

Physical Education for Students With Autism Spectrum Disorders

A Comprehensive Approach



Michelle Grenier

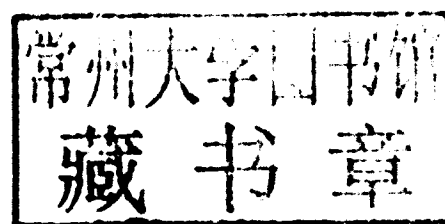
Editor

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孤独症谱系障碍学生体育教育



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A Comprehensive Approach

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Editor



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...to my mother, Mimi; and my children, Martine, Lily, and Liam.

Preface

Current estimates are that one out of every 88 children born in the United States will have some form of autism (Autism Speaks, n.d.). The term *autism spectrum disorders* (ASD) includes the autistic disorder, Asperger syndrome, pervasive developmental disorder not otherwise specified (PDD-NOS), Rett syndrome, and child disintegrative disorder. However, with the new publication of the *Diagnostic and Statistical Manual of Mental Disorder* (DSM-5), all of the subcategories have merged under the umbrella of ASD. Other changes include the reduction of the three primary categories of ASD (social difficulties, communication impairments, and repetitive or restrictive behaviors) into two categories identified as social-communication impairment and repetitive or restrictive behaviors. Although many have strong cognitive skills, it is often the social and behavioral aspects of their personalities that pose the biggest challenges for teachers in physical education (PE). In turn, these aspects can affect skill acquisition and peer relationships, two key aspects of PE.

The Individuals with Disabilities Education Improvement Act (IDEIA) of 2005 continues to suggest inclusion in the general education classroom, including physical education, as the recommended practice for educating students with ASD. This is due to the social and academic gains that occur when these students are educated alongside their peers (Fisher & Meyer, 2002; Goodman & Williams, 2007; Schreibman, 2005). However ideal this may sound, in reality it can be a difficult process, particularly when PE teachers are given little additional support. This book is a how-to primer designed to give both adapted and general physical education teachers useful programming ideas for students with ASD.

The contributors of this book share a mutual interest in students with ASD as both researchers and practitioners. Our intention in writing this book was not to offer ways to “fix” or change students with ASD, but rather to give educators a number of options to consider when deciding how to work with their students. The methods of organizing instruction can be applied in general

and adapted physical education settings as well as alternative and recreational settings.

In our conversations with teachers, we have found that training and resources are foundational for a better understanding of their students with ASD. For the most part, teachers may have a general idea of the characteristics of ASD, but they don’t always know how to deal with the specific behaviors when developing physical activity experiences. Questions teachers have include, Which instructional strategies should I use? What equipment works best? and, How do I know the student is making progress?

Oftentimes, students with ASD have trouble with social interactions and difficulty handling the loud, open space of the gymnasium. Group games can also be challenging for students with ASD who have poor motor skills and do not comprehend the social rules that involve sharing and taking turns. This book describes best practices from physical education, special education, and ASD training that will help practitioners meet their students’ needs so they, too, can enjoy the benefits of physical activity. It introduces the inclusion spectrum as a tool for analyzing instruction to align students’ abilities within the curriculum.

The primary contributors of this book are adapted and general physical education specialists whose collective experience spans decades of experience working with parents, special and general educators, and most important, students. Contributions from those in teacher education programs have also been solicited to discuss general research on the disability itself as well as assessment protocols that can be used to evaluate learning and the development of relevant individual education plan (IEP) goals and objectives.

Chapter 1, *Understanding Students With Autism Spectrum Disorders*, describes the characteristics of students on the autism spectrum and how their place on the spectrum affects learning. Chapter 2, *Autism Spectrum Disorders From the Family Perspective*, approaches ASD from both the parents’ and teacher’s perspective to gain insight into the challenges both face as well as

potential strategies for working together. Chapter 3, *Accessing the Curriculum Through the Inclusion Spectrum*, offers a practical view on what can be done to meaningfully include students in physical education. Chapter 4, *Proactive Strategies for Inclusion*, describes the behaviors that affect learning and discusses the use of assistive technology, social stories, graphic organizers, and behavioral interventions in addressing these behaviors. Chapter 5, *Reducing Stress to Optimize Learning*, presents an overview of the stress response and its effect on learning in relation to people with ASD. Chapter 6, *Assessment and the IEP Process*, presents the challenges of assessing motor, physical fitness, and sport skill in children with ASD as well as ways to address those challenges, and explains how this information can be used to evaluate learning and develop relevant IEP goals and objectives. Chapter 7, *Individualized Games and Activities*, and chapter 8, *Group*

Games and Activities, present lessons in the areas of motor and sport skill development, fitness, fundamental movement patterns, and perceptual motor skills for students from preschool through high school and beyond.

