

Contents...

Seven Ways to Help a Picky Eater with Autism	2
Ten Things Every Child with Autism Wishes You Knew	3
Childhood Obesity Concerns and Solutions	7
Preparing Your Family for Emergency Situations	8

Parent Focus

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Missouri Schools for the Severely Disabled

Dynamic Learning Map (DLM) Alternative Assessment

By Bonnie Aaron, Central Office

What is the difference between Dynamic Learning Map (DLM) Alternate Assessment and New MAP-A?

DLM Alternate Assessment and New MAP-A are the same. Missouri belongs to Dynamic Learning Maps (DLM), a consortium made up of 18 states. The DLM consortium team created an alternate assessment Missouri calls "New Map-A". DLM also created new standards called the Essential Elements, which are aligned to the Common Core State Standards.

What is the purpose of the New MAP-A?

The DLM Alternate Assessment, New MAP-A, aims to provide educators with a comprehensive system that supports student learning and measures what students with significant cognitive disabilities know and can do. The system is designed to support individualized learning experiences for each student by presenting questions and tasks that are appropriate for a student's cognitive and sensory abilities.

The New MAP-A is a computer-only test for all students who have the cognitive capacity to interact with a computer. This is determined by the area of the learning map with which the student is interacting. For students who are working in the initial areas of the map, their teachers will get a task from the computer and administer it outside of the system and then enter the results.

The New MAP-A uses technology-enhanced items that are cognitively appropriate which varies with the area of the map the student is learning. For example, if a map node is about ordering things, then an ordering technology-enhanced item type will be used.

Three test item types are currently developed:

- Multiple choice
- Technology-enhanced item types that support sorting, ordering and matching tasks
- Teacher observation checklists

Additional technology-enhanced item types are under development to support other cognitive tasks (e.g., labeling, comparing, contrasting, etc.).

Computer interaction:

- Most students are expected to interact directly with the computer.
- All items will be accessible via one-switch scanning devices, two-switch devices, alternate keyboard, mouse and iPad.
- Some students are expected to indicate their responses off-line, with teacher input on the computer.

The New MAP-A supports teacher instruction and student learning. The online tool is composed of more than 6,500 testlets, each of which includes an engagement activity and three to five assessment questions. Collectively, these testlets reveal what students know and can do, as well as provide valuable insights into student understanding that can inform teacher instruction.

How are the teachers trained to administer the New MAP-A?

MSSD teachers receive professional development using 12 self-directed online learning modules provided by DLM. For example, one of the professional development modules included training on Writing IEPs Aligned with the Essential Elements. The Essential Elements are embedded in the instructional testlet items and the summative assessment.

How can I learn more about the New MAP-A?

If you would like additional information about New MAP-A or to view sample subject area and student questions, please visit <http://dynamiclearningmaps.org/>. For an explanation of what DLM is and how it works, a brochure is available at http://www.dynamiclearningmaps.org/pdf/DLM_Brochure_fin.pdf.

Seven Ways to Help a Picky Eater with Autism

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Autism often goes hand in hand with food aversions; an expert provides strategies for gently expanding a narrow diet

If you have a picky eater with autism, know that you're not alone. A recent review of scientific studies found that children with autism are five times more likely to have mealtime challenges such as extremely narrow food selections, ritualistic eating behaviors (e.g. no foods can touch) and meal-related tantrums.

Researchers are still trying to fully understand the autism-picky eating connection. And Autism Speaks is currently funding a research project focused on expanding food choices by addressing underlying anxiety, inflexibility and sensory issues.

Meanwhile, the lead researcher of this new project – psychologist Emily Kuschner, PhD, of the Children's Hospital of Philadelphia (CHOP) – recommends the following strategies to gently expand the diet of picky eaters with autism. (CHOP is a member of Autism Speaks Autism Treatment Network.)

#1 Rule Out Medical Problems

If your child is clamping her lips shut when offered a certain food, it may be that she knows it will make her stomach hurt. Gastrointestinal distress is common among children with autism, many of whom can't easily describe their distress. Your child's doctor can help you figure out if this is the case and how to deal with it.

