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THE LACK OF PUBLIC POLICIES
IMPLEMENTED IN ILLINOIS' SPECIAL
EDUCATION CERTIFICATION
REQUIREMENTS THAT DIRECTLY
INVOLVE EDUCATING CHILDREN WITH
AUTISM SPECTRUM DISORDERS

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THE LACK OF PUBLIC POLICIES IMPLEMENTED IN ILLINOIS' SPECIAL
EDUCATION CERTIFICATION REQUIREMENTS THAT DIRECTLY INVOLVE
EDUCATING CHILDREN WITH AUTISM SPECTRUM DISORDERS

by

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A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
Master of Public Administration Degree

Department of Political Science
in the Graduate School
Southern Illinois University Carbondale
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RESEARCH PAPER APPROVAL

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J. Michelle Thies

A Research Paper Submitted in Partial

Fulfillment of the Requirements

For the Degree of

Master of Public Administration

in the field of

Public Administration

Approved by:

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AN ABSTRACT OF THE RESEARCH PAPER OF

J. Michelle Thies, for the Master of Public Administration degree, presented on April 8, 2015, at Southern Illinois University Carbondale.

TITLE: THE LACK OF PUBLIC POLICIES IMPLEMENTED IN ILLINOIS' SPECIAL EDUCATION CERTIFICATION REQUIREMENTS THAT DIRECTLY INVOLVE EDUCATING CHILDREN WITH AUTISM SPECTRUM DISORDERS

MAJOR PROFESSOR: Dr. LaShonda Stewart

With the growing number of children being diagnosed with autism spectrum disorders (ASD), attention must be paid to the educational instruction and educational setting these children are being provided. By looking at the special education certification requirements in addition to the general education requirements, it will help to show where public policies are falling short when educating this population of students. This paper attempts to answer these questions: Are there specific certification requirements in Illinois for special education teachers to teach students who have autism spectrum disorders (ASD)? If so, are these requirements being implemented in the classroom? If there aren't specific requirements should some be established? To answer this question, survey results from special education teachers are analyzed. The findings suggest that four out of eight special education teachers did not have to complete any additional requirements in order to educate children with ASD. The survey results also concluded that 7 out of 8 of the teachers were not given a curriculum guideline that includes specific educational practices for students with ASD. Finally, over half of the teachers who responded to the survey felt that there should be more public policies implemented that deal directly with educating children with ASD.

DEDICATION

I would like to dedicate this research paper to my husband, Terrin Thies, daughter, Mila Jayne Thies, born February 22, 2015 at 12:04am, Dad-Tom, Mom-Jane, brothers Jack, James, and Nick, my best friend Shannon Burnson, my late fur baby, Déjà Mae, and my current fur babies, Dez and Sage.

Many things have transpired during the time it has taken me to finish my Master's degree. I was hired at the graduate school, met the man of my dreams, had to put my dog of 10 ½ years, Deja, to sleep, studied abroad in Munich, Germany, got engaged, got married, moved to Steeleville, IL, got a new car-VW Jetta-Simone (going to have to trade it in for an SUV to fit the stroller), adopted two more fur babies, Dez and Sage, went through the loss of a pregnancy, became pregnant for the second time and delivered a beautiful and healthy baby girl, and moved to Murphysboro, IL. I wouldn't have been able to get through all of this without the love and support of my family and friends. This paper really is dedicated to you and for helping me with all my struggles throughout the semesters. Thank you and I love you!

TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
ABSTRACT	i
DEDICATION	ii
LIST OF FIGURES.....	iv
<u>CHAPTERS</u>	
CHAPTER 1 – Introduction	1
CHAPTER 2 – Literature Review	3
CHAPTER 3 – Methods	21
CHAPTER 4 – Results and Discussion	23
CHAPTER 5 – Conclusion	27
REFERENCES.....	31
APPENDIX A.....	36
APPENDIX B.....	37
APPENDIX C	39
VITA	48

LIST OF FIGURES

<u>FIGURE</u>	<u>PAGE</u>
Figure 1	11
Figure 2	17

CHAPTER 1

INTRODUCTION

Evidence suggests that there is an increase in children being diagnosed with autism spectrum disorders (ASD). Past epidemiological studies have reported that the prevalence of ASD has increased from 4 to 5 cases per 10,000 individuals in the 1960s (Lotter, 1966) to 5 to 31 cases per 10,000 individuals in the 1990s (Nordin & Gillberg, 1996; Webb, Lobo, Hervas, Scourfield, & Fraser, 1997). Currently, 1 in every 68 children has ASD (Centers for Disease Control and Prevention, 2014). According to the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV; American Psychiatric Association, 1994, 299.00), the medical definition of autism is a “Pervasive developmental disorder marked by social and communication impairments along with a restricted repertoire of activities and interests”. ASD, however, is not a single condition; it is a spectrum disorder that results in individuals presenting a wide range of abilities and disabilities (Heflin & Simpson, 1998a). Autism spectrum disorders are a lifelong disorder that may be diagnosed early in childhood and there is currently no cure. As research in autism has advanced, it has become clearer what specific characteristics define autism.

Having a younger brother (now age 22) with ASD who was “pushed” through the school system in Southern Illinois is the primary motivation behind this research. The essential reason why children are born with ASD is still up for debate. With that being said ASD is a disorder that school systems are faced with having to find appropriate measures for individuals obtaining an education. In the educational realm a proper classroom curriculum or lesson plan could be established for each individual student’s needs. With this new epidemic of ASD diagnosis, there are certain measures that can

be taken to accommodate the educational needs of children being diagnosed, specifically in Illinois. By looking at interstate variations in special education it can provide insight to the criteria for ASD services. As research has indicated, this autistic educational necessity has not been very progressive (Hoffman, 2011–2012).

Addressing some of these issues that teachers face in the classroom, while trying to provide an education to children with ASD, will help to bridge the gap of providing them with the appropriate educational need. This paper attempts to answer these questions: Are there specific certification requirements in Illinois for special education teachers to teach students who have ASD? If so, are these requirements being implemented in the classroom? If there aren't specific requirements, should some be established? After a review of the literature, this paper analyzes the results of a survey that was distributed to 35 K–12 teachers across the state of Illinois that asked questions addressing these issues.

CHAPTER 2

LITERATURE REVIEW

The current public policies that have been established in Illinois in regard to educating children with ASD will be addressed. Examining Illinois' special education teaching certification requirements in relation to other states across the nation helps to highlight the skills that teachers require in order to educate these children in the classroom. Currently, these skills may not reflect the recommended skills that are necessary when teaching children with ASD (Hart & Malian, 2013). Comparing education laws in Illinois with the laws of other states might also shed light on what Illinois is or should be doing differently to better educate children with ASD. The teachers' perceptions of these issues will also help to determine what can and needs to be done so that they can better serve these children. Teacher preparedness is a topic that addresses the type of learning environment that children who have ASD are placed in. There could be resources available for these teachers that may not require spending (Scheuermann et al., 2003). The current curriculum models and educational practices being implemented today will be discussed. Recommendations will be made in order to better prepare the special education (and for that matter general education) teachers in the classroom.

