what is termed positive action, the positive action provisions allow a college to treat students or employees differently where that difference in treatment is to 'facilitate the integration of employment' of certain people which includes people with disabilities. The different treatment must be intended to 'reduce or eliminate the effects of discrimination' for that student with a disability.

5.5 Harassment

The Employment Equality Act acknowledges the reality of harassment and prohibits it. Harassment is defined in the Act as any act or conduct, which is unwelcome and offensive, humiliating, or intimidation on a discriminatory ground including spoken words, gestures or the production, display or circulation of written material or pictures. The Act obliges employers/educational providers to take all reasonable steps to ensure a harassment-free environment and to prevent a person being treated differently because of harassment.

5.6 Obligations of Employer/Educational Provider

The obligations do operate within some limits:

“Nothing in this Act shall be construed as requiring any person to recruit or promote an individual to a position, to retain an individual in a position, or to provide training or experience to an individual in relation to a position, if the individual:

- a) will not undertake (or, as the case may be, continue to undertake) the duties attached to that position or will not accept (or, as the case may be, continue to accept) the conditions under which those duties are, or may be required to be, performed; or*
- b) is not (or, as the case may be, is no longer) fully competent and available to undertake, and fully capable of undertaking, the duties attached to that position, having regard to the conditions under which those duties are, or may be required to be, performed”*
[Section 16(1)].

This section sets out that the employer/educational provider only has to employ/admit those people able and willing to carry out the functions of the employment/course in question.

5.7 Reasonable Accommodation-Nominal Cost

The employer/educational provider must do all that is reasonable to provide special treatment or facilities, the section also defines 'providing' to mean the 'making provision for, allowing or availing of such treatment or facilities':

- a) *For the purposes of this Act, a person who has a disability shall not be regarded as other than fully competent to undertake, and fully capable of undertaking, any duties if, with the assistance of special treatment or facilities, such person would be fully competent to undertake, and be fully capable of undertaking, those duties.*
- b) *An employer shall do all that is reasonable to accommodate the needs of a person who has a disability by providing special treatment or facilities to which paragraph (a) relates.*
- c) *A refusal or failure to provide for special treatment or facilities to which paragraph (a) relates shall not be deemed reasonable unless such provision would give rise to a cost, other than a nominal cost, to the employer” [Section 16(3)].*

Taking the section as a whole it is probably the most important provision within the legislation. As regards a student with a disability, including an ASD, the education provider is obliged to enrol only those students who are capable or fully competent to perform the requirement of the course. A student with a disability will be regarded as fully competent if, with the aid of an accommodation, that student would be capable of performing the requirements of the course. The legislation requires the institute to do all that is reasonable to provide an accommodation unless that accommodation gives rise to a cost 'other than a nominal cost'. If the cost in question can be deemed nominal, then the education providers are obliged to provide the accommodation in question. This raises the question as to what nominal is, however, until there is some case law in this area, any suggestions are just surmise.

The Equality Authority have suggested that where there is funding available to cater to the costs of needed accommodations, such as the Special Fund for Students with disabilities, the educational institute is obliged to pursue them in addition to covering any other costs up to a 'nominal' level.

5.8 Enforcement

Finally, it is important to note that Employment Equality Act has also adopted extensive enforcement mechanisms to ensure that there is redress for an individual who has been discriminated against. An individual with a disability who believes that the college have discriminated against them may bring a claim to the Director of the Equality Authority. The individual has six months from the alleged discriminatory incident in which to bring their claim. The Director may

extend this period; this will, however, only be extended in exceptional circumstances. The Director has a number of options open to her/him if they find that discrimination has occurred. The Director may order one or more of the following:

- referral of the complaint to mediation;
- compensation, up to the amount of £ 10,000;
- a course of action to be taken by the college, if the college is the offender in the action; or
- re-instatement or re-engagement in the case of vocational training.

6. Education Act, 1998 (EA) (all provisions in force)

6.1 Scope and Objectives

The *Education Act 1998* sets out in statute law a framework for the provision of education in Ireland. It deals with primary education which may also include early childhood education, and post-primary education, which may also include adult and continuing education, and vocational education and training. Specific reference is made in the long title to provision for the education of persons with disabilities or special educational needs. The stated objectives of the Act include:

“[to] give practical effect to the constitutional rights of children, including children who have a disability or other special educational needs” [Section 6(a)].

and to:

“promote best practice in teaching methods with regard to the diverse needs of students and the development of the skills and competence of teachers” [Section 6(f)].

