

Organization of Special Needs Families (OSF)

Volunteer Training Handbook

(408) 996-0850 www.osfamilies.org osf.office@gmail.com

Date: Every 2nd Saturday

Time: 11:00am - 12:45pm

Place: 21685 Granada Ave., Cupertino, CA 95014

Facilitator: Lihuei Yau

I. Welcome & Introduction

II. What is "special needs":

Individual with special needs are defined as **regular** children who have a temporary or chronic condition, or disability due to illness, accident or neurological defect. These individuals may be physically, emotionally, mentally and/or learning disabled.

Autism Disorder. (p.2-4) Other Disabilities. (p.5)

III. Special need legislature - Education Department & Regional Center. (p.6-7)

IV. Why and how to help individual with special needs?

See and recognize people's value and worthy

Fundamental constitutional rights, including the rights to liberty, privacy, and freedom

Children privacy and protection right reserved

Applied Behavior Analysis using ABC model. (p.8-9)

Functional Analysis. (p.10)

Task Analysis. (p.11-12)

Prompts. (p.13)

V. OSF and programs

Community Service guideline (p. 14)

Community Service procedure: 1. complete and sign registration form 2. start volunteering 3. attend the next available training

Program brochure : weekdays and Saturdays

Quarter schedule

Volunteer Registration Form

VI. Volunteer trainings/support

Series information training, Training






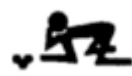












On-site individual encouragement and support

Periodical consultation and support

Volunteer under age of 18 are taken into account in determining the teacher-child ratio allowed by the licensing agency. If the presence cause the ratio to be exceeded, you'll be asked to return at a different time.

Autism

Individuals with autism usually exhibit at least half of the traits listed below. These symptoms can range from mild to severe and vary in intensity from symptom to symptom. In addition, the behavior usually occurs across many different situations and is consistently inappropriate for their age

Difficulty in mixing with other children		Insistence on sameness; resists changes in routine	
Inappropriate laughing and giggling		No real fear of dangers	
Little or no eye contact		Sustained odd play	
Apparent insensitivity to pain		Echolalia (repeating words or phrases in place of normal language)	
Prefers to be alone; aloof manner		May not want cuddling or act cuddly	
Spins objects		Not responsive to verbal cues; acts as deaf	
Inappropriate attachment to objects		Difficulty in expressing needs; uses gestures or pointing instead of words	
Noticeable physical overactivity or extreme underactivity		Tantrums - displays extreme distress for no apparent reason	
Unresponsive to normal teaching methods		Uneven gross/fine motor skills. (May not want to kick ball but can stack blocks.)	

What is Autism?

Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism impacts the normal development of the brain in the areas of social interaction and communication skills. Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.

Autism is one of five disorders coming under the umbrella of Pervasive Developmental Disorders (PDD), a category of neurological disorders characterized by "severe and pervasive impairment in several areas of development," including social interaction and communications skills (DSM-IV-TR). The five disorders under PDD are Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder (CDD), Rett's Disorder, and PDD-Not Otherwise Specified (PDD-NOS). Each of these disorders has specific diagnostic criteria as outlined by the American Psychiatric Association (APA) in its *Diagnostic & Statistical Manual of Mental Disorders* (DSM-IV-TR).

Prevalence of Autism

Autism is the most common of the Pervasive Developmental Disorders, affecting an estimated 2 to 6 per 1,000 individuals (Centers for Disease Control and Prevention, 2001). This means that as many as 1.5 million Americans today are believed to have some form of autism.

And that number is on the rise. Based on statistics from the U.S. Department of Education and other governmental agencies, autism is growing at a rate of 10-17 percent per year. At these rates, the ASA estimates that the prevalence of autism could reach 4 million Americans in the next decade.

The overall incidence of autism is consistent around the globe, but is four times more prevalent in boys than girls. Autism knows no racial, ethnic, or social boundaries, and family income, lifestyle, and educational levels do not affect the chance of autism's occurrence.

Reference:

<http://www.autism-society.org/site/PageServer?pagename=whatisautism>

<http://http://www.nichy.org/publist.htm#A>

What Causes Autism?

