A Guide to Early Years Autism Services

September, 2012
Acknowledgements

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September, 2012
# A Guide to Early Years Autism Services

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Introduction
The Departments of Education and Early Childhood Development, Health and Wellness, and Community Services, Seniors and Labour work closely to coordinate assessment, diagnosis, intervention and support services for all children with special needs and their families. A range of programs and services are available including Early Childhood Centre based resources, the Child Care Subsidy Program (Dept of Community Services, Seniors and Labour) and Disability Support Program (Dept of Community Services, Seniors and Labour). Diagnostic services for autism spectrum disorders (ASD), as well as Speech-Language and Occupational Therapy services available through the Department of Health and Wellness.

Parents may become concerned about some areas of their child's development in the first few years of life. If the child is not developing language or other skills as expected, please contact your pediatrician or family doctor for appropriate referrals.

This guide will focus specifically on services for young children with autism provided through the Department of Education and Early Childhood Development (DEECD). For more detailed information about programs and services available through other Departments, please see www.gov.pe.ca/departments.
Autism is a developmental disorder which significantly affects learning in the areas of communication and socialization. The diagnosis of autism is not based on a medical test but rather on observation of the child's behaviour and development over time. Early concerns are often lack of response to name, lack of shared attention (i.e. showing or looking at something together), and absent or atypical language development. Insistence on specific routines and repetitive behaviours are also common.

Although children with autism share areas of delayed or atypical development, each child may be affected differently. For example, some children develop language and others remain non-verbal or have more limited communication. Some children with autism have cognitive or academic challenges and others do not. For this reason, autism is often referred to as a "spectrum disorder." Individuals with autism benefit from special teaching strategies to help them learn. These interventions and strategies must also represent a continuum, that is, they must be based on each child's individual needs and skills.

**Key Terms**

**Autism** - a developmental disorder that becomes evident in the first three years of life and significantly affects the development of social and communication skills. Repetitive behaviours and restricted routines are common among individuals with autism.

**Autism Spectrum Disorder** - term used to describe the broader category of autistic disorders which reflect a range of severity; includes children diagnosed with Autistic Disorder, Asperger Syndrome and Pervasive Developmental Disorder- Not Otherwise Specified. In this document these terms will be used interchangeably.
Provincial Autism Strategy – Value Statements

In order to provide appropriate supports for families affected by autism on Prince Edward Island, values have been adopted which reflect our present knowledge of autism and effective intervention. Currently, practices that have the most reliable support are those based in the science of Applied Behaviour Analysis. As new research becomes available, intervention practices may change. The principles noted below serve as the foundation for our commitment to improving services for individuals with autism and their families.

- Early Intensive Behavioral Intervention (IBI) can have a significant and positive impact on learning for children with autism.

- Individuals with autism, like others, will continue to learn throughout their lifetime. They require varying levels of support depending on strengths and challenges.

- Persons with autism often require individualized programming. Assessment is the basis for determining appropriate programs and services. Decisions about intervention and program delivery should be outcome based, using objective measures.

- A collaborative team approach is an essential component for effective service delivery.

- Active family involvement, education, and ongoing communication maximize learning opportunities and generalization of skills.

- The social, linguistic and cultural diversity of families and educators must be recognized and considered in the provision of services.

- Services must be provided by appropriately trained personnel at all levels. Pre-service and ongoing professional development is necessary.

- Many individuals with autism have difficulty with change. Special attention and planning is needed to prepare for transitions at key points.
To facilitate successful experiences in an inclusionary school environment, a continuum of supports must be available for both the students and educators.

Teaching strategies based on the science of Applied Behaviour Analysis (ABA) have been documented to be effective for individuals with Autism Spectrum Disorder (ASD). A variety of behavioural teaching strategies and supports based on peer reviewed research and best practices can be utilized in school, home and community settings.

When an individualized behavior support plan is needed to address challenging behaviours, this is based on a Functional Behaviour Assessment (FBA) and emphasizes positive approaches, validated through research.


**Key Terms**

Peer review is a process that journals use to ensure the articles they publish represent the best scholarship currently available. When an article is submitted to a peer reviewed journal, the editors send it out to other scholars in the same field (the author's peers) to get their opinion on the quality of the scholarship and its relevance to the field. This helps identify practices that are more likely to be effective for individuals with autism and others.

Functional Behaviour Assessment (FBA) is a process of gathering information about specific behaviours that are interfering with learning. The information is often collected through direct observation, interviews, data collection and informal checklists. This process allows the team to create an effective behavior support plan.
Early Years Autism Service – Overview

A continuum of Early Years Autism Services, consisting of Intensive Behavioral Intervention, Transition to School Process and Intensive Kindergarten Support combines individualized assessment and programming and careful planning to insure that young children with autism have the learning supports they need in homes, child care centres, and in the Kindergarten setting. Autism Coordinators and Specialists, Board Consultants and families as well as partners in other departments collaborate to provide appropriate and effective learning environments for each child.

Autism Specific Services: A Continuum

Preschool
- Up to school entry
- At home, or EC Centre
- Up to 25 hours one-on-one, based on child’s need
- Frequency of consults: weekly
- Funding from Department for Autism Assistant/Tutor

Kindergarten
- 5 years old
- During Kindergarten hours
- Degree of support based on child’s need
- Maximum frequency of consults: weekly
- Eligible for afterschool funding

Grade 1-12
- 6 years old until school exit
- During school hours
- Degree of support based on child’s need
- Frequency of consults depends on child need and school caseloads
- Eligible for afterschool funding

Seamless Transition
Early Years Autism Specialist
Board Based Autism Consultant
Individual, developmentally appropriate programs
Training, resources, clinical support provided by Department of Education and Early Child Development
Based on the guiding principles above, the DEECD provides autism specific supports following diagnosis and continuing throughout the preschool and school years. In the following sections, the guide provides detailed information about Early Years Autism Services for young children prior to school entry and during the kindergarten year.

I. **Intensive Behavioral Intervention (IBI)** - IBI is a preschool model for early and intensive intervention for children with autism. It often begins with one to one instruction and gradually moves into more natural contexts as the child acquires skills. IBI may occur in the child's home or in a child care centre. In PEI, the program is supervised and monitored by an Early Years Autism Specialist with additional clinical supervision by the Early Years Autism Coordinator. An Autism Assistant is hired by the family or centre to provide direct instruction.

II. **Transition to School Process** - This involves careful, timely planning beginning 6 months prior to school entry to insure a smooth move from the preschool to the school environment.

III. **Intensive Kindergarten Support** - During this important first year of school, an Early Years Autism Specialist (AS) may provide direct support for both the school staff and the child with autism. This includes weekly or biweekly consult visits to assist the teacher in individualizing programming, modifying curriculum, helping to address behavioural challenges and participating in the development of the IEP.
Intensive Behavioural Intervention
Overview

Following diagnosis and referral, children on the autism spectrum are eligible for Intensive Behavioral Intervention (IBI). This preschool model of intervention starts as early as possible after diagnosis and provides up to 25 hours a week of instruction. The intervention is coordinated and supervised by an Autism Specialist (AS) with clinical support from the Early Years Autism Coordinator (AC). In order to provide intensive support for each child, a limited number of children may be enrolled at a time. As a result, there may be a waiting period for this service.

IBI places a strong emphasis on the development of the child's functional communication as well as skills that are important in everyday life (i.e. self care and daily living skills). Each child's program is individualized in order to meet his/her specific developmental needs. The teaching methods used in IBI are based on the principles of Applied Behaviour Analysis (ABA). ABA is a science that studies how the environment can influence behaviour and learning. Well studied learning principles are used in a systematic way to teach skills that are meaningful for the child and the family. Skills are broken down into small teachable units so that learning is easier for the child. Positive behaviours are encouraged through rewards and praise, while challenging behaviours often decrease through the teaching of more appropriate behaviours.

