

Strategies for accommodating autism

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Strategies for Accommodating Autism Spectrum Disorder Students in General Physical Education This paper explores how to accommodate children with Autism Spectrum Disorder (ASD) in general physical education (GPE). For a long time now, children with ASD have been separated from regular classes.

I believe every student with a disability has the right to participate with regular students, especially in physical education. Physical educators are using different strategies to accommodate students with ASD in their regular classes. Accommodating ASD students in GPE increases physical activity.

This has shown to reduce stereotype behavior, increase appropriate responses and the potential for social interaction (Todd & Reid, 2006).

Strategies for accommodating ASD students in GPE have caught my attention as a future physical education teacher because in my old high school, ASD students were not included in GPE.

ASD students were mostly kept separated and away from the non-disabled students. The only time ASD students were around other students, was during their lunch period. As future physical educator, if there are any students with ASD or other disorders in my school, I will want them in my GPE class.

From taking the courses Nature & Needs and Adapted Physical education at Manhattan College, I've learned to include and accommodate all students with disabilities in the least restricted environment. Including students with disabilities will create the opportunity for other students without disabilities

to learn about different disabilities, to be fearless and to interact and becoming friends (Block & Brady, 1999).

In this paper, I will discuss the definitions of autism, its causes and characteristics. Then, I will discuss the benefits of GPE v model. I will also talk about accommodating ASD students in GPE.

Following will be on accommodating an assessment for ASD students using the Test of Gross Motor Development-2 (TGMC)-2) Autism Spectrum Disorder and its Causes and Characteristics According to Janzen (2003, p. 4), “ Autism is a neurobiological disorder of development that causes discrepancies or differences in the way information is processed”. Autism is a wide spectrum of disorders that will range from mild to severe and vary depending on the individual’s level of intellectual ability, other conditions and experiences.

It usually challenges verbal and on-verbal communication, social interactions and leisure.

The learning and thinking differences common in autism cause confusion, frustration, and anxiety that is repetitive behaviors, and occasionally, in extreme situations by aggression and/or self-injury’ Oanzen, 2003 p. 4). Autism is condition or syndrome that may have different causes Oanzen, 2003). If the central nervous system develops abnormally, it can cause autism during fetal development, during birth, or after birth. Genetic factors, metabolic imbalances, exposure to environment chemical, traumatic brain injury from a fall or car accident, could also be causes that lead to autism.

Scientists still continue to research the causes of autism. They have presented a few hypotheses on the various parts of the brain and how they function compared to a normal child (PE Central, 2000). These hypotheses include: 1. Brain cells may migrate to the wrong place in the brain that could affect communication.) communication skills. (Parietal area of brain controls 2.

Scientists have found impairments of the amygdala in autistic children. The area known as the amygdala helps regulate social and emotional behavior. 3. Research has found that individuals with autism may have high levels of the neurotransmitter serotonin.

Since neurotransmitters are responsible for the passage of nerve impulses to the brain, these chemical differences could distort sensations in individuals with autism.

Diagnosing autism usually occurs between the ages of three and five. In order to be diagnosed with autism, a child must have six or more of the characteristics, with two from category 1 and at least one from both category 2 and 3. Table 1 shows the Diagnostic Criteria for Individuals with Autism (American Psychiatric Association, 1994). | Diagnostic and Statistical Manual of Mental Disorder -for Individuals with Autism I II.

Qualitative impairment in social interaction, as manifested by at least two of the following: I I(a) marked impairment in the use of multiple nonverbal behaviors, such as eye-to- eye gestures to regulate social interaction I I gaze, facial expression, body postures, and I I(b) failure to develop peer relationships appropriate to developmental level I I(c) a lack of spontaneous
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seeking to share enjoyment, interests, or achievements with other people
(e. g.

, by a lack of showing, bringing, or pointing out objects of interest) of social
or emotional reciprocity