Each student with ASD is unique, and there is no one practice that will uniformly reach all students identified on the spectrum. Moreover, what works magically one day with a student may need to be reexamined the following day. Although being familiar with the characteristics of ASD helps to inform instruction, to develop a practice that reaches students, teachers need to consider the students themselves, what they are teaching, and the environment in which they are teaching. Individualizing instruction, in whatever context, is key. As Ann Griffin, one of our contributors, states, "When you get it right for this group of students, you will also have it right for all of the other students you are teaching."

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PART I
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**Developing Instruction
for Students With
Autism Spectrum Disorders**

Understanding Students With Autism Spectrum Disorders

Michelle Grenier

One of my primary goals as a teacher is to make sure everyone is included in physical education (PE) and that students with disabilities don't stick out in the classroom. I had the opportunity to test my beliefs two years ago when I had a three-year-old child with ASD enrolled in my program. I was concerned. I had had similar students in the past, but none who were only three years old! How was I going to manage this girl in a large space such as the gym? Fortunately, in our preschool PE program the teachers and aides stay with the class so that our ratio is one adult to every three students.

In preparation for Mary's first day in PE, I placed a hot spot on the floor for her to stand on and attached visuals to a cone that directed her to each station. Although the room divider was lowered to reduce the size of the gymnasium, Mary had little interest in the events that were taking place.

It quickly became apparent that I needed to come up with a game plan that worked. During each class, I got out a balloon and started hitting it in the air as I followed Mary around the gymnasium. She would watch for a few moments and then approach me cautiously, wanting to play. This routine went on for several classes. Every time Mary came to PE, she would run for the other side of the gym, and I would try to entice her back with a balloon or some other object of interest.

I thought about Mary a lot over the next few weeks and decided to mimic everything she did. "If you can't beat them, join them," I resolved. If she lay on the floor, I would lie next to her. If she ran across the gym, I'd run across the gym. The following day, Mary came in and, sure enough, ran to the other side of the curtain. I told her aide to stay and work with the other students in the group as I followed her to the other side. Slowly, my plan began to pay off. Mary started looking my way, "inviting" me to follow her with a ball, balloon, or some other object. A few classes later, our first reciprocal interaction occurred when Mary actually tapped the balloon back to me! I believed that she might now be ready to work with me and her class on the right side of the curtain. I also had her aide work with another group of students.

I knew I needed Mary to recognize me as the person in charge of the class, so I proceeded to enlist her as my helper. Throughout the class, I would stay with Mary and travel with her group to each of the stations. Mary and I would model the stations for the class, and I would deliberately end up at the yoga station because she loves the Do Nothing Doll pose. Whenever she lost interest in what we were doing, I would try to get her back by following her and performing the activity she was supposed to be doing. It took several months to get her into a routine even though the class structure remained the same. The only thing I would change was the station activity. In the beginning, I would keep three activities the same and change only one per week. Gradually, we started changing two activities and eventually worked up to changing three each week. Of the four stations, yoga was the constant because I knew Mary enjoyed this so much.

Throughout this process, I was also aware of the need to establish a relationship with Mary outside of the gym. When I would see Mary in the hall, I would say hi to her. At first she didn't realize who I was because I wasn't where she would typically see me. Over time she started to recognize me in the hallway. She even started saying "Hi, Mrs. Yeaton." I felt that I had finally broken through to her.

How has this all paid off for me? When Mary now comes into the gym with her class, she stands on the line and does a quick warm-up. She still helps me model the stations and enjoys showing her classmates what to do. I am pleased that she is fully integrated into the class. Today, I feel satisfied knowing I've accomplished my learning goals for Mary. It was hard work and required a lot of trial and error, but my reward is that she is now a fully included member of the class.

