**Introduction and Overview**

 Sophie Gibson is a junior majoring in Agricultural Education; she contributed to this project by replying to each case study discussion and assisting in the writing of the paper. Whitnee Raines is a junior majoring in Elementary Education. She contributed to this project by posting and replying on each case study section on D2L, assisted in writing the paper, and assisted in completing the poster presentation. Amy Acker contributed to the project by replying to some of the case study discussions. Chase Grewing is a junior studying Secondary Education: Social Studies and will help with presenting the Case Study.

Our child’s name is Michael and he has been diagnosed with PDD-NOS, or “Pervasive Developmental Disorder - Not Otherwise Specified” which falls under the disability category of Autism. Michael has been involved in Special Education for most of his educational career, first through an Early Intervention Program (EIP) then through an Individualized Education Program (IEP). At key moments in Michael’s life we were faced with major decisions regarding his education and well being. We as a family discussed these questions and responded to them on D2L, which is where you can find each of our responses.

**Child Description**

 Michael is a fun young man who loves spending time with his brother and his best friends, Becky and Joe. He has always been pretty quiet, but he has formed close relationships with a select group of people. He was an average student, and works best in quiet places. He completed High School and attended a community college to improve and build upon his graphic design knowledge. He now runs his own design company from home. In 8th grade, Michael was involved with creating the yearbook, which is where his passion for design began. Geometry, colors, and shapes were strengths for Michael in school. These strengths influenced his future career and his hobbies such as designing quilts which both he and Sophie share.

**Strength & Weakness**

 As previously mentioned, one major talent of Michael’s is his skills with design. This skill began manifesting itself in 8th grade when Michael participated in designing the cover for the school yearbook. After this, we began noticing his skill in geometry and using color and shape in very interesting and beautiful ways. As these abilities came to light, possible career opportunities also began to appear. Just like any other child Michael had a particular set of skills and passions that would lead him to his future career in graphic design. As an adult, he started a design consulting business from our home where he creates logos, quilts, and other visuals. He is financially independent because of this business, even though he still lives at home. This strength has taken him a long way in his ability to live a normal life.

While Michael excels at design, his social skills are somewhat underdeveloped. He has a few close friends that he has had since middle school, but his social circle has not expanded much since then. Individuals on the Autism Spectrum often have impaired or underdeveloped interaction skills (Effects, 2015). Because of their diagnosis they may lack empathy, have little interest in others around them, avoid eye-contact, and have social alienation during their school-years (Effects, 2015). If not taught and familiarized with social contact, these problems can follow individuals with Autism into adulthood. Many of these symptoms are true for Michael. Even as a baby, he did not fuss to be held or to have others communicate with him. He was quiet and could entertain himself alone for long periods of time. He babbled at an appropriate time, but his oral language development then leveled off with no more progress being made. All of these symptoms helped us as a family to get Michael diagnosed and to get him the supports he needed to live a successful and happy life.

**Special Education Process**

As a family, we started noticing indicators of PDD-NOS early on. His oral communication lagged behind what we had experienced with his brother. He also had unusual play habits and would be very upset if his toys were rearranged or disturbed. We found out much later that these were all symptoms of PDD-NOS (PDD-NOS, 2015), but were unable to convince a pediatrician that there was something atypical with Michael until he was one and a half years old. Finally, we found a clinic that offered an interdisciplinary evaluation. The typical multi-disciplinary team for diagnostics are a pediatrician, psychologist, speech and language pathologist, and an occupational therapist (How, 2015); they provided the diagnosis of PDD-NOS.

 As soon as Michael received this diagnosis he was placed into an Early Intervention Program to help both he and the family progress through this diagnosis. He remained on this IFSP until he entered a local preschool. At the preschool he was fully integrated into the classroom, which was just what we as a family wanted for him, and he had an extended day for therapeutic services. The teachers at this preschool utilized Applied Behavior Analysis and Social Stories to help Michael succeed in the classroom and develop fulfilling social relationships. At this point in time, Michael began developing a friendship with a typically developing peer which made each of us very happy and revealed that the social stories were likely helping with his understanding of others. Because of his aversion to transitions, we worried somewhat about how he would handle moving up to Kindergarten. We discussed different options that might be available to us as a family and to Michael in the coming years. We debated putting Michael on an IEP, as an IEP can affect some career choices later on in life. However as a family we agreed that, for elementary school at least, an IEP would be the best support for Michael so he could continue receiving therapeutic services and help with social skills due to the diagnosis that we received from the Early Intervention Program. We decided to revisit the issue as he got older to see how he developed academically. We were all in agreement that Michael should continue to be fully integrated into a general education classroom.

By the time Michael was 9 years old, he was a grade level behind his typically developing peers. For both second and third grade, Michael participated in a looping classroom where he was with the same teacher and same students each year. Since he had such a hard time with transitions, we felt this was a good program to participate in. It allowed the teacher to become familiar with him as a person and a learner as well as with his diagnosis (Rasmussen, 1998). We worried that the transition to fourth grade might be made harder by the fact he was so familiar and comfortable with his current classroom, but the benefits outweighed the consequences for our family.

