

COURSE SYLLABUS
(as of 12-23-08)

- COURSE:** **CMSI 299 Autism Spectrum Disorders: Issues in Assessment & Intervention**
CRN 11643-On campus UG & GR students (Section A1)
CRN 13654-Off campus distance learning students (Section DL1)
CRN 11655-On campus CE students (Section Z1)
EDCI 200 Autism Spectrum Disorders: Issues in Assessment & Intervention
CRN 14441—Off campus distance learning students registering through the Higher Education Collaborative (HEC) (DL1)
- LOCATION:** L400 Lafayette (@ UVM)
DISTANCE LEARNING SITES:
CE sites: Berlin, Springfield
VIT sites: Rutland, St. Albans, White River Junction & Williston
NEK Learning Services site
- DATES:** Wednesday, January 14 to Wednesday, April 29, 2009
- TIME:** 5:10-8:10 pm
(**NOTE:** this is the required UVM class time although VIT sites are not available until 5:15 pm, so class will begin at 5:15 and end at 8:15 pm)
- PRIMARY INSTRUCTOR:** Patricia A. Prelock, Ph.D., CCC-SLP
Professor & Chair
Department of Communication Sciences
- OFFICE:** 402 Pomeroy Hall, 489 Main Street, UVM
PHONE: (802) 656-2529
E-MAIL: patricia.prelock@uvm.edu
- OFFICE HOURS:** 2-3:30 pm Monday & Wednesday
Other times by appointment
- CO-INSTRUCTOR:** Amy Ducker Cohen, Ph.D.
Clinical Coordinator, Autism Spectrum Program
Howard Center
(802) 488-6683
amyc@howardcenter.org
- PROGRAM SUPPORT:** Louise Lareau
Louise.lareau@uvm.edu
Available Tuesdays & Thursdays, 8:00-4:30 pm
- COURSE SUMMARY:**

This course will highlight current research regarding neurodevelopmental issues in autism; the diagnostic criteria used to identify children with ASD; assessment and intervention considerations in communication, social interaction and play; and, the selection and use of appropriate screening & evaluation tools, and intervention strategies with an evidence-base. The course will also focus on developing an understanding of the role of families in the assessment and intervention of children and adolescents with ASD in consideration of their cultural values and beliefs. Further, the course will create a framework for understanding and implementing effective interventions; and, profiling the strengths and challenges of each intervention including ways to match children's strengths and needs, family capacity and the family's cultural values and beliefs with the interventions selected. Students will be exposed to collaborative and interdisciplinary models of service delivery that ensure family-centered and culturally competent approaches to assessment and intervention.

A variety of teaching tools and teaming activities will be used to facilitate the students' interdisciplinary learning. Assignments will include journal study in specific areas of research around ASD as well as developing an interdisciplinary assessment profile or treatment protocol for a child or adolescent with ASD that is individually appropriate, family-centered and culturally sensitive. Students will also be asked to read an autobiography of an individual with ASD or a similar story as told by the parents and/or family members of an individual with ASD. The final assignment will be an application of learning or a comprehensive search of the literature in a current area of research and practice need.

COURSE OBJECTIVES:

1. To increase knowledge and skill in *applying family-centered and culturally competent care to the assessment and intervention* of children and adolescents with ASD and their families. (ASHA Standards III-D & IV-G1b, 2a; VT Standard 2: Professional Development, Principles 2 & 3; VT Standard 3: Collegueship, Principle 10).
2. To increase awareness and knowledge of both formal and informal methods of *assessment* for children and adolescents with ASD, especially in the areas of *receptive & expressive language, cognitive communication, social aspects of communication, communication modalities*, play and behavior. (ASHA Standards III-D & IV-G1b; VT Standard 2: Professional Development, Principles 7 & 9).
3. To increase understanding of the *diagnostic* criteria used to identify children and adolescents with ASD. (ASHA Standards III-C, III-D & III-F; VT Standard 2: Professional Development, Principle 3).
4. To create *diagnostic* profiles of children and adolescents with ASD leading to meaningful, *evidence-based intervention* planning. (ASHA Standards III-C, III-D, III-F, IV-G1b & 2a & IV-F; VT Standard: Professional Development, Principles 7, 8 & 9; VT Standard 3: Collegueship, Principle 10; VT Standard 4: Advocacy, Principles 11 & 12; VT Standard 5: Accountability, Principles 15 & 16).
5. To increase understanding of the various *interventions* proposed for serving the needs of children and adolescents with ASD and their families as described in the *literature*. (ASHA Standards III-D, III-F & IV-G2a; VT Standard 2: Professional Knowledge, Principles 3 through 9).

6. To increase knowledge and use of creative problem solving, conflict management and mediation strategies to support team decision making around *selection and development of intervention programs* for children with ASD and their families. (ASHA Standards III-D, III-F & IV-G2a; VT Standard 3: Collegueship, Principle 10; VT Standard 4; Advocacy, Principles 11-13.
7. To create treatment protocols for serving children with ASD leading to meaningful, *evidence-based intervention* across a variety of settings. (ASHA Standards III-F & IV-G2a; VT Standard 2: Professional Knowledge, Principles 3-9).
8. Students will understand and use effective *interaction and personal qualities* to collaborate with students, families and other professional colleagues to provide the most appropriate model of service delivery for children and adolescents with ASD (ASHA Standard IV-G2a; VT Standard 3: Collegueship, Principle 10; VT Standard 4: Advocacy, Principles 11, 12 & 13).

REQUIRED TEXT:

Prelock, P. A. (2006). *Autism Spectrum Disorders: Issues in Assessment & Intervention*. Austin, TX: Pro-Ed Publishers.

ADDITIONAL REQUIRED READINGS:

Additional journal articles used to supplement the required text can be found as part of the electronic reserve in Bailey-Howe Library. To access the electronic reserve, (recommend Internet Explorer) students go to the UVM home page (www.uvm.edu) and click on the Featured Link on the left hand side for Libraries. At the Library page click on Course Reserves in the green section up on top towards the right. You will then see the following if you scroll down:

To perform a Course Reserve Search:

1. Select an item from one (or more) of the following drop-down lists: Instructor, Department, Course. **(Selecting all 3: Prelock, CMSI, CMSI 299 is recommended)**
2. Click the **Search** button to begin your search.
3. Select a record you wish to view by clicking on it. Each record includes a complete citation, the reserve location for the item, and its call number.
4. If the record contains a call number, (e.g. HF549.T56, XC 445, or ZZZ 754), you will need to go to the Reserve Desk at the Bailey Howe Library or Dana Medical Library, depending on the location, and ask one of the staff there for the item.

If "E-Reserve" is indicated in the call number field, the item is available electronically. Note: all of the required readings should be available electronically.

To get an item on electronic reserve, click on the title of the article, at the next screen click on the Internet address in the record. You will be prompted to type your user name and

password. Use your UVM email/network user name and password. **Note that you need to have Adobe Acrobat, version 7.0 or higher, loaded on your computer in order to view items on Electronic Reserve.** If you do not have Adobe Acrobat Reader on your computer, you can download it: <http://www.adobe.com/products/acrobat/readermain.html>

RECOMMENDED READINGS/RESOURCES:

National Research Council (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Volkmar, F., Paul, R., Cohen, D., & Klin, A. (2005). *Handbook of autism and pervasive developmental disorders-3rd edition*. Hoboken, NJ: John Wiley & Sons.

PLEASE CHECK BLACKBOARD EACH WEEK:

A copy of each week's course outline will be posted on Blackboard prior to each class. Both required & recommended readings will also be posted on Blackboard as will resources of interest and additional handouts for each class. Students should check the blackboard site for CMSI 299 on a regular basis for additional and relevant materials that will support class discussion and applications to practice.

COURSE REQUIREMENTS:

1. Readings & Participation: Attendance and participation in all class sessions is required. To fully benefit from each class session &/or topic of discussion, students should be familiar with the material indicated on the syllabus prior to each class. Both required and recommended readings are indicated. Students are encouraged to read in particular areas of interest.

2. Journal Article Reviews (36 points): Each student is required to critically review **three** journal articles or chapters listed as a required or recommended reading or one they have selected (which has been approved by the course instructor). Only one article/chapter should be taken from each of those listed for a particular class session so that the student is reading in three different topic areas. To facilitate your critical reflection on what has been read, the following questions should be addressed in your review:
 - a) In what way does this information expand your knowledge regarding the *assessment or intervention* process for children or adolescents with ASD and their families, specifically related to *receptive/expressive language (1 pt.)*, *cognitive communication (1pt.)*, *social aspects of communication(1pt.)*, & *communication modalities (1pt.)*, **(Total=>4 points)**
 - b) Based on your current views of children and adolescents with ASD, describe how the information you read supports or refutes your beliefs and practices regarding *receptive/expressive language (1pt.)*, *cognitive communication (1pt.)*, *social aspects of communication (1pt.)* & *communication modalities (pt.1)* **(Total=>4 points)**
 - c) Explain how you will apply the knowledge you gained from reading the article as you collaborate with team members (which includes families) to

support the needs of children and adolescents with ASD specifically related to *receptive/expressive language (1pt.)*, *cognitive communication (1pt.)*, *social aspects of communication (1pt.)*, & *communication modalities(1pt.)*, (you may relate your application to a specific child or adolescent with a diagnosis of ASD if you wish) **(4 points)**

The grading rubric that will be used to evaluate each of the three article reviews is provided with the syllabus. Each article review is worth **12 points**, for a total of **36 points**. These article reviews are due on or before **January 28, February 25, & April 1** as indicated in the course outline. *Article reviews should be no more than 3 typed pages.*

Learning Goals:

- Students will demonstrate their knowledge of the etiologies and characteristics of receptive/expressive language, cognitive communication, social aspects of communication & communication modalities in individuals with autism spectrum disorders (ASD) (ASHA Standard III-C).
- Students will possess knowledge of methods of prevention, assessment, & intervention for communication disorders in individuals with ASD (ASHA Standard III-D).
- Students will demonstrate an ability to analyze, synthesize & evaluate information regarding methods of prevention, assessment, & intervention for communication disorders in individuals with ASD (ASHA Standard III-D).
- Students will demonstrate knowledge of research & integration into evidence-based clinical practice for individuals with ASD (ASHA Standard III-F).

Indicator of Achievement: Students will achieve the learning goals above & obtain at least 31 of the total 36 points for these assignments.

3. Book Review (24 points). To increase students' awareness and understanding of the specific challenges and joy experienced by individuals with autism and their families, each student is to select one book from the list attached which has been written by an individual with autism or by a family member. Students are to prepare a book review of no more than 6 pages, which includes the following:

- a. description of the characteristics, including *physiological, psychological, developmental, linguistic & cultural correlates (4 pts.)* as well as *receptive & expressive language, cognitive communication, social aspects of communication & communication modalities (4 pts.)* of the individual with autism who either writes the story or whom the story is written about **(Total=>8 points)**
- b. explanation of the services and *models of intervention* the individual with autism and their family received *(4pts.)* and how effective these services were perceived *(4 pts.)* **(Total=>8 points)**
- c. reflection on the most important thing you learned while reading the book which is likely to change your *practice* for children or adolescents with ASD & their families *(4 pts.)* and how you will implement this new insight into your practice *(4 pts.)***(Total=>8 points)**

The grading rubric that will be used to evaluate the book review is provided with the syllabus. This assignment is worth a total of **24 points** and is due on or before **March 18**.