A variety of research based behavioural teaching methods may be used to achieve this. These can include very structured and adult directed methods such as discrete trial instruction, or teaching that is embedded in routines that occur every day in the child's home or other learning environment (i.e. natural environment or incidental teaching). Both one on one and small group instruction may be used, depending on the needs of the child. While not every child makes the same progress, research suggests that children with autism who receive intensive services early in life often make substantial gains in cognitive development, communication and social skills.
Key Terms

**Applied Behaviour Analysis (ABA)** - science that studies how the environment influences behaviour and learning. Teaching methods based on these learning principles guide IBI programming.

**Discrete Trial Instruction (DTI)** - a behavioural teaching method that involves repeated practice of skills including a clear direction, the child's response and feedback (reinforcement); usually taught one on one, often in a low distraction environment.

**Natural Environment Teaching (NET)** - a behavioural teaching method that involves planned activities based on the child's interests and motivation and taught in natural contexts.

**Incidental Teaching (IT)** - a behavioural teaching method that encourages expanded language use after the child initiates communication; takes place across environments.

Standards

The practices that make IBI an effective intervention are derived from research findings, clinical best practice guidelines and expert opinion. Current research helps us continuously evaluate and update the teaching procedures that are most appropriate for each child. The characteristics of IBI that are considered best practice are noted below.

- An individualized intervention plan that emphasizes basic skill domains: 1) attending to the environment, 2) observing and imitating others, 3) understanding and using language, 4) appropriate toy play, and 5) social interaction;

- Highly supportive teaching environments including predictability and routine;

- Structured teaching methods, based on the principles of ABA, that incorporate a variety of strategies;
Specific programming to teach skills, as well as encourage use of these across environments and over time;

Progression from structured to natural settings and from one to one to small and large group learning;

Use of functional assessment and positive behaviour support methods to address problem behaviours;

Family participation in training and in the development, implementation and review of service plans;

Careful and timely transition planning from/to early childhood programs and to school;

Trained and adequately supervised staff;

Regular, ongoing monitoring of the child's progress by parents and professionals; and

Re-assessment and evaluation of the child's program at least once every nine to twelve months.

[More detail on these practices is available in the references noted in Appendix C]

**Key Components**

**Is Intensive Behavioral Intervention the right choice for your family?**

IBI services can be provided either in the home or in a licensed child care centre. Parents considering this intervention for their child should be aware that this is an intensive program. When it occurs in the home, the Autism Assistant and other team members will be coming on a regularly scheduled basis into your home. A safe, quiet and low distraction space needs to be available for IBI instruction.
The Autism Specialist will work with the parents to create an individualized learning program for each child based on assessment and the family's priorities. Specific teaching instructions, procedures and data collection forms will be provided in a program binder so that all team members are consistent. The child's progress is often directly related to the degree of consistency with which he or she is instructed. Thus, it is important that teaching programs be followed unless all agree to modify or change them.

In order for the child to maximally benefit from the program, parents are encouraged to participate fully, including attending parent training and team meetings and ensuring the child is available for scheduled sessions. A parent or designated adult (over 18) must always be present in the home during hours of funded IBI instruction.

The funded IBI hours may only be used to implement evidence-based interventions under the direction of the Autism Specialist. At times, families may choose to pursue alternative treatments that may not be evidence-based. These treatments may not occur during funded IBI hours or compromise the consistency and coordination of IBI programming (See Appendix C for a list of non-evidence-based treatments).

### Key Terms

**Evidence-based intervention** - treatments or intervention strategies that have been proven effective with a specific population and documented in peer reviewed publications; studies must provide convincing support for the effectiveness of the intervention through carefully designed research designs. Evidence for or against a specific intervention may change over time as new research is published.

Funding for IBI is not currently provided for privately contracted services or agencies. If professionals or others outside the child's Early Years Autism Team are directing IBI programming concurrently, it can be very confusing for the Autism Assistant(s) and potentially impede the child's progress. Therefore, due to ethical considerations, IBI cannot be funded when the family engages a concurrent provider of IBI services, whether formally or informally arranged. This does not preclude working closely with Speech Language, Occupational Therapy or Psychology professionals when common objectives are being addressed. If the family chooses another service provider, the IBI team will assist in the transition through the sharing of information as requested.
Currently service may be provided in French or English. Every effort will be made to accommodate cultural, ethnic or religious issues related to intervention. Interpreters may be requested by families for meetings or training.

The DEECD supports and participates in research projects on autism. Occasionally PEI families with a child diagnosed with an autism spectrum disorder may be extended an invitation to participate in research. This is completely voluntary and does not impact on eligibility for services in any way.

### Eligibility

- The IBI program is designed for young children with autism up to August 31st of the year they enter school. The age of school entry is regulated under the School Act (School Act R.S.P.E.I. 1988, Cap. S-2.1).

- To be eligible written documentation of a diagnosis on the autism spectrum from a registered professional (e.g. psychologist, pediatrician, psychiatrist) using specific assessments must be provided. The required assessments include the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview-Revised (ADI-R). The stated diagnosis may specify any of the following:
  
  - Autistic Disorder
  - Autism
  - Pervasive Developmental Disorder-Not Otherwise Specified
  - Asperger Syndrome
  - Autism Spectrum Disorder

- A provisional diagnosis of any of the above will be accepted for referral and placement on the waitlist for services. However, the diagnosis must be confirmed in writing prior to beginning IBI services.

- Parental consent for the Early Years IBI Team to share child and program specific information with all directly involved professionals is a requirement for enrolment.
Key Terms

**Early Years Autism Coordinator** - Clinical leader for Early Years staff and services; provides expertise, training and guidance to Autism Specialists

**Early Years Autism Specialist** - Early Years staff who provide supervision and coaching for Autism Assistants, complete child assessment and individualize programs for assigned children

**Autism Assistant** - staff employed by the family or early childhood centre who provide direct instruction to an assigned child under the direction of the Autism Specialist.

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**IBI Intake Process**

**Step 1 - Referral**
Once diagnosed, the child is referred by the diagnosing professional to the Early Years Autism Coordinator. The referral may initially be verbal, but must be followed by written documentation. Required information includes:

- Parent/caregiver contact information
- Child information (date of birth, gender)
- Specific diagnosis on the autism spectrum
- Statement of assessments used in the evaluation
- Written report from the diagnosing professional documenting results of the formal assessments used

As an opening for IBI services becomes available and to ensure a consistent and fair access to IBI services, children are invited to enroll in the IBI program in order based on the date the written referral is received. Intake then proceeds following the steps outlined below.

**Step 2 - Options Meeting**
When a referral is received by the Early Years Autism Coordinator, a letter is sent to the family confirming that the child is placed on the list for entry to the service and inviting the parents to an Options Meeting. This meeting is an opportunity to share more detailed information about the Early Years Autism Service and IBI, so that the decision to have the child enter the program is well informed. Parents are provided with an overview of service options, the philosophy and guiding principles for serving children with ASD, as well as practice and funding guidelines.
If the family decides to enroll their child in IBI, the child remains on the wait list for entry to the service. Intake and consent forms are reviewed and completed. Parents are asked to sign a request for release of reports form, which will be mailed on their behalf to the diagnostic team and any other professionals who have been providing support to the child and a file will be started for the child.

**Step 3 - Intake Meeting**
Four to six weeks prior to the anticipated entry date, the family is invited to participate in an intake meeting with the Early Years Autism Coordinator. At this meeting, families decide on the preferred location for services (home or centre based). An Autism Specialist is assigned and initial observations are scheduled. The estimated start date for IBI funding is provided (typically 3-4 weeks after the intake meeting). Parents are provided with a developmental questionnaire (Child Development Inventory) to complete and return to the Autism Specialist for scoring.

