## AUTISTIC SPECTRUM DISORDER INSTRUCTIONAL SUPPORT PLANNING PROCESS

Student's Name		Grade			
School		DOB	DOB		
		Date			
DOMAIN	STRENGTHS	NEEDS		A B C Choose one (*), se note below*	
SOCIAL INTERACTION				SC HOLE BEIOW	
COMMUNICATION					
BEHAVIOURS/EMOTIONAL FUNCTIONING					
SELF DETERMINATION & INDEPENDENT LIVING					
COGNITION					
OTHER HEALTH FACTORS					
ACADEMICS & FUNCTIONAL ACADEMICS					
*Team Decision: A = Mild impairm of functionality	ent of functionality; B = Moderate impairme	nt of functionality; C = Complex and/c	r intense impai	rment	
Goals Developed to Address N					
Objectives and Strategies to A	ddress Goals Developed:				
Data Sources to Monitor Outco	ome/s and Goal Achievement:				

DE	SCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	A	В	C
	-Social/Emotional Reciprocity-		The student's level of functioning	
SOCIAL INTERACTION	POSSIBLE SOURCES OF	Student exhibits mild impairments in functioning occasionally and intermittently.  Some difficulties with social rules (turn taking, sharing, and/or initiating and maintaining interactions and conversations.  Engages others around shared narrow interests but has difficulty engaging interactively, accepts passive role in play, plays beside (rather than with) and seems not to notice if others are not interested.  Occasional unconventional play with toys (e.g., lining up toys).  Some difficulty understanding and using non verbal behaviours (e.g. limited facial expressions and gestures, eye contact)  Some shyness and avoidance of relationships, but does interact socially with some peers.  Initiates interactions and responds in social interactions, but in an unusual manner (odd language, fixating on limited topics/activities, silly or immature behaviours).  Some difficulty imitating others verbally and/or non-verbally. Imitation may be delayed or stereotyped.  Some difficulty empathizing and having insight into the feelings of others. Some limited interest in what others find interesting once the task demands are understood.  Wishes to "fit in" but may not.	The student's level of functioning  A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.  Ongoing difficulties with social rules (turn taking, sharing, understanding emotions and perspectives of others) and with initiating and maintaining interactions and conversations.  Social play frequently rigid, repetitive and routine. Aware of others but usually does not enter into play with others (e.g., watches other children).  Frequently uses toys in very unconventional ways (e.g., lines up toys, stacks blocks).  Ongoing impairments with non verbal behaviours (e.g. clumsy, inappropriate body language and expressions, difficulty recognizing or responding to others expressions or emotions) may make student appear insensitive.  Considerable aloofness, but does engage in some degree of socially interactive activities with some people.  Ongoing difficulties with spontaneous verbal and/or non-verbal imitation of behaviours. Imitation may be mechanical.  May offend or antagonize others due to social difficulties.  Ongoing difficulties understanding other's thoughts and feelings. Rarely discusses personal feelings or how they believe others perceive him/her. Social interactions are usually one-sided.  Examples of Supports  Small group instruction or individualized instruction on an ongoing basis throughout the year.	Significant impairment of functioning occurs across multiple settings  Severe and sustained delays with socially adaptive behaviours and responsiveness, and with social interaction in a variety of environments. Lacks modesty Extremely unusual social play or no pretend play. Does not touch or play with toys. Engages in self stimulatory behaviour not involving toys (e.g., stares at toys). Seriously impaired non-verbal behaviours. Extreme aloofness /severe withdrawal / self isolation, appears to be oblivious or unaware of others. Misses contextual cues and does not adjust social language and behaviour to varying contexts and people so behaviour is frequently inappropriate or embarrassing. Does not engage in socially interactive activities, or form even limited peer friendships. Seldom imitates others (verbally and/or nonverbally) severely limiting functionality. Detached from the feelings of others. Little or no understanding of the mental states (intentions, beliefs, desires) of others.