Learning Goals:

- Students will demonstrate knowledge of the nature of receptive and expressive language (i.e., semantic & pragmatic difficulties); cognitive communication (i.e., attention, memory, sequencing, problem solving, executive function); social aspects of communication (i.e., ineffective social skills, lack of communication opportunities); and communication modalities (i.e., oral, manual, augmentative, alternative, assistive) for individuals with autism spectrum disorders (ASHA Standard III-C).
- Students will possess knowledge of methods of prevention, assessment, & intervention for communication disorders in individuals with ASD (ASHA Standard III-D).
- Students will demonstrate an ability to analyze, synthesize & evaluate information regarding methods of prevention, assessment, & intervention for communication disorders in individuals with ASD (ASHA Standard III-D).

Indicator of Achievement: Students will achieve the learning goals above & obtain at least 20.5 of the total 24 points.

4. Applied Assignment (40 points): Students are encouraged to collaborate with team members on this assignment. Using the literature, classroom content and experience, students may choose ONE of the following options for their applied assignment. Students are encouraged to select the activity that is most likely to support their application of theory to practice so that both the process and the final product can be applied to the actual services you are providing or will provide to children and/or adolescents with ASD:

- a. OPTION 1: Development of an interdisciplinary assessment profile. For this assignment, the student must design a comprehensive assessment for a child/adolescent with ASD. It is best if the assessment can actually be completed on a child suspected of or diagnosed with ASD. The assessment profile should include the following:
- 1.) The profile should include ways to assess a child's **strengths and challenges** including *communication (5 pts.)*, *social interaction (5 pts.)*, and *play (5 pts.)* (Total=>15 points).
 - 2.) The profile must also include an assessment of the child/adolescent's home and school community, including **ecomaps (5 pts.)**, which describe the inter-relationships between events and individuals with whom the child/adolescent interacts. Students should include the **supports** that are available for the child/adolescent and family (*5 pts.*), and the particular **challenges** to be faced (*5 pts.*) considering the unique assessment profile attained (Total=>15 points).
 - 3.) The last section of the assignment should include two major components: **goals** team members have developed for intervention based on the interdisciplinary assessment (Total=>5 pts.); and, **questions** team members might pose for evaluating an intervention program (Total=>5 pts.).

- b. **OPTION 2: Evaluation of intervention effectiveness.** For this assignment, students should select a child with ASD who is currently receiving intervention by a team in which the student is involved. The evaluation of intervention effectiveness should include the following:
- 1.) The specific goals or valued outcomes that have been identified for the child and his family should be identified (Total=>10 pts.).
 - 2.) Students would then describe the intervention strategies they have selected to achieve the stated goals/outcomes (5 pts.), justifying their selection through literature support as well as the assessment data (5 pts.) available prior to the decision for selecting particular strategies (Total=>10 pts.).
 - 3.) The students would also submit evidence of the effective implementation of the intervention through videotape clips (4 pts.), samples of daily logs or home/school journals (3 pts.), and data collection sheets (3 pts.) which provide evidence of the child moving closer to and demonstrating a valued outcome or goal (Total=>10 pts.).
 - 4.) Finally, students would provide a summary of the process that was used to re-evaluate the child's performance over time (2 pts.) and adjustments that were made in the intervention strategies being implemented (2 pts.), explaining why. This assessment of the process would also include a reflection on the joys and frustrations experienced by the team while implementing intervention (2 pts.) and any recommendations on how other teams serving children with ASD and their families might work to most effectively support a child's achievement of his/her goals (4 pts.) (Total=>10 pts.).
- c. **OPTION 3: Transition plan.** Students may choose one child with ASD who is transitioning from one grade or program to another and develop a transition plan that will support the child, the family and the receiving program providers. The transition plan should include the following:
- 1.) A description of the child with ASD and the child's family, including strengths and challenges (5 pts.); & identified goals across the areas of play, communication, social interaction, sensory-motor development and behavior (5 pts.) Total=>10 points
 - 2.) A summary of strategies effectively used in the classroom which supported the achievement of the child's goals (5 pts.), including an explanation of some innovative ways this information could be shared with the receiving school (5 pts.) (students are encouraged to submit samples of videotapes of strategy implementation in the classroom, communication tools, etc.) Total=>10 points
 - 3.) An outline of the scope and sequence (6 pts.) of the activities that will be implemented through the transition process, including a timeline of events (4 pts.) Total=>10 points
 - 4.) A process for following-up on the transition (5 pts.) and for evaluating the effectiveness of the transition plan with suggestions for needed modifications (5 pts.) Total=>10 points

- d. **OPTION 4: Intervention review.** Students are to select one intervention that they have read in the literature and/or has been presented in class to complete a critical review of the strengths and weaknesses of the intervention and its generalized value to children or adolescents with ASD. This review should address the following:
- 1.) Description of the intervention (*4 pts.*), including strengths and weaknesses (*4 pts.*), with reference(s) cited (*2 pts.*); Total=>10 points
 - 2.) Critical review of the perceived effectiveness of the intervention (*8 pts.*); with references to support the evaluation of effectiveness (*2 pts.*); Total=>10 points
 - 3.) Specific profile of a child with ASD who might respond best to this intervention (*5 pts.*) with an explanation of why (*5pts.*); Total=>10 points
 - 4.) Questions you would pose to help families and other team members decide whether or not this intervention method is appropriate for a child with ASD; Total=>5 points
 - 5.) Comprehensive reference list of all literature cited--follow APA style, 5th edition; Total=>5 points
- e. **OPTION 5: Annotated bibliography.** Students may select ONE of the following topic areas to complete a comprehensive literature search (since 1990 to 2009): 1) *Screening practices & early identification of autism*; 2) *Best practices in early intervention for ASD*; 3) *Parent training in ASD*; or, 4) *Joint attention training for young children with ASD*. Students will be evaluated on the following:
- 1) Description of the comprehensive literature search that was done—including key words used (*1 pt.*), data bases searched (*1 pt.*); a listing of the resulting articles (*1 pt.*); and, complete reference in APA 5th edition for the selected articles described in #2 below (*1 pt.*); Total=>4 points
 - 2) Selection of 12 excellent quantitative research articles relevant to the selected topic from the literature search that will be read and each summarized in the following manner:
NOTE: Students will use the critical review form for quantitative studies (adapted from Law et al., 1998—see attached) to help them make a determination of those 12 studies with sound research that support the targeted topic area.
 - a) **Discuss** the purpose of the study, the study design, participants included, and critical results reported (*1 pt.*)
 - b) **Interpret** the value of the stated outcomes and relevance for contributing to assessment or intervention practices for addressing the needs of young children with ASD (*1 pt.*)
 - c) **Evaluate** any caveats or concerns you have in utilizing the study's results to inform practice. (*1 pt.*)

Students should complete a brief paragraph for each of the 3 items (discuss, interpret & evaluate) for each of the 12 articles and should be no longer than one page single-spaced for each article. This portion of

the assignment is worth 36 points (3 points for each article x 12 articles).

- f. **OPTION 6: Training Module Development.** Students select ONE of the following 4 screening tools: *Social Communication Questionnaire*, *the Pervasive Developmental Disorders Screening Test II*, *the Gilliam Autism Rating Scale-2* and *the Child Behavior Checklist* (18 months-5 years) and develop a training module for use by early intervention providers. The goal is for these providers to gather sufficient and valuable information to accompany referrals for a more comprehensive diagnostic assessment. The training module should include the following:
- 1) Summary of the tool & its psychometric properties=>2-3 pages (10 pts.)
 - 2) Explanation of its use & value as a screening tool for discriminating children with and without autism=>1 page (5 pts.)
 - 3) Instructions on administration & scoring with video clip of procedure=>1-2 page (5 pts.)
 - 4) Hypothetical case examples, creating one profile for a child likely to have autism and one profile for a child unlikely to have autism=>3-4 pages (10 pts.)
 - 5) Ten test questions—five at the beginning of the module to ‘assess’ the user’s understanding of the material contained within the module and then five questions at the end to assess the learner’s understanding of the screening tool. The test questions should be multiple choice answers & a rationale should be provided for the correct answer. The questions could be based on a case study related to the use of the tool=>2 pages (10 pts.)
- g. **OPTION 7: Development of Parent Training in Joint Attention.** Students will review the current literature on the importance of joint attention to play, social communication and perspective taking. They will then develop training for parents (or primary care providers) to facilitate initiation of and response to joint attention with their child with ASD. The parent training should include the following:
- 1) Description of joint attention (including response to and initiation of), highlighting the importance of joint attention to play, social communication and perspective taking with appropriate literature citations=>2 pages (5 pts.)
 - 2) Summary of the current literature on the evidence for joint attention training as a valuable intervention for children with ASD=>2 pages (10 pts.)
 - 3) Development & video-demonstration of family-friendly procedures to facilitate joint attention in young children with ASD=>2 pages with video clip of procedure (15 pts.)
 - 4) Practice activities to implement joint attention with a child in the home setting & strategies to problem solve challenges=>2 pages (6 pts.)
 - 5) Ways to keep data on progress & determine intervention success=2 pages (4 pts.)

Once students determine which of the above OPTIONS they are going to do for their applied assignment they can look at the grading rubric for that assignment which is attached to the course syllabus. It is difficult to make a determination of page length for this assignment, however, students should consider an average of about 10-15 typed pages with references. This assignment is worth a total of **40 points** and is due on or before **April 29**.

Learning Goals:

- Students will demonstrate their knowledge of the nature of receptive/expressive language, cognitive communication, social aspects of communication & communication modalities in individuals with autism spectrum disorders (ASD) (ASHA Standard III-C).
- Students will possess knowledge of methods of prevention, assessment, & intervention for communication disorders in individuals with ASD (ASHA Standard III-D).
- Students will demonstrate an ability to analyze, synthesize & evaluate information regarding methods of prevention, assessment, & intervention for communication disorders in individuals with ASD (ASHA Standard III-D).
- Students will demonstrate knowledge of research & integration into evidence-based clinical practice for individuals with ASD (ASHA Standard III-F).
- Students will demonstrate knowledge of individuals with ASD with diverse backgrounds (ASHA Standard IV-F)
- Students will demonstrate an understanding of ways to communicate effectively and collaborate with children with ASD, their families and the professionals who serve them (ASHA Standard IV-G1b, 2a).

Indicator of Achievement: Students will achieve the learning goals above & obtain at least 34 of the total 40 points.

*Students registered for this course as **undergraduates** are not required to complete the applied assignment unless they are taking CMSI 299 for graduate credit and have cleared this with their advisor and the graduate college, and have informed the course instructor.*

IMPORTANT NOTES FOR STUDENT CONSIDERATION:

1. Any student in this course who has a disability that may prevent him/her from fully demonstrating his/her abilities should contact the course instructor no later than the second week of classes so we can discuss accommodations necessary to ensure full participation and facilitate your educational opportunity.
2. There will be a 10% reduction in grade for each assignment turned in late except for extraordinary circumstances as determined by the instructor and communicated in advance.
3. As instructor feedback is critical to your ongoing learning and evolution in thinking critically, writing and integrating information, late assignments must be turned in prior to the due date of the next assignment unless there are extraordinary circumstances as determined by the instructor. An assignment not turned in prior to the next assignment due cannot be accepted for credit and will be given a zero.

