#### 1. Introduction









October 1, 2008

Dear Respondent,

The members of the Special Act No. 08-5 feasibility study group request your participation with a needs assessment survey project. The purpose of this survey collection is to solicit information from school personnel, colleges, universities and other educator preparation programs, service providers, friends, families, and concerned citizens to identify statewide issues and potential solutions with regard to methods of teaching individuals with autism and other developmental disabilities. The intent of Special Act 08-5 is to address the training needs of those individuals in a teacher preparation program or those individuals identified by a school district, other approved education agency, or approved Birth to Three program as having the primary responsibility for implementing the Individualized Education Program (IEP) and/or the Individualized Family Service Plan (IFSP) of infants, toddlers, children and youth with autism or other developmental disabilities. For the purposes of meeting the Act's requirements concerning the incorporation of teaching methodologies that support the unique needs of these learners, the state plan will concentrate on those individuals educating or preparing to educate students determined eligible to receive services under Part B or Part C of the Individuals with Disabilities Education Act (IDEA) 2004 due to one or both of the following conditions:

- Classification of autism as described in Connecticut's Guidelines for Identification and Education of Children and Youth with Autism (2005) and/or
- Documented developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights of Act of 2000 in section 102 (8) who are eligible under Part B or Part C of the IDEA (2004).

For the purposes of this needs assessment, the term "Other Developmental Disabilities" (DD) will be defined according to the federal definition which is said to cover persons whose disability occurs before age 22 and includes a mental or physical impairment or a combination of both. There must be a substantial limitation in three or more of major life areas: self-care, expressive/receptive language, learning, mobility, capacity for independent living, economic self-sufficiency, or self direction. Finally, for this survey, we are referring to those individuals who meet the federal definition and have qualified for special education services under IDEA.

Enclosed with this letter is an electronic link to a questionnaire that asks a variety of questions about the needs of school districts and service providers working with this learner population. We are asking you to look over the questionnaire and, if you choose to do so, complete the questionnaire and send it back to us electronically by selecting the Submit button at the end of the questionnaire. Your responses will not be identified with you personally, nor will anyone be able to determine which district you work for or with given your current role or relationship to a child with autism or other developmental disability. This survey does not involve any personal risk and the benefits of your participation may impact Connecticut communities by increasing the knowledge of needs across the state concerning teaching methodologies.

We hope you will take time to complete this questionnaire. This should take approximately 10-15 minutes of your time. Without the help of people like you, research on needs and practices could not be conducted. Your participation is voluntary. Through your participation, we hope to understand how best to satisfy the needs of organizations, families, service providers, and the community educating individuals with autism and other developmental disabilities.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact XXXX at (XXX) XXX-XXXX or XXXXX@xxx.gov.

Please complete this survey by October 15, 2008. Thank you in advance for your participation in this important study.

Sincerely,

The Special Act 05 Designees

Ruth Eren, Associate Professor, School of Education Davis Hall Southern Connecticut State University 501 Crescent Street New Haven, CT 06515

E-mail: erenr1@southernct.edu

Tel: (203) 392-5947

Jacqueline Kelleher, Education Consultant
Division of Family and Student Support Services, Bureau of Special Education
Connecticut State Department of Education
165 Capitol Ave., Room 369
Hartford, CT 06106-1630

Tel: (860) 713-6918 Fax: (860) 713-7051

E-mail: jacqueline.kelleher@ct.gov

Kathy Reddington, Autism Pilot Project Coordinator Department of Developmental Services 460 Capitol Avenue Hartford, CT 06106

Tel: (860) 418-6026 Fax: (860) 418-6003

 $E\text{-}mail: \ kathryn.reddington@ct.gov$ 

Anne Louise Thompson, Chief Division of Family and Student Support Services, Bureau of Special Education Connecticut State Department of Education 165 Capitol Avenue, Room 360 Hartford, CT 06106-1630

