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Missouri Schools for the Severely Disabled

Changes in the School Lunch Program 2012-13

By Stephanie Brooks, Central Office

The *Healthy, Hunger-Free Kids Act of 2010* requires significant changes to the school lunch program beginning with this school year. The previous school meal standards were developed 15 years ago and did not meet current nutritional guidelines. The new regulations now focus on school meals that are high in nutrients and provide adequate calories, while reducing students' risk for obesity and other serious chronic diseases.

Sixteen of the Missouri Schools for the Severely Disabled (MSSD) schools have industrial kitchens and prepare meals for our students. The remaining schools are supplied with lunch cooked by the local school district. All schools serving federally-reimbursable meals are required to move towards complying with the new rules this school year. MSSD is not able to control how quickly the local school districts comply, but we have moved towards immediate compliance in our own kitchens.

The menus sent home show the meals for grades K-8 and 9-12. The two younger grade groups (K-5 and 6-8) share the same menu since there is overlap in the requirements for this group and they can share similar sized servings. The older group (9-12) receives more calories through larger servings of some dishes and extra items.

Changes for the cooks

- MSSD Central Office has released standardized recipes and menus to be used in all our kitchens. Recipes were changed to reduce salt and fat content and increase quantities of wholegrains, fruits and vegetables.
- There is more emphasis on cooking food from scratch, which gives the cooks control over the ingredients and sodium content.
- MSSD is moving towards using a limited range of processed foods. This will be more apparent in August, 2013.
- Cooks now need to focus closely on the size of portions to ensure the meals are within the accepted calorie range for each grade group.
- The majority of desserts (cakes, pies, cookies, etc.) have been eliminated.

Differences the students may notice

- Most grains served are wholegrain. Schools are serving wholegrain pastas, bread and buns, and brown rice. Baked goods contain at least 50% wholegrain flour.
- The servings of vegetables and fruit are larger than before. Students receive both vegetables and fruit every day.
- A wider variety of vegetables are offered. Each week, the students must receive minimum servings from these groups:
 - ✓ Dark green (broccoli, spinach, romaine lettuce)
 - ✓ Red orange (carrots, tomatoes, sweet potatoes)
 - ✓ Dried beans and peas (kidney, black, navy, refried beans)
 - ✓ Starchy (potatoes, corn, peas, lima beans)
 - ✓ Other (green beans, cauliflower, beets, brussel sprouts)
- The menus include options for fresh salads, raw vegetables and fresh fruit.
- At least two varieties of milk are offered (either fat free unflavored or flavored, or 1% unflavored). →



Changes in the School Lunch Program 2012-13
(from Page 1)

What you can do at home to offer healthy food options

- Encourage your children to try new foods – let them see you enjoying fruits, vegetables and wholegrain options. Buy a new fruit or vegetable and have everyone try it.
- Limit the number of times the family selects fast food or eats out each week.
- Cook healthy meals from scratch in bulk, then portion and freeze. Serve the meals on days when you don't have time to cook.
- Focus on low-fat or fat-free dairy items (milk, cheese, yogurt) and lean meat (chicken, turkey) and fish (tuna, catfish, tilapia).
- Let your children help prepare meals.
- Visit open markets or farmers' markets to see the wide range of fruits and vegetables available.
- Make fruits and vegetables more interesting by serving with low-fat dips, dressing or hummus.
- Focus on healthy snacks at home.

Daily Lunch Components						
Grade Groups	Milk	Meat/Meat Alternate	Grain	Vegetables	Fruit	Average calories
K-5	1 cup	1 oz minimum (8-10 oz per week)	1 oz minimum (8-9 oz per week)	¾ cup minimum	½ cup minimum	550-650
6-8	1 cup	1 oz minimum (9-10 oz per week)	1 oz minimum (8-10 oz per week)	¾ cup minimum	½ cup minimum	600-700
9-12	1 cup	2 oz minimum (10-12 oz per week)	2 oz minimum (10-12 oz per week)	1 cup minimum	1 cup minimum	750-850

Parent Focus

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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.



