



Autism Society
of NORTH CAROLINA



Behavior & the IEP Toolkit

Suspensions, the Disciplinary Process, Functional Behavior Assessments
and Behavior Intervention Plans

Part of the ASNC School Toolkit Series
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Sometimes children with autism behave inappropriately in the school setting, violating the school conduct code. This may lead to suspension and can be an emotional time for families on many levels. The family may be angry, confused, embarrassed or simply overwhelmed by the myriad of emotions. It doesn't seem fair that their child who has a disability should be punished, and it can be difficult to understand the disciplinary process.

About the toolkit

This information is for families whose children have problem behaviors in school and who may be at risk for suspension from public school because of inappropriate or dangerous behavior. The toolkit reviews the school disciplinary process, suspension/removal and how behaviors may be addressed through a Functional Behavior Assessment (FBA) and development of a Behavior Intervention Plan (BIP).

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Beyond the toolkit

If this toolkit raises new questions for you and you want to talk with someone, the Autism Society of North Carolina (ASNC) can help. In every NC county, ASNC has Autism Resource Specialists who are experienced parents of children with autism and trained autism educators and advocates. You can find contact information for the Autism Resource Specialist in your community here: www.autismsociety-nc.org/resourcespecialists.

The ASNC Autism Resource Specialists also hold IEP workshops across the state. To find an IEP workshop in your area, go to the schedule on the ASNC website at www.autismsociety-nc.org/workshops or contact the Autism Resource Specialist in your community.

If you would like to read more about this topic, go to the additional resources section of this toolkit for recommendations by ASNC staff.

Suspension/Removal & the Disciplinary Process

Out-of-school suspension is the temporary removal of a student from the school setting. Any time a child is denied access to any part of the educational services, regardless of the time of day, it is counted as one day of out-of-school suspension. This includes:

- When a parent is asked to pick up a child prior to the end of the instructional day
- When a student is placed into in-school suspension (ISS)

According to the NC Department of Public Instruction (see link below), best practice dictates that either of these actions on the part of the school counts as an out-of-school suspension and **MUST** be recorded as such. Schools should report any suspension to the parent immediately on the day the incident occurs and provide a statement of the reasons for the discipline.

Long-term suspension is removal from the school setting for more than 10 school days. Long-term suspension may happen when:

- the student's behavior violates the school code of conduct and
- the behavior is NOT related to the student's disability
(Schools often use the phrase "manifestation determination" to describe this.)

However, the school system is still required to provide a free and appropriate public education to enable the student to participate in the curriculum and progress toward meeting the goals in the student's Individualized Education Program (IEP). The IEP team must meet to discuss whether a behavior that prompted suspension was a manifestation of the disability. The student's placement/setting may be changed regardless of that decision, if the team believes that the current setting does not allow the student to participate in the curriculum and progress toward meeting IEP goals.

FAQs:

1. Can a child with a disability be suspended?

Any student, regardless of a disability, can be suspended short term for violating the code of student conduct. When a long-term suspension is being considered, students with disabilities are required to go through the manifestation process to determine whether the behavior was caused by the disability. If the behavior was part of the disability or the school failed to implement the IEP, then the student cannot be suspended.

2. What if parents disagree with the suspension, the manifestation determination process, or a change in placement?

If parents disagree with any part of the manifestation determination review, a suspension that results in a change of placement, or a change in placement, then they can request an expedited due process hearing with the Office of Administrative Hearings. The student remains in the discipline setting during the hearing process.

Information taken from the NC Department of Public Instruction (DPI): <http://ec.ncpublicschools.gov/instructional-resources/behavior-support/resources/best-practices>

Functional Behavior Assessments (FBA)

Functional Behavioral Assessments are used to try to determine why individuals exhibit specific behaviors. The context of the behavior – as well as the frequency, duration, and intensity – lead to a better understanding of how to help the student.

Although a Functional Behavioral Assessment (FBA) is not required until the student has been removed or suspended from school, best practice is to perform the assessment for any student with a disability who has problem behavior. This would lead to proactively creating interventions to help the student learn more appropriate behavior.

Steps included in a Functional Behavioral Assessment:

1. Identify and define the problem behavior.
2. Collect information about when the behavior happens through observations (include frequency, duration, and intensity) and interviews with child, parents, and staff.
3. Identify what happens before the child's problem behavior and what happens afterward. Look for patterns.
4. Come to an agreement about the purpose of the problem behavior.
5. Develop a statement that explains why and when the Individualized Education Program (IEP) team thinks the child uses the problem behavior.