Tel: (860) 713-6912 Fax: (860) 713-7014

E-mail: annelouise.thompson@ct.gov

Jonas Zdanys, Associate Commissioner for Academic Affairs & Chief Academic Officer Department of Higher Education 61 Woodland Street Hartford, CT 06105-2326

Tel: (860) 947-1822 E-mail: JZdanys@ctdhe.org

Additional Representatives from Southern Connecticut State University

James Granfield, Interim Dean, School of Education Davis Hall Southern Connecticut State University 501 Crescent Street

New Haven, CT 06515 Tel: (203)392-5900 Fax: (203)392-5908

E-mail: granfieldj1@southernct.edu

Pam Brucker, Chair, Department of Special Education and Reading Davis Hall Southern Connecticut State University 501 Crescent Street

New Haven, CT 06515-1355

Tel: (203) 392-5950 Fax: (203) 392-5927

E-mail: bruckerp1@southernct.edu

Legislative Liaison for the State University System

Jill Ferraiolo
Associate Vice Chancellor for Government Relations/Communications
Connecticut State University System
39 Woodland Street
Hartford, CT 06105

Tel: (860) 493-0017 Fax: (860) 493-0026 E-mail: ferraioloj@ct.edu

### 2. Demographics

Please tell us about yourself.

1. Current Role (For purposes of this survey, please check only one option)

| jn Advocate   | jn Paraprofessional                           | j∩ School Administrator - High School                            |
|---|---|--|
| jn Autism Specialist/Consultant                           | jn Parent/Primary Caregiver                   | jn School Administrator - Middle School                          |
| jn Case Manager   | jn Psychologist/School Psychologist           | jn School Administrator - Preschool                              |
| $j_{\text{T}}$ Early Childhood Educator (Birth – 5 years) | jn Regular Education Teacher -<br>Elementary  | jn School Social Worker  |
| jn Guidance Counselor                                     | jn Regular Education Teacher - High<br>School | jn Special Education Administrator  jn Special Education Teacher |
| jn Higher Education                                       | †ր Regular Education Teacher - Middle         | j∩ Speech Language   |
| $j_{\Omega}$ Individual with an ASD or a DD               | School  | Pathologist/Provider   |
| jn Occupational/Physical Therapist                        | jn Regular Education Teacher -<br>Preschool   |  |
|   | jn School Administrator - Elementary          |  |
| $j_{\Omega}$ Other (please specify)                       |   |  |
|   |   |  |

#### 3. School Form

1. Current place of employment (Please check one)

```
jm Birth-to-Three Program
jm Higher Education
jm Private Facility
jm Public School
jm Regional Education Service Center (RESC)
jm Self Employed
jm Other (please specify)
```

2. Years in Current Role (Please check one)

```
jn 0 - 5
```

jn 6 – 10

jn 11 – 15

jn 16 – 20

jn 21 – 25

<u>m</u> 26 – 30

n Over 30

3. Select the RESC/area of CT where you are currently employed:

```
CREC (Central)
```

EASTCONN (Northeast)

↑ ACES (South Central)

EDUCATION CONNECTION (Northwestern)

CES (Southwestern)

jn Project LEARN (Southeastern)

j∩ Don't Know

#### 4. Parent Form

| . I dienti onin   |
|---|
| 1. If you are a parent of a child with ASD or DD, what is your child's age: |
| € 0 - 3   |
| € 4 - 6   |
| € 7 – 12  |
| € 13 – 17   |
| € 18 – 21   |
| 2. What is your child's current primary diagnosis? (Please check one)       |
| j <sub>∩</sub> Asperger's Syndrome/Disorder                                 |
| j₁ Autistic Disorder  |
| j∩ Childhood Disintegrative Disorder  |
| jn Pervasive Developmental Disorder   |
| jn Rett's Syndrome  |
| jn Other Developmental Disability (please specify)                          |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

#### 5. Directions for completing survey:

Please share your opinion about training opportunities for those working with children who have an autism spectrum disorder (ASD) or a developmental disability (DD) in your school or program. Rate the school/program's need for training. Additionally, please indicate if this topic area should be a priority for the school or program. We are interested in collecting information specifically regarding education individuals with an ASD or a DD. You may answer for one category or both disability categories.

