

Effective Practices

for
Students
with
Disabilities
that
Significantly
Affect
Function

Good teaching is good teaching!

Instructional strategies are sometimes presented as having been newly invented, or as being unique to a specific population of students. Further examination of those strategies leads you to discover they have a historical base and have actually been effectively used with a range of student populations. For example, the concepts of predictability and work systems can be traced to the methodologies used by William Cruickshank in the 1940s, and the concept of situational routines has been used with children who have severe cognitive disabilities since the early 1970s. Picture Exchange is based in the augmentative communication movement that originated in the 1960s – exchanging symbols that are meaningful to the student is nothing more than dialogue in an alternative form. What is important to understand is not the uniqueness of the technique, but applying the technique in a way that matches the learning characteristics and strengths of individual children.

Thus, good teaching is good teaching.

The attached rubric is a collection of ten well researched strategies that have been used with many different student populations. These strategies were selected because of their proven effectiveness both with children who have low incidence disabilities and with children who have other disabilities. This rubric has two purposes. First, it is a description of “best practice.” Second, it is a tool to be used by individuals, teachers, whole schools or other programs, or by parents to examine the degree to which these strategies are employed. The 0 – 4 scale is a continuum to help practitioners understand their current use of these strategies and how to use them more effectively. Each item describes the essential elements of effective practices. The goal of the rubric is improved instruction for all students.

The ten effective strategies are:

1. All students participate in a longitudinal curriculum that is linked to the general curriculum.
2. Instructional strategies and goals should match the learning characteristics and strengths of each student.
3. Instructional environments should be predictable and understandable to every student.
4. Positive supports are used to increase each student’s likelihood of success in varied settings and environments.
5. Data based decision-making is used to evaluate the student’s satisfactory progress towards his/her desired outcomes.
6. Every student should have an effective communication system that matches his/her learning characteristics and strengths.
7. Development of social skills is embedded into natural contexts.
8. Students understand the components of each task and have a system for planning and organizing how to carry out both daily activities and longitudinal plans.
9. All students have the opportunity to make meaningful choices that increase their ability to participate in and to control their own lives, including choices based on interests and future expectations.
10. Families have meaningful input in designing programs and in selecting outcomes.

Good teaching is good teaching!

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Continuum of Research-Based Effective Practices for Students with Disabilities that Significantly Affect Function

COMPETENCIES	0 BEST PRACTICE IS NOT EVIDENCED	1 BEST PRACTICE IS EMERGING	2 BEST PRACTICE IS INCONSISTENT	3 BEST PRACTICE IS EFFECTIVE	4 BEST PRACTICE IS UNIVERSAL	
CURRICULUM AND INSTRUCTION	<p>CURRICULUM</p> <p>Curriculum Curriculum is separate and different from general education; focuses on school only, with little ties to community or home participation.</p>	<p>Curriculum The student's curriculum shows minimal links to general education; and incorporates instruction in only one of the following: preparing student for community participation, for participation in home based activities, and participation in unique activities referenced to the student's culture.</p>	<p>Curriculum The student's curriculum links to some areas of general education, and incorporates instruction in only one of the following: community participation, participation at home, and participation in the student's culture. The curriculum is provided in a generic way, often not relevant to or understood by the student.</p>	<p>Curriculum The student's curriculum links to most areas of general education, and incorporates some aspects of community and home participation. The curriculum shows plans for the future and considers the "culture" of the student's environment. Although different, student is provided this curriculum in a somewhat functional and understandable way.</p>	<p>Curriculum The student's curriculum is linked to general education, incorporates participation in the community, participation at home, and participation in the student's culture. Although different, student is provided this curriculum in a way that is functional and understandable to the student</p>	
	<p>INSTRUCTION REFLECTS THE STUDENT'S INDIVIDUAL NEEDS AND STRENGTHS</p>	<p>Instruction Teaching methods, environmental modifications, and levels of support are based on district, school, program, or teacher strengths. There is no evidence student instruction reflects the child's individual needs and strengths.</p>	<p>Instruction Teaching methods, environmental modifications, and levels of support do not clearly reflect student's needs and strengths. Decisions are primarily based on district, school, program, or teacher strengths.</p>	<p>Instruction Instruction is based on the student's individual needs and strengths. Teaching methods, environmental modifications, and levels of support reflect the needs of some students. Changes in instruction are evident and are based on the progress of some students.</p>	<p>Instruction Instruction is based on the individual needs of each student. Teaching methods, environmental modifications, and levels of support reflect most student's needs and strengths; and change to match most students' progress.</p>	<p>Instruction Instruction is based on the individual needs and strengths of each student. Teaching methods, environmental modifications, and levels of support reflect individual needs and strengths; and change to match each student's progress.</p>
	<p>STUDENT'S LIFE IS PREDICTABLE AND UNDERSTANDABLE</p>	<p>Predictability No schedule system provides the student information on the changes in the day.</p>	<p>Predictability The student's schedule system is used inconsistently. The system does not match the student's age or level of understanding.</p>	<p>Predictability The student's schedule system matches the student's age and level of understanding. The system is used in some situations and by some individuals.</p>	<p>Predictability The student's schedule system somewhat matches the student's age and level of understanding. It incorporates a way for the student to understand where he/she is, the expectations, and when the environment will change. The schedule is used on most occasions and with most people who spend time with the student.</p>	<p>Predictability The student is provided an ongoing means to understand where he/she is, the expectations, and when the structure of the environment will change. The schedule system matches the student's age and level of understanding. Most people who spend time with the student use the schedule.</p>

