

Needs Assessment for Educating Children with Autism and Other

1. Introduction



October 1, 2008

Dear Respondent,

The members of the Special Act No. 08-5 feasibility study group request your participation with a needs assessment survey project. The purpose of this survey collection is to solicit information from school personnel, colleges, universities and other educator preparation programs, service providers, friends, families, and concerned citizens to identify statewide issues and potential solutions with regard to methods of teaching individuals with autism and other developmental disabilities. The intent of Special Act 08-5 is to address the training needs of those individuals in a teacher preparation program or those individuals identified by a school district, other approved education agency, or approved Birth to Three program as having the primary responsibility for implementing the Individualized Education Program (IEP) and/or the Individualized Family Service Plan (IFSP) of infants, toddlers, children and youth with autism or other developmental disabilities. For the purposes of meeting the Act's requirements concerning the incorporation of teaching methodologies that support the unique needs of these learners, the state plan will concentrate on those individuals educating or preparing to educate students determined eligible to receive services under Part B or Part C of the Individuals with Disabilities Education Act (IDEA) 2004 due to one or both of the following conditions:

- Classification of autism as described in Connecticut's Guidelines for Identification and Education of Children and Youth with Autism (2005) and/or
- Documented developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights of Act of 2000 in section 102 (8) who are eligible under Part B or Part C of the IDEA (2004).

For the purposes of this needs assessment, the term "Other Developmental Disabilities" (DD) will be defined according to the federal definition which is said to cover persons whose disability occurs before age 22 and includes a mental or physical impairment or a combination of both. There must be a substantial limitation in three or more of major life areas: self-care, expressive/receptive language, learning, mobility, capacity for independent living, economic self-sufficiency, or self direction. Finally, for this survey, we are referring to those individuals who meet the federal definition and have qualified for special education services under IDEA.

Enclosed with this letter is an electronic link to a questionnaire that asks a variety of questions about the needs of school districts and service providers working with this learner population. We are asking you to look over the questionnaire and, if you choose to do so, complete the questionnaire and send it back to us electronically by selecting the Submit button at the end of the questionnaire. Your responses will not be identified with you personally, nor will anyone be able to determine which district you work for or with given your current role or relationship to a child with autism or other developmental disability. This survey does not involve any personal risk and the benefits of your participation may impact Connecticut communities by increasing the knowledge of needs across the state concerning teaching methodologies.

We hope you will take time to complete this questionnaire. This should take approximately 10-15 minutes of your time. Without the help of people like you, research on needs and practices could not be conducted. Your participation is voluntary. Through your participation, we hope to understand how best to satisfy the needs of organizations, families, service providers, and the community educating individuals with autism and other developmental disabilities.

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If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact XXXX at (XXX) XXX-XXXX or XXXXX@xxx.gov.

Please complete this survey by October 15, 2008. Thank you in advance for your participation in this important study.

Sincerely,

The Special Act 05 Designees

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2. Demographics

Please tell us about yourself.

1. Current Role (For purposes of this survey, please check only one option)

- | | | |
|---|--|---|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> School Administrator - High School |
| <input type="checkbox"/> Autism Specialist/Consultant | <input type="checkbox"/> Parent/Primary Caregiver | <input type="checkbox"/> School Administrator - Middle School |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Psychologist/School Psychologist | <input type="checkbox"/> School Administrator - Preschool |
| <input type="checkbox"/> Early Childhood Educator (Birth – 5 years) | <input type="checkbox"/> Regular Education Teacher - Elementary | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Regular Education Teacher - High School | <input type="checkbox"/> Special Education Administrator |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Regular Education Teacher - Middle School | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Individual with an ASD or a DD | <input type="checkbox"/> Regular Education Teacher - Preschool | <input type="checkbox"/> Speech Language Pathologist/Provider |
| <input type="checkbox"/> Occupational/Physical Therapist | <input type="checkbox"/> School Administrator - Elementary | |
| <input type="checkbox"/> Other (please specify) | | |

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3. School Form

1. Current place of employment (Please check one)

Birth-to-Three Program

Higher Education

Private Facility

Public School

Regional Education Service Center (RESC)