**Step 4 - Assessment and Observation Period**
The assigned Autism Specialist begins service by directly observing and assessing the child across environments. This is essential to create an individualized program for each child and typically requires between 6-10 hours of direct observation and working with the child. The assessment is more accurate if the child can be observed in more than one situation (i.e. home and centre; one-to-one or group). Once this initial assessment is complete, the results are summarized in a written report and shared with the family.

**Step 5 - Recruiting**
The designated employer (parent or the early childhood centre director) is responsible for recruiting and hiring an Autism Assistant who will work directly with the child to implement the IBI program. While the assessment is occurring, the family or centre identifies an Autism Assistant candidate. In some situations, an additional Autism Assistant may be required in order to provide the recommended number of hours of instruction. However, to maximize program consistency and efficient supervision, a maximum of two Autism Assistants per child can be funded. The Department maintains a list of people interested in being employed as Autism Assistants and supports the family in finding an Assistant whenever possible. Immediate family members (living in the same household as the child) are not eligible for Autism Assistant employment from Preschool Autism Funding.
Step 6 - Team Meeting
The child's IBI Team, consisting of the Early Years Autism Coordinator, Autism Specialist, the parents, Autism Assistant(s), Child Care Centre Director (if applicable) and any involved professionals, convenes the first team meeting. The team reviews available assessments, discusses family priorities and program intensity (i.e. the recommended number of hours). After agreement is reached, the initial IBI schedule is established, including Autism Assistant hours and expected consult frequency by the Specialist and Coordinator. Individual goals and objectives are identified. These will be the foundation for the child's Individualized Service Plan (ISP), to be formalized at subsequent team meetings. Following the team meeting, the parents fill out the Autism Funding application, identifying the employer and Autism Assistant. The Coordinator notifies the Autism Funding Administrator of the estimated IBI start date and agreed upon hours of service.

Step 7 - Training
Initial training for family members and Autism Assistants is arranged with the Coordinator. When several families start at the same time, a general training will be held, usually for 3 days. The IBI Funding is used to pay the Autism Assistant for the training time. If already employed at a centre, the funding can be used to pay for a substitute so the Autism Assistant can attend the training. If the Autism Assistant is hired later or has not been able to attend the initial training, individual training sessions are provided by the Coordinator and/or the Specialist. Following the basic training, additional coaching and feedback is provided to the Autism Assistant(s) during each consult by the Specialist. In addition, up to four professional development hours may be provided by the Department to IBI Behavioral Assistants bimonthly. These hours are a part of the specified number of hours allotted to families.

Step 8 - Instruction and Program Binder
A binder with teaching instructions (programs) is created by the Specialist and is provided to the Autism Assistant on the designated start date for IBI, along with modeling and coaching. Required teaching materials are provided through the Autism Lending Library. The Specialist monitors the child's progress closely, provides ongoing feedback and modifies/adds programs as needed. Parents are encouraged to become familiar with the child's programs and observe instruction when possible.
Key Terms

IBI Team - Group consisting of the family and all those who provide direct service or supervision for the child. Others may be invited at parent request. Team meetings are held regularly to update all on progress, problem solve and address any program changes.

Program Binder - Binder containing specific teaching programs that have been individualized for the child; provides specific direction for instruction and data collection. The binder is kept in the location for intervention and may be reviewed by the parents at any time.

Individualized Service Plan - a list of individualized learning goals and clearly written objectives that have been identified and prioritized by the Team; objectives are based on assessment and monitored every 6 months.

Assessment

Assessment provides the foundation for an individualized program. It is essential that a full assessment be completed with your child prior to the beginning of instruction. The purpose of the assessment is not just to aid in program design, but also to document your child’s skills when they enter and as they exit the IBI program. Results of all assessments are shared with the parents in a meeting as well as in writing. The primary assessments used for each child are:

- **Verbal Behaviour Milestones Assessment and Placement Program (VB-MAPP)** - a broad assessment of communication, play and social skills for preschool children. Barriers to learning as well as transitional skills needed for school are also identified. It is useful for both verbal and non-verbal children.

- **Child Development Inventory (CDI)** - a standardized questionnaire completed by the parent/caregiver that gives us the parent view of a child's skills and needs in day-to-day life. This is invaluable information as the parent knows the child best. The parent will be asked to complete this inventory again when the child exits the program to provide one measure of the child's progress.
Additional assessments may be used including, but not limited to, the following:

- The **Assessment of Basic Language and Learning Skills (ABLLS-R)** - an assessment and curriculum guide. It provides a list of many sub-skills required for language development and learning.

- The **Social Skills Rating System (SSRS)** - a standardized questionnaire that provides a broad assessment of social and play behaviours that affect peer acceptance and/or academic performance. In this measure, both parents and teacher perspectives are taken into account.

- The **PDD Behavior Inventory (PDDBI)** - a rating scale that assesses problem behaviours, social skills, language skills, and learning/memory skills in children who have been diagnosed with Autism Spectrum Disorders. This tool allows us to assess response to intervention for each child and reflects both parent and teacher perspectives.

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<td><strong>Assessment</strong></td>
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**Continuum of Service**

Each child with Autism has different strengths and learning needs. In order to provide an optimal intervention, all aspects of the IBI program are individualized. This includes the teaching method and context, as well as the intensity of the program. Generally, as the child develops, it is important that they move from learning in a very structured/low distraction environment to the most inclusive environment possible. Programming may start with one to one instruction and gradually move to small and large group instruction as the child prepares for school entry. Some children may enter IBI already able to benefit from more naturalistic teaching, while other children may benefit from intensive one-on-one teaching beyond the pre-school years.
Key Terms

**Continuum of service** - matching the assessed level of the child's need to the recommended hours and environment for services; continuum of service specifies recommended intensity (number of hours), context (individual, small group, large group) and teaching strategies (discrete trial, natural environment, incidental) to be used. Service continuum planning is done with the family and reviewed regularly.

**Generalization** - demonstrating skills across people, materials and environments; skills are not "mastered" unless they can be spontaneously and effectively used in different situations.

In discussion with the family, the Coordinator normally recommends up to 20 hours of service per week and specific teaching strategies or contexts. In exceptional circumstances, when a child is severely impaired by their autism and has not yet developed language, learning readiness or imitation skills, a recommendation of 25 hours per week may be considered. Once agreement has been reached with the family, IBI instruction begins and the child's progress is reviewed regularly to monitor whether the program intensity matches the child's needs and the family's priorities. This "continuum of service" approach allows us to individualize the program to match the needs of the child and family. The continuum is illustrated below as a guideline for decision making. While every child will have different combinations of skills and challenges, the following chart provides a general overview of child characteristics at each stage.

[Note: On the chart below, no level is provided for children requiring less than 10 hours of support, since it is assumed that their needs could be appropriately met in the context of typical early childhood centre programming or other community programs.]
<table>
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<th>Child Characteristics (Examples)</th>
<th>Early Learner</th>
<th>Intermediate Learner</th>
<th>Observational Learner</th>
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<td><strong>Communication</strong></td>
<td>Non-verbal or limited functional language and gestures</td>
<td>Minimum of 1-3 word phrases (verbal or augmentative system); some knowledge and use of nouns, verbs, adjectives and prepositions</td>
<td>Uses 4+ word sentences to communicate wants and needs; uses and understand adjectives, prepositions and adverbs</td>
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<td><strong>Learning Skills</strong></td>
<td>No learning readiness skills; difficulty attending even a few minutes; needs repeated exposure to learn</td>
<td>Attends to simple tasks; needs specific teaching in order to learn in social or small group situations</td>
<td>Can work or play independently for a short period of time; learns easily and consistently through observation</td>
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<td><strong>Play-Social Skills</strong></td>
<td>No or few independent play skills; object vs. people focused</td>
<td>Some functional play skills and interest in peers</td>
<td>Functional play; some cooperative play with peers; may need structured opportunities to acquire advanced social or language skills</td>
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<td><strong>Behaviour</strong></td>
<td>May demonstrate severe challenging behaviours several times a day</td>
<td>May demonstrate some challenging behaviours on a daily-weekly basis</td>
<td>Typically cooperative; rarely demonstrates significant challenging behaviour</td>
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As each child progresses to a more natural learning style, the intensity and repetition that are characteristic of intensive teaching should no longer be necessary. In fact, in many cases a one-on-one teaching style beyond the appropriate point in a child’s development may impede his or her ability to learn in group settings or to establish important independence skills.