#### Rating Code:

- 0 No need
- 1 Very low need
- 2 Low need
- 3 Moderate low need
- 4 Need
- 5 Priority need
- 6 High priority need
- 7 Very high priority need

NA Not Apllicable

#### 1. Knowledge of...

|   | ASD Rating | DD Rating | Should training in<br>this area be a<br>priority? |
|---|------------|-----------|---|
| 1. Range of general communication, social and behavioral characteristics and co-existing conditions of ASD/DD.  | ¥          | _         | •   |
| 2. Legal issues that impact educational practice.   | ▼          | ▼         | •   |
| 3. Early indicators in infants/toddlers, preschoolers and school age individuals.   | _          | ¥         | •   |
| 4. Possible courses of development and outcomes.  | -          | ₩         | ▼   |
| 5. Evidenced based research supported instructional methods and promising practices.  | ▼          | ▼         | ▼   |
| 6. Principles and application of applied behavioral analysis and positive behavioral supports as used in education.                                     | ▼          | ¥         | ▼   |
| 7. Methods and strategies specific to managing behavior.  | ▼          | ▼         | •   |
| 8. Associated factors such as mental health, sensory issues, diet, medication and their possible relationship to behavior.                              | •          | ▼         | ▼   |
| 9. Perspective taking difficulties and the impact this difficulty may have on behavior and social competence and strategies to address this difficulty. | v          | <b>V</b>  | •   |
| 10. Function of behavior and their possible communicative intent or purpose.  | ▼          | •         | •   |
| 11. Instruction to promote communicative and social alternatives to undesirable behaviors for both non-verbal and verbal students.                      | •          | ▼         | •   |
| 12. Evidenced based instructional strategies that increase play and leisure skills.   | •          | ▼         | ▼   |
| 13. Strategies/methods to improve social reciprocity and verbal interaction among peers.  | •          | _         | •   |
| 14. Evidenced based strategies to develop verbal and non-verbal communication skills.   | ▼          | ¥         | ▼   |

| Needs_ | Assessment                    | t for Educating   | g Childr | en with  | n Autisi | m and    | Other |          |
|--------|-------------------------------|---|----------|----------|----------|----------|-------|----------|
|        |                               | instruments and procedures<br>Is with suspected ASD/DD. | s used   | <b>—</b> |          | •        |       | <b>—</b> |
| 16. CT | State criteria for eligibilit | y and comprehensive evalua                              | ation.   | ▼        |          | <b>V</b> |       | •        |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |
|        |                               |   |          |          |          |          |       |          |

#### 6. Directions for completing survey:

Please share your opinion about training opportunities for those working with children who have an autism spectrum disorder (ASD) or a developmental disability (DD) in your school or program. Rate the school/program's need for training. Additionally, please indicate if this topic area should be a priority for the school or program. We are interested in collecting information specifically regarding education individuals with an ASD or a DD. You may answer for one category or both disability categories.

#### Rating Code:

- 0 No need
- 1 Very low need
- 2 Low need
- 3 Moderate low need
- 4 Need
- 5 Priority need
- 6 High priority need
- 7 Very high priority need