For a sample form you can use for an FBA, please see the appendix to this toolkit.

FAQs:

1. Who can do an FBA and is it part of an evaluation or a re-evaluation?

Teachers, parents, and anyone who works with the child can do an FBA. An FBA is not part of a formal evaluation, and parents are not required to give permission to the school. An FBA is a tool for finding information and not a formal assessment; each school or school district may have its own version of an FBA form.

2. What if the teacher or school refuses to do an FBA?

The school is only required to do an FBA when a long-term suspension is being considered. It is important to remember that identifying the triggers and patterns of behavior is necessary in order to develop a good Behavior Intervention Plan. Figuring out why the behavior is occurring is the first step toward changing the behavior.

Information taken from the NC Department of Public Instruction (DPI): <http://ec.ncpublicschools.gov/instructional-resources/behavior-support/resources/functional-behavior-assessment>

Behavior Intervention Plans (BIP)

After the Individualized Education Program (IEP) team has completed a Functional Behavior Assessment (FBA) and the function of the behavior has been decided, the IEP team develops a Behavior Intervention Plan (BIP) for the student.

A BIP is:

- a plan to support the student to help the student change behavior.
- part of the IEP.

Effective BIPs consist of multiple interventions or support strategies and are not punishment. The BIP must address the function of the behavior and include information gathered in the FBA. Changing the environment when appropriate and possible, and recognizing and modifying behavioral triggers are key components of any BIP.

When the IEP team is ready to create a BIP, they should start by brainstorming possible interventions.

Here are the next steps:

1. Discuss whether the interventions are appropriate and how they relate to the FBA.
2. Identify the types of supports that team members will need to implement the selected interventions. For example, if a staff person is going to work individually with the student on a specific social skill, that person's other duties must be covered. Document this in the BIP.
3. Include how and when the BIP will be evaluated.

At times, teachers can modify the environment of the student by implementing preventive strategies, such as:

- stating clear expectations
- avoiding exposing the student to long delays
- modifying seating arrangements
- providing a choice of activities
- adapting the pace of instruction
- allowing the student to take breaks

continued on next page →

Examples of positive supports that might be included in a BIP:

- Teaching the child replacement behaviors
- Rewarding the child for using socially acceptable behavior
- Teaching the child to recognize and avoid the behavior "triggers"
- Teaching the child to identify emotions
- Changing the responses of the adults
- Changing negative stimuli in the environment
- Providing a caring adult to give positive time at school
- Supporting the child at problematic times

A Sampling of ASNC Workshops:

- Autism: Building on Strengths to Overcome Challenges
- After the Diagnosis: Get Answers, Get Help, Get Going!
- The IEP Process: Building Success for Your Child at School
- IEP Basics: Frequently Asked Questions
- Beyond the IEP Basics
- IEP Notebook: Taming the Paper Monster
- Taking Autism to the Doctor/Dentist
- Taking Autism on the Road
- Wading Through Therapy Options: Where to Begin
- Developing an Individual Transition Plan: ITP @ 14
- Journey to Adulthood
- The Importance of Developing Self-Advocacy Skills
- Making the Parent-Professional Relationship Work
- Considering College? Prepare, Plan, Succeed
- Preparing for College Starts at Home
- Guardianship: What You Need to Know
- The Next Step: Residential Options for Adults with Autism
- Managing Stress: Taking Time to Breathe
- Staying Two Steps Ahead: Safety Considerations for Caregivers
- iPads, Mobile Technology and Autism
- Tips and Tricks for iPads and Autism
- Navigating Services
- Civics 101: Understanding How Government Works for You
- Civics 201: Practical Strategies for Advocating for Change

A calendar of workshops can be found online at:
www.autismsociety-nc.org/workshops

{BIP continued from previous page}

Lifestyle interventions to improve the student's quality of life may be included in a comprehensive BIP. For lifestyle interventions to be effective, there must be ongoing, long-term support for the student. Examples include:

- helping the student have the opportunity to make friends
- assisting him in accessing events or activities of interest
- giving more personal choice and power over age-appropriate life decisions

Because it does take a while for a Behavior Intervention Plan to change a student's behavior, it is important that the IEP team decide what will happen when the problem behavior still occurs. If it is a manageable behavior, it is important to come up with responses that discourage the problem behavior. In some cases, the behavior may be extreme, and the IEP team should develop a crisis plan to address those situations. Here are the steps in creating such a plan:

1. Define a crisis situation.
2. Describe the intervention procedures to be put into place, including who will be involved.
3. Identify the resources needed to implement the plan and agree on the procedures for documenting the use of the crisis plan.