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CURRICULUM AND INSTRUCTION	POSITIVE BEHAVIORAL SUPPORT	<p>Positive Behavioral Support Proactive environmental supports (schedules, behavior contracts, and social rules defining expectations) are not provided to the students. The same behavior management strategies are used for all students, regardless of the function of their behavior.</p>	<p>Positive Behavioral Support Proactive environmental supports are provided inconsistently. Functional Behavioral Assessments (FBA) are conducted for particular students, but are not used to direct the positive behavioral intervention plan.</p>	<p>Positive Behavioral Support Environmental supports are used in some situations by some people. Functional Behavioral Assessments (FBA) are conducted for particular students and direct the positive behavioral intervention plan in some situations/settings with some people.</p>	<p>Positive Behavioral Support Environmental supports are used on most occasions by most people. Functional Behavioral Assessments (FBA) are conducted for particular students and direct the positive behavioral intervention plan in most settings with most people.</p>	<p>Positive Behavioral Supports Environmental supports (schedules, behavioral contracts and social rules defining expectations) that match the student's nature are used across contexts to prevent occurrences of challenging behavior and to promote appropriate skills. Positive behavioral supports, based on a Functional Behavioral Assessment (FBA) are implemented consistently across staff and across settings.</p>
	STUDENT MAKES PROGRESS TOWARD GOALS	<p>Student Progress The student does not make progress toward goals identified in the IEP. The student's educational program does not change based on the student's lack of progress.</p>	<p>Student Progress Data is collected in limited areas of student education. Few program decisions are made based on documentation of student progress.</p>	<p>Student Progress Data is collected in limited areas of student education. Data reflects some progress toward identified goals. Student progress is considered in few program decisions.</p>	<p>Student Progress Data is collected in key areas of student education. Data reflects progress toward identified goals. Most program decisions are made with consideration of student progress.</p>	<p>Student Progress: Data is collected in meaningful areas of student programs. Data reflects progress toward identified goals. Program decisions are based on data and changes are made to support ongoing student development.</p>

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SKILL DEVELOPMENT	<p>Communication A communication system is not used to assist the student in receptive or expressive communication growth.</p>	<p>Communication A communication system is selected for the student, but is not consistent with the student's strengths and needs. The system incorporates fewer than two pragmatic functions and does not change with the student's needs.</p>	<p>Communication A communication system is selected that is somewhat consistent with the student's expressive and receptive communication abilities. The student receives assistance in learning the communication system. The system incorporates three or more pragmatic functions.</p>	<p>Communication The communication system is consistent with the child's expressive and receptive abilities and preferences, but is not available for consistent use in some settings. The system incorporates six or more pragmatic functions. The student receives assistance in learning the communication system.</p>	<p>Communication system The communication system is consistent with the student's expressive and receptive abilities and preferences, available for continued use throughout the day, understood by others, and can grow with the student's needs. The system incorporates ten or more pragmatic functions. The student and staff receive instruction on how to use the system.</p>
	<p>Social Skill Development No opportunities are provided for practice and learning of social skills in an organized manner.</p>	<p>Social Skill Development Social skills are learned and practiced at the class level rather than individualized to the needs of the student.</p>	<p>Social Skill Development Appropriate social skills (imitation, social referencing and joint attention, emotional learning) are taught within the context of some activities with some people.</p>	<p>Social Skill Development Appropriate social skills (imitation, social referencing and joint attention, emotional learning) are taught within the context of most activities with most people. Social skills are taught primarily in times of crisis.</p>	<p>Social Skill Development Appropriate social skills (imitation, social referencing and joint attention, emotional learning) are taught within many contexts and across staff. Social skills are taught in times of crisis and in non-crisis situations.</p>
	<p>Student Organization and Planning The student does not self-initiate. The student is often cue-dependent and waits for others to organize, plan and implement the conditions necessary for success in most situations.</p>	<p>Student Organization and Planning The student recognizes the general requirements and conditions needed for success in few activities. The student has difficulty in both planning and implementation.</p>	<p>Student Organization and Planning The student recognizes the general requirements and conditions needed for success in some activities. The teacher provides occasional support to assist the students self-organize and plan. The student can carry out the plan for most routine situations.</p>	<p>Student Organization and Planning The student knows the requirements and conditions needed for success in each activity, plans for the activity, and carries out the plan in routine situations.</p>	<p>Student Organization and Planning The student knows the requirements and conditions needed for success in each activity, plans for the activity, and carries out the plan in both routine and novel situations.</p>
STUDENT HAS A WAY TO COMMUNICATE AND TO UNDERSTAND THE COMMUNICATION OF OTHERS					
EMBEDDED SOCIAL SKILL DEVELOPMENT					
STUDENT CAN SELF-ORGANIZE AND PLAN TO MAXIMIZE ATTENTION					