6.2 Terms and Definitions

The term "children" is not defined. All of the definitions following are preceded by the condition "*except where the context otherwise requires*".

“Special education needs” means:

“the educational needs of students who have a mental or physical disability and the educational needs of exceptionally able students” [Section 2].

A "*student*" is a person who is *enrolled* in a school or *registered* in a centre for education. For purposes of Sub-Section 29 (1) (c), however, a "*student*" means: "*a person who applies for enrolment at a school*". A "*centre for education*" means:

"a place, other than a school or a place providing university or other third level education, where adult or continuing education or training, is provided" and which is designated for that purpose by the Minister.

The Act provides that *"disability"* means:

- a) the total or partial loss of a person's bodily or mental functions, including the loss of part of the person's body; or*
- b) the presence in the body of organisms causing, or likely to cause, chronic disease or illness; or*
- c) the malfunction, malformation or disfigurement of a part of a person's body; or*
- d) a condition or malfunction which results in a person learning differently without the condition or malfunction; or*
- e) a condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgements or which results in disturbed behaviour" [Section 2(1)].*

The definition of disability in the Education Act is broadly similar to that adopted within the Equal Status Act (see below). The focus is on the individual and his/her perceived inadequacies. Restrictive environments and disabling barriers are effectively ignored.

6.3 Ministerial Functions

It shall be a function of the Minister under the Act:

"to ensure ... that there is made available to each person resident in the State, including a person with a disability or who has other special educational needs, support services and a level and quality of education appropriate to meeting the needs and abilities of that person" [Section 7] [This, however, is qualified at Section 6(b) as follows: "as far as practicable and having regard to the resources available"].

and:

"to provide support services to recognised schools... students, including students with special educational needs and their parents, as the Minister considers appropriate and in accordance with the Act" [Section 7(2)(a)];

and:

"to plan and co-ordinate ... support services" [Section 7(1)(c)].

In carrying out his or her functions the Minister *"shall have regard to ... the resources available"* [Section 7(4)(a)(1)].

While this section of the Act includes reference to the Minister's functions in relation to persons with a disability, legal commentary on the Act has raised the question of whether, while using the language of rights, this Act actually provides enforceable rights for students with disabilities (Glendenning, 1999).

6.4 Support Services

The Act requires the Minister to ensure that education suited to their needs is made available to persons with a disability resident in the State and towards that end to provide support services.

Support services means:

"the services which the Minister provides to students or their parents, schools or centres for education in accordance with Section 7 and shall include any or all of the following:

assessment of students;
psychological services;
speech therapy services;
provision for early childhood, primary, post-primary, adult or continuing education to students with special needs otherwise than in schools or centres for education" [Section 2(1)].

The Education Act requires the Minister to ensure that education suited to their needs is made available to persons with a disability resident in the State and, towards that end, to provide support services. There is, however, no commitment within this provision to providing support services in the least restrictive environment. In Section 7 (4)(a)(1), the Act states that the Minister "shall have regard to... the resources available", subject to a number of checks and balances. The reference to "resources available" would seem to ensure that provision of support services remains in the realm of Ministerial discretion. The Task Force supports the implication in the Barr judgment in the Sinnott case that it would be better to ensure that support services and the provision of an education appropriate to meeting the needs and abilities of a person are education 'rights', not subject to state largesse. Mr Justice Barr ruled that:

"a citizen's constitutional rights must be responded to by the state in full. A partial response has no justification in law even in difficult financial

circumstances which may entail raising of new tax revenue to meet such claims..."

6.5 School Admission Policy

Schools shall be required to "establish and maintain an admissions policy which provides for maximum accessibility to the school" [Section 15(2)(d)]. Section 15 requires publication by the Board of Management of a school's admissions policy including admission to the school of students with disabilities. The Act also requires the Board to ensure that the admissions policy respects the right of parents to send their children to the school of their choice. A procedure is specified for an appeal to the Secretary General where a Board of Management:

permanently excludes a student from a school; or

suspends a student from attendance at a school; or

refuses to enrol a student in a school ... [Section 29(1)].

Section 6 requires that every person concerned in its implementation shall have regard to the objects of the Act, including:

"to promote the right of parents to send their children to a school of the parents' choice having regard to the rights of patrons and the efficient use of resources".

