

Welcome to the additional resource pages of 'In My Shoes.'

These resources are a starting place for parents, teachers and other interested people on their journey into understanding ASD.

Please remember, because each student with ASD has unique needs and motivators, every programme has to be individualised. To help parents and professionals plan an individualized programme for their student, many website links with further information, have been included.

In these sections you will find additional

1. *Class Activities* which give classmates a better understanding of what it's like to walk in the shoes of their peers with ASD.
2. *Tips for Teachers and aides* which show how to make school life easier for the student with ASD, their peers and school staff.
3. *Pointers for Parents* - suggestions for parents about ways in which they could help their child with ASD.
4. *Whanau Support Ideas* which suggest ways to support Maori people with ASD and their whanau.
5. *Community Support Ideas* which are ideas for and from the wider community such as service organisations, employers, professionals, recreational providers, to assist individuals with ASD.

ADDITIONAL CLASS ACTIVITIES.

1. CHARTS. Are We the Same or Different?
2. ROLE PLAY. Guess How I Feel?
3. ROLE PLAY. School Situations.
4. POINTS OF VIEW. De Bono's 6 Thinking Hats
5. CARTOONS. Social Situations.
6. VISUALS. Classroom Recipes Folder.
7. NON VERBAL COMMUNICATION/FLEXIBILITY.
8. SENSORY ISSUES. Taste Test.
9. SENSORY ISSUES. Tactile Calmers.
11. NON VERBAL COMMUNICATION. Picture Exchange.
12. COMMUNICATION THROUGH ART. Stephen Wiltshire.

1. Charts. Are We The Same or Different?

Learning Outcomes-

Students learn that everybody has likes and dislikes, similarities and differences, and skills and challenges.

Curriculum Links-

English – processing information.

Understanding and relating to others.

Math – graphing and statistics

Teaching and Learning Activity

Discuss, “Sometimes we are the same as our friends. Sometimes we are different from our friends.” Make a large class chart, and record on it the student’s responses to the graph questions.

Extension Activity.

Research the attributes of some famous people with ASD. What can and can’t they do?
E.g. Einstein, Bill Gates, Isaac Newton, Michelangelo, Leonardo da Vinci.

Junior (age 5-10)

Everybody Has Likes and Dislikes.

	like	dislike
Loud music		
Reading books		
Sound of a siren		
Yoghurt		
Star Wars		
Playing chess		
Playing soccer		
Chocolate bars		
Triathlon		

Middle (age 10-13)

Everybody Has Similarities and Differences

	Can	Can't
Do a cartwheel		
Swim a length of butterfly		
Play chess		
Play the piano		
Giving a speech		
Ride a skateboard		
Do a rubix cube		
Name the parts of a heat pump		

Senior (age 13-17)

Everybody Has Skills and Challenges

	Can	Can't
Do a cartwheel		
Run a ½ marathon		
Play chess		
Play the violin		
Draw a landscape		
Ride a bike		
Ride a skateboard		
Do a rubix cube		

2. Role Play. 'Guess How I Feel?'

Learning Outcomes

For classmates to realise that it is difficult to read facial expressions.

For classmates to realise that there are different ways to feel about some situations.

Curriculum link-

Drama – communicating feelings.

Health – relationships with other people

Teaching and learning Activity-

Print off the two following sets of cards. One set describes some situations. The other set lists emotions. One student takes a card from each pile. They read the situation out loud using the voice and expression of the emotion card. The rest of the class has to guess the emotion, and then discuss reasons why someone might feel that way.

E.g.	I went to the beach.	Scared.	Doesn't like the noise of the waves.
	Grandma came to stay.	Surprised.	She doesn't usually come and stay.
	We're having pizza for tea.	Worried.	It might have cheese on it (yuck).
	Tomorrow is Tuesday.	Happy.	Tuesday is library day.

I went to the beach.	Grandma came to stay.	We're having pizza for tea tonight.
We have maths next.	It's raining today.	I have to hand out the reading books.
I forgot my lunch.	David is not at school today.	We have swimming this afternoon.
Tomorrow is Tuesday.	We have art this afternoon.	I'm going to Emma's house after school.

scared	happy	angry
worried	surprised	excited
sad	cheerful	gloomy
frightened	annoyed	confused

3. Role Play. School Situations.

Learning Outcome-

An opportunity for all students to practise appropriate ways to respond to classroom situations.
Encourage student with ASD learn an appropriate way to respond through modelling by the other students.

Curriculum links-

Drama – communicating feelings

Health - relationships with other people

- personal well being

Teaching and Learning Activity-

Print the set of cards with classroom scenarios on them.

Pick one and ask the students “What would you do if...?”

A student picks a card and then acts out the scenario on the card.

I want a turn on the computer.	I want to sit with John at lunch time.	I don't know what I'm supposed to be doing.
It's too noisy and I can't concentrate.	It's too hot in the classroom.	There's a bad smell coming from the rubbish bin.
I feel sick.	I don't want to do this.	Tom is playing with the lego. I want to play with it too.
My pencil has broken.	I can't find my sunhat.	I need to go to the toilet.

Where am I supposed to be?	I've finished my work.	I don't know what I'm supposed to be doing.
It's too noisy and I can't concentrate.	It's too hot in the classroom.	There's a bad smell coming from the rubbish bin.
I left my jersey in the gym, and now it's locked.	I don't want to do this.	A teacher just confiscated my phone.
I forgot to bring my homework to school.	I haven't got my P.E. gear.	I forgot my lunch money.

4. Points of View. De Bono's 6 Thinking Hats.

Learning Outcome

Students will be able to have a class discussion about ASD, using de Bono's thinking hats.

Curriculum links

English	oral language sharing and presenting thinking critically
Drama	Role playing

Teaching and Learning Activity

<http://www.kurwongbss.eq.edu.au/thinking/Hats/hats.htm>

Use Edward de Bono's Six Thinking Hats. Some pre-teaching will be required for students to fully benefit and understand this way of full spectrum thinking.

Divide the class into six groups. Each group of students has cardboard cutout of a different coloured hat to represent de Bono's six thinking hats.

Give students a scenario or activity to discuss and work through, in their various roles.

http://www.coe.uga.edu/torrance/2007gagc/Six_Hats_Article.pdf

Use de Bono's thinking hats to have a class discussion about ASD.

You will need 6 chairs and 6 cardboard cut-out coloured hats.

1. Red = state the emotions
2. White = state the facts
3. Green = think creatively
4. Black = state the negative aspects
5. Yellow = state the positive aspects
6. Blue = think about thinking

Activities and Scenarios.

(Choose or write one to match your class level).

Activity 1. Book Discussion.

Choose a book about an autistic child that suits your class level.

Once the class has read the book, have them discuss it using de Bono's thinking hats.

<http://www.kurwongbss.eq.edu.au/thinking/Hats/hats.htm> (refer to 'A Book Report' guide)

- Junior – 'Ian's Walk' by Laurie Lears and Karen Ritz
'My Best Friend Will' by Jamie Lowell and Tara Tuchel
- Middle – 'The Wright and Wong Mystery Series' by Laura J. Burns and Melinda Metz
'Can I Tell You About Asperger Syndrome?' by Jude Welton.
'The Blue Bottle Mystery' by Kathy Hoopman
- Senior – 'Haze' by Kathy Hoopmann.
'The Curious Incident of the Dog in the Middle of the Night'. By Mark Haddon.
'Freaks, Geeks and Asperger Syndrome' by Luke Jackson

Activity 2. Class Activity Discussion.

Once the class has completed any of the class activities listed in this resource, have them discuss that activity using de Bono's thinking hats.

<http://www.kurwongbss.eq.edu.au/thinking/Hats/hats.htm>

(refer to 'Activity Response Stimulus Hats')

Scenario 1.

You have a cousin you have never met before. He has come to stay at your house with his mother. When you meet him his behaviour is unusual. Your aunt tells you that he has Autism Spectrum Disorder. He is the same age as you, but he doesn't talk much He likes to play chess. You don't know how to play chess. He also likes to watch DVD's but your DVD payer is broken. Your mother asks you to look after him while she and your aunt are busy. What will you do?

Scenario 2.

A new student has started at school. He's in some of your classes. His behaviour is unusual. Some of the kids are teasing him, calling him names and playing tricks on him. He gets very angry when he is teased. You don't know whether to ignore the situation or to say or do something. You don't want to end up having to always be his buddy and protector.

5. CARTOONS. Social Situations.

Learning Outcomes-

Students recognise why some behaviours are not socially acceptable.

Students state alternative behaviours that are more appropriate.

Curriculum Link-

English	Viewing information. Thinking critically Oral language – expressing a point of view
Health	Learning attitudes and values

Teaching and Learning Activity

Show the class a 'social situation' cartoon. "What is the problem in this picture?"

Use a variety of age appropriate cartoons that show awkward social situations to initiate whole class discussions about social situations.

Extension

Use cartoons from books such as Calvin and Hobbes, or
'Can I Tell You About Asperger Syndrome' by Jude Welton.

'Feelings' by Alik

Social Skills Activities for Special Children", by Darlene Mannix

http://portal.creativetherapystore.com/portal/page?_pageid=94,54151&_dad=portal&_schema=PORTAL

6. Classroom 'Favourite Visual Recipes' Cookbook.

Learning Outcomes-

Students adapt a simple recipe to visual format.
A visual recipe cookbook is produced by the class.
Each student works co operatively with the student with ASD,
using a visual recipe to produce a finished product.

Curriculum Links-

English - processing information
following visual instructions.
Technology – food technology
Health – food and nutrition
relationships with other people

Teaching and Learning Activity

Print off an example of a visual recipe. Discuss how easy it is to follow.
Discuss each component e.g. starting with 'wash hands' visual.
"How many steps should it have?" (about 6- 8).
"What are some very simple recipes that we could make into visual recipes?"
Elicit simple recipes such as; noodles, popcorn, toast, a sandwich, pikelets, pizza, boiled eggs.
Have each child find a very simple recipe that can be adapted to a visual instruction format.
Each child draws or photographs the visual instructions for their recipe. These recipes are then made during the year. The child who contributed the recipe may act as a buddy to the child with ASD, as they follow the recipe to make the food item.
NB. Before starting this activity check for food allergies amongst the class. Many people with ASD also have food intolerances and allergies. Also, some children with ASD will not eat food if it has a recognisable face or body outline e.g. gingerbread men.

Extension

Examples of visual recipes <http://www.tinsnips.org/Pages/cooking.html>

There are also visual cookbooks on the market. One especially made for children with ASD is 'Visual Recipes – a cookbook for non readers,' by Tabitha Orth.
http://books.google.co.nz/books?id=E15fJDiv3gkC&pg=PA2&lpg=PA2&dq=visual+recipes+for+children&source=bl&ots=SINmrFpTP0&sig=dm0NxXIFRR9PjAxpNeFWn1vH8E8&hl=en&sa=X&oi=book_result&resnum=4&ct=result#PPP1,M1

PHOTOCOOKS by Sue Larkey & Heather Durrant

http://www.suelarkey.com/shopping/pgm-more_information.php?id=20&=SID

7. Greetings Challenge.

Learning Outcomes

Students will realise there are non verbal ways to communicate.