In some cases, a recommendation to use a less structured teaching style may be made after examining formal and informal assessment, direct observation, the child’s progress, learning rate and considering family input. If a change is proposed, the IBI team will discuss this with the family during a program review. Many factors are considered when moving to a less intensive teaching style or number of hours, therefore consultation with the family and all involved professionals (OT/SLP/Psychology) will occur prior to making any change.
Given that autism is a spectrum disorder, it is unlikely that one model of service would meet all needs. Promoting a continuum allows for greater individualization, fosters generalization of skills and encourages independence. It is expected that every child's needs will change over time as new skills are gained, so the level of service needs to be monitored regularly by all team members.

Given the diversity of this population, it is highly unlikely that one particular strategy would be beneficial for all learners with autism. Individualizing programs to best fit each learner is the key to successful teaching. (National Research Council, 2001)

Program Monitoring

The effectiveness of any IBI program must be monitored not only at the individual child level through regular data collection and assessment, but also as an overall program. There is significant research evidence to support this model for teaching young children with autism, however, it is imperative that the program be intensive in nature and that the number of hours of instruction actually occur. Therefore, it is crucial that the intensity of the program be maintained and closely monitored. Having the child and Autism Assistant available to receive the full recommended number of hours of IBI each week on a consistent basis is an essential component.

In order to aid in monitoring the effectiveness of the program, hours of service received will be reviewed every 3 months. Barring illness or vacations, the child must receive at least 80% of the recommended hours per week on average to remain eligible for IBI funding. If this is not possible over time, a Program Review meeting will be held with the team, the Early Years Autism Coordinator and the family to discuss options, family priorities and possible solutions (i.e. change in location of service, rescheduling hours, reduction in recommended hours, change in Assistant availability, etc.)
Communication
Communication

IBI is an intensive program which requires consistency and follow-through from all partners. Regular and open communication among all members of each child's team is an integral aspect of IBI. This is critical in order to maintain consistency in skill development throughout all areas of the child's life. Family participation is considered a crucial aspect of the process and parents/guardians are strongly encouraged to be involved in setting priorities for their child.

Communication with parents is maintained through:
- Written consult notes (copied to parents, Autism Assistants and Center Director) after each Specialist visit
- Brief summaries of progress and tips for generalization at home are supplied to parents after each Specialist visit
- Regular Team Meetings, every 4 - 6 weeks
- Program Review, as needed (typically every 6-9 months)
- Written assessment reports
- Opportunity to meet with the Early Years Autism Coordinator directly, as needed

Confidentiality

It is expected that confidentiality will be strictly maintained by all involved team members. Consent forms are signed during intake into the Early Years Autism Services. During the transition to school planning process, parents will specify what records they may want to share with school boards. Families may designate others they would like to receive copies of reports or notification of team meetings. Consent forms are updated annually or at any time at parent request. In order to best serve the child, parental consent for communication among all professionals and team members directly involved in the provision of services for the child is required.
**Team Meetings**

Team meetings occur every 4-6 weeks and are attended by all members of a child's IBI team, including but not limited to the Autism Assistant(s) and Autism Specialist, child care centre director, parents and other involved professionals. It is the responsibility of the Specialist to schedule the meeting and invite participants. Team meetings provide an opportunity to discuss the individual aspects of a child's IBI program. Meetings typically start with a progress update from all members and follow up with incremental changes in skills targeted through programming, such as starting or ending specific programs, adjustments to current programs, and suggestions for generalization of skills. This is also a time for team members to ask the Specialist for clarification on any aspect of the program or raise any other questions or concerns. The Specialist may elaborate on programs, provide examples, and give demonstrations of teaching strategies, as appropriate.

**Program Reviews**

A program review involves a global appraisal of the child's progress and identification of appropriate skills still needing to be addressed. Individual program components are discussed and any revisions made for the immediate future. This occurs every 6-9 months and involves the family, the IBI team, as well as the Early Years Autism Coordinator and any other involved professionals.

In addition to the regularly scheduled program review, a request for a program review may be made at any time by the parents/guardians, Autism Specialist or Coordinator if a significant change in service style is being proposed. Upon receiving a request, the Autism Coordinator will schedule the Program Review with parents and all professionals working with the child.

A program review is an opportunity to discuss the potential benefits and/or disadvantages of a continuation or significant change in the style or level of services provided by the IBI team. Service changes may be considered for a variety of reasons, including but not limited to:
Child Factors
- Severe illness, change in tolerance, hospitalization
- Unavailability of the child for intervention
- Increased functioning level of the child
- Removal of diagnosis
- Transition to school
- Safety concerns

Family Factors
- Change in family priorities
- Family changes including custody or support system
- Parent choice
- Change in community of residence
- Safety concerns

Service Factors
- Move to or from child care centre based programming
- Unavailability of Autism Assistant
- Transition to school
- Safety concerns

Suggested changes could include changes in the location of services (i.e. from the home to a center; from the home to a community based program, etc.), changes in the instructional method (i.e. a change from a very structured approach, such as discrete trial teaching, to a less intensive approach, such as natural environment teaching, etc.), a change in the number of hours, or a change in peer involvement (i.e. a one-on-one setting to a small group setting). These decisions are based on the child's and family's needs and will not be made without consultation with the family and other involved professionals. Changes that affect overall provision of services will be documented in writing.
Conditions Affecting Service Provision

There may be times when the staff, child and/or family are unavailable and cancellations of services may occur. In the event of cancellations or changes in schedule for any reason, all partners (Family, Assistant, Specialist, Centre) should be notified as soon as possible to prevent unnecessary travel and allow for appropriate rescheduling. Missed service hours may be rescheduled within a three week period with agreement of the employer and the Autism Assistant and should be noted as rescheduled on the applicable Time Tracking Logs.

Prior to beginning an IBI program, Autism Assistants are provided with initial training and orientation. This usually consists of 3 full days which are funded from the child's recommended number of hours. No IBI instruction is provided or rescheduled on those days.

It is the responsibility of the employer (parent, guardian or the Child Care Centre Director) to provide a safe and non-distracting environment for instruction. If the treatment environment is determined to be unsafe or poses health risks to either the IBI providers or the child, intervention will cease, and a Program Review meeting will be scheduled. Intervention will not resume until the Early Years Autism Coordinator and the family agree that the environment is safe or an alternate location for intervention is identified. In all cases, child and staff safety is the primary concern.

Review Process
Every attempt will be made to ensure that Early Years Autism services are administered and implemented in a fair and consistent manner. If there is lack of agreement or concern about any aspect of the service and consensus is not reached with the Early Years Autism Coordinator, the parent or guardian may request a review by the Special Education Autism Coordinator and DEECD Senior Director.
Transition to School Process
Transition to School

Many children with autism require individualized educational programs and often have significant difficulties with change and transitions. In order to make the transition to school as smooth as possible, careful planning must occur. The Early Years Autism Team, as well as the respective school board, school and child care centre staff collaborate with the family to facilitate the transition from home or centre-based services to school based. This planning process begins in January prior to school entry.

In general, it is assumed that students will start school as determined by the age of entry guidelines established under the School Act (School Act R.S.P.E.I. 1988, Cap. S-2.1). Exceptions to this are discussed at individual case conferences. The following section outlines the process used to insure that schools, parents, and children have child specific information and careful preparation so that the move into the public school system is seamless.