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Brain scans show differences in the shape and structure of the brain in autistic versus non-autistic children. Researchers are investigating a number of theories, including the link between heredity, genetics and medical problems. In many families, there appears to be a pattern of autism or related disabilities, further supporting a genetic basis to the disorder. While no one gene has been identified as causing autism, researchers are searching for irregular segments of genetic code that autistic children may have inherited. It also appears that some children are born with a susceptibility to autism, but researchers have not yet identified a single "trigger" that causes autism to develop.

Other researchers are investigating the possibility that under certain conditions, a cluster of unstable genes may interfere with brain development resulting in autism. Still other researchers are investigating problems during pregnancy or delivery as well as environmental factors such as viral infections, metabolic imbalances, and exposure to environmental chemicals.

Autism tends to occur more frequently than expected among individuals who have certain medical conditions, including Fragile X syndrome, tuberous sclerosis, congenital rubella syndrome, and untreated phenylketonuria (PKU). Some harmful substances ingested during pregnancy also have been associated with an increased risk of autism. Early in 2002, The Agency for Toxic Substances and Disease Registry (ATSDR) prepared a literature review of hazardous chemical exposures and autism and found no compelling evidence for an association; however, there was very limited research and more needs to be done.

The question of a relationship between vaccines and autism continues to be debated. In a 2001 investigation by the Institute of Medicine, a committee concluded that the "evidence favors rejection of a causal relationship... between MMR vaccines and autistic spectrum disorders (ASD)." The committee acknowledged, however, that "they could not rule out" the possibility that the MMR vaccine could contribute to ASD in a small number of children. While other researchers agree the data does not support a link between the MMR and autism, more research is clearly needed.

Whatever the cause, it is clear that children with autism and PDD are born with the disorder or born with the potential to develop it. It is not caused by bad parenting. Autism is not a mental illness. Children with autism are not unruly kids who choose not to behave. Furthermore, no known psychological factors in the development of the child have been shown to cause autism.

Some Other disabilities:

Pervasive Development Disorder (Autism, Asperber's Syndrome, Hyperlexia, or Rett Syndrome, PDD/NOS)

Attention Deficit/Hyperactivity Disorder (AD/HD)

BiPolar

Cerebral Palsy

Deafness and Hearing Loss

Down Syndrome

Emotional Disturbance

Learning Disabilities

Mental Retardation

Obsessive Compulsive Disorder

Seizure & Epilepsy disorder

Speech and Language Impairments

Spina Bifida

Traumatic Brain Injury

Tourette Syndrome

Tuberous Sclerosis

Visual Impairments

Educational (age 3 - 22)

Autistic disorder is one of the disabilities specifically defined in the Individuals with Disabilities Education Act (IDEA), the federal legislation under which children and youth with disabilities receive special education and related services.

Early diagnosis and appropriate educational programs are very important to children with autism or PDD. Public Law 105-17, the Individuals with Disabilities Education Act (IDEA), formerly the Education of the Handicapped Act, includes autism as a disability category. From the age of three, children with autism and PDD are eligible for an educational program appropriate to their individual needs. Educational programs for students with autism or PDD focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning sometimes require the assistance of a knowledgeable professional in the autism field who develops and helps to implement a plan which can be carried out at home and school.

The classroom environment should be structured so that the program is consistent and predictable. Students with autism or PDD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavior skills. To overcome frequent problems in generalizing skills learned at school, it is very important to develop programs with parents, so that learning activities, experiences, and approaches can be carried over into the home and community.

With educational programs designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, children and adults with autism or PDD can live and work in the community.

The IDEA Amendments of 1997, this document is intended for individuals who are already familiar with the previous IDEA and who want to know the specifics of IDEA 97. This includes state and local education agency personnel such as administrators and special education directors; Parent Training and Information (PTI) center staff and advocates; school personnel such as principals, special educators, and general educators; and other people who have a base of knowledge about this important legislation.