In order to address the current public policies established for these teachers, the following literature review has been divided into four main topics. The topics discussed will be current and historical education laws, teacher preparedness, ASD in the general classroom, and curriculum modules and recommendations. Exploring these issues will

help to determine the appropriate public policies that need to be implemented when educating children with ASD.

Current and Historical Education Laws

The purpose of researching the question at hand is to determine if children who have ASD are receiving the best education in order to function properly as a citizen in society. Over time, laws that deal with education have been implemented so that all persons are given a beneficial learning experience in the classroom.

History of Disability Laws

In order to provide a recommendation on a policy issue, it is important to review what has been implemented and researched on ASD. According to Hoffman (2011–2012), “At a growing rate of 1,148%, Autism is presently the world’s fastest growing developmental disability” (p. 128). Because ASD is considered one of the fastest growing developmental disabilities, it could become increasingly necessary to create laws that will alter and address the public policy issues that arise out of this phenomenon. The Individuals with Disabilities Education Act (IDEA) is a federal law that was established to protect the rights of children who are born or identified with a disability. According to Hoffman (2011–2012), “The IDEA was enacted by Congress in 1975 in order to ensure that all children with a disability are provided with a Free and Appropriate Public Education (FAPE)” (p. 131). Even with this act in place, research suggests children are still not receiving the proper education that should be provided to them (Hoffman, 2011–2012).

During 2001, the No Child Left Behind Act was established. According to Busby, Ingram, Bowron, Oliver, and Lyons, (2012) “The mandate of the No Child Left Behind

Act (NCLB) 2001 requires highly qualified teachers for every subject area, which includes special education” (p. 29). A highly qualified teacher in special education may consist of one who has received the Learning Behavior Specialist I endorsement. Having these highly qualified teachers in the classroom should result in better testing scores for that school district. When individuals are taught in the classroom, their understanding of the material is typically measurable. These measures are usually obtained through standardized testing. Even with these policies in place there could be a disconnect with the quality of education that individuals with ASD are receiving. One reason for this, according to Hoffman (2011–2012), is the fact that many school districts are funded by local tax dollars, specifically local property taxes. If a school district is located in a small or rural community, then the amount of tax dollars the school district will receive would be much lower than in a school district with a larger population. According to Hoffman (2011–2012), “Despite the federal legal protections available for children with autism through IDEA, the unique needs of those children and the effectiveness of IDEA in meeting those needs were still closely scrutinized by the federal government” (p. 145). With the shortage of educational requirements for individuals with ASD from the federal government, the next section will discuss what individual states have incorporated in their own set of standards and requirements that individuals must meet in order to receive ASD services.

Interstate Variation on ASD Diagnosis and Educational Instruction

Each state sets the eligibility requirements for students receiving special education services. According to MacFarlane and Kanaya (2009) “Each state is allowed to establish their own eligibility criteria for special education services, as long as

it meets or exceeds the guidelines set forth by the Code of Federal Regulations” (p. 665). Illinois is one of more than half of the states that has not only met the requirements set forth in the Code of Federal Regulations (CFR) but has also incorporated additional criteria in order to receive ASD services. The CFR requires that a child’s impairment and behaviors must affect his or her educational functioning in order to qualify for Autism services (MacFarlane and Kanaya, 2009, p. 663). In a case study by MacFarlane and Kanaya (2009), Illinois was one of 33 states that extended their criteria requirements for special education services under the autism category. These extended requirements consist of adding the DSM-IV diagnostic criteria (previously defined) that may not be included in the CFR. States like Alabama, Michigan, New Jersey, Oregon, Tennessee, Vermont, West Virginia, and Wyoming require a pediatrician or clinician must be part of the ASD evaluation (MacFarlane and Kanaya, 2009). This statistic indicates that Illinois is taking a proactive approach to the diagnostic element of ASD but educational instruction for this disorder, according to researchers, is still lacking. MacFarlane and Kanaya’s (2009) examination of each state’s department of education website revealed that most states do not clearly explain their eligibility criteria for students needing to receive ASD services. This lack of clarity with regard to eligibility criteria can lead to confusion for parents who must determine if their child is eligible to receive services for ASD (MacFarlane & Kanaya, 2009). The diagnostic element of ASD can also be costly. The Special Education Expenditure Project (2003) (detailing service descriptions for special education across the nation) suggests that “Autism is among the top 3 most expensive diagnostic expenditures in special education” (as cited in MacFarlane & Kanaya, 2009, p. 663). This could be

something to take into consideration when each state decides the amount of funding that will be provided to the school districts. Even if a school is provided with the proper funding research, it has been shown that the teachers need to be prepared to teach and educate these children with ASD (Busby et al., 2012).

In regards to educational instruction for professionals the Colorado Department of Education (CDE) (1999-2015) website provides an updated Autism training brochure 2014-2015 for professional development opportunities (para. 3). Some of the training is presented in a webinar that will allow other states and districts to participate. The Missouri Department of Elementary and Secondary Education website provides a summary of research of evidence-based interventions in Autism. This similar training is not currently found on the ISBE website. An Autism treatment survey was conducted in the state of Georgia. A total of 185 teachers participated in the study regarding strategies used to educate 226 children with ASD. The study concluded that not enough scientifically based interventions were being used and unsupported treatments were offering inadequate outcomes. "Overall, one-third of the treatments reported to be in use by responding teachers have limited support, suggesting a serious disconnect between the broadly accepted best practice guidelines and current reported classroom practice" (Hess, Morrier, Heflin, & Ivey, 2008, p. 967). The study stresses the importance of using evidence-based practices in the classroom. "Evidence-based practice is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve" (American Speech-Language-Hearing Association, 1997-2015, para. 1)

Teacher Preparedness

Teacher preparedness has become increasingly mandated in terms of educating individuals with learning disabilities and specifically ASD. Attention to teacher preparation issues intensified with the 2002 reauthorization of the Elementary and Secondary Education Act, also referred to as the No Child Left Behind Act (NCLB) (Scheuermann, Webber, Boutot, & Goodwin, 2003). This act also brought with it the necessary provision that all students are taught by highly qualified teachers. Would a teacher that has only participated in a few workshops (that highlight teaching models for individuals with ASD) be a highly qualified teacher in a classroom that contains autistic children? This question could be asked of all school systems across the nation. “In addition, the wide range of IQ scores and verbal skills associated with ASD (profound intellectual disability, severe language impairments, and high intelligence) makes teachers’ need for ASD-specific training all the more crucial” (Marder & deBettencourt, 2012, p. 12).

