Dear Family,

Thank you for your interest in the Easter Seals North Texas Center for Autism Outreach & Training Program. Our purpose at the DFW Center for Autism is to provide high quality intervention for children with autism and related disorders through the planned usage and dissemination of the nationally recommended treatment for autism, Applied Behavior Analysis (ABA). Our Outreach services are designed to provide support and education for families and children either in educational settings, in their communities, or in their homes. The following paragraphs will describe the benefits of our program including why we believe this is the best intervention for your child.

Notice of Nondiscriminatory Policy As to Students: The ESNT Center for Autism will admit students of any race, color, national and ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

**Applied Behavior Analysis**

Our philosophy is to use effective applied behavior analytic techniques to create beneficial behavior change. These techniques are discovered through empirical, evidence-based research in behavior analysis. It is this information that is used to make informed decisions regarding treatment options, “the guideline provides a set of recommendations that reflects current best practices and will lead to optimal outcomes for children with developmental problems.” (New York Clinical Practice Guidelines, 1999). The techniques are then matched to the family and child’s needs and values. While children of all ages can benefit from applied behavior analysis, research has shown that children starting at a younger age made greater strides than children starting at older ages. The first controlled early autism intervention study provided a clear demonstration that increased hours of early intervention produced markedly superior outcomes over the children who received minimal hours of the exact treatment. (Lovaas, 1987; McGee, Morrier, & Daly, 1999). In fact, of the children who received the intensive behavioral intervention (approximately 8 hours each day), almost half (47%) achieved IQ levels that matched that of their typically developing peers. However, this intensive amount of behavior treatment must possess at least the following components:

- applied behavior analysis
- early intervention
- early inclusion that is carefully planned
- highly trained and qualified individuals delivering the treatment
- frequent supervision and program evaluation by a Board Certified Behavior Analyst
- family involvement
- carry over of the behavioral principles during teachable moments in all other environments.

**Staff**
Implementing these precise teaching techniques, while maintaining the child’s happiness, requires a highly trained staff. The teaching staff is trained in behavior analytic techniques and required to pass a series of competency checklists evaluating teaching performance, professionalism, organizational skills, and analytical skills. “The effective and ethical use of Applied Behavior Analysis methods requires special training, which in trusted parents should seek. Like any treatment procedures, these can be misused, inadvertently or intentionally. It is particularly important to have competent, well-trained behavior analysts guiding and supervising behavioral treatment for autistic children for several reasons.” (Maurice, 1999).

**Mission Statement**
Our mission is to provide high quality intervention for children diagnosed with autism incorporating the techniques of Applied Behavior Analysis. With the emphasis on early intervention, communication and socialization, the Center’s goal to impact hope towards happy and fulfilling lives for the children and their families is made available by:

- Providing empirical, evidence-based, innovative, and highly effective treatment to children with autism
- Serving as a resource of support to parents or families of children with autism, other consultants, school districts, educators, the DFW community, and other private or public agencies serving people with developmental disabilities
- Operating as a training site for parents and teachers of children with special needs, including graduate and undergraduate students in local universities
- Fostering a cooperative environment for research to further benefit the advances in autism treatment through the use of applied behavior analysis

**Curriculum**
After determining an individual child’s goals, there are essential programs that will be included in every child’s curriculum (New York Clinical Practice Guidelines, 1999). These include developing increased attention to social stimuli, imitation skills, communication and language, symbolic play, and social relationships. The curriculum of an intervention program for a child with autism must be individualized based on that child’s specific needs and strengths. Some considerations include: 1) what skills are needed in a child’s immediate environments, 2) what skills will be needed in future environments, 3) what is chronologically appropriate for the child, 4) how some skills might generalize to other environments, 5) and what goals might suit the culture and value system of the child’s family.
Incidental teaching. Incidental teaching is a systematic protocol of instruction that is delivered in the context of the natural stimulus conditions of everyday environments (Hart & Risley, 1968, 1974, 1975). Despite the title for this form of teaching, incidental teaching requires an extreme amount of skill and planning for it to be effective. The environment must be arranged to attract children to desired toys and activities. The same principles of learning underlie both incidental teaching and direct instruction formats (as in the Lovaas, 1987 study). Research has also shown that children are better able to transfer their language to new settings and people following instruction with incidental teaching (McGee, Krantz, & McClannahan, 1983).

Direct Instruction Teaching. Many opportunities or trials are given repeatedly in structured teaching situations to teach each step:

- A – teacher gives a clear instruction; provide assistance in following the instruction (for example “prompt” by demonstration of physical guidance), and use materials that are at the person’s learning level.
- B – child emits a correct response.
- C – teacher delivers a positively reinforcing event (which is basically a consequence for that particular behavior that will strengthen that behavior and increase the likelihood of the it occurring more frequently).

Both Incidental Teaching and Direct Instruction are intensive, are delivered in the natural environment, and require highly skilled staff and a low teacher to child ratio. Direct instruction can also be performed in an environment with minimal distractions typically to aid in the acquisition of early learning skills. Both forms of teaching are geared toward generalization of skills and intensity of repetition to ensure adequate skill acquisition.

Parent Education

Parent education is a large component of any child’s program and is essential for the ongoing success of your child. By providing parents of children with autism the specialized competence in how to promote their child’s learning, more intervention time becomes available to the child and more normalized family functioning becomes a long term reality (McGee, Jacobs, & Regnier, 1993). Parents are expected to learn the same teaching techniques and provide an additional 12 hours minimum per week of intervention. These additional hours are essential for a child’s daily routine; such as dressing, eating, bath time, and playtime. Both parents are encouraged to attend the required monthly meetings with those individuals involved in your child’s programming. This ensures you are most current on your child’s program and teachings.