6.6 Identifying and providing for Special Needs

It shall be a function of the school is to identify and provide for the educational needs of all students including those with a disability:

"A recognised school shall provide education to students which is appropriate to their abilities and needs and, without prejudice to the generality of the foregoing, it shall as far as resources permit;

ensure that the educational needs of all students, including those with a disability or other special educational needs, are identified and provided for;

ensure that parents of a student ... have access in the prescribed manner to records kept by that school relating to the progress of that student in his or her education"[Section 9].

In carrying out their functions Boards of Management shall:

use the resources provided to the school from monies provided by the Oireachtas to make reasonable provision and accommodation for students with a disability ... "[Section 15,(g)].

6.7 Access to Student Records by Parents

Section 9(g) of the Education Act provides that a recognised school shall use its available resources to ensure that the parents of a student, including students over eighteen years of age, have access in the prescribed manner to records kept by the school relating to the progress of the student in his or her education.

When taken together the provisions of the Education Act show a commitment to what is described as “*maximum accessibility*”. While no individual provision guarantees the right of access, the Act reflects a policy of inclusive provision for children with disabilities. Nevertheless, as pointed out above, the Education Act as a whole may not provide for *enforceable rights* to education. Further commentary and recommendations are presented at the end of Chapter Three of this Report.

6.8 The National Council for Curriculum and Assessment (NCCA)

The NCCA, as provided for under the EA, was on 18.6.01 established on a statutory basis with effect from 12.7.01.

7. Qualifications (Education and Training) Act 1999 (QETA)

7.1 Scope and Objectives

The *Qualifications (Education and Training) Act 1999* is of relevance to young persons with an ASD in receipt of further education and training. The Act describes itself in its long title as:

"an Act to establish an administrative structure for the development, recognition and award of education and training qualifications in the State; to establish (in the English language) the National Qualifications Authority of Ireland, the Further Education and Training Awards Council and the Higher Education and Training Awards Council..."

Two objects of the Act are:

"to facilitate lifelong learning through the promotion of access and opportunities for all learners, including learners with special educational and training needs"(Section 4, 1, e); and

"having regard to the traditions of providers of education and training, to promote diversity in education and training between further education and training and higher education and training and within each of these"
(Section 4, 1, j.)

Everybody concerned in its implementation shall have regard to the objects of the Act.

The National Qualifications Authority is a creature of the Act. It shall, *inter alia*:

"give effect to the policies relating to education and training which from time to time are established and notified in writing to the Authority by the Minister..."

"do all things necessary or expedient in accordance with this Act to further the objects of the Authority"

The validation of programmes of further education and training shall be a function of the Further Education and Training Awards Council (FETAC). The Council shall:

"... inform itself of practices outside the State in respect of matters relevant to its functions" [Section 14, (2)(b)].

A University established under Section 9 of the Act of 1997:

"may apply to the Further Education and Training Awards Council or the Higher Education and Training Awards Council to have programmes of education and training which it provides, organises or procures validated by either such Council, as appropriate" [Section 41(8)]; and

shall establish procedures for quality assurance, which shall include:

"evaluation by learners of programmes of education and training provided by that university" [Section 42 (2)(b)].

All those concerned in its implementation shall, in exercising their functions, have regard to the objects of the Act. [Section 4, (2)]. The chief executives of the National Qualifications Authority, the Further Education and Training Awards Council and the Higher Education and Training Awards Council (HETAC) are to prepare a plan setting out proposals for carrying out their functions. [Section 58,(1 & 2)]

As of August 2001 only the provisions relating to the *Qualifications Authority* are in force. An Order establishing the *National Qualifications Authority of Ireland*

(NQAI) was signed by the Minister on 26.2.2001. The Chairperson of NQAI and Designate Chairpersons of HETAC and FETAC have been appointed.

7.2 Terms and Definitions

Unless the context otherwise requires,

"further education and training" means:

"education and training, other than primary or post-primary education or higher education and training, which is determined by the national Qualifications Authority of Ireland ... to be further education and training" [Section 2(1)]; and

"A programme of education and training, which leads to the attainment by learners of a standard of knowledge, skill or competence which is not higher than the level at which, before the 3rd day of March 1999, the National Council for vocational Awards has made awards, shall be deemed to be further education and training, unless otherwise determined by the Authority" [Section 10(3)].

and *"special educational and training needs"* means:

"the educational and training needs of learners who have a disability"[Section 2(1)]

8. The National Disability Authority Act, 1999 (NDAA) (all provisions in force)

The *National Disability Authority Act, 1999* was enacted *"to provide for the establishment of a body to be known as the National Disability Authority"*. In this Act, *"except where the context otherwise requires," the term "disability"* in relation to a person, means:

"a substantial restriction in the capacity of a person to participate in economic, social or cultural life on account of an enduring physical, sensory, learning, mental health or emotional impairment".

