

## **Introduction to Expert Report of Catherine White**

The objective of sharing this report is to promote collaboration and guide readers to work together to access meaningful, effective Applied Behavioural Analysis (ABA) supports. This report is based on the experience of one child in the Ontario school system, however the general information is intended to assist families, educators and administrators access evidence-based ABA supports meaningfully within their own school system. A range of placements, supports and services should be made available to students, with Autism Spectrum Disorders (ASD), throughout their school years. Given the significant research and evidence supporting the benefit of evidence-based ABA interventions for students with ASD, such approaches should be integrated into all programs/services received by these children and youth, including home, community and school.

ABA is identified as the best evidence-based educational approach to teaching skills/behaviours in individuals with ASD. The Ministry of Education, through their Policy/Program Memorandum (PPM) No. 140: Incorporating Methods of Applied Behaviour Analysis (ABA) into Programs for Students with Autism Spectrum Disorders (ASD), 2007, provides direction to school boards to support their use of ABA as an effective instructional approach in the education of students with ASD. ABA that is used within educational programs should be varied according to the strengths and needs of individual students and the types of behaviours and skills that need to be taught. ABA providers must have the necessary qualifications and experience in order to deliver effective programming. Failure to provide appropriate ABA supports can have negative and sometimes disastrous effects on students and their families. In addition, the lack of appropriate resources, training and programming can result in stressful and unsafe working environments for educators.

A collaborative, multidisciplinary, Student-centered team including educators, parents and community service/health providers should work together to develop, implement and evaluate educational and behavioural program plans. All stakeholders need to demonstrate the "will" to make change; positive, collaborative change that benefits students with ASD. This requires the breaking down of professional silos and approaching solutions creatively, flexibly, and realistically. It requires finding "common ground" as to how to best meet the needs of students with ASD. The Ministry of Education and Ministry of Children, Community and Social Services intends for all of us to "play in the sandbox" together.

*"All students have the right to an education that allows them to meet their full potential and contribute to society, and yet students with disabilities continue to face obstacles accessing education services in Ontario," said OHRC Chief Commissioner Renu Mandhane. "Our policy and recommendations call on key players in the sector to take proactive steps to remove barriers and put an end to discrimination in education, so that all students can gain the skills and knowledge they need to succeed."*

**Prepared By:**  
Catherine White  
B.A., B.Ed., M.Ed.

### Expert Report of Catherine White

**Prepared By:**

Catherine White

B.A., B.Ed., M.Ed.

1. My name is Catherine (Cathy) White. I live in the City of Mississauga in the Province of Ontario.
2. I have a Bachelor of Arts in Psychology and a Bachelor of Education from York University, a Masters of Education from Brock University, as well as a Special Education Specialist Designation from York University.
3. I have been engaged by or on behalf of the Lawyers for *Student* to provide my expertise regarding educational and special educational services, ASD supports and services available in school settings and collaborative service delivery models.
4. I acknowledge that it is my duty to provide evidence in relation to this matter that is fair, objective, non-partisan, and relates only to matters that are within my area of expertise.
5. I acknowledge that the duty referred to above prevails over any obligation, which I may owe to any party by whom or on whose behalf I am engaged.

#### **Summary of Qualifications for Expert Report**

6. I have attached my CV as **Tab 1** to this report. As mentioned, I have a Bachelor and Masters of Education. I also have a Special Education Specialist Designation, and Behaviour Part 1 and 2 Additional Qualifications courses. I have been a member of the Ontario College of Teachers for 37 years. My teaching experience includes special education, kindergarten and itinerant teaching. I have my Principal Part 1 and 2 Qualifications.
7. Between 2004-2007, I acted as the Peel District School Board's (Peel DSB) Coordinator of the Autism Spectrum Disorders (ASD) Programs. This required liaising with parents, staff, community agencies, school boards and the Ministry of Education with a focus on special education and service delivery for students with ASD. This role also included developing and facilitating professional development for teaching teams and administrators on many topics related to special education, autism and Applied Behaviour Analysis (ABA). From there, I worked as project lead for a Ministry of Education and The Ministry of Children and Youth Services initiative, "Supporting Models of Collaborative Service Delivery for

Students with Autism Spectrum Disorders (ASD). In this position, I led the development and implementation of the model and shared data driven outcomes with the Regional Leadership and Provincial Advisory Teams. Following this, I was a Coordinator for Transitions where I provided training and support for the deeper implementation of PPM 140. These positions were all under the Peel District School Board purview. In addition, I was responsible for the implementation of the “Connections for Students: Supporting Seamless Transitions for Students with ASD from the Autism Intervention Program to School Boards. Through this experience, I observed the positive impact collaboration of parents, service providers and school has on improving home-school relationships and educational outcomes for students. In addition, the implementation of evidence based ABA principles was shown to directly improve learning in students with ASD.

8. Additionally, I was a consultant for Special Education Support Services where I provided support for transitions of students with special needs, arranged transportation, participated in Identification, Placement and Review Committees (IPRCs), provided training in developing effective Individual Education Plans (IEPs), and assisted with the preparation and review of Special Equipment Amount (SEA) applications for specialized equipment for students with special needs including autism.
9. In recent years, since retiring from my Coordinator role, I have been contracted by a school board to carry out various special education “projects”. One of these projects was to assist the school board in preparing the required documentation/claims for a specific area of special education funding called Special Incidence Portion (SIP). This funding supports staff to ensure the health and/or safety of students who have extraordinarily high needs, including students with ASD who require access to two or more adults to ensure their safety and wellbeing and/or the safety of others.
10. I have been a member, Vice President and President of Autism Ontario (AO) Board of Directors. While on the board, I had opportunities to participate on committees where parents, community agency leads and officials from Ministry of Education, Ministry of Health and Long Term Care, Ministry of Children and Youth Services and Ministry of Community and Social Services met to discuss improved “seamless” service delivery for individuals with autism and their families. The new Ontario Autism Program (OAP), the introduction of ABA Family Navigators, and improved ABA funding options are all

examples of more “seamless” service delivery models and programs that result from parents, community agencies, and ministries working together.

11. I have been a member of several other community groups with a focus on ASD including, Peel ASD Working Group, Central West Networking Group, and Kerry’s Place Autism Services Advisory Committee. These groups have a mandate to improve “seamless” service delivery for children and youth with autism and their families e.g. improve autism awareness, quicker diagnosis, shorter waitlists, early intervention, transition support, collaboration between ABA providers, parents and educators, evaluation of ABA programs, etc.
12. I have also been active in the creation of ABA Facilitator positions in a school board. I have been directly engaged in the hiring of individuals that have ABA intervention training as well as adult learning experience. In addition, I have been a member of the Humber College Behavioural Science Advisory Committee where we developed a partnership between the school board and the college to provide an excellent training opportunity for school board staff to increase their knowledge and expertise in the area of ABA. Along with colleagues from HDSB, DPDSB, HCDSB, Kerry’s Place and Community Living, I was a member of the Sheridan College Advisory Committee where the mandate for this group was to improve the transition from secondary school to college for students with ASD.
13. Finally, I have been involved in the development of countless resources for educators (e.g. Section 23 EOK/PDSB Handbook, Linking ABLLs to K Program, Comprehensive Framework, ABA Fact Sheets, Geneva Centre Online ABA Training Modules, etc.). These resources were developed to increase educators’ knowledge and confidence in ASD and ABA methodology and to support them in ultimately providing a more appropriate and effective educational program for students with ASD.

### **Summary of Evidence Reviewed**

14. In preparing this report and coming to the conclusions herein, I have conducted two observations of *Student* and reviewed several documents.
15. The first observation took place at his/her daycare centre (*Daycare Center*) on *Date*.

16. The second observation took place at *School* on *Date*.
17. I have also reviewed many of *Student's* documents including his/her Neurodevelopmental Paediatric Clinic Assessment Report, Autism Services Screening Summary, Individualized Service Delivery Plans (ISP), Family Services Plans (FSP), ABLLS-R, his/her Individual Education Plans (IEPs) and his/her report cards. I also reviewed the Application, and Ministries' and Board's Responses.
18. The above, as well as my experience and knowledge in the educational field, forms the basis for my opinion.