Expectation of Parents

Children’s attire
You will want to dress your child in comfortable play clothes.
Treatment setting & observations
Parents are asked to provide a clean and organized working environment for the treatment staff. In most cases, a separate room is needed so that the treatment environment can be limited from extraneous distractions and potential confounding reinforcers. This may require that the child’s access to other parts of the house be restricted for an extended portion of the session. Treatment staff will provide audio/video monitoring equipment, and Parents are asked to utilize this equipment in order to observe treatment without having to enter the setting at inopportune times.

Teaching materials
Most teaching materials will be provided by the center.

Illness and absences.
Neither children nor staff should be in treatment if the following symptoms have occurred in the past 24 hours: fever, vomiting, diarrhea, discolored discharge from the eyes or nose, abnormal rash or skin conditions, or sore throat. Children must be free from any of these symptoms for at least 24 hours before returning. Sessions should be canceled if any of these symptoms are present. These guidelines are to ensure the optimal treatment hours for your child and other children receiving treatment in the Outreach program and strict adherence to these guidelines is recommended.

Emergencies.
A signed authorization for emergency care is necessary for each child’s file, including physician and emergency contact information. Each parent needs to keep the Center and Outreach staff informed of any changed in this information.

Special diets and Dietary supplements
Special diets, dietary supplements and alternative therapies will be accommodated, however, parents are required to provide information about alternative intervention changes and updates to either the Program Manager or Team Director at weekly team meetings (if not daily).

Release of children
In order to protect your child it is our policy to release children only to the parent or guardian or the person(s) listed on the permission form in your child’s file. If someone other than a parent is left to care for the child, they must be prepared to show identification.

Fees
ESNT Center for Autism operates on a fee-for-service basis. Most services are billed hourly, ranging from $60-$100/hour. Cash, check, Master Card, Visa or money order are acceptable forms of payment. Fees not paid by the 2nd pay date of each month shall
incur a $25.00 late fee. Fees which are not received in full by the 10th of the following month, may cause a child to be dropped from the program and his/her spot be allocated to another child. Checks returned by the bank shall incur a $50 returned check charge. Future payments may be requested in cash or certified funds.

**Withdrawal**
Because ESNT Center for Autism operates on the funds provided by tuition & fees, if you choose to withdraw your child from the program a 30-day written notice is required. The only exception is an unexpected medical crisis. If you choose to withdraw your child prior to the 30-day notice, tuition payment will be expected for the following 30 days.

**Communication**
We encourage daily communication about your child’s progress. If you would like, we will be happy to provide you with daily written notes on a particular behavior or activity of interest if requested. Please approach your child’s BCBA with any concern or suggestions regarding the program.

**Discipline and guidance practices**
There will be no harsh, cruel or unusual punishment treatment of any child. Positive reinforcement and similar supportive methods are the first procedures chosen to alter undesired behavior.

**Transportation**
Transportation is only provided in the event of an outing. In this case, parents will be notified in advance of the outing and will be asked to sign consent for their child to be transported if they do not wish to provide transportation.

Staff members providing transportation have provided the school with a current proof of auto liability insurance, and should be current on CPR/First Aid certification.

**Outings**
Parents will be given advance notice of all outings with a request for permission for their child to participate and an invitation for the parent to participate if they wish. Parents are always encouraged to attend outings and transport their children and the scheduled staff member(s) if they can.

If you have a desire for your child to participate in a particular field experience or outing that is not currently offered, feel free to suggest a location.

**Protocol to review questions or concerns with center director**
Carrie Greer, Shana Wiggins, and Mitsuru Kodaka are supervising Board Certified Behavior Analysts (BCBA) for children receiving treatment with the ESNT Center for
Autism’s Outreach & Training Program. Carrie Greer is also the Program Director. Messages for Outreach staff may be left during business hours at 817-759-7970, or via e-mail (cgreer@ntx.easterseals.com). Appointments should be made in advance to meet in person with the directors. Communication in person is strongly encouraged and welcomed.

Procedures for other parents to observe treatment sessions
Parents interested in enrolling their child in the Outreach program often request the chance to observe a treatment session with a child currently enrolled. If you are interested or willing to offer your home as a site for observation for this rare occasion, please let us know and we will contact you if that may be requested in the future. At the time that the request is made, you will then be asked to consent to particular information about your child’s treatment program being shared with an observer.

Acknowledgement of Operational Policies
Enrollment for the Outreach ABA services through the ESNT Center for Autism is complete once all applications and enrollment forms have also been completed. Upon enrollment in the Outreach program, you will be asked to sign and verify the operational policies of the program. You will be given a copy of those policies at that time, and upon any revision of the policies. Thank you for your cooperation.
Please detach and return as soon as possible to be placed in your child’s file:

I have read the ESNT Center for Autism Outreach & Training Handbook Packet. I understand that if I have any questions about the content of this handbook, I can ask the Program Director. I understand that when this handbook is updated, I will be asked to read the new version and sign another statement of understanding.

_________________________________________________
Signature and Date

I will/will not on occasion be leaving my child in the care of an ESNT staff member. I have read and signed the consent form and hereby agree to hold harmless and release from any and all liability, the Easter Seals North Texas, its directors, officers, employees, agents, affiliates, sponsors, and promoters, as well as, their respective directors, officers, employers, and agents (hereinafter collectively known as “ESNT and its Sponsors”), for any injury or illness to the Participant, arising out of or in connection with his/her participation in the ESNT Center for Autism program. Also, to the fullest extent of the law, I hereby waive and discharge my and my child’s rights, including those of our heirs and assigns, to any and all claims of damages for injury or illness to the child, against ESNT and its Sponsors. I agree that health insurance coverage for my child is my sole responsibility.

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Signature and Date