The National Disability Authority (NDA) was formally launched in June 2000. It has responsibility for:

- advising the Minister for Justice, Equality and Law Reform on policy issues;
- monitoring the standards and impact of services;
- providing general assistance by preparing codes of practice;
- promoting equality for people with disabilities.

The remit of the National Disability Authority will include policy and practice relating to persons with an ASD.

9. The Equal Status Act 2000 (ESA) (all provisions in force)

9.1 Scope and Objectives

The *Equal Status Act 2000* purports to promote equality, to prohibit discrimination, harassment and related behaviour and to set up a means to investigate and remedy discrimination. The basic principle underlying the legislation is that people should be judged on their merits as individuals rather than by reference to the group to which they belong. The Act prohibits service providers, including educational establishments, from discriminating against people with a disability, and as between different disabilities [Section 3(2)(g)]. The Act prohibits discrimination in relation to:

- admissions;
- the term and conditions of admission;
- access to any course;
- access to any facility or benefit provided, or any other term or condition of participation in the establishment, including the terms of expulsion or sanction against a student.

9.2 Terms and Definitions

Direct discrimination for the purposes of the Act is defined as treating one person less favourably than another on one of the discriminatory grounds, e.g. disability [Section 3(1)]. An educational *establishment*:

'means a pre-school service within the meaning of Part VII of the Child Care Act, 1991, a primary or post-primary school, an institution providing adult, continuing or further education, or a university or any other third-level or higher-level institution, whether or not supported by public funds' (Section 7).

9.3 Issues of Safety and Service Operability

The Equal Status Act provides for a number of derogations on the grounds of disability:

Where a person has a disability that, in the circumstances could cause harm to the person or to others, treating the person differently to the extent reasonably necessary to prevent such harm does not constitute discrimination [Section 4(4)].

There is no indication from the legislation about who may decide whether a person is a harm to themselves or others, or on what grounds such a decision might be made. The difference in treatment in this instance is permitted - the difference, however, should only be that which is deemed “*reasonably necessary*”.

Another derogation relates specifically to educational establishments. An educational establishment need not comply with the other conditions laid down in the legislation:

to the extent that compliance with any of its provisions in relation to a student with a disability would, by virtue of the disability, make impossible, or have a seriously detrimental effect on, the provision by an educational establishment of its services to other students [Section 7 (4)(b)].

It would appear that any student who would “*make impossible*” or have a “*seriously detrimental*” effect on the education of others may be discriminated against by an educational establishment.

Thus, the *Equal Status Act 2000* will not ensure that there are any rights to equality in education. The Act prohibits discrimination assuming that the individual can avoid the above derogations and does not require a reasonable accommodation which would give rise to more than a nominal cost. This legislation is not an education statute, nor is it geared towards providing education for students with an ASD or other special needs.

9.4 Enforcement

Keeping the above reservations in mind, it should be noted that the Equal Status Act contains enforcement mechanisms including the possibility of compensation, demanding that an educational establishment take a certain course of action and mediation. Breaches of the Act go to the Director of the Equality Authority.

10 Education (Welfare) Act, 2000 (EWA)

(None of its provisions are yet in force. Any not in force by then will come into operation by default on 5.7.02, 2 years after the date of the passing of the Act.)

10.1 Scope and Objectives

The *Education (Welfare) Act, 2000* provides a comprehensive framework for promoting regular school attendance and tackling the problems of absenteeism and early school leaving. It describes itself in the long title as:

"an Act to provide for the entitlement of every child in the State to a certain minimum education, and for that purpose, to provide for the registration of children receiving education in places other than recognised schools, the compulsory attendance of certain children at recognised schools, the establishment of a body, to be known as the National Educational Welfare Board ..."

While on the face of it, this Act may appear to be relevant, it does not seem to be geared towards children who are absent from school by reason of disability.

10.2 Terms and Definitions

Except where the context otherwise requires, a "child" means:

"a person resident in the State who has reached the age of six years and who -

- a) has not reached the age of 16 years, or*
- b) has not completed 3 years of post-primary education,*

whichever occurs later, but shall not include a person who has reached the age of 18 years" [Section 2 (1)].