There will be basic interaction between the student with ASD and classmates.

Students with ASD will develop flexibility in greeting people.

All students will be able to communicate with each other in a variety of ways.

Curriculum links-

Health – relationships with other people

English – visual presentation

Drama – communicating nonverbally

Teaching and learning Opportunity

“Talofa class.” Who know what Talofa means? What other ways can we greet people?”

Make a class wall chart of greetings.

Spend a week practicing greetings. Every morning each student has to greet 4 students when they arrive at school, without using the same greeting twice.

The students discuss at the end of the week, how easy or difficult they found this challenge.

Examples of Greetings.

Wave	How are you?	high 5,	smile	hi	morning
kia ora,	how's it going?	Talofa	nod,	gidday,	handshake,

8. Taste Test.

Learning Outcomes

Students will

- realise that different people are effected in different ways by sensory issues.
- be able to give examples of some sensory issues.
- be able to identify some physical reactions to sensory problems.

Curriculum links

Technology – food technology

Health – food and nutrition

- well being
- personal health

Teaching and Learning Opportunity

Play one of these parts of the DVD

- Judaea reacts to food that smells strongly.
- Thomas is talking about the food he likes/dislikes and the taste of cutlery

Discuss what food the classroom students may like or dislike.

What is good/bad about these foods?

“How does it make you feel if you have to eat something you don’t like?”

“How does your body react?”

If appropriate have a taste testing session at school in the class. (be aware that some students will choose not to do this activity because of food sensitivities).

- taste (salty, bitter, sweet, sour),
- colour e.g. green porridge
- texture (lumpy, smooth, hard, soft).
- smell (kai moana, offal,)

Extension.

Other sensory issues mentioned on the DVD.

- lights.
- water on skin.
- noise
- touch

9. Make Tactile Calmer.

Learning Outcome

Students will be able to give examples of times that might be stressful for themselves or for student with ASD.

Each student will follow written instructions to make a tactile calmer.

Student with ASD is able to use tactile calmer without attracting attention as all students have one.

Curriculum link-

Visual Art – developing practical knowledge

Health – well being (mental health)

English – following written instructions

Teaching and Learning Opportunity

Show the class a tactile calmer ball you have made.

What is this? What could it be used for?

Play the video clip that shows students self calming.

When would you like to use a tactile calmer (e.g. assembly).

Extension

Discuss and make other tactile calmers, e.g. texture boards, or scoobies that clip onto belts.

How To Make a Squeeze Ball.

Step 1. You need 3 different sized and different coloured balloons, flour, scissors, a funnel (made from a plastic bottle).

Step 2. Cut most of the neck off the smallest balloon (this makes it easier to fill).

Step 3. Push the funnel into the body of the smallest balloon.

Step 4. Fill the balloon with flour until it is the size of a mandarin.

Step 5. Tie a knot in the short neck of the balloon (this is tricky).

Step 6. Cut a few small holes in the middle sized balloon, and cut the neck off.

Step 7. Carefully pull the middle sized balloon over top of the small balloon.

Step 8. Cut a few small holes in the large balloon, and cut the neck off.

Step 9. Carefully pull the large balloon over top of the middle sized balloon.

You now have a squeeze ball to squeeze when you feel stressed or bored.

10. Communication Through Art. Stephen Wiltshire.

Learning Outcomes

Students will realise there are non verbal ways to communicate.

Students will realise that people have different skills.

Students will share their ideas and feelings about Stephen Wiltshire's artwork, (its purpose, value, and context).

Curriculum links-

Health – relationships with other people

Visual Art – Consider and reflect on an artist work.

Teaching and Learning Opportunity

Refer to separate pages for junior (5-10), middle (10-13) and senior (13-18) teaching notes.

Junior (age 5-10)

Teaching and Learning Opportunity

1. Show some of Stephens's early drawings

a. Tower Bridge London 1983. Age 9.

http://www.stephenwiltshire.co.uk/art_gallery.aspx?Id=150

b. Royal Albert hall 1986. Aged 12.

http://www.stephenwiltshire.co.uk/art_gallery.aspx?Id=149

c. St Pancras Station 1986. Aged 12.

http://www.stephenwiltshire.co.uk/art_gallery.aspx?Id=1017

Starter questions

1. How old might the artist be?
2. Has the artist had lessons or could they be self taught?
3. How long might it take to draw this cityscape in this much detail?

2. Now play the video clip of the 20/20 documentary

http://www.stephenwiltshire.co.uk/download_video.aspx?Id=1733&Mode=Win

After watching the video ask following questions for discussion.

1. Why does Stephen like drawing?
 2. What is easy for Stephen?
 3. What is hard for Stephen?
 4. Why does he wear ear plugs?
 5. Do you like his drawings?
 6. What does he draw with?
 7. Does he use much colour?
 8. How does Stephen feel about his artwork?
 9. What do you call a drawing of a city?
 10. What else does he draw apart from cityscapes?
- Extension - draw a building. Use only pencil. Did you find it easy or hard to do this?

Middle (Age 10-13).

Teaching and Learning Opportunity

1. Show the class a Stephen Wiltshire cityscape printed from his online gallery.

<http://www.stephenwiltshire.co.uk/gallery.aspx>

or some of his early drawings.

a. Tower Bridge London 1983. Age 9.

http://www.stephenwiltshire.co.uk/art_gallery.aspx?Id=150

b. Royal Albert hall 1986. Aged 12.

http://www.stephenwiltshire.co.uk/art_gallery.aspx?Id=149

c. St Pancras Station 1986. Aged 12.

http://www.stephenwiltshire.co.uk/art_gallery.aspx?Id=1017

Starter questions

1. How old might the artist be?
2. Has the artist had training or could they be self taught?
3. How long might it take to draw a cityscape in this much detail?

2. Now play the video clip of the 20/20

documentary http://www.stephenwiltshire.co.uk/download_video.aspx?Id=1733&Mode=Win

After watching the video ask following questions for discussion.

1. Why does Stephen like drawing?
2. What do you like/dislike about his art?
3. Will he always have this talent?
4. What other interests does Stephen have?
5. Why is he famous?
6. How did his artistic skill help him learn to communicate?
7. How would you describe his drawings?
8. What else does he draw apart from cityscapes?
9. Can Stephen look after himself and live by himself?
10. Why does he wear ear plugs?

Extension. - Compare and contrast Stephen's skill to that of another artist with autism, Gilles Trehin <http://www.urville.com/>

Senior (age 13-18)

Teaching and Learning Opportunity.

1. Show the class a Stephen Wiltshire cityscape printed from his online gallery.

<http://www.stephenwiltshire.co.uk/gallery.aspx>

Starter questions

1. How old might the artist be?
2. Has the artist had training or could they be self taught?
3. How long might it take to draw a cityscape in this much detail?

2. Now play the video clip of the 20/20

documentary http://www.stephenwiltshire.co.uk/download_video.aspx?Id=1733&Mode=Win

After watching the video ask following questions for discussion.

Senior.

1. What is your opinion of his art?
2. What motivates Stephen?
3. Can he live an independent life?
4. What is Stephens's technique when he draws?
5. Is his talent being exploited?
6. Will he always have this talent?
7. What other skills is Stephen learning?
8. Why is he famous?
9. What is he trying to communicate in his drawing?
10. Is he a genius?

Extension - Find another artist with ASD (living or dead) and compare and contrast their art with Stephens.

TIPS FOR TEACHERS AND AIDES.

1. What is Autism? What is Asperger Syndrome?
2. What is the Role of the Teacher?
3. Books (from the Point of View of the student with ASD).
4. Individual Educational Plan (IEP).
5. Social Stories.
6. Useful Websites for Teachers.
7. Using Visual Aids.
8. Comic Strip Conversations.
9. Art/Music/Dance/Drama Therapies.
10. Theory of Mind.
11. Executive Functioning.
12. Miscellaneous Ideas.

1. What is Autism? What is Asperger Syndrome?

If you have a student with an autism spectrum disorder (ASD), you need to understand the severity of their disorder and their particular issues. Autism Spectrum Disorder is a neurological disorder affecting social and communication skills. People with ASD have difficulty making sense of the world. It is a life-long condition with no 'cure' however, there are many ways to help the student with ASD function independently and successfully.

Students with Asperger syndrome are verbal (but often have odd prosody) and have no significant delay in cognitive development. They are usually of average or higher intelligence. They try hard to be sociable; however they find it difficult to understand body language including facial expressions.

Students with classical autism have significant delays in developing language (expressive and receptive). They also have delayed cognitive development e.g. no symbolic play skills. They often appear withdrawn and disinterested in the world around them.

2. What is the Role of the Teacher?

In 1944 Hans Asperger wrote about children with 'Asperger Syndrome'. "These children often show a surprising sensitivity to the personality of the teacher. They can be taught, but only by those who give them true understanding and affection, people who show kindness towards them, and yes, humour...The teacher's underlying emotional attitude influences, involuntarily and unconsciously, the mood and behaviour of the child."

If a student with ASD frustrates you, please do not get angry with them as this only frightens and confuses them. They will either get aggressive back, or they will shut down and stop listening to you. It may be useful to isolate the problem and then find a solution.

3. Books from the Point of View of a student with ASD.

Read some books told from the point of view of a young person with ASD.

- a) **'Blue Bottle Mystery,' An Asperger's Adventure'** by Kathy Hoopmann.
- b) **'Haze'** by Kathy Hoopmann.
- c) **'The Curious Incident of the Dog in the Middle of the Night'**. By Mark Haddon.
- d) **'Freaks, Geeks and Asperger's Syndrome'**. By Luke Jackson.
- e) **'Thinking in Pictures'** by Temple Grandin.
- f) **The Wright and Wong Mystery Series** by Laura J. Burns and Melinda Metz
- g) **'Can I Tell You About Asperger Syndrome?'** by Jude Welton.
- h) **'The Mind Tree'** by Tito Rajarshi Mukhopadhyay.

4. IEP.

Schedule an IEP (individual educational plan) with the parents, principal, teacher aides and relevant support staff early in the year (ideally before school starts), so that you are clear what the short term goals are for this individual child.

5. Social Stories.

A Social Story is a short text describing one specific situation, event or activity. It is written at the level of understanding of the student with ASD, and it provides them with information that they need. Topics include self care, changes in routine (e.g. a new teacher), and how to control one's behaviour. Most social stories are based on the format devised by Carol Gray. She has developed a clear structure to use when writing social stories.

