

Advocates for Children's
Short Guide to

AUTISM SPECTRUM DISORDERS



An informational and advocacy guide
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This Short Guide to Autism Spectrum Disorders (ASD) is for parents, caregivers, and advocates of children with ASD in New York City. We hope this Guide will help readers recognize signs of ASD, know where to go for help, and know their rights in the education and legal systems.

This guide was created by Project Equity, a collaboration between Advocates for Children of New York, Hunter School of Social Work, and CUNY Law School, with support from the FAR Fund. Project Equity was created to address and change the inequitable distribution of services and resources to families and children with Autism in New York City.

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What is Autism?

"Autism is a complex developmental disorder that appears in the first 3 years of life, although it is sometimes diagnosed much later. It affects the brain's normal development of social and communication skills. Autism is a spectrum that encompasses a wide range of behavior. The core features include impaired social interactions, impaired verbal and non-verbal communication, and restricted and repetitive patterns of behavior. The symptoms may vary from quite mild to quite severe." (MedlinePlus: Medical Encyclopedia, www.nlm.nih.gov/medlineplus/ency/article/001526.htm). Autism has been estimated to occur in as many as 1 in 166 individuals (Center for Disease Control and Prevention, 2004).

What causes Autism?

The exact cause of autism is still a medical mystery. However, it is generally accepted that autism is caused by abnormalities in brain structure or function and has a genetic origin. Whatever the cause, children are born with autism. It is not caused by bad parenting, as was once believed.

******* For signs of Autism, see page 5 *******

How is Autism diagnosed?

"There are no *medical* tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual's communication, behavior, and developmental levels. However, because many of the behaviors associated with autism are shared by other disorders, various medical tests may be ordered to rule out or identify other possible causes of the symptoms being exhibited." (Autism Society of America, www.autism-society.org/site/PageServer?pagename=DiagnosisConsultation) The first step is to tell your child's pediatrician that you are concerned about your child's development and to ask for a developmental evaluation.

How is Autism treated?

"There is no cure for autism. However, evidence shows that early intervention results in positive outcomes for children with autism; and the earlier treatment begins, the better. Studies show that those with autism respond well to a highly-structured, specialized education program tailored to their needs. Some may need one-on-one or small group support, while others may be successful in a fully inclusive general education environment with supports." (Autism Society of America, www.autism-society.org/site/DocServer/What_Is_Brochure_8.5x11.pdf?)



The Autism Spectrum Disorder Continuum

Autism is one of five autism spectrum disorders. The other disorders on the spectrum include Asperger's Disorder, Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS), Rett's Disorder, and Childhood Disintegrative Disorder. Although these disorders are similar, they have some different symptoms. For more information about each of these disorders, call the Autism Society of America at 1-800-3AUTISM or visit their website: www.autism-society.org. or the website for National Institute of Mental Health:

Children with **Asperger's Disorder** may show milder symptoms of Autism. They frequently have good language and cognitive skills, average to above average intelligence, and good rote memory skills. They are usually socially awkward, make limited eye contact, appear to be un-engaged in a conversation, and may not understand the give and take nature of a conversation. Children with Asperger's may not have speech delays, but frequently have motor skill delays and appear clumsy or awkward. (Autism Society of America, www.autism-society.org)

Children who have **PDD-NOS** (Pervasive Developmental Disorder- Not Otherwise Specified) have significant difficulties in the areas of social interaction, verbal communication (speech), nonverbal communication (gesture, eye contact), and play, but are generally too social to be considered as having Autism. (Community Inclusion, www.communityinclusion.org)

Rett's Disorder is a disorder of the nervous system that leads to regression in development, especially in the areas of expressive language and hand use. (Medline Encyclopedia) It is relatively rare and affects mostly females. (National Institute of Mental Health, www.nimh.nih)

Children with **Childhood Disintegrative Disorder** show a loss of communication skills, regression in nonverbal behaviors, and significant loss of previously-acquired skills. Typically, this is seen in 3- and 4-year-olds who have developed to age 2 levels. Over several months, a child with this disorder will deteriorate in intellectual, social, and language functioning from previously normal behavior. (MedlinePlus: Medical Encyclopedia, <http://www.nlm.nih.gov/medlineplus/ency/article/001535.htm>).