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STUDENT AND FAMILY STUDENTS' LEVEL OF INVOLVEMENT IN THEIR LIVES FAMILIES HAVE VALUED INPUT INTO PLANNING AND DECISIONS FOR THE STUDENT	<p>Student Involvement Student involvement is teacher-controlled with little evidence of student-driven choices. Activities are controlled by others.</p>	<p>Student Involvement Child is provided few opportunities for student choice. The choices do not offer the child control in areas that are meaningful to the child. The child's involvement tends to focus on teacher-driven activities with minimal consideration to the student's wants and needs or future settings.</p>	<p>Student Involvement Student involvement is active and meaningful and/or functional in some situations, and some involvement is based on the student's wants and needs.</p>	<p>Student Involvement Student involvement is active, meaningful, functional and applied to many situations. The student has some choices based on his/her wants and needs, and choices that will assist the student to generalize involvement into future settings.</p>	<p>Student Involvement Student involvement is active, meaningful, functional and applied to various situations. The student has many choices based on his/her wants and needs, and choices that will assist the student to generalize to future settings.</p>
	<p>Family Centered Practice School professionals make decisions regarding a student's education. Decisions are made based on family weakness. The family is informed of these decisions. Home/school communication does not consider family culture, needs, or level of understanding.</p>	<p>Family Centered Practice The family is provided few opportunities to participate in decisions related to their child. Key decisions are shared with the family.</p>	<p>Family Centered Practice The family is invited to attend some meetings. Family input is valued, yet professional input often guides most decisions.</p>	<p>Family Centered Practice The family is provided many opportunities to participate in decisions related to their child. Decisions are guided by family strengths. Families have some information to enable informed participation. Information may not reflect the family's style and preference.</p>	<p>Family Centered Practice Families are considered equal partners in ALL activities that focus on their children. Shared responsibility is jointly decided. Families are considered valuable sources of information. Families are provided access to information that is consistent with family style and preference, and promotes meaningful and informed participation in their children's lives.</p>

This publication is available on the Internet at <http://www.sherlockcenter.org>.

REFERENCES

Curriculum:

National Research Council (1977). *Educating One and All: Students with Disabilities and Standards-Based Reform*. Committee on Goals 2000 and the Inclusion of Students with Disabilities, L.M. McDonnell, M.J. McLaughlin, and P. Morison, Eds. Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

Ford, A., Schorr, R., Meyer, L., Davern L., Black, J., Dempsey, P. (1989). *The Syracuse Community Referenced Curriculum Guide*. Baltimore, MD: Paul H. Brookes Publishing Company.

Gee, K. (2002). "New Constructions: Linking Instructional Approaches and Successful Inclusive Education." In Sailor, W. (ed.), *Inclusive Education and School Community Partnerships*. New York, NY: Teachers College Press.

Jenen, E. (1998) *Teaching with the Brain in Mind* Alexandria, VA: Association for Supervision and Curriculum Development.

Rose, D. and Meyes, A. (2002) *Teaching Every Student in the Digital Age. Universal Design for Learning* Alexandria, VA: Association for Supervision and Curriculum Development.

Wehmeyer, M., Lattin, D., Agran, M. (2001). "Achieving Access to the General Curriculum for Students with Mental Retardation." *Education and Training in Mental Retardation and Developmental Disabilities*. 36, 327-342.

