

Autism, Autism Spectrum Disorder (ASD), Pervasive Developmental Disorder (PDD), Asperger Syndrome (AS)

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From: **The Special Ed Law Advocate**

February 5 , 2008

ISSN: 1538-3202

Issue: 421

Subscribers: 56, 866

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We receive many questions from parents, teachers, and health care providers about special education services for children with autism. If you are a parent, you need to educate yourself about your child's disability, effective educational methods and medical treatments, and how to present your child's problems and needs to school staff so they want to help.

On the Autism, PDD & Asperger Syndrome page, you will find FAQs, articles, legal resources, recommended books, free publications, and a short list of information and support groups.

The Centers for Disease Control and Prevention (CDC) has opened the [Autism Information Center](#). You can find out exactly [what Autism and other Pervasive Developmental Disorders \(PDD\) are](#) on this website.

What is Autism?

Autism is a neurological disorder that can impair communication, socialization and behavior. It is usually diagnosed within the first three years of life and is four times more common in boys than in girls . However, some types of Autism may not be diagnosed until years later when the child enters school, due to late-occurring social deficits or difficulty playing with others. When this occurs, the child is usually too old to take advantage of early childhood intervention services and is evaluated for entry into the special education system.

Though awareness and understanding have greatly increased over the past few decades, many people are still unaware of the true affect of Autism. It can become an overshadowing factor in every aspect of life, including education, establishing and maintaining relationships, responding to pain and discomfort, and even in the ability to express emotion.

Symptom severity in Autism can range from mild to severe. For example, one child may intensely flap their arms to show excitement, another may display a smile under the same set of circumstances, while another child may sit in the corner and rock, leading the observer to believe that they may be incapable of showing or feeling emotion.

As parents reach the diagnosis, treatment and education stages of Autism, they will hear many different terms used to describe their child. This may include words such as autistic-like, non-verbal, developmentally delayed, autistic tendencies, savant, high-functioning, and low-functioning. The important thing to realize is that all children with Autism are different. What works for one may have zero effect on another. The combinations of signs and symptoms are endless. More important than the words used to describe the child is the underlying understanding that whatever the diagnosis is, children with Autism are able to learn, function productively in society and show positive gains with appropriate education and treatment plans in place. Without appropriate support, the child may never realize his full potential. ([Source](#))

According to the National Academy of Sciences, "the diagnosis of autism can be made reliably in two-year-olds by professionals experienced in the diagnostic assessment of young children" with autistic disorders. Early diagnosis is crucial because education is the primary form of treatment, and the earlier it starts, the better." [Autism and PDD: Fact Sheet](#).

What is Asperger's Syndrome?

Asperger Syndrome (AS) is a severe developmental disorder characterized by major difficulties in social interaction, and restricted and unusual patterns of interest and behavior. There are many similarities with autism without mental retardation (or "Higher Functioning Autism"). (see [Resources: Asperger's Syndrome; information & support](#)).

[What Can You Tell Me About Asperger Syndrome?](#) Asperger syndrome (AS) is a neurobiological disorder, which most researchers feel falls at the "high end" of the autistic spectrum. Individuals with Asperger syndrome can have symptoms ranging from mild to severe. While sharing many of the same characteristics as Pervasive Developmental Disorder, Not Otherwise Specified and High-Functioning Autism, Asperger syndrome is a relatively new term in the United States, having only recently being officially recognized as a diagnosis by the medical community.

Pervasive Developmental Disorder (PDD) and Pervasive Development Disorder Not Otherwise Specified (PDD-NOS)

The diagnostic category of pervasive developmental disorders (PDD) refers to a group of disorders characterized by delays in the development of socialization and communication skills. Parents may note symptoms as early as infancy, although the typical age of onset is before 3 years of age. Symptoms may include problems with using and understanding language; difficulty relating to people, objects, and events; unusual play with toys and other objects; difficulty with changes in routine or familiar surroundings, and repetitive body movements or behavior patterns. ([source](#))

[Autism Spectrum Disorders \(Pervasive Developmental Disorders\)](#). A detailed booklet, from the National Institute of Mental Health, that describes symptoms, causes, and treatments, with information on getting help and coping.