Reference:

<http://www.cde.ca.gov/spbranch/sed/qap.htm>

http://www.sccoe.org/coedepartments/menuofservices/student_serv.html#special

Regional Center Services (birth - death)

The Lanterman Developmental Disabilities Services Act of 1969 defines the rights of persons with developmental disabilities and establishes how these services will be delivered. The California Department of Developmental Services has the responsibility to draft and implement regulations that carry out the Department's statutory responsibilities. These regulations are promulgated under Title 17 of the California Code of Regulations. In developing these regulations, the Department must follow the California Administrative Procedures Act rulemaking requirements regarding public review and comment.

Title 17 regulations are promulgated by the California Department of Developmental Services under the division of the Welfare and Institutions Code cited as the Lanterman Developmental Disabilities Services Act. These regulations govern how services are delivered within the California developmental services system. San Andreas Regional Center is a community-based California state-funded program designed to serve persons with a developmental disability, as required by the Lanterman Developmental Disabilities Services Act. The Center is a private, nonprofit corporation under contract for provision of services through the State Department of Developmental Services. San Andreas Regional Center serves the four-county area of Monterey, San Benito, Santa Clara and Santa Cruz.

Reference:

<http://www.sarc.org/internet/index1.htm>

<http://www.dds.ca.gov/>

What is ABA? Applied Behavior Analysis

"Applied," means practice. "Behavior analysis" is to understand what leads to (or doesn't lead to) new skills. ABA is just as much about *maintaining* and *using* skills as about learning. That is the essence of the recovery hypothesis--the excesses and deficits of autism, which can be overcome by intensive teaching.

Typically developing children learn without our intervention--that is, the 'typical' environment they are born into provides the right conditions to learn language, play, and social skills.

Children with autism learn much, much less from the environment. They are often capable of learning, but it takes a very structured environment, one where conditions are optimized for acquiring the same skills that typical children learn 'naturally.' ABA is all about the rules for setting up the environment to enable our kids to learn.

Behavior analysis dates back at least to Skinner, who performed animal experiments showing that food rewards (immediate positive consequences to a target behavior) lead to behavior changes. This is accepted by everyone who wants to train their dog to 'go' outside, but we are not so inclined to want to believe the same of ourselves. Part of the problem is that people do respond to a broad range of reinforcements (rewards), but it is really true that an edible treat is among the most reliable, especially at first.

ABA uses these principles to set up an environment in which our kids learn as much as they can as quickly as possible. The whole point of ABA is to teach the prerequisites to make it possible for a child to learn 'naturally.' If our kids could learn from a model in the first place they wouldn't have autism!

The most common and distinguishing result of intervention based on applied behavior analysis is **discrete trial teaching**. It is what people most often think of when you say "ABA" or "Lovaas method." This is partly because there are so many hundreds of hours of DT teaching, and partly because it looks so odd. But it is what it is because that's what works--every aspect has been refined (and is still being refined) to result in maximum learning efficiency.

stimulus - behavior - reward

Here is a child's interaction with a teacher or other adult who hasn't had appropriate training:

Teacher: Hi, Alex, are you excited about Christmas?
 A: [no response]
 Teacher: What are you going to do on Christmas?
 A: I don't know.
 Teacher: Are you going to get presents?
 A: Yes.
 Teacher: What else are you going to do?
 A: [no response]
 Teacher: Do you have a tree?
 A: Yes.
 Teacher: Who's going to bring presents on Christmas?
 A: I don't know.
 Teacher: Is it Santa Claus?
 A: Yes.
 Teacher: [smile] Thanks, Alex!

This is the child's half of the conversation:

"I don't know, Yes, Yes, I don't know, Yes."