NA Not Apllicable

#### 1. Ability to...

|  | ASD Rating | DD Rating | Should training in<br>this area be a<br>priority? |
|--|------------|-----------|---|
| Plan and implement systematic instruction based on learner characteristics and previous on-going assessment.   | V          | V         | ▼   |
| 2. Evaluate and implement assistive technology options.  | -          | ▼         | •   |
| 3. Implement instructional programs that improve social skills and interactions between peers and adults.  | ¥          | ¥         | •   |
| 4. Implement instructional programs that address transition needs between grades and schools and across all settings.  | ¥          | ¥         | ▼   |
| 5. Collect and interpret data to document progress on outcomes and adjust programs as indicated by data.   | v          | •         | ▼   |
| 6. Provide training for parents and families to understand, work and interact more effectively.  | V          | V         | ▼   |
| 7. Provide environmental and structural accommodations across environments in order to ensure generalization of learning.  | v          | V         | ▼   |
| 8. Write specific behavioral plans based on a FBA.   |            | •         |   |
| 9. Foster social skill development through peer interactions, direct instruction, role playing, video modeling, etc.   | V          | V         | •   |
| 10. Implement evidenced based strategies that promote the development of self-help, independent living, transportation, community participation, safety and nutrition.     | v          | ▼         | •   |
| 11. Teach the unstated rules and customs that help regulate social behavior.   | v          | •         | ¥   |
| 12. Assist in understanding of sexuality and sexual behavior at home, school and community.  | V          | •         | •   |
| 13. Design and implement instructional programs that promote effective communication skills using appropriate verbal, augmentative, and alternative communication systems. | <u> </u>   | •         | ¥   |

| leeds Ass                      | sessment for  | Educating Ch  | nildren | with     | Autis | m and    | Oth | er       |
|--------------------------------|---|---|---------|----------|-------|----------|-----|----------|
|                                | nced based assessment pents to screen and evalua    | rocedures and evidenced te for ASD/DD.              |         |          |       | <b>V</b> |     | _        |
|                                |   | tal manner and incorporate overall assessment data. | е       | <b>-</b> |       | ¥        |     | <b>-</b> |
|                                | students, parents and preir implication for program | ofessionals the assessmen<br>n development.         | t       | <b>V</b> |       | •        |     | •        |
| 17. Interpret a interventions. | ssessment results and to                            | design appropriate                                  |         | •        |       | <b>\</b> |     | _        |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |
|                                |   |   |         |          |       |          |     |          |

#### 7. Previous Training

|     | evious rraining   |
|-----|---|
|     | What training have you participated in or received in the past three years related ASD? |
| é   | SERC Workshops  |
| é   | Lecture   |
| é   | Mentoring/Coaching  |
| é   | Video Instruction   |
| é   | In District Workshops   |
| é   | Statewide Conferences   |
| é   | National Conferences  |
| é   | College/University Courses  |
| é   | Advocacy organizations  |
| é   | Birth to Three Workshops  |
| é   | Journals, newspapers, magazines, TV   |
| é   | On-line   |
| É   | None  |
| Oth | er (please specify)   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |

| 2. \        | What training have you participated in or received in the past three years related  |
|-------------|---|
| to          | DD?   |
| é           | SERC Workshops  |
| é           | In District Workshops   |
| é           | Statewide Conferences   |
| é           | National Conferences  |
| é           | College/University Courses  |
| é           | Advocacy organizations  |
| é           | Birth to Three Workshops  |
| é           | Journals, newspapers, magazines, TV   |
| é           | On-line   |
| é           | Lecture   |
| ē           | Mentoring/Coaching  |
| ē           | Video Instruction   |
| ē           | None  |
| Oth         | er (please specify)   |
|             |   |
|             |   |
| 3.          | If you participated in training, what topics were included?(check all that apply)   |
| 3.          | If you participated in training, what topics were included?(check all that apply)  Academic Instruction   |
|             |   |
| Ē           | Academic Instruction  |
| ē           | Academic Instruction Social Skills  |
| 6           | Academic Instruction  Social Skills  Assessment/Evaluation  |
| e<br>e<br>e | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training   |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  Assistive Technology  |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  Assistive Technology  Behavioral Strategies   |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  Assistive Technology  Behavioral Strategies  Inclusion Strategies   |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  Assistive Technology  Behavioral Strategies  Inclusion Strategies  Differentiated Instruction                                 |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  Assistive Technology  Behavioral Strategies  Inclusion Strategies  Differentiated Instruction  Transition                     |
|             | Academic Instruction  Social Skills  Assessment/Evaluation  Discrete Trial Training  Communication  Assistive Technology  Behavioral Strategies  Inclusion Strategies  Differentiated Instruction  Transition  Independent Living |

