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Autism Consultant

- Provide leadership and guidance to educational programs for students with Autism Spectrum Disorders in the six school districts the cooperative serves: Adams Central, North Adams, South Adams, Northern Wells, MSD Bluffton Harrison and Southern Wells.
- Provide training and consultation activities to support classrooms using evidence-based strategies.
- Support students on the autism spectrum from preschool through high school.

Students are supported in all classroom settings including the following: General Education, Resource Room, Life Skills, Intense Intervention, Emotional Disabilities and Preschool.

Services

- **MDT Evaluations:** As part of a multidisciplinary team, participate in ASD evaluations of students referred. Duties include, as best practice, 3 observations in different school settings, social/developmental interview with parents, rating scales and teacher interview as requested.
- **Case Conference Support-Initial:** Participate in Multidisciplinary Team meeting sharing information gathered. Understand/discuss eligibilities for Autism Spectrum Disorders. Attend and participate in initial case conferences. Present information to parents concerning ASD and resources.
- **Case conference of Identified Students:** Participate in case conferences of identified ASD students, assist in analyzing data to provide evidence-based practices, behaviors plans, supplemental program modifications, accommodations or supports to make progress towards goals.
- **Teacher Consultation:** An autism consultant will meet with a teacher upon request for the purpose of helping the teacher deal with a particular student in the classroom who is having difficulties. Teachers can e-mail/call the consultant to spend time in the classroom. Number of contacts will be determined on an individual basis.
- **Student Observation:** Students can be referred for observation and consultation before determining if a full evaluation is necessary. An autism consultant can observe a student in a variety of settings with parent permission. The consultant will meet with the teacher and/or para-professional to discuss the observation and any recommendations.
- **Assistance with Behavior Intervention Plans:** A consultant can assist with the student's teachers in the development of a functional behavior assessment and positive behavior intervention plan.

In-services

Develop and implement professional development for various audiences including evidence-base practices. This includes developing strategies in the areas of sensory, social, behavior, organization and academics. Plan, schedule and implement in-services in collaboration with building level and cooperative administration.

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

PERMISSION FOR OBSERVATION/CONSULTATION

Student Name _____ DOB _____

School _____ Teacher _____

Referring Staff Member _____ Contact Info _____

Your child has been experiencing some difficulties at school. To further assist your child, we would like to request your permission for staff from Adams Wells Special Services Cooperative to provide services which may include **observation, staff consultation, and student interview** at school to help improve your son's/daughter's learning experience.

If you have questions, please contact your son's/daughter's teacher. You will receive a copy of any reports or recommendations after the services are completed.

Thank you for your cooperation.

- ☐ Yes, I give permission to provide the services described.
- ☐ No, I do not give permission to provide the services described.

Parent Signature _____ Date _____

For office use only: Date received by TOR/Teacher: _____

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

REFERRAL FOR OBSERVATION/CONSULTATION

Student Name _____ DOB _____

School _____ Grade _____ Principal _____

School Phone _____ Teacher _____

Observation/Consultation requested from:

- ☐ Autism Consultant
☐ Assistive Technology Consultant
☐ Behavior Consultant
☐ Teacher for Blind Low Vision
☐ Teacher for Deaf and Hard of Hearing
☐ Orientation & Mobility Consultant

Please complete the following information.

1. Is there a treatment history (i.e., psychiatrist, counselor/therapist, hospitalizations, medication, etc.)? *Check one.*

☐ Yes

List the treatment providers. Attach
Release of Information if applicable.

☐ No

**Use the back of this sheet to add additional information and/or include attachments.*

2. List the problem behaviors (i.e., academic, behavioral, or other). _____

3. What interventions have been implemented to address these concerns? _____

4. What are your expectations for the Consultant? How do you want her/him to assist? _____

5. The next Response to Intervention (RtI) meeting for this student is scheduled for this date and time: Date _____ Time _____

Coordinator Signature: _____

Assigned to: _____

Date received by the Consultant _____ Initials _____ 8/4/2016 2:00 PM Version