The National Research Council (2001) found that “Little formal data exists about the state of personnel preparation in autism, according to a recent report; no data exists regarding the number of autism specialists who are trained annually, operating personnel preparation programs, or which professional disciplines are involved in autism training” (as cited in Scheuermann et al., 2003, p. 197). Even with the increased diagnosis of ASD, teachers and schools are still unprepared to handle the needs of children with autism (Busby et al., 2012). It seems that there is an apparent need to educate individuals with ASD but professional boards are substandard when it comes to preparing future educators. According to Marder and deBettencourt, in 2001 the

National Research Council identified personnel preparation as “one of the weakest elements of effective programming for children with ASD and their families” (as cited in NRC, 2001, p. 225).

With the increase in students being diagnosed with ASD, it can bring the need for special education (and general education) teachers to be properly prepared to teach them. According to Scheuermann et al. (2003) the Council for Exceptional Children, the main professional organization for special education teachers, has standards for teachers in all major disability areas except autism. Of course, with some problems there is a need for a solution. Proposing a change in legislation and policy procedures could provide special education teachers (in addition to general education teachers) the necessary skills, training modules, and equipment that would provide a beneficial learning experience for individuals with ASD.

Training/Licensure for Special Education Teachers

Clear definitive factions exist in the field of ASD and there is a considerable lack of agreement with regard to the strategies and methods that are most effective for individuals with ASD (Reichow, Volkmar, & Cicchetti, 2008; Simpson, 2008).

Specifically, in regard to teaching children with ASD, research has suggested that it may be beneficial for teachers to have a required curriculum of academic training when they are earning their teaching degree (Hart & Malian, 2013). What naturally follows from the teacher education perspective is the need to determine which issues and methodologies should be included in a teacher preparation program in ASD (Hess, Morrier, Heflin, & Ivey, 2008; Scheuermann et al., 2003; Simpson, 2007).

A lot of teacher preparation in ASD focuses on reactive strategies, or those being implemented after a behavioral problem or predicament has already taken place (Shyman, 2012). Shyman (2012) goes on to say that “College or university based programs are likely to focus on general certification as dictated by local education agency standards, which in turn lacks any specialization in particular areas of the field of ASD” (p. 189).

Hart and Malian (2013) performed a statewide survey of special education directors in the southwest United States in order to determine what licensure requirements would be necessary in preparing teachers that are educating students with ASD. The qualitative analysis was performed using a Likert scale, where special education directors were asked to rank on a scale from 1–14 (1 being most essential and 14 being least essential) what education competencies were most important for working with students with ASD. They found that “Knowledge of the characteristics of autism was the most essential skill, followed by behavior management and communication skills development” (p. 7). In regard to the academic needs, Hart and Malian (2013) found that students being able to communicate what they know, whether it be useful or adaptive, and having the ability to work independently was most essential. In addition to the licensure requirements these special education directors found most important, they also included professional development areas as needing improvement. With the role of universities and colleges preparing students to become teachers, Hart and Malian (2013) reported that the special education directors felt the most important role of institutions was conducting and implementing cutting-edge

research in the characteristics of autism that would guide the development of professional training courses for these special education teachers (p. 9).

According to the Illinois State Board of Education (ISBE), students who wish to receive their teaching certificate in special education in Illinois must obtain the Learning Behavior Specialist (LBS) I endorsement (see Appendix B). Students may also opt to obtain the LBS II endorsement, but this is not required. See figure 1.

Figure 1 LBS II Endorsements

Curriculum Adaptation Specialist
Multiple Disabilities Specialist
Behavior Intervention Specialist
Deaf-Blind Specialist
Bilingual Special Education Specialist
Technology Specialist
Transition Specialist

(LBS II Endorsement section, para. 1)

According to the ISBE the LBS I only requires students to test and complete coursework in four areas. These areas include surveying the exceptional child, having general knowledge of characteristics of children with disabilities within the LBS I scope, having general knowledge of methods for teaching children with disabilities within the LBS I scope, and being able to perform psychological assessments of children with disabilities within the LBS I scope (LBS I Endorsement section, para. 2). Of course, the class curriculum and syllabi can vary among universities. When referring to the “scope of LBS” the ISBE goes on to explain the standards for the LBS I (see Appendix C). There are nine standards that are met within the LBS I endorsement within the Illinois

Administrative Code. One particular standard, Standard 4-Planning for Instruction, states that “The competent Learning Behavior Specialist understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners [28.200(d)]” (p. 242). This could seem to be an important standard for individuals with ASD. When comparing the endorsement requirement (Appendix B) to the LBS I standards (Appendix C) there may not be any correlating evidence that the endorsement requirements actually meet or exceed the nine standards. There may not be any evidence suggesting that, by completing these endorsement requirements a person is meeting all of the necessary standards of LBS I. According to Hart and Malian (2013), in a statewide survey of 124-special education directors, when asked which credential they would most like to see available as an option, 71% chose an autism endorsement added to an existing special education certificate (p. 7).

Providing an education to individuals with ASD that derives from evidence-based research is a popular topic. Research scholars have indicated that teacher graduates receive minimal to no preparation in evidence-based practices for students diagnosed with ASD (Hart & Malian, 2013). In fact many preparation programs that students are provided (in regard to education programs) tend to lack evidence-based practice. Morrier, Hess, and Heflin (2011) found that the most training these prospective teachers were given, in their higher education programs, was attending a full- or half-day workshop. One might question if a full- or half-day workshop is adequate training. In addition, the training they received did not present evidence-based practices. Research has shown that using evidence-based practices can ensure that training methods do

work. Evidence-based practices can help to ensure that teachers are given the proper training and most penetrable resources to teach individuals with ASD (Hart & Malian, 2013). This paper has covered some of the issues special education teachers face in the classroom. With regard to teaching individuals with ASD, this same attention could be drawn to the educational environment provided in the general classroom.

Autism Spectrum Disorders in the General Classroom

Research from the National Education Association (NEA) has indicated that “There is a severe, chronic shortage of fully certified special education teachers in the United States” (McLeskey, Tyler, & Flippin, 2004, p. 5). Even more current research suggests the attrition rate of special education teachers is still very high (Emery & Vandenberg, 2010). With the shortage of special education teachers, individuals with ASD most likely could be placed in the general education classroom. Any child that has been diagnosed with a disability (specifically ASD) should be placed in the least restrictive environment (Dybvik, 2004). The IDEA requires that children with disabilities be educated to the “maximum extent possible” in the least restrictive environment (LRE) (Dybvik, 2004, The Press for Civil Rights section, para. 4). According to Humphrey (2008), in order for a student with ASD to function in the mainstream classroom, teachers should not have a preconceived notion about them; children with ASD thrive on order, consistency, and schedules. This can suggest the importance of teachers in the general classroom having an acquired knowledge and educational background to teach individuals with ASD. Research has shown that any child with ASD can suffer from being socially inept. Hart and Whalon (2011) conclude that children with ASD

have “Trouble using and comprehending verbal and nonverbal communication, which is social conversation, interpreting the emotional states of others, forming and maintaining friendships with peers, and developing effective play skills” (p. 274).