10.3 A National Educational Welfare Board (NEWB)

It will be a function of a "National Educational Welfare Board" to "ensure that each child attends a recognised school or otherwise receives a certain minimum education" [Section 10 (1)]. The National Educational Welfare Board may:

"with the consent of the parent of the child concerned, arrange for a child to be assessed as to his or her intellectual, emotional and physical development by such person as may be determined by the Board with the concurrence of the parent" [Section 10 (4)].

The first meeting of the designate National Educational Welfare Board was held on 15.6.01. The Minister, as reported in the accompanying press release, stated that with the establishment of the NEWB, there will be a single national authority "to assist children at risk and those who experience difficulties in or out of school, and, in co-operation with schools, to provide a range of supports and strategies to discourage absenteeism and early leaving". Some 12,000 students do not go on to Leaving Certificate each year, including more than 800 who drop out after primary school.

10.4 Removing a Pupil's Name from a School Register

The Principal of a school shall not remove a child's name from the school register other than on receipt of notification that the child has been registered in another school or has been registered as a child *"in receipt of education in a place other than a recognised school"* [Section 14 (1)].

10.5 Code of Behaviour

Boards of Management shall prepare a code of behaviour. This shall specify:

- a) *the standards of behaviour that shall be observed by each student attending the school;*
- b) *the measures that may be taken when a student fails or refuses to observe those standards;*
- c) *the procedures to be followed before a student may be suspended or expelled from the school concerned;*
- d) *the grounds for removing a suspension imposed in relation to a student..."*

[Section 23].

10.6 Expulsion Issues

Where the Board of Management of a school believes that a student should be expelled, it shall notify the *"educational welfare officer"* who shall *"make all reasonable efforts to ensure that provision is made for the continued education of the student"*. The student may not be expelled within the next twenty school days following receipt of notification by the educational welfare officer. These provisions, however, are:

"without prejudice to the right of a board of management to take such other reasonable measures as it considers appropriate to ensure that good order and discipline are maintained in the school concerned and that the safety of students is secured" [Section 24].

In cases where a school permanently excludes, suspends or refuses to enrol a student and an appeal by parents to the Secretary General under the terms of Section 29 of the Education Act 1998, has either not been made or has been made and the action of the school upheld, the National Educational Welfare Board shall make:

"... all reasonable efforts to have the child to whom the decision concerned relates enrolled in another recognised school"

"...such other arrangements as it considers appropriate to ensure that the child receives a certain minimum education and shall monitor the progress of the child's education" [Section 27 (1) (2)].

No recognition is evident in the Act of the rights of children whose behavioural difficulties arise as a direct result of their disabilities. As of August 2001, none of the provisions of the *Education (Welfare) Act, 2000* are yet in force.

11. The Human Rights Commission Act 2000 (HRCA)

(An establishment day for the commencement of the Act is to be appointed by the Minister.)

11.1 Scope and Objectives

Insofar as it may relate to the rights of persons with an ASD and other disabilities, the *Human Rights Commission Act, 2000* is of relevance here. Arising from the Belfast Good Friday Agreement (*Agreement Reached in the Multi-Party Negotiations*), an Act setting up a *Human Rights Commission* has been passed. The Commission held its inaugural meeting on 6.3.2001. It may conduct inquiries into human rights abuses and, subject to prior confirmation by the Court that human rights issues are involved, take cases to court on behalf of individuals and groups. A *Human Rights Commission* has also been established in Northern Ireland and it is envisaged, under the Agreement, that there will be a joint committee of representatives of the two Commissions as a forum for consideration of human rights issues on the island of Ireland.

The *Human Rights Commission Act, 2000* describes itself in the long title as:

"an Act to provide further protection for human rights and ... to establish a body to be known as ... the Human Rights Commission ..."

The functions of the Commission include the following:

"to keep under review the adequacy and effectiveness of law and practice in the State relating to the protection of human rights"[Section 8 (a)];
and

to provide assistance by way of legal advice, legal representation or otherwise as the Commission deems appropriate, to persons in relation to the protection of human rights [Section 8 (f) & Section 10, 5 (a) (b)&(c)].