Information taken from the NC Department of Public Instruction (DPI): <http://ec.ncpublicschools.gov/instructional-resources/behavior-support/resources/behavior-intervention-plan>

Resources

IEP Books:

- **Autism: Asserting Your Child's Right to a Special Education** – *David A. Sherman*
- **The Complete IEP Guide: How to Advocate for Your Special Ed Child** – *Lawrence M. Siegel*
- **The Complete Guide to Special Education: Expert Advice on Evaluations, IEPs, and Helping Kids Succeed** – *Linda Wilmshurst and Alan W. Brue*
- **Wrightslaw: All About IEPs** – *Barbara Cooper MPS, Nancy Widdows MS*
- **Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks** – *Ross W. Greene*

Six-fold quick references for teachers:

- **Autism: Strategies A-Z Elementary**
- **Autism Strategies for Middle Schools: A-Z**

Behavior Books:

- **The Incredible 5-Point Scale** – *Kari Dunn Buron and Mitzi Curtis*
- **A 5 Is Against the Law! Social Boundaries: Straight Up!** – *Kari Dunn Buron*
- **Functional Behavior Assessment for People with Autism** – *Beth A. Glasberg, Ph.D*
- **Stop That Seemingly Senseless Behavior!: FBA-based Interventions** – *Beth A. Glasberg, Ph.D*
- **The Ziggurat Model: A Framework for Designing Comprehensive Interventions** – *Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.*

Three Underlying Characteristics Checklists are used with the book:

- **Ziggurat Model: Underlying Characteristics Checklist** – *High Functioning (UCC-HF and UCC-CL)*
- **BZIGo4 Underlying Characteristics Checklist** – *Early Intervention (UCC-EI)*
- **BZIGo5 Underlying Characteristics Checklists** – *Classic Autism (UCC-CL)*
- **Comprehensive Autism Planning System (CAPS)** – *Shawn Henry and Brenda Smith Myles*

About Autism

Autism Spectrum Disorder (ASD) refers to a group of developmental disabilities – including classic autism, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and Asperger’s Syndrome – that affect a person’s ability to understand what they see, hear, and otherwise sense. It is a brain disorder that affects communication, social interaction, and behavior.

Individuals with ASD typically have difficulty understanding verbal and nonverbal communication and learning appropriate ways of relating to other people, objects, and events. No two people with ASD are the same. As its name implies, ASD is a spectrum disorder that affects individuals differently and with varying degrees of severity. Additionally, ASD is often found in combination with other disabilities.

It is estimated that up to 1 out of every 59 children has some form of ASD. Evidence suggests that the prevalence rate in North Carolina is even higher than the national average, at 1 in 57. More than 65,000 individuals live with ASD in North Carolina.

The overall incidence of ASD is consistent around the globe, but it is five times more prevalent in boys than in girls. ASD knows no racial, ethnic, or social boundaries, and family income, lifestyle, and educational levels do not affect the chance of occurrence. While ASD is typically diagnosed in children, it is a lifelong disorder that affects individuals of all ages.

What Causes ASD?

Although it was first identified in 1943, to this day no one knows exactly what causes ASD. However, research to discover its cause is ongoing. Many researchers believe that there is a strong genetic component. Some research suggests a physical problem that affects the parts of the brain that process language and information; other research points to an imbalance of brain chemicals. A variety of possible external or environmental triggers are also being studied. It is possible that ASD is caused by a combination of several factors.

Signs and Symptoms

People with ASD may have problems with social, behavioral, and communication skills. They might repeat behaviors and might not understand change in their daily activities. Many people with ASD also have different ways of learning, paying attention, or reacting to things.

