

INFORMATION PACKET:

Autism Spectrum Disorder

Updated May 2023

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What Is Autism, What Causes Autism, Autism Statistics and Facts, First Steps, Medical Conditions Associated with Autism, and Sensory Issues, Tool Kits Autism Speaks. Retrieved from <https://www.autismspeaks.org/what-autism>

Why Asperger's Syndrome is no longer listed in the DSM By Virginia Sole-Smith (February 2014), Meredith Corporation. Retrieved from <https://www.parents.com/health/autism/what-happened-to-aspergers/>

Coping with Stress While Caring for a Child with Autism By Kathleen Smith, PhD, LPC (Updated February 2020). Retrieved from <https://www.psycom.net/coping-with-stress-while-caring-for-a-child-with-autism>

How to Improve Communication with Your ASD Child By Katie Hurley, LCSW (Updated February 2022). Retrieved from <https://www.psycom.net/autism-communication>

Worksheets: The worksheets included in this Information Packet and many more are available for download at: <https://www.teacherspayteachers.com/Browse/Search:free%20autism/Grade-Level/Pre-K,Kindergarten,First,Second,Third,Fourth,Fifth,Sixth/Price-Range/Free>

The following packet contains information on the above topic. If you wish to receive training credit for reading this packet, please fill out the "Information Packet Questionnaire" at the back of this packet. Return the completed questionnaire to the Alaska Center for Resource Families for 1.0 training credit. The articles are yours to keep for further reference.

For more information about this topic or other topics related to foster care, please contact:

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Three Functional Levels of Autism

written from an autistic perspective



Level 1

Requiring Support

I need help navigating a non-autistic world.

Average traits

People may see me as awkward, not disabled.

I can befriend or date non-disabled people, but it's hard and I'm often lonely.

I can handle change, but I prefer routine.

My fidgeting is seen as quirky or "annoying."

People may think my developmental delays are signs of laziness or insecurity.

Please know that

Social interactions are challenging. Please be understanding and offer help.

I struggle more than I let on.

Meeting others' expectations is exhausting. Please be patient.

I deserve respect and support.

Level 2

Requiring Substantial Support

I need help handling everyday challenges.

Average traits

People can usually tell that I have a disability.

My social life is very limited or nonexistent.

Coping with change is very challenging.

My repetitive behaviors are noticeably unusual.

I have significant developmental delays and will meet milestones late.

Please know that

I may seem inattentive, but I hear and understand you.

Routines and repetitive behavior help me feel safe.

I need a lot of help coping with stress.

I deserve respect and support.

Level 3

Requiring Very Substantial Support

I often need one-on-one support.

Average traits

My disability is very obvious.

I usually only communicate to express needs or answer questions.

Change and transitions can be unbearably difficult.

My intense repetitive behavior is calming and important to me.

I have large developmental delays and may not meet every milestone.

Please know that

I may seem unresponsive, but I hear and understand you.

Routines and repetitive behaviors help me feel safe.

I need help with communication skills.

I deserve respect and support.

These levels aren't clear-cut or permanent. Someone's skills may change. Stress, environment, and support will impact someone's ability to function.



What Is Autism?

There is no one type of autism, but many.

Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication. According to the Centers for Disease Control, autism affects an estimated 1 in 36 children in the United States today as of March 23, 2023. <https://www.autismspeaks.org/press-release/autism-speaks-pledges-make-world-difference-autism-prevalence-rises-27-children-us>

We know that there is not one autism but many subtypes, most influenced by a combination of genetic and environmental factors. Because autism is a spectrum disorder, each person with autism has a distinct set of strengths and challenges. The ways in which people with autism learn, think and problem-solve can range from highly skilled to severely challenged. Some people with ASD may require significant support in their daily lives, while others may need less support and, in some cases, live entirely independently.

Several factors may influence the development of autism, and it is often accompanied by sensory sensitivities and medical issues such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health challenges such as anxiety, depression and attention issues.

Signs of autism usually appear by age 2 or 3. Some associated development delays can appear even earlier, and often, it can be diagnosed as early as 18 months. Research shows that early intervention leads to positive outcomes later in life for people with autism.

In 2013, the American Psychiatric Association merged four distinct autism diagnoses into one umbrella diagnosis of autism spectrum disorder (ASD). They included autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome.

Early intervention can change a life.

Research has made clear that high quality early intervention can improve learning, communication and social skills, as well as underlying brain development.

One of the most important things you can do as a parent or caregiver is to learn the early signs of autism and become familiar with **the typical developmental milestones that your child should be reaching.**

What are the signs of autism?

The autism diagnosis age and intensity of autism's early signs vary widely. Some infants show hints in their first months. In others, behaviors become obvious as late as age 2 or 3.

Not all children with autism show all the signs. Many children who *don't* have autism show a few. **That's why professional evaluation is crucial.**

The following may indicate your child is at risk for an autism spectrum disorder. If your child exhibits any of the following, ask your pediatrician or family doctor for an evaluation right away:

By 6 months

- Few or no big smiles or other warm, joyful and engaging expressions
- Limited or no eye contact

By 9 months

- Little or no back-and-forth sharing of sounds, smiles or other facial expressions

By 12 months

- Little or no babbling
- Little or no back-and-forth gestures such as pointing, showing, reaching or waving
- Little or no response to name

By 16 months

- Very few or no words

By 24 months

- Very few or no meaningful, two-word phrases (not including imitating or repeating)

At any age

- Loss of previously acquired speech, babbling or social skills
- Avoidance of eye contact
- Persistent preference for solitude
- Difficulty understanding other people's feelings
- Delayed language development
- Persistent repetition of words or phrases (echolalia)
- Resistance to minor changes in routine or surroundings
- Restricted interests
- Repetitive behaviors (flapping, rocking, spinning, etc.)
- Unusual and intense reactions to sounds, smells, tastes, textures, lights and/or colors

If you have concerns, get your child screened and contact your healthcare provider.

The **M-CHAT (Modified Checklist for Autism in Toddlers™)** <https://www.autismspeaks.org/screen-your-child> can help you determine if a professional should evaluate your child. This simple online autism screen, available on our website, takes only a few minutes. If the answers suggest your child has a high probability for autism, please consult with your child's doctor. Likewise, if you have any other concerns about your child's development, don't wait. Speak to your doctor now about screening your child for autism.

Resources

A diagnosis of autism is an important turning point in a long journey to understand your child's world. Autism Speaks has many resources for families whose children have recently received a diagnosis.

These include Autism Speaks [First Concern to Action Tool Kit](#) and [First Concern to Action Roadmap](#).

Signs of autism in adults and teens

Do you suspect that your feelings and behaviors involve autism? Many people who have milder forms of autism go undiagnosed until adulthood. Find out more in our guide: "Is it Autism and If So, What Next?" <https://www.autismspeaks.org/tool-kit/adult-autism-diagnosis-tool-kit>

Please visit **Treatment of Autism** <https://www.autismspeaks.org/interventions-autism> and our **Autism Speaks Directory** <https://www.autismspeaks.org/directory> for more information. Have more questions? Autism Speaks' Autism Response Team can help you with information, resources and opportunities. Reach us:

In English: 888-288-4762 | [Contact us online](#)
En Español: 888-772-9050 | ayuda@autismspeaks.org

What Causes Autism?

The information below is not meant to diagnose or treat. It should not take the place of consultation with a qualified healthcare professional.

A common question after an autism diagnosis is what is the cause of autism.

We know that there's no one cause of autism. Research suggests that autism develops from a combination of genetic and non-genetic, or environmental, influences.

These influences appear to increase the risk that a child will develop autism. However, it's important to keep in mind that increased risk is not the same as *cause*. For example, some gene changes associated with autism can also be found in people who don't have the disorder. Similarly, not everyone exposed to an environmental risk factor for autism will develop the disorder. In fact, most will not.

Autism's genetic risk factors

Research tells us that autism tends to run in families. Changes in certain genes increase the risk that a child will develop autism. If a parent carries one or more of these gene changes, they may get passed to a child (even if the parent does not have autism). Other times, these genetic changes arise spontaneously in an early embryo or the sperm and/or egg that combine to create the embryo. Again, the majority of these gene changes do not cause autism by themselves. They simply increase risk for the disorder.