The Commission may conduct an inquiry into any matter relevant to its functions [Section 9 (1)]. The Commission may also institute legal proceedings for the purpose of obtaining relief in respect of any matter concerning the human rights of a person or class of persons [Section 11 (1)]. An amendment to the Act will allow the Commission to take court proceedings based on the *European Convention on Human Rights*.

However, subsequent to the passing of the Act, the number of commissioners was increased from eight to fourteen. As thus constituted the Commission did not have a statutory basis. A short *Human Rights Commission Bill 2001* was introduced by the government on 5.7.01 to place the Commission on a statutory footing.

11.2 Terms and Definitions

In this Act "*human rights*" means:

- i) "*the rights, liberties and freedoms conferred on, or guaranteed to, persons by the Constitution; and*
- ii) "*the rights, liberties and freedoms conferred on, or guaranteed to, persons by any agreement, treaty or convention to which the State is a party (Section 2 a & b)*. For purposes of Section 11, however, this meaning (i.e. ii) is qualified by the addition of the following text:

"and which has been given the force of law in the State or by a provision of any such agreement, treaty or convention which has been given such force" [Section 11(3)].

At present very few such agreements, treaties or conventions have been given the force of law.

12. Teaching Council Act, 2001 (TCA)

(An establishment day for the commencement of the Act is to be appointed by the Minister.)

Since teacher education will be fundamental to the provision of adequate and appropriate education for children and young people with ASDs, the provisions of the Teaching Council Act are of relevance here. The Teaching Council Act 2001 was passed by the Dail and Seanad on 11th April 2001 and was signed by the President on 17th April 2001. It describes itself in the long title as, *inter alia*:

"An Act to promote ... the professional development of teachers ... to provide for the establishment of standards, policies and procedures for the

education and training of teachers ... to establish a Council to be known as the Teaching Council ...”

The following are among the objectives of the Council:

to establish and promote the maintenance and improvement of standards of ... programmes of teacher education and training;

to promote the continuing education and training and professional development of teachers [Section 6 (b),(c)].

It will determine the education, training and qualifications required for a person to be registered as a teacher and it will advise the Minister in relation to the professional development of teachers. The Council is required, however, to implement the policies relating to teacher education and training, probation, qualifications, professional conduct and standards as established from time to time by the Minister. This means that, in future, the responsibility for the qualifications of new entrants, accreditation of teacher training courses and promotion of in-career development for teachers will largely lie with the teaching profession itself, working through the Teaching Council. Preparations for the establishment of the first Teaching Council will now commence.

13. The European Convention on Human Rights Bill 2001 (ECHR)

The European Convention on Human Rights has provisions which are of relevance to people with disabilities, including those with an ASD. Under the terms of the Belfast Agreement the Government undertook to examine the incorporation of the European Convention into Irish law. In a Press Release of 10.4.01, the Minister for Justice, Equality and Law Reform, Mr. John O'Donoghue, T.D. announced that the text of *The European Convention on Human Rights Bill* had on that day been approved by the Government. Its main provisions are that the courts shall, subject to the Constitution, interpret laws in a manner compatible with the convention and that departments and organs of the State perform their functions in accordance with it. The Bill will facilitate actions under the Convention being taken in Irish Courts rather than in the Strasbourg Court. The recently concluded Twelfth Protocol dealing with the substantive issue of discrimination has not, however, been included in the Bill as further consideration needs to be given to the question of what legislative changes are required to enable its ratification.

In an article in the *Irish Times* of 30.6.01, Carol Coulter reports that the Government has decided to defer *The European Convention on Human Rights Bill* until the autumn to allow for further consultation.

14. The Disabilities Bill

This Bill is to be published during the period covered by the Programme for Prosperity and Fairness (PPF). An Taoiseach, Bertie Ahern, T.D., speaking at the launch of the *Mainstreaming of Services for People with Disabilities* at UCD on 12.6.2000 stated that *"there will be full consultation about its contents, but at this stage I would envisage that the Bill will cover areas such as access to public bodies, the use of telecommunications services, transport and participation in the judicial system"*.

In its reference to the proposed Disabilities Bill, the *National Children's Strategy: Our Children - Their Lives* states that *"A Disabilities Bill which will provide for specific measures to advance and underpin the participation of people with disabilities in society, including the participation of children with disabilities, is being prepared and is expected to be published in 2001"*.