A person with ASD might:

- have severe language deficits or differences
- talk about or show interest in a restricted range of topics
- not point at objects to show interest, such as an airplane flying over
- not look at objects when another person points at them
- have trouble relating to others or not have an interest in other people at all
- avoid eye contact and want to be alone
- have trouble understanding other people’s feelings or talking about their own feelings
- prefer not to be held or cuddled or might cuddle only when they want to
- appear to be unaware when other people talk to them but respond to other sounds
- repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- have trouble expressing their needs using typical words or motions
- laugh, cry, or show distress for no apparent reason
- repeat actions over and over again
- have trouble adapting when a routine changes
- have unusual reactions to the way things smell, taste, look, feel, or sound
- be oversensitive or under-sensitive to pain
- lose skills they once had (for instance, stop saying words they were once using)

APPENDIX: FBA Form

FUNCTIONAL BEHAVIOR ASSESSMENT for INDIVIDUALS WITH AUTISM
Chapel Hill TEACCH Center
John Thomas and Gladys Williams

Name _____ Age _____ Sex M F

Date of Review _____ Reviewer _____

Primary Service Providers _____

BEHAVIOR ASSESSMENT

Before completing this assessment, collect observational data on the behavior and its context. (See TEACCH Functional Assessment Data form). Refer to the data and observations as you complete this behavior assessment.

SECTION 1 – IDENTIFY THE TARGET BEHAVIOR

1. Identify the behavior of concern by:
- a) defining what the individual does
 - b) how frequently it occurs per hour, day, week, etc.
 - c) duration (how long it lasts)
 - d) intensity (how damaging or destructive): mild, moderate, severe

Behavior	Frequency	Duration	Intensity

SECTION 2 – OBTAIN AND PRESENT DATA

A. Provide data that describes the frequency, intensity, or duration of the behavior(s). Assure that data provides information on the context prior to the behaviors occurrence.

B. LOOK FOR PATTERNS:

Based on observational data, identify activities during which the behavior **DOES and DOES NOT** occur, contributing environmental factors, and the times of day when the behavior does occur (e.g., 5-6 am, 10:15-10:30 and 2-2:30). Write N/A for activities that are not part of this person’s schedule or the observation. **Include information from home and community contexts, as well as from the classroom.**

	Does Not Occur	Does Occur	Environmental factors: -Presence of peers -Staff present -Stimuli in setting (specify)	Times of day it occurs
Leisure/Playtime/Break time				
Snack				
Group/Social activity				
P.E./ Exercise				
Meal				
Bathroom				
Independent work (note type) _____ _____				
Work with teacher/staff (note type) _____ _____				
Change in routine (specify)				
Transition betwn. activities (specify) _____ _____				
Other (specify) _____ _____				

SECTION 3 – THE CLASSROOM CONTEXT

INSTRUCTIONAL METHODS

In this section, all questions are about the time period immediately preceding the behavior of concern.

1. How is the physical environment structured to assure that the student focuses on relevant details of tasks? Identify areas where the physical space assists focus, attention, and performance.

2. What type of schedule does the individual use? Does it fit his/her thinking and development?

Does the student use it completely independently? If not, consider using a simpler and more individualized schedule.

Is it used at all times? Is the schedule used consistently at times leading up to the behaviors in question? _____

3. What type of work system or to do list is used to show what tasks or activities to do during this time period?

Identify how he/she knows the answers to these questions, during this time period:

- a) How much do I do? _____
- b) What do I do? _____
- c) When is it finished? _____
- d) What do I do next? _____

Does the student use it completely independently? If not, consider using a simpler system.

Is it used at all times? Is the work system used at all times leading up to the behaviors in question? _____

4. List all activities taking place in this period that may be too difficult or too long. Identify activities that may be boring to the student or are disliked.

5. What are the student's **strengths and interests**? Identify the "enthusiasms" that engage the student's attention. Describe:

6. Do organizational difficulties interfere with the student's performance during this time period? Look at the visual structure of tasks during the period leading up to the behaviors in question. Are the **visual instructions** developmentally appropriate, used independently and at all times? Describe:

Are materials and tasks **visually organized** to assure that the student can see the steps of the task? Are materials limited, contained, sequenced, and stabilized so that the student can perform the task with less frustration. _____

Are there **visual clarity** cues that highlight and define the relevant details of the task?_____

-
7. Does the student have the opportunity to make **choices** during this time period? Does he or she have the skills to make choices? Discuss:

-
8. Does the behavior relate to difficulties with transitions? Y/N
If yes, what aspect of the transition is difficult (e.g., not understanding what is next, difficulty shifting activities or places, not liking what is next or wanting to do something else, etc.)?

SECTION 2 – THE COMMUNICATION CONTEXT

As needed, use information from the family on these questions.