4. Students should submit in writing to the instructor by the end of the second full week of classes their documented religious holiday schedule for the semester. Students who miss class work for the purpose of religious observance should make arrangements with the course instructor to make up any work that they might miss.
5. **Academic Integrity Code:** Students are encouraged to review the academic integrity code described on the UVM Dean of Students website (effective June 28, 2007): <http://www.uvm.edu/~uvmppg/ppg/student/acadintegrity.pdf> . Students will be responsible for understanding the four standards of academic integrity and will be fully accountable for these: *plagiarism, fabrication, collusion, and cheating*. Violations of this code will be reported to the Academic Integrity Council and appropriate consequences will be determined.

ASSIGNMENTS:

Critical Article Reviews (3 @ 12 pts. each)	36 points
Book Review	24 points
Applied Assignment	<u>40 points</u>
TOTAL	100 points

GRADING:

<u>Graduate Students</u>		<u>Undergraduate Students</u>	
100- 99 points	A+	60-59 points	A+
98 - 94 points	A	58-57 points	A
93 - 90 points	A-	56-55 points	A-
89 - 87 points	B+	54-53 points	B+
86 - 84 points	B	52-51 points	B
83 - 80 points	B-	50-49 points	B-
79 - 75 points	C	48-47 points	C+
below 75 points	F	46-45 points	C
		44-43 points	C-
		42-40 points	D
		below 40 points	F

COURSE OUTLINE:

January 14, 2009 Understanding the Autism Spectrum: Diagnostic & Neurobiological Considerations

Questions to consider:

- *What characteristics are shared across the autism spectrum?*
- *What are the problems in diagnosis?*
- *What are the neurological underpinnings of the disorder?*

REQUIRED READINGS:

Bauman, M. L., & Kemper, T. L. (2005). Structural brain anatomy in autism: What is the evidence? In M. L. Bauman & T. L. Kemper (Eds.), *The neurobiology of autism-2nd edition* (pp. 121-135). Baltimore, MD: The John Hopkins University Press.

Lord, C., Risi, S., DiLavore, P. S., Shulman, C., Thurm, A., & Pickles, A. (2006). Autism from 2 to 9 years of age. *Arch Gen Psychiatry*, *63*, 694-701.

Prelock, P. A. & Contompasis, S. H. (2006). Autism & related disorders: Trends in diagnosis and neurobiologic considerations. In P. A. Prelock, *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp.3-63). Austin, TX: Pro-Ed Publishers. **(required text)**

Prelock, P. A. & Contompasis, S. H. (2006). Health care considerations for children with ASD. In P. A. Prelock, *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp.541-571). Austin, TX: Pro-Ed Publishers. **(required text)**

RECOMMENDED READINGS:

Fombonne, E. (2005). Epidemiological studies of pervasive developmental disorders. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp.42-69). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Howlin, P. (2005). Outcomes in autism spectrum disorders. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp.201-220). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Minshew, N. J., Sweeney, J.A., Bauman, M. L., Webb, S. J. (2005). Neurologic aspects of autism. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 473-514). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Rutter, M. (2005). Genetic influences and autism. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 425-452). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Volkmar, F. R., & Klin, A. (2005). Issues in the classification of autism and related conditions. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp.5-41). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

January 21, 2009 Understanding the Role of Families in the Assessment & Intervention of Children & Adolescents with ASD

Questions to consider:

- *What is the role of families in assessment & intervention?*
- *How can practitioners engage families in service delivery?*
- *In what ways can teams establish priorities for children and adolescents with ASD in collaboration with families?*

REQUIRED READINGS:

Cosden, M., Koegel, L. K., Koegel, R. L., Greenwell, A., & Klein, E. (2006). Strength-based assessment for children with ASD. *Research & Practice for Persons with Severe Disabilities* 31 (2), 134-143.

Prelock, P. A. & Beatson, J. (2006). Learning to work with families to support children with ASD. *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 65-92). Austin, TX: Pro-Ed Publishers. **(required text)**

Prelock, P.A., Beatson, J., Bitner, B., Broder, C., & Ducker, A. (2003). Interdisciplinary assessment of young children with Autism Spectrum Disorder. *Language, Speech and Hearing Services in Schools*, 34, 194-202.

Stoner, J. B., Bock, S. J., Thompson, J. R., Angell, M. E., Heyl, B. S., & Crowley, E. P. (2005). Welcome to our world: Parent perceptions of interactions between parents of young children with ASD and education professionals. *Focus on Autism and Other Developmental Disabilities*, 20 (1), 39-51.

RECOMMENDED READINGS:

Beatson, J. E. & Prelock, P. A. (2002). The Vermont Rural Autism Project: Sharing experiences, shifting attitudes. *Focus on Autism & Other Developmental Disabilities*, 17 (1), 48-54.

Diehl, S. F. (2003). The SLP's role in collaborative assessment and intervention for children with ASD. *Topics in Language Disorders*, 23 (2), 95-115.

Marcus, I. M.,Kunce, L. J., Schopler, E. (2005). Working with families. In F. R.Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 1055-1086). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

National Research Council (2001). Family roles. In *Educating children with autism*. Washington, DC: National Academy Press (Chapter 3, pp. 32-39). **(recommended text)**

January 28, 2009 Early Identification & Assessment

Questions to consider:

- *What are some early indicators of autism & how might practitioners assess these?*
- *What tools should be used in the assessment of children & adolescents suspected of ASD?*
- *What information do standard measures provide that is relevant to the core deficits in autism?*

REQUIRED READINGS:

Bryson, S. E., Zwaigenbaum, L., Brian, J., Roberts, W., Szatmari, P., Rombough, V., & McDermott, C. (2007). A prospective case series of high-risk infants who developed autism. *Journal of Autism & developmental Disorders*, 37 (1), 12-24.

Clifford, S., Young, R., & Williamson, P. (2007). Assessing the early characteristics of autistic disorder using video analysis. *Journal of Autism & Developmental Disorders*, 37(2), 301-313.

Dietz, C., Swinkels, S., van Daalen, E., van Engeland, H., & Buitelaar, J. K. (2006). Screening for ASD in children aged 14-15 month, II: Population screening with the ESAT questionnaire. Design & general findings. *Journal of Autism & Developmental Disorders* 36 (6), 713-722.

Kleinman, J. M., Robins, D. L., Ventola, P. E. et al. (2008). The Modified Checklist for Autism in Toddlers: a follow-up study investigating the early detection of autism spectrum disorders. *Journal of Autism & Developmental Disorders*, 38 (5), 827-839.

Prelock, P. A. (2006). An interdisciplinary, family-centered, and community-based assessment model for children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 93-165) Austin, TX: Pro-Ed Publishers. **(required text)**

Ventola, P., Kleinman, J., Pandey, J., et al. (2007). Differentiating between autism spectrum disorders and other developmental disabilities in children who failed a screening instrument for ASD. *Journal of Autism & Developmental Disorders*, 37 (3), 425-436.

RECOMMENDED READINGS:

Coonrod, E. E., & Stone, W. L. (2005). Screening for autism in young children. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 707-729). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Lord, C., & Corsello, C. (2005). Diagnostic instruments in Autistic Spectrum Disorders. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 730-771). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

National Research Council (2001). Diagnosis, assessment and prevalence. In *Educating children with autism*. Washington, DC: National Academy Press (Chapter 2, pp. 23-31). **(recommended text)**

Ozonoff, S., Young, G. S., Goldring, S., Greiss-Hess, L., Herrera, A. M., Steele, J., Macari, S., Hepburn, S., & Rogers, S. J. (2008). Gross motor development, movement abnormalities, & early identification in autism. *Journal of Autism and Developmental Disorders*, 38 (4), 644-656.

Watson, L. R., Baranek, G. T., Crais, E. R., Reznick, J. S., Dykstra, J., & Perryman, T. (2007). The first year inventory: Retrospective parent responses to a questionnaire designed to identify one-year-olds at risk for autism. *Journal of Autism & Developmental Disorders*, 37 (1), 49-61.

Yirmiya, N., & Ozonoff, S. (2007). The very early autism phenotype. *Journal of Autism and Developmental Disorders*, 37 (1), 1-11.

ASSESSMENT TOOLS:

Baron-Cohen, S., Allen, J. & Gillberg, C. (1992). Can autism be detected at 18 months? The needle, the haystack and the CHAT. *British Journal of Psychiatry*, 161, 839-843.

Gilliam, J. E. (2006). *Gilliam Autism Rating Scale-2(GARS-2)*. Austin, TX: Pro-Ed.

Gilliam, J. E. (2001). *Gilliam Asperger's Disorder Scale*. Austin, TX: Pro-Ed.

Krug, D. A., Arick, J. R., & Almond, P. J. (1993). *Autism screening instrument for educational planning* (2nd ed.). Austin, TX: Pro-ED.

Krug, D. A., & Arick, J. R. (2004). *Krug Asperger's Disorder Index (KADI)*. Los Angeles, CA: Western Psychological Services.

LeCouteur, A., Lord, C., & Rutter, M. (2003). *Autism Diagnostic Interview-Revised (ADI-R)*. Los Angeles, CA: Western Psychological Services.

Lord, C. Rutter, M., DiLavore, P. C. & Risi, S. (1999). *Autism Diagnostic Observation Schedule-Generic (ADOS-G)*. Los Angeles, CA: Western Psychological Services.

Myles, B. S., Bock, S. J., & Simpson, R. L. (2001). *Asperger Syndrome Disorder Scale*. Austin, TX: Pro-Ed.

Robins, D. L., Fein, D., Barton, M. L., & Green, J. A. (2001). The Modified Checklist for Autism in Toddlers (M-CHAT): An initial study investigating the early detection of autism and pervasive developmental disorders. *Journal of Autism & Developmental Disorders*, 31 (2), 131-144.

Schopler, E., Reichler, R. J. & Renner, B. R. (1986). *The childhood autism rating scale*. (CARS). NY: Irvington Publishers.

Siegel, B. (2004). *Pervasive developmental disorders screening test-II (PDDST-II): Early Childhood Screener for Autism Spectrum Disorders*. San Antonio, TX: PsychCorp.

February 4, 2009 Assessing Communicative Intentions: Behavior Regulation, Social Interaction & Joint Attention in Young Children with ASD

Questions to consider:

- *How should profiles of communication be developed for children with ASD?*
- *What is the role of joint attention in children's communication, social interaction and play?*
- *How might practitioners utilize the Communication Symbolic Behavior Scales to identify strengths and challenges in young children with ASD?*

REQUIRED READINGS:

Clifford, S. M., & Dissanayake, C. (2008). The early development of joint attention in infants with autistic disorder using home video observations and parental interview. *Journal of Autism & Developmental Disorders*, 38 (5), 791-805.

Drew, A., Baird, G., Taylor, E., Milne, E., & Charman, T. (2007). The Social Communication Assessment for Toddlers with Autism (SCATA): An instrument to measure the frequency, form and function of communication in toddlers with autism spectrum disorders. *Journal of Autism & Developmental Disorders*, 37 (4), 648-666.

Murray, D. S., Creaghead, N. A., Manning-Courtney, P., Shera, P. K., Bean, J., & Prendeville, J. (2008). The relationship between joint attention and language in children with autism spectrum disorders. *Focus on Autism & Other Developmental Disabilities*, 23 (1), 5-14.