The National Disability Authority (NDA) has made the following submission for consideration in the drafting of the Disabilities Bill:

"The legislation should contain among other things the following":

The right to an equally effective education;
A statutory presumption in favour of mainstream;
An enumeration of the narrow grounds for excluding children with disabilities;
Annual individualised education plans leading to a "contract" between school, child and parent;
Statement of resources dedicated to this end and in place before term begins;
Tailored curricula;
Rights to related services;
Complaints mechanism.

APPENDIX 19: POLICY - Other Government Reports

1. The Education of Children who are handicapped by Impaired Hearing (1972)

The main recommendation in this Report was that a national Visiting Teacher Service for students with hearing impairment and their parents should be established. The Report also recommended that the education of students with impaired hearing should continue to be provided mainly in segregated special residential schools. By the early 1980s, however, some parents were unwilling to send their young children with impaired hearing away from home to residential schools. These parents demanded that suitable education be provided locally. As a result a number of special classes for students with hearing impairment was established in mainstream primary schools in different parts of the country. Special classes for students with hearing impairment at post-primary level were provided later.

2. Curriculum Guidelines for Pupils with a Moderate Mental Handicap (1980)

These guidelines had a major positive influence on the work in schools and classes for students with a moderate general learning disability. They were the first curricular guidelines prepared in Irish education with the active involvement of the various stakeholders.

3. The Education of Physically Handicapped Children (1982)

This Report created a new awareness of the educational and other needs of students with physical disabilities and was influential, in particular, in the development of services for them in mainstream education at both primary and post-primary level.

4. The HEA Survey Report (1994)

The HEA Committee on Access and Participation of Students with Disabilities in Higher Education, in conjunction with the Association for Higher Education Access and Disability (AHEAD) conducted a survey of third-level institutions (forty-seven) to establish the factual situation with regard to students with disabilities in higher education. The main findings of the Survey Report were as follows:

- i) The number of students with disabilities attending higher education institutions was about 0.54 per cent of the total student population for the academic year '93-'94. The proportion of successful applicants for higher education places having a physical or sensory disability would be expected to be in the region of two per cent. This would suggest a significant under-representation of students with disabilities in higher education.
- ii) Seventy per cent of colleges provided special examination arrangements for students with disabilities.

- iii) When applying for admission to third-level education through the Central Applications Office, students with special needs were encouraged to complete a “Special Category” box with particulars regarding:

“Health: Conditions requiring special facilities. If you wish, you may mention any disability or condition of health, which could have a bearing on your studies or require the provision of special facilities. Alternatively, you may omit any such mention here and, instead, contact the appropriate admissions office/s before applying”.
- iv) Eighteen per cent of colleges provided financial assistance for students with disabilities.
- v) Thirteen per cent of colleges had a full time and sixteen per cent of part time staff member responsible for students with disability.
- vi) Disability training workshops for staff were held in eleven per cent of colleges.
- vii) There were also significant variations between colleges in relation to the provision of aids or special facilities – the bigger colleges tended to have a greater range of facilities.
- viii) The main problem encountered in compiling the report lay in the lack of a generally accepted operational definition of disability.

5. The Report of the Committee on Access and Participation of Students with Disabilities in Higher Education (1995)

This committee was established in 1993 by the Higher Education Authority (HEA) *“to consider and review existing provision for students with disabilities”*. The committee used the following definition of a student with disability:

“a student is disabled if she or he requires a facility which is not part of the mainstream provision of the college concerned, to enable participation in the college to the full extent of her or his capabilities and without which she or he would be educationally disadvantaged in comparison with peers”

and was of the view that:

“no student who would otherwise gain access to or participate in higher education should be prevented from doing so by reason of a disability.... there should be integration and inclusion of people with disabilities in the Irish higher education system and provision made for appropriate needs where necessary”

Higher education was not considered to be an appropriate option for some categories of disability, e.g., intellectual impairment.

6. The Report of the Advisory Group on a Personal Assistance Service for People with Physical Disabilities (1995)

This Advisory Group was established by the Minister for Health in January 1995 to report on:

“future policy of providing and developing a personal assistance service to enable people with severe physical disabilities to live independently”.

With regard to funding for such services, the Group recommended that:

- i) A Personal Assistant allowance should be paid as an income maintenance allowance by the Department of Social Welfare.
- ii) In the case of people requiring a PA service to pursue third-level education, funding should be made available by the Department of Education.