Signs of Autism Spectrum Disorder (ASD)

These are signs that a child may have ASD:

- Makes little or no eye contact
- Does not look at others when they speak, and may not respond when others speak
- May not respond when others call his/her name
- Repeats questions instead of giving answers
- Becomes very upset if plans or routines change
- Gets very upset about little things and is not easily calmed
- Does not play with others and/or prefers to play alone
- Plays with toys in unusual ways (for example, spins objects repetitively, is destructive at times, or attaches to objects inappropriately)
- Does not usually copy what others do
- Does not let you know when he/she is hurt

Note: A child with ASD may not show ALL of these symptoms. If your child shows some of these signs, please consult your pediatrician.

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Evaluations for Children with Autism Spectrum Disorder (ASD)

EVALUATIONS BY WHOM:

If a parent or professional suspects that a child may have an ASD, evaluations may be obtained from the following:

- 1) Early Intervention (EI), provided by the New York State Department of Health, for children from ages birth to three years of age (see pg. 8)
- 2) The Committee on Preschool Special Education (CPSE), which is a part of the NYC Department of Education, for children from 3 to 5 years of age (see pg. 8)
- 3) The Committee on Special Education (CSE), which is a part of the NYC Department of Education, for children 5 years of age and older (see pg. 8)
- 4) Independent/Private Evaluations - Most insurance companies, including Medicaid, cover educational, psychological and other evaluations as medical expenses. CPSE/CSE will usually accept an independent evaluation in place of their own; however, even if they conduct their own evaluation, they should consider the results of the independent evaluation.

WHAT TYPES OF EVALUATIONS:

A child must be evaluated in all areas of suspected disability. It is important to obtain as extensive an evaluation as possible to ensure that a child's needs have been correctly identified.

If a child does not speak or uses only a few words, he/she should be evaluated using a non-verbal assessment.

Evaluations typically performed through EI and CPSE/CSE are:

- Social History
- Psycho-educational
- Speech/Language
- Occupation Therapy
- Physical Therapy

Note: For children with behavioral concerns, a Functional Behavioral Assessment (FBA) may be performed as well, but this typically takes place once a child has begun services since it requires observation of behaviors over a period of time.

OTHER EVALUATIONS:

Other evaluations a parent should consider are:

- Neurological or Neuropsychological - to assess a child's intelligence, problem solving and conceptualization, planning and organization, attention, memory and learning, language, academic skills, perceptual and motor abilities, emotions, behavior, and personality. (Yale Child Study Center, <http://info.med.yale.edu/chldstudy/>).
- Audiological - to assess a child's hearing and possible hearing sensitivities. Some children with ASD experience problems with different sounds some severe enough to create behavior problems
- Assessment for Allergies - Some children with ASD have underlying food and environmental allergies. For those with limited ability to speak and express themselves, physical discomfort may be expressed through negative behaviors.

Parents' Rights in the Evaluation Process:

- A parent's signed consent must be given in order for a child to be evaluated and to begin receiving services
- A parent is entitled to receive a written copy of the evaluation report in his/her home language or to be provided with an oral translation at the time the report is presented to the parent.
- A parent is entitled to a copy of all his/her child's evaluations.
- Once a child is in a school age program, and receiving special education services, a re-evaluation should be done *at least* every three years. This is called the triennial evaluation. A parent does not have to wait three years before requesting a new evaluation. A parent may request a re-evaluation at any time; for example, when a parent thinks that a child is not making progress.
- If a parent is not satisfied with the evaluation conducted by early intervention or CPSE/CSE then he/she can request a private evaluation. Please refer to AFC's Early Intervention Guide and Short Guide to Special Education for additional information on this topic.

