



A Model That Makes Sense: The Autism Classroom Team Support Project

Presented By:


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Why????

- More adults than children in many of the Specialized classrooms
- Lack of trained TSS/High Turnover Rate
- Long wait for TSS for many children, especially in the early intervention programs
- Different policies and practices of BHRS agencies

How?

- Motivated to develop a plan that would deal with the issues and concerns identified in specialized classrooms, while ensuring each child receives the behavioral support they need
- Availability of Stimulus money to put toward innovative programs

The Current Project Team Work and Collaboration

- The teacher (supplied by the school district)
- Two Autism Classroom Support Technicians each with 35 hours per week(similar to TSS)
- One Autism Classroom Specialist (similar to a BSC) 7.5 hours per week
- Two classroom aides (supplied by the school district)

Current Classrooms

- Drums Elementary
 - Two classrooms
 - 8 children in each classroom
 - Ages 6-9
- Arthur Street Annex
 - Early intervention classroom
 - 8 children in AM session, 8 children in PM session
 - Ages 3-5

Classrooms Continued

- John Heinz Early Intervention Classroom
 - 8 children in AM session
 - 8 children in PM session
 - (Ages 3-5)

Current Staffing Includes:

- 8 Autism Classroom Support Technicians (Bachelor level clinicians) working a full school schedule
- 2 Autism Classroom support Specialists (Master's Level clinicians) providing 7.5 hours per week for each classroom

- Welcome to our Classrooms!!



Highlights:

- 1) Team-Based Approach: Allows for team members to work interdependently with more than one child at a time.
- 2) Behavior Reduction Flexibility: Staffing and Problem Behavior Procedures can be altered daily to most effectively treat problem behaviors among students.
- 3) The ACTS Program Titrates itself: Teaches students independent skills and decreased dependence on one-to-one caregivers.

Highlights Continued:

- 4) Encourages generalization of students' skills between caregivers and decreases students' prompt dependency related to specific people.
- 5) Creates ability to provide staff development, supervision, team meetings on a daily basis (Focused and unified team approach.)
- 6) Provides job stability for ACTS staff, less turnover of staff.

Highlights Continued:

- 7) Increases social interaction opportunities (group activities, field trips, appropriate behavior in public places.)
- 8) Ensures procedural integrity.
- 9) True collaboration between behavioral health and education.

Highlights Continued:

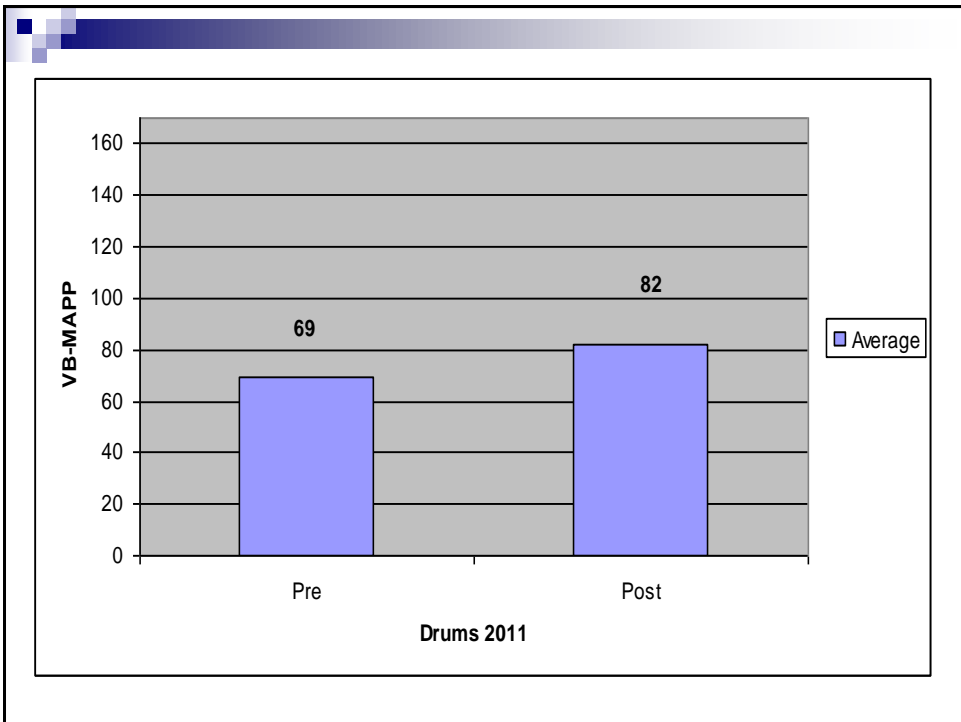
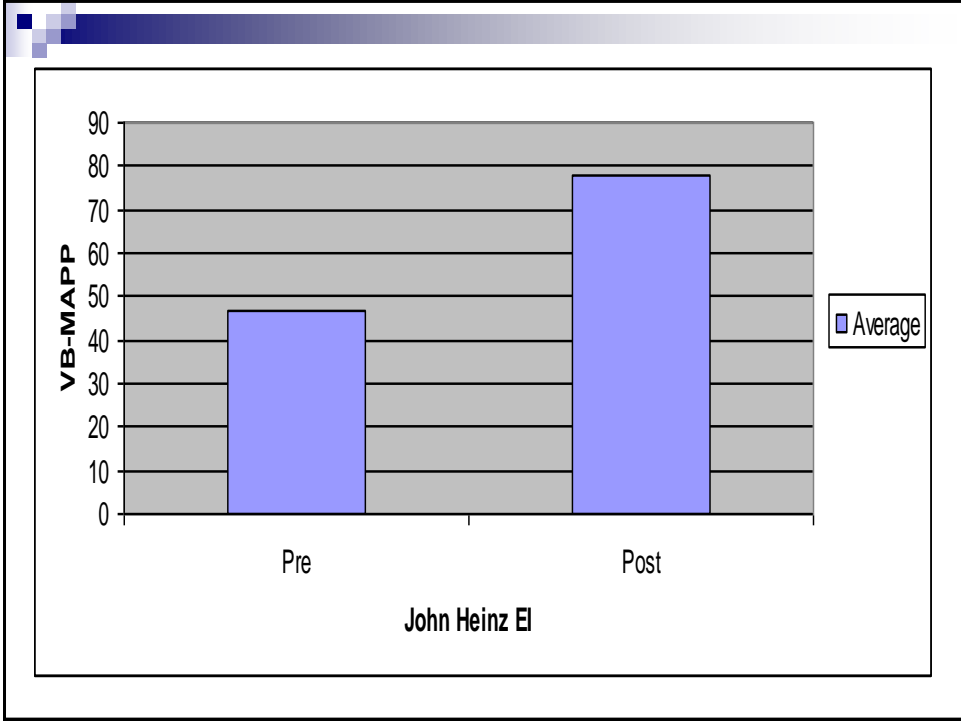
- 10) Recently began developing parent training sessions in the early intervention settings.
- 11) Work collaboratively with other Behavior Health agencies to ensure consistency across settings.
- 12) Continuity of Service: Students begin program with one-to-one intervention, avoids waiting situation involved with wraparound service.