.....

Mrs. Yeaton, Mary's teacher, would tell you that the most important thing is to get to know your students. Not only does this increase skill and social development, it sends a powerful message to the other students on the importance of treating all students equally.

Like Mrs. Yeaton, teachers need to assume that their students with autism spectrum disorder (ASD) can become contributing class members. Because the skills students demonstrate are continually shifting, teachers should consider not only the abilities of students with ASD, but also the abilities of those around them, who help in shaping their behaviors (Biklen, 2000).

This chapter addresses the primary areas (communication, social relationships, movement, and sensory differences) that affect learning for students with ASD in physical education. The social model is introduced as an alternative to the more traditional medical version of disability to consider ways to overcome barriers and address best practices. In all cases, the focus is always on what the student can do, rather than what they can't, because after all, this is a book for practitioners who are looking for suggestions on how best to instruct students with ASD.

Clinical Definition of Autism Spectrum Disorder

What does it mean when we say a student has ASD? Why use the term *spectrum*? Does a student ever outgrow a diagnosis? Although there are commonalities with the disorder, the spectrum captures, to varying degrees, difficulties in social interaction, communication, and behaviors (Horvat, Kalakian, Croce, & Dahlstrom, 2011).

ASD is a complex disability that once encompassed autistic disorder, Asperger syndrome,

pervasive developmental disorder not otherwise specified (PDD-NOS), Rett syndrome, and childhood disintegrative disorder. With the fifth edition of the DSM-5, these subtypes have merged under the umbrella term of ASD. Students with ASD typically struggle with issues in PE such as communication, transitions between activities, and sensory overload. Students diagnosed with Rett syndrome, Williams syndrome, and other disabilities similar to ASD do not always meet the medical criteria for a diagnosis of ASD, but do have learning difficulties that require support.

As a disability, ASD does not discriminate by race or socioeconomic status but tends to occur approximately four times more in males than females. Current estimates from the U.S. Centers for Disease Control (CDC) are that one out of every 88 children will be diagnosed with ASD. A diagnosis of ASD generally indicates difficulties with social interactions, delays in verbal and nonverbal communication, and patterns of atypical behavior such as repetitive or stereotypical movement (*DSM-IV-TR*; American Psychiatric Association, 2000). About 40 percent of students with ASD have average to above average intellectual capabilities, and, although many are nonverbal, communication is possible through assistive technologies and other communication devices.

In addition to the challenges already mentioned, many students with ASD experience difficulties with motor planning, locomotor patterns, and object manipulations that may affect their performance in physical education (Pan, Tsai, & Hsieh, 2011). Given these additional concerns, it is easy to understand why teachers struggle with teaching their students with ASD. It is important, however, to highlight students' strengths because many have unique skills in visual mediums, music, art, history, or math (Kluth, 2010).

Although a label can be helpful for identifying concerns and provide a framework for services, it can also marginalize students (Davis, 1997). A label of ASD should never determine what students learn. Rather, learning should be grounded in students' personal characteristics, abilities, and learning styles. Without actually getting to know the student, what does the label tell you? For some, a label can affect instruction in a negative way (Tripp & Rizzo, 2006). As educators, our goal is to teach all students and to provide experiences that enhance skill and social development. For this reason, this book makes no distinctions among the categories of ASD (e.g., autistic disorder, Rett syndrome, Asperger syndrome) when referring to students on the spectrum.

Practical Manifestations of ASD: Common Characteristics

ASD affects the way students understand the world around them, which makes communication and social interaction a challenge (Kluth, 2010). Many have difficulty negotiating relationships and the nuances of facial gestures and bodily movements. However, it would be a mistake to assume that students with ASD do not want to engage in social relationships simply because they lack the ability to communicate effectively. Stress, a lack of familiarity with the environment, or an inability to share and exchange thoughts can all be contributing factors. They can have difficulty asking questions, which may result in

inappropriate responses that have negative social consequences in the gymnasium. For this reason it is important that teachers work with speech and language therapists to learn how to communicate positively with students with ASD through the use of questions, gestures, and symbols.