Intensive Early Intervention

All available research strongly suggests that intensive early intervention makes a critical difference to children with autistic spectrum disorders. Without early identification and diagnosis, children with autism are unlikely to learn the skills they

need to benefit from education.

The National Research Council analyzed intervention models for young children with autistic disorders and concluded that intensive early intervention "makes a clinically significant difference for many children. Children who had early intervention had better outcomes. (See [Current Interventions in Autism: A Brief Analysis](#))

[What is Developmental Screening?](#) In this CDC article, many questions are discussed regarding developmental screening. For example: What is developmental screening? Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays. It can allow for earlier detection of delays and improve child health and well-being for identified children.

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Articles

Here are links to articles about educating children with autism. For additional articles, please visit the [Advocacy Library](#).

[Autistic Spectrum Disorders: Best Practice Guidelines for Screening, Diagnosis and Assessment](#). This publication provides professionals, policymakers, parents and others with "best practice" recommendations and rationale for screening, evaluating and assessing individuals suspected of having autistic spectrum disorders. These guidelines are the product of nearly a year's work by experts in the field of autistic spectrum disorders and are based on validated scientific evidence, clinical experience and clinical judgment.

[Judging Autism](#). Parents of autistic children win two important lawsuits against local school systems. Is Virginia ready for the fallout?

[Learning to Live With Autism: Discovery & Diagnosis](#) (PDF). In this article, you will discover the basics of Autism. What is Autism? What are the signs? How is Autism diagnosed? Could we have prevented this? These are just a few of the burning questions that are discussed. Resources are provided at the end of each section so that you can find more in-depth information on each topic.

[Anatomy of a Special Education Case](#). Stefan Jaynes has autism. His parents implemented an intensive ABA/ Lovaas program. This article tells the story of Stefan's case, from the due process hearing to the final decision from the U. S. Court of Appeals for Fourth Circuit. Includes links to pleadings and decisions.

[Analysis of Deal v. Hamilton Co. Bd. Educ. by Gary Mayerson, Esq.](#) Attorney for family discusses case, costs when school districts cling to outmoded programs and fight to retain the status quo.

[Analysis of Bucks Co Dept of Mental Health v. De Mora by Gary Mayerson, Esq.](#) In Bucks County, the Federal District Court (E.D. PA) held that a parent may be compensated by the school district for providing ABA services. This appears to be the first time any federal court has made such a ruling.

[Analysis of Henrico County School Board v. R.T. by Pete Wright](#), you learn about the

Burden of Proof and Burden of Persuasion after the U. S. Supreme Court ruling in [Schaffer v. Weast](#) and the comprehensive analysis of ABA v. TEACCH. The decision includes a discussion of the balance between FAPE and LRE and describes what deference, if any, should be provided to school board programs and testimony of school board witnesses.

[Autism Therapy is Effective, but Rare by Laurie Tarkan, New York Times.](#) Describes problems parents face in getting appropriate services for their children with autism, including the failure to use effective methods to teach these children. "A vast majority of children with autism are not getting the intensive early intervention that experts say is both essential and effective."

[Children with Autism: Special Education.](#) The Government Accountability Office published this report to answer questions submitted by Congress about special education for children with autism.

[Injunction Issued on Behalf of Child with Autism.](#) Federal Judge issues injunction in ADA case; orders day care center to readmit child with autism and train staff.

[Ninth Circuit Issues New Decision in ABA/Lovaas Case.](#) Pete Wright's analysis of [Amanda J. v. Clark County School District and Nevada Dept of Education.](#)

[Play Hearts, Not Poker](#) by Jennifer Bollero, Esq. Attorney and mother of child with autism writes that parents who learn the rules and strategies will reduce the risks when they negotiate for their children. "Your child's IEP should never be a gamble. Know what your goals are and work them. Many roads lead to the same place. Many different cards can win the game." Includes [8 Steps to Better IEP Meetings.](#)

[TEACCH v. ABA Debate.](#) Pete answers questions about methods used to educate young children with autism.