Step 1 - Sharing Information

Information on transitioning children is shared with school boards in a timely manner to allow adequate time for transfer of information, staff training and orientation activities for the child. Informed consent from parents is required before any information about the child is shared with the school or board. Families specify what information may be shared. By January prior to school entry, (with parent consent)

- the Early Years Autism Coordinator will provide the School Board(s) with a list of diagnosed children referred for or receiving IBI services who will be eligible for school entry in September.

- the Pediatric Psychologist (Dept. of Health and Wellness) provides the Special Education Autism Coordinator and the School Board with a list of any diagnosed children [not referred for IBI services] who will be eligible for school entry in September.

Please note: Documentation of a diagnosis on the autism spectrum is required in order to access autism specific services in public school. Written documentation from the diagnosing professional (i.e. registered physician, psychologist or psychiatrist) must be provided to the Special Education Autism Coordinator.
Step 2 - Parent Information Meeting

Transition to school is often an anxious time for families, particularly for those who have children with autism. In order to assist with this, a general information meeting for parents is held at each School Board in February prior to scheduled school entry. The meetings will be coordinated by the designated School Board Consultant and attended by parents, the Early Years Autism Coordinator and School Board Consultant. All parents who have a school eligible child with a diagnosis on the autism spectrum are invited to the meeting regardless of what intervention or program the child may have participated in as a preschooler. The purpose of the meeting is to share general information and answer questions about the upcoming transition process and not to specifically address the needs of individual children. The discussion includes:

- description of the transition process and steps involved;
- explanation of confidentiality guidelines and the importance of sharing information with involved professionals;
- request for documentation of diagnosis as well as other relevant available reports;
- description of the assessment process and how this guides programming;
- information on individual case conferences and the scheduled dates;
- overview of Intensive Kindergarten Support services;
- information about the application of behavioural teaching strategies in inclusive school settings;
- overview of supports available from schools, school board and department;
- clarification of the process for establishing the need for Educational Assistant support and when/how those decisions are made by the school boards;
- information on options and availability of services if the child will not enter school as planned. Pending the case conference, parents are encouraged to register their child in their respective schools at the appropriate registration times.
Step 3 - Formal and Informal Assessment

Following the parent information meeting, receipt of documentation of diagnosis and written consent, additional information will be collected before the case conference to assist in planning for school entry. This will include the following:

**For a child currently receiving Intensive Behavioral Intervention (IBI) services:**
The Autism Specialist supervising the child's program will complete a curriculum based assessment and share the results with the family, the Board Autism Consultant and the School Principal.

**For a child recently diagnosed or not currently receiving IBI services:**
Whenever possible one or more observations of the child will be scheduled by an Early Years Autism Specialist (AS) either in the home or Early Childhood Centre. During the visit, informal and/or formal assessment will be conducted. A report of the observation and any assessment results will be shared with the parents and the School Principal. A School Board Autism Consultant may also observe. The purpose of the observations is to gather initial information about the child’s skills in the current setting, identify any challenges that may interfere with learning and what supports may be needed in school.

**For a child currently receiving SLP/OT services:**
If the child receives speech-language or occupational therapy services, the respective professionals are encouraged to forward reports from standardized assessment to the parents, Autism Specialist and the School Principal prior to the case conference.

**For a child currently enrolled in a child care centre:**
The child care centre director is encouraged to provide a brief written summary of the child’s skills in the preschool setting. This summary can be brought to the case conference or forwarded ahead of time to the family, Autism Specialist, and the School Principal.
**Step 4 - Case Conference**

An individual case conference for each child with autism eligible to enter school will be scheduled and held at the school board before May 1st. The date for the conference will be given to all involved participants by March to allow all essential participants to plan for attendance. Essential participants include the family, Early Years Autism Coordinator or Specialist, School Board Consultant, child care centre Director and other direct service providers, and School Principal or designated staff. Participants will discuss the child's strengths and needs, review assessment information, as well as the continuum of supports available in the school. The child's successful entry into school will include discussion of the following:

- Personnel supports (if applicable)
- Transportation plan
- Medical or dietary concerns
- Visual or other communication supports
- Orientation and transition activities for the child
- Individual Education Plan process

**Step 5 - Preparing Students - Orientation**

At the case conference, the school and family make a plan for orientation activities to introduce the child to involved staff at the school and to help the child become familiar with the school setting and routines. This will be individualized and may include the use of visual supports (i.e. photos, maps, memory books, videos, social stories, etc.) and one or more visits to the school or playground. Some children benefit from practice bus rides. Children may also attend the Kindergarten orientation if the parents and school feel this would be beneficial.
Step 6 - Training

Following the case conference, the Principal will identify school staff who will need professional development in order to best support the child. The Special Education Autism Coordinator and/or Early Years Autism Coordinator will schedule training as needed. The Principal may arrange for the identified classroom or resource teacher to observe the child in their home or child care centre, either in person or through video review. The child's classmates may need to have information about the child with autism. Once the child is in school, the teacher and the family will discuss the specifics of this. Age appropriate materials for presenting information to peers about autism are available from the Department Autism Library.

Step 7 - Individual Education Plan (IEP) Meeting

Many children with autism (although not all) will require an individualized plan to focus their school learning on specific skill areas. In June, the school team, parents, Autism Specialist and other involved professionals will meet to discuss IEP goals and objectives in order to provide initial program direction for the fall. This meeting is an important step in the transition process as it outlines a specific teaching plan for the school year. The IEP identifies priority areas for instruction based on assessed skills. This is a working document, that is, it can be revised as needed if objectives are met throughout the year. In addition, the IEP meeting is used to identify any environmental accommodations or visual supports that may be needed and decisions are made about who will provide these. If there is potential for challenging behaviours, preventative measures are discussed, as well as how staff will initially respond. A plan for communication between home and school is agreed upon and detailed information about the expected classroom schedule is shared. After the meeting, a copy of the IEP is provided to all team members. Following School Board policy, the school schedules a follow-up meeting in the fall to formalize and revise the IEP if needed.
**Key Terms**

**Individualized Education Plan (IEP)** is a written record that documents a specific plan for a student with special educational needs. This planning is a continuous and integrated process of instruction, assessment, evaluation, decision-making and reporting. The IEP outlines support services and educational program adaptations and/or modifications and is developed in collaboration with the family.

**Curriculum Outcomes** - Lists of skills that are expected to be learned in each grade. In kindergarten, this would include skills in play and social interaction, communication, academic readiness and basic self care skills.

**Adaptations** - Changes made by the teacher to accommodate a special need that do not change the grade level curriculum outcomes (i.e. allowing the child to take more time to respond, changing seat location, pointing to indicate understanding instead of writing)

**Modifications** - Changes made by the teacher to accommodate a special need that do change or provide alternate curriculum outcomes (i.e. read 3 vs. 100 sight words, teach tooth brushing, use a gesture to request help)
Intensive Kindergarten Support
Intensive Kindergarten Support

In an educational model that supports inclusion, all children attend their neighborhood school with their peers and are taught in the school environment that is the most enabling. Inclusion is not just a location for instruction but rather an attitude. It emphasizes our responsibility to appropriately educate all learners. With this in mind, a continuum of supports must be considered in order to maximize learning opportunities for all. This is a flexible framework that does not require a student to receive all instruction with peers, but rather that we look to instruct children according to their individual learning needs. As a child with autism enters Kindergarten, they may not yet have all the skills needed to learn in a large group. For some children, even small group instruction poses challenges. As they gradually acquire these skills, the optimum setting for instruction changes over time.