Autism's environmental risk factors

Research also shows that certain environmental influences may further increase – or reduce – autism risk in people who are genetically predisposed to the disorder. Importantly, the increase or decrease in risk appears to be small for any one of these risk factors:

Increased risk

- Advanced parent age (either parent)
- Pregnancy and birth complications (e.g. extreme prematurity [before 26 weeks], low birth weight, multiple pregnancies [twin, triplet, etc.])
- Pregnancies spaced less than one year apart

Decreased risk

- Prenatal vitamins containing folic acid, before and at conception and through pregnancy

No effect on risk

- **Vaccines.** Each family has a unique experience with an autism diagnosis, and for some it corresponds with the timing of their child's vaccinations. At the same time, scientists have conducted extensive research over the last two decades to determine whether there is any link between childhood vaccinations and autism. The results of this research is clear: Vaccines do not cause autism. The American Academy of Pediatrics has compiled a comprehensive list of this research: <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Studies-Examine-the-Evidence.aspx>

Differences in brain biology

How do these genetic and non-genetic influences give rise to autism? Most appear to affect crucial aspects of early brain development. Some appear to affect how brain nerve cells, or neurons, communicate with each other. Others appear to affect how entire regions of the brain communicate with each other. Research continues to explore these differences with an eye to developing treatments and supports that can improve quality of life.

Autism Statistics and Facts

Autism Prevalence

- In 2023, the CDC reported that approximately 1 in 36 children in the U.S. is diagnosed with an autism spectrum disorder (ASD), according to 2020 data.
- Boys are four times more likely to be diagnosed with autism than girls.
- Most children were still being diagnosed after age 4, though autism can be reliably diagnosed as early as age 2.
- 31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70), 25% are in the borderline range (IQ 71–85), and 44% have IQ scores in the average to above average range (i.e., IQ >85).
- Autism affects all ethnic and socioeconomic groups.
- Minority groups tend to be diagnosed later and less often.
- Early intervention affords the best opportunity to support healthy development and deliver benefits across the lifespan.
- There is no medical detection for autism.

What causes autism?

- Research indicates that genetics are involved in the vast majority of cases.
- Children born to older parents are at a higher risk for having autism.
- Parents who have a child with ASD have a 2 to 18 percent chance of having a second child who is also affected.
- Studies have shown that among identical twins, if one child has autism, the other will be affected about 36 to 95 percent of the time. In non-identical twins, if one child has autism, then the other is affected about 31 percent of the time.
- Over the last two decades, extensive research has asked whether there is any link between childhood vaccinations and autism. The results of this research are clear: Vaccines do not cause autism.

Intervention and Supports

- Early intervention can improve learning, communication and social skills, as well as underlying brain development.
- Applied behavior analysis (ABA) and therapies based on its principles are the most researched and commonly used behavioral interventions for autism.
- Many children affected by autism also benefit from other interventions such as speech and occupational therapy.
- Developmental regression, or loss of skills, such as language and social interests, affects around 1 in 5 children who will go on to be diagnosed with autism and typically occurs between ages 1 and 3.

Associated Challenges

- An estimated 25-30 percent of people with autism are nonverbal or minimally verbal (fewer than 30 words or unable to use speech alone to communicate)
- 31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70) with significant challenges in daily function, 25% are in the borderline range (IQ 71–85).
- Nearly half of those with autism wander or bolt from safety.
- Nearly two-thirds of children with autism between the ages of 6 and 15 have been bullied.
- Nearly 28 percent of 8-year-olds with ASD have self-injurious behaviors. Head banging, arm biting and skin scratching are among the most common.
- Drowning remains a leading cause of death for children with autism and accounts for approximately 90 percent of deaths associated with wandering or bolting by those age 14 and younger.

Associated Medical & Mental Health Conditions

- Autism can affect the whole body.
- Attention Deficient Hyperactivity Disorder (ADHD) affects an estimated 30 to 61 percent of children with autism.
- More than half of children with autism have one or more chronic sleep problems.
- Anxiety disorders affect an estimated 11 to 40 percent of children and teens on the autism spectrum.

- Depression affects an estimated 7% of children and 26% of adults with autism.
- Children with autism are nearly eight times more likely to suffer from one or more chronic gastrointestinal disorders than are other children.
- As many as one-third of people with autism have epilepsy (seizure disorder).
- Studies suggest that schizophrenia affects between 4 and 35 percent of adults with autism. By contrast, schizophrenia affects an estimated 1.1 percent of the general population.
- Autism-associated health problems extend across the life span – from young children to senior citizens. Nearly a third (32 percent) of 2 to 5 year olds with autism are overweight and 16 percent are obese. By contrast, less than a quarter (23 percent) of 2 to 5 year olds in the general population are overweight and only 10 percent are medically obese.
- Risperidone and aripiprazole, the only FDA-approved medications for autism-associated agitation and irritability.

First Steps

How do I get my child screened for autism?

Does your child show signs of autism? Do you wonder about his or her development?

We encourage you to get your child screened promptly.

You can request an autism screening anytime from your doctor or contact Alaska Early Intervention Infant Learning Program (ILP) (877) 477-3659 <http://dhss.alaska.gov/dsds/Pages/infantlearning/default.aspx>

The American Academy of Pediatrics recommends that all children get screened for autism at their 18- and 24-month exams – and whenever a parent or doctor has concerns.

Meanwhile, you can complete the **Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R™)** at <https://www.autismspeaks.org/screen-your-child>. It takes just a few minutes to assess the likelihood of autism. And you can take the results to your doctor.

Talk with your healthcare provider. Screening doesn't diagnose autism. It flags behaviors often associated with the condition. After screening, your doctor can refer you to a specialist for a diagnostic evaluation.

Importantly, you *don't need to wait* for a diagnosis for your child to receive services. Federal law requires states to provide therapy whenever screening identifies developmental delays or learning challenges.

Get our **First Concern to Action Tool Kit**, <https://www.autismspeaks.org/tool-kit/first-concern-action-tool-kit>.

First Concern to Action Tool Kit:

If you have a concern about how your child is communicating, interacting or behaving, you are probably wondering what to do next. The First Concern to Action Tool Kit can help you sort that out. The purpose of this tool kit is to provide you with specific resources and tools to help guide you on the journey from your first concern to action.

How do I get autism services?

If your child's screening for autism identifies developmental delays or learning challenges, he or she is entitled to intervention services. You can start these services before your child receives an autism diagnosis.

If your child is under the age of 3, you can get services through your state's Early Intervention program.

For children ages 3 to 21, you can get services through your school district's Special Education office.

Medical Conditions Associated with Autism

A range of physical and mental-health conditions frequently accompany autism. They include, but are not limited to, the following:

- Gastrointestinal (GI) problems
- Epilepsy
- Feeding issues
- Disrupted sleep
- Attention-deficit/hyperactivity disorder (ADHD)
- Anxiety
- Depression
- Obsessive compulsive disorder (OCD)
- Schizophrenia
- Bipolar Disorder
- Down syndrome (DS)

Autism and gastrointestinal (GI) disorders

GI disorders are nearly eight times more common among children with autism than other children. They commonly include:

- Chronic constipation
- Abdominal pain
- Gastroesophageal reflux
- Bowel inflammation

Autism and epilepsy

Epilepsy (seizure disorder) affects up to a third of people with autism. By contrast, it affects only 1 to 2 percent of the general population.

Red flags include:

- Unexplained staring spells
- Involuntary movements
- Unexplained confusion
- Severe headaches

Less-specific signs can include:

- Sleepiness
- Disrupted sleep
- Unexplained changes in abilities or emotions

Treatment of epilepsy is crucial to prevent brain damage. If you suspect that you or your child may have epilepsy, seek evaluation from a neurologist. Evaluation typically involves an electroencephalogram (EEG) to check for seizure-related brain activity.

Explaining Seizures to Children with Epilepsy and Their Peers

Sometimes it can be difficult for children to understand what is happening when they are having a seizure. In addition, it can be very scary for their peers or friends who witness them. Autism Speaks has put together Visual Stories to explain to children how people with epilepsy are just like everyone else!