7. Report on Attention Deficit Disorder in Ireland (1999)

The “*Report on Attention Deficit Disorder in Ireland*” was prepared by the Joint Committee on Health and Children, Houses of the Oireachtas. The Joint Committee appointed the National Research Agency, Ltd., as consultants for the Report. The Report states that:

- in the US since 1991 “children with ADD may qualify for special education and related services on the basis of their ADD when it significantly impairs educational performance or learning”;
- “there needs to be specific educational services for persons with ADD/H”;
- “a school specialising in ADD/H needs to be provided for children with severe ADD/H who cannot cope in mainstream schools”.

The Minister for Health and Children, Mr. Micheál Martin TD announced (6.2.2000) that he is making a grant of £30,000 available to enable a national study to be undertaken on the prevalence of Attention Deficit Disorder in the country.

8. Report of the Expert Advisory Group on Certificate Examinations (2000)

A report "Arrangements for the Assessment of Candidates with Special Needs in Certificate Examinations" was provided to the Minister in January 2000 by the "Expert Advisory Group on Certificate Examinations". The Minister accepted the general set of principles identified by the Advisory Group and the process of implementing its recommendations was begun with the examinations of 2000.

9. Report on the Education of pupils with Visual Impairment (2000)

A Department of Education and Science press release of 1.9.2000 states that on that day the Minister for Education and Science accepted the Report of the Planning Group for a National Centre for the Education of Children with Visual Impairment. The task undertaken by the Group was to examine a proposal to establish a Centre of excellence for some 500 children nationally under the age of eighteen who are visually impaired. The report deals with educational provision from pre-school to the end of the post-primary cycle. Accepting the Report, the Minister said, "I want to make early progress in providing additional services to assist children with visual impairment and will be examining the contents of the Planning Group's Report".

10. North-South Co-operation

In April 2000, the Minister also announced that the Education Committee of the North-South Ministerial Council had agreed to establish a *North-South Special Education Co-ordination Group*.

11. US Exchange in Special Needs

Funding is being provided to enable ten teachers and two parents of children with special needs to travel to the United States and work for four weeks in April/May 2001 with special education colleagues there. Four placements will involve teachers from Ireland working in the Lab School in Washington where innovative work is being done in mainstreaming special needs provision. A further six placements will be awarded to Irish teachers to enable them to study practices in other innovative establishments in the United States. On their return, the teachers will disseminate their experiences among their colleagues in special education in Ireland.

APPENDIX 20- SERC RECOMMENDATIONS - not fully implemented

School authorities and psychologists should have the right to refer pupils directly to Health-funded agencies for assessment and to receive copies of assessment reports which have implications for educational provision.

Health Boards should keep school authorities informed of the range of assessment and support services available in their areas and hold regular review meetings.

The School Health Teams should be brought up to strength in all Community Care areas in order that annual targets for school medical examinations can be met in all areas of the country.

All students with special support needs, in ordinary and special schools, should have ready access to such additional support services and personnel, including speech-, physio- and occupational therapists, as their assessed needs may require from time to time.

Systems should be put in place to ensure that no pupil, by virtue of educational placement only, is discriminated against in comparison with another of like need and circumstances in regard to the disbursement of public monies.

The Department of Education should publish, on a regular basis, updated lists of educational facilities for pupils with disabilities and/or special educational needs.

The network of special classes in designated ordinary primary and post-primary schools should be expanded in accordance with identified needs.

Facilities, curricula and organisational structures, geared to the requirements of students with special needs and/or disabilities, should be provided in more ordinary post-primary schools.

The National Council for Curriculum and Assessment should re-examine the curricular structure in post-primary schools having particular regard to the estimated 15% to 18% of students with special learning needs. The courses offered should be made more appropriate to their abilities and more relevant to their lives both in and out of school.

The Department of Education should monitor and evaluate the effectiveness of all support teaching services on a regular basis.

College authorities should examine the feasibility of including first-hand experience of teaching pupils with special educational needs and/or disabilities in initial training courses;

The Department of Education should restructure the administration of Special Education within the Department to include both primary and post-primary sections.

APPENDIX 21 : World Health Organization Disability Assessment Schedule II - WHODAS II

The World Health Organization Disability Assessment Schedule II (WHODAS II) is a new measure of functioning and disability that is conceptually compatible with WHO's

recent revisions to the International Classification of Functioning and Disability (ICIDH-2).

Domains of functioning assessed by the WHODAS II include:

- Understanding and communicating
- Getting around
- Self care
- Getting along with others
- Household and work activities
- Participation in society .