Carol Gray http://www.thegraycenter.org/store/index.cfm?fuseaction=page.display&page_id=30

Write simple social stories to read to your student with ASD. Describe the situation and explain in a positive way how the student is expected to behave. Students with ASD like to hear the same story numerous times while they absorb and process the message.

Illustrate them as you would a visual aid – with photos, stick figures or commercial pictograms.

For more information try

Sumlin Social Stories <http://rsaffran.tripod.com/social.html#top>

http://www.autismhelp.info/htm/education/early/early_index.htm

<http://www.tinsnips.org/Media/social/>

http://tautoko.org.nz/index.php?/tools/social_situations/

6. Useful Websites for teachers.

a) The most useful starting place for New Zealand teachers is the Ministry of Education website <http://www.minedu.govt.nz/educationSectors/SpecialEducation/PublicationsAndResources/AutismSpectrumDisordersResourceForTeachers.aspx>

b) Social Interaction.

http://www.autismhelp.info/htm/education/early/early_index.htm

This website gives information about how the teacher can help the student with social interactions in the classroom, playground and when making friends.

c). The ABC of Inappropriate Behaviour.

http://www.autismhelp.info/htm/education/early/early_index.htm

If the student has an inappropriate behaviour such as anxiety or aggression, this guide may help you isolate the cause of the behaviour.

d). 12 Tips for setting up an autism classroom.

<http://kendrik2.wordpress.com/2007/10/10/12-tips-to-setting-up-an-autism-classroom/>

e). Behavioural Profile Checklist.

http://www.autismhelp.info/htm/education/early/early_index.htm

This checklist helps identify skills deficits and behaviours to be addressed.

f). Summary Profile of Student.

From 'The Essential Guide to Secondary School' by Sue Larkey & Anna Tulleman.

http://www.suelarkey.com/shopping/pgm-more_information.php?id=5&=SID

7. Using Visual Aids.

The DVD showed both Markus and Ella using visual aids. All children with ASD are visual learners. Both high functioning and high needs children work better when they have visual aids. The visuals must be individualised to each child with ASD. They need to take into account the child's level of functioning and special interests.

Visual aids are a way to communicate with a person who has ASD.

They can also be used by the person with ASD to express their needs.

Visual aids reduce teacher talk and off task behaviour.

They increase independence and on task behaviour.

Types of Visual Aids.

1. Single picture communication.

The international symbol for 'No' – used by the teacher.

An 'I need time alone' card. – used by the student.

2. Daily Timetable

This is used to cue the child in to what is going to happen today.

3. Token Economy.

To help a child modify their behaviour by giving reward tokens frequently for small successes, leading to one large reward at the end. The charts can be made more appealing to the child by designing them according to the child's current obsession.

4. Information Chart.

This simple chart gives the child information in a clear non verbal format.

e.g. a 'Playground Buddy Chart' to reduce stress at playtime and to involve the child's peers.

5. People Locator.

This helps the non verbal child ask where a certain person is. It explains with visuals where the person is. It can be used at home, or when the child is left at other locations e.g. school. If the child is worried the person might not be coming back, then leave an item with the child, and explain the person will be coming back for that item e.g. "Mum will be back at lunch time. Look, she has left her shoes here. She will come back for Michael and her shoes."

6. Visual Time.

Because people with ASD are visual learners, and many have difficulty with telling the time, use a visual way to show student how much time she has until an activity is finished. This can be an egg timer, a visual timer, or a token chart. If a child has to wait for ½ an hour, give them a chart divided into 6. Every 5 minutes give them a token to put on their chart. They can see how much time has passed and how long they have to wait.

7. Choice Board.

A choice board allows the child to make a choice from a limited number of options. This gives the child some control but the adult makes the initial selection of options for the child to choose from. Josh didn't like wearing shoes. Once he understood there were different shoes for different occasions and that he could choose his shoes for the day, he was more compliant with wearing shoes.

8. Single Step Reward.

A simple visual that shows **first** the activity **then** the reward.

<http://www.abaresources.com/pdf/firstthen.pdf>

9. Rebus story writing.

Every word in a story is illustrated by a pictograph. This is a great aid when teaching the child to read. <http://www.spectronics.co.nz/library.asp?article=21582>

10. Conversation starters

Single cards with who, what, where, when, why, and how, can be used as prompters when the child needs to ask someone a question. Often, by providing the start of a sentence for the child, they are then able to finish the sentence by themselves.

<http://www.tinsnips.org/Pages/socialskills.html>

11. Emotions Thermometer

An emotions thermometer can be very useful to help people with autism learn to recognise, label and express and control their emotions. You can make your own thermometer or purchase one readymade.

A commercial emotions thermometer than can be purchased from

<http://picturecardcommunication.com/programs.html#Emotions>

12. Step by Step Sequence.

This is a step by step visual representation of the sequences involved in one task. The child follows all the steps from beginning to end in sequence and then the task is complete.

13. Independent Schedule

This visual aid is an example of an independent sequence for a child who understands basic numeracy. Each activity is completed in set order e.g. brush teeth after breakfast, not before. The child refers to the visual to see what they need to do next. Independent schedules can start with just one task, and can be gradually extended to 5-6 tasks.

<http://www.spectronicsinoz.com/activities/activity.asp?activity=239>

14. Visual cards for Independent work.

E.g. at phys ed to show what student has to do.

Challenge Me Cards.<http://www.jkp.com/catalogue/book.php/contents/9781843104971>

Instructions for each card: Sitting challenges; Standing challenges; Walking challenges; Floor ladder challenges; Stair challenges; Jumping challenges; Rolling challenges; Extra challenges.

Format of Visual Aids.

Visual aids can be big or small, complex or single picture items. They vary according to the understanding of the person with ASD, and the reason the visual is being made. You can make a chart, whiteboard, magnetic tray, vertical or horizontal strip, book, photo album, laminated paper, small card.

Examples of many visual supports can be seen on the following websites

1. Autism resources. <http://www.tulareselpa.org/Autism/ClassroomSupports.shtm>
2. Autism for teachers http://www.autism4teachers.com/autism4teachers_051.htm
3. Autism Help http://www.autismhelp.info/htm/education/early/early_index.htm
<http://www.angelfire.com/ky/touristinfo/index5.html>
4. Lucas Works <http://www.lucasworks.org/visual-schedule-autism.html>

Making a Visual Aid.

1. Photos. These are quick, simple, personal and the most recognisable visual aid for the child with ASD.
2. Sketches. These can be drawn with stick figures in the immediate situation, but they require some understanding from the person with ASD.
3. Commercial programs. Commercial programs use pictograms (clear and simple drawings). Some are coloured, some are black and white. Some are cartoon style while others look more realistic. What you use will depend upon your budget, the child's needs and level of understanding, and the usefulness of the symbols (compare UK, USA, and Australian programs). These include

1. Boardmaker, <http://www.spectronicsinoz.com/activities/activity.asp?activity=216>
2. Widget Literary Symbols <http://www.widgit.com/products/index.htm>

This is a program designed in the UK. There are over 8000 images in both colour and black-and-white covering a vocabulary of over 24,000 words.

3. Symwriter. <http://www.spectronicsinoz.com/product.asp?product=25254>
4. PECS (the Picture Exchange Communication System) <http://www.pecsaustralia.com/>
For an example of the product click here
<http://www.pyramidproducts.com/PicsforPECS2008Sample.pdf>

5. COMPIC Software http://www.scopevic.org.au/comm_compic.html
COMPIC is a communication resource created and developed in Australia. It is a library of clear and easily understood drawings, called pictographs, which convey information.
6. Picture It (Slater Software). <http://www.slatersoftware.com/pit.html>

How to use visual supports <http://card.ufl.edu/supports/start.htm>

Definition and examples <http://www.specialed.us/autism/structure/str11.htm>

8. Comic Strip Conversations.

Teenagers with Autism Spectrum Disorder (ASD) have trouble interpreting social situations and understanding speech as quickly as most social interactions require. They can be taught social understanding by using comic strip conversations. Comic strip conversations are a method of visual communication developed by Carol Gray. A comic strip conversation is a conversation between two or more people using stick figure drawings in a comic strip format. They show teenagers how to behave in a socially acceptable manner.

They use stick figure drawings to represent the parts of a conversation. By seeing the different parts of a conversation visually presented, some of the abstract aspects of social communication (e.g. recognising the feelings and intentions of others) are made more concrete and are therefore easier to understand.

All you need is a drawing surface e.g. paper, whiteboard, notebook, and some writing implements. The teenager draws the event that caused the problem. They then add (with guidance) the thoughts and feelings of everyone involved. Finally a solution to the problem and ideas on how to avoid the problem in future are added.

A specific structure is followed to organize a social exchange and build in predictability.

They are not supposed to be used for every conversation, only when there is a problem.

More information can be found at <http://www.thegraycenter.org/>

9. Art/Music/Dance/Drama Therapies.

Because people with ASD are visual learners, and many have poor verbal skills, non verbal therapy can be an effective way to help them communicate.

Art Therapy With Children on the Autistic Spectrum: Beyond Words by Kathy Evans and Janek Dubowski

<http://www.jkp.com/catalogue/book.php/isbn/9781853028250>

'I Dreamed I was Normal.' A Music Therapist's Journey into the Realms of Autism by Ginger Clarkson

<http://www.jkp.com/catalogue/book.php/isbn/9781581060072>

'Drama Therapy and Story making in Special Education' by Paula Crimmens.

<http://www.jkp.com/catalogue/book.php/isbn/9781843102915>

'Developing Play and Drama in Children with Autistic Spectrum Disorders' by Dave Sherratt and Melanie Peter <http://www.amazon.co.uk/Developing-Children-Autistic-Spectrum-Disorders/dp/1853466972>

10. Theory of Mind.

Students with ASD struggle with theory of mind i.e. the ability to think about other people's thinking. They find it hard to appreciate that other people have mental states (desires, beliefs, intentions etc.) that may be different to our own. It is possible that people with ASD do not or are unable to link their logical and emotional thoughts together.

This inability may result in difficulty with:

- predicting the behaviour of others,
- predicting other people's reactions,
- understanding deception or effectively deceiving others,
- reading the intentions / motives of others,
- understanding the effects of own behaviour on others,
- taking into account what others may know or be expected to know,
- understanding misunderstandings,
- reading and reacting to a listener's level of interest.

Joshua refused to copy the handwriting from the whiteboard; however he was quite happy to copy it from a card on his desk. After a few weeks someone asked him why he wouldn't copy it from the whiteboard. He replied, "How can I copy something if I can't see it?" It hadn't occurred to Joshua to say that he couldn't see. He assumed we knew he couldn't see.

The teacher can help by teaching using

1. Board games that teach social skills.

'Time to Talk' by Alison Schroeder

'The Socially Speaking Game' by Alison Schroeder.