C. COMMUNICATION SKILLS

1. **Receptive communication:** Identify the individual's receptive communication skills. Does he consistently understand multiple directions, single sentences, words, gestures, pictures, or objects?

Does he do better with extended processing time?

-
2. **Clarity of instructions:** How are instructions given in the classroom? Consider verbal methods, length of instruction, number of steps. How often do verbal instructions precede the behaviors in question. Do you need to consider using the schedule, work system and visual structure (Section B) to reduce confusion resulting from verbal demands? Describe:

3. Behavior expectations: Are there concrete and developmentally appropriate guidelines for desirable behavior in this context? How is the individual informed of these expectations? Describe:

4. Expressive communication

First, identify the individual’s expressive communication skills. Second, circle the communicative functions that the targeted behaviors seem to serve.

	Note ways individual expresses each function.
Requests attention	
Requests help	
Requests preferred food/object/activity	
Requests break or removal	
Protests or rejects a situation or activity	
Indicates pain	
Indicates confusion, fear, unhappiness, anxiety	
Other functions:	

SECTION 2 – THE PHYSIOLOGICAL AND EMOTIONAL CONTEXT

As needed, use information from the family on these questions.

D. PHYSIOLOGICAL STATE/EMOTIONAL CONDITION

1. What **medical or physical** conditions does the individual experience that may affect the behavior?

2. What **medications** is the individual taking and how do you believe these may affect the behavior?

3. Describe the **sleep patterns** of the individual and the extent to which these patterns may affect the behavior:

4. Describe the eating **routines and diet** of the person and the extent to which these may affect the behavior:

5. Consistent **physical exercise** (aerobic, 3-4 times per week, at least 30 minutes) has been associated with a variety of positive behavioral effects in individuals with autism. What kind of exercise does the individual get?

6. Are there **changes** in the home or family that may be affecting the student? Are there other issues that may create **anxiety**?

7. Do any of these forms of stimulation seem to be related to the behavior of concern? Describe:

Social (number of people, specific people, effect of interaction):

Verbal (effect of verbal instruction, verbal noise in room):

Activities (do activities in other settings distract or lure attention):

Noise (speakers, equipment, phone, noises in other areas):

Visual (objects, lights, shadows, windows, machinery):

Smells (perfume, cleaning supplies, gasoline, etc.):

Internal (is he/she attending to internal thought or repeating words and actions):

SECTION 3 – THE CONTEXT OF RESULTS and CONSEQUENCES

Use information from the family on these questions.

1. Do there seem to be **intrinsic** (e.g., drawing on the wall is fun) or **internal** (e.g., stimulation) reinforcers for this behavior? Review the data. If so, describe:

2. Does it seem that the behavior often leads to escape from or avoidance of some undesired circumstance? Has the behavior been successful in the past in effecting escape? Review the data. If so, describe:

3. How do staff/parents/caretakers/peers **respond** after the behavior occurs?

4. **What else happens** after the behavior occurs?

SECTION 4 – Define the TARGET BEHAVIOR, THE FUNCTION, and THE HYPOTHESIS for its occurrence

A. State the behavior in measurable terms (from page 1).

B. From Section 2 (pages 2 – 6), **summarize antecedent/setting** events and circumstances that seem to be influencing the behavior (activities, communication of expectations, sensory issues, language and other skill deficits, other factors):

B. From Section 3 (page 6), **summarize consequent** events that seem to influence the behaviors:

D. **Summarize the function or functions** that this behavior seems to serve.

Be sure to refer to the section on expressive communicative functions within the behavior assessment (page 4).

C. State your hypothesis for this behavior, including 1) the conditions for its occurrence, 2) the function of the behavior, and 3) the consequences that may be sustaining its occurrence.

BEHAVIOR INTERVENTION PLAN

SECTION 1 - DEFINE THE REPLACEMENT BEHAVIOR that you will teach

E. Identify the replacement behaviors: **ADD TO IEP**

1. Considering the function(s) you have listed, what **replacement behaviors** does the person already know how to do? That is, what more socially appropriate behaviors or skills can the person already perform that may generate the desired outcome? If none, identify **emerging skills** (i.e., partially mastered skills, or skills being learned) that could serve as functional alternatives to the present behaviors. Are there **other skills** this individual could learn that would serve as functional alternatives? Identify:

2. Are there **other times and/or places** where this behavior and its function could occur appropriately? If so, how can this be structured and communicated to the individual?