Self Employed

Other (please specify)

2. Years in Current Role (Please check one)

0 – 5

6 – 10

11 – 15

16 – 20

21 – 25

26 – 30

Over 30

3. Select the RESC/ area of CT where you are currently employed:

CREC (Central)

EASTCONN (Northeast)

ACES (South Central)

EDUCATION CONNECTION (Northwestern)

CES (Southwestern)

Project LEARN (Southeastern)

Don't Know

4. Parent Form

1. If you are a parent of a child with ASD or DD, what is your child's age:

0 – 3

4 – 6

7 – 12

13 – 17

18 – 21

2. What is your child's current primary diagnosis ? (Please check one)

Asperger's Syndrome/Disorder

Autistic Disorder

Childhood Disintegrative Disorder

Pervasive Developmental Disorder

Rett's Syndrome

Other Developmental Disability (please specify)

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5. Directions for completing survey:

Please share your opinion about training opportunities for those working with children who have an autism spectrum disorder (ASD) or a developmental disability (DD) in your school or program. Rate the school/program's need for training. Additionally, please indicate if this topic area should be a priority for the school or program. We are interested in collecting information specifically regarding education individuals with an ASD or a DD. You may answer for one category or both disability categories.

Rating Code:

- 0 No need
- 1 Very low need
- 2 Low need
- 3 Moderate low need
- 4 Need
- 5 Priority need
- 6 High priority need
- 7 Very high priority need

NA Not Applicable

1. Knowledge of...

	ASD Rating	DD Rating	Should training in this area be a priority?
1. Range of general communication, social and behavioral characteristics and co-existing conditions of ASD/DD.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Legal issues that impact educational practice.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Early indicators in infants/toddlers, preschoolers and school age individuals.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Possible courses of development and outcomes.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Evidenced based research supported instructional methods and promising practices.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Principles and application of applied behavioral analysis and positive behavioral supports as used in education.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Methods and strategies specific to managing behavior.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Associated factors such as mental health, sensory issues, diet, medication and their possible relationship to behavior.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Perspective taking difficulties and the impact this difficulty may have on behavior and social competence and strategies to address this difficulty.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Function of behavior and their possible communicative intent or purpose.	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Instruction to promote communicative and social alternatives to undesirable behaviors for both non-verbal and verbal students.	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Evidenced based instructional strategies that increase play and leisure skills.	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Strategies/methods to improve social reciprocity and verbal interaction among peers.	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Evidenced based strategies to develop verbal and non-verbal communication skills.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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15. Strengths and limitations of instruments and procedures used to screen and evaluate individuals with suspected ASD/DD.

16. CT State criteria for eligibility and comprehensive evaluation.

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6. Directions for completing survey:

Please share your opinion about training opportunities for those working with children who have an autism spectrum disorder (ASD) or a developmental disability (DD) in your school or program. Rate the school/program's need for training. Additionally, please indicate if this topic area should be a priority for the school or program. We are interested in collecting information specifically regarding education individuals with an ASD or a DD. You may answer for one category or both disability categories.

Rating Code:

- 0 No need
- 1 Very low need
- 2 Low need
- 3 Moderate low need
- 4 Need
- 5 Priority need
- 6 High priority need
- 7 Very high priority need

NA Not Applicable

1. Ability to...

	ASD Rating	DD Rating	Should training in this area be a priority?
1. Plan and implement systematic instruction based on learner characteristics and previous on-going assessment.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Evaluate and implement assistive technology options.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Implement instructional programs that improve social skills and interactions between peers and adults.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Implement instructional programs that address transition needs between grades and schools and across all settings.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Collect and interpret data to document progress on outcomes and adjust programs as indicated by data.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Provide training for parents and families to understand, work and interact more effectively.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Provide environmental and structural accommodations across environments in order to ensure generalization of learning.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Write specific behavioral plans based on a FBA.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Foster social skill development through peer interactions, direct instruction, role playing, video modeling, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Implement evidenced based strategies that promote the development of self-help, independent living, transportation, community participation, safety and nutrition.	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Teach the unstated rules and customs that help regulate social behavior.	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Assist in understanding of sexuality and sexual behavior at home, school and community.	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Design and implement instructional programs that promote effective communication skills using appropriate verbal, augmentative, and alternative communication systems.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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14. Use evidenced based assessment procedures and evidenced based instruments to screen and evaluate for ASD/DD.