In Kindergarten, children are a part of a class with an extended school based team. In addition to the Classroom Teacher, there is a Resource Teacher, as well as several specialist teachers (Gym, Music, Library, etc.) who all share in providing a good learning environment for the children. The Classroom Teacher directs the programming for all students in the class. An Educational Assistant is sometimes assigned to increase the staffing ratio when needed. Thus, not every child with autism will require intensive assistance. In this case, Autism Consultants based at the school board will monitor the child's progress and provide support to the child and the team.

For some children, if more individualized programming or behavior support is needed, a decision may be made through the case conference process to provide increased support for all or part of the kindergarten year. This transitional support is called Intensive Kindergarten Support (IKS). The Intensive Kindergarten Support model allows us to provide appropriate levels of assistance for each child as well as continuity with instruction they may have received as preschoolers.

Key Term

**Intensive Kindergarten Support** - Transitional support that may be offered for children entering kindergarten who have a diagnosis of autism prior to December 31st of the kindergarten year and have a demonstrated need for more individualized or alternate instruction.
In the Intensive Kindergarten Support model, an Early Years Autism Specialist (AS) assists both the school staff and the child with autism. The Autism Specialist becomes part of the school team and can share the expertise needed to program very specifically for the child with autism. For most children, this will include weekly or biweekly consult visits by the Autism Specialist to assist in individualizing instruction, modifying curriculum, addressing behavioural challenges and participating in the development of the IEP. For some children, the Specialist may be providing the teacher with ideas for embedding learning opportunities throughout the school day. For other children, who need more specific and intensive skill teaching, the Specialist will provide teaching programs and coaching to implement these. [For additional information about the Intensive Kindergarten Support program, please see Appendix B].

**Transition to Grade 1**
In early spring of the Kindergarten year the Autism Specialist will collaborate and share information with the Board Autism Consultant, who will provide ongoing support for the child as they move into Grade 1. To ensure continuity, the Board Consultant will also observe the child, review records and participate with the family and school team in a planning meeting in late spring. A Board Autism Consultant will continue to monitor the child until school exit, including consults regarding individualized programming, modeling of effective strategies and assistance with behavior support planning.
Early Years Autism Services
Appendix A
Early Years Autism Services
Partner Roles and Responsibilities

The Department of Education and Early Childhood Development

- uses evidence-based instructional strategies based on the principles of Applied Behavior Analysis (ABA);

- provides up to a maximum of 25 hours of Intensive Behavioural Intervention (IBI) as agreed upon with the Early Years Autism Coordinator;

- provides individualized programming delivered in one-to-one and/or small or large group instruction by an Autism Assistant employed by the child's family or child care centre director of their choice;

- employs Autism Specialists to oversee the development, implementation, and monitoring of the child's program;

- works closely with health professionals involved with the child (i.e. Speech & Language Pathologist, Occupational Therapist, Psychologist, etc.). Where appropriate, the goals of these professionals are incorporated into a behavioural approach and included in the child's program;

- offers training and guidance to families, tutors, and early childhood staff in IBI teaching strategies.

The Family

- reviews and is knowledgeable about the components of the Early Years Autism Service and related practices;

- allows the Autism Specialist (AS) to conduct assessment prior to beginning IBI services and periodically thereafter to monitor progress;

- shares pertinent information about their child and participates in the development of the individualized program;
- participates in parent training and workshops as applicable;
• ensures that a designated responsible adult over the age of 18 (other than the Autism Assistant) is present in the home at all times during IBI hours

• ensures a quiet, safe, low distraction area is made available in the home for IBI instruction;

• employs an Autism Assistant to deliver intervention in the home on a regularly scheduled basis for the number of recommended weekly hours (or identifies a child care centre director to do this);

• cosigns and sends written Time Tracking Logs to the department on a biweekly or monthly basis in order to document tutoring hours and receive funding;

• ensures the Autism Assistant attends training workshops offered by the Department;

• in the case where parents are the employer, ensures Autism Assistants accept clinical direction only from the Autism Specialist;

• ensures that the child is available for therapy as scheduled and provides timely notification of cancellations;

• maintains confidentiality and appropriate boundaries with staff;

• periodically observes teaching sessions; attends and participates in regularly scheduled team meetings and case conferences;

• reviews consult notes provided by the AS and maintained in the child's binder;

• implements generalization strategies provided by the AS;

• ensures that funded IBI instruction outside the home only occurs when specifically linked to a program outlined by the Specialist;

• directs questions or concerns regarding the program to the Specialist for clarification; contacts the Early Years Autism Coordinator for any unresolved issues.
The Early Years Autism Specialist

• reviews and is knowledgeable about the components of Early Years Autism Service and related policies;

• completes accurate and timely assessments at regular intervals, including but not limited to an initial assessment upon in-take, every 9-12 months, and at school entry;

• provides timely feedback to parents on every assessment completed;

• consults with the family and the Early Years Autism Coordinator to determine appropriate level of service;

• provides, monitors and updates individualized programs for each child, based on assessment;

• provides specific instruction to Autism Assistants on teaching strategies, data collection, program delivery and materials organization;

• provides coaching and/or feedback to monitor the integrity of the program at each consult;

• works individually with each child on the caseload a minimum of four hours per month;

• completes weekly or bi-weekly consults with each child on their caseload as appropriate;

• provides timely notification of cancellations;

• provides parents with copies of consult notes, updates on their child's progress and suggestions for generalization after every visit;

• provides hands-on training to parents, as needed;

• coordinates team meetings every 4-6 weeks including family and all involved professionals;

• participates in school or board case conferences and IEP meetings;
• provides a timely response to questions or concerns regarding the program, and consults with the Early Years Autism Coordinator as needed;

• maintains confidentiality and appropriate boundaries with families and staff;

• participates in the transition to school process in collaboration with the Board Autism Consultants.

The Early Years Autism Coordinator

• reviews and is knowledgeable about the components of Early Years Autism Service and related policies;

• provides information on the components of Early Years Autism Service and related policy, and reviews options with the family;

• conducts Options and Intake Meetings with the family and notifies family of assigned AS;

• provides mentoring to newly hired specialists, and provides clinical direction to Autism Specialists;

• works with the family and team in determining appropriate level of service based on the assessed needs of the child;

• completes periodic observations of all children enrolled in Early Years Autism Service;

• participates in Team Meetings and Case Conferences as needed;

• responds to parent concerns regarding program issues and facilitates Program Review meetings;

• provides timely response to questions or concerns regarding the program;

• maintains confidentiality and appropriate boundaries with families and staff;

• conducts training and professional development seminars.
The Child Care Centre Owner/Operator

- reviews and is knowledgeable about the components of Early Years Autism Service and related policies;

- allows the Autism Specialist to conduct assessment and observations, make visits to the centre, and provide programming direction specific to the child;

- shares pertinent information about the child and participates in the development of the individualized program;

- participates in training and workshops as applicable;

- ensures a quiet, safe, low distraction area is made available in the centre for instruction;

- if requested by the family, employs an Autism Assistant to deliver intervention in the child care centre as scheduled for the recommended number of hours per week;

- co-signs and sends written Time Tracking Logs to the Department on a regular basis in order to document tutoring hours and receive funding;

- ensures the Autism Assistant attends training workshops offered by the Department;

- ensures Autism Assistants accept clinical direction only from their Autism Specialist;

- attend and participate in regularly scheduled team meetings and case conferences as appropriate;

- outside of IBI instruction, encourages implementation of strategies provided by the AS;

- ensures Autism Assistants are not counted in staff ratios during funded IBI time (i.e. Autism Assistants are not assigned other centre duties during the hours funded by the Early Years Autism Service);
• directs all questions or concerns regarding the program to the AS for clarification; contacts the Preschool Autism Coordinator for any unresolved issues.

