

Autism Spectrum Disorder Fact Sheet



Minnesota Association for
Children's Mental Health

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Symptoms/Behaviors

- Isolate themselves from their peers
- Considered odd by other students
- Clumsy or awkward gait
- Difficulty with physical activities and sports
- Repetitive pattern of behavior
- Problem with time and spatial awareness
- Preoccupation with one or two subjects or activities
- Under or over sensitive to stimuli such as noise, light, or unexpected touch
- Victim of teasing and bullying
- Inappropriate or minimal social interactions
- Limited interests
- Peculiar preoccupations
- Often misses subtle social nuances
- Conversations almost always revolve around self rather than others
- Lack common sense
- Few facial expressions
- Odd behaviors or mannerisms
- Obsession with complex topics such as patterns or music

Resources: See macmh.org/edguidelink for more autism spectrum disorder specific resources.

About the Disorder

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that can cause significant communication, social, and behavioral impairment. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines ASD as a single disorder that includes disorders that were once diagnosed separately, including Asperger's syndrome and pervasive developmental disorder not otherwise specified (PDD). The cause of autism is not known. However it is generally believed that both genetics and environment play a role.

The Centers for Disease Control and Prevention (CDC) estimates that about 1 in 68 children has been identified with ASD. ASD occurs in all ethnic, racial, social, and economic groups and is almost 5 times more common among boys than among girls. Symptoms begin in early childhood, however, they are often not identified until later in a child's life.

The symptoms of ASD are unique for each child or adolescent. ASD symptoms may vary greatly from mild to very severe. A student's ability to learn and think may range from gifted to extremely challenged. The symptoms fall into two main areas: impairment in social communication and interactions, and repetitive and restrictive behaviors.

Communication and social interactions present significant challenges for students with ASD. Students with ASD frequently avoid eye contact, interpret communication literally, and misread nonverbal cues. They often have difficulty participating in reciprocal communication or back-and-forth conversation patterns and misunderstand sarcasm, jokes and metaphors. Students with these symptoms also struggle to use language "in context," such as using tone of voice to match the setting. They may not tolerate social interactions that don't go "their way" or as they expected. Their social skills may not be age appropriate and they are generally socially awkward. Students with ASD have difficulty developing friendships with students their own age. Their interests can be overly focused or fixated and consequently they may resist trying new games or activities. Students with ASD may also have repetitive behaviors such as flapping their arms, lining up toys or repeating the words said by another person. They depend on rigid routines and schedules and are intolerant to any changes. Disruptions may result in strong verbal complaints or physical outbursts that appear out of context to the situation.

Educational Implications

Symptoms of ASD may vary greatly from student to student. Students may appear to be in their own world and seem oblivious to classroom materials, people, or events. While they might seem distracted, they are often actually paying close attention to teachers and the material being presented. Many students with ASD have difficulty understanding social interactions, including nonverbal gestures. They may fail to develop age-appropriate peer relationships or be unable to share interests or show empathy. When confronted by changes in school routine, they may show visible anxiety, withdraw into silence, or burst into a fit of rage. Students with ASD can be very literal and have great difficulty using language in a social context. They may like school, but wish the other students weren't there. Teaching must be direct and targeted to the students' specific difficulties. This includes social skills, communication, and academic subject matter as well as routines like standing in line. Students with ASD have sensitivities that are easily triggered by overly loud, fast-paced, or critical tones of voice. A clear, patient, and calm teacher is essential to helping students with ASD. Parents and professionals who are familiar with the student may be the best source of information and support for educators.

Instructional Strategies and Classroom Accommodations

- Create a structured, predictable, and calming environment. Consult an occupational therapist for suggestions on handling your student's sensory needs.
- Foster a climate of tolerance and understanding in the classroom. Consider assigning a peer helper to assist the student in joining group activities and socializing.
- Use direct teaching to increase socially acceptable behaviors, expected greetings and responses, and group interaction skills.
- Create a standard way of presenting change in advance of the event. A key phrase like "today will be different" may be helpful if used consistently.
- If projects are required, break down each step and help the students to see them as "pieces of the puzzle" which will eventually all fit together.
- Learn the usual triggers and the warning signs of a "melt-down" and intervene before control is lost. Help the students learn self-calming and self-management skills.
- Use a team approach when developing curriculum and classroom adaptations. Occupational therapists and speech-language pathologists can be very helpful, and evaluations for assistive/augmentative technology should be done early and often.
- When teaching basic skills, use materials that are age-appropriate, academically appropriate, positive, and relevant to students' lives.
- Avoid long strings of verbal instruction. Use written checklists, picture charts, or object schedules instead. If necessary, give instructions one step at a time.
- Minimize visual and auditory distractions. Modify the environment to meet the students' sensory needs.
- Help students develop functional learning skills through direct teaching. (Teach them to work left to right and top to bottom.)
- Students who get fixated on a subject can be motivated by having their topic be the content for lessons in reading, science, math, and other subjects.
- If students avoid eye contact allow them to use peripheral vision to avoid the intense stimulus of a direct gaze. Teach students to watch the forehead of a speaker rather than the eyes if necessary.

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health chapter on Meeting the Needs of All Students.