Healthy Snacks A-Z

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

*Use low-fat version

**Extra light or in fruit juice

Autism Facts

This fact sheet is produced by the National Autism Association

<http://nationalautismassociation.org/resources/autism-fact-sheet/>

What is Autism?

- Autism is a bio-neurological developmental disability that generally appears before the age of 3.
- Autism impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function. Individuals with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.
- Individuals with autism often suffer from numerous co-morbid medical conditions which may include: allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration dysfunction, sleeping disorders, and more.
- Autism is diagnosed four times more often in boys than girls. Its prevalence is not affected by race, region, or socio-economic status. Since autism was first diagnosed in the U.S. the incidence has climbed to an alarming one in 88 children in the U.S.
- Autism itself does not affect life expectancy, however research has shown that the mortality risk among individuals with autism is twice as high as the general population, in large part due to drowning and other accidents.
- Currently there is no cure for autism, though with early intervention and treatment, the diverse symptoms related to autism can be greatly improved and in some cases completely overcome.

Autism Facts & Stats

- Autism now affects 1 in 88 children.
- Boys are four times more likely to have autism than girls.
- About 40% of children with autism do not speak. About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them. Others might speak, but not until later in childhood.
- Autism greatly varies from person to person (no two people with autism are alike).
- The rate of autism has steadily grown over the last twenty years.
- Co-morbid conditions often associated with autism include Fragile X, allergies, asthma, epilepsy, bowel disease, gastrointestinal/digestive disorders, persistent viral infections, PANDAS, feeding disorders, anxiety disorder, bipolar disorder, ADHD, Tourette Syndrome, OCD, sensory integration dysfunction, sleeping disorders, immune disorders, autoimmune disorders, and neuroinflammation.
- Autism is the fastest growing developmental disorder, yet most underfunded.
- A 2008 Danish Study found that the mortality risk among those with autism was nearly twice that of the general population.
- Children with autism do progress – early intervention is key.

Toilet Training

By Merv Blunt, Central Office

Autism is a developmental disability which effects one out of 88 children in the United States. The range for boys affected by autism is one in 54. Some of the more common symptoms of autism involve difficulty with communication and social interaction, and repetitive behaviors. Children with autism may have abnormal responses to sound, touch or other sensory stimulation. Typically these characteristics manifest themselves by the age of three.

One of the more difficult skills for a child with autism to develop is going to the bathroom. Many of the characteristics of autism work against the child developing the ability to use the bathroom. Although this article addresses specific problems and solutions about toilet training for children who are autistic, the solutions can be applied to any child who is having difficulty being toilet trained.

Some specific characteristics of autism impede a child's use of the toilet

- Some toileting programs are based on praise and the child feeling proud to be a “big girl or big boy”. Many children with autism are not motivated only by social praise.
- Children with an attachment to routines can have a negative impact on the child's ability to learn to use the toilet. They are resistant to any change in their routine, such as having to go into the bathroom or wearing a pull-up.
- Many children with autism have difficulty understanding and expressing themselves. They are not able to verbally express the need to go to the bathroom or do not understand what the parent is expecting of them in the bathroom.
- The child has an atypical relationship with their bodies. Children don't react to the signs their body is giving them. Some children are not aware of the urge to use the toilet or they don't want to sit on the stool.
- Sensory stimulation can have a profound impact on a child and the child may become overwhelmed by all the sensory stimuli in the bathroom. He may not like the bright lights in the bathroom or the sounds of running and flushing water.
- The child may like to play with items in the bathroom. They may splash water in the sink/toilet or play with the roll of toilet paper. →

Toilet Training (from page 3)