Visual Story for Children with Epilepsy: https://www.autismspeaks.org/sites/default/files/2018-09/epilepsy_slideshow_me.pdf
and **Visual Story for Peers of Children with Epilepsy:** <https://www.autismspeaks.org/sites/default/files/2018-09/epilepsy-slideshow-friend.pdf>

If a family member suffers from seizures, you may want to consider a medical alert bracelet that can inform first responders of the seizure disorder and any medications that the individual may take. There are a variety of options available on the internet.

Autism and feeding/eating issues

Feeding and eating problems affect around 7 out of 10 children with autism. These issues can include **extremely restricted food habits** and aversions to certain tastes and textures. Many adults with autism likewise describe food aversions and restricted eating patterns. These challenges often stem from autism-related hypersensitivities and/or a strong need for sameness.

Chronic overeating leading to obesity is another challenge. It can stem from an inability to sense when “full” and/or eating as a soothing sensory behavior.

Pica – the eating of non-food items – is a particularly dangerous tendency often associated with autism. It appears to be most common among those severely affected by autism.

Autism and disrupted sleep

Over half of children with autism – and possibly as many as four in five – have one or more chronic sleep problems.

Many adults on the spectrum likewise have difficulty falling asleep and staying asleep through the night. These sleep issues tend to worsen behavioral challenges, interfere with learning and decrease overall quality of life.

Strategies to Improve Sleep in Children with Autism Spectrum Disorder: <https://www.autismspeaks.org/tool-kit/atnair-p-strategies-improve-sleep-children-autism>

Sleep Strategies for Teens with Autism: <https://www.autismspeaks.org/tool-kit/atnair-p-sleep-strategies-teens-autism>

Autism and attention deficit and hyperactivity disorder (ADHD)

ADHD affects an estimated 30 to 60 percent of people with autism, versus 6 to 7 percent of the general population.

ADHD involves a persistent pattern of inattention, difficulty remembering things, trouble with managing time, organizational tasks, hyperactivity and/or impulsivity that interferes with learn and daily life.

Symptoms of ADHD can overlap with those of autism. As a result, ADHD can be difficult to distinguish in someone on the spectrum.

If you suspect that you or your child has autism and ADHD, we recommend evaluation by a specialist familiar with both conditions. If the evaluation confirms ADHD, ask your healthcare provider to help you tailor a treatment plan appropriate to you or your child’s needs.

Treatment may include behavioral strategies and in some cases medication for ADHD.

Autism and anxiety

Anxiety disorders affect up to 42 percent of people with autism. By contrast, they affect an estimated 3 percent of children and 15 percent of adults in the general population.

Because people with autism may have trouble assessing and expressing how they feel, behavior often provides the best clues in those experiencing anxiety. Anxiety can trigger racing heart, muscle tightness and stomach aches, some people may even feel frozen in place.

Social anxiety – or extreme fear of new people, crowds and social situations – is especially common among people with autism. In addition, many people with autism have difficulty controlling anxiety once something triggers it.

Anxiety can be triggered at different points in time and by different activities – including some that were previously enjoyable.

Anxiety can be diagnosed by a medical professional.

Treatments include behavioral interventions including cognitive behavioral therapy programs adapted for people with autism. In some cases anti-anxiety medication may also be helpful.

Autism and depression

Depression affects an estimated 7 percent of children and 26 percent of adults with autism. By contrast, it affects around 2 percent of children and 7 percent of adults in the general population.

Depression rates for people with autism rise with age and intellectual ability. Autism-related communication challenges can mask depression. Telltale signs can include loss of interest in once-favorite activities, a noticeable worsening in hygiene, chronic feelings of sadness, hopelessness, worthlessness and irritability. At its most serious, depression can include frequent thoughts about death and/or suicide.

If you suspect that you or your child with autism is depressed, we urge you to seek evaluation and treatment. Treatments may include cognitive behavioral therapy and in some cases antidepressant medications.

Obsessive Compulsive Disorder (OCD)

Research suggests that OCD is more common among teens and adults with autism than it is in the general population. However, it can be difficult to distinguish OCD symptoms from the repetitive behaviors and restricted interests that are a hallmark of autism.

If you suspect that you or your child has developed OCD in addition to autism, we encourage you to seek evaluation by a mental health provider who has experience with both conditions.

Autism and Schizophrenia

Autism and schizophrenia both involve challenges with **processing language** and **understanding other people's thoughts and feelings**. Clear differences include schizophrenia's psychosis which often involves **hallucinations**. In addition, autism's core symptoms typically emerge between ages 1 -3 years; schizophrenia emerges in early adulthood. **Treatments:** Anti-psychotic medications

Autism and Bipolar Disorder

People with bipolar disorder tend to **alternate between** a frenzied state known as **mania** and episodes of **depression**. It is important to understand the symptoms of true bipolar disorder from those of autism by looking at when the symptoms appeared and how long they lasted. For example, a child with autism may be consistently high-energy and socially intrusive through childhood. As such, her tendency to talk to strangers and make inappropriate comments are likely part of her autism, and not a symptom of a manic mood swing. **Treatments:** Some of the medications used to treat bipolar disorder can be problematic for some with autism who has difficulty recognizing and expressing feelings. A psychiatrist can provide additional medications that may be safer.

Down syndrome and autism (DS-ASD)

Research shows that about 16-18 percent of people with Down syndrome also have autism spectrum disorder ([Richards et al., 2015](#)). When autism occurs in someone with Down syndrome, the characteristics of autism (social and behavioral challenges, communication difficulties and restricted interests) may be observed in addition to the symptoms of Down syndrome (intellectual disability, speech and language delays).

Sensory Issues

Sensory issues are common in people with autism and are even included in the diagnostic criteria for autism spectrum disorder. Each autistic person is unique, and this includes their personal sensory sensitivities.

People with autism might have sensitivities to:

- Sights
- Sounds
- Smells
- Tastes
- Touch
- Balance (*vestibular*)
- Awareness of body position and movement (*proprioception*)
- Awareness of internal body cues and sensations (*interoception*)

Autistic people can experience both **hypersensitivity** (over-responsiveness) and **hyposensitivity** (under-responsiveness) to a wide range of stimuli. Most people have a combination of both.

Many autistic people experience **hypersensitivity** to bright lights or certain light wavelengths (e.g., LED or fluorescent lights). Certain sounds, smells, textures and tastes can also be overwhelming. This can result in sensory avoidance – trying to get away from stimuli that most people can easily tune out. Sensory avoidance can look like pulling away from physical touch, covering the ears to avoid loud or unpredictable sounds, or avoiding certain kinds of clothing.

Hyposensitivity is also common. This can look like a constant need for movement; difficulty recognizing sensations like hunger, illness or pain; or attraction to loud noises, bright lights and vibrant colors. People who are hyposensitive may engage in sensory seeking to get more sensory input from the environment. For example, people with autism may stimulate their senses by making loud noises, touching people or objects, or rocking back and forth.

What do sensory issues feel like?

Having unique sensitivities to certain types of sensory input can create challenges in everyday situations like school, work or community settings. For someone who is **hypersensitive**, it can take a lot of effort to spend all day under LED or fluorescent lights, navigate a crowded space or process conversations in rooms with background noise. This can be incredibly physically and emotionally draining and can leave the person feeling too exhausted to do other important tasks.

Many autistic people use **stimming** as a form of **sensory seeking** to keep their sensory systems in balance. Repetitive movements, sounds, or fidgeting can help people with autism stay calm, relieve stress or block out uncomfortable sensory input.

However, constant movement can sometimes seem inappropriate or disruptive in certain settings (like the workplace), so autistic people often feel like they need to suppress their stimming. When this happens, it becomes more and more difficult to self-regulate, leading to **sensory overload**, exhaustion or burnout.

Sensory overload happens when an intense sensory stimulus overwhelms your ability to cope. This can be triggered by a single event, like an unexpected loud noise, or it can build up over time due to the effort it takes to cope with sensory sensitivities in daily life. Sensory overload can feel like intense anxiety, a need to escape the situation or difficulty communicating. When the brain has to put all of its resources into sensory processing, it can shut off other functions, like speech, decision making and information processing.