'Positive Pragmatic® Game Boards'. by Joanne P. DeNinno and Kim A. Gill

2. Comic strip conversations and social stories to explain the students own behaviour, and the behaviour of others.

11. Executive Planning.

Students with ASD have poor executive planning skills. This leads to difficulty with tasks such as planning, getting started, prioritizing and attending to more than one task at a time. Students are likely to have problems identifying and organizing the steps, skills and materials needed to achieve learning goals.

Research into executive functioning has highlighted the following difficulties for students with ASD who have average to above average intelligence. These include:

- difficulty attending to more than one sensory stimuli at a time,
- difficulty with abstract thinking,
- difficulty retaining information in working memory while considering additional information,
- difficulty focusing on what is relevant,
- difficulty with sequential processing,
- problems with time organization.

The Teacher can help by

1. Using visuals wherever possible E.g. checklist to help the student organise himself.
2. Teaching specific study and exam skills.
3. Providing a Choice Board. When the student has finished their schoolwork they have a choice board with visual prompts on what to do next (eg read, puzzle, drawing)
4. Giving a 5 minute warning for transitions. Warning cues help prepare for a transition e.g. use a timer, or say "5 minutes til you have to get off the computer."
5. Being aware that there are alternatives to untidy handwriting. It is difficult for the student with ASD to concentrate on both neatness and content when writing. Provide alternative ways of recording e.g. tape recorder, typewriter, buddy writer, computer. If the physical skill of handwriting is difficult find a different way for them record their work, e.g. a dictaphone, on computer, a buddy writer, by drawing.
6. Email notices and homework to the student's home. Then the parents can see it, and it doesn't get lost.
7. Chaining tasks for the student. Break tasks down into small steps. Each small step is part of the process. The student can then follow the sequence, having success every step of the way.

E.g. Steps to convert improper fractions to mixed numbers:

- 1) Divide the numerator (# on top) by the denominator (# on bottom)
- 2) Write down the whole #
- 3) Multiply the whole # by the denominator
- 4) Subtract that # from the numerator
- 5) Answer is the new numerator for mixed #, placed over same denominator.

12. Miscellaneous Ideas.

a. Just Ask.

If student with ASD is noncompliant but verbal, just ask him what the problem is, and listen to his answer.

b. Beware the Brief Response.

If the student is feeling overwhelmed they will give a brief response to any answer e.g. 'Yes', 'No' "I don't know". "OK". They may have no idea of how to answer the question or they may need 'thinking' time. Make sure the student understands the question by rephrasing it or asking them to tell you more.

Teacher, "Do you understand what to do?"

Student with ASD, "Yes."

Teacher, "Tell me what you are going to do."

c. Buddy Roster for Transition.

A buddy to accompany the student with ASD from one lesson to the next is a great help.

Establish a buddy roster so that the student with ASD is accompanied from one lesson to the next by a buddy who is also going to that class.

d. Area of Strength.

As seen in the DVD, Nicolas is an excellent swimmer. Find and encourage the student's strengths. Another student might be a great artist, or be good at doing the rubix cubes.

e. Find A Role.

Find a role for the student with ASD at phys ed e.g. timer, score keeper or equipment monitor.

f. Cue Them In.

Make sure you get the attention of the student with ASD before speaking to him. Get close and give a cue e.g. touch them or say their name.

g. Guest Speaker.

Invite an adult with ASD to talk at a staff meeting about their recollections of high school.

h. Noise.

Put felt discs under chair legs to stop them making a scraping noise.

Noise blockers – ear plugs, Ipod.

i. Time Out.

time out (*photo – card*) have a safe place where student can go when they feel stressed e.g. bean bag in the corner, or teachers resource room.

j. Tactile Calmer.

Stick some sandpaper, fur, or other tactile material to the underside of the child's desk. They can obtrusively run their fingers over it when they need some sensory feedback.

POINTERS FOR PARENTS.

CHILDREN Aged 5-12 Years.

1. Make School a Familiar Place.
2. Cognitive Affective Training.
3. Sensory Aids.
4. Consistent School Routine.
5. School Photo Book.
6. Individual Sports.
7. ZAC Browser.
8. 'Getting To Know Me' letter.
9. Visual Supports.
10. Use Photos As Visuals.
11. Emotional Toolbox.
12. A Positive Educational Plan.

TEENAGERS

1. Socialising.
2. Exercising.
3. Money.
4. Reward Vouchers.
5. Social Stories About Personal Issues.
6. Self Esteem.
7. Friendship Skills.
8. Clothing.
9. Trends.
10. Paid Companion.
11. Councillor.
12. Keeping Myself Safe.
13. Self Calming and Relaxation.
14. Social Skills.
15. Earning Money.
16. Other Teens With ASD.
17. Useful Websites for Parents.

POINTERS FOR PARENTS OF CHILDREN aged 5-12 years.

1. Make School a Familiar Place.

Familiarise your child with their school by visiting during the holidays. Find the locations of toilets, drinking fountains, the library, pool, hall, office etc. (Make it a fun game). Look at classroom numbers. Have a picnic in the lunch area. Play in the playground. Hire a pool key and get your child used to the school pool. Ensure child knows where s/he can /can't go.

2. Cognitive Affective Training.

Try CAT (cognitive affective training) to help your child express their thoughts and feeling visually. <http://www.catkit-us.com/>

3. Sensory Aids.

If your child is very tactile and wants to touch objects or people, attach a small keychain toy to your child's pants loop, or find a wrist band they can wear that has texture. They can touch this when they need some sensory input.

4. Consistent School Routine.

Have a consistent daily routine for school arrival. You might arrive at school early in the day to allow our child to settle in before the bell. You might arrive 5 minutes late every day to avoid parking hassles, or hyper arousal due to lots of children being in the playground. One child arrives at school every day in time to watch his favourite morning cartoon on the school TV. He's keen to get to school and is never late. One he's watched his cartoon he goes and tells his teacher about it (thus moving him happily into the classroom).

5. School Photo Book.

To help your child learn the names of classmates and staff members, make a photo book. Ask the class teacher for a photo of each staff member and each student, and put them in a photo book. Practise with your child until he can find and recognise buddies, the librarian, the office staff etc.

6. Individual Sports.

Team sports are confusing for children with ASD. Find a fun individual or non-competitive sport for your child. If necessary use visuals to teach skills.

7. ZAC Internet Browser.

The ZAC (zone for autistic children) browser is an interface that simplifies the web for children with ASD. It gives a range of options but blocks off adult content. It can be downloaded from www.zacbrowsers.com

8. 'Getting To Know Me' letter.

You and your child write a 'Getting To Know Me' letter for the child's teacher and other staff at the beginning of the year. Make it describe your child. It is also very useful for relieving teachers to know this information.

9. Visual Supports.

Make and use visual supports. Refer to the 'Tips for Teachers' for more info about visuals.

<http://card.ufl.edu/video.htm>

If you need to, ask for help from Group Special Ed.

10. Use Photos as Visuals.

a. Take your own individual photos.

b. Buy a CD of commercial photos e.g. TeachingPix2 CD-ROM.

<http://helpingtogrow.istores.com/samples>

This has over 10,000 photographic flashcards in 65 categories with different instances of each image. You can also view, resize and print (with or without labels) your own digital camera pictures easily, giving you a limitless teaching resource.

c. Take your own visual sequence photos e.g. cooking instructions

11. Emotional Toolbox.

When your child comes home from school they may feel exhausted or stressed from the noise, teacher expectations and social interaction they have coped with at school. A way to help them calm down is for them to use an emotional toolbox. Dr. Tony Attwood developed the concept of an 'Emotional Toolbox'. This is a box with visual representations of 4 tools e.g. spanner, screwdriver, hammer, tape measure. Each tool symbolises a different way to control emotions. When a person with ASD feels upset they go to their toolbox and choose the right 'tool to fix the feeling.

The Physical Activity Tool encourages quick release of emotional energy, e.g. walking, running, trampoline, drumming, punching a punch bag.

The Relaxation Tool encourages a slow release of emotional energy, e.g. yoga, music, solitude, massage, comedy programs, repetitive action, sleep

The Social Tool encourages comfortable socialisation e.g.: time with a family member, typing, music, poetry, seeking advice, being with a pet, helping someone, meeting someone with similar issues, talking to a counsellor.

The Solitude tool lists solitary pastimes such as computer, reading, card games and puzzles.

12. Make a Positive Educative Plan.

Let teachers and aides know about the things your child can do, as well as things s/he finds difficult. [http://learningcurve.fmhi.usf.edu/Positive_Plan_Download%20\(2\).pdf](http://learningcurve.fmhi.usf.edu/Positive_Plan_Download%20(2).pdf)

13. Emotions.

Some children with ASD need to be taught these systematically

http://www.tulareselpa.org/Autism/Communication/Downloads_emotions.shtml

A fun way to teach emotions is to use The Transporters DVD's. This series was specifically made to teach emotions to children with ASD. There are eight cartoon vehicles that have adventures based around 15 key emotions. The vehicles have real human faces so the children learn to recognize emotions on real faces rather than cartoon ones. www.thetransporters.com

POINTERS FOR PARENTS OF TEENAGERS.

1. Socialising.

Many teenagers with ASD find it difficult to socialise with their peers. They may prefer to socialise with older or younger people. Help them to find a social group based on their interests.

Social Activities Suitable for Teenagers with ASD.

Chess club	astronomy club	volunteer work e.g. old folks home, library
choir	Asperger's Teenagers Social Club	
model railway group	fantasy gamers club	aeroplane spotting
orienteering	church group	music group

2. Exercise.

If your teen with ASD is reluctant to exercise or finds it difficult, do things where the emphasis is not on the exercise. Some activities may even generate pocket money e.g. collecting and selling pine cones.

Physical Activities for Reluctant Teens.

Wii/Eye Toy(physical computer linked games)	walk the dog
exploring a country school playground in the holidays	collecting pinecones to sell
a trip to the beach	delivering pamphlets for money
making a vege garden	fun at the swimming pool
bush walks esp to a destination e.g. river or hut	

3. Money.

Teach your teen the value of money. Many teenagers with ASD are not interested in money as long as their needs are met. Teach them the value of money through their areas of interest. Get them to do chores in order to earn money to spend on items of high interest. E.g. if they are interested in fans – look at fans, compare features and prices. Which is the best deal? How long will it take you to earn the money to buy the desired fan?

4. Reward Vouchers.

To get a desired behaviour from your teenager, reward them with a high interest item. Make vouchers that they can earn e.g. This voucher entitlesto 30 minutes computer time.