	-Other			

DE	SCRIPTION OF DOMAIN &			
DE	POSSIBLE SOURCES OF INFORMATION	A	В	C
	-Receptive& Expressive		The student's level of functioning	
CATION	Communication – Understanding and using spoken language as a tool for communication -Understanding body language and facial expression -Communicates non-verbally with body language and facial expression -Pragmatic Language - Follows social rules, shifts between speaker and listener roles, initiates and responds to communication and demonstrates prosody of speech (e.g., pitch, tone, etc) Understands and uses non-literal language (e.g., metaphor, sarcasm, jokes) -Uses imaginative play -Initiates and/or sustains	Student exhibits mild impairments in functioning occasionally and intermittently.  Usually communicates experiences, interests, expectations or curiosity with some help.  Language may be appropriate and functional but sometimes unusual or idiosyncratic (e.g. echoing memorized phrases, stilled, pronoun confusion, rote repetition, lengthy monologues, pedantic or formal).  May be non-verbal but can use a technical communication system and can communicate through simple gestures or mime.  Some difficulty adjusting language to varying social situations.  Sometimes misinterprets body language, has difficulty with conversations, doesn't	The student's level of functioning  A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.  Sometimes interacts and attempts to communicate with peers but has ongoing difficulties.  Alternative or systematized methods of communication may be required.  May use an alternative communication system, but not yet effectively.  Meaningful speech is often mixed with the echoing of memorized words or the use of stereotypical and repetitive language. Frequently difficult to follow the individual's train of thought in a conversation.  Ongoing difficulties adjusting language to varying social situations (e.g., often off topic, many misinterpretations and misunderstandings, "out of sync" with	Significant impairment of functioning occurs across multiple settings  Rarely initiates or attempts to communicate with peers or others. Absence of spoken language. Limited communication. Profound difficulties communicating by speech or other methods and is not assisted by leading questions May be non-verbal with no effective communication system in place. Frustration, distress, and possible aggression due to profound communication difficulties. Concrete visual supports (real objects, photographs) are often essential. Absence of most intelligible words or peculiar use of recognizable language (e.g., significant echolalia, stereotypical
COMMUNICATION	communication  POSSIBLE SOURCES OF INFORMATION  -File review -Speech / Language assessments - ADOS (Autism Diagnostic Observation Scale): Communication Subtest -ADI-R (Autism Diagnostic Interview-Revised Qualitative Abnormalities in Communication) TOPS (Test of Pragmatic Skills) -Bracken Basic Concept Scale	follow the flow of a conversation.  Sometimes appears naïve, less sophisticated and literal  Occasional clumsy body language (e.g., peculiar gaze, staring, inappropriate expressions).  Mild difficulties understanding and processing verbal information, especially if delivered quickly, in a multi step format, or if subtle or figurative language is involved.  Sometimes seems disinterested in the other side of a conversation and may not ask or comment on the other's thoughts.	peers and adults, often uses inappropriate comments but doesn't understand what s/he did wrong).  Comprehends only simple commands and takes comments very literally (e.g. confused by phrases such as "pull up your socks").  Frequently ignores others in conversation.  Examples of Supports  Integrated case management. Group support, interventions,	language).  Significant impairments adjusting language to varying social situations (e.g., has no sense of what one says to an adult vs a peer vs storekeeper.  Student may be interpreted by others as being intrusive or harassing since s/he does not "get" the rules and has serious difficulties with boundary issues.
	-CELF-4 (Clinical Evaluation of Language Fundamental-4 <sup>th</sup> Ed) -Other	intermittent basis.  Some SLP consultation, visual support system and/or individualized instruction.  Teacher implements specialized supports and strategies in the classroom, may have mediated role playing with peers.	individualized instruction on a regular basis.  Structured facilitated group lessons. Use of visual cues and supports.	Detailed and direct intervention plan and support system.     Specialized and complex communication system required for basic needs, and specialized expertise required to maintain this system.