Available Public Education Services and Programs

Early Intervention for children ages 0-3

The Early Intervention Program (EI) is a family-centered program that provides services for children from birth to 3 years of age who have developmental delays, or are at high risk for developing delays, and for their families. EI services are free and may be provided in a child's home or in a center. EI services may include: special education teacher, social worker, speech/language therapy, and occupational or physical therapy.

The earlier a child's delays or disabilities are identified and addressed, the easier it is to maximize his/her growth and development. If you suspect that a child has a disability, a developmental delay or a physical or mental condition that may result in a delay, and may need EI services, a parent or a child's pediatrician can call the NYC Early Intervention Program: (800) 577-BABY (2229), Monday – Friday 9– 5

An Individualized Family Support Plan (IFSP) is a written plan that details the services a child (ages 0-3) and family needs, and the goals and objectives of these services. The IFSP team includes the parent(s), the initial service coordinator, the early intervention official, and someone who can interpret the evaluation. The IFSP is reviewed every 6 months and re-evaluated annually by the IFSP team. This service is provided by the NYC Department of Health.



Preschool and school-age programs for children ages 3-21 years

After the initial evaluation of a child, an individual education program (IEP) is written by a team. This team includes the parent(s), a school district representative, a school psychologist or someone who can interpret the evaluation, a special education and general education teacher, a Parent Member, and a language interpreter if needed so the parents can participate in their home language.

This team reviews the most recent evaluations, determines the child's classification* according to federal and state guidelines, sets goals for the upcoming year, and decides what services the child will receive. The team should recommend that the child attend the *least restrictive environment* in which the child can make meaningful progress. For more information about the least restrictive environment, visit the Least Restrictive Environment Coalition's website: www.lrecoalition.org.

*Note: At the CPSE level, the classification will be "preschool child with a disability."

The following pre-school and school-age programs are listed from least to most restrictive environments.

Related services: Students may receive these services at home or in school, depending on the IEP:

- Speech and language therapy: to develop receptive and expressive language and articulation
- Occupational therapy (OT): to develop skills such as fine motor, visual perception, and sensory processing
- Physical therapy (PT): to help develop skills such as gross motor, strength, and range of motion
- Hearing and vision education services
- Counseling
- Transportation
- School health services, such as a nurse
- Parent education
- Assistive technologies: The Individuals with Disabilities Education Act (IDEA) says that if a child needs assistive technology, then he/she is entitled to get it from the school district. The Committee on Pre-School Special Education (CPSE) or the Committee on Special Education (CPSE) might not tell parents about these services. Communication methods include but are not limited to: Picture Exchange Communication System (PECS), communication boards, or computer devices such as *Dynavox* or *Chat PC*. Generally, this technology belongs to the school, and the IEP **should** reflect that it will be used in school, at home, and/or in the community to help the child meet communication goals.



Pre-school services/programs for children 3-5 (from least to most restrictive settings)

- Related Services only: The CPSE provides “related services,” such as speech therapy, either at the school if the child is enrolled in school, at home, or at a service provider’s office.
- Special Education Itinerant Teacher (SEIT) center-based or home-based: The student is in a pre-school general education class and the CPSE provides a special education teacher to support the student, or the student receives home-based instruction by a special education teacher.
- Inclusion in a general education class: The student is in a general education class with general and special education students and supported by a special education teacher.
- Half day in a special education class.
- Full day in a special education class.
- Home program: Sometimes parents choose to have a full-time or supplemental home-based educational program for their child. A SEIT and/or therapists come to the house to provide individual services to a child. Parents may need to have an impartial hearing to obtain these services.