What do sensory issues look like?

Many people with autism show certain behaviors when they are experiencing a sensory issue:

- Increased movement, such as jumping, spinning or crashing into things
- Increased stimming, such as hand flapping, making repetitive noises or rocking back and forth
- Talking faster and louder, or not talking at all
- Covering ears or eyes
- Difficulty recognizing internal sensations like hunger, pain or the need to use the bathroom
- Refusing or insisting on certain foods or clothing items
- Frequent chewing on non-food items
- Frequent touching of others or playing rough
- Difficulty communicating or responding as the brain shifts resources to deal with sensory input (**shutdown**)
- Escalating, overwhelming emotions or need to escape a situation (**melt**down)

Accommodations for sensory issues

Understanding and accommodating sensory issues can ease discomfort and increase opportunities for autistic people to learn, socialize, communicate and participate in the community. **Accommodations** might mean modifying the environment, using tools and strategies, or creating new habits or routines. Since sensory needs depend on the environment, accommodations may need to be adapted for each setting.

Examples of accommodations for hypersensitivity:

- Using light covers, sunglasses or a hat under fluorescent lights
- Wearing ear plugs or headphones in noisy environments
- Working in spaces with a closed door or high walls
- Avoiding strongly scented products
- Choosing foods that avoid aversions to textures, temperatures or spices
- Wearing soft, comfortable clothing
- Adjusting schedules to avoid crowds

Examples of accommodations for hyposensitivity:

- Visual supports for those who have difficulty processing spoken information
- Using fidget toys, chewies and other sensory tools
- Arranging furniture to provide safe, open spaces
- Taking frequent movement breaks throughout the day
- Eating foods with strong flavors or mixed textures
- Weighted blankets, lap pads or clothing that provides deep pressure

Autistic people have the right to ask for reasonable accommodations at work and school. If you are the parent or support person of a child with autism, you can talk about sensory accommodations at school with their IEP team or consider a 504 plan.

Self-advocacy for sensory issues

If you are an autistic person, you may need to **self-advocate** for your sensory needs to be met. This starts with learning about your needs so you understand what works and what doesn't work for you. Then, you can make changes to your environment, try new tools or strategies, or change your routines to better meet your needs.

Our **Self-Empowerment Roadmap** (<https://www.autismspeaks.org/roadmap/roadmap-self-empowerment-autistic-adults>) can help you learn more about your needs so you can overcome your challenges. Keep in mind that it can take time and lots of trial and error to fully understand your needs and figure out what accommodations work best for you.

Once you understand the accommodations you need, you can work with your employer and support team to get those needs met. Our **Employment Tool Kit** (<https://www.autismspeaks.org/tool-kit/employment-tool-kit>) will give you the tools you need to navigate these conversations and cope with sensory issues in the workplace.

You can also reach out to the [Autism Response Team](mailto:help@autismspeaks.org) at help@autismspeaks.org to learn how to conduct a sensory scan and advocate for your needs at work.

What resources are there to help with sensory issues?

- Learn how **occupational therapy** can help people with autism learn to better process sensory input in everyday environments. <https://www.autismspeaks.org/occupational-therapy-ot-0>
- Learn how **feeding therapy** can address aversions to tastes and food textures, as well as under- and over-sensitivities that can hamper chewing and swallowing. <https://www.autismspeaks.org/tool-kit/atnair-p-guide-exploring-feeding-behavior-autism>
- Learn how **speech therapy** can use sensitivity-reducing and sensory-stimulating activities to improve speech, swallowing and related muscle movements. <https://www.autismspeaks.org/science-blog/speech-language-pathologists-and-autism-learn-how-we-can-help>
- Learn how **cognitive behavioral therapy** can help manage anxiety and gradually increase tolerance to overwhelming sensory experiences. <https://www.autismspeaks.org/expert-opinion/autism-and-anxiety-loud-noises>
- View Autism Speaks' **Autism-Friendly Events Calendar** for a list of sensory-friendly events in your area. [https://www.autismspeaks.org/events?location_lat=64.8442211&location_lng=-147.7466888¢er\[coordinates\]\[lat\]=64.8442211¢er\[coordinates\]\[lng\]=-147.7466888&location=50](https://www.autismspeaks.org/events?location_lat=64.8442211&location_lng=-147.7466888¢er[coordinates][lat]=64.8442211¢er[coordinates][lng]=-147.7466888&location=50)
- Learn about [sensory processing disorder](#) and potential accommodations at work. <https://askjan.org/articles/Sensory-Processing-Disorder.cfm>

For more information on Autism go to the Autism Speaks Website: <https://www.autismspeaks.org/>

Why Asperger's Syndrome is no longer listed in the DSM

By Virginia Sole-Smith Published on February 19, 2014

What Happened to Asperger's?

Recognized since 1944 as a form of high-functioning autism, Asperger's Syndrome disappeared from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 2013. Why?

Photo: Greg Schiedemann

Flat vocal patterns. Lack of eye contact. Anxiety over any small change in routine. A child who spends recess walking in circles, talking to herself about dinosaurs. A teenager who has difficulty with basic reciprocal conversation skills, but an uncanny ability to memorize train schedules or narrate all of the *Godfather* movies. In 1994, the American Psychiatric Association (APA) decided that this kind of diverse array of symptoms added up to a diagnosis called Asperger's Disorder (also known as Asperger's Syndrome) and added it to the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Asperger's quickly became synonymous with a kind of high-functioning autism in which children struggled with social skills, anxiety, and repetitive or restrictive behaviors but also tended to display impressive cognitive and verbal abilities. Estimates of prevalence vary widely, but as many as 97 children out of 10,000 were diagnosed with the disorder over the subsequent 10 years.

In May 2013, the APA published the 5th edition of the DSM--and Asperger's Syndrome disappeared.

While it was previously considered a stand-alone diagnosis (separate from autism itself or another kind of autism previously known as "pervasive developmental disorder not otherwise specified," or PDD-NOS) Asperger's Syndrome now falls under the umbrella term Autism Spectrum Disorder (ASD), in which patients could be grouped along a continuum from mild to severe. "I like the term because a spectrum sounds so inclusive," says *Parents* advisor Fred Volkmar, M.D., director of the Child Study Center at Yale University School of Medicine and editor-in-chief of the *Journal of Autism & Developmental Disorders*. "The problem is that it's a misnomer. The diagnostic criteria to put a patient on the spectrum has become more restrictive, so a fair chunk of people who would have been diagnosed before the change now don't make the cut." That's troubling because without a clear diagnosis, it can be much more difficult for these children to receive behavioral therapy and other services they need. The good--if bizarre--news is that people who were diagnosed before 2013 have been grandfathered in by the APA and can keep their diagnosis. But Dr. Volkmar estimates that as many as 75 percent of children who would have qualified for an Asperger's or PDD-NOS diagnosis in the past now wouldn't be diagnosed with ASD.

The DSM-5 does contain a new diagnosis, known as Social Communication Disorder, which may include some of the children who no longer qualify as ASD. "This diagnosis may even capture some children who weren't getting diagnosed before," says Michael Rosenthal, Ph.D., a pediatric neuropsychologist who specializes in autism at the Child Mind Institute in New York City. Dr. Rosenthal notes that the APA created the new system of diagnoses in response to problems with the old model: "When they looked at a number of major academic medical centers across the country, they found that there was no consistency in terms of the criteria being used to make diagnoses," he explains. "Individual doctors and centers had their own systems for classifying kids, but there wasn't enough continuity." Still, he acknowledges that some children, especially those with milder symptoms, may not be covered by the new criteria. "This is a big concern for those families."

Dr. Volkmar maintains that the new criteria are just too restrictive: "The way the original definition worked, clinicians had 2,688 possible combinations of diagnostic criteria that would result in a diagnosis," he explains. "Under the new definition, they have six. That may disenfranchise people from the services they need and that's a real worry."