Movement patterns may also make it difficult for students with ASD to acquire psychomotor skills. Walking gait may be atypical, or they may engage in repetitive behaviors such as rocking or flapping that make learning a challenge. These behaviors are often accompanied by internal mental thoughts or ruminations that make it difficult to realize individual strengths. With all of this in mind, teachers need to try to avoid making assumptions! Because a student has difficulty in a team sport such as football or basketball does not mean she won't be good in individual sports such as track and field and swimming. Recognizing the implications of stress on movement behaviors is helpful in designing a space that will alleviate some of these external stressors.

Attention is another area that challenges teachers in their efforts to engage students with ASD. Common behaviors include difficulties transitioning to new activities, lack of attention to specific tasks that do not interest the student, and overattention to preferred activities. Helping students attend to specific tasks in PE can be accomplished through a variety of means. Teachers can print figures and symbols on a card, use iPad applications, or simply manipulate the student through the skill so he becomes familiar with the movement (see figure 1.1).



FIGURE 1.1 Students have a card that shows them how to do the task, and a leader models for the other students.

Sensory differences, or an oversensitivity to smell, touch, sound, or movement, may trigger unwanted behaviors such as rocking, spinning, and hand flapping. In addition to vision and hearing modalities, tactile, vestibular, and proprioceptive modalities make up the primary sensory areas essential for experiencing and responding within a given context (Horvat, Kalakian, Croce, & Dahlstrom, 2011). For example, many students with ASD do not like bright, fluorescent gymnasium lights. Hats, hoods, and even visors can minimize these environmental effects. External sounds such as a fire alarm or other emergency drills can cause a meltdown. Teachers should try to prepare ahead and use consistent classroom routines to lessen students' anxiety that can affect their behavior. One way to do this is to minimize light or sound intensity. Students can be directed to areas where they can calm down and be given a menu of visually appropriate behaviors that will help ease their stress.

Communication issues vary depending on the intellectual, social, and emotional capacities of the student. Primary areas encompass expressive, receptive, and ritualized language. What this means is that students may have trouble sharing their thoughts or have difficulty understanding what is being asked of them (Merges, 2011). Many have difficulty with spoken language and with understanding sentence meaning, intonation, and rhythm. Some have a speech form called echolalia, which is the repetition or echoing of verbal utterances made by another person, whereas others repeat speech patterns with no particular meaning. Many higher-functioning students with ASD communicate quite well, whereas others rarely speak or speak in a static, dry tone. Development of speaking and writing skills can be uneven. Some read but do not demonstrate an understanding or comprehension of terminology. This inability to communicate effectively can be a significant barrier to learning in the gymnasium.

Social Model of Disability

This book adopts the social model of disability as a way of understanding teaching practices and how practitioners can respond to the challenges of working with students who have disabilities. Oftentimes, the dominant model used in physical education for such students is grounded in the idea that they are in many ways inferior to their peers (Grenier, 2007). In some cases the environ-

ment itself prohibits student performance, hence disabling them. Our belief is that teacher attitudes are shaped by cultural conditions that position students with disabilities in less-than-optimal positions (Block & Obrusnikova, 2007). The social model removes the medical analysis of disability by allowing students to be valued in relationship to their functional ability rather than their medical profile.

Supporting students with ASD means taking a close look at the environment, applying teaching skills that best meet the needs of the students, and using an environmental design approach that reconfigures supports (Block, 2007). Analyzing teaching practices from this perspective shifts the responsibility for participation from the person to the person within the context, which is particularly important in physical education. A contextually based model for learning in the physical education setting, which is referenced in this book, addresses ways to differentiate teaching, the use of appropriate equipment, and an ecological inventory of features within the environment that can support learning. One of the best pieces of advice for working with students with ASD can be illustrated in the sidebar.

Inclusion for Students With ASD

Inclusion of students with disabilities in physical education emerged from legislation developed in response to the discriminatory practices of educational exclusion. The Education for All Handicapped Children Act (EHA) was passed in 1975 and reauthorized as the Individuals with Disabilities Education Act (IDEA) in 1990, 1997, and 2004. The law outlined the need for individualized plans of instruction, inclusion in the general education classroom to the greatest extent appropriate, and parental input in making decisions.