School-aged programs for students ages 5-21 (from least to most restrictive settings)

- Related Services only: The student is in a general education class and the CSE provides “related services”, such as speech therapy. See list of related services on page 9.
- Special Education Teacher Support Services (SETSS): The student is in a general education class and supported by a special education teacher.
- Collaborative Team Teaching: The student is in a class where general education students and students with disabilities are educated together with a full-time general education teacher and a full-time special education teacher.
- Special Class, Community School: The student is in a smaller classroom within a community school.
- Special Class, Special School: A separate school district, District 75, administers these schools. Sometimes, these schools are located in a community school, where the students in the District 75 programs have opportunities to participate in some activities with the general education students. Other times, the student is in a school consisting only of students with disabilities.
- Non-Public Schools: A student whose educational needs cannot be met in a public school program, may be placed in a non-public school at no cost to the family.
- Residential Placements: A student with severe needs that requires comprehensive services on a 24-hour basis may be eligible for placement in a residential program.
- Home-based Programs: Sometimes parents choose to have a supplemental home-based educational program for their child. Educators or therapists come to the house to provide individual services to a child. Usually, parents need to have an impartial hearing to obtain these services.

Timelines

- The Committee on Special Education (CSE) must provide an evaluation and appropriate school placement as recommended by the IEP for a student within 60 school days of a parent signing a consent form for evaluation. If this doesn't happen, the CSE must issue a Nickerson letter (P1), which gives the parent the right to look for a state-approved non-public school. If the parent finds a school that will accept the student, then the CSE will pay for one's year's tuition at that school.



Instructional Practices

The 2004 Individuals with Disabilities Education Improvement Act (IDEA 2004) requires that public school staff have the “skills and knowledge necessary” to use “scientifically based instructional practices, to the maximum extent possible.” Parents should make sure that a student’s IEP includes one or more of the following scientifically-based instructional practices and make sure that the student is actually receiving the instruction.

- **ABA** (Applied Behavioral Analysis): Includes behavioral training, discrete trial teaching, and social skill modeling. ABA is perhaps the best known skills-based therapy for children with Autism. It consists of teaching skills by breaking them down into small steps and teaching one step at a time, rewarding correct responses. This technique is called discrete trial instruction. These trials can be used to teach eye contact, imitation, fine motor skills, self-help, academics, language and conversation. For more information see: www.autism-society.org
- **TEACCH** (Treatment and Education of Autistic and related Communication Handicapped Children): Emphasizes visual learning, promotes spontaneous language, and uses functional contexts for teaching concepts. “It is a structured teaching approach based on the idea that the environment should be adapted to the child with autism, not the child to the environment. It uses no one specific technique, but rather is a program based around the child’s functioning level. Rather than teach a specific skill or behavior, the TEACCH approach aims to provide the child with the skills to understand his or her world and other people’s behaviors. ” (Autism Society of America, <http://www.autism-society.org/site/PageServer?pagename=BehavioralandCommunicationApproaches>)

Other instructional practices:

- **Greenspan**: Targets personal interactions to facilitate mastery of developmental skills. “Floor Time is much like play therapy...Through the use of Floor Time, parents and educators can help the child move up the developmental ladder by following the child’s lead and building on what the child does to encourage more interactions. Floor Time does not treat the child with autism in separate pieces for speech development or motor development but rather addresses the emotional development, in contrast to other approaches which tend to focus on cognitive development. It is frequently used for a child’s daily play time in conjunction with other methods such as ABA.” (Autism Society of America, <http://www.autism-society.org/site/PageServer?pagename=BehavioralandCommunicationApproaches>)
- **Miller**: Includes adaptive equipment, Symbol Accentuation® Reading Program and American Sign Language. “This process is facilitated by narrating the children’s actions while they are elevated 2.5 feet above the ground on an Elevated Square and similar challenging structures. [This] enhances sign-word guidance of behavior and body-other awareness as well as motor-planning and social-emotional contact. It also helps children transition from one engaging object or event to another or from object involvement to representational play. ” (The Miller Method, <http://www.millermethod.org/what.html>)