Here's how a trained person might make this an opportunity for practicing conversation skills:

Teacher: Hi, Alex, are you excited about Christmas?
 A: [no response]
 Teacher: Are you excited about Christmas? Say, Yeah, I want to open my...
 A: Yeah, I want to open my presents!
 Teacher: [Smile] Me too! What presents did you ask for?
 A: I asked for presents.
 Teacher: What presents did you ask for? Say, For Christmas, I asked for...
 A: I asked for a bike. For Christmas.
 Teacher: Cool! [Small tickle] Are you excited about Christmas?
 A: Yeah, I want a bike.
 Teacher: [Bigger tickle] A bike! That's great! I've got my tree all decorated with ornaments. I put lots of ornaments on MY tree. [Point to A's tree.]
 A: I put heart ornaments on my tree.
 Teacher: Alex, that's so great! [Great big tickle]
 A: Ahhhhh! Cut it out!

Functional Behavior Analysis

A **functional behavior analysis** begins as an assessment, but includes the added step of systematically altering the antecedents to and consequences of the behavior to determine precisely which are the driving forces behind that behavior.

- **Antecedent** -- the stimulus or stimuli to which the child responds
- **Behavior** -- the behavior that we see exhibited by the child
- **Consequence** -- the stimulus or stimuli that the child receives (or that he is stopped being subjected to) as a result of his behavior

Behavior can serve any of a number of purposes for the individual. Below is a list of some of those motivations.

- **To gain attention** from someone in the environment.
- **To gain a tangible consequence:** a treat, a token, money, a favorite toy or video.
- **To gain a sensory consequence:** to get warmer if one is cold, or cooler if hot, to gain some tactile, taste, auditory, visual, proprioceptive, or vestibular consequence.
- **To self-regulate** one's emotions: to calm down if agitated, to raise one's arousal level if it is depressed.
- **To escape from or avoid an undesirable situation.** Typically these behaviors are in response to or anticipation of requests to work, play, or communicate, or a means to avoid environments which may have uncomfortable stimuli. Escape and avoidance are similar needs, but it is important that one recognize the difference between them as they may manifest themselves at different times. For example, if one were working with a child who becomes agitated every day during reading groups, the initial hypothesis may be that he finds reading groups undesirable and is attempting to escape from that situation. However, the child may, in fact, be attempting to *avoid* the task or event that comes *after* reading groups. If reading groups always come right before lunch, and the lunchroom is typically noisy and over-stimulating for the child, the child may well begin to exhibit some behavior as a protest to the thought of having to spend time in that environment.
- **To make a comment or declaration** about one's environment, perceptions, or emotions.
- **To fill a habitual need.** Typically, however, most behaviors that have been labeled habitual, are indeed attempts to fill the one of the above needs, or were at one time and are no longer very effective. That is not to say, of course, that a behavior can not be solely a ritual.

Task Analysis

Task: Tying shoes

Pinch the laces.

Pull the laces.

Hang the ends of the laces from the corresponding sides of the shoe.

Pick up the laces in the corresponding hands.

Lift the laces above the shoe.

Cross the right lace over the left one to form a tepee.

Bring the left lace toward the student.

Pull the left lace through the tepee.

Pull the laces away from one another.

Bend the left lace to form a loop.

Pinch the loop with the left hand.

Bring the right lace over the fingers and around the loop.

Push the right lace through the hole.

Pull the loops away from one another

Task Analysis

Task: Brushing Teeth

1. Pick up and hold the toothbrush
2. Wet the toothbrush
3. Remove the cap from the toothpaste
4. Apply the toothpaste to the brush
5. Replace the cap on the toothpaste
6. Brush the outside surfaces of the teeth
7. Brush the biting surfaces of the teeth
8. Brush the inside surfaces of the teeth
9. Fill the cup with water
10. Rinse the mouth
11. Wipe the mouth
12. Rinse the toothbrush
13. Rinse the sink
14. Put the equipment away
15. Discard the disposables

Prompting

Prompting is presenting a stimulus to assist the child in producing the targeted response after a given [discriminative stimulus](#).

Some children become quickly dependent on prompts, unfortunately, and wait for the adult to provide that prompt before they make any type of response. Consequently, prompting should be faded as soon as possible. That is, the prompting should be gradually diminished until the child is doing performing the behavior on his own.