#2 Stay Calm

Many children need to taste a food more than a dozen times before they're willing to eat it without a fuss. Children with autism-related sensitivities can take longer. Be patient as your child explores and samples new foods. If your child continues to reject a food even after a dozen-plus tries, perhaps he just doesn't like it. Consider trying a different food. Above all, don't let mealtime become a family battleground. Instead, get creative.

#3 Take Steps Toward Tasting

Many individuals with autism are afraid to try new things. Help your child explore a new food by looking at it, touching it and smelling it. When he's ready for a taste, he can try giving the food "a kiss" or licking it before putting a whole bite into his mouth. Sometimes, mixing a new food with a favorite one can help.

#4 Tune into Textures

Autism often comes with hypersensitivity to textures. So remember that it may be how a food feels in the mouth, rather than its flavor, that produces a food aversion. The squishiness of a fresh tomato is a classic example. Try chopping or blending such foods to smooth out the offending texture. That tomato, for example, can be chopped into salsa or blended and cooked into pasta sauce.

#5 Play with New Food

That's right. Playing with a new food is another way to build familiarity and decrease mealtime anxiety. Together, try painting with pasta sauce. Use veggies to make faces on pizza. Use cookie cutters to cut sandwiches into fun shapes. While you're playing, let your child see you taste — and enjoy — the food.

#6 Offer Choices and Control

Your loved one with autism may need to feel some control over what she puts into her mouth. It's also okay to simply not like some foods. So try to offer a broad variety and allow choices within the categories you care about. For example, you might decide that your child needs to have one serving of vegetables and one of protein for dinner. So put five types of these foods on the table and allow your child to choose at least one vegetable and one protein. Along the same lines, if you're making a favorite dish such as pasta, ask your child to add one mystery ingredient for other family members to discover during the meal. She gets to choose: corn, broccoli or chicken?

#7 Be Careful with Rewards

In the long-run, it's important to reward and reinforce your child's flexibility with food and willingness to try new foods. But blatant bribes can backfire. Your child may eat the food, but won't learn to enjoy it or understand why it's important to eat a well-rounded diet — and that's the goal. Let dessert and treats be part of meals and snacks, but don't use them as carrots to get your child to eat carrots.

Parent Focus

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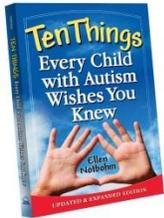
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Information concerning other available resources, programs, etc., is not to be construed as an endorsement by Missouri Schools for the Severely Disabled for any specific product, organization, or philosophy.

Ten Things

Every Child with Autism Wishes You Knew

by Ellen Notbohm



from the book *Ten Things Every Child with Autism Wishes You Knew*, 2nd edition
Bronze Medal in Psychology, ForeWord Book of the Year Awards

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Some days it seems the only predictable thing about it is the unpredictability. The only consistent attribute—the inconsistency. Autism can be baffling, even to those who spend their lives around it. The child who lives with autism may look “normal” but his behavior can be perplexing and downright difficult.

Autism was once labeled an “incurable disorder,” but that notion has crumbled in the face knowledge and understanding that increase even as you read this. Every day, individuals with autism show us that they can overcome, compensate for and otherwise manage many of autism’s most challenging characteristics. Equipping those around our children with simple understanding of autism’s basic elements has a tremendous impact on their ability to journey towards productive, independent adulthood.

Autism is a complex disorder but for purposes of this article, we can distill its myriad characteristics into four fundamental areas: sensory processing challenges, speech/language delays and impairments, the elusive social interaction skills and whole child/self-esteem issues. And though these four elements may be common to many children, keep front-of-mind the fact that autism is a spectrum disorder: no two (or ten or twenty) children with autism will be completely alike. Every child will be at a different point on the spectrum. And, just as importantly, every parent, teacher and caregiver will be at a different point on the spectrum. Child or adult, each will have a unique set of needs.

Here are ten things every child with autism wishes you knew:

1. I am a child.

My autism is part of who I am, not all of who I am. Are you just one thing, or are you a person with thoughts, feelings, preferences, ideas, talents, and dreams? Are you fat (overweight), myopic (wear glasses) or klutzy (uncoordinated)? Those may be things that I see first when I meet you, but you’re more than just that, aren’t you?

As an adult, you have control over how you define yourself. If you want to single out one characteristic, you can make that known. As a child, I am still unfolding. Neither you nor I yet know what I may be capable of. If you think of me as just one thing, you run the danger of setting up an expectation that may be too low. And if I get a sense that you don't think I "can do it," my natural response will be, why try?