SECTION 2: DEVELOP INTERVENTION STRATEGIES

A. MODIFY ANTECEDENTS, PROVIDE INSTRUCTION, PRACTICE, REINFORCE

Note: Review each section for relevance. Some may not apply and can be left blank.

1. **Precursors and Redirection (from Patterns):** Can you identify immediate precursors of the behaviors and redirect the individual to a different behavior before the problem behaviors occur? How will you do this?

A – Identify precursors: _____

B – How will you redirect and provide teaching support for the different behaviors: _____

2. **Teaching Functional Replacement Behavior:** How often will the student **practice** the functional replacement and in what settings? What methods will you use to teach the functional replacement behavior? Begin practicing in less stimulating environments.

3. **Physical Structure:** How will you refine the physical structure to increase understanding and/or support the alternative behavior?

Reduce Sensory Stimulation: How will you prevent sensory overload or distractions?

Calm Space: Does the student need a place to go that will become associated with calming down? Define where it should be. _____

4. **Schedule:** How will you refine the schedule to help clarify what is expected? Should you add reinforcing activities to the schedule? Does the student need to know when he will get to do something he likes? How will you help the student know what to do during transitions?

5. **Work System:** How will you refine the work system to help clarify what is expected?

Reinforcement: What motivators can be available to focus the individual's attention on the alternative behaviors? How will these be presented so that the student knows how to obtain the motivator?

6. **Curriculum Adjustments:** How will you make the curriculum more interesting, meaningful, and/or diverse? What activities, objects, topics of discussion, etc. preoccupy or hold the student's interests? What does the student like best within the curriculum? Adjust the curriculum to use the student's interests.

During the times and settings that pose difficulty, what other interests and strengths can you use to improve the likelihood that the event will go well?

7. **Visual Structure:** How will you refine the visual structure of the activities to clarify what is expected?

8. **Choice-making:** If relevant, how will you provide opportunities for the individual to make choices? Is teaching needed to support choice-making skills?

9. **Receptive Communication Strategies:** How will you refine your communication strategies to clarify what is expected?

10. **Expressive Communication:** If relevant, how will you teach the individual to communicate to others what he or she wants, that help is needed, that something is wrong, etc.?

11. **Positive Rules:** If positively worded behavioral rules will be helpful for this student, how will you present and use them?

12. **Relaxation Strategies:**

Identify Visual Cue for Relaxation

Strategy to Identify Own Physical Signals (thermometer, gauge, list, etc.)

How often will student practice?

13. **Other antecedent modifications:** Are there other modifications that should be made, such as sleeping schedule, exercise, medical intervention?

B. MODIFY CONSEQUENCES (Create Predictable Boundaries)

What will you do if the behavior happens despite these changes?

- Can you redirect the behavior?
- How will you prevent damage?
- How will you remove the individual or the materials that are related to the behavior?
- How will you reduce stimulation so that the individual can calm down?



Autism Society of NORTH CAROLINA

The Autism Society of North Carolina improves the lives of individuals with autism, supports their families, and educates communities.

We respect and value the uniqueness of all individuals with autism; when provided the opportunity, each person can make a unique contribution to their family, community, and society. For almost 50 years, we have improved the lives of individuals with autism, supported their families, and educated communities across North Carolina.

Autism Society of North Carolina
505 Oberlin Road, Suite 230
Raleigh, NC 27605

800-442-2762 (NC only)
919-743-0204

info@autismsociety-nc.org
www.autismsociety-nc.org

Connect with us on social media:

[facebook.com/AutismSocietyofNorthCarolina](https://www.facebook.com/AutismSocietyofNorthCarolina)
twitter.com/AutismSocietyNC

We improve lives: Our services and programs are tailored to the unique needs of individuals with autism. We enable them to have healthy, safe, and fulfilling lives in their own communities. Our expertise helps individuals – many of whom have significant lifelong needs – be as independent as possible and achieve their goals and dreams.

We support families: Autism Resource Specialists are often the first people parents talk to after their child is diagnosed. We help families connect with resources, keep their children safe, find services, and resolve school issues. We also provide guidance on lifelong issues including employment, residential options, and planning for children's needs beyond parents' lives.

We educate communities: Our training for professionals such as doctors and teachers has increased the quality of care for individuals with autism. We advocate for the needs of the autism community with state policy-makers. Our education efforts have increased public awareness of autism and helped NC have a lower average age of diagnosis than the U.S.