When Michael started Kindergarten he received an in-class support person to assist him. He loved this support person, but we became concerned that he was relying so heavily on the support person to complete certain tasks. Since birth, Michael had an aversion to certain textures, which is common with individuals on the Autism spectrum, but it appeared to be becoming more of an issue. Activities such as gluing, cutting, and painting were suddenly being completed by the support person instead of Michael himself, even though he would willingly participate at home. While tactile defensiveness is common with Autism, we believed he may have been manipulating the relationship with the support person to avoid work.

The next year, we moved to a much smaller town. The school provided an opportunity for Michael to interact with the same group of students until 8th grade. However, moving to the high school was a major transition since the school was a cooperative high school between three local towns. The school had also just moved to block scheduling which was a challenge for everyone, not just Michael, to adjust to. The teachers and school worked diligently to make modifications and support Michael through school. Once a week they met to discuss scheduling and areas of need. When Michael was 15 they also began to create a transition plan for Michael once he left high school. This involved trying to find out what path Michael might take after high school. Since Michael had some close friends at the high school, we asked them what he was most passionate or interested in from their point of view. They both agreed that a quiet job utilizing Michael's skills with geometry, design, and color would be the best option for him. Working with small groups and his teachers, Michael was able to make much academic progress throughout high school and graduated on time.

Michael is now 35 years old. He has utilized his passion and skills in design to create a successful design business in our home. He attended a community college after high school to learn about the computer graphics programs that would support his intuitive design knowledge. Michael does still live at home, which is a concern for our family as we begin to get older. Some of us are in poor health and are concerned about what a death in the family might do to Michael. We have been looking into some different housing options that would be available to us, such as supported or supervised living, which we feel would be the best options for Michael. They offer some support, but also allow residents to have a sense of independence as well. Financing these options might become an issue in the future. Michael, himself, is financially independent because of the success of his design company, but even that may not cover the expenses associated with supported or supervised living. There are some governmental supports that we have looked into as well as contacting some agencies that assist with this type of situation.

Overall, Michael has led a fairly normal life. He attended school and graduated on time. He attended college and now works in a successful business doing what he loves. We as a family could not be more proud of Michael and his life. We have been blessed to walk with him through this diagnosis and to learn that he is much more than PDD-NOS.

**Teaching/Learning Strategy**

One teaching strategy that was used with Michael was Social Stories. He was introduced to this strategy in preschool and it appeared to help him form more friendships with typically developing peers. Social stories are a tool often used with students on the autism spectrum to help them understand a skill, situation, social clues, and perspectives regarding a particular topic (Cosgrave, 2015). Children with autism are thought to be less able to understand the perspectives, desires, and beliefs of others which leads to difficult, confusing, and unpredictable interactions (Cosgrave, 2015). These illustrated stories help teachers to instruct students with autism on the rules, routines, and behaviors that will be critical to their success in social and classroom settings (Social Stories, 2015).

These stories are often used with younger students to help build up their understanding before they are socially ostracized (Social Stories, 2015). They can be used when students lack social skills, do not grasp or need reinforcement on social norms and routines, are disorganized, or for many other reasons (Social Stories, 2015). Social stories are not just limited to use with students with disabilities; they can be used with any student who is struggling in one or more of these areas (Social Stories, 2015). Social stories can be purchased or written by the teacher themselves (Cosgrave, 2015). The benefits of social stories are that students are introduced, or reintroduced, to social concepts and norms, are able see a visual representation of the appropriate behavior, and are provided a way to engage with the information (Social Stories, 2015). The only major con is research has not yet collected enough data to definitively prove the effectiveness of social stories (Cosgrave, 2015). Educate Autism and PBIS World both have excellent descriptions and resources for the writing, implementing, and effectiveness of Social Stories.

**Looking Back**

Looking back over Michael’s education, there is not much that we regret or would change. He has excelled in many ways and leads a fulfilling life. However, if we could go back and change anything in Michael’s life it would be the lateness of his diagnosis. From birth Michael exhibited the symptoms of PDD-NOS. While we were concerned, we listened to the advice of pediatricians and professionals who told us to wait it out. Knowing now how important the earliest intervention possible can be, we wish we would have pushed the pediatrician harder or taken Michael to get a second opinion. Even though he was diagnosed around 2 years, which seems early on, we missed out on the opportunity of his entire first year of life.

**CONCLUSION**

Michael has been a blessing in our lives and in our family. We have learned so much from watching him grow and through walking beside him through this diagnosis. He lives a happy life, even if it is not how we had imagined it when he was first born. Overall, Michael is a hard-working, independant man who contributes greatly to our lives and to society. We would never go back and try to change Michel or rid him of PDD-NOS because it is just a part of him, but not the only part. We are grateful that we have had the opportunity to learn and grow as people from what Michael has taught us.

**RESOURCES**

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