5. Social Stories About Personal issues.

<http://www.tinsnips.org/Media/social/deodorant.pdf> social story about wearing deodorant

http://tautoko.org.nz/index.php?/Tools/appropriate_touching/ social story about appropriate touching

6. Self Esteem

Many teenagers with ASD suffer from low self esteem. Because they find social interactions difficult they are often confused. They are aware they 'don't fit in'. Their unusual mannerisms make them a target of bullies. It is important to encourage them to feel good about themselves. This can be done in casual conversations, e.g. the following:

-What good things can we say about ourselves? (appearance, achievements, people skills – friendly, kind, funny, good at sharing, helpful).

-What are we good at?

-What affects our self-esteem?

-How can we change our negative thoughts?

If a more structured course is needed contact a group such as Methodist Social Services, to see what courses they have available.

7. Friendship Skills.

Friendship skills need to be taught to students with ASD and also practised regularly.

Starting a conversation with a friend: Yes/No vs 'Tell me more' questions

What behaviours are good friendship behaviours?

What behaviours are bad friendship behaviours?

How do friends help and support each other?

Why is it important to keep secret the personal things that friends tell us?

What things shouldn't we keep secret that friends tell us?

When was a time that one of your friends helped you?

If you feel angry or upset about something that one of your friends did to you what should you do?

8. Clothing.

a) Buy 2nd hand school uniform,

b) or prewash a new uniform a few times,

c) cut off labels so it doesn't feel so irritating.

9. Trends.

Enlist the help of a neurotypical teenager to ensure your teen has clothing and a haircut that is not too different from the majority of teens. You don't want him to look as if he is dressed by his mother.

10. Paid Companion. (Rent a Friend).

Consider paying for a reliable young adult to accompany your teenager on outings e.g. library, 10 pin bowling, clothes shopping.

11. Counsellor.

Consider setting up a regular monthly meeting with a professional counsellor for your teen. This might be a CAS counsellor or a school dean. Sometimes teenagers have issues that they don't want to talk about with their parents. Teens with ASD don't have the same buddy network, so you need to provide someone safe and sensible for your teen to talk to.

12. Keeping Myself Safe.

Teenagers with ASD need strategies to keep themselves safe. Assertion skills training will teach your teen how to say 'no', 'go away', 'leave me alone', 'I don't like it when you speak to me like that'. Self defence classes will teach how to avoid trouble, and get out yourself of trouble. Martial arts may also help.

13. Self calming and Relaxation Exercises.

Some teenagers with ASD will act aggressively when they get stressed. It is important they learn self control and self calming strategies. The most simple of these is controlled breathing (count to 10). They can also be taught imagery exercise and progressive muscle exercises. They might also enjoy yoga or Pilates.

1. Mind/Body Techniques for Asperger's Syndrome by Ron Rubio

<http://www.jkp.com/catalogue/book.php/isbn/9781843108757>

2. 'Yoga for Children with Autism Spectrum Disorders' by Dion E. Betts and Stacey W. Betts.

<http://www.jkp.com/catalogue/book.php/isbn/1-84310-817-8>

14. Social Skills.

Provide your teenager with information about the unwritten social skills.

'The Unwritten Rules of Social Relationships: Decoding Social Mysteries Through the Unique Perspectives of Autism' by Temple Grandin and Sean Barron.

'Freaks, Geeks and Asperger Syndrome' by Lukc Jackson.

15. Earning Money.

Encourage your teen to find a hobby or activity that will earn them money. This helps them with life skills, independence and self confidence, as well as being a way to meet other people.

collecting and selling pinecones or firewood,

mowing lawns,

delivering pamphlets,

working behind the scenes in a shop

selling art work e.g. http://www.examiner.com/a581116~Art_means_business_for_autistic_teen.html

tutoring someone in their area of special interest e.g. astronomy

buying and selling items on the internet

raising hens and selling the eggs

16. Examples of other teens with ASD

a) 'My Strange and Terrible Malady,' by Catherine Bristow

b) 'Haze' by Kathy Hoopmann.

c) 'The Curious Incident of the Dog in the Middle of the Night'. by Mark Haddon.

d) 'Freaks, Geeks and Asperger's Syndrome'. by Luke Jackson.

e) 'Thinking in Pictures' by Temple Grandin.

f) The Wright and Wong Mystery Series by Laura J. Burns and Melinda Metz

g) 'Can I Tell You About Asperger Syndrome?' by Jude Welton.

h) 'The Mind Tree' by Tito Rajarshi Mukhopadhyay.

i). True Life Documentary 'I Have Autism'

<http://think.mtv.com/044FDFFF0002D79C001A0098A2A3/>

17. Useful Websites for Parents.

a) General information -http://www.helpguide.org/mental/autism_help.htm

b) Puberty <http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=296&a=6001>

c) News and current affairs told in symbols

<http://www.askability.org.uk/Default.aspx?page=aboutthiswebsite>

d) Reaching an Autistic Teenager http://www.nytimes.com/2008/10/19/magazine/19Autism-t.html?_r=1&ei=5070&emc=eta1&oref=slogin

e) Ministry of Education, Special Education offices

<http://www.minedu.govt.nz/educationSectors/SpecialEducation/AboutSpecialEducation/ContactSpecialEducation/NationalAndLocalOffices.aspx>

f) RTLB (Resource Teachers of Learning and Behaviour) www.rtlb.org.nz

g) Autism New Zealand www.autismnz.org.nz They sell some helpful resources such as a toileting visual schedule, and a wide variety of books. They also have information on courses and speakers.

h) The NZ Autism Spectrum Disorder Guidelines

<http://www.moh.govt.nz/moh.nsf/indexmh/nz-asd-guideline-apr08>

These guidelines contain information for people with ASD, their families, health professionals, support service providers and those involved in education. They cover diagnosis and treatment of Autism Spectrum Disorder (ASD), supporting and teaching children and adults with ASD, employing people with ASD and living with ASD.

i) Supplementary Learning Support

Supplementary Learning Support, the Ministry of Education initiative to support students who have significant and ongoing needs but who are not eligible for ORRS, has been in place since late 2003. The Supplementary Learning Support (SLS) initiative provides additional teacher time by way of Learning Support Teachers (LSTs) employed by a host school.

www.minedu.govt.nz/~media/MinEdu/Files/EducationSectors/SpecialEducation/ServicesAndFunding/SLSManagedPool.doc

COMMUNITY SUPPORT IDEAS.

A. Fire.

1. Prepare Yourself.
2. Prepare Your Child.

B. Swimming Pools.

1. Hints.
2. Visual Schedule.

C. Police.

1. Ideas for Parents.
2. Ideas for the Police.
3. Road Safety.

D. Hospitals.

1. Preparing Your Autistic Child For Hospital.
2. Preadmission form for patients with a disability.
3. Specific Needs Care Plan.
4. Patient Passport.
5. Day stay information pamphlet.

E. Shops (supermarket, hairdresser, etc).

1. Supermarket.
2. Hairdresser.
3. Playgrounds.
4. Mall.

F. Sport.

1. Special Olympics.
2. Community Sporting Opportunities.
3. Activities for Exercise.

A. Fire.

Prepare yourself.

- a). If the person with ASD is resistant to leaving the house, the quickest way to get the outside is to wrap them in a blanket and drag them.
- b). If you keep the house locked, make sure you have something to break a window with, in case you need to exit the house in a hurry.
- c) Decide with other members of the household, what to do in the event of a fire. Whose job is it to get the person with ASD out? Where is the meeting place? What are the best exits from the house? Practise this.
- d) Don't leave your child with ASD unsupervised around any kind of heat (gas, heaters, fires, bbq, or hot water). Don't leave matches or lighters accessible.
- e) If you belong to an autism group or organisation, you could arrange for a Fire Safety officer to talk to your group.

Prepare your child.

- a). Practise a fire safety drill with ASD person. Teach them how to get down low, find a safe exit, and go to a meeting place.
- b). Teach them the 'stop, drop and roll' song and actions.
<http://www.youtube.com/watch?v=-BaMKH7YbJI>
<http://www.slatersoftware.com/Stop-Drop-Roll.pdf>
- c) Teach your child about fire safety yourself. You know your child's level of understanding, so explain things to them in a way they can understand. <http://firewise.fire.org.nz/>
- d) If your child is a runner, have an outdoor area that is secure e.g. a fenced part of the garden, or designate someone to stay with and watch the child with ASD..
- e) Use social stories or visuals to teach about smoke detectors, fire-fighters, fire engines, fire drills, fire alarms, not touching fire etc. <http://www.slatersoftware.com/Stop-Drop-Roll.pdf>
- f) The NZ Fire Service has a website for kids. You could possibly adapt some ideas for your autistic child. <http://firewise.fire.org.nz/index.html>


B. Swimming Pools.

Hints.

- As Keith mentioned on the DVD – make sure your child is easily identifiable. It helps if they wear a bright rash shirt. Advise the lifeguards on arrival at the pool, so that they understand your child's unusual play.
- Consider taking your child to the pool during quiet times e.g. early in the day.
- If you don't like swimming, consider paying a helper to accompany your child and play with them in the water.

Visual Schedule.

If your child is having formal swimming lessons, try using a visual for each task or using a schedule e.g. swimming lesson visual schedule for a child who can read and who likes numbers.

<i>Photo of a swimmer doing skill</i> Flutterboard kick with fins	2 lengths
<i>Photo of a swimmer doing skill</i> backstroke	1/2 length
<i>Photo of a swimmer doing skill</i> underwater kick	1 length
<i>Photo of a swimmer doing skill</i> freestyle arms with pool bouy	4 lengths
<i>Photo of a swimmer doing skill</i> skulling on back	1/2 length
<i>Photo of a swimmer doing skill</i> Sit down surf	1/2 length
<i>Photo of a swimmer doing skill</i> Dive (hands together)	5 lengths
 Free choice stroke to finish	1 length

C. Police.

Ideas for Parents.

a). If you belong to an autism group or organisation, you could arrange for a police officer to talk to your group.

b). Information for the police if your child goes missing.

As seen on the DVD, the police need to know

Your child's age, hair colour, height and weight.

What your child was wearing.

When and where they went missing.

Where they might be going (e.g. a favourite place).

Communication Tips. How to talk to your child (name, interests etc).

c). If you have a 'difficult to control' autistic teenager, it might be beneficial to build a relationship with the police. You could contact the local Youth Education Officers and explain to them about your teenager's behaviour, so they are aware that your child has ASD.

d). If your child is a runner who is high needs, there are tracking pendants available
<http://www.police.govt.nz/news/tenone/20061110-291/feature-trackingsystem.htm>

e). The police website has information and resources that may help you plan how to keep your child safe. <http://www.police.govt.nz/service/yes/home-safely.html>
www.police.govt.nz/.../pdfdownload.php?filename=school-road-safety/stepping-out-teaching-guide-y0-1.pdf

Ideas for the Police.