# Needs Assessment for Educating Children with Autism and Other 4. Are there areas you wish you had additional training in? 5. Please select any barriers to training in your school or program: (check all that apply) € Time € Travel Scheduling Staff or class coverage Language Limited Technology Expertise Unavailable None Other (please specify)

## Needs Assessment for Educating Children with Autism and Other 8. Training Describe specific staff training that you believe your school or program needs in the following areas. Please skip items if you do not know. 1. Communication: 2. Social Skills: 3. Behavior: 4. Academic instruction/assessment: 5. Describe strengths your school or program demonstrates in educating children with ASD or DD. 6. Is there anything else about provider training that you would like to share with the feasibility study group at this time concerning Special Act 08-5? \* 7. The remainder of this needs assessment is for Directors of Special Education only. Are you a Director of Special Education? m Yes jn No

### 9. Directors of Special Education Only

1. What capacity does your district have to provide, if needed?

|                            | Full        | Partial    | Minimum    |
|----------------------------|-------------|------------|------------|
| Related Services           | <b>j</b> n  | <b>j</b> n | <b>j</b> a |
| Special transportation     | <b>j</b> m  | <b>j</b> m | <b>j</b> m |
| Outside consultant         | <b>j</b> n  | <b>j</b> α | <b>j</b> a |
| Paraprofessionals          | <b>j</b> n  | <b>j</b> ∩ | <b>j</b> n |
| Low student/teacher ration | <b>j</b> ʻn | <b>j</b> o | jα         |
| On-going training          | <b>j</b> n  | <b>j</b> n | <b>j</b> n |

2. How do you provide direct special education programming for students with ASD and DD in your district?

| jn  | Other (please specify)                    |
|-----|---|
| j'n | Out of district placement                 |
| j'n | Inclusionary Setting                      |
| j'n | Categorical Autism or DD class or program |

3. How do you provide support/indirect services and training for staff working with students with ASD or DD in your district?

|  | Yes        | No         |
|--|------------|------------|
| ASD specialist in your district          | jn         | jn         |
| Private Consultant                       | <b>j</b> m | <b>j</b> m |
| Parent/Advocacy<br>Organization          | j'n        | ĴΩ         |
| Higher Education                         | <b>j</b> m | <b>j</b> m |
| In-District or Local School<br>Personnel | j'n        | <b>j</b> n |
| None Available                           | <b>j</b> n | <b>j</b> m |
| Other (please specify)                   |            |            |
|  |            |            |

## Needs Assessment for Educating Children with Autism and Other 4. Do you have anyone in your district who has assigned lead responsibilities for

| students with ASD or DD?                                |                          | 3                          |            |
|---|--------------------------|----------------------------|------------|
| j <sub>∩</sub> Yes                                      |                          |                            |            |
| j∩ No   |                          |                            |            |
| If yes, what is that person's professional ba           | ckground?                |                            |            |
|   |                          |                            |            |
| 5. What are the most common and/or parents regarding AS |                          | s or issues you address f  | rom staff  |
| € Identification/Evaluation                             |                          |                            |            |
| € Behavior/Crisis Intervention                          |                          |                            |            |
| Programming   |                          |                            |            |
| Staffing Issues   |                          |                            |            |
| Social Skill Issues                                     |                          |                            |            |
| € ESY   |                          |                            |            |
| € Transition Services                                   |                          |                            |            |
| € Due Process/Compliance                                |                          |                            |            |
| € Skills for employment                                 |                          |                            |            |
| Other (please specify)                                  |                          |                            |            |
| 6. Do you currently have studyour district?             | ─<br>dents with ASD/DD t | hat meet criteria for exce | ss cost in |
|   | Yes/No                   | How many                   |            |
| Excess cost?  |                          | ▼                          |            |
| 7. Other comments, ideas, su                            | aggestions regarding     | staff training:            |            |
|   |                          |                            |            |

| Needs     | Assessment for Educating Children with Autism and Other                                   |
|-----------|---|
| 10. Tha   | anks!   |
| Thank you | u for participating in this needs assessment! Please click Done to submit your responses. |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |