

Checklist to Assist Individuals with ASDs or Caregivers in the Selection of Fitness, Leisure, Recreation and Programs

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Introduction

Regular exercise promotes health and fitness benefits (Katzmarzyk, 2006) as well as improves appearance. Achieving an appropriate fitness level can help learners with ASDs participate more fully with their families in leisure time activities and activities of daily living, as well as education, vocational and community environments. Acquiring appropriate fitness skills promotes the productive use of leisure time in less restrictive settings.

Children and adults with autism spectrum disorders may be at risk for being physically inactive. The following characteristics of the disorder may interfere with successful participation in traditional forms of physical activity.

Unresponsive to people and environment:

Individuals with ASD may not imitate others. Young learners may not notice or join in playground games at school or ask to be involved in an after school activity. Older learners may not choose to take a walk after dinner. Their inappropriate behavior could actually interfere with the workouts and/or play of others.

Limited communication ability:

Identifying the needs and interests of individuals lacking communication skills, is challenging. Individuals with autism frequently cannot describe what types of exercise or fitness activities they would like to try. For example, most reasons for exercising include: improving appearance, enjoyment, feeling of relaxation, opportunities for social interaction, the thrill of the competitive experience, or the joy of being outside. Learners with ASDs may not be able to tell us their reasons for participating or not participating in a specific activity.

Preferences for routines and sameness:

We can use this characteristic of preference for sameness and routines to our advantage once the exercise routines have been established. Many learners with ASDs thrive on routines. But implementing routines and schedules can be a challenge initially.

Engagement in stereotypic behavior:

Engagement in stereotypic behavior can interfere with performance levels and task completion. Puddle behavior, shadow chasing, and leaping interfere with running on a track or in the community. Inappropriate movements and vocalizations may be distracting to the athlete or stigmatizing. Of more concern, inappropriate movements can actually create unsafe conditions.

Unaware of safety and danger:

Many learners with ASDs probably would not notice or be aware of any equipment malfunctions that could lead to injury. Personal trainers can't rely on the self-reports of most individuals with ASDs regarding exertion levels during exercise sessions. Trainers must be vigilant to ensure the safety during exercise.

Recommendations for Physical Activity Children

The results of NJ Department of Education (2003) focus group

indicates that varying levels of student abilities in a typical gym class make it difficult for individual students to benefit from activities. What goes on or doesn't go on in the physical education classes, when they are scheduled, is of concern (e.g., incidents of bullying, lack of initial fitness assessments, subsequent accountability for progress, inadequate facilities, limited instructional time). The recommendation for physical activity for learners in elementary and secondary schools is approximately 30-60 or more minutes of moderate to vigorous activity on most days (Fulton, 2004). Only a small number of students across the country are scheduled for the recommended minimum exercise times (CDC, 1997).

Physical Education Class

Physical education is included in the definition of special education as specified in federal legislation, first in The Education for all Handicapped Children's Act (P.L.94 142) of 1975 and subsequently in the IDEA (2004). As described by IDEA, physical education is a direct service. Fitness goals and objectives must be included in a student's IEP. Proper adapted physical education, which can truly benefit students, is often overlooked in school programs.

No Child Left Behind

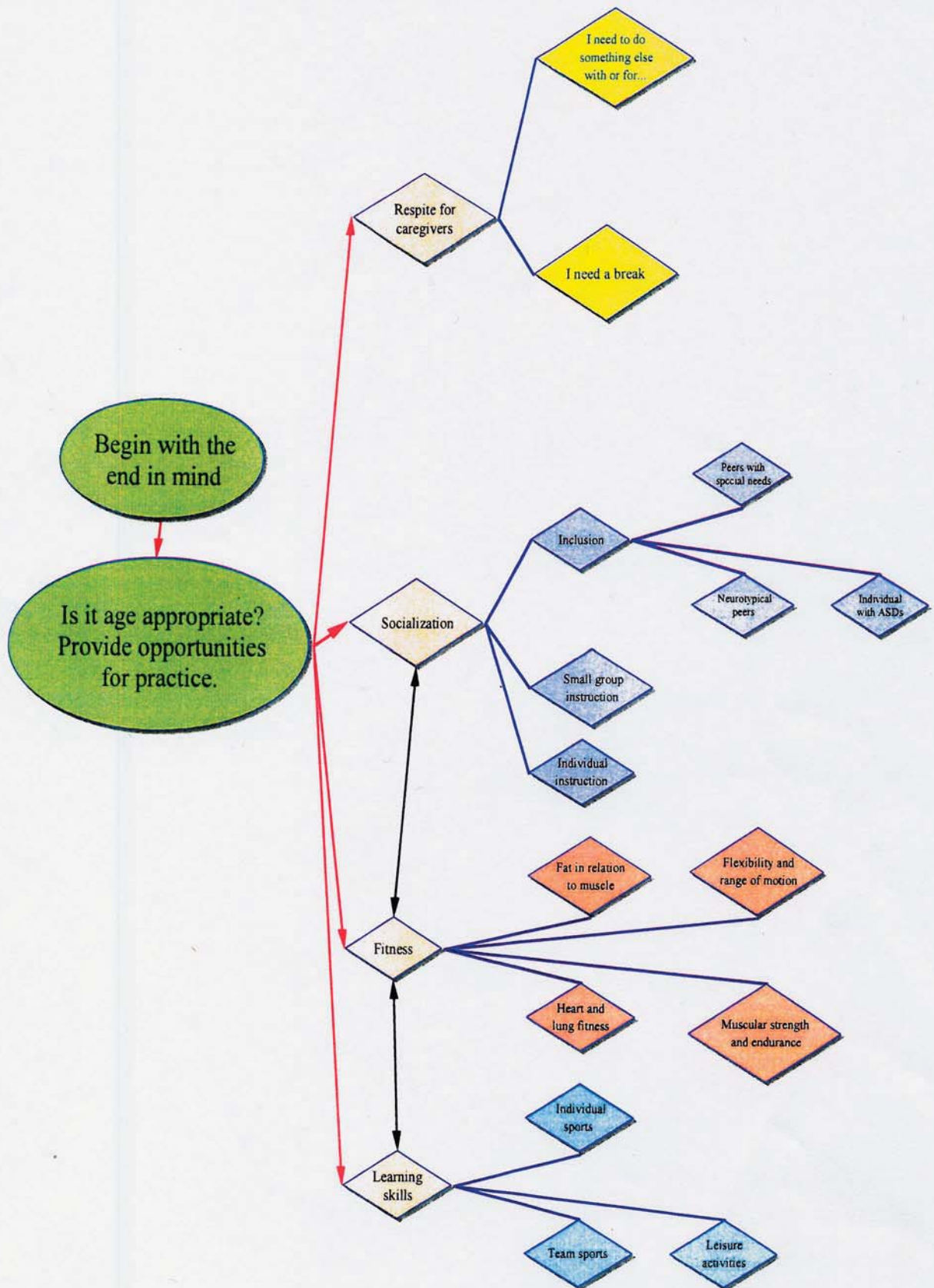
The objectives for No Child Left Behind (NCLB) (2002) focus on achievement in core subjects including language arts, mathematics, science, foreign language, civics and government, economics, arts, history and geography. Health and physical education are not included. Indeed, many children WILL be left behind if they do not learn how to achieve and maintain health-related fitness skills.

Considerations for Placement

It is generally recognized that a limited numbers of recreation programs are available to learners with ASDs. Learners with ASDs as well as parents and caregivers frequently have no choice of recreational and leisure programs and are forced to settle for any available "recreation" program. Frequently, individuals with ASDs are enrolled in an available recreation program without any consideration for the appropriateness of the match or benefits of participation.

Caregivers are motivated to send their children with ASDs to recreation programs for a number of reasons. Insert #1 depicts decision making activity involved in placement choices. Possible reasons for participation may include: 1) Learning sports-related skills, 2) increasing opportunities for socialization, inclusion, 3) increasing fitness levels, and 4) respite for caregivers.

It is helpful to identify outcome goals before enrolling in any program. Begin with the end in mind (Covey, 1989) and select a setting that will enable a learner with ASD to benefit from participation. It is critical that the activities selected are appropriate in terms of age of the participant in order to minimize disability-associated stereotyping and maximize socialization and community acceptance (Canadian Society for Exercise Physiology, 2002). If your goal is for skill acquisition (e.g., socialization, fitness, learning skills) you may need to plan for additional practice opportunities at home, in school and community environments. You may be a parent and/or a guardian of an individual with ASD and are considering placement in a recreational and respite program for sole purpose of respite care. In this case, make sure the program is safe and the recreational program personnel are aware of your child's needs.



The following is a checklist which can assist you in evaluating a potential recreation site based upon your goals for participation. Use this checklist as you inquire about a potential program from the program provider. We strongly recommend that you observe the program yourself. It is also often helpful to talk to parents and/or professionals who are currently utilizing the services to better inform your decisions.

List goal(s) for participation here:

Can your goal(s) be met in this setting? Yes No

At what percent are the goals met? _____ %

Is this an acceptable level? Yes No

<i>What to look for:</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
<i>Environment and Staff</i>			
Are staff qualifications suited to goal(s) for participation?			
Do you feel welcome?			
Are the supervisors qualified and/or certified (e.g., first aid, CPR, PFT)?			
Does the program meet at a convenient time?			
Are personal management and positive behavioral intervention plans in place for learners who may require them?			
Are locker room and bathroom facilities conducive to privacy and independence?			
Are there policies regarding disclosure/confidentiality?			
Does the program allow a support person at no charge?			
Is there adequate staffing ratio between participants and supervisors in order to support student learning?			
Is there an open door policy for observing during sessions?			
Are facilities and equipment available for video modeling?			
Can the individual's health and fitness goals be addressed in this program?			
Is there enough space?			
Is there an appropriate noise level?			
Are the activities age appropriate?			
Will the individual have opportunities to learn skills that can then be use outside of this fitness or recreation program?			
Is there adequate time for training and transitions?			

<i>What to look for:</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
<i>Instruction and Learning</i>			
Are learners on-task? Are they engaged? Is there limited downtime?			
Is the staff or support person able to properly use the motivation system?			
Can you use an extrinsic motivational system?			
What happens to the disruptive learner?			
What happens to the learner who is drops out or engages in stereotypy?			
Are peer interactions and communication taught or encouraged?			
Are personnel at the site using health and physical activity questionnaires?			
Are proper assessments (e.g., PAR-Q) designed to identify individuals who may require modifications in exercise programs, or need doctor's permission to exercise, in place?			
<i>Evaluation</i>			
Are objective measures of progress in place?			
Do staff members regularly communicate learners' status to parents/professionals? How?			
Are staff members open to trying suggestions and/or accepting feedback from parents or other professionals?			

<i>What to look for:</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
Strategies			
Are research-based intervention strategies available?			
Can clients be responsible for follow up and evaluation, when possible?			
Are self management techniques implemented (e.g., schedules)?			
Can skills be taught through the use of video modeling?			
Can clients be responsible for self-evaluation?			
Are opportunities for choice available?			

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The authors welcome and would appreciate feedback regarding the implementation of this checklist. It is a work in progress. Please contact Jeff Jacobs at: jeffrejacobs@verizon.net. Your time and comments would be greatly appreciated.