College/Post-secondary Learners with ASD

Students that have been diagnosed with ASD who have graduated from high school could still face challenges in obtaining a post-secondary education. Research suggests students with these disorders are qualified to attend and pursue a college education (Gobbo & Shmulsky, 2012). In addition to this belief, the K–12 system assumes the higher-functioning individuals with ASD will be successful in post-secondary environments (Billstedt, Gillberg, & Gillberg, 2005). Contrary to this belief, and with the increase of social challenges in a college atmosphere, students who have ASD may find it more difficult to cope with the new learning environment. There is a small amount of research that has been performed on high-functioning students with ASD in the college setting (Gobbo & Shmulsky, 2012). There are also concerns that these students could be bullied, easily distracted, unable to prioritize, and fall short on the ability to structure their schedule without proper accommodations (Fleischer, 2012).

Even at the college level, it seems there might be a need for policies and procedures to be implemented in teacher education standards. In a case study on higher-functioning autistic students receiving a higher education, Gelbar, Smith, & Reichow (2014) found that “These students experienced anxiety, loneliness, and depression and a need for academic and non-academic supports” (p. 2599). As previously stated, students with ASD tend to lack social development skills. “While faculty members tend to help students meet the academic demands of new and

sometimes difficult content, they should also remember that the classroom is a social venue with social challenges” (Gobbo & Shmulsky, 2012, p. 41).

Curriculum Module Recommendations from the Literature

As noted above, research has shown that individuals diagnosed with any form of disability should be placed in the least restrictive environment when receiving an education. This could be taken into consideration when developing the best learning curriculum/module for individuals diagnosed with ASD.

Individuals diagnosed with ASD might need different teaching modules in order for them to learn in an academic setting. Teachers may have certain perceptions about the administration of education for children with ASD. Providing a comprehensive teaching education program could help to prepare educators to teach children in a more effective manner, and offer these children a more rewarding learning experience. Deciding what practices and methods are best for teaching children with ASD is still up for debate. Research has shown it is important that professional discourse and scientific research begin to focus on contributing to an evidence-based framework for teacher preparation programs in ASD (Shyman, 2012). According to Scheuermann et al. (2003), if teachers are trained in only one methodology (such as behavior management techniques) they will be unable to make educated comparisons as to which methodologies fit individual student needs best and, furthermore, which methodologies appear to be more effective for different individuals (as cited in Shyman, p. 188). As the research in ASD becomes clearer and more understandable, it could be possible to say that teachers will be better prepared to educate students with ASD.

“Accepting a single theory approach of a behaviorally based intervention may limit teachers’ recognition that all children are different and may respond to different approaches” (Shyman, 2012, p. 188).

Proposed Educational Practices

The small amount of research that has been done, with regard to this, provides suggested curriculum module guidelines that teachers can incorporate in the classroom. Children that have been diagnosed with ASD do not always respond to one particular method of instruction. Therefore, it is suggested that various guidelines of instruction be incorporated into the classroom.

Scheuermann et al. (2003) outline specific guidelines needed to satisfy a well-established framework for teacher education programs specializing in ASD. These are as follows: “1) Knowledge of the disorder; 2) Parent involvement; 3) Theoretical underpinnings of instructional approaches (multiple approaches); 4) Teaching language and communication, social competencies, adaptive behaviors and transitions; 5) Classroom structure; 6) Behavior management; and 7) Special issues (to fluctuate with the field)” (p. 190). The Council for Exceptional Children (CEC) (2008) provides an additional framework for teacher standards for quality teaching in ASD/Developmental Disabilities (p. 90). See figure 2.

Figure 2 Teacher Standards	Examples of Standards
1) Foundations	(including models, theories, laws/policies, history, definitions, trends in practice)
2) Development and characteristics of learners	(typical/atypical human growth, environmental/cultural effects, medical issues, speech, language, and communication)
3) Individual learning differences	(effects of the condition, differences in skill acquisition, impact of theory of mind/cognitive functioning, behavioral difficulty)
4) Instructional strategies	(evidence-based practices, specialized curriculum design, transitions, academic learning, positive behavioral supports)
5) Learning environments/social interactions	(classroom management theories, teacher attitudes, cultural sensitivity, realistic expectations, supports for integration)
6) Language	(retention of cultural values of individual, language/communication enhancement, repair/avoidance of miscommunication)
7) Instructional planning	(theories/research in curriculum development, technology, paraeducator roles, accommodation/modification, selection of content)
8) Assessment	(basic terminology, legal provisions, uses/limitations of assessment, administering nonbiased assessments, record-keeping, conducting FBAs)
9) Professional and ethical practice/collaboration	(teacher biases, professional development, high standards of competence and integrity, cultural sensitivity, working effectively with interdisciplinary/multidisciplinary professionals)

Council for Exceptional Children (CEC) (2008, p. 90)

In addition to coursework that focuses on the characteristics of ASD, a practicum or observation component should be mandated for students going to school to become teachers (Shyman, 2012). Of course, these policies and procedures are a potential curriculum blueprint for the universities providing general education degrees and, specifically, those who obtain a certification in special education.

In order to provide future educators with the appropriate curriculum to teach children with ASD, universities might improve their methods in delivering these services to special education teachers. Marder & deBettencourt (2012) used a graduate study program to train special educators to use research-based interventions with students on the autism spectrum.” The model/study was a course that provided these educators with a certificate to teach children with ASD. The course consisted of face-to-face, asynchronous online, and synchronous online instruction (Marder & deBettencourt, 2012). Researchers used a survey using a Likert scale to collect the data from the students and instructors. Upon collection of the data, 75 percent of the instructors agreed or strongly agreed with the ability to use the online learning environment (Marder & deBettencourt, 2012). The majority of the student responses also resulted in “agreeing” or “strongly agreeing” with the ease of the online access of the course. A benefit of this model was that a graduate level teacher training program for students with ASD provided highly specialized training to special educators from a variety of school districts (Marder & deBettencourt, 2012). With the advancement of the internet it could seem logical, for reasons such as these, to help aid in the teacher preparation methods for teaching children with ASD.

Another educational option teachers have for teaching children with ASD is to use animal-assisted activities. “Children with ASD in inclusion classrooms tend to be rejected and victimized by their peers, which can lead to social isolation, anxiety, and problem behaviors” (O’Haire, McKenzie, McCune, & Slaughter, 2014, p. 1). In using animal-assisted activities, studies have shown that this practice helps to alleviate problems with social interaction that children with ASD tend to lack. O’Haire et al.,

(2014) conducted a classroom study in Australia that consisted of (64) 5 to 12 year old children diagnosed with ASD. Guinea pigs were used as the animal subject. The children were instructed to care for the guinea pigs on a daily basis, the care consisting of grooming, feeding, and holding. The testing period ran for a total of eight weeks. Once the program was completed, over half of the parents (51.8%) reported that their child demonstrated an increased interest in attending school while the guinea pigs were in the classroom. This study might be transferrable to any classroom. Another option that teachers can keep in mind, when trying to engage children with ASD in the classroom, is the classroom environment itself.