Prelock, P. A. (2006). Understanding and assessing the communication of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 167-173). Austin, TX: Pro-Ed Publishers. **(required text)**

Sullivan, M., Finelli, J., Marvin, A., Garrett-Mayer, E., Bauman, M., & Landa, R. (2007). Response to joint attention in toddlers at risk for autism spectrum disorder: A prospective study. *Journal of Autism & Developmental Disorders*, 37 (1), 37-48.

Wetherby, A. M., Watt, N., Morgan, L., & Shumway, S. (2007). Social communication profiles of children with autism spectrum disorders late in the second year of life. *Journal of Autism & Developmental Disorders*, 37 (5), 960-975.

RECOMMENDED READINGS:

National Research Council (2001). Development of communication. In *Educating children with autism*. Washington, DC: National Academy Press (Chapter 5, pp. 47-65). **(recommended text)**

Paul, R. (2005). Assessing communication in autism spectrum disorders. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 799-816). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Paul, R., & Sutherland, D. (2005). Enhancing early language in children with autism spectrum disorders. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 382-405). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Tager-Flusberg, H., Paul, R., & Lord, C. (2005). Language and communication in autism. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 335-364). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Toth, K., Munson, J., Meltzoff, A. N., & Dawson, G. (2006). Early predictors of communication development in young children with autism spectrum disorder: Joint attention, imitation and toy play. *Journal of Autism & Developmental Disorders*, 36 (8), 993-1006.

ASSESSMENT TOOLS:

Wetherby, A.M. & Prizant, B. M. (1993). *Communication and Symbolic Behavior Scales*. Chicago, IL: Riverside Press.

Wetherby, A.M. & Prizant, B. M. (2002). *Communication and Symbolic Behavior Scales-Development Profile*. Brookes Publishing.

February 11, 2009 Considerations for the Assessment & Intervention of Play in Children with ASD

Questions to consider:

- *What is the role of play-based assessment in profiling the strengths and challenges of children with ASD?*
- *What is the interaction between play, language, and cognition?*
- *In what situations should play be assessed for children with ASD*

REQUIRED READINGS:

Naber, F. B. A., Bakermans-Kranenburg, M.J., van IJzendoorn, M. H., et al. (2008). Play behavior and attachment in toddlers with autism. *Journal of Autism & Developmental Disorders*, 38 (5), 857-866.

Prelock, P. A. (2006). Understanding and assessing the play of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 221-250). Austin, TX: Pro-Ed Publishers. **(required text)**

Prelock, P. A. (2006). Interventions to support the play of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 459-478). Austin, TX: Pro-Ed Publishers. **(required text)**

Rutherford, M.D., Young, G. S., Hepburn, S., & Rogers, S. J. (2007). A longitudinal study of pretend play in autism. *Journal of Autism & Developmental Disorders*, 37 (6), 1024-1039.

Stanley, G. C., & Konstantareas, M. M. (2007). Symbolic play in children with autism spectrum disorders. *Journal of Autism & Developmental Disorders*, 37 (7), 1215-1223.

RECOMMENDED READINGS:

Corbett E., & Prelock, P. A. (2006). Language play in children with Autism Spectrum Disorder (ASD): Implications for practice. *Seminars in Speech and Language*, 27 (1), 21-31.

Koegel, R. L., Werner, G. A., Vismara, L. A., & Koegel, L. K. (2005). The effectiveness of contextually supported play date interactions between children with autism and typically developing peers. *Research and Practice for Persons with Severe Disabilities*, 30 (2), 93-102.

Lantz, J. F., Nelson, J. M., & Loftin, R. L. (2004). Guiding children with autism in play: Applying the integrated playgroup model in school settings. *Teaching Exceptional Children, 37* (2), 8-15.

Liber, D. B., Frea, W. D., & Symon, J. B. G. (2008). Using time delay to improve social play skills with peers for children with autism. *Journal of Autism & Developmental Disorders, 38* (2), 312-323.

Lifter, K., Ellis, J., Cannon, B., & Anderson, S. R. (2005). Developmental specificity in targeting and teaching play activities to children with pervasive developmental disorders. *Journal of Early Intervention, 27* (4), 247-267.

Rogers, S. J., Cook, I., & Meryl, A. (2005). Imitation and play in autism. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 382-405). Hoboken, NJ: John Wiley & Sons. (**recommended text**)

ASSESSMENT TOOLS:

Linder, T. W. (1993). *Transdisciplinary play-based assessment: A functional approach to working with young children* (revised edition). Baltimore, MD: Paul H. Brookes Publishing.

Westby, C. E. (2000). A scale for assessing development in children's play. In K. Gitlin-Weiner, A. Sandgrun, & C. Schaefer (Eds.), *Play diagnosis and assessment* (pp. 135-163). New York: John Wiley.

Westby, C. E. (1988). Children's play: Reflections of social competence. *Seminars in Speech and Language, 9*, 1-13.

Westby, C. E. (1980). Assessment of cognitive and language abilities through play. *Language, Speech, and Hearing Services in Schools, 11*, 154-168.

February 18, 2009 Understanding the Social-Emotional Development of Children & Adolescents with ASD

Questions to consider:

- *What are the features of social-emotional development in children & adolescents with ASD that compromise their ability to relate?*
- *In what ways can the Functional-Emotional Assessment Scale be used to assess the social-emotional development of children with ASD?*
- *How does information from a social-emotional assessment support the development of goals & intervention strategies for increasing attachment, relating and social interaction?*

REQUIRED READINGS:

Lindner, J. L., & Rosen, L. A. (2006). Decoding of emotion through facial expression, prosody, and verbal content in children and adolescents with Asperger's syndrome. *Journal of Autism & Developmental Disorders* 36 (6), 769-777.

Markova, G., & Legerstee, M. (2008). How infants come to learn about the mind of others. *Zero to Three*, 28 (5), 26-31.

Mazefsky, C. A., & Oswald, D. P. (2007). Emotion perception in Asperger's syndrome and high-functioning autism: The importance of diagnostic criteria and cue intensity. *Journal of Autism & Developmental Disorders*, 37 (6), 1086-1095.

Muller, E., & Schuler, A. (2006). Verbal marking of affect by children with Asperger syndrome and high functioning autism during spontaneous interactions with family members. *Journal of Autism & Developmental Disorders*, 36 (8), 1089-1100.

Prelock, P. A. (2006). Understanding & assessing the social-emotional development of children with ASD. *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 251-301). Austin, TX: Pro-Ed Publishers. **(required text)**

Warren, H. K., Denham, S. A., & Bassett, H. H. (2008). The emotional foundations of social understanding. *Zero to Three*, 28 (5), 32-39.

RECOMMENDED READINGS:

Carter, A. S., Davis, N. O., Klin, A., & Volkmar, F. R. (2005). Social development in autism. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 312-334). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Greenspan, S. I. (2001). The affect diathesis hypothesis: The role of emotions in the core deficit in autism and in the developmental of intelligence and social skills. *The Journal of Developmental and Learning Disorders*, 5 (1), 1-45.

Kasari, C., Chamberlain, B., & Bauminger, N. (2001). Social emotions and social relationships: Can children with autism compensate? In J. A. Burack, T. Charman, N. Yirmiya, & P. R. Zelazo (Eds.), *The development of autism: Perspectives from theory and research* (pp. 309-324). Mahwah, NJ: Lawrence Erlbaum Associates.

National Research Council (2001). Social development. In *Educating children with autism*. Washington, DC: National Academy Press (Chapter 6, pp. 66-81). **(recommended text)**

ASSESSMENT TOOLS:

Greenspan, S. I. (1992). *Infancy and early childhood: The practice of clinical assessment and intervention with emotional and developmental challenges*. Madison, CT: International Universities Press.

Greenspan, S. I., DeGangi, G., & Wieder, S. (2001). *The Functional Emotional Assessment Scale (FEAS) for Infancy and Early Childhood*. Bethesda, MD: Interdisciplinary Council on Developmental and Learning Disorders.

February 25, 2009 Establishing Relationships to Support Children with ASD: Floor Time & Relationship Development Intervention

Questions to consider:

- *How do you tune into a child with ASD?*
- *What is floor time and how is it used to facilitate goals for relating with adults and peers?*
- *What is the evidence for relationship-based interventions?*

REQUIRED READINGS:

Gutstein, S.E., Burgess, A. F., & Montfort, K. (2007). Evaluation of the relationship development intervention program. *Autism, 11* (5), 397-411.

Ingersoll, B., Dvortcsak, A., Whalen, C., & Sikora, D. (2005). The effects of a developmental, social-pragmatic language intervention on rate of expressive language production in young children with ASD. *Focus on Autism and Other Developmental Disabilities, 20* (4) 213-222.

Mahoney, G., & Perales, F. (2003). Using relationship-focused intervention to enhance the social-emotional functioning of young children with autism spectrum disorders. *Topics in Early Childhood Special Education, 23* (2), 77-89.

Prelock, P. A. (2006). Interventions to support the social –emotional needs of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp.479-486). Austin, TX: Pro-Ed Publishers. **(required text)**

RECOMMENDED READINGS:

DeGangi, G. A. & Greenspan, S. I. (1997). The effectiveness of short-term interventions in treatment of inattention and irritability in toddlers. *The Journal of Developmental and Learning Disorders, 1*, 277-298.

Greenspan, S. I. & Wieder, S. (1997). Developmental patterns and outcomes in infants and children with disorders in relating and communicating: A chart review of 200 cases of children with autistic spectrum diagnoses. *Journal of Developmental & Learning Disorders, 1*, 87-141.

Ingersoll, B. (2008). The social role of imitation in autism: Implications for the treatment of imitation deficits. *Infants & Young Children, 21* (2), 107-119.

RESOURCES:

Floortime DVD series (www.floortime.org): 1) The Basics: Relating & Communicating; 2) Sensory Regulation & Social Interaction & Symbolic & Logical Thinking

Greenspan, S. I. & Wieder, S. (1998). *The child with special needs: Encouraging intellectual and emotional growth* (see Chapters 8-12 on 'The Floor Time Approach' (pp. 121-292). Reading, MA: Addison-Wesley.

Greenspan, S., & Wieder, S. (2001). *Floor Time Techniques and the DIR Model: For Children and Families with Special Needs*. Bethesda, MD. ICDL Publications.

Gutstein, S. E. (2000). *Autism/Aspergers: Solving the relationship puzzle*. Arlington, TX: Future Horizons.

Gutstein, S. E., & Sheely, R. K. (2002a). *Relationship development intervention with children, adolescents & adults: Social and emotional development activities for Asperger syndrome, autism, PDD & NLD*. Philadelphia, PA: Jessica Kingsley Publishers.

Gutstein, S. E., & Sheely, R. K. (2002b). *Relationship development intervention with young children: Social and emotional development activities for Asperger syndrome, autism, PDD & NLD*. Philadelphia, PA: Jessica Kingsley Publishers.

March 4, 2009 Relationship Building to Support Children with ASD: SCERTS Model, More Than Words & Joint Attention Training

Questions to consider:

- ◆ *How might the SCERTS model be used to support program planning for children with ASD?*
- ◆ *What strategies can be used to facilitate joint attention?*
- ◆ *How can parents support social communication in children with ASD in the home?*

REQUIRED READING:

McConachie, H., Randle, V., Hammal, D., Le Couteur, A. (2005). A controlled trial of a training course for parents of children with suspected autism spectrum disorder. *Journal of Pediatrics*, 147, 335-340.