DI	ESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	A	В	C
		The student's level of functioning		
	Adapts and adjusts behaviour across environments and contexts in order to meet social and community expectations for	Student exhibits mild impairments in functioning occasionally and intermittently.	A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.	Significant impairment of functioning occurs across multiple settings
NAL FUNCTIONING	behaviours that are desirable, socially acceptable and which support learning.  Emotional Functioning (e.g., mood, anxiety, compulsions, thought problems, obsessive behaviours )  Motivation	<ul> <li>□ Some fascination with particular people/interests/activities and avidly collects information on interest, but not intrusive.</li> <li>□ Develops some elaborate routines/rituals that must be completed.</li> <li>□ Some inflexibility/ rigidity and may resist transitions but usually responds if cued.</li> <li>□ Likes routine and sometimes unduly distressed by minor changes to the environment (e.g. taking a different route to school), but can be redirected.</li> <li>□ Some interest in objects/parts of objects, but will put them down if requested.</li> <li>□ Occasional stereotyped and/or repetitive</li> </ul>	Restricted range of interests/activities which intrudes on classroom functioning Strong need to follow routines in precise detail and readily distressed or anxious. Frequent difficulties with transitions. Marked distress and resistance to trivial environmental changes. Preoccupation with parts of objects or repetitive use of objects, and which often causes distress upon separation. Often observed stereotypical and/or repetitive body movements or posture abnormalities, but stops if interrupted. Motivated by unique, individualized interests.	<ul> <li>Engagement in restrictive, repetitive behaviours and interests that severely limits any other activities.</li> <li>Persistent preoccupations with socially inappropriate topics.</li> <li>Ongoing, frequent self stimulatory characteristics, and is very difficult to distract</li> <li>Persistent adherence to non-functional routines / rituals and great anxiety and distress if change is necessary.</li> <li>Trivial changes to schedules may result in extremely high anxiety.</li> <li>Persistent inappropriate interest with the use and exploration of parts of objects or attachments to unusual objects is intrusive</li> </ul>
HAVIOURS/ EMOTIO	POSSIBLE SOURCES OF INFORMATION  -File review -ADOS (Autism Diagnostic Observation Scale)Stereotyped Behaviours and Restricted Interests Subtest -ADI-R (Autism Diagnostic Interview-Revised)Current Behaviour: Restricted, Repetitive and Stereotyped Patterns of Behavior -VABS (Vineland Adaptive Behavior Scales) -SIB-R (Scales of Independent	body movements (e.g., hand or finger twisting or flapping) or abnormalities of posture (e.g., toe walking).  May not always respond to usual classroom motivators (e.g., social praise, peer pressure) or deterrents (ignoring inappropriate behaviour).  Some withdrawal and indifference to others.  Some lack of subtlety or precision in expression of emotion (e.g. distress or affection out of proportion to the situation.  Minor levels of anxiety and worry.  Some difficulty distinguishing between reality and make believe.	<ul> <li>□ Appears indifferent to usual motivators, rewards or deterrents. Low interest in peers. Considerable aloofness.</li> <li>□ Potential to place self and others at risk.</li> <li>□ May appear threatening (non-specific)</li> <li>□ May run / leave assigned area.</li> <li>□ Frequent difficulties modulating expression of emotions (e.g. strong reactions to seemingly minor incidents)</li> <li>□ Ongoing anxiety and easily overwhelmed by everyday life demands.</li> <li>□ Frequent difficulty distinguishing between reality and make believe.</li> </ul>	and interferes with activities.  Stereotypic and/or repetitive movements significantly impair functioning.  Rarely engages in interaction with others.  Severe tantrums.  Bolting and/or running frequently attempted.  Damages property.  Prolonged periods of severe anxiety. Stress, fatigue and sensory overload cause significant distress, panic attacks" and even aggression.