Research has shown that students with ASD suffer socially at all levels of education. A student with ASD in college must learn to think critically while coping with diverse viewpoints, inconsistent information, and theoretical concepts that may be different from one another (Gobbo & Shmulsky, 2012). Small changes in the environment have been shown to help alleviate some of the anxieties these students experience. Making a predictable class routine can help those with ASD to master the social environment. Students with ASD do best when they have clear expectations and there is minimal fluctuation in change (Gobbo & Shmulsky, 2012). Iovannone, Dunlap, Huber, and Kincaid (2003) have outlined six effective educational program templates for students with ASD at all learning levels. "These templates consist of individualized supports and services for students and families, systematic instruction, comprehensible and/or structured environments, specialized curriculum content, using a functional approach to problem behaviors, and family involvement" (p. 153). A systematic instruction involves carefully outlining instructional procedures for teaching and

evaluating the effectiveness of the teaching procedures (Hurth, Shaw, Izeman, Whaley, & Rogers, 1999). “A comprehensible environment is one that is arranged to facilitate, elicit, enhance, and support the acquisition of critical skills, including language, behavior, social interactions, and academics” (Luiselli, Russo, Christian, & Wilczynski, 2008, p. 119).

Recommendations in Legislation

As noted above, there have been many laws and acts created to ensure that children with disabilities are entitled to a fair and proper education. There have been additional attempts in changing the legislation to accommodate those with disabilities, specifically ASD, but have not made it into law. “U.S. Representative Chris Smith (R-NJ) introduced the Teacher Education for Autistic Children Act of 2003. (HR 1700). This bill, which was sponsored by the Congressional Autism Caucus, would authorize spending \$20 million to train teachers to teach students with ASD. In addition, it would forgive student loans for teachers who teach students with ASD for three consecutive years. This could be a major step in training autism specialists” (Scheuermann et al., 2003, p. 199). Unfortunately, the bill was not passed because of disagreements in the bill’s language (Scheuermann et al., 2003).

CHAPTER 3

METHODS

In order to determine if special education teachers are receiving the proper education and policy procedures to teach children with ASD, 35 special education teachers in the state of Illinois were asked to complete a qualitative survey—8 of whom responded. The teachers were randomly selected based on their current teaching location in the state of Illinois. 12 grade schools (K–12) were randomly selected from the Northern, Central, and Southern region of Illinois. The online survey, distributed by email, consisted of a demographic question, certification requirements, current teaching curriculum and policies for ASD children (if any) in place, and satisfaction with education and learning policies currently in place. The emailed survey was initially administered on September 22, 2014 which resulted in six responses. The first follow-up email was sent on September 29, 2014 and returned two responses. On October 6, 2014 a final follow-up email was sent that returned two emails. The survey was approved by the Illinois Review Board. All of the responses were kept anonymous so that any responses would not damage the reputation of the teacher.

For purposes of this study, the teacher's email addresses were obtained through the grade school's contact webpage. In order to compare the special education teachers' responses with one another, the teachers chosen for the survey were all teaching in Illinois—Northern, Central, and Southern. Southern Illinois region was defined as those schools located below Interstate 72. Central Illinois region was defined as those schools located between Interstate 72 and Interstate 80. Northern Illinois region was defined as those schools located above Interstate 80. Each school chosen had more than one special education teacher.

The volunteer-related questions this research wanted to answer were: Are there specific certification requirements in Illinois for special education teachers to teach students who have ASD? If so, are these requirements being implemented in the classroom? If there aren't specific requirements, should some be established? A few of the survey questions were beneficial in finding answers to these questions: When receiving your certification for special education were there any specific requirements (i.e., exams, workshops, seminars) you had to fulfill/complete in order to educate children with autism?; Are you provided with a curriculum that includes specific educational practices for students with ASD?; and Do you feel there should be further policies in place for educating children with autism? All other survey questions are included. See Appendix A for survey questions.

CHAPTER 4

RESULTS AND DISCUSSION

The survey information that was collected can help to establish the teacher's employment background and current teaching policies within Illinois. As previously mentioned, 8 out of the 35 teachers responded to the survey. Four teachers responded from Northern Illinois, two from Central Illinois, and two from Southern Illinois. This information will aid in understanding the need for additional certification and public policy requirements for special education teachers to teach children with ASD.

The range of teaching experience amongst all of the respondents is 6 to 30 years within the special education classroom. This is a very broad range of teaching experience that can indicate varied certification and public policy requirements in the past 30 years. When asked: "When receiving your certification for special education, were there any specific requirements (i.e., exams, workshops, seminars) you had to fulfill/complete in order to educate children with ASD?", four out of eight teachers surveyed indicated that there were not any requirements. The other four responses did indicate having to complete additional training (endorsements) to teach children with ASD. Their responses are as follows: "Yes, I had to go through a four-week workshop to become a Learning Behavior Specialist"; "Yes, passing two tests in Special Education General Curriculum (163) and passing the Learning Behavior Specialist 1 exam (155)"; "Yes, exams and workshops"; and "We learned strategies and materials to use when working with students with autism through course work". The survey indicates that not all colleges or universities the respondents attended require additional training to teach children with ASD. Again, college- or university-based programs are likely to focus on

general certification as dictated by local education agency standards, which in turn lacks any specialization in particular areas of the field of ASD (Shyman, 2012).

Teachers were then asked if they were provided with a curriculum that includes specific educational practices for students with ASD, seven out of eight who responded said “no”. Many preparation programs lack evidence-based practice approaches (Hart & Malian, 2013). As stated above, “The wide range of IQ scores and verbal skills associated with ASD (profound intellectual disability, severe language impairments, and high intelligence) makes teachers’ need for ASD-specific training all the more crucial” (Marder & deBettencourt, 2012, p. 12).

In regard to the use of paraprofessionals/teacher aides, the teachers were asked if their school utilizes any outside resources/personnel to educate children with autism. According to the responses, five out of eight reported they do. One of the responses indicated that their school utilizes Easter Seals and has an “Autism Team” that can be called upon to help with evaluations and instruction for students with ASD. Two responses stated that their school also called upon an “Autism Team” or professionals within the district that provided teachers with some extra support. The other two respondents reported that their school would send the children with ASD to an outside professional program, such as an Autism Center. There was no indication of how often the schools utilize these services. To further reiterate Marder and deBettencourt, in 2001 the National Research Council identified personnel preparation as “one of the weakest elements of effective programming for children with ASD and their families” (as cited in NRC, 2001, p. 225).