Prelock, P. A. (2006). Interventions to support the social –emotional needs of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp.486-539). Austin, TX: Pro-Ed Publishers. **(required text)**

Schertz, H. H., & Odom, S. L. (2007). Promoting joint attention in toddlers with autism: A parent-mediated developmental model. *Journal of Autism and Developmental Disorders*, 37 (8), 1562-1575.

Warreyn, P., Roeyers, H., Van Wetswinkel, U., & De Groote, I. (2007). Temporal coordination of joint attention behavior in preschoolers with autism spectrum disorder. *Journal of Autism & Developmental Disorders*, 37 (3), 501-512.

Whalen, C., Schreibman, L., & Ingersoll, B. (2006). The collateral effects of joint attention training on social initiations, positive affect, imitation, & spontaneous speech for young children with autism. *Journal of Autism & Developmental Disorders* 36 (5), 655-664.

RECOMMENDED READINGS:

Prizant, B. M., & Wetherby, A. M. (2005). Critical issues in enhancing communication abilities for persons with autism spectrum disorders. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 925-945). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Prizant, B.M., Wetherby, A.M., Rubin, E., & Laurent, A. C. (2003). The SCERTS Model: A transactional, family-centered approach to enhancing communication and socio-emotional abilities of children with autism spectrum disorders. *Infants and Young Children*, 16 (4), 296-316.

RESOURCES:

Prizant, B.M., Wetherby, A.M., Rubin, E., Laurent, A. C., & Rydell, P. (2004). *The SCERTS Model: Enhancing communication and socioemotional abilities of children with autism spectrum disorders*. Port Chester, NY: National Professional Resources, Inc.

Prizant, B., Wetherby, A., Rubin, E., and Laurent, A. (November, 2005). *THE SCERTS™ Model Manual: Enhancing Communication and Socioemotional Abilities of Young Children with ASD*. Baltimore, MD: Paul H. Brookes Publishing.

Quill, K. A. (2000). *Do-watch-listen-say: Social and communication intervention for children with autism*. Baltimore, MD: Paul H. Brookes Publishing.

Sussman, F. (1999). *More than words: Helping parents promote communication and social skills in children with autism spectrum disorders*. Toronto, Ontario: A Hanen Centre Publication.

March 11, 2009 NO CLASS Spring Break

March 18, 2009 Understanding the Language, Executive Function & Theory of Mind of Children & Adolescents with Autism & Asperger Syndrome

Questions to consider:

- ***What are the language characteristics of verbal children and adolescents with ASD?***
- ***What is the role of executive function in the social, behavioral and academic experiences of children and adolescents with ASD?***
- ***In what way does theory of mind explain the challenges often reported for children with ASD?***

REQUIRED READINGS:

Chiang, H-M., & Carter, M. (2008). Spontaneity of communication in individuals with autism. *Journal of Autism & Developmental Disorders*, 38 (4), 693-705.

Gabig, C. S. (2008). Verbal working memory and story retelling in school-age children with autism. *Language, Speech & Hearing Services in Schools*, 39 (4), 498-511.

Loth, E., Gomez, J. C., & Happe, F. (2008). Event schemas in autism spectrum disorders: The role of theory of mind and weak central coherence. *Journal of Autism & Developmental Disorders*, 38 (3), 449-463.

Prelock, P. A. (2006). Understanding and assessing the communication of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 174-219). Austin, TX: Pro-Ed Publishers. **(required text)**

Reichow, B., Salamack, S., Paul, R., Volkmar, F. R., & Klin, A. (2008). Pragmatic assessment in autism spectrum disorders: A comparison of a standard measure with parent report. *Communication Disorders Quarterly*, 29 (3), 169-176.

Saalasti, S., Lepisto, T., Toppila, E., Kujala, T., Laakso, M., Nieminen-von Wendt, T., von Wendt, L., & Jansson-Verkasalo, E. (2008). Language abilities of children with Asperger syndrome. *Journal of Autism & Developmental Disorders*, 38 (8), 1574-1580.

RECOMMENDED READINGS:

Abele, E., & Grenier, D. (2005). The language of social communication: Running pragmatics groups in schools and clinical settings. In L. J. Baker, & L. A. Welkowitz (Eds.), *Asperger's syndrome: Intervention in schools, clinics, and communities* (pp. 217-239). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Chiang, H-M., & Lin, Y-H. (2008). Expressive communication of children with autism. *Journal of Autism & Developmental Disorders*, 38 (3), 538-545.

Gevers, C., Clifford, P., Mager, M., & Boer, F. (2006). Brief report: A theory of mind based social cognition training program for school-aged children with PDD: An open study of its effectiveness. *Journal of Autism & Developmental Disorders* 36 (4), 567-571.

Marans, W. D., Rubin, E., Laurent, A. (2005). Addressing social communication skills in individuals with high-functioning autism and Asperger syndrome: Critical priorities in educational programming. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 977-1002). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Tsatanis, K. (2005). Neuropsychological characteristics in autism and related conditions. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 365-381). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

Verte, S., Geurts, H. M., Roeyers, H., Oosterlaan, J., & Sergeant, J. A. (2006). Executive functioning in children with an ASD: Can we differentiate within the spectrum? *Journal of Autism and Developmental Disorders* 36 (3), 351-372.

March 25, 2009 Approaches to Selecting Intervention Strategies and Planning Collaboratively for Serving Children and Adolescents with ASD and their Families

Questions to Consider:

- ◆ *What are best practices in early intervention for children with autism spectrum disorders?*
- ◆ *How do you select intervention strategies that meet a child's goals?*
- ◆ *What are some ways to collaboratively plan for intervention?*
- ◆ *How do you make evidence-based decisions to select interventions?*

REQUIRED READINGS:

Prelock, P. A. (2006). Making intervention decisions to better serve children with ASD and their families. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 347-395). Austin, TX: Pro-Ed Publishers. **(required text)**

Reichow, B., Volkmar, F. R., & Cicchetti, D. V. (2008). Development of the evaluative method for evaluating and determining evidence-based practices in autism. *Journal of Autism & Developmental Disorders*, 38 (7), 1311-1319.

Simpson, R. L. (2005). Evidence-based practices and students with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*, 20 (3), 140-149.

Smith, T., Scahill, L., Dawson, G., Guthrie, D., Lord, C., Odom, S., Rogers, S., & Wagner, A. (2007). Designing research studies on psychosocial interventions in autism. *Journal of Autism & Developmental Disorders*, 37 (2), 354-366.

Wong, H. H. L., & Smith, R. G. (2006). Patterns of complementary and alternative medical therapy use in children diagnosed with ASD. *Journal of Autism & Developmental Disorders* 36 (7), 901-909.

RECOMMENDED READINGS:

Chorpita, B. F., Kim, L. M., Donkervoet, J. C., et al. (2002). Toward large-scale implementation of empirically supported treatments for children: A review and observations by the Hawaii empirical basis to services task force. *Clinical Psychology: Science & Practice*, 9 (2)165-190.

Harris, S. L., Handleman, J. S., & Jennett, H. K. (2005). Models of educational intervention for students with autism: Home, center and school-based programming. In F. R. Volkmar, R. Paul, D. Cohen & A. Klin, *Handbook of autism and pervasive developmental disorders-3rd edition* (pp. 1043-1054). Hoboken, NJ: John Wiley & Sons. **(recommended text)**

National Research Council (2001). Social development. In *Educating children with autism*. Washington, DC: National Academy Press (Chapter 11, pp. 133-139). **(recommended text)**

National Research Council (2001). Social development. In *Educating children with autism*. Washington, DC: National Academy Press (Chapter 12, pp. 140-172). **(recommended text)**

Romanczyk, R. G., & Gillis, J. M. (2005). Treatment approaches for autism: Evaluating options and making informed choices. In D. Zager (Ed.), *Autism spectrum disorders: Identification, education, and treatment—3rd edition* (pp. 515-535). Mahwah, NJ: Lawrence Erlbaum Associates.

April 1, 2009 The Picture Exchange Communication System & the Use of other Visual & AAC Strategies to Facilitate Communication in Children & Adolescents with ASD

Questions to consider:

- ◆ *How does the Picture Exchange Communication system (PECS) work?*
- ◆ *Who might benefit from the use of PECS?*
- ◆ *What other visual supports should be provided to children & adolescents with ASD?*
- ◆ *What other AAC strategies are effective to support communication in individuals with ASD?*

REQUIRED READINGS:

Carr, D., & Felce, J. (2007). The effects of PECS teaching to Phase III on the communicative interactions between children with autism and their teachers. *Journal of Autism & Developmental Disorders*, 37 (4), 724-737.

Ganz, J. B., & Flores, M. M. (2008). Effects of the use of visual strategies in play groups for children with autism spectrum disorders and their peers. *Journal of Autism & Developmental Disorders*, 38(5), 926-940.

Prelock, P. A. (2006). Interventions to support the communication of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 397-407). Austin, TX: Pro-Ed Publishers. **(required text)**

Schlosser, R. W., & Wendt, O. (2008). Effects of augmentative and alternative communication intervention on speech production in children with autism: A systematic review. *American Journal of Speech-Language Pathology*, 17 (3), 212-230.

Spencer, T. D., Petersen, D. B., & Gillam, S. L. (2008). Picture exchange communication system (PECS) or sign language: An evidence-based decision-making example. *Teaching Exceptional Children*, 41 (2), 40-47.

RECOMMENDED READINGS:

Charlop-Christy, M. H., Carpenter, M., Le., L., LeBlanc, L. A., & Kellet, K. (2002). Using the Picture Exchange Communication System (PECS) with children with autism: Assessment of PECS acquisition, speech, social-communicative behavior, and problem behavior. *Journal of Applied Behavior Analysis*, 35, 213-231.

Ganz, J. B., & Simpson, R. L. (2004). Effects on communicative requesting and speech development of the Picture Exchange Communication System in children with characteristics of autism. *Journal of Autism & Developmental Disorders*, 34 (4), 395-409.

Kravits, T. R., Kamps, D. M., Kemmerer, K., & Potucek, J., (2002). Increasing communication skills for an elementary-aged student with autism using the Picture Exchange Communication System. *Journal of Autism and Developmental Disorders*, 32, (3) 225-230.

Tincani, M. (2004). Comparing the Picture Exchange Communication System and sign language training for children with autism. *Focus on Autism and Other Developmental Disabilities*, 19 (3), 152-163.

RESOURCES:

Frost, L. A., & Bondy, A. S., (2002). *The Picture Exchange Communication System Training Manual* (2nd edition). Newark, DE: Pyramid Educational Products, Inc.

Hodgdon, L. A. (1998). *Visual strategies for improving communication*. Troy, MI: Quirk Roberts Publishing.

April 8, 2009 Other Interventions to Support Language & Social Communication in Children with ASD: Prelinguistic & Enhanced Milieu Teaching, Minimal Speech Approach, Time Delay, & Video Modeling

Questions to consider:

- ◆ *In what ways can practitioners enhance the language & social communication of children with ASD?*
- ◆ *How can Video Modeling support the social communication needs of children with ASD?*

REQUIRED READINGS:

Goldstein, H. (2002). Communication intervention for children with autism: A review of treatment efficacy. *Journal of Autism & Developmental Disorders*, 32 (5), 373-396.