In addition to providing guidelines for identifying and educating students with disabilities in the general classroom, the law also articulated school systems' responsibility for physically educating the child with disabilities. By definition, students with disabilities, as specifically named in the Education for All Handicapped Children Act, are required to have physical education, as noted in the following passage that defines the term *special education*:

What You Can Learn From Students

A picture is worth a thousand words, and I can vouch for that! It was one of the first days of school, and I was going over fire drill procedures, bathroom procedures, and gymnasium rules with a class of third graders. We were also creating a portfolio cover for collecting student papers for the year. The instructions for the task were to draw a picture on the cover that illustrated a favorite sport or activity. As I walked around the gym to see what students were drawing, I noticed that a couple of the boys were laughing at one boy's picture, glancing around to check on my whereabouts. I went over and looked at what John, who had ASD, had drawn. To my surprise, it was a man-eating cat with large claws, bloodshot eyes, a spiked tail, and a radar gun on its back. In its mouth was a stick figure, and I knew instantly whom that represented. It was me! The figure had a basketball in its hand and a word bubble that said "Blah, blah, blah." I was so mad that I called the school guidance counselor to process the picture with John.

Later that evening, after I had had a chance to calm down, I realized that John was trying to tell me something—that I talked too much. When I actually reflected on what went on in class, I had probably been "blah, blah, blahing" for about half an hour. That was a *long* time, especially in a class in which students are expected to move. The something that needed to change was not John and his drawings; it was me talking too much!

You never know when the tables will turn and you will become the learner, and your student, the teacher. Nine years later I still have his portfolio cover in my office to remind me to keep things simple.



The cover of the student's portfolio.

The term *special education* means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability including classroom instruction, *instruction in physical education* [emphasis added],

home instruction, and instruction in hospitals and institutions. (Federal Register, August 23, 1977, p. 42480)

Lawmakers further articulated the importance of physical education, as follows:

The Committee is concerned that although these services are available to and required of all children in our school systems, they are often viewed as a luxury for handicapped children. (Federal Register, August 23, 1977, p. 42489)

Students with ASD are one of the most segregated groups; 44 percent of students with ASD spend 60 percent of their day outside the general education setting (U.S. Department of Education, 2009). Student placement is a condition of the least restrictive environment (LRE) clause, which specifies that, whenever possible, students with disabilities should be educated in the same environments as their peers. Placement options can vary depending on the school, the teachers, and the resources. Primary concerns include the child's educational programming and whether it best meets the child's educational needs. It is important to remember that students with disabilities should only be removed from class "when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids

and services cannot be achieved satisfactorily" (IDEA, PL 101-476, § 612[a][5]). For some students this means having an adapted physical education program, whereas others may be included in the general physical education program.

Placement decisions should be made by professionals familiar with a variety of assessments. The most recent recommendation is that students must score 1.5 standard deviations below the norm to qualify for services (American Association for Physical Activity and Recreation, 2010). Even teachers who are not familiar with these testing guidelines should remember that service and supports are necessary for any successful program. Their experience working with a specific child with ASD and an understanding of interventions that have been effective in the past will help teachers identify placement criteria and optimal instructional strategies.

Schools have a responsibility to try to provide access to the general education curriculum for all students. However, they differ in their approaches to inclusion. The checklist in figure 1.2 can be used to analyze whether placement conditions support inclusive practices.

Checklist for Inclusion of Students in Physical Education

- ☐ Is there a school philosophy that supports students with disabilities?
- ☐ Does the school leadership provide training and support for the staff to teach in ways that maximize learning opportunities for all students?
- ☐ Are students being educated with peers?
- ☐ If not, what criteria were used to make that determination?
- ☐ Is there open communication between the PE/APE teacher and other educators such as paraprofessionals, occupational therapists, case managers, and speech therapists?
- ☐ Do special and general educators collaborate to ensure that students have access to supports and services?
- ☐ Do students with ASD have access to the same curriculum as students without disabilities?
- ☐ Do students with ASD participate in extracurricular activities?
- ☐ Does the physical education program provide an accessible curriculum for students with a range of abilities?
- ☐ Do the lessons follow a progression of differentiated instruction?
- ☐ Are community and recreational sports available to students with ASD to provide opportunities for physical and social engagement?

FIGURE 1.2 Checklist to determine the degree of inclusion and how to be more inclusive.