[Autism Spectrum Disorder](#)

Coping with Stress While Caring for a Child with Autism

Expert advice and steps can you take today to help reduce the stress of caring for a child with autism. [Learn more](#)

Feb 5, 2020

Kathleen Smith, PhD, LPC, Licensed Professional Counselor



(Photo: Unsplash, Benjamin Manley)

ON THIS PAGE

- [Types of Stress](#)
- [Coping Tips](#)

A day in the life of a caregiver of a child with autism spectrum disorder can include any number of challenges and stressors. A caregiver might be driving their child to various appointments, advocating for the child's educational needs, helping their child avoid sensory overload, or dealing with an unexpected tantrum in public. At the end of this

long day, they may even be discouraged to find that their child is unable to sleep, keeping the caregiver from getting the rest they need.

Though parents of children with autism face many unique challenges, they are not necessarily doomed to a life of stress. Research has shown that caregivers who engage their support systems and actively solve problems (including their own physical and mental health) experience much less stress than those who disengage or cope in unhealthy ways. It's no secret that a less-stressed caregiver is much more likely to raise a well-adjusted and less anxious child.

TYPES OF STRESS

Types of Caregiver Stress

Caregivers of children with autism face stress that can affect their mental, physical, social, and financial wellbeing.

Psychological Stress—Meeting the needs of a child with autism can increase a parents' risk of depression, anxiety, or other kinds of psychological distress. Parents who do not take steps to learn healthy coping strategies and disengage from caring for their mental health are likely to suffer even more stress.



QUIZ

Concerned your teen is too stressed?

Am I too stressed? How much stress is too much? Use this short quiz to measure whether your stress level is too high.

TAKE THE QUIZ

Physical Stress—Chronic stress can make parents of children with autism more vulnerable to cardiovascular, immune system, and gastrointestinal issues. One study found that they are more likely to have higher levels of the stress hormone cortisol and a biomarker known as CRP, which has been linked to a variety of physical illnesses. Caregivers may also suffer from increased fatigue or struggle with insomnia, especially if their child also struggles with sleep.

Social Stress—Much of the general public is uneducated about autism spectrum disorder, and people may blame or shame a parent when they misunderstand a child's behaviors. This can create a stigma that can lead to parents feeling socially isolated. They might begin to avoid public gatherings or spending time with friends and family. Parents of children with autism may also be more likely to experience marital stress.

Financial Stress—Some research has found that parents of children with autism may earn less money or have to work fewer hours than other parents. Caregivers may also face additional expenses such as therapy, medical expenses, and child care that put an additional financial burden on the family. Some parents are even at risk of losing their jobs if they have to frequently take off work to care for their child.

COPING TIPS

Tips for Coping with Stress

Start with simple changes—If you have a child with autism and feel overwhelmed by all of these categories of stress, sometimes starting with the simple changes can make the biggest difference in your overall functioning. This could look like making sure you get enough sleep at night, exercise regularly, and schedule some time for yourself. If these

tasks seem unmanageable, you can focus on even smaller changes such as slowing down through your daily routine, drinking more water, or asking for help with simpler tasks. You might be surprised how much of your stress level is within your control, and you may find that caring for yourself has an immediate positive impact on your child's functioning as well.

Focus on reality and not the what ifs—It's easy for any parent to become anxiously focused on how their child is developing, but parents of children with autism are at particular risk for excessively worrying about their children and what challenges they may face in the future. If you're feeling stressed, ask yourself whether you're focused on the reality-based needs of your child or the future "What ifs." Asking, "What is my responsibility to my child today and to myself?" can help you direct your focus back to what you can actually control.

Find reprieve outside of work—For many parents of children with autism, work is one of the few places where they can find a break from caring for their child. Ideally, caregivers should have time and spaces outside of work where they can focus on their emotional and physical health, their interests, and other important relationships. Sometimes fear of how their child will adjust to a new caregiver can keep parents from seeking out this support, but giving your child the opportunity to interact with other adults will benefit both you and your child.

Use Your Village—It's not surprising that research has shown that parents of children with autism who access solid support systems are less likely to experience stress than those who don't or can't. Family members and close friends may struggle to understand how they can help, so consider giving them specific tasks when they offer. Caregivers don't have to be responsible for educating loved ones about autism spectrum disorder—simply point them to resources that can help them learn more. Also, don't forget that disability organizations, places of worship, schools, and other community organizations may be important additions to your support system.

Engage Professional Help—Don't discount the value that professional help can play in managing your stress level. If regularly therapy or counseling isn't an option, there are still plenty of services you can engage. Make an appointment with your primary care physician to make sure that your physical health is good and there aren't any complications that are adding to stress. Disability or [autism](#) organizations or your local school or hospital can also help connect you to support groups for caregivers of children with autism. Support groups can help you feel heard but also connect you to resources and information that can reduce the stress of parenting.

If you're a caregiver of a child with autism who'd like to reduce your overall level of stress, you can start by asking yourself the following questions:

- Where are there moments throughout the day where I can slow down, focus my thinking, and prevent fear or stress from taking over?
- What are some small but significant changes I could make to how I care for my mind and body?
- Or are there any dysfunctional or unhealthy ways of coping with stress that I need to remove from my routine?
- What hypothetical worries about my child's autism get in the way of my staying focused on the present?
- Whom in my support system have I been quick to overlook or dismiss when my child or myself needs help?
- Are there any caregiver tasks I can delegate to others to lower my overall stress?
- What community resources have I overlooked that can help me manage stress, connect me to low-cost or free professional help, or provide support to my child?

Sometimes learning to manage caregiver stress is as simple as paying attention to how you currently manage stress and considering what are healthier, more effective options. It might take a few extra minutes out of your day, but engaging these options can lead to a better life for both you and your child. What steps can you take today to help reduce the stress of caring for a child with autism?

As a parent, always remember to trust your gut.

There are many paths to take, treatment options and opinions. You know your child best. Work with your child's treatment team to find what works best for your child and your family. Right now, while you are trying to make the most of every minute, keep an eye on the clock and frequently ask yourself these important questions: Is what I'm reading right now very likely to be relevant to my child? Is it new information? Is it helpful? Is it from a reliable source?

Sometimes, the time you spend on the internet will be incredibly valuable. Other times, it may be better for you and your child if you use that time to take care of yourself. The internet will be one of the most important tools you have for learning what you need to know about autism and how to help your child.

Read more about supporting your child after an autism diagnosis in the Autism Speaks 100 Day Kit for Newly Diagnosed Families:

- **Young Children:** <https://www.autismspeaks.org/tool-kit/100-day-kit-young-children>
- **School Age Children:** <https://www.autismspeaks.org/tool-kit/100-day-kit-school-age-children>

A Parent's Guide to Autism

<https://www.autismspeaks.org/tool-kit/parents-guide-autism>

If your child has recently been diagnosed with an autism spectrum disorder, you have come to the right place.

A Parent's Guide to Autism was developed as part of Autism Speaks' series of Family Support Tool Kits to support you and promote a positive future for your child and family during an often challenging time.

You are not alone in this journey and this guide is a step toward finding the help you need to travel the road to optimal outcomes for you, your child and your family.

Sections include:

- Response to the Diagnosis
- Your Role as a Parent
- Ten Things a Parent Can Do to Help their Child with Autism
- Building a Support Network
- Taking Care of Yourself
- Personal Story: How I Let Go of My Expectations and Learned Unconditional Love
- Frequently Asked Questions

A Grandparent's Guide to Autism

<https://www.autismspeaks.org/tool-kit/grandparents-guide-autism>

If you are a grandparent of a child recently diagnosed with autism, you have come to the right place. This guide will help provide you with a better understanding of autism, and arm you with tips, tools and real life stories to guide you as you support your family immediately after the diagnosis and beyond.

It will help you form a positive relationship with your grandchild and provide the encouragement your child needs to raise a child with autism.

Sections include:

- About Autism
- Reactions to the Diagnosis
- Your Role as a Grandparent
- Support for Your Grandchild
- Support for Your Child

- Taking Care of Yourself
- Tips for Long Distance Grandparenting
- A Letter to Grandparents of Children with Autism

A Sibling's Guide to Autism

<https://www.autismspeaks.org/tool-kit/siblings-guide-autism>

You are probably reading this guide because your brother or sister has been diagnosed with autism. You have come to the right place!