Kashinath, S., Woods, J., & Goldstein, H. (2006). Enhancing generalized teaching strategy use in daily routines by parents of children with autism. *Journal of Speech, Language & Hearing Research* 49 (3), 466-485.

Nikopoulos, C. K., & Keenan, M. (2007). Using video modeling to teach complex social sequences to children with autism. *Journal of Autism & Developmental Disorders*, 37 (4), 678-693.

Ogletree, B. T. (2007). What makes communication intervention successful with children with autism spectrum disorders? *Focus on Autism and Other Developmental Disabilities*, 22 (3), 190-192.

Prelock, P. A. (2006). Interventions to support the communication of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 407-458). Austin, TX: Pro-Ed Publishers. **(required text)**

Walker, G. (2008). Constant and progressive time delay procedures for teaching children with autism: A literature review. *Journal of Autism and Developmental Disorders*, 38 (2), 261-275.

RECOMMENDED READINGS:

Charlop-Christy, M. H., & Daneshvar, S. (2003). Using Video Modeling to Teach Perspective Taking to Children with Autism. *Journal of Positive Behavior Interventions*, 5 (1), 12-21.

Delprato, D. J. (2001). Comparisons of discrete-trial and normalized behavioral language intervention for young children with autism. *Journal of Autism and Developmental Disorders*, 31 (3), 315-325.

Ducker, P., Didden, R. & Sigafos, J. (2004). Single-component response training: Prompting sequences. In *One-to-one training: Instructional procedures for learners with developmental disabilities* (1-32). Austin, TX: Pro-Ed.

Graetz, J. E., Mastropieri, M. A., & Scruggs, T. E. (2006). Show time: Using video self-modeling to decrease inappropriate behavior. *Teaching Exceptional Children*, 38 (5), 43-48.

Grela, B. G., & McLaughlin, K. S. (2006). Focused stimulation for a child with ASD: A treatment study. *Journal of Autism and Developmental Disorders* 36 (6), 753-756.

RESOURCE:

Potter, C. & Whittaker, C. (2001). *Enabling communication in children w/ autism*. Philadelphia, PA: Jessica Kingsley Press.

April 15, 2009 Scripting for Language Learning & Creating Social Stories & Comic Strip Conversations to Support Children and Adolescents with ASD

Questions to consider:

- *How do you support language learning through scripted intervention?*
- *What are social stories and how can they help support a child/ adolescent's ability to recognize and respond to social cues & routines?*
- *How might comic strip conversations support the perspective taking of children & adolescents with ASD?*

- ***What is the impact of social skills interventions for children & adolescents with ASD?***

REQUIRED READINGS:

Ganz, J. B., Kaylor, M., Bourgeois, B., & Hadden, K. (2008). The impact of social scripts and visual cues on verbal communication in three children with autism spectrum disorders. *Focus on Autism & Other Developmental Disabilities, 23* (2), 79-94.

Hutchins, T. J. & Prelock, P. A. (2006). Using social stories and comic strip conversations to promote socially valid outcomes for children with autism. *Seminars in Speech and Language, 27* (1), 47-59.

Prelock, P. A. (2006). Interventions to support the social-emotional needs of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention*. Austin, TX: Pro-Ed Publishers. pp. 511-539 (**required text**)

Rao, P. A., Beidel, D. C., & Murray, M. J. (2008). Social skills interventions for children with Asperger's syndrome or high-functioning autism: A review and recommendations. *Journal of Autism & Developmental Disorders, 38*(2), 353-361.

Reynhout, G., & Carter, M. (2006). Social stories for children with disabilities. *Journal of Autism & Developmental Disorders 36* (4), 445-469.

White, S. W., Keonig, K., & Scahill, L. (2007). Social skills development in children with autism spectrum disorders: A review of the intervention research. *Journal of Autism & Developmental Disorders, 37* (10), 1858-1868.

RECOMMENDED READINGS:

Adams, L., Gouvousis, A., VanLue, M., & Waldron, C. (2004). Social story intervention: Improving communication skills in a child with an autism spectrum disorder. *Focus on Autism and Other Developmental Disabilities, 19* (2), 87-94.

Crozier, S., & Tincani, M. J. (2005). Using a modified social story to decrease disruptive behavior of a child with autism. *Focus on Autism and Other Developmental Disabilities, 20* (3), 150-157.

Parsons, L. D. (2006). Using video to teach social skills to secondary students with autism. *Teaching Exceptional Children, 39* (2), 32-38.

Thieman, K. S., & Goldstein, H. (2001). Social stories, written text cues, and video feedback: Effects on social communication of children with autism. *Journal of Applied Behavior Analysis, 34*, 425-446.

Tse, J., Strulovitch, J., Tagalakis, V., Meng, L., & Fombonne, E. (2007). Social skills training for adolescents with Asperger syndrome & high-functioning autism. *Journal of Autism & Developmental Disorders, 37* (10), 1960-1968.

RESOURCES:

Gray, C. (1994). *The new social story book*. Jenison, MI: Jenison Public Schools.

Gray, C. (1993). *The original social story book*. Jenison, MI: Jenison Public Schools.

Gray, C. (1995). *Social stories and comic strip conversations: Unique methods to improve social understanding*. Jenison MI: Jenison Public Schools.

Gray, C. (1994). *Comic strip conversations*. Jenison, MI: Jenison Public Schools.

April 22, 2009 Strategies for Inclusive Practice: Priming, Pivotal Response Training, Self-Management Strategies

Questions to consider:

- ◆ *What are the advantages & challenges of a natural language paradigm for supporting the interactions of children & adolescents with ASD?*
- ◆ *In what ways can the interactions of children & adolescents with ASD be facilitated through Pivotal Response Training?*
- ◆ *How is priming and self-management used to support students with ASD in the inclusive classroom?*

REQUIRED READINGS:

Hart, J. E., & Whalon, K. J. (2008). Promote academic engagement and communication of students with autism spectrum disorder in inclusive settings. *Intervention in School and Clinic*, 44 (2), 116-120.

Lee, S-H., Simpson, R. L., & Shogren, K. A. (2007). Effects and implications of self-management for students with autism: A meta-analysis. *Focus on Autism and Other Developmental Disabilities*, 22(1), 2-13.

Prelock, P. A. (2006). Inclusionary practice for children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 573-601). Austin, TX: Pro-Ed Publishers. **(required text)**

Prelock, P. A. (2006). Interventions to support the social-emotional needs of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 506-510). Austin, TX: Pro-Ed Publishers. **(required text)**

RECOMMENDED READINGS:

Harrower, J. K., & Dunlap, G. (2001). Including children with autism in general education classrooms: A review of effective strategies. *Behavior Modification*, 25 (5), 762-784.

Koegel, L.K., Carter, C. M., & Koegel, R. L. (2003). Teaching children with autism self initiations as a pivotal response. *Topics in Language Disorders*, 23 (2), 134-145.

Koegel, L. K., Koegel, R. L., Frea, W., & Green-Hopkins, I. (2003). Priming as a method of coordinating educational services for students with autism. *Language, Speech, and Hearing Services in Schools*, 34 (3), 228-235.

Simpson, R. L., de Boer-Ott, S. R., & Smith-Myles, B. (2003). Inclusion of learners with autism spectrum disorders in general education settings. *Topics in Language Disorders*, 23 (2), 116-133.

RESOURCE:

Koegel, R. L., & Koegel, L. K. (2006). *Pivotal response treatments for autism: Communication, social & academic development*. Baltimore, MD: Brookes.

April 29, 2009 Using Peer Mediated Interventions to Enhance the Social Interactions of Children & Adolescents with ASD

Questions to consider:

- ◆ *What is the role of peer-mediated intervention in meeting the social interaction needs of children & adolescents with ASD?*
- ◆ *What is the role of the adult in facilitating interactions among children with ASD and their typical peers?*
- ◆ *What strategies have been used to support the social interaction and friendship building between children with ASD & their typical peers?*

REQUIRED READINGS:

Kohler, F. W., Greteman C., Raschke, D., & Highnam, C. (2007). Using a buddy skills package to increase the social interactions between a preschooler with autism and her peers. *Topics in Early Childhood Special Education*, 27 (3), 155-163.

Owen-DeSchryver, J. S., Carr, E. G., Cale, S. I., & Blakeley-Smith, A. (2008). Promoting social interactions between students with autism spectrum disorders and their peers in inclusive school settings. *Focus on Autism & Other Developmental Disabilities*, 23 (1), 15-28.

Prelock, P. A. (2006). Interventions to support the social-emotional needs of children with ASD. In *Autism Spectrum Disorders: Issues in Assessment & Intervention* (pp. 496-506). Austin, TX: Pro-Ed Publishers. **(required text)**

Prendeville, J., Prelock, P. A., & Unwin, G. (2006). Peer play interventions to support the social competence of children with Autism Spectrum Disorders (ASD). *Seminars in Speech and Language*, 27 (1), 32-46.

Webb, B.J., Miller, S. P., Pierce, T. B., Strawser, S., & Jones, W. P. (2004). Effects of social skill instruction for high-functioning adolescents with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 19* (1), 53-62.

RECOMMENDED READINGS:

Bauminger, N. (2002). The facilitation of social-emotional understanding and social interaction in high-functioning children with autism: Intervention outcomes. *Journal of Autism and Developmental Disorders, 32* (4), 283-298.

DiSalvo, C. A., & Oswald, D. P. (2002). Peer-mediated interventions to increase the social interaction of children with autism: Consideration of peer expectancies. *Focus on Autism and Other Developmental Disabilities, 17* (4), 198-207.

Kamps, D., Royer, J., Dugan, E., Kravits, T., Gonzalez-Lopez, A., Garcia, J., Carnazzo, K., Morrison, L., & Kane, L. G. (2002). Peer training to facilitate social interaction for elementary students with autism and their peers. *Exceptional Children, 68* (2), 173-188).

Krasny, L., Williams, B.J., Provencal, S., & Ozonoff, S. (2003). Social skills interventions for the autism spectrum: Essential ingredients and a model curriculum. *Child and Adolescent Psychiatric Clinics in North America, 12*, 107-122.

Thiemann, K. S., & Goldstein, H. (2004). Effects of peer training and written text cueing on social communication of school-age children with pervasive developmental disorder. *Journal of Speech, Language & Hearing Research, 47*, (1) 126-144.

STUDENTS ARE REMINDED OF THE UNIVERSITY OF VERMONT'S COMMON GROUND FOR BEHAVIOR AS A STUDENT IN A COMMUNITY OF LEARNERS

Our Common Ground

The University of Vermont is an educationally purposeful community seeking to prepare students to live in a diverse and changing world. We who work, live, study, teach, do research, conduct business or participate in the University of Vermont are members of this community. As members, we believe in the transforming power of education and agree to help create and foster an environment where we can discover and reach our true potential.