Additional Public Support Services

Medicaid and Medicaid Waiver Program

Medicaid is an income-sensitive, government-funded program. With Medicaid, a person with ASD can get coverage for all medical services and service coordination. There are 4 ways a child with ASD can obtain Medicaid:

1. If a child qualifies for SSI (Supplemental Security Income), then he/she automatically qualifies for Medicaid. To qualify the child's parent must meet the income criteria.
2. If a parent receives public assistance (welfare), then a child can receive Medicaid.
3. A person with ASD who is older than 18 may qualify for SSI if he/she is unable to earn money due to the disability. If an 18 year-old with ASD qualifies for SSI, then he/she automatically qualifies for Medicaid.
4. If a child is younger than 18 and the parent does not meet the income guidelines for SSI, the child may qualify for Medicaid through the Medicaid Waiver Program. In order to enter the Medicaid Waiver Program, the parent should contact the Developmental Disabilities Service Organization (DDSO) in his/her borough and get a list of agencies that can help him/her enroll in the Medicaid Waiver Program. If the child has a service coordinator, he/she can help the parent apply for the program. The DDSO's main number is: 718-217-4242.

Medicaid Waiver Program, also known as Home- and Community-Based Services (HCBS) waiver program provides Medicaid and other services to a person with disabilities without considering the family's income. Services available through this program include: residential habilitation, respite, day habilitation (for people older than 21), and an IRA (individualized residential alternative)—a group home for adolescents and adults with disabilities).

Note: There is usually a several-year waiting list for the Medicaid Waiver Program, so a parent should apply as soon as possible and to as many agencies as possible. A parent should put his/her child's name on many agency waiting lists to increase his/her chances of getting services as soon as possible.

Note: It is important that a parent fill out a DDP-4 (Developmental Disabilities Profile) form for his/her child. This form will help the parent and government agencies plan for future services. The parent can get this form by calling the DDSO in his/her borough.

Transition to Adulthood




Transition services

It is important to always plan ahead for a child's future. By the time a student is 16 years old, transition services must be stated on his/her IEP. A parent should contact the service coordinator (if the child has one), the school district Transition Coordinator, or the CSE to (1) learn about program options, timelines, and when to put a child on waiting lists and (2) make a transition plan. Programs and services for people with ASD aged 21 and over are provided by OMRDD (Office of Mental Retardation and Developmental Disabilities) or VESID (Vocational and Educational Services for Individuals with Disabilities). For more information, contact: OMRDD at (212) 229-3000, www.omr.state.ny.us or VESID at 718-722-4544, www.vesid.nysed.gov.

Adult programs include: day treatment, day habilitation, sheltered work, and supported employment. Adult services include: service coordination, residential habilitation, respite, residential services, and related services (Speech and language therapy, OT, PT, etc.)

Guardianship

Generally at age 18, a person should be able to make her/his own decisions about health, education, etc. However, for a young person with an autism spectrum disorder who is not able to make his/her own decisions, a parent must become the legal guardian of his/her adult child in order to gain the right to make decisions on his/her behalf. Parents must petition a court to gain guardianship. For more information about the guardianship process, call: New York Lawyers for the Public Interest (NYLPI) at 212-244-4664.



Information and Service Centers

Community School Districts: call 311 or NYC Department of Education, (212) 374-0800, for the telephone number of your local community school district.