Instruction reflects children's individual needs:

Mesibov, G.B. (1993). "Treatment Outcome Is Encouraging." *American Journal on Mental Retardation* 97(4) 379-380.

Mesibov, G.B. (1997). "Formal and Informal Measures on the Effectiveness of the TEACHH Program." *Autism* 1(1) 25-35.

McGregor, G., & Vogelsbert, T. (1998). *Inclusive Schooling Practices: Pedagogical and Research Foundations*. Pittsburgh, PA: Allegheny University of Health Sciences.

Schopler E., Lansing, M., and Waters, L. (1983). "Individualized Assessment and Treatment for Autistic and Developmentally Disabled Children." Vol. 3. *Teaching Activities for Autistic Children*. Austin, TX: Pro-Ed.

Student's life is predictable and understandable:

Rowland, C. Schweigert, P. & Philip, M. (2000). *Tangible Symbol Systems: Making the Right to Communicate a Reality for Individuals with Severe Disabilities*. Portland, OR: Design to learn Products.

Watson, L.C., Lord, C., Schaffer, B., & Schopler, E. (1989). *Teaching Spontaneous Communication to Autistic and Developmentally Handicapped Children*. New York, NY: Irvington Publishers.

REFERENCES (cont.)

Positive Behavioral Support:

- Carr, E.G., McConnachie, G., Carlson, J.I., Lemp, D.C. and Smith, C.E. (1994). *Communication Based Intervention for Problem Behavior: A User's Guide for Producing Positive Change*. Baltimore, MD: Paul. H. Brookes Publishing.
- Carr, E.G., Horner, R.H., Turnbull, A.P., Marquis, J.G., Magito-McLaughlin, D., McAtee, M.L., Smith, C.E., Anderson-Ryan, K.A., Ruef, M.B., & Doolabh, A. (1999). *Positive Behavior Support for People with Developmental Disabilities*. Washington, DC: American Association on Mental Retardation Monograph Series.
- DeBoskey, D. (1996) *An Educational Challenge: Meeting the Needs of Students with Brain Injury* Houston, TX: HDI Publishers.
- Dunlap, G., Kern, L., dePerczel, M., Clarke, S., Wilson, D., Childs, K.E., White, R., & Falk, G.D. (1993). "Functional Analysis of Classroom Variables for Students with Emotional and Behavioral Challenges." *Behavior Disorders* 18: 275-291.
- Durand, M.V. (2001) "Communication: Let's Talk Behaviors." *Research to Real Life: Innovations in Deaf-Blindness*. US Department of Education, OSERS Grant #H326U990001: DB-Link.
- Horner, R.H., Dunlap, G., Koegel, R., Carr, E., Sailor, W., Anderson, J., Albin, R., & O'Neil, R. (1990) Toward a Technology of 'Nonaversive' Behavior Support." *Journal of the Association for Persons with Severe Handicaps* 15: 125-147.
- Horner, R.H., and Carr, E.G. (1997) "Behavioral Supports for Students with Severe Disabilities: Functional Assessment and Comprehensive Intervention." *Journal of Special Education* 31: 84-104.
- ### Student has a way to communicate and understand others' communication:
- Bondy, A.S., and Frost, L.A. (1994). "The Picture Exchange Communication System." *Focus on Autistic Behavior* 9: 1-19.
- Blosser, J.L. and DePompei, R. (1994) *Pediatric Traumatic Brain Injury: Proactive Intervention* San Diego, London: Singular Publishing Group, Inc.
- Hodgdon, L. (1995). *Visual Strategies for Improving Communication*. Troy, MI: Quirk Roberts Publishing.
- Koegel, L. (1995) "Communication and Language Intervention." *Teaching Children with Autism and Developmental Disorders* 17: 187-199.
- Mirenda, P. (1999) "Augmentative and Alternative Communication Techniques." In Downing, J. (Ed.) *Teaching Communication Skills to Students with Severe Disabilities*. Baltimore, MD: Paul H. Brookes Publishing.
- Romski, M., and Sevcik, R. (1996). *Breaking the Speech Barrier: Language Development through Augmented Means*. Baltimore, MD: Paul H. Brookes Publishing.
- Rowland, C., Schweigert, P., and Stremel, K. (1992). *Observing and Enhancing Communication Skills for Individuals with Multisensory Impairments: Instructor's Guide and Video*, Tucson, AZ: Communication Skill Builders.

REFERENCES (cont.)

Embedded social skill development:

Elias, M.J., Zins, J.E., Weissberg, R.P., Frey, K.S., Greenberg, M.T., Hanes, N.M., Kessler, R., Schwab-Stone, M.E. & Shriver, T.P. (1997). *Promoting Social and Emotional Learning: Guidelines for Educators*. Alexandria, VA: Association for Supervision and Curriculum Development.