You are likely experiencing lots of different feelings right now – you might be worried, scared, surprised, confused, sad or even mad. It is normal for you to have a mix of emotions because your life is now going to be a little different.

This guide is for siblings like you to understand a little bit more about autism and learn what you can do to help your brother or sister and take care of yourself. You will also read some great stories from autism siblings just like you!

Sections include:

- About Autism
- Learning About the Diagnosis
- How You Can Help
- How to Ask for Help
- Five Tips for Brothers and Sisters
- Words from Autism Siblings Like You



How to Improve Communication with Your ASD Child

If your child has autism, chances are you struggle to communicate at times. The answer, according to experts, may be using techniques that help you tap into their script, rather than trying to get them to use yours.

Feb 2, 2022

Katie Hurley, LCSW, Licensed Clinical Social Worker



(Photo: iStock)

A third-grade student diagnosed with autism spectrum disorder ([ASD](#)) sat on my couch eating his lunch. He found recess equal parts overwhelming and boring. On the one hand, it was hot, bright, and loud outside, all things that made him feel uncomfortable. That overwhelmed him.

On the other hand, kids talked about the same things over and over, and that left him bored and annoyed.

How many times could they talk about the same episode of a show that didn't interest him?

He retreated to my office on particularly "annoying" days to be himself. In my office, he was free to talk about things like science and movie-making, even if he had to define long scientific terms for me over and over again. He didn't have to fight the lunch table for talk time or feign interest in cartoons.

Flipping The Script

Children diagnosed with autism spectrum disorder are all different. Though the Diagnostic and Statistical Manual of Mental Disorders outlines a range of symptoms that fall into the categories of social communication and interaction and repetitive patterns of behavior, children with ASD represent a diverse group and can be high or low functioning, or anywhere in between. While the symptoms help with diagnosis, ASD kids, like all kids, are individuals.

When it comes to helping develop communication and social skills for kids with ASD, professionals tend to focus on deficits and look for ways to improve those skills. One thing I've seen over and over in my practice, though, is that when we flip the script and see deficits as strengths, kids are empowered to use what they know to communicate with parents and peers.

The third-grade student mentioned above, for example, was often described as having "fixed interests" that prevented him from engaging with peers and attending to academics. When I encouraged him to play his preferred roles (scientist or movie maker) in the classroom setting, he was able to focus, interact more, and enjoy his classes. His perceived deficit was channeled into a communication tool.

According to the [Centers for Disease Control and Prevention](#) (CDC), an estimated 1 in 59 children are diagnosed with autism spectrum disorder (ASD) in the United States, with boys roughly four times more likely to be diagnosed than girls. ASD is reported to occur in all racial, ethnic and socioeconomic backgrounds, and the World Health Organization (WHO) reports 1 in 160 children diagnosed worldwide.

When we consider that ASD kids tend to have their own unique communication patterns, that's a lot of kids struggling to communicate with their peers and family members. "There's a huge diversity among children with ASD, and that applies to communication as well," explains Bonnie Ivers, Psy.D, Clinical Director, [Regional Center of Orange County](#). "It ranges from nonverbal to fluent speech, so it's best for parents to take cues from their child."

Helpful Strategies

When parents meet their child where the child is, they learn to communicate in a way that makes sense to the child. Instead of conditioning the child to attempt to "fit in" with other kids by understanding their language, ASD can be empowered to use their own communication style alongside family, friends, and classroom peers. Here are some strategies.

Visual cues: From picture cards on paper to use of technology for pictorial cues, visual cues are helpful for many ASD kids. "If the child does not have verbal speech, single words and visual cues are the best communication methods to use," explains Ivers.

Research shows that visual cues can increase social language and reciprocal conversation skills

For children with ASD. Visual cues can be used for individual words, to create step-by-step routines, and to communicate with peers.

Gestures: When words don't come easily, gestures can help. ASD kids might develop their own series of gestures to communicate. If this is the case, it's best to learn their language and follow their lead. Parents can also develop gestures to reciprocate communication.

While nonverbal communication can feel frustrating to a parent who is accustomed to reciprocal verbal communication, it's important to refocus on meeting the child where the child is. Chances are, gestures come naturally to the child.

"Most people with autism have better visual than auditory processing skills," explains Ivers, so parents can use gestures paired with spoken language to help their child process language better."

Written labels: Knowing the words and speaking the words are two separate things. Given that ASD kids tend to have better visual processing skills, using written labels around the house can help them internalize language.

Play acting: While ASD kids are different, and some avoid imaginary play, playing together, even in silence can help build communication skills. Use humor to lighten the interaction and tap into your child's interests. When I asked the third-grade student to narrate his classroom for me using the perspective of a scientist, he used a voice he considered "scientific" and a lot of scientific terms, but he play-acted his way through his day and even gave me a role to play.

Embrace the quiet: It might be tempting to jump into sportscaster mode and narrate every move your child makes to increase language development, but if you're always talking, your child won't have the space to communicate. Giving your child space to communicate, either verbally or nonverbally, is important.

Joint drawings: If your child enjoys writing or drawing, try drawing together. Always follow your child's lead. If your child begins by drawing a favorite food, draw something to go with it. If it seems hard to get started, you can start with something small and let your child take it from there.

Comic strips: Comic strips are a fun way to communicate because you can use all kinds of characters and the story can be ongoing. You can work through all kinds of social and emotional stuff together by drawing comics.

Music: Drums, keyboards, shakers of all kinds, and other percussion instruments are easy to use, easy to control (you make the noise level you are comfortable with), and a great way to connect. Listening and dancing to music can also be used for communication.

There's no one-size-fits-all approach to improving communication with your ASD child, but when you tune in to your child's cues, you can learn to connect with your child, and this will improve communication.