2. My senses are out of sync.

This means that ordinary sights, sounds, smells, tastes, and touches that you may not even notice can be downright painful for me. My environment often feels hostile. I may appear withdrawn or belligerent or mean to you, but I'm just trying to defend myself. Here's why a simple trip to the grocery store may be agonizing for me.

My hearing may be hyperacute. Dozens of people jabber at once. The loudspeaker booms today's special. Music blares from the sound system. Registers beep and cough, a coffee grinder chugs. The meat cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My brain can't filter all the input and I'm in overload!

My sense of smell may be highly sensitive. The fish at the meat counter isn't quite fresh, the guy standing next to us hasn't showered today, the deli is handing out sausage samples, the baby in line ahead of us has a poopy diaper, they're mopping up pickles on aisle three with ammonia. I feel like throwing up.

And there's so much hitting my eyes! The fluorescent light is not only too bright, it flickers. The space seems to be moving; the pulsating light bounces off everything and distorts what I am seeing. There are too many items for me to be able to focus (my brain may compensate with tunnel vision), swirling fans on the ceiling, so many bodies in constant motion. All this affects how I feel just standing there, and now I can't even tell where my body is in space.

3. Distinguish between won't (I choose not to) and can't (I am not able to).

It isn't that I don't listen to instructions. It's that I can't understand you. When you call to me from across the room, I hear "Jordan. #%^&@, Jordan. #%^&@." Instead, come over to me, get my attention, and speak in plain words: "Jordan, put your book in your desk. It's time to go to lunch." This tells me what you want me to do and what is going to happen next. Now it's much easier for me to comply.

4. I'm a concrete thinker. I interpret language literally.

You confuse me by saying, "Hold your horses, cowboy!" when what you mean is, "Stop running." Don't tell me something is "a piece of cake" when there's no dessert in sight and what you mean is, "This will be easy for you to do." When you say, "It's pouring cats and dogs," I see pets coming out of a pitcher. Tell me, "It's raining hard."

Idioms, puns, nuances, inferences, metaphors, allusions, and sarcasm are lost on me.

5. Listen to all the ways I'm trying to communicate.

It's hard for me to tell you what I need when I don't have a way to describe my feelings. I may be hungry, frustrated, frightened, or confused but right now I can't find those words. Be alert for

body language, withdrawal, agitation or other signs that tell you something is wrong. They're there.

Or, you may hear me compensate for not having all the words I need by sounding like a little professor or movie star, rattling off words or whole scripts well beyond my developmental age. I've memorized these messages from the world around me because I know I am expected to speak when spoken to. They may come from books, television, or the speech of other people. Grown-ups call it echolalia. I may not understand the context or the terminology I'm using. I just know that it gets me off the hook for coming up with a reply.

6. Picture this! I'm visually oriented.

Show me how to do something rather than just telling me. And be prepared to show me many times. Lots of patient practice helps me learn.

Visual supports help me move through my day. They relieve me of the stress of having to remember what comes next, make for smooth transition between activities, and help me manage my time and meet your expectations.

I need to see something to learn it, because spoken words are like steam to me; they evaporate in an instant, before I have a chance to make sense of them. I don't have instant-processing skills. Instructions and information presented to me visually can stay in front of me for as long as I need, and will be just the same when I come back to them later. Without this, I live the constant frustration of knowing that I'm missing big blocks of information and expectations, and am helpless to do anything about it.

7. Focus and build on what I can do rather than what I can't do.

Like any person, I can't learn in an environment where I'm constantly made to feel that I'm not good enough and that I need fixing. I avoid trying anything new when I'm sure all I'll get is criticism, no matter how "constructive" you think you're being. Look for my strengths and you will find them. There is more than one right way to do most things.

8. Help me with social interactions.

It may look like I don't want to play with the other kids on the playground, but it may be that I simply do not know how to start a conversation or join their play. Teach me how to play with others. Encourage other children to invite me to play along. I might be delighted to be included. I do best in structured play activities that have a clear beginning and end. I don't know how to read facial expressions, body language, or the emotions of others. Coach me. If I laugh when Emily falls off the slide, it's not that I think it's funny. It's that I don't know what to say. Talk to me about Emily's feelings and teach me to ask, "Are you okay?"