In regard to children being diagnosed with ASD and being put in the general classroom setting, most of the teachers that responded to the survey claimed that these children are being placed in both general and special education classrooms. According to the responses, seven out of eight teachers concluded that the students with ASD were placed in both general and special education classrooms. The other teacher concluded that the students diagnosed with ASD in their school were only placed in the special education classroom. For those students that were placed in both settings, the majority of responses indicated that the students were either placed in the general or special education classroom setting based on the students' individual needs. Many times they try to educate these children with core classes in the special education classroom and any elective courses taken would be in the general education classroom.

The teachers were then asked to give their professional opinion on whether or not there should be further policies in place for educating children with ASD. Of the eight responses received, five of them stated that "yes" there should be further policies in place. One teacher went on to say that "There should be more training and resources for teachers with students with autism in their room." As previously mentioned, "Despite the federal legal protections available for children with autism through Individuals with Disabilities Education Act (IDEA), the unique needs of those children and the effectiveness of IDEA in meeting those needs were still closely scrutinized by the federal government" (Hoffman, 2011-2012, p. 145).

Lastly, the teachers were asked to provide any other information, in regard to the public policies currently in place, that deal directly with educating children with ASD. Two out of the eight teachers responded. One teacher responded, "I think that all the

PR that is done to increase awareness of autism is really good. I also think that it's very important to be sure teachers (and other staff members) are well trained in the necessary methods for working with children who are on the spectrum." Another teacher said, "I feel that more sensory therapy at the schools would benefit these children. I feel that once they hit high school they are just brushed aside."

Analysis of the Study

The literature reiterates the need for more policies and procedures to be implemented to teach children with ASD, not only just for the special education teachers but also for the general education teachers. The research also helps to stress the importance of using evidence-based and empirically validated approaches to teaching individuals with ASD. Using evidence-based practices can certify that training methods do work. If a change in legislation were to take place, these approaches should form the basis of the teaching certification requirements. A weakness to the study is the number of teachers surveyed. It is not a large enough sample to form a conclusion that a majority of the K-12 teachers in the state of Illinois are not adequately trained to teach children with ASD. Other weaknesses include the number of schools surveyed. These small sample sizes pose threats to the external validity of the study. The research provides a basis for future studies that should include larger sample sizes and in turn would provide a more secure foundation for the need of educating children with ASD.

CHAPTER 5

CONCLUSION

This research paper and survey focuses on the question: Are there specific certification requirements in Illinois for special education teachers to teach students who have ASD? If so, are these requirements being implemented in the classroom? If there aren't specific requirements, should some be established?

In relation to the research question, overall, the survey of eight special education teachers in the state of Illinois shows that half of the respondents did not have to complete any additional requirements in order to educate children with ASD. The other half did receive additional training, but did not specify whether the training included evidence-based practices. Using evidence-based practices can help to show that training methods do work and it also offers the student a more realistic approach. Because ASD has been diagnosed among many children over the last two decades, research has indicated that there should be more policies implemented in the certification and curriculum requirement of special and general education teachers to treat this disability in the classroom. The endorsement requirements for the LBS I appear general in the scope to the educational qualifications a special education teacher should have. If there were a teaching module that comprised a wide range of teaching techniques for children with ASD, it could be one step closer to providing these children with an effective learning experience. Unfortunately, the most effective instructional approaches have yet to be determined.

With regard to the question if the certification requirements are being implemented in the classroom, the teachers were asked if they were given a curriculum

guideline that includes specific educational practices for students with ASD. As indicated, seven out of eight teachers said “no”. Although it cannot be assumed, this could indicate that teachers who are required to complete additional training in order to educate children with ASD are not being required to incorporate this training into the classroom. It seems there could be a gap in policy implementation amongst these school systems.

Some of the school systems seem to utilize outside resources when it comes to educating children with ASD. This can be costly and time consuming. One reason for this could be the fact that the teachers are not qualified in certain areas such as ASD, which leaves this specific population undereducated and misrepresented. Again, it can't be assumed, but if the public policies in higher education were modified to require more learning styles to teach children with ASD then these outside resources may not be relied on as much. This information might help to suggest the importance of general education classroom teachers acquiring knowledge of ASD. Therefore, college students being provided the necessary information and skills received through a college degree, in teacher education, might help students with ASD transition into a more functional person in society.

Most importantly, over half of the teachers who responded to the survey felt that there should be more public policies implemented that deal directly with educating children with ASD.

Threats to the external validity of this study include the inadequate sample size of the participants. Of the 35 teachers contacted, only 8 responded to the survey. With this small sample size the results should be carefully interpreted. This is not a large

enough response number to make a definitive argument. Another threat to the external validity was the location of school selection within the state of Illinois. Not all school districts were contacted, only the southern, central, and northern regions were contacted. This could alter the responses to the survey questions based on the location selected. The number of teachers that were contacted is not enough to conclude that a majority of the teachers in the state of Illinois are not receiving adequate training to teach individuals with ASD. Future research is needed using a larger sample size of teachers.

This paper has provided a few curriculum module recommendations for teachers to better aid students with ASD in the classroom. Furthermore, it has highlighted that the gap in federal/state policy regulations and actual policy implementation in the classroom should be smaller. This information is important in understanding the need for adequate certification and public policy regulations for special education teachers because the number of children being diagnosed with ASD continues to increase. A great place to bridge this gap is to start in the higher education setting. Just because a teacher is certified in teaching education does not mean they are qualified to teach a child with ASD. All of these findings support the notion that the public policies currently in place for future educators might need modification to accommodate the growing number of autistic individuals being diagnosed in the United States. It is important to provide children with ASD the best education possible that will aid in their transition to society. For now, the policies and certification requirements in place are a little vague and lack understanding in regard to teaching individuals with ASD.

Illinois and other states can adopt the previously mentioned change in legislation that would allow special education teachers to qualify for college loan forgiveness. Lastly, Illinois colleges should modify course requirements and practicum/internship requirements for special education teachers so that they include additional teaching approaches for students with ASD. With the increase in number of children being diagnosed with ASD, it is imperative that Illinois' public policies for special education certification requirements be modified to accommodate this growing population.