**The Autism Assistant**

- reads and is knowledgeable about the components of Early Years Autism Service and related policies;
- attends training workshops offered by the Department;
- accepts clinical direction only from the assigned Autism Specialist;
- on a daily basis, has materials and data collection systems organized, and is prepared to start teaching sessions promptly;
- provides timely notification of cancellations;
- completes ongoing data collection as specified by the AS;
- provides instruction based on the child's program plan as directed by the AS;
- is aware that IBI instruction takes place only in the designated location unless prior approval is obtained from the AS and the parent;
- is aware that transporting children during funded hours is not allowed;
- is aware that a parent or parent designated adult over 18 must be present in the home during IBI instruction;
- provides AS with regular feedback on child progress;
- integrates all written or verbal coaching feedback into IBI instruction;
- participates in AS consults and team meetings;
- directs all questions or concerns regarding the program to the AS for clarification;
- maintains confidentiality and appropriate boundaries with families and other staff;

- tracks hours of tutoring provided on Time Tracking Logs and submits to parents or early childhood centre supervisor for signature.
Appendix B
What is Intensive Kindergarten Support?
Children with autism often have difficulty adjusting to change and new environments. Intensive Kindergarten Support is a model of Teacher support to ensure that children with Autism who require more individualized programming have a successful transition to school. During this important first year an Autism Specialist (AS) can provide assistance to both the school staff and the child with autism. For most children, this will include regular visits by the Autism Specialist to assist the Teacher in individualizing programming, modifying curriculum, addressing behaviour challenges and participating in the development of the IEP.

Do all children with Autism need Intensive Kindergarten Support?
No. As Autism is a spectrum disorder, the children may show a wide range of skills depending on how severely they have been affected by their autism and whether they have additional conditions which may contribute to their learning challenges (i.e. cognitive impairment, seizure disorders, other genetic disorders, etc.). In some cases, when the child is less severely affected, they may have language and readiness skills very similar to their peers and no longer require intensive support. In this case, the child would enter Kindergarten and be followed by the Board Autism Consultant. In some cases, it may be recommended that Intensive Kindergarten Support be offered for the first few months of school to be sure the child makes a smooth transition, then be subsequently followed by the Board Autism Consultant. For some children, Intensive Support will be needed for the whole school year. Once the child enters school, any recommended changes in the level of support offered are discussed with the team and family.

Some children with Autism receive Intensive Behavioural Intervention (IBI) before school entry. Is this the same thing?
Intensive Behavioural Intervention is a preschool model of intensive instruction that may occur in the child’s home or in a child care centre. In PEI, the program is supervised and monitored by an Early Years Autism Specialist and a tutor is hired by the family to provide instruction for up to 25 hours a week with weekly or biweekly consults. In Kindergarten, children are a part of a classroom with an extended school based team. In addition to the classroom Teacher, there is a
Resource Teacher, and several specialist Teachers (Gym, Music, Library, etc.) who all share in providing a good learning environment for the children. The Classroom Teacher directs the programming for all students in the class. An Educational Assistant is sometimes assigned to increase the staffing ratio when needed. In this setting, the Autism Specialist becomes a part of the team and can share the expertise needed to program very specifically for the child with Autism.

**How frequently will the Autism Specialist (AS) visit?**
For most children, consult visits will occur weekly or bi-weekly. Visits will always be arranged and confirmed with the Teacher/school ahead of time, taking into account school events and other classroom based needs. The Teacher may request the AS to observe at a particular time or during a specific activity in order to better understand the child's behaviour.

**Will the Autism Specialist assess the child?**
Yes. In most cases, the children will have been assessed prior to entering school using an assessment called the *Verbal Behavior Milestones Assessment and Placement Program* (VB-MAPP). This is a comprehensive assessment of language and social skills designed specifically for children with autism. It helps identify specific areas of need as well as barriers that are currently interfering with learning. This assessment is a great help in program planning. If the child has not yet been assessed as they enter school, the Autism Specialist may use this assessment or more informal assessment as appropriate. Results of any assessment are always shared with the family and school team.

**What will happen during a consult visit?**
The support provided during visits may vary based on the needs of the Teacher and the child. Usually the AS will observe the child during the regular classroom routines, which may include group or individual instruction, inside or outside play, or during self care. The AS will also work directly with the child during this time, to assess skills, monitor progress and model effective teaching strategies. If an Educational Assistant is working with the child, the AS will be able to provide coaching and feedback as well as suggestions for appropriate materials. Occasionally, the Early Years Autism Coordinator may request to attend the consult as well to provide clinical support for the AS and will arrange this with you ahead of time.
Does the Autism Specialist have a supervisory role with either the Teacher or an Educational Assistant?
No. As a member of the child’s school team, the role of the Autism Specialist is to provide expertise, modelling, feedback and recommendations to the Teacher(s) or other staff. Similar to the other coaching models in place, recommendations are offered in a spirit of collaboration.

What will happen after a consult visit?
After each visit, the AS will provide the Teacher, Resource Teacher, [Educational Assistant, if applicable], and parents a copy of consult notes and/or suggestions for practice. Additional team members may receive copies if requested (Principal, Board Autism Consultants, SLP/OT). The consult notes should be reviewed and initialled by the Teacher before being sent home as per School Board policy. Whenever possible, the AS will touch base with the Teacher before leaving the school or contact you afterwards for an update.

My student with Autism has an Individual Education Plan (IEP). How do I make sure these objectives are worked on? Where do I start?
In PEI, most children with Autism will be entering school after a six month period of planning, assessment and observation. Records of assessments and reports on their learning have been made available to the School Board and the school. A good place to start is by reviewing these records and noting, in particular, what skills the child can already demonstrate. In some cases, parents have made videos available for the staff who are unfamiliar with their child. The initial IEP is usually created in June or August prior to school entry and should also be available. The IEP will highlight objectives that the child can start working on right away. Often IEP objectives can be incorporated into daily routines. When more direct instruction is needed, this may need to be provided one-on-one or in a small group. The Autism Specialist will be in touch with the Teacher in early September to share additional information about the child’s needs and collaborate on an initial plan.

If my student needs one on one or small group instruction on IEP objectives, who will provide this and what specific skills will be addressed?
Many children with significant needs have the support of an Educational Assistant for part or all of the school day. Some children receive direct support from the Resource Teacher. The Autism Specialist will be able to provide written program suggestions as well as coaching in how to appropriately support the child’s learning. The program suggestions will be directly related to the identified
IEP objectives. In a play based curriculum, it is common for the Teacher to engage the children in a small group or one-to-one learning opportunities throughout the school day and this is encouraged. It is also important for the Teacher to schedule regular time to work with the child either individually or in small groups to insure they are directly involved in the child’s instruction.

**How about communicating with parents and other team members?**
As in all PEI schools, the Classroom Teacher is the primary contact for children in his or her class and parent questions or concerns would be directed there first. The Teacher may suggest that the Autism Specialist contact the parent if more detail is needed or there are more specific questions about programming. If there is a need for the AS to contact the parent directly about the child, this will be discussed with the Teacher prior.

**Meetings, meetings...will the Intensive Kindergarten Support require more?**
There are meetings scheduled by the school throughout the year including IEP and parent conferences. As part of the team, the AS will attend IEP meetings and others as requested. Occasionally, there may be a need to touch base about responses to behaviours or to discuss a child’s learning in more detail. In this case, the AS, Teacher and/or Resource Teacher will communicate to find a convenient time for all.

**What about inclusion?**
Inclusion is not a location but rather an attitude. It emphasizes our effort to educate all learners and not just to place them together with their peers. In PEI, students attend their neighbourhood school with their peers and are instructed in the school environment that is the most enabling. However, within this context, a continuum of supports must be considered in order to maximize learning opportunities. *(Minister’s Directive NO. MD 2001-08 Special Education)*. This approach reflects best practices and enables us to provide appropriate levels of support for each student. The continuum of supports is a flexible framework that does not require a student to receive all instruction with peers, but rather that we instruct children according to their learning needs. After familiarizing yourself with the child’s IEP, reviewing the classroom schedule with a focus on embedding learning opportunities throughout the school day is a great place to start. The AS will be available to help you in this process.
**Autism Consultants and Autism Specialists...who does what?**
Each School Board employs board based Autism Consultants who support children with Autism after school entry. With the addition of Kindergarten to the public system, Early Years Autism Specialists may be providing Intensive Kindergarten Support for some children. The Autism Specialists collaborate closely with the Board Autism Consultants to ensure a seamless transition and uninterrupted supports.