9. Identify what triggers my meltdowns.

Meltdowns and blow-ups are more horrid for me than they are for you. They occur because one or more of my senses has gone into overload, or because I've been pushed past the limit of my social abilities. If you can figure out why my meltdowns occur, they can be prevented. Keep a log noting times, settings, people, and activities. A pattern may emerge.

Remember that everything I do is a form of communication. It tells you, when my words cannot, how I'm reacting to what is happening around me.

My behavior may have a physical cause. Food allergies and sensitivities sleep problems and gastrointestinal problems can all affect my behavior. Look for signs, because I may not be able to tell you about these things.

10. Love me unconditionally.

Throw away thoughts like, "If you would just—" and "Why can't you—?" You didn't fulfill every expectation your parents had for you and you wouldn't like being constantly reminded of it. I didn't choose to have autism. Remember that it's happening to me, not you. Without your support, my chances of growing up to be successful and independent are slim. With your support and guidance, the possibilities are broader than you might think.

Three words we both need to live by: Patience. Patience. Patience.

View my autism as a different ability rather than a disability. Look past what you may see as limitations and see my strengths. I may not be good at eye contact or conversation, but have you noticed that I don't lie, cheat at games, or pass judgment on other people?

I rely on you. All that I might become won't happen without you as my foundation. Be my advocate, be my guide, love me for who I am, and we'll see how far I can go.

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Award-winning author and mother of sons with ADHD and autism, Ellen Notbohm's books and articles have informed and delighted millions in more than twenty languages. Her work has won a Silver Medal in the Independent Publishers Book Awards, a ForeWord Book of Year Bronze medal, Honorable Mention and two finalist designations, two Mom's Choice Gold Awards, *Learning* magazine's Teacher's Choice Award, two iParenting Media awards, and an Eric Hoffer Book Award finalist designation. She is a contributor to numerous publications, classrooms, conferences and websites worldwide. To contact Ellen or explore her work, please visit www.ellennotbohm.com.

Parent Resources

Childhood Obesity Concerns and Solutions

Estimates show that one in six children ages 6-10 are overweight and 15 percent of all children in the United States are overweight. Studies have shown a dramatic rise in the number of obese young people in America over the last few decades. Being overweight is twice as common among kids and teenagers as it was 20 years ago.

Being obese increases a child's risk for serious medical problems during childhood, such as:

- high blood pressure and cholesterol
- hip and other bone problems
- poor self-esteem
- liver problems
- early puberty
- diabetes
- sleep apnea and breathing problems
- gastrointestinal disease
- heart disease

What can you do to help your child?

- Do not use food as a comfort measure.
- Mealtime should be family time.

Create a relaxed atmosphere around meals. Eat slowly, and enjoy your food. Eat together as a family, and do not watch television during meals.

- Keep only healthy foods in your home. Having junk food around for other family members and trying to police what your child eats only promotes sneak eating.

- Limit television viewing time. There is a direct relationship between the amount of time spent watching TV and the

degree a person is overweight.

- Praise your child for healthy food choices and physical activity.
- Have structured mealtimes and snacks on a schedule. Model and insist on good meal habits. Eating less breakfast and more dinner or skipping breakfast increases the risk for obesity.
- Encourage physical activity. Make sure your child gets outside during daylight hours. This will encourage physical activity and will rule out the inactive pursuits of TV and other media.

Snacking

Pay attention to snacks – they do count! Lots of snacking leads to a higher calorie intake, and many typical snack foods are not very nutritious. Keep healthy snacks on hand, and allow your child easy access to them. (Keep reading for an A-Z list of some healthy snacks.)

Working as a team

Families are encouraged to tackle the problem together. Family members should try to be supportive, encourage healthy eating habits, encourage physical activity, discourage inactive pastimes and be positive role models.

When healthy eating and physical-activity habits are adopted together, the entire family will be healthier.