Gutstein, S.E. (2002). *Relationship Development Intervention with Young Children: Social and Emotional Development Activities for Asperger Syndrome, Autism, PDD and NLD*. London, UK: Jessica Kingsley Publishers.

Hunt, P., Allwell, M., Farron-Davis, F. & Goetz, L. (1996). "Creating Socially Supportive Environments for Fully Included Students Who Experience Multiple Disabilities." *Journal of the Association for Persons with Severe Handicaps* 21: 53-71.

Sellars, C.W. and Vegter, C.H. (1997) *Pediatric Brain Injury: The Special Case of the Very Young Child* Houston, TX: HDI Publishers.

Quill, Kathleen Ann (2000). *Do-Watch-Listen-Say*. Baltimore, MD: Paul H. Brookes Publishing Company.

Student can self-organize and plan to maximize attention:

Hall, L., McClannahan, L., and Krantz, P. (1995). "Promoting Independence in Integrated Classrooms by Teaching Aides to Use Activity Schedules and Decrease Prompts." *Education and Training in Mental Retardation and Developmental Disabilities*. 34: 208-217.

Mesibov, G.B. (1997). "Formal and Informal Measures of the Effectiveness of the TEACHH Program." *Autism*. 1(1) 25-35.

Parente, R. and Herrman, D. 2nd Ed. (2003) *Retraining Cognition: Techniques and Applications* Austin, TX: Pro Ed.

Savage, R. and Wolcott, G. (1994) *Educational Dimensions of Acquired Brain Injury* Austin, TX: Pro Ed.

Savage, R. and Wolcott, G. (1995) *An Educator's Manual: What Educator's Need to Know about Students with Brain Injury* Washington, DC: Brain Injury Association, Inc.

Quill, K. (1997). "Instructional Consideration for Young Children with Autism." *Journal of Autism and Developmental Disorders*. 27: 697-714.

Students' level of involvement in their lives:

Aberny, B. (1999). "Research-to-Practice: Facilitating the Self-Determination of Youth and Young Adults with Deaf-Blindness." *Deaf-Blind Perspectives*, 6(2), 7-8.

Brown, F., Gothelf, C.R., Guess, D., & Lehr, D.H. (1998). "Self Determination for Individuals with the Most Severe Disabilities: Moving Beyond the Chimera." *Journal of the Association for Persons with Severe Handicaps*. 23, 17-26.

Wehmeyer, M. (1998). "Self Determination for Individuals with Significant Disabilities: Examining Meanings and Misconceptions." *Journal of the Association for Persons with Severe Handicaps*. 23, 5-16.

REFERENCES (cont.)

Student choice:

Reynolds, J., Chen, D., Schachter, P. & Jones, J. (1997). *Making the Most of Early Communication: Video and Discussion Guide*. New York, NY: AFB Press.

Fox, L., Dunlap, G., & Philbrick, L. (1997) "Providing Individual Supports to Young Children with Autism and their Families." *Journal of Early Intervention* 21: 1-14.

Rincover, A., & Koegel, R.L. (1997). "Classroom Treatment of Autistic Children: II Individualized Instruction in a Group." *Journal of Abnormal Psychology* 5(2) 113-126.

Schopler E., Lansing, M., and Waters, L. (1983). "Individualized Assessment and Treatment for Autistic and Developmentally Disabled Children." Vol. 3. *Teaching Activities for Autistic Children*. Austin, TX: Pro-Ed.

Families have valued input into planning and decisions:

Gallagher, J.J. (1991). "The Family as a Focus for Intervention." In Meisels, S. and Shonkoff, J. (Eds.). *Handbook of Early Childhood Interventions*, Cambridge, MA: Cambridge University Press.

Dunst, C.J. (2002). "Family-Centered practices: Birth Through High School." *The Journal of Special Education*. 36(3) 139—147.

Dunlap, G., Newton, S., Fox, L., Benito, N. , and Vaughn, B. (2001) "Family Involvement in Functional Assessment and Positive Behavior Support." *Focus on Autism and Other Developmental Disabilities*. 16(4).

Freedman, R.I. and Boyer, N.C. (2000). "The Power to Choose: Supports for Families Caring for Individuals with Developmental Disabilities." *Health & Social Work*. 25 (1) 59-68.

Powell, D. S., Batsche, C.J. (1997). A Strength-Based Approach in Support of Multi-Risk Families: Principles and Issues." *Topics in Early Childhood Special Education*. 17 (1).