**I need more information about Autism. Will additional training be offered?**
One day of training for Kindergarten Teachers is usually offered in late August. Additional trainings are offered throughout the year and are open to Teachers and Assistants who have a child with Autism in their class. In addition, each school has been provided with a set of books on Autism, available from the Resource Teacher or the school library. The main Autism Library is located in the Aubin-Arsenault Building in Charlottetown and may be accessed by contacting the Autism Coordinator as noted below. A list of web resources, free online tutorials and reliable web sites may be accessed on the *Autism in Education: An Atlantic Partnership* website at http://www.apsea.ca/aie/.

For more information about the Intensive Kindergarten Support model, please contact:

Marlene Breitenbach  
Special Education Autism Coordinator  
569-7792  
mmbreitenbach@gov.pe.ca
Appendix C
New treatments are often widely publicized as effective for children with ASD. However, not all treatments have evidence of effectiveness through quality research. When families look to professionals for information and guidance, there is a responsibility to share what is currently known about the proven effectiveness of different approaches, including potential risks and side effects. Currently, practices that have the most reliable support are those based in Applied Behavior Analysis. As new research becomes available, intervention practices may change. Current best practice is based on the information available at this time.

**Key Terms**

**Evidence-based intervention** - treatments or intervention strategies that have been proven effective with a specific population and documented in peer reviewed publications; studies must provide convincing support for the effectiveness of the intervention through carefully designed studies. Evidence for or against a specific intervention may change over time as new research is completed.

Many factors contribute to the definition of "evidence-based" effective treatment. The studies that involve individuals with autism spectrum disorders are the studies that guide us. Relevant research studies must be published in peer-reviewed journals with clear and convincing results in favor of the treatment. Research studies that have found conflicting results must also be considered. The method used to identify the effectiveness of the treatment must be carefully designed, described and controlled in order for us to have confidence in the results.

Before considering any treatment, parents are encouraged to ask the following questions:

- What specific behavior or skill will this treatment address?
- What peer-reviewed research has been done to demonstrate the effectiveness of the approach?
- Was appropriate methodology used?
- Does the theory behind the proposed treatment make sense, given what is known about autism?
- Is the treatment individualized, based on assessment?
Is it monitored for effectiveness (based on data) and changes in dosage or intensity?
What training and supervision are needed to administer the treatment?
How much does it cost?
What are the potential side effects or risks and what is this information based on?
Are there other treatment options for which there is more evidence of effectiveness?

(Adapted from Perry & Condillac, 2004)

The following table identifies some of the currently accepted evidence-based and non-evidence based practices. Some additional interventions may be rated as "emerging" indicating that more research is needed before these should be considered effective. Our commitment to families and children is to prioritize interventions that have been validated as effective for young children with autism. The funding from the Early Years Autism Services may not be used to implement therapies that are not yet supported in reliable research with individuals with Autism.

**Established Evidence-Based Practices for Individuals with Autism**

<table>
<thead>
<tr>
<th>Evidence-Based Practices</th>
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</thead>
<tbody>
<tr>
<td>Choice</td>
</tr>
<tr>
<td>Comprehensive Behavioural Treatment for Young Children</td>
</tr>
<tr>
<td>Computer-aided instruction</td>
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<tr>
<td>Differential Reinforcement</td>
</tr>
<tr>
<td>Discrete trial training</td>
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<tr>
<td>Errorless learning</td>
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<tr>
<td>Extinction</td>
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<tr>
<td>Functional Behaviour Assessment</td>
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<tr>
<td>Functional Communication Training</td>
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<tr>
<td>Generalization Training</td>
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<tr>
<td>Joint Attention Intervention</td>
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<td>Mand training</td>
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<tr>
<td>Modeling</td>
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<tr>
<td>Naturalistic interventions</td>
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<tr>
<td>Peer-mediated instruction &amp; intervention</td>
</tr>
<tr>
<td>Pivotal Response Treatment</td>
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<tr>
<td>Prompting and prompt fading</td>
</tr>
<tr>
<td>Reinforcement</td>
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<tr>
<td>Response Interruption/redirection</td>
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<tr>
<td>Schedules</td>
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<tr>
<td>Social Narratives</td>
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<tr>
<td>Story Based Intervention</td>
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<tr>
<td>Self-management</td>
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<tr>
<td>Shaping</td>
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<tr>
<td>Stimulus control</td>
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<td>Structured Work Systems</td>
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<tr>
<td>Task analysis</td>
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<tr>
<td>Time delay</td>
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<tr>
<td>Verbal Behaviour</td>
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<tr>
<td>Video Modeling</td>
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<tr>
<td>Visual Supports</td>
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<tr>
<td>VOCA/Speech generating device</td>
</tr>
</tbody>
</table>

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64  A Guide to Early Years Autism Services
Non- Evidence Based Practices for Individuals with ASD

<table>
<thead>
<tr>
<th>Animal Therapy</th>
<th>Kaufman Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antifungal, anti-yeast medication</td>
<td>Magnet therapy</td>
</tr>
<tr>
<td>Art Therapy</td>
<td>Patterning</td>
</tr>
<tr>
<td>Auditory Integration Training</td>
<td>Play Therapy</td>
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<tr>
<td>Chelation</td>
<td>PROMPT Therapy</td>
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<tr>
<td>Cranio-sacral therapy</td>
<td>Relationship Development Intervention (RDI)</td>
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<tr>
<td>Developmentally Based Individual Difference Relationship Based Intervention (DIR)</td>
<td>Secretin</td>
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<tr>
<td>Diets (Gluten-free/casein-free)</td>
<td>Sensory Integration</td>
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<tr>
<td>Facilitated Communication</td>
<td>Snoezelan Therapy</td>
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<tr>
<td>Hyperbaric oxygen therapy</td>
<td>Vision Therapy</td>
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<td></td>
<td>Vitamin and Supplement Therapy</td>
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</tbody>
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Reliable Web Resources


includes a glossary of terms, an overview of scientific research, how to determine if a particular study may or may not be pertinent to a particular child, and questions to ask with respect to treatments, therapies, and other methodologies under consideration.

[free download at http://researchautism.org/resources/reading/documents/ParentsGuide.pdf]


Comprehensive manual for families with criteria for selecting evidence-based services and programs that have been proven effective

[free download at http://www.nationalautismcenter.org/learning/family.php]

*Association for Science in Autism Treatment*

shares accurate, scientifically sound information about autism and treatments for autism

http://asatonline.org/
Appendix D
Since the mid 1980's, research in the field of autism has contributed significantly to our understanding of this disorder and effective intervention strategies. More recently, thorough reviews of available research in autism have been conducted in Canada and internationally. Best practices identified in these reports have assisted policy makers and educators in their attempts to improve services for individuals with autism.

California Department of Developmental Services (2002). *Autism Spectrum Disorders: Best Practice Guidelines for Screening Diagnosis and Assessment*


National Center for Professional Development for ASD. (2009). Evidence-Based Practices in Interventions for Children and Youth with Autism Spectrum Disorders


Randolph, Massachusetts.
The Guide to Early Years Autism Services reflects current supports for young children and their families on Prince Edward Island. It is anticipated that changes will occur over time as we continue to evaluate and refine the program. Feedback and/or corrections are appreciated. Please forward any comments or questions in writing to:

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