[\\$133,000 Settlement to Parents of Young Child with Autism.](#) Describes issues in ABA/Lovaas case; child regressed in public school program, made impressive gains in intensive ABA / Lovaas program.

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Caselaw

Here are links to several important decisions about educating children with autism from our [caselaw section](#). For more cases, please visit the [Law Library](#).

Free Appropriate Education, ABA/Lovaas Cases

[Amanda C. v. Clark County Sch. Dist. and Nevada Dept of Educ.](#) (9th Cir. 2001) Court of Appeals reinstates hearing officer's decision; cites school employees for failure to inform parents of rights; procedural safeguards violations.

[Deal v. Hamilton County TN Board of Ed](#) (6th Cir. 2004) Court of Appeals found that school predetermined child's placement with "unofficial policy" of refusing to provide one-on-one ABA Lovaas programs; procedural violations can cause substantive harm; that "the approach offered by the School System provides little or no chance of self-sufficiency for an autistic child while, under the Lovaas approach, self-

sufficiency is a real possibility;" that while schools are not required to "maximize" child's potential, "there is a point at which the difference in outcomes between two methods can be so great that provision of the lesser program could amount to denial of a FAPE."

[Deal v. Hamilton Dept of Educ](#) (TN Due Process Decision Aug 2001) Administrative law judge issues 45 page decision after **a 27-day due process hearing**; finds procedural safeguards and LRE violations; substantive violations; discusses credibility problems with school witnesses re: closed minds, evasiveness. (Appealed; overturned by U. S. District Court; appealed; U. S. District Court decision overturned by Court of Appeals for Sixth Circuit)

[G. v. Fort Bragg Dependent Schools](#) (4th Cir. 2003). ABA/Lovaas case; rights of children who attend Dept of Defense schools; FAPE & educational benefit; methodology; reimbursement for home-based Lovaas program; procedural safeguards and notice by parents; compensatory education for failure to provide FAPE; prevailing party status & attorneys fees (pdf)

[School Bd of Henrico County VA v. R T](#), (E.D. VA 2006). Comprehensive decision about school district's repeated failure to provide an appropriate program to young autistic child; tuition reimbursement for private school that employs ABA approach. Includes lengthy discussion of autism, ABA v. TEACCH models; burden of proof; FAPE and LRE; IEP goals; measurable progress; what deference should be provided to school board programs and testimony of school board witnesses. Slams school board's "inertia," low expectations, and failure to use proven methods of teaching and learning for children with disabilities.

[School Bd of Henrico County VA v. Z.P](#) (4th Cir. 2005) Parents of young child with autism rejected typical generic preschool program and requested tuition reimbursement for private program that utilizes one-on-one ABA therapy. Issues include deference to hearing officer as factfinder and deference to opinions of professional public school educators.

[L.B. and J.B. ex rel. K.B. v. Nebo UT Sch. District](#) (10th Cir. 2004). Parents of child with autism reimbursed for ABA/Lovaas therapy and private preschool that was LRE for child; educational benefit; impartiality of hearing officer.

[Stefan Jaynes v. Newport News](#) (4th Cir. 2001). ABA/Lovaas case; parents to be reimbursed for expenses of ABA / Lovaas program.

[Stefan Jaynes v. Newport News](#) (E.D. VA 2000) ABA/Lovaas case (in pdf). ABA/Lovaas case; school fails to provide appropriate program; judge orders school to reimburse parents more than 100K.

[Michael v. Kanawaha](#) (S.D. WVA 2000) ABA/Lovaas case (in pdf). One of Pete's favorite cases, includes excellent discussion of IEPs. See also [Order in Michael v. Kanawaha](#)

[Mr. X v. New York](#) (S.D. NY 1997). Early ABA Lovaas case; discusses autism, components of effective educational programs for children with autism.

[T. H. v. Bd. Ed. Palatine IL \(N. D. IL 1999\)](#). Powerful well-written decision in ABA-

Lovaas case; discusses methodology, IEP development process; IEP goals and objectives, individualization, educational benefit, unilateral placement by parents, reimbursement, standard of review. (pdf)

[Independent Sch. Dist. No. 318](#) (MN SEA 1996). Early ABA-Lovaas case; child represented by Sonja Kerr.