### **The History of PPM 140**

19. In 2004 the School Support Program – Autism Spectrum Disorder (SSP: ASD) was established through a partnership between the Ministry of Children and Youth Services and the Ministry of Education, school boards, and designated autism service agencies. All school boards signed memorandum of understanding with SSP: ASD. Through this program, ASD consultants, with expertise in autism and ABA, worked with school staff to increase their knowledge and confidence so they could better meet the needs of students with ASD. Yearly evaluations carried out by a 3<sup>rd</sup> party organization provided the Ministries, school boards and agencies with important feedback as to the effectiveness of the program. In the Central West Region, the SSP: ASD Program had a positive effect in improving outcomes for educators and students. To compliment the services available through the autism services provider agencies, the Ministry of Education funded Geneva Centre for Autism to provide training opportunities, based on ABA principles, for teachers and teaching assistants who worked with students with ASD.
20. In 2007, the Ministers' Autism Spectrum Disorders Reference Group ("the Committee") was established to provide advice to the Minister of Education and the Minister of Children and Youth Services. The Committee completed an extensive review, discussion and evaluation of evidence-based practices found to be most effective in meeting the needs of students with ASD.

21. In Committee stakeholder consultations, parents/caregivers spoke of their qualified community based ABA providers not being allowed to support program development for their child in the school. These stakeholders similarly identified the need for greater knowledge and skills in ABA programming as well as more practical hands-on support in implementing ABA practices in programs for students with ASD. Parents/caregivers further identified the need to have qualified ABA providers in the community working alongside those in education in schools, in order to ensure optimal programming to effectively meet the various needs of children and youth with ASD. Without such collaboration, children are not receiving the proper level of support during a critical time in their development.
22. As part of these discussions, stakeholders also raised the need to have more knowledgeable and skilled ASD/ABA staff in schools. Those in the education sector echoed this. Many front-line staff (e.g. teachers and educational assistants) expressed frustration with the lack of resources and training available to them when a student with ASD is in their class and the challenges that arise as a result.
23. A number of recommendations were provided regarding province-wide implementation of practices, which would support students with ASD (Making a Difference for Students with ASD in Ontario: From Evidence to Action).
24. The Committee recommended that a range of placement options, which include the use of ABA-based practices that meet the unique, identified needs of students with ASD be available in each school board. A range of placement options should include but is not limited to:
  - Regular class with integrated supports, opportunities for withdrawal for direct instruction;
  - Specialized classes for students with ASD; and
  - Care and Treatment (Section 23) classes, which may include intensive ABA.
25. Many school boards offer a continuum of placement options. For example, Toronto DSB, Peel DSB and Halton DSB all have specialized ASD programs, and have Section 23 classes where intensive ABA programming is provided in partnership with community autism service provider agencies.

26. The Committee also recommended that evidence based educational programs and services be implemented. Acting upon this recommendation, the Ontario Ministry of Education issued Policy/Program Memorandum (PPM) No. 140: Incorporating Methods of Applied Behaviour Analysis (ABA) into Programs for Students with Autism Spectrum Disorders (ASD), 2007. PPM 140 was introduced to provide direction to school boards to support their use of evidence-based ABA as an effective instructional approach in the education of students with ASD (PPM-140, 2007). The recommendation was that evidence-based ABA programming is an effective instructional approach and should be provided in schools.
27. It was understood that evidence-based ABA was a teaching method, not therapy and therefore should be included as part of a student's educational programming if there was a need for it. It was also understood that ABA was a scientific-based approach, where interventions based on behavioural principles are designed to develop appropriate behaviours and progress is assessed and the program is altered if necessary (**Tab 2: Evidence-Based Practices for Children and Adolescents with Autism Spectrum Disorders** pg., 69).
28. ABA can be used with students of every age. It can be applied in a variety of situations, and it can be used for very limited and specific purposes, such as the development or reduction of single behaviours. ABA can also be used for broader purposes, such as the development or reduction of sets of behaviour (for example, to improve communication skills, to teach more effective social skills, or to enhance adaptive living skills) (Effective Education Practices for Students with Autism Spectrum Disorder, p. 52). ABA is not just reserved for individuals with autism. ABA has been found to help students with Learning Disabilities, Attention Deficit Hyperactivity Disorder ADHD and with typically developing children experiencing maladaptive behaviour (**Tab 3: Guide to Applied Behaviour Analysis in Special Ed: ABA helps students with learning disabilities and behaviour problems**).
29. Another popular approach to improve maladaptive behaviour, adopted by many Ontario school boards, is Ross Greene's Collaborative Problem Solving (CPS) model. CPS is designed to teach skills that are "lagging" in students. CPS may have a role to play in students who have mental health issues, learning disabilities and even some students with

autism. At a conference where Ross Greene was presenting his approach, in response to my question, he indicated that the lack of communication/linguistic skills in some students with autism is an obstacle to this approach being successful for those students. If the student with autism does not have the skills to communicate his/her concerns then this presents a significant barrier to this approach being successful on its own and may need to be paired with other methods or may be ineffective entirely (**Tab 4:** Autism- ABA, RDI – Relationship development intervention, CPS and SDT).

30. Many typically learning children adapt to various teaching styles and methodologies. Children with ASD, however, exhibit unique learning styles that match instructional methods found within the field of ABA. For children with ASD, learning does not take place when other instructional methods are employed (ABA in Schools – Essential or Optional, 2006; Evidence-Based Practice and Autism in the Schools: an educator's guide to providing appropriate interventions to students with autism spectrum disorder, 2nd Edition, National Autism Center, p. 34).
31. Ultimately, the recommendation was for students to have access to evidence-based ABA at the level of intensity they require it at school, in the community and at home. There was no suggestion that a distinction such as “therapeutic” ABA, “educational” ABA and “home-based” ABA existed (Effective Education Practices for Students with Autism Spectrum Disorder, 2007, p. 52). Evidence-based ABA was recommended for all settings; the intensity of the programming was to depend on the need of the student. PPM 140 was created in response to this recommendation.

### **Implementation of PPM 140 in Schools**

32. The Ministry of Education, through the implementation of PPM 140, wanted school staff to receive training on how to deliver effective educational practices for students with ASD. This included applying the principles of ABA, creating meaningful and relevant IEPs and reporting on student progress based on data collection of identified objectives. Trained individuals should be implementing evidence-based ABA. In many of schools there are a variety of professionals with extensive education and experience that work to support the curriculum and teach students – Psychologists, Speech and Language Pathologists, and Occupational Assistants. Each of these professions has strict requirements in terms of education and monitoring practice. The field of ABA is no

exception. Specific courses in ABA should be completed which encompass field placements and supervision. Supervision should occur on an on-going basis when implementing ABA to ensure appropriate program development, analysis of data to determine program revision, assessment and remediation of challenging behaviours and supervision and coaching of staff to maintain competency (ABA in Schools – Essential or Optional, 2006).

33. Surveys carried out by SSP: ASD, the Ministry of Education and Autism Ontario all measured the success of the implementation of PPM 140. Evaluations showed that improvement in the implementation of ABA was needed, additional training for all educators of students with ASD was required and better collaboration between home, school and service providers was necessary (Autism Ontario, PPM 140 Parent Survey 2008).
34. The Ministry of Children and Youth Services (MCYS) and the Ministry of Education worked together to clarify mandates for ABA programming provision in the community and in schools, and examined protocols that would allow effective collaboration between the two providers. Collaboration was suggested to develop integrated and individualized programs that promote skill development and positive behaviours in children and youth with ASD as well as to include joint opportunities for staff training and capacity-building on site in schools and/or in the community. The Ministries responded to the request for better collaborative service delivery by inviting several school boards to partner with their ABA/IBI providers and other community agencies in the initiative “Supporting Models of Collaborative Service Delivery for Students with Autism Spectrum Disorders (ASD)” (2007).
35. Peel DSB was one of the selected sites. The process included collaboration between parents, educators, and ABA service providers to ensure expertise and knowledge informed the development and success of the model. It was shown that this would increase parent confidence in the school, improve student outcomes and advance research and knowledge mobilization on effective practices for students with ASD. One of the other site’s model formed the basis for the “Connections For Students: Transitioning from AIP to School” program. Collaboration and the effective implementation of ABA positively affect learning outcomes for students with ASD.

36. A range of supports and services should be made available to individuals, with ASD, throughout their school years. These supports and services need to allow the provision of intensive levels of service, based on the assessed needs of each student. Given the significant research and evidence supporting the benefit of evidence-based ABA interventions for students with ASD, such approaches should be integrated into all programs/services received by these children and youth, including home, community and school. These supports and services should be responsive to the strengths and needs of the student. A collaborative, multidisciplinary, student-centred team including teachers, parents and service providers should work together to develop, implement and evaluate educational and behavioural program goals. Effective communication, problem solving and conflict resolution strategies are essential to a well-functioning team.
37. Other school boards opted to provide some intensive ABA programming directly to students in school settings. For example, Upper Grand District School Board allows up to 6 hour per week of ABA programming by their MCCSS funded ABA service providers (UGDSB Third Party Protocol & Vol.5 G.8: Autism Intervention Services Protocol P.03, Applicant's Documents Vol. 5, Tab G7). I have read that a school board in Sudbury is allowing OAP ABA service providers to carry out ABA programming in their schools (CBC Article, Applicant's Documents Vol. 5, Tab G10).
38. **[Comment regarding review of School Board's training materials about ABA].** The training manual references the book: "Inclusion of Students with Autism: Using ABA-Based Supports in General Education" which appears to demonstrate that the training was based on research which supports that evidence-based ABA can and is being done effectively in other jurisdictions. The training manual appears to provide training to the standards indicated in the book (as participants were required to read chapters from the book and apply the readings in the training). This training information suggests that *School Board* understood that training was required for ABA programming to be provided in schools and that it

was required to provide ABA programming in order to support its students with ASD in regular classrooms. These training documents show that *School Board* had a comprehensive training plan in place. We (at school boards) knew this was our responsibility at the time. *Person 1* who was leading this initiative at the time was a member of the *Group* with me. I am unaware of what training the board actually undertook in the area of ABA or ASD for that matter.

### **Problems with PPM 140 Implementation**

39. Unfortunately, school boards interpreted PPM 140 to be indicative of something other than evidence-based ABA programming despite Ministry documents which elaborated on PPM 140 and what it means (Effective Education for Students with Autism Spectrum Disorder, 2007, p. 52). I reviewed the *School Board's* response and my understanding is that they are one such Board, which has applied a limited interpretation what PPM 140 means. Although PPM 140 is intended to strengthen collaborative working relationships between parents, schools, and the community, the language falls short of mandating the necessary individualized programming is in place for all students especially those requiring a more intensive approach. The memorandum reads:

School boards must offer students with ASD special education programs and services, including, where appropriate, special education programs using ABA methods.

40. The phrase “**where appropriate**” has given school boards the freedom to interpret how and to what degree to provide these supports. However, the intent of the PPM 140 was to ensure programming meets the needs of students as stated by the following:

[H]ave Principals ensure that relevant school board personnel and community personnel who have previously worked and/or are currently working with a student with an ASD be invited to provide input and participate in the IEP process. These personnel are able to bring other perspectives and recommendations regarding special education programs and services for students with ASD. In particular, the assessment information gathered from these personnel can benefit the IEP team in planning accurate and

comprehensive interventions for the student and promote a common approach to enhance student success (PPM 140 Incorporating Methods of ABA into Programs for Students with ASD).

41. School boards have used PPM 140 to provide something other than evidence-based ABA claiming that “therapeutic ABA” is different from what needs to be provided in accordance with PPM 140. This is inconsistent with the understanding and Ministry documents which confirm that ABA is education (as explained above). The Ministry has allowed this to occur by giving responsibility of the implementation of PPM 140 to the school boards and by not issuing any PPMs or other documents, which would clarify the obligations, found in PPM 140. As such, some students with ASD are not receiving the level of support intended by PPM 140.
42. I have reviewed the Board and Ministries’ Responses and it is my understanding that the above confirms what the Ministry states in their Response. It is also my opinion that the Board’s response is consistent with my statement above that without any clarifying information from the Ministry, school boards are not interpreting PPM 140 to meet the needs of students with ASD by providing an intensive level of evidence-based ABA programming, to detriment of their students.

### **Funding for ABA Programming**

43. The Ministry provides Behaviour Expertise Amount (BEA) Allocation as part of the Special Education funding to each board (see Ministry Memo: Grants for Student Needs (GSN) for 2018-2019, p. 3, Ministry Memo: Special Education Funding in 2018-19, p. 13). This funding has two components: 1) Applied Behaviour Analysis (ABA) Expertise Professionals Amount; and 2) ABA Training Amount. It is intended that boards hire ABA expertise professionals who will support principals, teachers, educators and other school staff by providing and coordinating ABA coaching, training and resources; facilitating school board’s collaboration with community service providers, parents and schools; and support the transitions, collaboration and information sharing between community-based autism service providers, school staff and families. The ABA training amount will provide funding for training opportunities to build school board capacity in ABA. School boards are required to use ABA Training Amount for the **sole purpose of ABA training**. The Ministry expects school boards to provide release

time/supply costs for staff on training. The training should be oriented at developing educators' skills to apply and individualize ABA. (Special Education Funding in 2018-19 Memorandum 2018:SB10).

44. In the Peel DSB we tried to achieve the recommended collaboration and provision of evidence-based ABA supports by using the Ministry funding Behaviour Expertise Amount (BEA) to focus on a few key initiatives. To enhance our already extensive, multidisciplinary ASD Resource Team (Teachers, EAs, Psychologists, SLPs, OTs) and bring additional ABA expertise to the team, we hired 3 ABA Facilitators (ABA-F) who were all trained as ABA/IBI Instructor Therapists. Our 4<sup>th</sup> Facilitator had extensive post-secondary transition experience. In addition, we selected applicants, for the ABA-F positions, who also had adult education experience, as they would be in a better position to teach frontline staff such as teachers, EAs, and resource staff on how to deliver ABA programming, including transition planning. In addition, we carried out comprehensive ABA training in large groups and in site-specific locations, sent staff to ABA conferences, purchased and developed ABA resources and programs, such as books, computer programs and data collection systems. We used some of the funds to support teaching staff release time so that they could attend training and collaborative student centred planning meetings. I believe these efforts were outlined in our Special Education Plan.
45. Unfortunately during my time in the Peel DSB, we were unable to always provide ABA programming at the level of intensity each student required because of a finite budget for training and staff hiring and the Board's identification of priorities. However, we focused on initiatives, which were aimed at over time, increasing the Board's capacity to meet the needs of students with ASD. As more staff received ABA training for example, more members of the Board would be able to apply those skills in their classrooms to support students with ASD. I would have recommended that we continue in these capacity building efforts by expanding the Board's ABA expertise by hiring additional ABA-F's and other resource staff with ABA expertise. I would have supported additional ABA training for teachers, professional staff and EA's by funding their participation in the Humber College Behavioural Science program where Peel DSB had a partnership and graduates would have obtained the equivalent qualifications of a

BCBA-A. I would have liked to add another employee group, Autism Support Workers (similar to **Tab 6:** Surrey Community College ABA Support Worker Certificate) who would be EAs with BCBA accreditation. These staff would have been assigned to support students with ASD who required intensive ABA programming as recommended by certified professionals, such as psychologists.

46. I have reviewed the Board's response and it is my understanding that the Board is not raising an undue hardship defence. I have also reviewed the Respondent's hearing document index and did not see any documents, which would support an argument that it would cause the Board undue hardship to meet *Student's* needs. I do not see any reason why the Board cannot find an accommodation for *Student's* particular needs. Because it appears that the Board is not raising an undue hardship defence, I am unable to offer my opinion on this point.

### **The Kindergarten Program and ABA**

47. The 2016 Kindergarten program in Ontario describes the learning environment as playing a key role in what and how a child learns:

A learning environment that is safe and welcoming supports children's well-being and ability to learn by promoting the development of individual identity and by ensuring equity and a sense of belonging for all. Both in the classroom and out of doors, the learning environment allows for the flexible and creative use of time, space, and materials in order to respond to children's interests and needs, provide for choice and challenge, and support differentiated and personalized instruction and assessment. In education, the term "provoking" refers to provoking interest, thought, ideas, or curiosity by various means – for example, by posing a question or challenge; introducing a material, object, or tool; creating a new situation or event; or revisiting documentation. "Provocations" spark interest, and may create wonder, confusion, or even tension. They inspire reflection, deeper thinking, conversations, and inquiries, to satisfy curiosity and resolve questions. In this way, they extend learning.

48. Given the exploratory nature of the program, and the unique learning style of children with ASD, this type of play based, creative, flexible, program may be very challenging

for students who require structure, predictability and repetition in order to learn. In fact not providing this type of learning environment can cause stress and anxiety in students with ASD. ABA strategies help to ameliorate these environmental variables (Autism Ontario, ABA in Schools – Essential or Optional, 2006).

49. In 2010, as part of the Peel District School Board’s efforts to provide ABA programming to students, I led the development of the resource document “Linking ABLLS-R to the Ontario Kindergarten Program” (2010). It was intended that this document would be a resource for teachers, education assistants, resource staff, SLPs, OT’s and ABA providers. This document establishes the many overlaps between Kindergarten program goals and ABA programming goals. While the Kindergarten program has been updated since this document was created, the program is still very play based and focused on socialization and other skills required to assist students in future grades (pre-learning skills such as following direction, etc.). This demonstrates that ABA programming can be particularly effective and appropriate for children in kindergarten. I am not aware of any recent version of this document that links the 2016 K program to the ABLLs, specifically. However, given the overlaps between the old and new program, the resource document is still useful for assisting educators in developing measureable, observable and achievable goals for their students. (e.g., from the 2016, Kindergarten Program, a specific learning expectation under Self-Regulation and Well-being that targets improving communication skills, reads “*use and interpret gestures, tone of voice, and other non-verbal means to communicate and respond*” and from the 2010, Kindergarten “*begin to use and interpret gestures, tone of voice, and other non-verbal means to communicate and respond*”). Both of these learning expectations correspond to several “C” and “H” ABLLs-R goals. The document may also enable the teacher to better track progress and to see what the next possible steps might be for the student. Both programs work towards the same goals. The Carolina Curriculum provides a continuum of learning goals associated with age, starting at 24 months, but does not provide as many or as specific learning goals, e.g., “*uses a variety of adjectives*”. Measureable, observable descriptors as found in the ABLLS-R help educators design better IEP goals (The Kindergarten Program (2016); Linking the ABLLs-R to the Ontario Kindergarten Program; Carolina Curriculum, 2004).
50. This refutes the notion that ABA is therapy rather than education. In fact, evidence-based ABA is particularly relevant to the kindergarten program.

## **ABA Programming and Schools**

51. As an educator, I believe the focus of special education should reflect the assessed strengths and needs of the student. ABA programming is an instructional approach, which can and should be implemented in the classroom if a student requires it. The intensity of the programming should be based on the students' need as assessed. When students receive evidence-based ABA programming at the level of intensity they require in the classroom, I have observed the benefits that result for the student and all members of the educational team. I have also seen the consequences of not providing appropriate placements, supports and services and the dangers providing ineffective programming can have on students and their families. In addition, the lack of appropriate resources, training and programming can result in stressful and unsafe working environments for educators.
52. It is clear that intensive ABA programming can be used effectively to support educational programming. The notion that "therapeutic" ABA is different from educational ABA is incorrect as is demonstrated by PPM 140 and various other sources (see for example: Autism Ontario, ABA in Schools – Essential or Optional, 2006; Connections for Students; Seamless Transitions ASD Personnel; Effective Educational Practices for Students with ASD, 2007). Evidence-based ABA is the same regardless of the setting it is delivered in. It is the intensity, frequency and duration of ABA that may vary depending on whether a new skill is being taught or whether that skill is being generalized or maintained in another setting.
53. I have seen the benefits of collaborative approaches where student-centered planning occurs. I am aware of collaborative models that exist in other jurisdictions where ABA programming is implemented with students who require it (ASD class in Peel DSB, Section 23 classes, UGDSB, Surrey SB #36, Sudbury, Northern USA). Some school boards can and have been delivering ABA in the schools by welcoming qualified, community agency autism/ABA service providers to partner with the teaching team in providing appropriate educational programming.
54. In spite of many positive attempts at initiatives aimed to improve seamless, effective service delivery, by the Ministries, school boards, parents and community agencies, many years later we have yet to achieve a consistent, effective, collaborative model where school staff, parents and ABA service providers work together to ensure positive educational and behavioural outcomes for all students with ASD across the province.

Parents, educators and ABA clinical service providers all need to demonstrate the "will" to make change; positive, collaborative change that benefits students with ASD. This requires the breaking down of professional silos and approaching solutions creatively, flexibly, and realistically. It requires finding "common ground" as to how to best meet the needs of students with ASD.

55. Third Party Protocols are often identified as barriers to allowing community ABA service providers into the schools to assist in providing valuable training and student programming. Over the years I have seen protocols, memorandum of understanding, partnerships etc. been developed to support collaborative practices e.g., Section 23 programs, School Support Program: ASD, Connections for Students, Supporting Collaborative Service Delivery Models, Mental Health Nurses, Service Dogs, etc. It is my opinion, based on my various experiences with provincial initiatives, the Ministries of Education and MCCSS want all stakeholders to “get along and play in the same sandbox”.
56. Many boards, procedures are in place for school boards to proactively develop partnerships with “external” organizations such as the “Protocol with External Agencies for the Provision of Services by Regulated Health Professionals, Social Service Professionals and Paraprofessionals”. As seen in UGDSB, boards are at liberty to create unique protocols or partnerships with service providers. With careful planning, proper consultation with stakeholders including parents, school staff, union groups and employee associations’, excellent opportunities and relationships can develop. These relationships would ultimately result in better learning for students with ASD.
57. Any refusal to collaborate and include community agency autism/ABA providers in the school setting, in my experience, is based on historical practices and imposed barriers (**Tab 8**, Applied Behaviour Analysis Based Interventions in Public Schools: Understanding Factors that Hinder Adoption, Implementation and Maintenance.)

### *Student*

#### **Observation at Daycare**

58. I observed *Student* on *Date* at his/her daycare centre, *Daycare Center*, where he/she attends two days per week. *Student* receives **evidence based behavioural services, including ABA programming, provided by the Service Provider 1** Ontario Autism Program (OAP). The goals, criteria, intervention strategies, and measurement are outlined in the *Service Provider1* OAP Behaviour Plan. *Student* currently receives 21 hours of

behavioural services, approximately 14hrs at the daycare with the balance of the services occurring another day at the *Service Provider 1* site itself. The evidence based ABA programming, implemented at the daycare, occurs in the following environments, 1:1 in an alcove near an exit door for where learning new skills occurs, in small and large groups (14 children) in the classroom and outdoors where generalization and maintenance of skills occurs and in the washroom where they are working on a toileting routine. I had opportunities to speak with and ask questions of the ABA Instructor Therapist (IT), *ABA IT* and the Clinical Supervisor (CS), *CS*. *Student* also receives the consultative services of a Physiotherapist and has received services of an Occupational Therapist at the daycare. *CS* has requested an ADRS assessment for the possible use of technology for augmentative communication system for *Student*. It appears there is a multidisciplinary team supporting *Student*.

59. I observed *Student* engaging in a variety of activities that are connected to the ABLLS-R goals outlined in his/her OAP Behaviour Plan. All of the goals selected by the parents and ABA team can be linked to the ON Kindergarten Program through the document “Linking ABLs to the ON Kindergarten Program”. The goals *Student* is working on in daycare could be learned in the classroom setting, as they are school readiness goals and communication goals. The natural environment of the classroom is the best place for *Student* to learn these skills. It’s important for him/her to learn these skills in the environment where he/she will need to use them.
60. **Social: Interpersonal** – *Student* appears to be a happy *Age*-year-old boy/girl who seems to be incredibly social. During my visit I could see he/she was very interested in what other children and adults were doing when they were in his/her proximity. He/she enjoyed social reinforcement of high fives, hugs, dancing and moving toward peers in group settings. *Student* seeks classroom centres where other children are playing. It was obvious that he/she relates well to his/her Instructor Therapist and teachers. He/she did not seem bothered at all by my presence.
61. **Communication** – *Student* currently uses a total communication approach (vocalizations, gestures, signs, augmentative communication system) to convey his/her needs and wants. He/she uses a Picture Exchange Communication System (PECS), phase 4, which requires him/her to select a picture symbol from a binder with individual pages dedicated to classifications of symbols (e.g., food, people, colours, school centres, home activities/items, preferred activities/R+ and a personal page with “I need a break”, “All done”, “I see” and” bathroom” etc.) and placing the symbol in the correct location on the

sentence strip completing the sentence “I want ”. *Student* must show the intended target of his/her communication the strip and tap the words on the strip as if he/she was reading the sentence. I observed *Student* making spontaneous requests of preferred activities/items such as fish, IPAD, videos of washer and dryers, video (Blippy), looking out the window, visiting the classroom, using his/her PECS binder. He/she made these requests in different settings and to several adults (his/her Instructor Therapist and ECEs in the classroom).

62. *Student* is developing his/her receptive and expressive language skills by engaging in activities that encourage him/her to label (found “couch” in the PECS binder). He/she is also able to label and select correct body parts in pictures and on his/her body (ears, nose, eyes etc.). *Student* was able to successfully find other items such as the “crown” among 3 pictures. He/she is learning foundational skills for using his/her PECS in conversation by learning to “comment” as he/she selected the correct picture when presented with “I see” on his/her sentence strip. *Student* is reinforced by social praise on every correct response and receives access to a preferred activity reinforcer for between every 1-6 response. *Student* shakes his/her head “yes” and “no” in response to wanting something. In addition, I observed *Student* requesting, “all finished” when wanting to end a task and asking for “more” when he/she wanted more IPAD, using ASL signs. *Student* will gesture by pointing to something he/she wants in the environment. *Student* required assistance/physical prompting when attempting to ask for “help”.

63. **Cognitive Functions** – *Student* worked on visual performance tasks that are prerequisite skills for *Student* to develop daily living goals. I observed *Student* put pompoms in the correct spaces in the block with some verbal and physical prompts.

64. **School Readiness** – *Student* participated in activities that build school readiness skills. *Student* is encouraged to respond quickly to the instructions being delivered by either the IT or the classroom teachers. Sometimes he/she required refocusing, verbal, visual and/or physical prompting. He/she was able to follow some of the daily classroom routines or activities, with minimal prompting, when other children were modelling the behaviour e.g., tidying up, eating, sitting at the table and going to group independently. *Student* is easily distracted and requires frequent redirection and refocusing. Usually, a quick run-through of instructional control commands gets him/her back on task successfully.

65. **Motor-** *Student* is developing his/her motor imitation skills as he/she was observed to imitate several actions of an adult during a song. He/she would clap his/her hands, pick up items, sit down, stand up, etc. During a 1:1 session *Student* was encouraged to kick

one of his/her legs out the same as his/her IT. He/she had difficulty with this and another adult (CS) had to prompt him/her to complete the movement. Surprisingly, *Student* demonstrated the fine motor capability to “swipe” with his/her thumb on his/her IPAD. He/she was able to purposefully swipe to match items (1.5 cm in size.) in a puzzle activity and to “shear” the wool off the sheep in one of the APP activities. *Student* maintains good eye contact and focus when using technology for learning.

66. **Personal Responsibility and Adaptive** – *Student* currently participates in a 30 min. toileting routine several times a day by sitting on the toilet and pulling his/her pants down independently. While I did not observe this program directly, the CS indicated that this goal was not being met with much success and was considering asking the parents to put this goal on hold. He/she drinks from a cup without spilling, eats finger food (apples) independently, is successful using a fork when the IT prompts him/her by putting his/her hand on *Student*'s shoulder, and completes washing his/her hands with minimal prompting. Occasionally, *Student* would drop to the floor and bounce on his/her knees (a self stimulatory behaviour as previously described by parents). The IT used a variety of strategies to refocus and return *Student* to his/her chair, e.g. verbal prompt of instructing him/her to sit in chair, physical prompt to direct him/her, and eventually picking him/her up and sitting him/her in the chair. Remaining off task and engaging in stereotypic, repetitive behaviour was not an option for long.
67. **Play and Leisure**- I observed *Student* playing appropriately with toys. He/she built a 4 block tower, with some physical prompting, was able to stack 5 rings, however, not in the correct sequence, and was independently manipulating plastic figurines/toys in the class,
68. Over the course of the observation, it became clear that *Student*'s strengths and needs are consistent with the diagnostic and assessment documentation that I reviewed. For example, he/she clearly demonstrated his/her strengths by being social, patient, non-verbal but is able to communicate basic needs/wants through the use of his/her Picture Exchange Communication System (PECS), and gestures. His/her needs were also apparent. For example, he/she requires assistance with personal care, supervision for safety, assistance keeping on task, etc.
69. *Student*'s ABA program plan was clearly aimed at addressing his/her needs. The primary goals included increasing communication, developing motor skills, personal care and increasing successful social opportunities. *Student* learns at a slower pace and requires an individualized program that includes attainable, measureable, observable goals and appropriate accommodations, specialized equipment, and materials that support his/her learning (i.e. PECS). He/she clearly requires intensive ABA programming delivered by

properly qualified and trained individuals to keep him/her on tasks, learn new skills and generalize and maintain mastered skills across environments. The above listed skills are all skills, which are generally learned in kindergarten. However, because *Student* requires ABA programming to learn, he/she has learned his/her new skills at daycare rather than his/her two days a week at school. From my observation, other than the gross motor skills, no new skills were being taught at school. *Student* was learning new skills at daycare; not at school.

70. The staff I observed working with *Student* at the daycare were knowledgeable, flexible, caring and professional. Perhaps, most importantly, they were qualified to deliver an intensive ABA program that would meet his/her needs.
71. *Student* both needs and benefits from the ABA programming he/she receives at the daycare. However, particularly in light of his/her social strengths, *Student* should be learning in his/her most natural environment, namely his/her neighbourhood school. In school he/she can be included with other children his/her own age and can learn the specific routines of his/her school as early as possible. As he/she is very socially motivated, being surrounded by his/her age-appropriate peers in a consistent environment will help him/her to develop meaningful relationships with his/her peers and develop the foundational pre-learning skills one usually acquires in kindergarten. While his/her daycare setting is inclusive, the students in *Student*'s class are 2.5-4 years old. *Student* is *Age*. He/she needs to be surrounded by his/her age appropriate peers in order to continue to develop, learn and grow.

### **Observation at School**

72. I observed *Student* in his/her Kindergarten classroom at *School* on *Date*. *Student* attends school, full days, on Wednesdays and Fridays. For my observation, the Principal accompanied me. The Principal also answered most of my questions, such as: is there still an ASD Resource Team in *School Board* (No), does he/she know the ABA-F roles and responsibilities (brief knowledge of resource), whether he/she is offered release time from central board staff for collaborative student centred team meetings (they are not). Despite his/her best efforts, he/she was unable to answer some of my questions. Specifically, questions around ABA training offered to board staff, other autism specific training teachers and EAs in *School Board* receive, type of regional supports and services for students with ASD in *Region*, resource staff assigned to support *Student* (school-based SERT and Family of Schools special education teacher, and SLP).

73. The principal and I had discussed the nature of questioning of the classroom teaching staff that we both decided would be appropriate and not aimed at performing an evaluation. I asked the classroom teacher, SERT and EA about the use of specific visual supports, PECS, specialized equipment, OT/PT involvement, and if the day was a typical day for *Student*. I get the impression that school team is supportive of the best plan for *Student* but regarding having 3<sup>rd</sup> Party providers carrying out ABA in school; they are taking direction from senior administration at the board level.
74. The goals, according to the principal, are to ensure *Student* is comfortable, safe, included and happy at school. Skill development was not mentioned as a goal. I observed these conditions to be true. *Student* was smiling, at times interested in what the other students were doing, generally followed the routines of the classroom with minimal prompting, and sat with peers at group activities. As per the recommendations from the medical professionals, there is a Safety Plan/Choking Protocol in place, which outlines the critical response to *Student* choking. There is always an EA, trained in CPR, assigned and in close proximity to *Student*. *Student* appeared comfortable, safe and happy, but did not appear to be learning new skills.
75. I was told that the day I observed *Student* was a “typical” day for him/her. In his/her classroom, I observed *Student* engaging in a variety of activities that are connected to Alternative Program goals outlined in his/her Individual Education Plan (IEP). These are described below.
76. **Functional Communication** – As in daycare, I observed *Student* to be socially motivated. At school he/she also uses several modes of communication to express his/her needs and wants e.g., pointing, signing and augmentative communication system. *Student* used his/her PECS binder several times in his/her classroom. He/she made requests for preferred activities and asked a peer to visit the fish with him/her by selecting their picture from a “Peer Board” and attaching it to the sentence strip “I want\_\_\_\_\_”. *Student* did not take his/her PECS binder out of the classroom to outdoor play or to the washroom. I did not observe, nor are there Learning Expectations identified in the IEP, to learn new communication skills or extend his/her use of the PECS (beyond the 3 Learning Expectations identified in the IEP). There was no evidence of teaching language concepts of labelling and commenting, or asking for “Help”, or asking someone to “Look”, using his/her PECS, as identified in his/her OAP Behaviour Plan.
77. **Physical: Gross Motor** – *Student* has 2 Learning Expectations identified under this area of Alternative Program in his/her IEP. At school, *Student*'s physical needs are being well

looked after. He/she has specialized equipment in place (Box chair, Pal Chair, toileting aids, step stool and adaptive tricycle), and receives physiotherapy and occupational therapy consultations. I observed *Student* riding his/her adaptive tricycle around the hallway of the school. Two adults accompanied him/her to provide the needed prompting and encouragement to complete the task. This activity occurs every day that *Student* is at school and he/she appears to be making progress at it since the slight modification of adding pulleys to the trike. A second learning expectation has *Student* walking up the stairs once a week. Although I did not observe this activity, it was reported to me that the physiotherapist and the EA carry this out every Friday.

78. All of the goals selected by the parents and ABA team in the *Service Provider 1* OAP Behaviour Program can be linked to the ON Kindergarten Program and Alternative Programs in the IEP through the document “Linking ABLLs to the ON Kindergarten Program” (2010). Therefore, these goals could also be worked on in the classroom. While *Student* is happy, included and safe at school, there are few intentional learning expectations or skill building goals in place (I saw 3 PECS maintenance goals and 2 physical goals). It appeared that these goals are only focused on generalizing some goals mastered in daycare with ABA programming but not on expanding or building on these goals.
79. In the current term's IEP, under the “Subjects, Courses or Alternative Program” section, only “Functional Communication” and “Physical: Gross Motor” have Alternative Program checked off and corresponding Learning Expectations listed. All of the other areas of the Kindergarten Program (Belonging and Contributing, Problem Solving and Innovating, Self-Regulation and Well-being and Demonstrating Literacy and Mathematics Behaviours) only have "Accommodations" checked off. When I inquired, it was explained that this is because these areas do not have any Learning Expectations/goals identified. This is deceiving to anyone reading the IEP as it gives the appearance that *Student* can access these "grade level" areas of the program with only “Accommodations” in place. However, with *Student's* learning profile and cognitive delays identified in his/her diagnostic and assessment documents, it is unlikely he/she will be meeting grade level expectations in these areas with only accommodations provided. For example, he/she did not meet these grade level expectations the first year he/she spent in SK. To meet *Student's* assessed needs, there should be more “Alternative Program and Learning

Expectations” identified in his/her IEP targeting personal care and adaptive, play and social, fine motor, and cognitive, skills.

80. The failure to include more learning expectations in the IEP leaves the impression that the school has very few educational expectations for *Student*. Although *Student* only attends school two days a week, he/she has a right to a fulsome education and a right to have his/her education modified to suit his/her specific needs arising from his/her disability. By not implementing robust alternative program goals, the school is not setting *Student* up to reach his/her learning potential.
81. While *Student* is clearly benefitting and learning from ABA programming at daycare, there are minimal ABA strategies identified in his/her IEP and there is little ABA programming being carried out at school. While I did observe some ABA techniques utilized by the teacher/EA (positive reinforcement and verbal, visual (e.g., First, Then” strip, and physical prompting) there was no evidence of the necessary components of an ABA program *Student* has been identified as needing. The ABA programming that *Student* requires is intensive and like all ABA programming needs to include, data collection and review, direct teaching, discrete trial training, fading, shaping, skill building, generalization, maintenance, errorless learning, modelling, task analysis, chaining, etc. The techniques used in the classroom were not being used at the level of intensity, frequency and duration or as part of an evidence-based ABA program, which *Student* requires to learn new skills, or to generalize or maintain the skills, he/she does have. In other words, he/she is not receiving ABA programming at school despite the fact that he/she should be receiving such support.
82. The Principal was unaware whether the EA had any ABA or ASD specific training. Despite my understanding that I would be able to ask questions of the staff who work directly with I did not have the opportunity to ask the EA this question directly. The Principal did not provide me with the information of what training the EA had. Ultimately, there would need to be staff with very specific qualifications and experience to carry out this intense level of ABA *Student* requires. Direct teaching of skills, through an evidence-based ABA approach is what *Student* needs (as identified in his/her diagnostic report) and what is proven to work with children with autism who have learning profiles similar to *Student* (Autism Spectrum Disorder in Ontario 2013).
83. Several times throughout visit, I observed *Student* dropping to his/her knees and bouncing as he/she did in daycare. Responses to this self-stimulatory behaviour by staff were inconsistent as sometimes there were attempts to redirect, ignore, help him/her up or

ask that he/she stand up himself/herself. This is a perfect example of where ABA could be helpful. This “stimming” behaviour interferes with *Student*’s ability to pay attention to the teacher and stay on task. The function of the behaviour should be assessed and an ABA program should be put in place to reduce it. This should include data collection and a clear action plan that is designed to reduce the frequency of the behaviour, which interferes with his/her ability to stay on task. *Student*’s IEP should include an ABA-based behaviour plan or Learning Expectation under “Self regulation and Well-being” section or Alternative Program.

84. Even though *Student* appears socially motivated, I noticed that during unstructured activity time, *Student* often selected solitary play activities. Only a few times did I observe purposeful attempts by staff to get peers to interact (outdoor play time, group time). This was in contrast to what I saw at the daycare where he/she was prompted to utilize his/her communication skills to request a peer interaction. Ideally, there should be more purposeful peer buddying opportunities at school. This would also include teaching other students how they can best interact with *Student*. While this may not seem very important, a key component of kindergarten is interactive play and socialization. *Student*’s decision to often select solitary play activities and the lack of an ABA behaviour plan to get him/her to engage socially with his/her peers is demonstrative of the missed learning opportunities consistent with a key component of the kindergarten program.
85. *Student*, like many individuals with ASD, benefits from visual supports in his/her learning environment. Other than the use of a “First ....., then ....” Visual support and the use of his/her PECS binder, there were minimal other visual supports in *Student*’s school environment (e.g., no labelling of centres, no visual schedules for sections of the day, task strips indicating the steps of activities such as toileting or dressing/undressing, timers, etc.). The use of visual supports is one of the most widely recommended strategies for teaching students with ASD as they usually process visual information more effectively than information that is presented verbally. Individuals with autism require

visual supports to assist with language development, transition planning, task completion and predictability of activities (Effective Educational Practices for Students with ASD, 2007, p. 42).

86. Clearly *Student* benefits from using his/her augmentative communication system, PECS, to request preferred items and to label objects in his/her environment. While it was clear that at daycare the ABA providers were trained in the PECS system, I was unable to ascertain whether the SLP has the training and time to support the goals for *Student*'s PECS augmentative communication system. This would explain why there are only 3 PECS maintenance goals in *Student*'s IEP rather than any intention to work on new goals with *Student*. The Board needs to provide qualified staff to implement and expand this important communication system for *Student*.
87. Assistive technology can be use by students with autism to provide alternative methods to access information, demonstrate and reinforce learning and to interact with others. As I observed in the daycare setting, *Student* benefits from access to IPAD or Smart Board technology. The teacher stated that she uses the Smart board in the classroom but on the day I was there the computer was out for service. There were no IPADs available for student use. This is a missed opportunity, which the school should already have in place to support *Student*.
88. A collaborative planning approach to support students with ASD is most effective and promotes the best outcomes for students. (Effective Educational Practices for Students with ASD, 2007, p. 32). Unfortunately, there is no evidence of a "collaborative, student-centred team" where planning and problem solving occurs between home, school, OT, PT, SLP school board staff and OAP service providers. For example, the EA asked me how *Student* is doing with eating at daycare. This demonstrates that the school team is not seeking to collaborate with the other service providers. It appears the only information provided comes through *Student*'s mother when she drops off or picks up *Student*. There is a Home-School communication book but it is generally used to send reminders and notices home. Unfortunately, there is not a "Home-School-Community Agency" communication system in place such as a binder, teleconferencing, regularly scheduled face to face meetings or even email being used. The school should be engaging

in efforts to better collaborate with *Student*'s parents and other service providers in order to provide the best educational program him/her.