The following articles for police can be found on the Autism New Zealand website

1. Police Article: A Handout for Police <http://www.autismnz.org.nz/articlesDetail.php?id=13>

2. Police Article: Interview and Interrogation of people with autism (including Asperger syndrome) <http://www.autismnz.org.nz/articlesDetail.php?id=9>

3. Police Article: What are Autism, Asperger Syndrome and Autism Spectrum Disorders?
<http://www.autismnz.org.nz/articlesDetail.php?id=10>

4. Police Article: What is an Appropriate Response?
<http://www.autismnz.org.nz/articlesDetail.php?id=12>

Road Safety.

a). Teach your child road safety using road safety songs from popular children's TV programmes e.g. Barney, Dorothy the Dinosaur, the Tweenies.

b) You could try using a photo book if your child has some understanding, but needs reinforcement not to run out into the road. Take photos of road kill and then add a text at your child's level, e.g.

"Look at naughty possum. He went on the road. He got hit by a car and he got hurt.

Look at naughty rabbit. He went on the road. He got hit by a car and he got hurt.

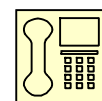
Look at naughty pukeko. He went on the road. He got hit by a car and he got hurt."

D. Hospitals.

1. Preparing Your Autistic Child for Hospital.
2. Preadmission Form for Patients with a Disability.
3. Specific Needs Care Plan.
4. Patient Passport.
5. Day Stay Information Pamphlet.

Preparing Your Autistic Child for Hospital'.

1. **Take your child on lots of pre-visits** to the hospital. Let them get used to the place (sights, sounds, smells). Try to make the visits fun by finding something that interests your child e.g. ambulance, signs, numbers, arrows, café, a toy from the pharmacy.
2. **Go for a pre-visit by yourself**, and find the place your child will be going to (e.g. dental, child health), so that you know where to go, and what toys and space are available, e.g. is there a quiet area for recovery? Is there a DVD player, and can you bring a DVD with you? Where's the nearest toilet?
3. **Ask staff for photos/picture** of procedures, of staff.
4. **Take photos of your child at the hospital**. Make a photo book for your child.
5. If your child understands visuals, then show them a **reward visual** (make it a big reward) e.g. first hospital, then McDonald's.
6. Show your child on a **visual calendar** at home.
"What are we doing on Friday?" "Where are we going?"
7. **Role play at home** e.g. stethoscope on chest, torch in ear, open mouth for toothbrush. Do this lots of times.
8. **Picture books** e.g. Usborne First Experiences 'Going To The Hospital', 'Going to the Doctor'. 'Going to the Dentist'. Read these and talk about the pictures.
9. **Bring favourite food** as reward, (but only if your child is not 'nil by mouth').
10. **Bring favourite object** as reward/comforter.
11. **Bring doll** to use as a model to show your child what you want them to do.
12. **Phone the clinic** and ask for your child to be first/early on list.
Tell the clinic your child is autistic and is difficult to manage in a waiting room.
13. **Tell staff key words** your child understands
"Do this", "Hands down," "open mouth", "sit down".
14. **Tell staff child's likes/dislikes** e.g. stickers, sweets, noises, lighting
15. **Ask for your child's file to be tagged** 'autistic' so that next time you don't have to explain about your child again.
16. **Ask if your child can have early release** from hospital, (if your child is supposed to stay overnight), and be nursed at home using district nurses.
17. **Walk up and down** the corridor while waiting, if your child is restless in the waiting room (tell the receptionist so that they can find you when it's your turn).
18. **Before leaving home phone** to check that the clinic is running to time, so that you don't have to wait for long at the hospital.
19. **Phone the anaesthetist** beforehand about anaesthetic options eg
 - a) can the child be given an oral anaesthetic in their favourite drink?
 - b) can they have a slow wake up anaesthetic, so they don't wake up fighting?
 - c) can they have drip removed from their hand before they wake up?
 - d) can a parent be in the room while the child wakes up?
 - e) can the child be given anti vomiting meds?
20. **Bring a support person** (they can park the car, take photos, carry your bag etc)





Patient Identification Label

Pre – Admission Form for Patients with a Disability

To be completed by the patient and their support person. The aim of this form is to ensure that the needs of the patient are identified in preparation for their hospital care.

Patient's Name..... Date of Birth

Date form completed Completed By

Relationship of person(s) completing the form

Issues of Consent – for many procedures we are required to gain consent , please could you identify whether: * the patient is able to sign consent for themselves, *they have a Welfare Guardian, *Personal Order or *Next of Kin – please detail the name and address as applicable

Does the person have specific **communication** needs (i.e. verbal, non-verbal, Boardmaker ,New Zealand Sign language, Makaton, written word etc...)

YES	NO

If 'Yes' please describe below:

1.	
2.	
3.	
4.	

Does the person need someone to stay with them whilst in hospital?

If 'Yes' would this be for the full duration?

If not for the full duration, how often?

Just whilst the procedure is carried out

At night

Admission

Discharge

YES	NO

Patient Name

		YES	NO
Would it be beneficial for the person to be in a separate room?			
Does the person have other special needs that we need to be aware of to enable us to assist them during their stay? (<i>pica, polydipsia, no concept of danger etc.</i>)			
If 'Yes' please describe below:			
1.			
2.			
3.			
4.			
Is there any specific things that should be removed or added to the room / area?			
Has this person previously been a patient at MidCentral Health?		YES	NO
Do you believe it would be beneficial to meet with someone from the hospital prior to admission so that the needs of the person can be planned? If 'Yes' please contact: Clinical Nurse Specialist Intellectual Disability, Palmerston North Hospital TEL: 06 3569169 pager 704			
What may cause this person to become upset or distressed		Methods that Calm	
How is the best method to make medical interventions easier (<i>taking blood, giving injections, having X-ray.....</i>) <i>Example: playing certain music, ensuring they are holding their special comforter or possession, having a certain person with them when possible</i>			
Any special comforters or possessions that this person prefers			
Will having to wait in a room with other people for a period of time cause them stress?			

Patient Name

The table below has been developed to assist us to establish a base line so that we have some indicators to identify levels of pain or stress that the person may be experiencing if they are unable to tell us themselves or if someone who knows they very well is not with them.

Facial expression when content Face: <i>(laugh, smile, frown, grimace, startled, frightened.)</i> Tongue/jaw: <i>(slack, biting, grinding ...)</i> Eyes: <i>(eye contact – good/little/avoids, staring, closed eyes, winking...)</i>	Facial expression when distressed Face: <i>(laugh, smile, frown, grimace, startled, frightened.)</i> Tongue/jaw: <i>(slack biting grinding ...)</i> Eyes: <i>(eye contact – good/little/avoids, staring, closed eyes, winking...)</i>
Vocal signs when content Sounds <i>(volume, pitch, duration, scream, laugh, shout, gurgle ...)</i> Speech <i>(clear, stutters, fast, slow, loud, soft, single words, sentences...)</i>	Vocal signs when distressed Sounds <i>(volume, pitch, duration, scream, laugh, shout, gurgle ...)</i> Speech <i>(clear, stutters, fast, slow, loud, soft, single words, sentences...)</i>
Habits and mannerisms when content <i>(rocking, finger wringing, hair twisting...)</i>	Habits and mannerisms when distressed <i>(rocking, finger wringing, hair twisting...)</i>
Body Posture and observations when content Posture <i>(normal, rigid, jerky, slumped, leans to side, poor head control...)</i>	Body Posture and observations when distressed Posture <i>(normal, rigid, jerky, slumped, leans to side, poor head control...)</i>

Table adapted from DisDAT (Disability Distress Assessment Tool). Regard, C., Reynolds, J., Watson, B., Matthews, D., Gibson, L., & Clarke, C. (2007) Understanding distress in people with severe communication difficulties: Developing and assessing the Disability Distress Assessment Tool (DisDAT). Journal of Intellectual Disability research

Patient Name

Any additional information that you feel will be beneficial to enhance the admission into hospital for the person

**Thank you for taking the time to complete this form,
please return it in the pre-paid envelope enclosed so
that we can use the information to effectively plan for
the specific needs of this patient.**

Produced by:
Dina Cole
Clinical Nurse Specialist Lead Intellectual Disability
MidCentral Health Ltd, Palmerston North Hospital
Ruahine Street, Palmerston North
06 350 8839
dina.cole@midcentraldhub.govt.co.nz

Specific Needs Intellectual Disability - Care Plan

Date	Need/difficulty	Outcome	Intervention
02/08/08	Due to Bobby's intellectual disability he is unable to make decisions for himself and this includes issues of consent	For the needs of Bobby and any issues of consent to be met	1. Bobby's sister is Bobby's welfare guardian – this is someone who the Family Court have appointed to make decisions about the personal care and welfare of Bobby (The Protection of Personal and property Rights Act 1988). 2. Bobby's sister has completed the Operation/Procedure Consent Form for Bobby's dental surgery/
	Bobby has poor coping mechanisms, has difficulty coping with change and will be unable to cope with waiting in an unfamiliar environment.	For Bobby not to have to wait when coming for his dental surgery.	1. Bobby is first on the morning list and will arrive with his carers at 08.00 hrs so that he can come straight from home to the appointment and not have to wait.
	Bobby will easily become agitated if he is stressed	For Bobby's distress levels during this visit to be minimised as much as possible.	2. Bobby will have receivedmg Midazolam from the staff at his home to assist him to adapt to the change of environment and routine.
	Bobby is blind in his left eye	For Bobby to feel safe and reassured during this visit	3. Bobby will become stressed if he sees any blankets and will only be able to cope with sheets
	Bobby can be unsteady on his feet at times and this may be more prevalent in an unfamiliar environment		4. Bobby has a favourite 'tennis ball' with him – this is known to comfort him and is to be with him at all times when awake or waking.
	Bobby has no concept of danger to himself or others		5. Dina Cole, Clinical Nurse Specialist Lead Intellectual Disabilities will be available to assist with personal restraint for Bobby if necessary for insertion of cannular etc. Dina will access assistance from Rob Husband, Orderly if she requires further support.
	Bobby is a Hepatitis B carrier		