Developmental Disabilities Service Organization (DDSO) Main NYC number: 718-217-4242

District 75: 212-802-1500, www.nycnet.edu/d75

Early Intervention Office: 1-800-577-2229 (for children ages birth-3)

Early Childhood Direction Centers (ECDCs) (for children ages birth-5)

- Bronx: 718- 584-0658
- Brooklyn: 718-437-3794
- Manhattan: 212-746-6175
- Queens: 718-374-0002 x433
- Staten Island: 718-390-4737

Office of Mental Retardation and Developmental Disabilities (OMRDD): (212) 229-3000 or www.omr.state.ny.us

Self-Advocacy Training Information and Referral Network (SATIRN II): 800-522-4369

Vocational and Educational Services for Individuals with Disabilities (VESID): (718) 722-4544 or www.vesid.nysed.gov

YAI/ National Institute for People with Disabilities: 212-273-6182, www.yai.org

Parents Rights and Advocacy Tips

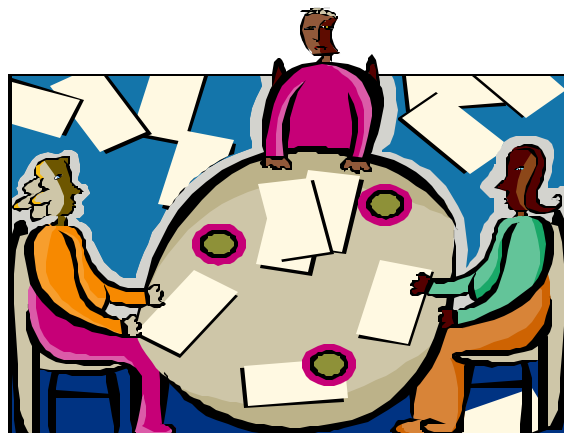
Parents have the right to:

- be involved in all stages of the evaluation, placement, and review process
- withhold or withdraw consent at any point
- examine and get a copy of all records regarding the child and family
- due process: Parents can challenge the recommendations, decisions or procedures of Early Intervention, Committees on Preschool Special Education or Committees on Special Education through mediation or an impartial hearing. Parents can also file for mediation or impartial hearing when recommended services are not being provided, or when they believe that their child's rights in the public education system are being violated.

Parents can be effective advocates if they:

- Obtain and maintain a copy of all school records and documents, read them carefully, be sure to understand what they mean, and keep them
- stay organized
- don't sign anything that they don't understand or agree with
- always ask for verbal and/or written translation into their first language

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Parent-to-Parent Tips

1. If your child does not speak or uses only a few words, make sure he/she is evaluated with a non-verbal assessment.
2. Start some type of communication system with your child (for example, sign language or picture board) as early as possible. DON'T WAIT! Make sure it is used both at home and at school.
3. Speak to your child even though s/he may not respond or appear to be listening. Often children with ASD receive and understand more information than they can express.
4. Don't assume that children with ASD don't know or can't do something until you have tried to teach them in various ways.
5. ALWAYS PRAISE children for learning or for good behavior.
6. Learn how your child learns best – by seeing, hearing, touching, or imitating– and give this information to your child's teachers. Also, learn effective strategies from your child's teachers.
7. Keep in close contact with teachers and therapists to be sure progress is being made and if it is not, talk with them and ask why.
8. Look for schools that have strong programs for children with ASD.
9. Look at your child's various behaviors at different times of day, in different settings, and during different seasons. Behaviors may be a way of communicating needs or feelings, such as fear, excitement, frustration, or discomfort. Keep a notebook and write about what you see. This can help you set up a behavior plan or discover needs for medical care. Food and seasonal allergies can sometimes cause "acting out" behaviors.
10. If you begin to see difficult behaviors (such as aggressive or self-injurious behaviors), tell your child's teachers and therapists and, together, create and use a behavior plan to address the behaviors right away.
11. Look for a doctor who understands and treats children with ASD and who is keeping up with the latest medical findings for the disorders. Some behaviors can be caused by medical problems. Behaviors may be a child's way to cope with a pain they cannot express. Don't assume all behaviors are due to ASD.
12. Before starting any intervention, evaluation, medication, etc., be sure you understand what it is, what it is supposed to do and the possible side effects. Then, watch your child's behavior and take notes. It is usually best to try only one intervention at a time so you know what is helping or not helping.
13. Be confident! You, the parent, know your child more than anyone else.