We aspire to be a community that values:

- **Respect:** We respect each other. We listen to each other, encourage each other and care about each other. We are strengthened by our diverse perspectives.
- **Integrity:** We value fairness, straightforward conduct, adherence to the facts and sincerity. We acknowledge when things have not turned out the way we had hoped. As stewards of the University of Vermont, we are honest and ethical in all responsibilities entrusted to us.
- **Innovation:** We want to be at the forefront of change and believe that the best way to lead is to learn from our successes and mistakes and continue to grow. We are forward-looking and break new ground in addressing important community and societal needs.
- **Openness:** We encourage the open exchange of information and ideas from all quarters of the community. We believe that through collaboration and participation, each of us has an important role in determining the direction and well-being of our community.
- **Justice:** As a just community, we unite against all forms of injustice, including, but not limited to, racism. We reject bigotry, oppression, degradation and harassment, and we challenge injustice toward any member of our community.
- **Responsibility:** We are personally and collectively responsible for our words and deeds. We stand together to uphold our common ground.

As part of the Unit Faculty for the University of Vermont that prepares speech-language pathologists as educators in school settings, the following conceptual framework is shared across educators at UVM to ensure quality learning and teaching:

Conceptual Framework
“The heart and mind of programs”

Unit faculty at the University of Vermont aspire to prepare a committed reflective practitioner, instructional leader and change agent, collaborating with other professionals to make a positive difference in schools and in the lives of all learners.

Through Reflective learning and practice, the UVM prepared educator is grounded in . . .

Constructivism

Knowledge is socially constructed through dialogue and community-based practice (constructivism).



Collaboration

Teachers and other school professionals work collaboratively to problem-solve with stakeholders (collaboration, inter-professional practice, reflective practice, excellence).

Human development & empowerment

Education facilitates development of human potential (developmentally appropriate practice, strengths perspective, empowerment).

Inclusion

All students can learn and have value in their communities (inclusion).

Multiculturalism/culturally responsible pedagogy

Learning communities demonstrate respect for and honor diversity; pursue knowledge and affirmation of our diverse cultures (multiculturalism, culturally responsive pedagogy, equity).

Equity & justice

Education should advance social justice and democracy (equity).

. . . and meets these standards - KSD Standards for Beginning Teachers and Others School Professionals in Initial Programs

- Demonstrates content knowledge and skills
- Understands learners and differences
- Understands learning
- Translates curriculum into instruction
- Creates equitable, inclusive learning environments
- Assesses student learning
- Practices culturally responsive pedagogy
- Demonstrates collaborative and interpersonal skills
- Engages in reflective practice
- Integrates technology
- Acts consistently with the belief that all students can learn?
- Engages in self-directed learning and professional development for growth

Faculty beliefs have shaped their professional commitments that are expressed in Outcome Statements for Candidates.

The professional educator in **initial** preparation programs at The University of Vermont.

1. Knows content/subject matter, understands connectedness with other disciplines, and translates curriculum into materials and instructional strategies appropriate for subject matter and learners. (Critical Thinker)
2. Understands all learners as individuals, in the context of families and social groups, and uses standard's based instruction to create equitable safe and supportive learning environments that promote acceptance and belonging. (Problem Solver)
3. Understands learning and ways of evaluating and enhancing it, including through the application of technology. (Instructional Leader)
4. Knows social, cultural, historical, legal and philosophical context of schools in a democracy and practices equitable and culturally responsive pedagogy appropriate for subject matter and learners. (Reflective Practitioner)
5. Can create inclusive learning environments which meet diverse learning needs, incorporate and reflect all learners' experiences, and facilitate students' learning, including about their own biases and understandings. (Reflective Practitioner/Change Agent)
6. Demonstrates effective collaborative and interpersonal skills in problem-solving with students, families, colleagues and related professionals. (Inter-professional Practitioner)
7. Engages in professional development and continually examines own assumptions, beliefs and values. (Reflective Practitioner)
8. Demonstrates the belief that all students can learn and that they can take responsibility for their own learning; demonstrates high expectations for all students and takes responsibility for helping them aspire to high levels of learning. (Student Advocate)

JOURNAL ARTICLE REVIEW FORMAT
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

TITLE & AUTHOR OF ARTICLE/CHAPTER REVIEWED:

1. In what way does this information expand your knowledge regarding the *assessment or intervention* process for children or adolescents with ASD and their families, specifically related to *receptive expressive language (1 pt.)*, *cognitive communication (1 pt.)*, *social aspects of communication(1 pt.)* & *communication modalities (1 pt.)* **(Total=>4 points)**

2. Based on your current views of children and adolescents with ASD, describe how the information you read supports or refutes your beliefs and practices regarding *receptive expressive language (1 pt.)*, *cognitive communication (1 pt.)*, *social aspects of communication (1 pt.)* & *communication modalities (1pt.)* **(Total=>4 points)**

3. Explain how you will apply the knowledge you gained from reading the article as you collaborate with team members (which includes families) to support the needs of children and adolescents with ASD specifically related to *receptive expressive language (1pt.)*, *cognitive communication (1 pt.)*, *social aspects of communication (1 pt.)* & *communication modalities(1 pt.)* (you may relate your application to a specific child or adolescent with a diagnosis of ASD if you wish) **(Total=>4 points)**

TOTAL POINTS: ___/12 points

ADDITIONAL COMMENTS:

BOOK REVIEW FORMAT
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

TITLE & AUTHOR OF BOOK REVIEWED:

1. Description of the characteristics, including *physiological, psychological, developmental, linguistic & cultural correlates (4 pts.)* as well as *receptive & expressive language, cognitive communication, social aspects of communication & communication modalities (4 pts.)*, of the individual with autism who either writes the story or whom the story is written about **(Total=>8 points)**

2. Explanation of the services and *models of intervention* the individual with autism and their family received *(4 pts.)* and how effective these services were perceived *(4 pts.)* **(Total=>8 points)**

2. Reflection on the most important thing you learned while reading the book which is likely to change your *practice* for children or adolescents with ASD & their families *(4 pts.)* and how you will implement this new insight into your practice *(4 pts.)* **(Total=>8 points)**

TOTAL POINTS: ___/24 points

ADDITIONAL COMMENTS:

INTERVENTION REVIEW FORMAT
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

TYPE OF INTERVENTION REVIEWED: _____

1. Description of the intervention (*4 pts.*), including strengths and weaknesses (*4 pts.*), with reference(s) cited (*2 pts.*) **(Total=>10 points)**

2. Critical review of the perceived effectiveness of the intervention (*8 pts.*), with references to support the evaluation of effectiveness (*2 pts.*) **(Total=>10 points)**

3. Specific profile of a child with ASD who might respond best to this intervention (*5 pts.*) with an explanation of why (*5 pts.*) **(Total=>10 points)**

4. Questions you would pose to help families and other team members decide whether or not this intervention method is appropriate for a child with ASD **(Total=>5 points)**

5. Comprehensive reference list of all literature cited--follow APA style, 5th edition **(Total=>5 points)**

TOTAL POINTS: ___/40 points

ADDITIONAL COMMENTS:

ASSESSMENT PROTOCOL REVIEW FORMAT
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

1. Included ways to assess a child's *strengths & challenges* in the areas of communication (5 pts.), social interaction (5 pts.), and play (5 pts.) (**Total=>15 points**)

2. Included an assessment of the child/adolescent's home and school community, including ecomaps (5 pts.) as well as the supports that are available for the child/adolescent and family (5 pts.), and the particular challenges to be faced considering the unique assessment profile attained (5 pts.) (**Total=>15 points**)

3. Included goals team members have developed for intervention based on the interdisciplinary assessment (**Total=>5 points**)

4. Provided a series of key questions team members might pose for evaluating the effectiveness of an intervention program proposed from the assessment results (**Total=>5 points**)

TOTAL: _____ (40 points)

ADDITIONAL COMMENTS:

EVALUATION OF INTERVENTION EFFECTIVENESS FORMAT
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

1. Identified the specific goals or valued outcomes for the child & family (**Total=>10 pts.**)

2. Described the intervention strategies selected to achieve the stated goals/outcomes (*5 pts.*), justifying their selection through literature support as well as the assessment data (*5 pts.*) available prior to the decision for selecting particular strategies (**Total=>10 pts.**)

3. Submitted evidence of the effective implementation of the intervention through videotape clips (*4 pts.*), samples of daily logs or home/school journals (*3 pts.*) and data collection sheets (*3 pts.*), which provided evidence of the child moving closer to and demonstrating a valued outcome or goal (**Total=>10 pts.**)

4. Provided a summary of the process used to re-evaluate the child's performance over time (*2 pts.*) and adjustments made in the intervention strategies being implemented (*2 pts.*), explaining why; also include the joys & frustrations experienced while implementing intervention (*2 pts.*) and recommendations on how other teams serving children with ASD and their families might work to support a child's goal achievement (*4 pts.*) (**Total =>10 pts.**)

TOTAL POINTS: ___/40 points

ADDITIONAL COMMENTS:

EVALUATION OF TRANSITION PLAN FORMAT
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

1. A description of the child with ASD and the child's family, including strengths and challenges (*5pts.*); & identified goals across the areas of play, communication, social interaction, sensory-motor development and behavior (*5 pts.*) **(Total=>10 points)**

2. A summary of strategies effectively used in the classroom, which supported the achievement of the child's goals (*5 pts.*), including an explanation of some innovative ways this information could be shared with the receiving school (*5 pts.*) (students are encouraged to submit samples of videotapes of strategy implementation in the classroom, communication tools, etc.)**(Total=>10 points)**

3. An outline of the scope and sequence of the activities (*6 pts.*) that will be implemented through the transition process, including a timeline of events (*4 pts.*) **(Total=>10 pts.)**

4. A process for following-up on the transition (*5 pts.*) and for evaluating the effectiveness of the transition plan with suggestions for needed modifications (*5 pts.*) **(Total=>10 pts.)**

TOTAL POINTS: ___/40 points

ADDITIONAL COMMENTS:

EVALUATION OF ANNOTATED BIBLIOGRAPHY
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

TOPIC AREA FOR LITERATURE REVIEW: _____

1. Description of the comprehensive literature search process including key words used (1 pt.), data bases searched (1 pt.), a listing of the resulting articles (1 pt.), & a complete APA reference for the 12 articles selected to review (1 pt.); Total=>4 points

2. Discuss (1 pt.), Interpret (1 pt.) & Evaluate (1 pt.) each of the 12 research articles selected; Total=>36 points

TOTAL POINTS: _____ (40 pts.)

ADDITIONAL COMMENTS:

EVALUATION OF TRAINING MODULE
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

SCREENING TOOL: _____

1. Summary of the tool & its psychometric properties (10 pts.)

2. Explanation of its use & value as a screening tool for discriminating children with and without autism (5 pts.)

3. Instructions on administration & scoring (5 pts.)

4. Hypothetical case examples, creating one profile for a child likely to have autism and one profile for a child unlikely to have autism (10 pts.)

5. Five test questions (with multiple choice answers & a rationale provided for the correct answer) to assess the learner's understanding of the screening tool (10 pts.)

TOTAL POINTS: _____ (40 pts.)

ADDITIONAL COMMENTS:

EVALUATION OF PARENT TRAINING IN JOINT ATTENTION
(CMSI 299 Seminar in Autism Spectrum Disorders)

NAME: _____

DATE: _____

1. Description of joint attention (including response to and initiation of), highlighting the importance of joint attention to play, social communication and perspective taking with appropriate literature citations. (10 pts.)

2. Summary of the current literature on the evidence for joint attention training as a valuable intervention for children with ASD. (10 pts.)

3. Development & demonstration of family-friendly procedures to facilitate joint attention in young children with ASD. (10 pts.)