<p>02/08/08</p>	<p>Bobby has limited verbal communication and is difficult to understand.</p> <p>Bobby is able to understand simple instructions - he may choose not to .</p> <p>Bobby is able to make his needs understood</p> <p>Bobby uses verbal sounds/words, gestures and/or points to make his needs known</p> <p>Bobby may become distressed and non compliant when medical interventions need to be undertaken</p>	<p>For Bobby to feel reassured and the communication channels between Bobby and the health professionals assisting him to be effective</p> <p>For Bobby to feel reassured and his stress levels to be minimised as much as possible when medical interventions need to be undertaken</p>	<p>6. Dina will be available during the time of Bobby's admission to offer support, advice and assist with restraint if required – pager 704</p> <ol style="list-style-type: none"> 1. Use simple plain language when communicating with Bobby 2. Make sure Bobby has his "special tennis ball" with him when you are initiating communication. 3. Allow Bobby opportunity to process and respond to instructions and questions <p>Bobbie only ever takes oral medication – one tablet at a time</p> <p>Pre Theatre</p> <ol style="list-style-type: none"> 1. Bobby's carers to be present whenever possible when medical interventions need to be undertaken as this is known to comfort Bobby 2. Even basic observations may not be able to be taken before the surgery – depending on how well the Midazolam has assisted Bobby's anxiety.
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02/08/08	Bobby may become distressed and non compliant when medical interventions need to be undertaken - <i>continued</i>		<p>3. If able to complete medical interventions they need to be done as quickly as possible with minimal noise so that Bobby does not have to be touched for too long – stopping to explain to Bobby or pacify him will only escalate the situation.</p> <p>4. Bobby needs to be reassured about what is going on by staff using simple plain language and possible visual examples</p> <p>5. Staff to use supportive holds to hold Bobby's arms and hands when medical interventions are needed</p> <p>In Theatres</p> <p>6. To enable Dr Paul , Consultant Anaesthetist to insert cannular, Dina Cole, Clinical Nurse Specialist Lead Intellectual Disabilities and Rob , Orderly will be available to assist with personal restraint – straight arm chicken wing grip will be applied.</p> <p>7. If Bobby presents with escalation of agitated behaviour causing insertion of cannular to be unsuccessful gas induction will proceed.</p> <p>8. Bobby's carer will accompany him into theatres to assist with de-escalation and redirection as needed.</p> <p>9. Because of history of 'mitral valve prolapse' Bobby to have antibiotics administered whilst in theatres</p> <p>Post Theatre</p> <p>10. Once Bobby is in recovery ensure his 'special tennis ball' is placed in his hand – this will assist reduce his anxiety as he awakes.</p>
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			<p>11. Bobby may become agitated due to increased anxiety as he awakes – this may lead him to pull out his cannular</p> <p>12. Loosen the IV dressing whilst Bobby is still asleep (so that it still can be used if needed) and remove once Bobby opens his eyes. Staff to use supportive holds to hold Bobby's arms and hands</p> <p>13. Bobby may not remain in the bed for very long and could become agitated – Bobby will need to be moved into a lazy boy chair and around to the post-op room to minimize anxiety as soon as possible.</p>
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Dina Cole
 Clinical Nurse Specialist Intellectual Disability

Monday, 8 June 2009

Specific Needs Intellectual Disability - Care Plan

<p>Facial expression when content</p> <p>Face: Smiling, happy face</p> <p>Mouth: happily talkative</p> <p>Eyes: Bobby eyes will be smiling</p>	<p>Facial expression when distressed</p> <p>Face: Bobby will grimace and hid his face</p> <p>Mouth: Squawking +++++</p> <p>Eyes: Bobby will avoid eye contact</p>
<p>Vocal signs when content</p> <p>Sounds Laughter and displays sense of humour – in a loud voice talks to himself</p> <p>Speech: Bobby uses short sentences but is difficult to understand at times</p>	<p>Vocal signs when distressed</p> <p>Sounds: none</p> <p>Speech: none</p>
<p>Habits and mannerisms when content</p> <p>Bobby will play with his fingers or tennis ball</p>	<p>Habits and mannerisms when distressed</p> <ul style="list-style-type: none"> • Bobby hides his face • Bobby bits his hand • Bobby shakes his head • Bobby stamps his feet • Bobby will grab / push closest person • Bobby will push things of benches etc....
<p>Body Posture & observations when content</p> <p>Normal</p>	<p>Body Posture & observations when distressed</p> <p>Bobby will appear jerky</p>

Dina Cole
Clinical Nurse Specialist Intellectual Disability

.....
Monday, 8 June 2009

Other people who may help me are

.....

.....

.....

**Things I think it is important you know about me so
you can help me**

.....

.....

.....

.....

.....

Produced by:
Dina Cole
Clinical Nurse Specialist Intellectual Disability
MidCentral Health Ltd, Palmerston North Hospital
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06 350 8839

PATIENT PASSPORT

My Name

Date of Birth

NHI Number



This passport is to let you know about my
needs. I hope this helps you to understand me a
little better.



Facial expression when content	Facial expression when distressed
Face: (laugh, smile, frown, grimace, startled....)	Face: (laugh, smile, frown, grimace, startled....)
Tongue/jaw: (slack, biting, grinding.....)	Tongue/jaw: (slack, biting, grinding.....)
Eyes: (eye-contact – good/little/avoids, starring, closed, winking...)	Eyes: (eye-contact – good/little/avoids, starring, closed, winking...)

This table has been developed to assist us to establish a base line so that we have some indicators to identify levels of stress or pain that the person may be experiencing if they are unable to tell us themselves

Things I like are

.....

.....

.....

Things I do not like are

.....

.....

.....

Things that upset me are

.....

.....

.....

Things that help me relax are

.....

.....

Keeping safe (*like belt on wheelchair, bedrails*)

.....

.....

.....

.....

How to make medical interventions easier (*taking blood, giving injections, having x-ray*)

.....

.....

.....

.....

For issues of consent (are you able to sign consent, do you have a Welfare Guardian, Personal Order or Next of Kin

Name and address if applicable please

Vocal signs when content
Sounds: (volume, pitch, duration, scream, laugh, shout, gurgle.....)

Speech: (clear, stutters, fast, slow, loud, soft, single words, sentences.....)

Vocal signs when distressed
Sounds: (volume, pitch, duration, scream, laugh, shout, gurgle.....)

Speech: (clear, stutters, fast, slow, loud, soft, single words, sentences.....)

Habits and mannerisms when content
(rocking, finger wringing, hair twisting.....)

Habits and mannerisms when distressed
(rocking, finger wringing, hair twisting.....)

Body posture and observations when content
Posture (normal, rigid, jerky, slumped, leans to side, poor head control.....)

Body posture and observations when distressed
Posture (normal, rigid, jerky, slumped, leans to side, poor head control.....)

Table adapted from DisDAT (Disability Distress Assessment Tool). Regard, C., Reynolds, J., Watson, B., Matthews, D., Gibson, L., & Clarke, C. (2007) Understanding distress in people with severe communication difficulties: Developing and assessing the Disability Distress Assessment Tool (DisDAT). Journal of Intellectual Disability research

I Will Need Help With (this *is how*)

Communication

.....

.....

.....

Eating and drinking

.....

.....

.....

.....

Getting washed and dressed

.....

.....

.....

.....

Going to the toilet

.....

.....

.....

Mobility (*how I move around*)

.....

.....

.....

.....

Sleeping

.....

.....

.....

.....

**If you want to talk to someone to find out more about
your visit please phone:**

Name Day of Surgery Admission - Charge Nurse



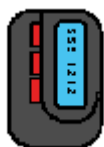
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Or

Name Clinical Nurse Specialist - Intellectual Disability



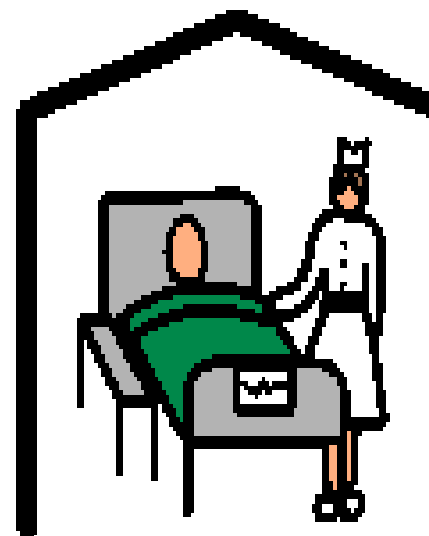
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356 9169 page 704

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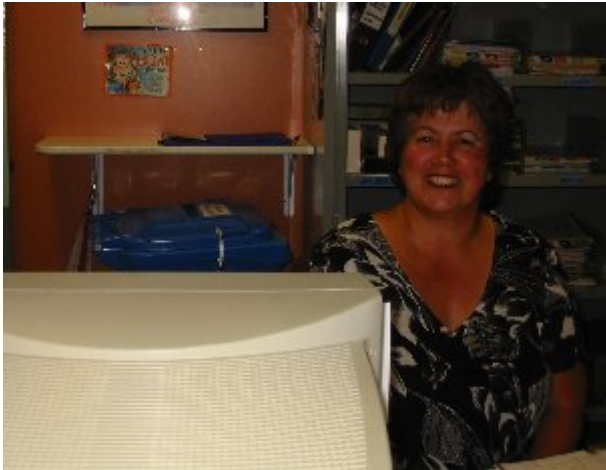
**Welcome to the Day of Surgery Unit
at Palmerston Hospital**



Please bring this with you on the day of your surgery



Please bring your Registration Form with you



You will sit in the waiting room

A nurse will call your name and take you to a room



The nurse will ask you questions



If you have any pain



or feel sick



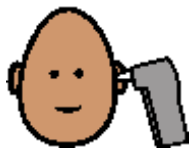
Tell the nurse as they can give you some medicine to make you better



When you are fully awake and have had something to eat and drink, your tube will be removed and you can go home



The nurse will take your temperature and blood pressure



There will be beeping sounds in the room



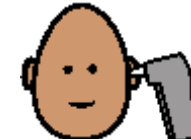
When you are ready the nurse will take you to a room so you can have something to eat and drink



The Nurse will weigh you



Take your blood pressure and your temperature



and will put a probe on your finger



The nurse will ask you to wear a bracelet with your name on



And you may have to wear a gown



The nurse will take you to a room where you can sit



A nurse may come and take you to the Pre-Operative Lounge



You will wait here until it is your turn to go to theatre



The nurse will hold your arm while the doctor places a plastic tube into your hand and places a mask on your face



When you wake up you will be in recovery



You will have a mask over your face, the tube will still be in your hand and it may be attached to some fluids. These do not hurt



Whanau Support Ideas.