Parent Support Groups

AHRC (Association for the Help of Retarded Citizens): (212) 780-2500 or www.ahrcnyc.org

Autism Society of America (ASA) Chapters:

- Brooklyn: 718-336-9533
- Bronx: 718-519-4797
- Manhattan: 212-628-0669
- Queens: 718-464-5735

Grace Foundation: 718-605-7500

GRASP (Global and Regional Aspergers Syndrome Partnership): 646-242-4003

New York Families for Autistic Children (NYFAC) 718-641-3441, www.nyfac.org

Parent to Parent: 1-800-405-8818, 718-494-4872

Parents of Angels of the Bronx: 718-828-1855

QSAC (Quality Services for the Autism Community): (718) 7-AUTISM, www.qsac.com

Spectrum support group: 212-219-1195, www.spectrumparent.blogspot.com

YAI/ National Institute for People with Disabilities: 212-273-6182, www.yai.org



Advocacy Organizations

Advocates for Children: 212-947-9779 or www.advocatesforchildren.org

AHRC (Association for the Help of Retarded Citizens):
212 780-2534 or ahrcnyc.org

Bronx Parent Resource Center: 718-329-3854

NYLPI (New York Lawyers for the Public Interest):
212-244-4664 or www.nylpi.org

Parent to Parent of New York, Inc.: 718-494-4872

Resources for Children with Special Needs:
212-677-4650 or www.resourcesny.org

Sinergia: 212-496-1300 or www.sinergiany.org

United We Stand: 718-302-4315 or www.unitedwestandofny.org



References

Autism Society of America: 800-3AUTISM, www.autism-society.org (English and Spanish)

Autism Research Institute: www.autism.com

Autism Treatment Guide (Revised), Elizabeth Gerlach, Four Leaf Press, Eugene Oregon, 3rd edition, 2003

Community Inclusion: www.communityinclusion.org

MedlinePlus: Medical Encyclopedia: www.medlineplus.gov

National Autism Hotline: Tel: 304-525-8014, www.autismservicescenter.org

National Institute of Deafness and other Communicative Disorders: www.nidcd.nih.gov

National Institute of Mental Health: www.nimh.nih.gov/publicat/autism.cfm

PACER (Parent Advocacy Coalition for Educational Rights): 952-838-9000 or www.pacer.org

Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004): www.wrightslaw.com/law/idea

Yale Child Study Center: info.med.yale.edu/chldstdy/autism

Zero to Three: www.zertothree.org

Glossary of Acronyms

Below is a list of the acronyms used in this guide along with what the acronyms stand for.

ASD:	Autism Spectrum Disorder
EI:	Early Intervention
CPSE:	Committee on Preschool Special Education
CSE:	Committee on Special Education
DDP-4:	Developmental Disabilities Profile form
DDSO:	Developmental Disabilities Service Organization
ECDCs:	Early Childhood Direction Centers
HCBS:	Home- and Community-Based Services waiver program
IDEA:	Individuals with Disabilities Education Act
IEP:	Individual Education Program
IFSP:	Individualized Family Support Plan
IRA:	Individualized Residential Alternative
FBA:	Functional Behavioral Assessment
OMRDD:	Office of Mental Retardation and Developmental Disabilities
OT:	Occupational therapy
PDD-NOS:	Pervasive Developmental Disorder- Not Otherwise Specified
PECS:	Picture Exchange Communication System
PT:	Physical therapy
SEIT:	Special Education Itinerant Teacher
SETSS:	Special Education Teacher Support Services
SSI:	Supplemental Security Income
TEACCH:	Treatment and Education of Autistic and related Communication Handi- capped Children
VESID:	Vocational and Educational Services for Individuals with Disabilities

NOTES

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Call Tuesday or Thursday,
10:30am-1pm