SAMPLE

Social Skills

SAMPLE

Printables 5-Day Sampler

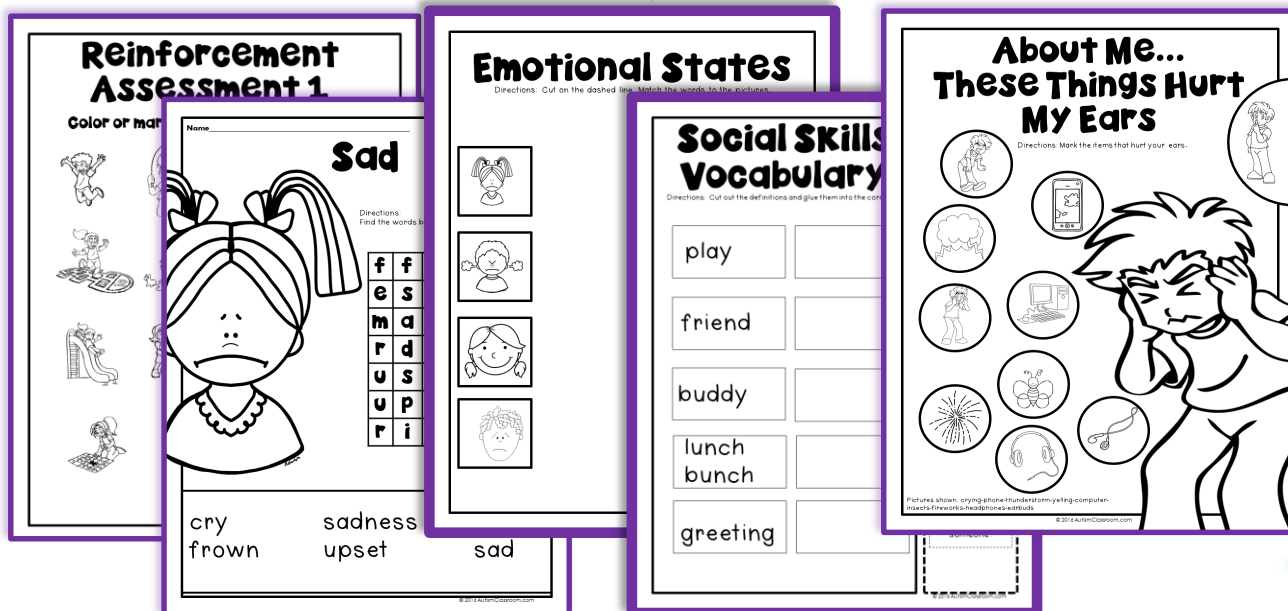
for Students with

Autism

&

Similar Special Needs

*For students
learning life
skills!!!*

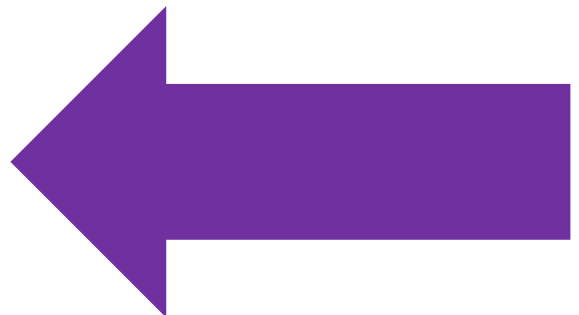


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This is a sample of Social Skills Printables for Students with Autism & Similar Special Needs. Included are 5 printables from that resource. Teach complex social skills concepts each day using these hands-on resources. These social skills printables will work well for any students whose special needs include developmental delays or it may work for younger students in primary grades learning to develop social skills. The printables can supplement a social skills curriculum or they can be used daily as a discussion starter for reviewing social skills. This packet includes social skills related worksheets that require variations in response styles for many answers. (Ex. matching, cutting, circling, and pasting.)



To see the full resource of Social Skills Printable for Students with Autism click [here](#).





Click to follow:

Website - www.autismclassroom.com

Instagram - <https://www.instagram.com/autismclassroom>

9 TEACHER TESTED STRATEGIES TO PREPARE YOUR AUTISM CLASSROOM

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Teacher Tested
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THANK YOU.

More Products for students with autism can be found by clicking a picture below.

**Run Your Centers
BUNDLE**
34 Weeks of Targeted
**Social Skills
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Activities

**Social Skills
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Activities to Use with the
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For students
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Printables**
for Students with
Autism
&
Similar Special Needs

For students
learning life
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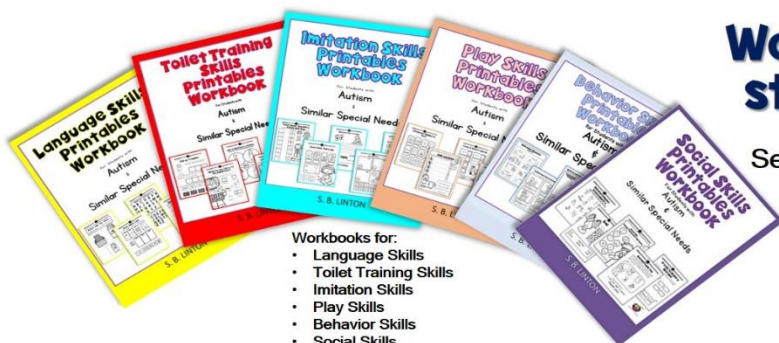
REINFORCEMENT
ASSESSMENT 1
ABOUT ME:
THOSE THINGS I
LOVE
IT'S OK TO MAKE A
MISTAKE

By: AutismClassroom.com

AutismClassroom.com is also home to workbooks for students with special needs.

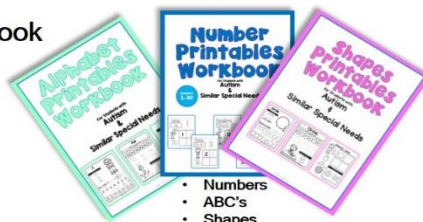
Workbooks to build skills for students learning life skills!

See our workbook
series!



Workbooks for:

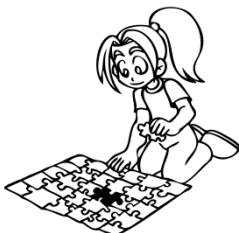
- Language Skills
- Toilet Training Skills
- Imitation Skills
- Play Skills
- Behavior Skills
- Social Skills



- Numbers
- ABC's
- Shapes

Reinforcement Assessment 1

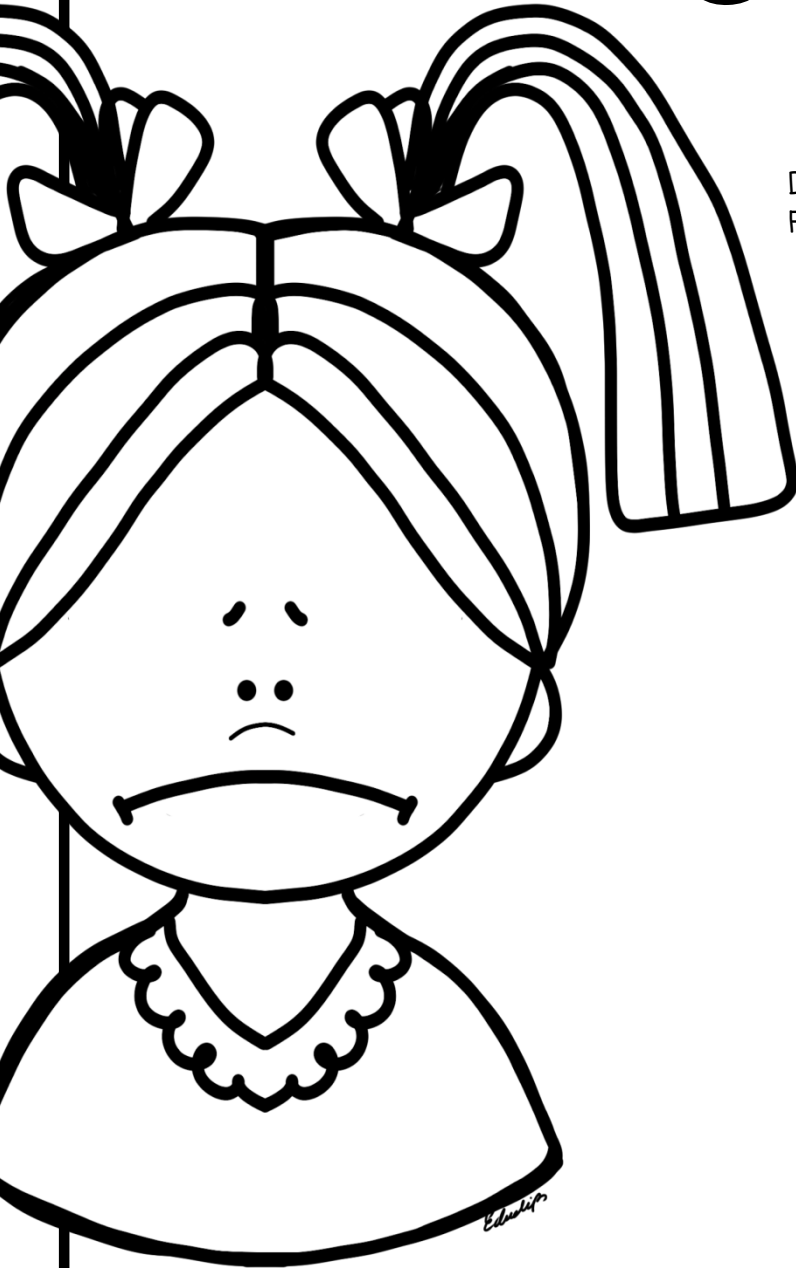
Color or mark the things you like to do.



Name _____

Name _____

Sad



Directions:
Find the words below in the word search.

f	f	s	c	r	y
e	s	a	w	f	f
m	a	d	b	p	r
r	d	n	b	g	o
u	s	e	c	w	w
u	p	s	e	t	n
r	i	s	h	t	s

cry

frown

sadness

upset

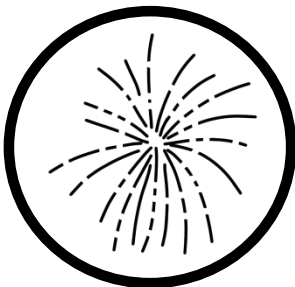
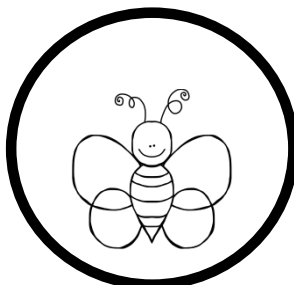
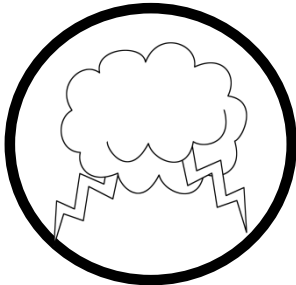
mad

sad

About Me...