89. The Principal indicated that one of the Board's ABA Facilitator (ABA-F) recently got involved. He/she informed me that he/she has observed *Student* 2-3 times and will only be there for a few more visits. I was informed that he/she visited *Service Provider 1* and will apparently be making recommendations to the teaching team. As of yet, the ABA-F has not provided any training to teacher or EA. Based on his/her involvement being planned for only a few more visits, it does not appear that there is any plan in place to utilize the ABA- Facilitator's knowledge as a BCBA to create or implement an ABA program. The Principal confirmed this as he/she indicated that other than the ABA-F there are no other autism or ABA specific resources being used in *Student*'s case
90. The Principal indicated that he/she was unaware that Ministry of Education provides boards with Behaviour Expertise Amount (BEA) funding which pays for the ABA-F's salaries, ABA training and possible release time for training and collaborative planning meetings (Special Education Funding in 2018-19 Memorandum 2018:SB10). This suggests to me that despite the availability of resources, which could meet *Student*'s needs, steps have not been taken by the board to provide them in *Student*'s case.
91. I believe the offer to keep *Student* in SK for a second year was made with positive intentions by the Principal, however, it is important that for the rest of his/her school years, *Student* is able to advance to the next grade placement along with his/her age appropriate peers. I was shocked to see minimal to no improvement during his/her year and a half in SK. In fact, his/her IEP goals were lowered for his/her second year of SK. His/her IEP should reflect the appropriate, individualized educational program he/she requires. If this were the case, his/her goals would be met rather than lowered.
92. There should be consistent expectations and strategies being carried out across all of *Student*'s settings. Generalization of skills across settings can be very difficult for children with ASD. If there were consistency in approach we would see *Student*'s mastery of goals accelerated. He/she would meet his/her school-based goals as well as his/her ABA program goals. This is not occurring as currently, *Student* is only consistently meeting his/her ABA program goals. *Student* requires ABA programming to master his/her goals; he/she requires ABA

programming to generalize and maintain his/her skills. *Student* needs ABA programming to learn. He/she is not getting it in the classroom.

93. While consistency is important, it would be even more important to remove all barriers to *Student*'s learning. This would mean having him/her learn in one setting, like all other students. Right now, *Student* only receives ABA programming 3 days a week. This appears to be where he/she is learning and generalizing new skills and accessing his/her education. The effectiveness of the program is limited because he/she does not have full access to it (i.e. when he/she is at school). *Student* should be in school 5 days a week like his/her peers. However, in my opinion, he/she cannot transition to school fulltime until his/her needs will be met -- through ABA programming. As a result of the lack of access to ABA programming at school, *Student* is missing out on both fronts (school experiences and ABA). Dr. Julie Koudys would have the expertise to address the impact that will occur on his/her development if he/she were to attend school fulltime without ABA programming. However from an educational standpoint, children attending schooling when their needs are not being met can have lifelong consequences. The goal of special education is to address and meet those needs. Having *Student* attend school when his/her learning needs will not be met (i.e. through ABA programming) would not be beneficial or appropriate.
94. As an educator, I find it unacceptable that *Student* has to attend different learning environments each week just so that he/she can receive his/her ABA programming. Transitions and change are difficult for most young children let alone a child with autism. Even despite *Student*'s social nature, it is difficult to develop social relationships with peers and adults when constantly switching environments. In addition to the hardship on *Student*, I also note that his/her parents are having to make huge sacrifices (time, money and energy) every day that a school board would never ask of, or expect of other parents (e.g., payment for daycare when he/she is school age and entitled to full days school, driving him/her to daycare when he/she could be taking the bus to and from school, having to convey/broker communication across all settings, etc.). The burden being placed on the parents is entirely inappropriate. I am not aware of such a burden being placed on other parents of students with special needs (physical, developmental disability, etc.) e.g., having their child attend 3 different educational settings each week.

95. As I outlined above, the environment for learning is particularly important. The kindergarten program recognizes this. *Student* is currently learning skills, which could be taught in school. Because he/she would not have access to ABA programming and therefore would not have access to the best education in school, *Student* has to learn these new skills in daycare. As I mentioned, *Student* is older than the students at daycare. As such, he/she is deprived of the opportunity to learn and interact with peers his/her age. *Student* should be learning in school with the rest of his/her peers. He/she requires ABA programming to learn; that is how he/she accesses his/her education. It is recognized that the learning environment is an important part of education; it is no different for *Student*. he/she should be able to access his/her education in the most beneficial and appropriate environment; that environment is school.
96. The lack of ABA programming in *Student*'s school environment is resulting in lost opportunities for *Student*. *Student*'s valuable time is being wasted. This is time that he/she will never get back. The school system can and should do a better job of meeting his/her needs both through the provision of a more robust IEP and the implementation of ABA programming by qualified staff. While his/her physical support is important, he/she has learning needs, which are not being met and could be met through ABA programming at school.

### ***Student*'s Educational Needs**

97. My opinion is that *Student* is not receiving the education he/she is entitled to. *Student* should be attending his/her community school with age appropriate peers and he/she should be receiving an appropriate program that leverages his/her strengths and meets his/her assessed needs. His/her educational program should be based on scientifically based ABA programming, which we know *Student* benefits and learns from.
98. *Student*'s IEP should be developed in collaboration with all stakeholders including his/her parents, teacher, EA, SERT, ABA-Facilitator, ABA program providers from *Service Provider 1*, PT/OT, SLP and any other individual that is involved (as per IEP Guidelines and OAP Guidelines). These stakeholders can provide valuable information such as assessment results, appropriate goals, strategies to support the implementation of goals, and evaluation criteria. A problem-solving component should be built into the collaborative process, as should regular, ongoing communication with all parties.

99. Data collection, including the various assessments carried out by certified professionals, should be used to set the direction of the IEP development. *Student's* strengths and needs, professional recommendations, specialized equipment, accommodations (Instructional, Environmental and Assessment), human resources, alternative program goals, learning strategies and transition plans should be informed by assessment and be included in *Student's* IEP and school program.
100. As stated in the assessment documents provided, *Student* was determined to “meet the criteria for Intensive Behaviour Intervention (IBI) as his/her behaviours are towards the severe end of the autism spectrum” (*Service Provider2*, Brief Screening Summary 2016 p.3). It was recommended that *Student* would benefit from ABA programming in the areas of communication, social, play, motor, daily living, and behaviour management/emotional regulation. Furthermore, it was recommended that *Student* “would benefit from opportunities to interact with other children his/her age in a structured environment”.
101. ABA programming, including but not limited to, direct instruction, discrete trial training, positive reinforcement, data collection, prompting, task analysis, generalization and maintenance of skills, are all necessary components of *Student's* educational program.
102. PPM 140 states ABA programming is to be provided "where appropriate". In this case it is appropriate. Certified professionals have declared it necessary. Neither the Ministry of Education nor PPM 140 defines any level of intensity of ABA programming. The assumption was that school boards would provide what is necessary based on the needs of the students. This is not happening in *Student's* case. *Student* clearly requires *intensive* ABA programming as he/she is approved to receive it from the MCCSS and is mastering skills because of it (*Service Provider 1* OAP Behaviour Plan). *Student* is of school age; for the reasons explained above, he/she should be able to receive appropriate programming in school from qualified staff through a collaborative service delivery model.
103. In *Student's* case, I believe he/she could benefit from a more fulsome educational experience at school that includes ABA programming to assist him/her in learning more skills and to support the generalization and maintenance of mastered skills. While he/she is safe and “included” in his/her neighbourhood school and has some special education services and supports available to him/her these do not meet all of his/her assessed needs. At daycare, where he/she receives intensive ABA programming, he/she has mastered

numerous skills, is learning many new skills, has goals identified across several domains (ABLLS-R) and has opportunities to generalize and maintain skills in a mainstream classroom (albeit a classroom with younger children). At school where he/she is not receiving ABA, *Student* has only a few goals across fewer domains (Communication and Physical), identified in his/her IEP and he/she does not appear to be as successful mastering skills at the same rate (Report Card) as daycare. Ideally, *Student* would be receiving the appropriate educational programming, including ABA programming, in his/her neighbourhood school where he/she would be learning alongside age appropriate peers. There is great potential in *Student*'s case for him/her to flourish in the classroom, but the current arrangement is not meeting his/her needs and as a result, it is my opinion that *Student* will not reach his/her maximum learning potential without substantial changes to his/her educational programming at school.