15. Listen to families in a non-judgmental manner and incorporate the information they contribute into the overall assessment data.

16. Explain to students, parents and professionals the assessment results and their implication for program development.

17. Interpret assessment results and to design appropriate interventions.

7. Previous Training

1. What training have you participated in or received in the past three years related to ASD?

- SERC Workshops
- Lecture
- Mentoring/Coaching
- Video Instruction
- In District Workshops
- Statewide Conferences
- National Conferences
- College/University Courses
- Advocacy organizations
- Birth to Three Workshops
- Journals, newspapers, magazines, TV
- On-line
- None

Other (please specify)

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2. What training have you participated in or received in the past three years related to DD?

- SERC Workshops
- In District Workshops
- Statewide Conferences
- National Conferences
- College/University Courses
- Advocacy organizations
- Birth to Three Workshops
- Journals, newspapers, magazines, TV
- On-line
- Lecture
- Mentoring/Coaching
- Video Instruction
- None

Other (please specify)

3. If you participated in training, what topics were included?(check all that apply)

- Academic Instruction
- Social Skills
- Assessment/Evaluation
- Discrete Trial Training
- Communication
- Assistive Technology
- Behavioral Strategies
- Inclusion Strategies
- Differentiated Instruction
- Transition
- Independent Living
- Community Collaboration
- Family-School Partnerships

Other (please specify)

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4. Are there areas you wish you had additional training in?

5. Please select any barriers to training in your school or program: (check all that apply)

- Time
- Travel
- Cost
- Scheduling
- Staff or class coverage
- Language
- Limited Technology
- Expertise Unavailable
- None
- Other (please specify)

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8. Training

Describe specific staff training that you believe your school or program needs in the following areas. Please skip items if you do not know.

1. Communication:

2. Social Skills:

3. Behavior:

4. Academic instruction/ assessment:

5. Describe strengths your school or program demonstrates in educating children with ASD or DD.

6. Is there anything else about provider training that you would like to share with the feasibility study group at this time concerning Special Act 08-5?

* 7. The remainder of this needs assessment is for Directors of Special Education only. Are you a Director of Special Education?

Yes

No

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9. Directors of Special Education Only

1. What capacity does your district have to provide, if needed?

	Full	Partial	Minimum
Related Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low student/teacher ration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-going training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How do you provide direct special education programming for students with ASD and DD in your district?

Categorical Autism or DD class or program

Inclusionary Setting

Out of district placement

Other (please specify)

3. How do you provide support/ indirect services and training for staff working with students with ASD or DD in your district?

	Yes	No
ASD specialist in your district	<input type="checkbox"/>	<input type="checkbox"/>
Private Consultant	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Advocacy Organization	<input type="checkbox"/>	<input type="checkbox"/>
Higher Education	<input type="checkbox"/>	<input type="checkbox"/>
In-District or Local School Personnel	<input type="checkbox"/>	<input type="checkbox"/>
None Available	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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4. Do you have anyone in your district who has assigned lead responsibilities for students with ASD or DD?

Yes

No

If yes, what is that person's professional background?

5. What are the most common/ frequent questions or issues you address from staff and/ or parents regarding ASD or DD?

- Identification/Evaluation
- Behavior/Crisis Intervention
- Programming
- Staffing Issues
- Social Skill Issues
- ESY
- Transition Services
- Due Process/Compliance
- Skills for employment

Other (please specify)

6. Do you currently have students with ASD/ DD that meet criteria for excess cost in your district?

	Yes/No	How many
Excess cost?	<input type="text"/>	<input type="text"/>

7. Other comments, ideas, suggestions regarding staff training:

10. Thanks!

Thank you for participating in this needs assessment! Please click Done to submit your responses.