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APPENDICES

APPENDIX A

ONLINE SURVEY-SPECIAL EDUCATION TEACHERS

Public School Systems Educational Practices for Children with Autism Spectrum Disorders

1. Please list the name of the school/schools and city you are currently working in:
2. How long have you been a teacher and/or special education teacher?
3. When receiving your certification for special education were there any specific requirements (i.e. exams, workshops, seminars) you had to fulfill/complete in order to educate children with autism? If yes, please explain:
4. Are you provided with a curriculum that includes specific educational practices for students with autism spectrum disorders? If yes, please explain:
5. Do you feel that the number of children diagnosed with autism has increased throughout the years? Please explain:
6. Are you aware of any autistic children within your school system? If so, have you seen their educational experience progress/regress/stay the same throughout the years? (please explain)
7. Does your school utilize any outside resources/personnel to educate children with autism? If yes, please explain:
8. Are you aware of any federal funding/grants that might be available for your school in regards to providing services/teaching children with autism?
9. Have the children diagnosed with autism within your school been placed in a special education classroom or a regular classroom? (please explain)
10. Do you feel there should be further policies in place for educating children with autism?
11. Are you satisfied with the education and learning practices children with autism spectrum disorders are receiving from your school? Please explain:
12. Please provide any other information, in regards to the public policies currently in place, that deal directly with educating children with autism spectrum disorders you deem important for this survey:

Appendix B

Requirements for the Learning Behavior Specialist I (LBS I) Endorsement

The endorsement is available for the following grade levels:

- Grade K-Grade 3** (for educators who already hold an early childhood education endorsement)
- Grade K-9** (for educators who already hold an elementary education endorsement)
- Grade 6-12** (for educators who already hold a secondary education endorsement)
- Grade K-12** (for educators who already hold a special teaching (K-12) or special education (PK-21) endorsement)

The LBS I endorsement requires a passing score on the LBS I (155) test and completion of coursework addressing the following topics:

- Survey of the exceptional child
- General characteristics of children with disabilities within the LBS I scope
- General methods for teaching children with disabilities within the LBS I scope
- Psychological assessment of children with disabilities within the LBS I scope

Some Illinois colleges/universities only require one course for each of the above areas; others require the completion of multiple courses for each area. Be sure to check with the institution where you plan to complete your coursework so you fully understand what courses are needed for the endorsement.

The **LBS I approval** (valid for three calendar years) will be issued to educators who have completed all necessary coursework for the endorsement but have not yet passed the LBS I (155) test. LBS I approvals will not be issued on or after September 1, 2015.

Requirements for the Learning Behavior Specialist II (LBS II) Endorsements

LBS II endorsements are optional, advanced credentials that are issued through entitlement by an Illinois higher education institution upon completion of an approved Learning Behavior Specialist I, Teacher of Students who are Deaf or Hard of Hearing, Teacher of Students who are Blind or Visually Impaired, or Speech- Language Pathologist program. To qualify for one of these additional endorsements, you must meet specific standards outline in Illinois statute.

The following LBS II endorsements are available:

- Curriculum Adaptation Specialist
- Multiple Disabilities Specialist
- Behavior Intervention Specialist
- Deaf-Blind Specialist
- Bilingual Special Education Specialist
- Technology Specialist
- Transition Specialist

APPENDIX C

Section 28.200 Standards for the Learning Behavior Specialist I (LBS I)

The Learning Behavior Specialist I is a teacher of children and youth with one or more of the following documented disabilities as specified in the Individuals with Disabilities Education Act (20 USC 1400 et seq.): specific learning disabilities, emotional disturbance, mental retardation, autism, traumatic brain injury, orthopedic or other health impairment. Beginning July 31, 2002, a teacher preparation program or course of study leading to the issuance of the special K-age 21 Learning Behavior Specialist I (LBS I) endorsement on a professional educator license shall be approved only if it includes content that will enable candidates to meet the standards set forth in this Section. Beginning January 1, 2003, the examination required for issuance of this credential shall be based upon these standards.

- a) Foundations – The competent learning behavior specialist understands the philosophical, historical, and legal foundations of special education; he or she meets the standards set forth in Section 28.100(a) of this Part.
- b) Characteristics of Learners – The competent learning behavior specialist understands the impact that disabilities have on the cognitive, physical, emotional, social, and communication development of an individual and provides opportunities that support the intellectual, social, and personal development of all students (ages 3-21).
 - 1) Knowledge – The competent learning behavior specialist understands:
 - A) the impact of language disorders, processing deficits, cognitive disorders, behavioral/emotional/social disorders, and physical (including sensory) disabilities on learning;
 - B) the impact of language disorders, processing deficits, cognitive disorders, behavioral/emotional/social disorders, and physical (including sensory) disabilities on behavior; and
 - C) the unique impact of multiple disabilities on learning and behavior.
 - 2) Performance – The competent learning behavior specialist provides information about students with language disorders, processing deficits, cognitive disorders, behavioral/emotional/social disorders, physical disabilities, and health impairments and their impact on learning to teachers, parents and employers as appropriate.

- c) Assessment – The competent learning behavior specialist understands the educational assessment process and uses various assessment strategies to support the continuous development of all students (ages 3-21).
- 1) Knowledge – the competent learning behavior specialist understands:
 - A) strategies for assessing individual learning characteristics and modes of communication;
 - B) strategies for assessing students' skills within curricular areas, including academic, social and vocational;
 - C) strategies for assessing learning environments and conducting functional behavioral assessments within the environment;
 - D) a model of reading diagnosis that includes student proficiency with print conventions, phonemic awareness, word recognition, vocabulary, fluency, comprehension, and self-monitoring; and
 - E) the uses and limitations of informal and formal assessments.
 - 2) Performance – The competent learning behavior specialist:
 - A) adapts group academic and statewide assessments for students with disabilities;
 - B) assesses the extent and quality of an individual's access to the general curriculum;
 - C) monitors a student's progress through the general curriculum;
 - D) designs and implements functional assessment procedures;
 - E) assesses reliable methods of response in individuals who lack typical communication and performance abilities;
 - F) adapts formal assessment devices to accommodate a student's mode of communication and response;

- G) identifies students' educational priorities by developing and conducting an individualized inventory of the student's home, community, social, and vocational environments and integrated curriculum needs;
 - H) identifies a hierarchy of reinforcers and empirically evaluates their effectiveness for an individual with moderate, severe, and multiple disabilities;
 - I) determines strengths and needs of individual students in the area of reading;
 - J) determines students' independent, instructional, and frustrational reading levels to inform instruction; and
 - K) interprets and explains reading diagnostic information for classroom teachers, parents, and other specialists to plan instructional programs.
- d) Planning for Instruction – The competent learning behavior specialist understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners. The learning behavior specialist understands instructional planning and designs instruction based on knowledge of the discipline, student, community, and curriculum goals.
- 1) Knowledge – The competent learning behavior specialist understands:
 - A) the Illinois Learning Standards (see 23 Ill. Adm. Code 1.Appendix D) and effective instructional strategies and resources for teaching the scope and sequence in the academic, social, and vocational curricular domains;
 - B) effective instructional strategies for adapting the general curriculum to meet the needs of individual students;
 - C) the use of appropriate reading intervention strategies and support systems for meeting the needs of diverse learners;
 - D) the differences between reading skills and strategies, and the role each plays in reading development;