$\equiv$	Behavior-Revised) : Maladaptive Behavior		Examples of Supports	1
В	-ACBC (Achenbauch Child Behavior Checklist) -BASC-2 (Behavior Assessment System for Children- 2 <sup>nd</sup> Ed)	<ul> <li>Structured classroom routines, cues for transitions, re-directions, adaptations and explicit explanations.</li> <li>Intermittent consultation and group work from specialized staff.</li> <li>Small group, classroom based, peer supported strategies and adaptations.</li> </ul>	<ul> <li>Consistent classroom routines and highly structured classroom.</li> <li>Frequent specialized supports and staff support and redirection required.</li> <li>Interventions to distract and interrupt.</li> <li>Individualized programming, explicit, direct instruction.</li> </ul>	<ul> <li>Highly specialized and structured individualized programming, classroom structures and behaviour intervention.</li> <li>Constant, intensive staff support.</li> <li>Visual schedules, individualized routines.</li> <li>Unique, highly structured and directed motivators.</li> </ul>

	CCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	A	В	C
F DETERMINATION & DEPENDENT LIVING	Independence to access the larger social community.  -Meets and responds to the demands of daily lifeActs independently, making choices and decisions, free from undue external influenceDaily Living Skills: Dressing, grooming, safety related behaviours -Self Care: Mobility, Toileting, Feeding, Service dependency Sleep, sexuality. As social environments and expectations become more complicated they encompass things such as ability to use public transport, to shop, to ask for directionsSelf Determination: choice-making, decision-making, problem-solving, goal-setting, task-performance, self-regulation, motivation, Initiation -Generalizes across settings  POSSIBLE SOURCES OF INFORMATION -File review	Student exhibits mild impairments in functioning occasionally and intermittently.  Has most of the required skill set and follows most routines and transitions. Functions independently in the school environment most of the time. Some sensitivities, preoccupations, or disinterest with clothing results in some odd or unique patterns of dressing. Some lack of concern for grooming skills.	The student's level of functioning  A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.  Follows some routines, makes some transitions, completes some basic self care routines, and/or life skills and/or self direction (eating, toileting, playing).  Does not yet generalize learned skills.  Rigid behaviours regarding clothing results in odd or peculiar ways of dressing.  Frequently disinterested in grooming or hygiene.	Significant impairment of functioning occurs across multiple settings  Does not follow routines and/or perform activities or participate in classroom routines.  Little desire to achieve independence in self care and does not care for self (e.g.,tiolleting, grooming, dressing, feeding).  Adolescent sexual behaviours may be obsessive and repetitive and significantly interfere with classroom functioning.  Leisure activities are not learned incidentally.  Risk to self or others is a persistent concern due to physical aggressiveness / self injurious behaviour.  No awareness of danger.
EZ	-Transition meetings -PATH (Planning Alternative	Examples of Supports		
S	Tomorrows with Hope) -MAPS (McGill Action planning System) -SIB-R (Scales of Independent Behavior-Revised)Personal Living Skills Subtest; Community Living Skills -VABS (Vineland Adaptive Behavior Scales) -BRIEF (Behavior Rating Inventory of Executive Function) TOPS (Test of Problem Solving)	Occasional reminders, cueing, guidance, interventions, and support.     Some support or guidance with occupational goals.	Regular cueing, redirection, guidance and strategic support for problem solving.  Frequent supervision and case management.  Ongoing exploration of community and post secondary resources.  Direct instruction and strategies.	Constant direct supervision, guidance, redirection and supervision on a daily basis.     Supervision required for safety.     Extensive planning and support required for transitions and for community programs.