Healthy Snacks A-Z

- A Apples, Apricots
- B Bananas, Bean Dip, Blueberries
- C Cantaloupe, Carrots, Celery, Cauliflower, Cheese*
- D Dried Cereal, Dried Fruit Chips
- E Eggs, Edamame
- F Frozen Fruit Bars, Fig Cookies, Fruit Cups**
- G Grapes, Granola, Graham Crackers
- H Honeydew Melon, Hummus
- I Iced Fruit (grapes or melon cubes)
- J Juices (100% juice), Jicama
- K Kiwi
- L Low-fat Pudding*
- M Milk*, Mangoes
- N Nectarines, Nuts
- O Orange Wedges, Oatmeal
- P Peaches, Plums, Peppers, Pita Bread, Peanut Butter*
- Q Quick Carrot Sticks
- R Raisins, Rice Cakes
- S Strawberries, Salsa
- T Tortillas w/Filling, Tomatoes, Trail Mix
- U Unbuttered Popcorn
- V Veggies
- W Watermelon, Water, Wholegrain toast, chips, bread or crackers
- X eXciting Fruit Smoothies
- Y Yogurt, Yellow Squash
- Z Zucchini Slices

*Use low-fat version

**Extra light or in fruit juice

Preparing Your Family for Emergency Situations

By Claudia Rampley, Central Office

Missouri has faced many emergencies in the last several years: tornadoes, floods, winter storms and power outages. These events throughout the state have proven the importance of being prepared when disaster strikes. If a disaster happens in your community, are you prepared to care for yourself and your family for a minimum of 72 hours? The following tips from Homeland Security will help you become better prepared for an emergency.

1. Take a moment to imagine that there is an emergency in your home and you need to leave quickly. What are the best escape routes? Find at least two ways out of each room, and then write them down. You now have the beginning of an emergency plan.
2. Designate two locations to meet after a disaster. Choose one right outside of your home in case of a sudden household emergency. The second place you choose should be outside your neighborhood in the event that it is not safe to stay near or return to your home.
3. Choose an emergency contact person outside of your area; it might be easier to call long distance after a local/regional disaster. Be sure to share the contact's phone number with everyone in your family. Call your contact during an emergency; he or she can share information with other family members.
4. Complete an emergency contact card and make copies for all members of your family to carry with them. Be sure to include an out-of-town contact. Visit <http://www.redcross.org> or <http://www.ready.gov> for sample emergency contact cards.
5. Dogs might be man's best friend, but most emergency shelters cannot house animals due to health regulations. Find out in advance how to care for your pets when disaster strikes. Be sure to store extra food and water for them. For more information, visit the Humane Society Web site at <http://www.hsus.org>.
6. Put a reminder on your calendar every six months to review your emergency plan, update numbers and check supplies to be sure nothing has expired, spoiled or changed. Remember to practice your tornado and fire escapes or other disaster plans.
7. Teach your children how and when to call 9-1-1 or your local emergency medical services number for help. Post emergency telephone numbers next to telephones.
8. Conduct fire, tornado and earthquake drills; practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on a map in case main roads are blocked.
9. Talk to your neighbors about how you can work together. Find out if anyone has specialized equipment or expertise. Decide who will check on elderly or disabled neighbors. Make backup plans for children in case you can't get home in an emergency.
10. Keep enough supplies in your home to meet the needs of your family for at least three days. Remember your family's unique needs when making your emergency supply kit and plan.
11. Purchase or make your own first-aid kit; consider creating a kit for each vehicle. Go to <http://www.redcross.org> for more information.
12. Keep at least a three-day supply of water per person. Store a minimum of one gallon of water per person per day (two quarts for drinking and two quarts for food preparation and sanitation).
13. Read the information on your city, county and/or state government Web sites, as well as the "Plan & Prepare" or "Make a Plan" sections of <http://www.redcross.org> or <http://www.ready.gov>. Print out preparedness information and keep a copy with your supplies.
14. In some emergencies, you might be required to turn off your utilities. To prepare for this type of event: 1) Locate the electric, gas and water shut-off valves; 2) Keep necessary tools near gas and water shut-off valves; and 3) Teach adult family members how to turn off the utilities.
15. During an emergency, you might be asked to "shelter-in-place" or evacuate. Visit the aforementioned Web sites for more information. Remember that the best thing you can do during an emergency is to monitor messages broadcast on radio or television that will recommend ways to protect you and your family.

Keeping everyone safe during an emergency is very important, so take the time now to prepare for any future occurrences.