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Extended School Year, LRE/Inclusion, Other Issues

[Mark Hartmann v. Loudoun County Sch. Bd.](#) (4th Cir. 1997) LRE/Inclusion case on behalf of child with autism.

[Daniel Lawyer v. Chesterfield](#) (E.D. VA 1993). ESY for child with autism; child represented by Pete Wright.

[Reusch v. Fountain](#) (MD 1994) Case on behalf of child with autism re: ESY; factors that must be considered by IEP team in making decisions about ESY.

[Asbury v. Special Sch. Dist. of St. Louis](#). Case on behalf of young child with autism; child regressed in district's preschool program, made gains in ABA/Lovaas program. [News Release](#) and [Settlement Agreement](#)

Cold Hard Numbers and a Successful IEP Meeting

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My son Sam has autism. He just turned three. For the past 10 months, he received ABA therapy and made good progress.

We recently moved to a new town. Our new school district was not familiar with ABA therapy and was skeptical about our ABA program.

I had to persuade them to continue Sam's ABA therapy program.

Objective Test Results

During the IEP process, the district did several evaluations on Sam to get baseline data. Many of these evaluations were the same scales that were used more than a year ago when he went through intake for early intervention (0 to 3 years) program.

When the district compared Sam's scores on evaluations done over a year ago to his scores on their current evaluations, they saw he made tremendous gains with ABA therapy.

My little guy's scores KNOCKED THEIR SOCKS OFF!!!

Subjective Therapy Notes

I also gave the district copies of all therapist's notes (OT and SLP), including notes from before we began the ABA program. These early notes looked pretty good: "Sam

had a good day." "Sam had better eye-contact."

But when you looked at his objective test scores during this period, you saw that these subjective notes were a joke. The objective test scores showed that his IFSP goals were not being met. In fact, most goals were being achieved less than 25% of the time.

When the district reviewed objective data from early and current evaluations, it was clear that Sam made no progress in the traditional early intervention program and tremendous gains after we began ABA therapy.

Cold Hard Numbers & a Successful IEP Meeting

I thought I would have to do a lot of persuasive arguing on behalf of ABA at the IEP meeting.

I DIDN'T HAVE TO SAY A WORD!

The IEP team had reviewed the objective data before the meeting. They gave us everything we needed for Sam - 30 hours of home-based ABA therapy and a preschool class one morning a week. The team even asked how much speech therapy we wanted for him! I was stunned.

Then I realized a certain truth . . . you cannot argue against cold hard numbers. We had enough hard data to convince them that the traditional educational program for young children with autism did not work (at least for Sam) and that ABA was necessary for Sam to receive FAPE.

My Advice to Parents

Get your child evaluated independently by an expert in the private sector as soon as possible.

Get a comprehensive evaluation of your child by an individual who has expertise in your child's disability and educational needs. Your evaluator should be independent of the school district - not a district employee. Your evaluator should be willing to attend an IEP meeting and explain the reasons for making specific recommendations and what will happen to the child if the school ignores these recommendations. (Remember - parents and evaluators can never use the words "best" or "maximize the child's potential")

If you have a young child with autism, the evaluator should use developmental scales such as the DENVER 2, Vineland, CARS, DIAL-3, etc. These evaluations will give you objective data that shows the school where your child was at the beginning (when you began the program) and where the child is functioning now.

The ABLLS is important, but the other scales are important too, especially if they are used by your school district as evaluation tools.

Be sure the school has all available information on your child.

If you make sure that the school has all important information about your child, you make it more likely that they will make good decisions on your child's behalf. (Our

district did not have any of Sam's therapy notes from one agency.)

Build a healthy working relationship with the school.

Keep an open mind. Listen to suggestions from school personnel. Be an active member of the team. Be considerate of school personnel and their profession.

But do not back down from what your child needs. While there is room for compromise, key elements of your child's educational program are not negotiable.