These Things Hurt My Ears

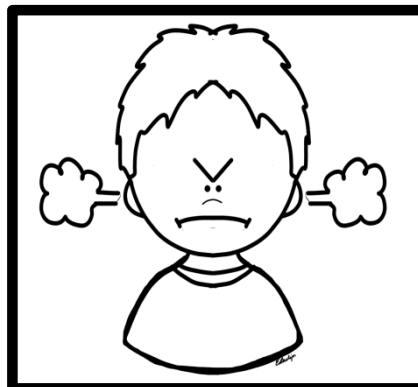
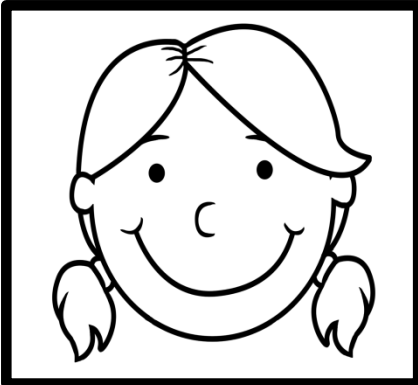
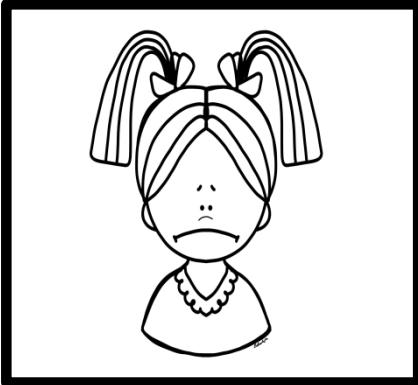
Directions: Mark the items that hurt your ears.



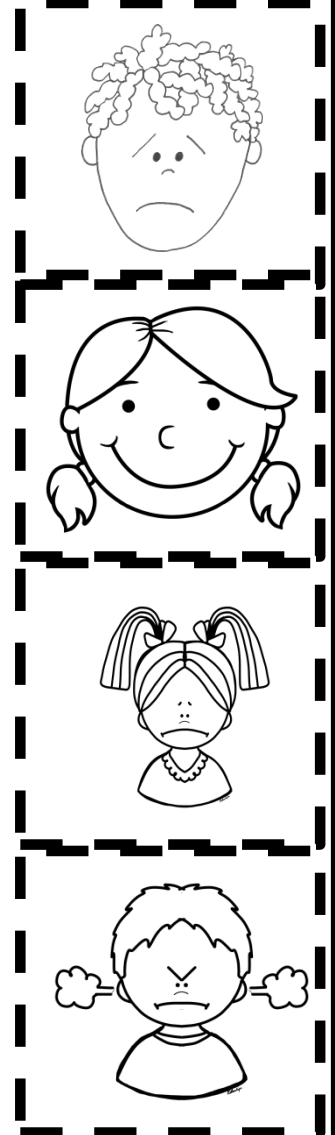
Pictures shown: crying-phone-thunderstorm-yelling-computer-insects-fireworks-headphones-earbuds

Match to Same - Emotions

Directions: Cut on the dashed line. Match the pictures that are the same.



Cut.



Name _____

Social Skills Vocabulary

Directions: Cut out the definitions and glue them into the correct box.

play

friend

buddy

lunch
bunch

greeting

A group of
people who eat
lunch together.

Another word
for a friend.

To do an
activity for
enjoyment.

A person who
you enjoy being
around.

Saying hello
when you see
someone.

Name _____

I Am Feeling...

Excited



Frustrated



Angry



Sad



jittery



I Need...

take a walk



squeezes



use break area



sit at desk



alone/quiet time



new toy choice



snack



outside break



talk to someone



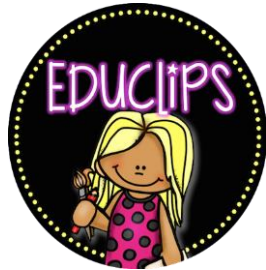
deep breaths



TERMS OF USE

- Print and Laminate for longevity.
 - Have students identify on the board what they are currently feeling.
 - Pre-teach options for appropriate alternate activities.
 - Have students select alternate activity from the board. At first, you may need to guide students through activity until they can become independent enough to complete on their own.
-
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Name:

Class:

Date:



GOOD OR BAD?

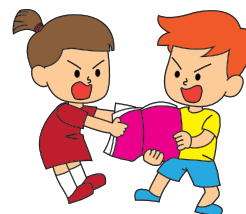
Kids' Visual Learning, All Rights Reserved

Cut and paste

GOOD



BAD



Name:

Class:

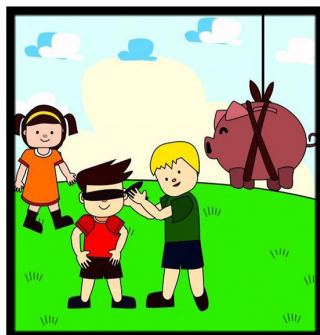
Date:

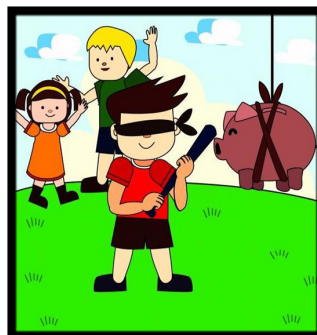
Ordering Events



The picture in each row tells a story, but they are out of order.
Put them in order by numbering them 1, 2, 3 and 4.







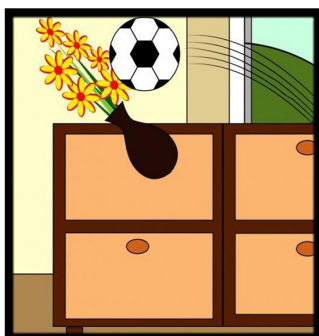


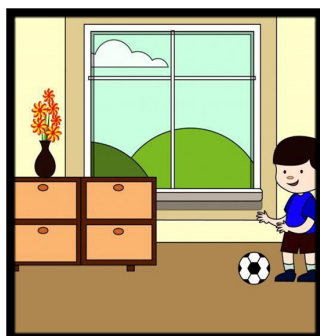




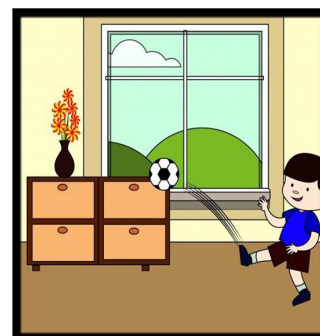












INFORMATION PACKET QUESTIONNAIRE

Autism Spectrum Disorder

1.0 Credit

NAME: _____ PHONE NO.: _____

Only one person per questionnaire. Feel free to make additional copies if needed.

ADDRESS: _____
Street or Post Office City/State Zip

EMAIL: _____

☐ **YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent? ☐ YES ☐ NO If YES, what is your Foster Home License #: _____

If NO, please check one: ☐ Pending Foster Parent ☐ OCS ☐ Birth Parent ☐ Adoptive Parent

☐ Residential Treatment Facility (License #: _____) ☐ Agency: _____

☐ Other *(please specify)*: _____

Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 815 Second Avenue Suite 202, Fairbanks, AK 99701. Or email to acr@nwresource.org or fax it to: 907-479-9666. You will be credited with 1.0 Credit for completion of this questionnaire.

1. This information packet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts that you learned or reaffirmed from reading this booklet. Write a short sentence or two describing how you can use them in your family.

a)

b)

Please see reverse side

INFORMATION PACKET QUESTIONNAIRE

2. List each title in this packet. In a few sentences, summarize the main purpose or key points for each section in this booklet:

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