- E) importance and strategies for teaching emerging literacy skills (concept of print, phonemic awareness, fluency, and comprehension) to success in reading achievement;
 - F) the strategies to develop a longitudinal, outcome-based curriculum with the identification of priorities, including social, language, academic and career and technical skills across life skill domains (i.e., domestic, recreation/leisure, vocational, and community);
 - G) adaptive equipment to facilitate eating, dressing, grooming, bowel and bladder management, independent living, and mobility;
 - H) guidelines for the selection and use of augmentative or assistive technology devices (e.g., sign language, electronic devices, picture and symbol systems, and language boards);
 - I) effective strategies for teaching study skills;
 - J) the skills necessary for student success in community settings;
 - K) community career and technical options, including supported employment and competitive employment models;
 - L) the rationale for career development and vocational programming across the preschool to postsecondary age span; and
 - M) the principles of partial participation.
- 2) Performance – The competent learning behavior specialist:
- A) integrates knowledge of the characteristics of the learner, Illinois Learning Standards, general curriculum and adaptation strategies appropriately into an effective individualized education program;
 - B) selects appropriate instructional strategies based on the curricular content and the age and skill level of the student;
 - C) evaluates, selects, develops, and adapts curricular materials and technology appropriate for individuals with disabilities;

- D) applies the use of appropriate reading intervention strategies and support systems for meeting the needs of diverse learners;
 - E) adjusts reading instruction to meet the learning needs of diverse learners;
 - F) assesses the entrance level skill requirements of a potential site for vocational placement;
 - G) prioritizes skills and chooses chronologically age-appropriate materials, emphasizing functionality, instruction in natural settings, and interactions between students with and without disabilities;
 - H) develops longitudinal, outcome-based curricula for individual students;
 - I) identifies and prioritizes objectives for community skill training;
 - J) identifies available community recreational/leisure activities; and
 - K) identifies career and technical and community placements appropriate to the age and skill level of the student.
- e) Learning Environment – The competent learning behavior specialist uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.
- 1) Knowledge – The competent learning behavior specialist understands:
 - A) rationale for selecting specific management techniques; and
 - B) theories and positive approaches for managing significant behavior problems, including self-stimulation and self-abuse.
 - 2) Performance – The competent learning behavior specialist:
 - A) uses appropriate strategies for managing significant behavioral episodes and crisis intervention;

- B) coordinates activities of related services personnel to maximize direct instruction time for individuals with disabilities and to ensure that related services are integrated into individuals' daily activities and schedule;
 - C) uses appropriate strategies for decreasing self-abusive behaviors; and
 - D) plans and implements instructional programs and behavioral interventions designed to facilitate the acquisition of adaptive social skills.
- f) Instructional Delivery – The competent learning behavior specialist understands the central concepts and methods of inquiry; uses a variety of instructional strategies to encourage students' development of critical thinking, problem-solving, and performance skills; and creates learning experiences that make content meaningful to all students (ages 3-21).
- 1) Knowledge – The competent learning behavior specialist understands:
 - A) effective instructional strategies for basic sequences of skills in the academic, social, and career and technical curricular areas;
 - B) traditional, improved traditional, and rapid procedures for helping individuals achieve bowel and bladder control;
 - C) language intervention strategies and appropriate uses across age and skill levels;
 - D) instructional procedures for increasing communication use, spontaneity, and to promote generalization of communication; and
 - E) instructional procedures for facilitating errorless learning, including teacher delivered prompts and discrimination learning.
 - 2) Performance – The competent learning behavior specialist:
 - A) plans, organizes, and implements educational programs appropriate to the cognitive, linguistic, and physical needs of individuals in the least restrictive environment;

- B) integrates academic instruction, affective education, and behavior management for individual learners and groups of learners in the least restrictive environment;
- C) uses strategies to enhance the thinking process;
- D) uses effective instructional strategies to assist individuals with disabilities to develop and self-monitor academic and social skills;
- E) provides community-referenced instruction;
- F) interprets sensory, mobility, reflex, and perceptual information to create appropriate lessons;
- G) integrates study skills curriculum with delivery of academic instruction;
- H) participates in the selection and implementation of augmentative or alternative communication devices and systems for use with students with disabilities;
- I) matches individual needs with appropriate community placements, including supported employment and competitive employment models;
- J) applies principles of instruction for generalized language arts or math skills to teaching domestic, community, school, recreational, or vocational skills that require language arts or math;
- K) designs and implements instructional programs for teaching eating, dressing, grooming, and toileting skills;
- L) uses language intervention strategies and appropriate usage across age and skill levels;
- M) uses instructional procedures for facilitating errorless learning, including teacher delivered prompts and discrimination learning;
- N) plans and implements individualized systematic instructional programs to teach priority skills;

- O) uses instructional procedures for increasing communication use and spontaneity, and to promote generalization of communication;
 - P) plans and implements instructional programs directed toward objectives established for recreation/leisure skills, domestic skills, community skills, and career development and vocational training emphasizing positive self-concepts and realistic goals; and
 - Q) plans and implements programs for students transitioning from school to adult life.

- g) Collaborative Relationships – The competent learning behavior specialist uses knowledge of effective written, verbal, and visual communication techniques to foster active inquiry, collaboration, and supportive interaction among professionals, parents, paraprofessional educators, and students.
 - 1) Knowledge – The competent learning behavior specialist understands collaborative and consultative roles of special educators in the integration of individuals with disabilities into the general curriculum, and educational and alternative settings (including community).
 - 2) Performance – The competent learning behavior specialist collaborates with parents, general educators, other professionals (including community) and paraprofessional educators in the integration of individuals with disabilities into the general curriculum, and educational and alternative settings.

- h) Professional Conduct and Leadership – The competent learning behavior specialist understands teaching as a profession, maintains standards of professional conduct, and provides leadership to improve students' learning and well-being.
 - 1) Knowledge – The competent learning behavior specialist understands the scope of his or her practice and seeks additional resources and assistance as needed to meet the individualized needs of students.
 - 2) Performance – The competent learning behavior specialist:
 - A) practices within his or her own scope of practice and seeks additional resources and assistance as needed to meet the individualized needs of students;

- B) demonstrates an ethical responsibility to advocate for the least restrictive environment and appropriate services; and
 - C) engages in professional activities that benefit students with disabilities.
- i) Reflection and Professional Growth – The competent learning behavior specialist is a reflective practitioner who continually evaluates how choices and actions affect students, parents, and other professionals in the learning community and actively seeks opportunities to grow professionally. The competent learning behavior specialist:
- 1) conducts self-evaluation, making ongoing adjustments to assessment and intervention techniques as needed to improve services to students; and
 - 2) reflects on one's own practice to improve instruction and guide professional growth.

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Research Paper Title: THE LACK OF PUBLIC POLICIES IMPLEMENTED IN ILLINOIS'
SPECIAL EDUCATION CERTIFICATION REQUIREMENTS THAT DIRECTLY
INVOLVE EDUCATING CHILDREN WITH AUTISM SPECTRUM DISORDERS

Major Professor: Dr. LaShonda Stewart