1. Prior to the hui or visit to the marae, make enquiries to see if there is an empty room or a kaumatua room to allow your tamariki with autism a quiet place or time out if required.
2. Give your tamariki the opportunity to participate in or learn about traditional ways and culture. If necessary break down the activities to suit their skill level.
3. If your tamariki is sensitive to smell or taste, do not force him to eat boil up, kai moana or other kai enjoyed by Maori. They may have sensory issues. Pack their favourite food for the dining room, or when the main meal or snacks are served.
4. It may help to take a bag with their favourite toys or books with you to the marae e.g. computer games, Spiderman toy, so that the tamariki have something to occupy them.
5. Encourage our schools and clubs to include your tamariki with autism e.g. Kapa haka or marae visits. You may need to make a photo book or social story to prepare your child for the activity.
6. Explain to your child's teacher or aide if you have any Maori practises that are important to your whanau e.g. Karakia before eating, towel dry head before body after swimming, don't share sunhat/shoes.
7. If you use a token board which focuses on positive behaviour, encourage the whanau to use the same system when they are caring for the tamariki, to ensure the same routines/boundaries with everybody.
8. Try using visuals for routines. Ensure your tamariki takes the visuals with them when they're staying at another house.
9. Try preparing a 'Getting To Know Me' letter which gives details of your tamariki to show to whanaunga (extended whanau), or manuhiri (visitors) so they are given tips on how to communicate with your tamariki. Include what things they like and dislike, sensory issues, what things may cause a meltdown, and ways to support your tamariki.
10. Prepare your tamariki for important occasions e.g. tangi. Write a social story about what will happen and what may be expected of your tamariki and other manuhiri. If possible prepare tangata whenua by advising them of your tamariki with autism, and their profile.
11. Encourage whanau to support the parents by going with them to school, hospital and doctors appointments. Advise the people your meeting, how many support people you are bringing with you.
12. If you would like help making resources for your tamariki contact your local Ministry of Education Special Education Office.

Further Information for Whanau.

Maori Perspectives of ASD. A study by Jill Bevan Brown.

http://www.educationcounts.govt.nz/publications/special_education/5479

Team Up - a website that has lots of useful information about helping our kids learn.

<http://www.teamup.co.nz/>

Open Home Foundation <http://www.ohf.org.nz/index.htm>

A charity that provides respite care in some areas of New Zealand.

Questions For Respite Care Agencies To Ask When Working with Maori Families.

1. Language. Ensure that key words such as mimi (wee), tutai (poo), kai (food) wharepaku (toilet) etc are known by all your staff.
2. Sleeping arrangements. Many of the children of Maori families still sleep with their parents. If the child is coming in for respite, ensure they are not in a room on their own with all lights out at night time. This can be very frightening for them.
3. Eating. Ask for the child's preferences eg
breakfast - weetbix, boiled eggs, toast, boil up
lunch - sandwiches (different types), fruit, yoghurt, 2 minute noodles (cooked or uncooked)
dinner - chicken, soup, boil up, chops, savoloys, roast etc

Develop a questionnaire with useful questions about the child e.g.

1. What is their favourite food?
2. What do they enjoy most?
3. What causes them the most stress?
4. What is the most useful in calming them?
5. How do they demonstrate their stress?
6. If they are non verbal, what gestures do they use?
eg **biting:** M often bites when he is frustrated or when his ears hurt
 - say 'no biting' and massage or stroke his jaw
 - if he continues give him something soft to bite
7. Other important information about the child eg M hates having his hair washed, brushed or cut (regardless how dirty or messy it looks)

Further Information.

This is not an exhaustive list. It is intended as a starting place.

Books

There are thousands of books written about autism- treatments, personal accounts, picture books and even science fiction. Below are a few favourite books.

'How Joshua Learned' by Joshua Love - aged 8

'The Complete Guide to Asperger Syndrome' by Tony Attwood

'Thinking in Pictures' by Temple Grandin

'Speed of Dark' by Elizabeth Moon

'Let Me Hear Your Voice' by Catherine Maurice.

'Finding Jake' by Karen Siff

'Behavioural Intervention for Young Children with Autism' by Catherine Maurice

'A Friend like Henry' by Nuala Gardner

'Can I Tell You about Asperger Syndrome?' by Jude Welton

DVD's/Videos

'In My Shoes' an everyday look at autism spectrum disorder.

Makaton is a communication programme that combines, sign language, symbols and speech.

<http://www.makaton.org.nz/> Makaton

Model Me Kids® <http://www.modelmekids.com/> videos demonstrate social skills by modeling peer behavior in various settings such as at school, on a play date, at a birthday party, in the playground, at a library, and in a restaurant. Real children model and narrate each skill.

The *ASD Video Glossary*, is designed to help parents and professionals learn more about the diagnostic features of autism spectrum disorders. It contains over a hundred video clips and is available free of charge. <http://www.autismspeaks.org/video/glossary.php?>

On the Spectrum: Children and Autism Video

This 24-minute educational DVD outlines the diagnostic criteria for autism spectrum disorders. Available from the American Society of Paediatrics. <http://www.aap.org/>

Understanding Autism Spectrum Disorder. The set contains a DVD and CD. The DVD is an ABC New Dimensions Health Special. The CD is a professional development pack containing useful information for teachers. Email suelarkey@optusnet.com.au

Movies.

'*The Unexpected Journey*' (UK) also known as *Miracle Run* (USA) is a 2004 movie about a woman who's 7 year old twin boys are diagnosed with autism, and how she copes.

'*After Thomas*' (ITV drama) is based on a family's experience of conquering their child's autism with the help of the family dog. Based on the book 'A friend Like Henry' by Nuala Gardner.

'*Rainman*' (1988) stars Dustin Hoffman as an autistic savant.

'*Mercury Rising*' stars Bruce Willis.

Cartoon Programmes

The Space Place <http://www.spaceplace.tv/watchep.html>

The Transporters <http://www.thetransporters.com/>

These are animated children's television series aimed at autistic children in the 2-8 year bracket.

They use real facial expressions to teach emotions.

CD's.

1. *Compic* is a library of pictographs. Pictographs are the visual representation of a word or a concept. http://www.scopevic.org.au/comm_compic.html
2. *Flashpro* This CD Rom contains over 10,000 colour photos which can be used for are great for visual schedules as well as for teaching academic skills. <http://www.spectronics.com.au/product.asp?product=8967>
3. *Picture This* –Over 5000 photos in 33 categories such as chores, math, money, school supplies, what's different, what's wrong?, and more. http://www.autismstuff.com/picture/pic_picturethisproed3cd.htm
4. *Kiwi Social Skills* a CD with lots of prewritten social skills stories. Available from www.tautoko.org.nz

Commercial Communication Aids.

1. *Macaw Talker* It is a communication device where pictures represent the messages stored in each key. The person using the Macaw selects the message and the Macaw speaks it for them. <http://www.tecsol.com.au/Dgreccsys.htm>
2. *Neo Typewriter* - a tough portable keyboard laptop <http://www.spectronics.co.nz/browse.asp?cat=17693>

Board Games.

- 'The Socially Speaking Game'. By Alison Schroeder.
'Time to Talk' by Alison Schroeder
'Positive Pragmatic® Game Boards'. by Joanne P. DeNinno and Kim A. Gill

Therapies.

1. *Floor time* is as an intensive, one-on-one experience; using a therapeutic team and educational approach. <http://www.floortime.org/ft.php?page=Floortime>
2. *Applied Behavioural Analysis* (ABA) is a programme that involves teaching linguistic, cognitive, social and self-help skills by breaking down these skills into small tasks. There is a focus on rewarding desired behaviours and ignoring, inappropriate behaviours.

Service providers of ABA in New Zealand:

- a) CARD (Centre for Autism and Related Disorders) <http://card-usf.fmhi.usf.edu/>
 - b) ISADD (Intervention Services for Autism and Developmentally Delayed) <http://www.isadd.org/AutismPartnership> <http://www.autismpartnership.com.au/Home/Home.asp>
3. *TEACCH*:Treatment and Education of Autistic and Related Communication Handicapped Children. Their stated aim is to help to prepare people with autism to live or work more effectively at home, at school and in the community.

Education Courses.

1. *Tips for Autism* - is a 4-day professional development programme which aims to help the team supporting an individual child with ASD develop in-depth plans to support that child's specific needs in home, school and community settings. <http://www.inclusive.org.nz/tips/home>
2. *Early Bird* - is a parent education programme for parents with autistic preschoolers. The programme is free and it is run by Autism New Zealand. http://www.autismnz.org.nz/training_2.php#7

Websites.

A New York organisation that provides support and information about ASD www.ahaNY.org

About Autism http://autism.about.com/od/aspergerssyndrome/Asperger_Syndrome.htm

Altogether Autism. www.altogetherautism.org.nz

ASPEN® Asperger Syndrome Education Network Inc. www.aspennj.org/

Asperger Syndrome Australian Information Centre. www.ozemail.com.au/~rbmitch/Asperger

Asperger tips www.aspergertips.com

Asperger's Disorder Home Page www.aspergers.com

Aspergers Parallel Planet www.asplanet.info

Asperger's Syndrome Support Network - ASSN Queensland. www.asperger.asn.au

ASPIA - Asperger Syndrome Partner Information Australia Inc. www.aspia.org.au

Association for Positive Behaviour Support Website. www.apbs.org

Autism and computing has useful articles www.autismandcomputing.org.uk

Autism Asperger's Digest Magazine. www.autismdigest.com

Autism awareness www.autismawarenesscentre.org

Autism Behavioural Intervention Association of NSW. www.abinsw.org.au

Autism New Zealand www.autismnz.org.nz

Autism South Australia www.autismsa.org.au/html/disorders/autism.html

Autism Spectrum Australia - ASPECT. autismnsw.com.au

Autism Stuff <http://www.autismstuff.com/index.htm>

Autistic Spectrum Disorder Information network <http://www.asdin.org.nz/main/index.html>

CDAP - Centre for the Development of Autism Practice. www.autismcentre.co.uk

CNN link to news items <http://www.cnn.com/SPECIALS/2008/news/autism/>

Donna Williams (author) website www.donnawilliams.net

Future Horizons Publishers www.fhautism.com

Gateways Support Services Webpage www.autismhelp.info

Gifted Resource Center of New England www.grcne.com

Information for people on the Autism Spectrum, and their families. www.humans.org.nz

Jen Birch's website www.aspergers.co.nz

Joy de Vries website on advice for Aspergers www.Asperger-advice.com

Midnight in Chicago has produced free podcasts about ASD <http://mic.mypodcast.com/>

Ministry of health www.moh.govt.nz/autismspectrumdisorder

National Autism Society (UK) www.autism.org.uk

Online Aspergers Syndrome info and support. www.aspergerssyndrome.org

Parent2Parent. www.parent2parent.org.nz

Personal experiences with Asperger syndrome www.autismforum.net

reference website for teachers www.autism4teachers.com

South Australian woman with AS working with people with ASD's www.geocities.com/autap/

Special Families Guide www.specialfamilies.com

Sue Larkey – an ASD consultant www.suelarkey.com

Support group for children with Asperger's Syndrome www.withyoueverystepoftheway.com

TAP - The Autism Perspective Magazine www.TheAutismPerspective.org

The Centre for the Study of Autism www.autism.org

The Gray Center for Social Learning and Understanding www.TheGrayCenter.org

The Maple Leaf Centre www.mapleleafcenter.com

The National Autistic Society in the UK. www.nas.org.uk

The website of a father of an boy with Asperger syndrome www.aspergers-uk.org

Tinsnips - <http://www.tinsnips.org/>

Tony Attwood <http://www.tonyattwood.com.au/index.html>