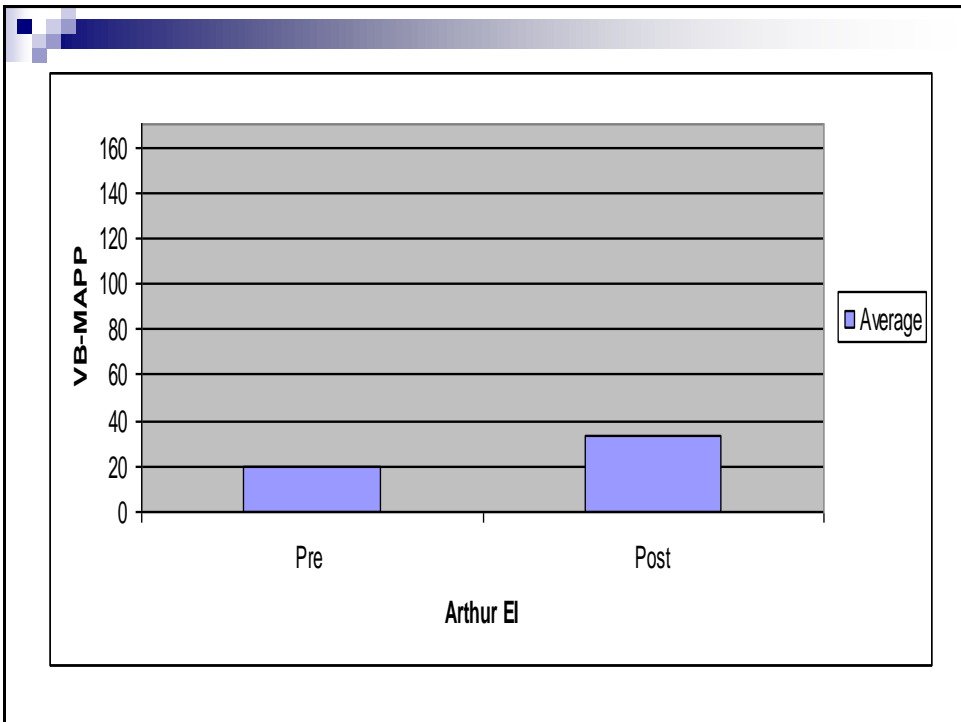
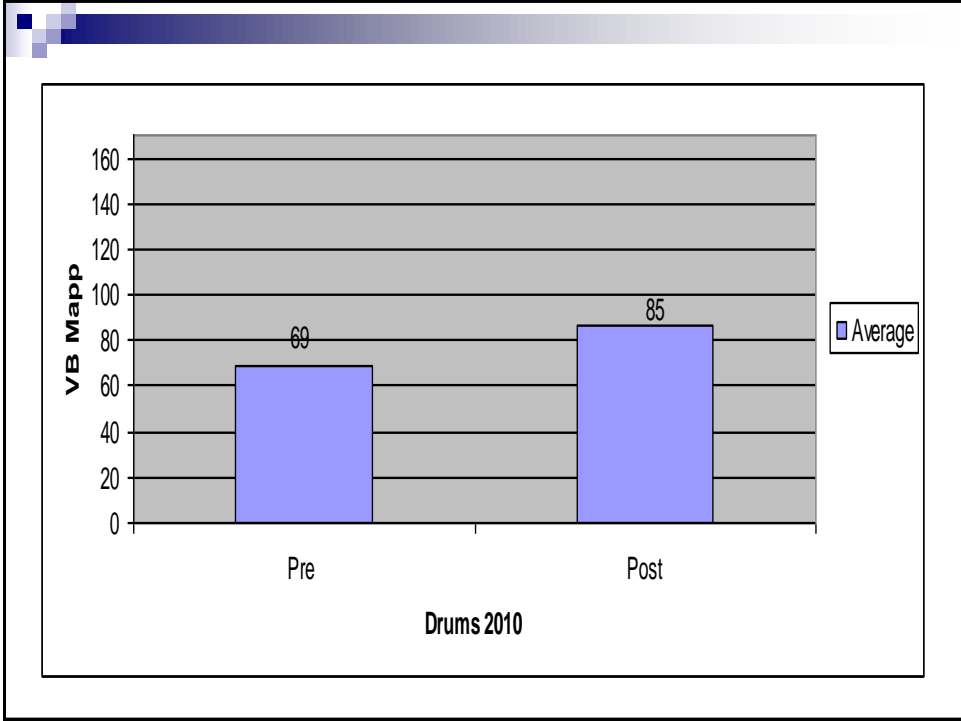
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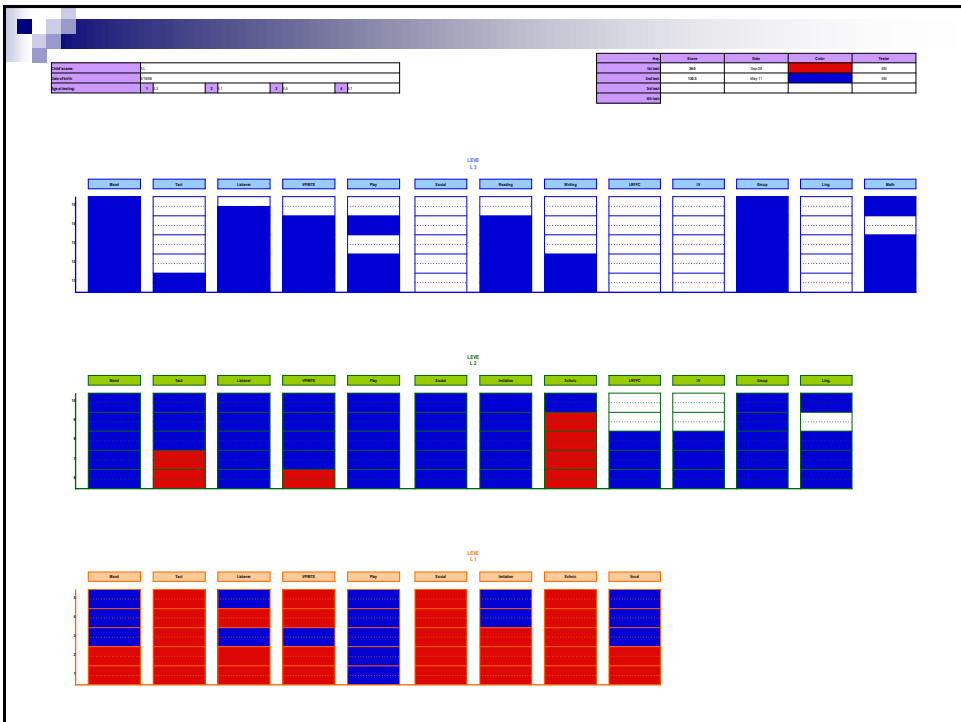
- 13) The ACTS model supports Inclusion Trends; with less reliance on one-on-one staff, these classrooms can serve as a “bridge” between special education and regular education.

Measuring Success

- Cost Effectiveness
- Objective Outcome Measures:
The VB-MAPP
- Parent/Teacher Testimonials







Final Comments!



- Thank You!!!!
- Contact us with any questions @
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