Types of Prompts

There are five basic varieties of prompts:

Verbal prompting is the providing of a verbal instruction, cue, or model, or overemphasizing the correct word in an array of choices. A full verbal prompt might involve the adult saying the entire word or phrase that he is trying to illicit from the child, whereas a partial verbal prompt might be providing only the first sound or syllable to cue the child to proceed.

Modeling is the acting out of the target behavior by the adult or another child with the hope that the child will imitate.

Physical prompting involves actually touching the child. A full physical prompt might involve moving the child through the entirety of the behavior (for example, guiding his hand to select the right card from an array, and then guiding it further to hand the card to the adult). A partial physical prompt might be just touching a hand or shoulder to get the child started on the behavior.

Gestural prompting includes pointing to, looking at, moving, or touching an item or area to indicate a correct response.

Positional prompting involves arranging the materials of the trial so that the correct item is in a position advantageous to the child. For example, if a trial consists of picking a picture of a named object from a group of three pictures, one might initially arrange the trial so that the correct choice is directly in front of the child, while the two incorrect choices are on the other side of the table. As the child progresses, the other cards can be gradually moved closer until they are even with the correct choice.

Guideline

Check-In Procedure -

Come at 12:45pm for Saturday program; 9am for Summer Camp; any time for After School
Check-In and get your name tag
Help set up as teachers instruct
Get assignment for designate classroom and student
Greet your student and his/her parent; help your student check-in

During the program session -

Any question/emergency, inform Lihuei immediately (bring your student with you)
Prompt (help) your student to reach his/her fully potential
Decrease your prompt if your student doesn't need it any more

Check-out Procedure -

Stay until program ends at 4pm on Saturday
Wait until the parents pick up their student
If you are available, please help clean up computers, OT equipment, and classrooms
Have a great & relax weekend!

Some follow-up reminders/rules:

Limited your chatting with your friends
Avoid switching duty with your friends
Use your knowledge & heart for the best benefit of your student.
If you have any visitor, he/she needs to check in through Front Desk.
Limited your chatting with your visitor

Community Service Opportunity

The Organization of Special Needs Families (OSF), a non-profit organization devoted to help and support special needs families, has various quality enrichment programs. They provide great community service opportunities for you to assist children with special needs. You will be working as a teaching assistant -- to assist in supervising student activities and implementing the lesson plan which is in accordance with the mission and goal of OSF. You will be under the direct supervision of the OSF Program Director and Special Education Lead Teacher. Here is the detail information:

1) Integrated After-School Enrichment Program

Monday through Friday: 2 - 6:00pm at 21685 Granada Ave., Cupertino, 95014

2) Saturday Enrichment Programs

Saturdays 12:30 - 4:00pm at 21685 Granada Ave., Cupertino, 95014
(require to stay the whole session)

3) Integrated Summer Day Camp

**Last two weeks in July and first two weeks in August: Monday through Friday 9am to 3pm,
3rd Saturday in July 11am-12:45pm mandatory counselor training**

4) Summer Day Program (July to August)

Monday through Friday 9am to 6:00pm
Detail info via Weekly Communication email.

Qualification: All 15 and older of age, with a loving heart

1. Fill out Volunteer Registration form, you can down load from OSF website and have parent's signature
2. Start to volunteer and attend the next available mandatory training
3. Mandatory is scheduled for every 2nd Saturday, 11am at OSF Center
4. You will be invited to join OSF Volunteer Google group, please accept it to receive more weekly communication sent from OSF office.

Procedure:

- 1) Fill out the Volunteer Application form, form is available at www.osfamilies.org
- 2) Sign in and out each time you come.
- 3) Assist teacher to implement the lesson plan and supervise the activities
- 4) No confirmation or reservation is needed, and question and feedback is welcome via email.

❖ **Community service certificate upon your request, and for volunteers who have completed mandatory training only, please allow 20 working days for process.**

❖ **OSF is a partner of the Presidential Service Awards**

You, our valued volunteer, can be officially recognized for your hard work with a Presidential Service Award by contributing total 100 service hours within one calendar year.

2017 Schedule

Integrated Social Group, Enrichment Program, Summer Camp

Winter & Spring	Fall	Summer Camp																																																																																																				
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