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COGNITION	Thinks and reasons, profits from experiences, and generalizes learning.  Components: Reasoning, abstract and conceptual thinking, concept formation, processing of sensory information and perception of stimulus arousal, orientation, attention, executive functioning, memory, information, processing functions, problem solving  POSSIBLE SOURCES OF INFORMATION -File review -WISC-1V (Wechsler Intelligence Scale for Children-4th Ed.) -SB-V (Stanford Binet Scale for Children-5th Ed) -TONI-11 (Test of Non Verbal Intelligence) -LIPS (Leiter International Performance Scale)	Student exhibits mild impairments in functioning occasionally and intermittently.  Occasional preference for sameness and familiarity sometimes limits curiosity to new learning experiences (e.g., student may be slow to show interest in new activities, may show some resistance to learning anything new or that is not related to interests, and has some trouble learning from mistakes and understanding that rules often change)  Minor difficulties attending and shifting attention and sometimes distracted by internal or external stimuli, but responds if cued.  Difficulty with multiple cues or information from two sources at the same time.  Often memorizes rote responses rather than understanding concept.  Some difficulties with problem solving (planning, organizing, sequencing, generating alternatives).  Skills/abilities appear fairly evenly developed across assessed areas.  Can learn information, but may not readily generalize or easily apply the concepts learned.  Some difficulty understanding mental states (intentions, beliefs, desires) of others that are not concrete and readily observable.	The student's level of functioning  A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.  Ongoing preference for sameness, rigid thinking, rule bound behaviours, and aversion to new objects and experiences has the effect of limiting curiosity and exposure to new learning experiences. Ongoing difficulties with attending and shifting attention which affects learning (e.g., attention to insignificant details or limited aspects, or attention to too much stimuli). Frequent difficulties with flexibility and problem solving in many areas. Often repeats same responses over and over. Scattered developmental profile in which some skills/abilities are very delayed, while others are, or very near, age appropriate. Tendency to learn and use skills exactly as taught and ongoing difficulties producing new responses or alternatives. Ongoing problems understanding mental states (intentions, beliefs, desires) of others that are not concrete and readily observable.	Significant impairment of functioning occurs across multiple settings    Extreme preference for sameness and familiarity significantly impairs new learning (e.g., student may run away from new objects or experiences, or may experience them as threatening).   Significant and unusual patterns of attention and a tendency to withdraw into a complex, inner world which significantly affects ability to learn.   Significant discrepancies within and between domains.   Severely limited problem solving which significantly limits independence.   Some skills/abilities are extremely poorly developed, while others are age appropriate or well above age expectations.   Little or no understanding of mental states (intentions, beliefs, desires) of others.
			Examples of Supports	
		<ul> <li>Some case management.</li> <li>Some adaptations and/or modifications required.</li> </ul>	<ul> <li>Integrated case management.</li> <li>Frequent use of adaptations and/or modifications.</li> </ul>	<ul> <li>Extensive, intensive integrated case management.</li> <li>Uses functional curriculum concentrating on life skills.</li> <li>Intensive, complex remediation.</li> <li>Complex adaptations and/or modifications required.</li> </ul>

	CRIPTION OF DOMAIN &			
ı	POSSIBLE SOURCES OF INFORMATION	A	В	$\mathbf{C}$
ER HEALTH FACTORS	-Associated health conditions (e.g., Seizure disorder, traumatic Brain Injury, Tourettes, hearing deficits) -Sensory and arousal modulation - Hypo or hyper sensitivities (hearing, vision, tactile, vestibular and proprioceptive, olfactory and gustatory) -Motor Functions (Gross and Fine motor impairments)  POSSIBLE SOURCES OF INFORMATION -File review -Occupational Therapy Consultation / Assessment -Physiotherapy Consultation / Assessment -Psychiatric evaluation -Paediatric evaluation -SIB-R (Scales of Independent Behaviour-Revised )Motor Skills	Student exhibits mild impairments in functioning occasionally and intermittently.  