How to help a child learn to use the bathroom

- Going to the bathroom must be motivating for the child. Sometimes verbal praise is not enough motivation for the child and tangible reinforcements may need to be provided.
- To help the child understand what is expected of him, task analyze the steps necessary for the child to be successful in the bathroom and slowly introduce each step to the child. Depending on the child's need, the first step may be that he just enters the bathroom.
- Provide visual cues for the child along with verbal directions. The visual cues may be the entire process of going to the bathroom for the child to follow or a specific activity in the bathroom, such as hand washing.
- Minimize the sensory stimulation in the bathroom. Dim the lights or don't turn them on during the day, use wet wipes to wash hands rather than having the child play in the water.
- Toilet training is a very time consuming process. If you put the child on a timed schedule (going to the bathroom every 30 minutes) you have to be willing to follow through on taking the child to the bathroom at each timed interval.
- Consistency is always important when you are teaching a new skill to a child. If you are not consistent, then the child doesn't know what to expect.

Resources

Toilet Training and Autism – http://www.brighttots.com/Toilet_training_and_autism

Autism and Toilet Training – <http://behavioradvisor.ipower.com/Autism&Toileting.html>

Autism Fact Sheet – http://childdevelopmentinfo.com/childpsychology/autism_fact_sheet.shtml

USE OF VISUAL SCHEDULES

By Mary C. Wood, Central Office

A visual schedule is used as a representation of what is going to happen throughout the day or within a task or activity. A child learns each routine by completing tasks and receiving reinforcement in sequential order. The use of such a schedule is helpful for breaking down a task that has multiple steps to ensure the teaching and compliance of those steps. It is also effective in decreasing anxiety and rigidity surrounding transitions by communicating when specific activities will occur throughout the day. The goal of using a visual schedule is to create an environment where each student can operate as successfully and independently as possible.

Steps in teaching a visual schedule

1. Teach your child the concept of sequence. For example “first you will do ‘this’, then next you will do ‘that’”, then you will develop a more complex schedule for a series of activities during the day.
2. Decide the activities or tasks you will picture in the schedule. Choose activities that will actually happen, and in the specific order the activities will occur. It is a good idea to mix in preferred activities with non-preferred ones.
3. Determine the visuals (objects, line-drawings, photographs) that show the activities you have identified.
4. When it is time for an activity on the schedule to occur, cue your child with a brief physical, visual or verbal prompt. For example, you may tap your child's hand and gesture toward the schedule, or you may say, “Ann, look at the schedule.” This helps your child pay attention as the next activity begins. At first you may need to physically guide your child. You can gradually decrease physical prompts as your child begins to use the schedule more independently.
5. When a task is completed, cue your child to check the schedule again, using the procedure as previously described, and transition to the next activity.
6. It is important to provide positive reinforcement to your child for following the schedule and for transitioning to and completing activities on the schedule. It may be helpful to use an auditory or visual timer to make transition times clear to your child.
7. After using the schedule for a period of time, it will be helpful for you to mix some variability into the schedule. Use of variability can introduce a symbol that represents an unknown activity. Begin to teach this concept by pairing this with a positive activity. Gradually, you will be able to use this unknown activity for unexpected changes in the schedule, such as a fire alarm or shortened school day.
8. If challenging behaviors occur while using a visual schedule, continue by physically prompting your child to complete the task that is occurring. Keep your focus on the task rather than on the challenging behavior. Then transition to the next activity as communicated by the schedule, still providing the reinforcing item or activity indicated on the schedule. It is important to be consistent with reinforcement since the focus of the schedule is on completing the task and not on addressing challenging behaviors.

If you believe challenging behaviors may occur while using the visual schedule, begin by introducing the visual schedule during tasks that your child usually completes willingly and successfully. If challenging behaviors become more difficult to control or aggressive, then it will be important to address the behaviors themselves.

For additional information on use of visual schedules, you may access Fact Sheets from Project ACCESS at <http://education.missouristate.edu/access/7755.htm>.