4. Practice activities to implement joint attention with a child in the home setting & strategies to problem solve challenges (6 pts.)

5. Ways to keep data on progress & determine intervention success (4 pts.)

TOTAL POINTS: _____ (40 pts.)

ADDITIONAL COMMENTS:

Books Written By Families &/or Individuals with ASD

Andron, L. (2001). *Our journey through high functioning autism and Asperger syndrome*. Philadelphia, PA: Jessica Kingsley Publishers.

Barron, J. & Barron, S. (2002). *There's a boy in here: Emerging from the bonds of autism*. Arlington, TX: Future Horizons.

Birch, J. (2002). *Congratulations! It's Asperger syndrome*. NY: Jessica Kingsley Publishers.

Collins, P. *Not Even Wrong—Adventure in Autism*. http://www.amazon.com/Not-Even-Wrong-Adventures-Autism/dp/1582343675/sr=8-3/qid=1170616775/ref=sr_1_3/103-9560373-7514209?ie=UTF8&s=books

Davis, B. & Schunick, W. G. (2001). *Breaking Autism's barriers: A father's story*. Philadelphia, PA: Jessica Kingsley Publishers.

Downey, M. K. & Downey, K. (2002). *The people in a girl's life: How to find them, better understand them and keep them*. Philadelphia, PA: Jessica Kingsley Publishers.

Fleisher, M. (2003). *Making sense of the unfeasible: My life journey with Asperger Syndrome*. NY: Jessica Kingsley Publishers

Fling, E. R. (2000). *Eating an artichoke: A mother's perspective on Asperger syndrome*. Philadelphia, PA: Jessica Kingsley Publishers.

Freedman, J. L. (2007). *Unstrange Minds: Remapping the world of autism*. Basic Books.

Gilpin, W. (2002). *Much more . . . laughing and loving with autism*. Arlington, TX: Future Horizons.

Grandin, T. (1986). *Emergence: Labeled Autistic*. Norvato, CA: Arena Press.

Grandin, T. (1995). *Thinking in Pictures and Other Reports From my Life With Autism*. NY: Bantam Doubleday Dell Publishing.

Hall, K. (2000). *Asperger syndrome, the universe and everything*. Philadelphia, PA: Jessica Kingsley Publishers.

Hart, C. (1989). *Without reason: A family copes with two generations of autism*. NY: Harper & Row Publishers.

Hoopmann, K. (2000). *Blue bottle mystery: An Asperger adventure*. Philadelphia, PA: Jessica Kingsley Publishers.

- Hoopmann, K. (2002). *Lisa and the lacemaker: An Asperger adventure*. Philadelphia, PA: Jessica Kingsley Publishers.
- Hoopmann, K. (2001). *Of mice and aliens: An Asperger adventure*. Philadelphia, PA: Jessica Kingsley Publishers.
- Johnson, C. & Crowder, J. (1994). *Autism: From tragedy to triumph*. Boston, MA: Branden Books.
- Kaufman, B.N. (1994). *Son rise: The miracle continues*. Tiburon, CA: H.J. Kramer, Inc.
- Kephart, B. (1998). *A slant of sun*. NY: W.W. Norton & Company.
- Lawson, W. (2001). *Understanding and working with the spectrum of autism: An insider's view*. Philadelphia, PA: Jessica Kingsley Publishers.
- Ledgin, N. (2002). *Asperger's and self-esteem: Insight and hope through famous role models*. Arlington, TX: Future Horizons.
- Leonard-Toomey, P. (Ed.) (1997). *In our words: Stories by brothers and sisters of children with autism & PDD*. Fall River, MA: Adsum, Inc.
- Martin, E. P. (1999). *Dear Charlie: A guide for living your life with autism—a grandfather's love letter*. Arlington, TX: Future Horizons.
- Maurice, C. (1993). *Let me Hear your Voice: A family's triumph over autism*. Austin, TX: Pro-Ed.
- McCabe, P., McCabe, E., & McCabe, J. (2002). *Living and loving with Asperger syndrome: Family viewpoints*. NY: Jessica Kingsley Publishers.
- Mesner, A. W. (1996). *Captain Tommy*. Stratham, NH: Potential Unlimited Publishing,
- Meyers, D. J.(Ed.) (1995). *Uncommon Fathers Reflections on Raising a Child with a Disability*. Bethesda, MD: Woodbine.
- Meyers, D. J. (Ed.) (1997). *Views from our shoes: Growing up with a brother or sister with special needs*. Bethesda, MD: Woodbine House.
- Mont, D. (2002). *A different kind of boy: A father's memoir about raising a gifted child with autism*. Philadelphia, PA: Jessica Kingsley Publishers.
- Morse, D., Gayhardt, V., & Wallace, R. S. (1998). *At home with autism: Three families' stories*. Stratham, NH: Potential Unlimited Publishing.

- Mukhopadhyay, T. R. (2003). *The mind tree: A miraculous child breaks the silence of autism*. NY: Arcade Publishing.
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See Blackboard for additional personal account book summaries.

NOTE: Other books and resources in autism are also included on the BB site under course materials: Resources folder.

Definitions of terms used in preparation for answering the questions in your assignments

Terms for Article Reviews

COGNITIVE COMMUNICATION=>generally refers to attention, working memory, organizational skills, problem-solving; overall the thinking skills involved in communicating, learning and interacting

"Cognition comprises of thinking skills such as; attention, memory, orientation, and higher level executive functions such as; reasoning, problem solving, planning and decision making. Characteristics associated with cognitive-communication impairments include:

- Confusion and disorientation
- Confused language
- Poor concentration
- Inability to maintain topic of conversation
- Reduced recognition of people and places
- Trouble learning new tasks or motor activities, such as operating a remote control or following voice messaging instructions
- Inappropriate behavior
- Confabulation
- Lack of awareness of difficulties"
- Lack of cohesive organization of thoughts & topics

Retrieved from: www.speechlanguagelearning.com/cog.html

SOCIAL ASPECTS OF COMMUNICATION=>ability to engage in reciprocal (back-and-forth) communication or conversation; understanding & using social conventions; turn-taking; appropriate use of gestures, eye contact, body posture and facial expression in social situations; initiating, sustaining and terminating topics of conversation appropriately; etc.

Some challenges in social aspects of communication might include:

- Non-typical social behaviors which affect a person's ability to participate in a conversation
- Maintaining somebody else's topic of conversation
- Atypical interest in or perseveration on a chosen topic
- Limited awareness of the breakdowns in communication & the effect those breakdowns might have on a listener

COMMUNICATION MODALITIES=>are WAYS in which communication is transferred from one partner to another; verbal communication is a modality - as is gestural and written communication. Sign language is a modality that uses gestures to communicate. Picture exchanges, used for communicative purposes, are a modality. There are many augmentative or alternative forms of communication, and these are all modes; "talkers" that use

synthesized speech, "talking" picture boards, etc. – are all modes of communication. So if you have a child with autism who is verbal, their communication modality is verbal. If they use sign language or picture exchange that would be their communication modality. Any way that a thought or idea is coded into symbols, exchanged with another person, and decoded so a response can be formulated is a communication modality.

RECEPTIVE LANGUAGE=>understanding spoken, written and/or gestural language use; relates to listening and comprehending oral, written and/or gestural communication

EXPRESSIVE LANGUAGE=>using spoken, written and/or gestural language; relates to the sounds, words, sentences and discourse involved in speaking and/or writing & other communication systems used to communicate a message

Terms for Book Review

PHYSIOLOGICAL, PSYCHOLOGICAL, DEVELOPMENTAL, LINGUISTIC & CULTURAL CORRELATES=>

What this refers to is was there any explanation or discussion by the individual or family member about *physiological* differences in their child like seizures, metabolic, medical management issues; *psychological* issues would be any identified learning challenges or social-emotional difficulties; *developmentally* was there any report of delays in development across any of the domains of learning such as motor, self help, social-emotional, etc.; *linguistic features* would be what does the individual's language look like and how is that the same or different than you might expect for an individual with ASD vs. an individual who is neurotypical; and lastly, *cultural*--was there any discussion of the family's cultural including their values and beliefs that may have impacted their perspective on ASD and services sought. So, these are just aspects of functions that may be discussed that you see as potentially connecting to what you are learning in class and how they may have been demonstrated or revealed in the life of this individual with ASD.

Critical Review Form
Quantitative Studies

REFERENCE:

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<p>STUDY PURPOSE: Was the purpose stated clearly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Outline the purpose of the study (i.e., study objective or aim):</p>
<p>LITERATURE: Was relevant background literature reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe the justification of the need for this study (3-4 key points) ⇒</p>
<p>DESIGN: <input type="checkbox"/> randomized <input type="checkbox"/> cohort (population -based) <input type="checkbox"/> before and after <input type="checkbox"/> case-control <input type="checkbox"/> cross-sectional (1+ group at 1 point in time) <input type="checkbox"/> single case design <input type="checkbox"/> case study</p>	<p>Describe the study design:</p> <hr/> <p>Can the author answer the study question with the study design?</p> <hr/> <p>Were the design and/or method used introducing biases. If so describe:</p>
<p>SAMPLE SIZE: N = Was sample size justified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Was Power Discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Sample Description (e.g., age, gender, diagnosis, other characteristics)</p> <hr/> <p>How was sample identified? Was it a representative sample?</p> <hr/> <p>If there were more than one group, was there similarity and differences between the groups? Describe:</p> <hr/> <p>Was informed consent and assent obtained?</p>

OUTCOMES:

Specify the frequency of outcome measurement (i.e., pre, post, follow-up):								
Outcome areas (e.g., self care, productivity)	List measures used (e.g., Sensory Profile, VMI) ⇒	Reliable and Valid? ⇒						
INTERVENTION: Intervention was described in detail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not addressed Contamination was avoided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not addressed	Provide a short description of the intervention including type of intervention, who delivered it, how often and in what setting.							
RESULTS: Results were reported in terms of statistical significance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Not addressed	What were the results? <table border="0"> <thead> <tr> <th>Outcomes</th> <th>Results</th> <th>Statistical Significance</th> </tr> </thead> <tbody> <tr> <td>⇒</td> <td>⇒</td> <td>⇒</td> </tr> </tbody> </table>		Outcomes	Results	Statistical Significance	⇒	⇒	⇒
Outcomes	Results	Statistical Significance						
⇒	⇒	⇒						
Was the analysis, that is the type of statistically tests used, appropriate for the type of outcome measures and the methodology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not addressed	Explain: If not statistically significant (i.e., $p < 0.05$ or 0.01), was study big enough to show an important difference if it should occur (power and sample size)?							
Clinical importance was reported? <input type="checkbox"/> Yes	What is the clinical importance of the results (that is even if the results were statistically significant were the differences large enough to be clinically meaningful)?							

<input type="checkbox"/> No <input type="checkbox"/> Not addressed	
Drop-outs were reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, why did they drop out? How were drop-out participants included in the statistical analysis?
CONCLUSIONS AND CLINICAL IMPLICATIONS: The conclusions made by the authors were appropriate given study methods and results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What did the author concluded? <hr/> What were the main limitations of the study as stated by the author(s) and from your point of view? <hr/> What are the implications of these results for your practice?

Potvin 2007 modified from Law, Stewart, Pollock, Letts, Bosch, & Westmorland, 1998