### **Possible Solutions From My Perspective**

104. The most ideal and possible solution is for *Student*'s OAP ABA provider(s) to be members of his/her school based, student centred collaborative team and to be providing his/her ABA programming in his/her neighbourhood school. As OAP is already funding the cost of the ABA providers, who already have the necessary qualifications and experience, they are already known to *Student*. Unlike PPM 140, the OAP describes a level of "quality" that ABA must have. This includes the involvement of BCBA's, proper training, adequate intensity, frequency and duration of programming, etc. As previously mentioned, some school boards allow MCCSS funded ABA-providers direct access to the student in the classroom. The *School Board* could sign a Protocol with External Agencies for the Provision of Services by Regulated Health Professionals, Social Service Professionals, and Paraprofessionals with OAP or an ABA provider. Proactive planning with all stakeholders where "Terms of Reference", "Roles and Responsibilities", "Communication and Conflict Resolution Strategy" could be identified and agreed upon would help to ensure success. It would be critical to regularly schedule team meetings with parents, teacher, EA, SERT, ABA-F, and ABA provider, etc., so that the team is well positioned to set collaborative goals, evaluate progress and problem solve any issues that arise. The board could provide release time for meetings and training (the funding

could come from BEA funding). As per the *Education Act*, The Principal is responsible for the educational program of all students in his/her school so he/she would have to be an integral part of the solution. My feeling is that this principal would be supportive of this solution. (Evidence-Based Practice and Autism in the Schools: an educator's guide to providing appropriate interventions to students with autism spectrum disorder, 2nd Edition, National Autism Center, p. 134).

105. When faced with similar challenges in a British Columbia school board, Surrey District SB#36 worked out, in my opinion, an excellent solution. As the a school board had similar policies in place, as *School Board*, that prevent “3rd Party Providers” from working in their schools, they created a new employee group, Autism Service Worker. My understanding is that ASWs are either trained ABA service providers who have also completed college level courses that prepare them for work in a school system or they are special education assistants who get an ABA designation by completing a minimum of 1,000 hours of supervised experience on home based teams plus completing the ABA Support Worker course at Surrey College. The school board partnered with Surrey College to support the development of this program. My understanding is that they train about 20 individuals and year and have a total of approximately 170 staff with these unique qualifications working in their board. Only students requiring an intense level of ABA programming (identified by psychologists) are assigned these ASWs. An ABA Autism Support Worker becomes child specific and cannot be bumped based on seniority. (**Tab 6:** Surrey Community College ABA Support Worker Certificate).<sup>1</sup>
106. Another example of providing adequate ABA programming could be through the ABA Facilitators (currently, funded by Ministry of Education ABA Expertise dollars). These Facilitators typically provide consultations and training to school board staff. This is a finite resource that is unlikely to be assigned to provide the intensive ABA program that *Student* requires. However, they have the qualifications to do so and therefore the capacity to meet his/her needs.
107. In recent years, MOE and MCCSS have implemented several policies and programs that have opened the door to more collaborative and seamless service delivery models (e.g., ABA Pilot, Connections for Students, SSP: ASD, Collaborative Service
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Delivery Models, OAP). We know a solution is possible because there are boards in the province that are allowing ABA service providers in their schools to support and provide ABA programming. Furthermore, there are other models/solutions working for other special needs such as mental health nurses that are in our schools to support students with mental health issues. *Student*'s learning goals can be met in the school in his/her classroom.

108. The "Connections for Students" program would not meet *Student*'s needs because it is time-limited. In other words, it does not provide the ABA programming support some students require until they no longer require it. Rather, it provides support for 12 months and that is all. That would not meet *Student*'s needs, as there appears to be a need for ABA programming at an intensive level beyond 12 months.
109. Section 23 programs would also not meet *Student*'s needs. *Student* is social and clearly benefits from engaging with his/her neuro-typical peers. This may not be available in a Section 23 program because these classrooms are segregated and may not have an integration component. In any event, my understanding is that the Ministry is not creating any additional section 23 placements. With the limited placements that exist, my understanding is that the school board must request admission and I did not see any indication that such a request has been made in this case. This confirms my opinion and suggests that the Board agrees that an admission request would not be appropriate for *Student* at this time.
110. Given the above, the Board is required to meet *Student*'s needs and is not doing so. *Student* is entitled to have access to his/her education like all other students. The Board is going to need to address its shortcomings if it is going to meet *Student*'s needs in the future.

## Conclusion

111. *Student* has a documented diagnosis of *syndrome*, global developmental delay and Autism Spectrum Disorder. *Student* presents with significant delays in his/her cognitive, communication, social, adaptive functioning and motor skills. *Student*'s emerging strengths include interest in peers, ability to express basic needs and wants and his/her cooperative nature. Professional recommendations state *Student* requires

intensive ABA programming in order to learn and generalize skills and to reduce interfering behaviours.

112. Applied Behavioural Analysis (ABA) is identified as the best evidence-based educational approach to teaching new skills in individuals with ASD (Autism Spectrum Disorder in Ontario 2013, Applicant's Documents Vol. 3, Tab 23; NAC Report, 2015, Applicant's Documents Vol. 5, Tab E22). No such evidence exists for general education methods for children with ASD (cited in Dr. Julie Koudy's report).
113. PPM 140 provides direction to school boards to support their use of applied behaviour analysis (ABA) as an effective instructional approach in the education of students with autism spectrum disorders (ASD). ABA that is used within educational programs should be varied according to the strengths and needs of individual students and the types of behaviours and skills that need to be taught.
114. Some students such as *Student* require intensive use of ABA programming within their education. This level of intensive ABA needs to be carried out by individuals with the required qualifications. Under qualified personnel, providing an "ABA program" that does not meet the standards of ABA programming will not effectively meet *Student's* needs.
115. ABA may be effectively integrated into the ON Kindergarten Program within the classroom as outlined in the resource "Linking ABLLS-R to the ON Kindergarten Program, 2010".
116. Effective educational programming for *Student* requires collaboration among his/her parents, educators and other involved providers, such as OT, PT, SLP and ABA service providers. A collaborative team is needed to determine appropriate goals and strategies for achieving them. Some school boards have found it helpful to developed protocols with local community agencies to identify responsibilities and processes for working together (Sudbury, UGDSB).
117. Individuals with ASD learn best in their natural environments, as the generalization of new skills across environments is difficult. *Student* should be learning in his/her neighbourhood school with his/her age appropriate peers. he/she needs ABA programming in order for him/her to learn.

118. I have provided a possible solution as to how intensive ABA programming can be integrated into a regular classroom setting. My opinion is that this could be effectively implemented in this case. I believe *Student* requires ABA programming in order to access the curriculum and experience success in school. Failure to implement such changes will have a detrimental impact on *Student*'s future and his/her ability to learn, develop and grown.
119. In my professional opinion, *Student*'s needs are not being met and he/she is not fully accessing his/her education in the SK classroom. *Being safe and happy at school* is not the same thing as having access to a rigorous education. The special education supports and programs currently in place, do not meet his/her identified needs.
120. "All students have the right to an education that allows them to meet their full potential and contribute to society, and yet students with disabilities continue to face obstacles accessing education services in Ontario," said OHRC Chief Commissioner Renu Mandhane. "Our policy and recommendations call on key players in the sector to take proactive steps to remove barriers and put an end to discrimination in education, so that all students can gain the skills and knowledge they need to succeed."
121. Key players need to take active steps to remove barriers. This is *Student*'s only chance to gain the skills and knowledge he/she needs to succeed.