Some additional health concerns, which are manageable. Health condition affects classroom functioning occasionally or intensively for short durations of time. Some avoidance of sensory experiences (e.g., some lack of eye contact, looks "through" others, lack of response to certain sounds or delayed response to sounds). Sometimes does not look at materials, or respond to auditory information. Some visual preoccupations or fascinations and seeking of unusual and/or intense sensory experiences (e.g., preoccupation with mirror image, lights, smelling, tasting). Some hypersensitivity to, and distraction by, certain sounds. Some adaptations required for fine motor difficulties or resistances to fine motor	The student's level of functioning  A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.  Associated health conditions that produce multiple developmental behavioural and/or learning challenges. Frequent unusual responses to sensory stimuli and hypersensitivities to certain sounds that are not distressing to others. Regularly seeks unusual and/or intense sensory experiences (e.g., preoccupation with certain visual objects, smelling and/or tasting) and can easily be over-aroused. Frequent avoidance of common sensory experiences (e.g., frequently stares into space, looks "through" others) inconsistent response to auditory stimuli). Often does not look at what s/he is working on, often misses auditory information. Usually under- responsive to sensory input. Often requires assistance with fine motor tasks such as eating, toileting etc.).	Significant impairment of functioning occurs across multiple settings  Extreme, ongoing, or poorly controlled associated health conditions across multiple settings.  Seeking of unusual and/or intense sensory experiences are ongoing (e.g., mouthing, licking, rubbing), are for sensory rather than functional purposes, and take up major amounts of time.  Pervasive avoidance of, or extreme hypersensitivity to, common sensory experiences is ongoing, frequent and severely limits ability to learn and fit in with classroom routines.  Combination of associated health conditions that produce profound multiple developmental, challenges.  Significant lack of appropriate response to pain (e.g., ignored or dramatically overreacted to).  Usually requires hand to hand assistance to perform fine motor tasks.  Extreme difficulty with motor control, which severely impacts daily activities.
ОТН		tasks.  Some gross motor difficulties (e.g., unusual gait).  Occasional monitoring of health conditions.	Frequent, ongoing motor clumsiness and ongoing difficulty with tasks requiring motor skills.  Examples of Supports  Regular monitoring of health conditions. Requires programming adaptations	<ul> <li>Extensive, individualized,</li> <li>attention/instruction and extensive additional</li> </ul>
		Occasional supervision for brief removal to alternate setting (e.g., calm down times).     Intermittent consultation and/or specialized support staff.     Adapted environment to limit sensory stimulation (e.g., weighted vests).	and/or modifications in his/her educational program.  Frequent consultation and/ or group work from specialized support staff.  Regularly requires environmental supports or modifications.  Frequent reminders and repetition of auditory information.	supports.  Extensive adaptations / modifications to the learning environment and highly individualized planning and support.  May require a medical emergency plan and extensive monitoring.

	SCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	A	В	C
IONAL	The academic domain consists of goals to support students in identifying and developing talents, skills, and abilities, particularly in the learning outcomes of the BC curricula.	Working on the performance standards of the curriculum.     Minor variation in objectives from the regular curriculum.     Minor adaptations to the curriculum.	The student's level of functioning  Dramatic adaptations to the curriculum.  The student's academic performance in many areas is significantly lower than would be expected on the basis of his/her learning potential.  Some areas may be adapted, other areas are modified.	□ Dramatically modified curriculum. □ Functional academics (basic life skills).
ACADEMICS/FUNCT ACADEMICS	Functional academics Academic skills that apply to real-life problems (e.g., reading/writing, reading survival words, recognizing signs and icons, math/money handling, time telling and management) that are taught in the classroom and reinforced in the community (e.g., money handling at stores and restaurants)  POSSIBLE SOURCES OF INFORMATION	Some case management.     Accommodations to the learning environment and curriculum.     Small group instruction and/or individualized instruction intermittently throughout the year.     Some cueing, direct instruction and support.     Intermittent consultation and/or specialized support staff.	Examples of Supports  Frequent cueing, direct instruction and support.  Frequent redirection, guidance.  Small group instruction or individualized instruction frequently throughout the year Frequent consultation and/or group work from specialized support staff.	□ Intensive support from highly specialized staff. □ Constant support, guidance and educational support. □ Direct instruction and intensive practice. □ Specific, intensive individualized support.