

Autism Endorsement: Demonstration of Meeting Subject Matter Knowledge and Skills Verification Form

This form is to be used only by an applicant who is seeking the Autism Endorsement under the following provision:
Candidates with at least three years of previous employment primarily serving students with autism who can demonstrate that they meet the subject matter knowledge and skills requirements set forth in 603 CMR 7.14(5)(d) and possess a prerequisite license as outlined in 603 CMR 7.14 (5)(a) will be exempt from the requirements set forth in 603 CMR 7.14(5)(b) and (c) if they apply and complete all requirements for the endorsement no later than December 31, 2016.

Section 1: To be completed by the applicant

<i>Applicant Name (Please Print)</i>	<i>Applicant Signature</i>	<i>Date</i>	<i>MEPID, License, <u>OR</u> Soc. Sec. #</i>
<i>Street Address</i>	<i>City/Town</i>	<i>State</i>	<i>Zip Code</i>

Section 2: To be completed by the applicant

(d) Subject Matter Knowledge Requirement	Evidence of how applicant demonstrated that they have met this requirement.
1. Understanding of autism including the co-morbid conditions associated with autism spectrum disorders and the differences between a medical diagnosis of autism and the definition of the term autism under state and federal special education laws. Knowledge of the unique characteristics of autism as related to communication, social/emotional development, behavior, sensory processing, cognition, and learning.	
2. Assessment of students with autism including: an ability to identify, administer, and interpret a range of formal and informal tools in a culturally and linguistically appropriate manner that assess the unique strengths, skills (including academic, social, behavioral and adaptive) and learning styles of students with autism ages 3-22.	
3. Knowledge of how ongoing assessment and data collection can be used to inform instruction, services and supports; monitor progress and rates and patterns of skill acquisition; and ensure the maintenance and generalization of skills across settings.	

<p>4. Design of effective educational programs and individual supports based on peer reviewed research to the extent practicable to support students with autism in the least restrictive environment. Knowledge of the range of specialized and individualized instructional strategies and supports for students with autism, including assistive technology, to address: the verbal and nonverbal communication needs; the need to develop social interaction skills and proficiencies including the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for positive behavioral interventions, strategies, and supports to address any behavioral difficulties; and other needs resulting from the student's disability that impact making progress in the general curriculum, including social and emotional skills.</p>	
<p>5. Understanding and supporting the roles of other disciplines and professionals involved in the education of students with autism and facilitating coordination and collaboration of relevant IEP Team members, including parents or caregivers, related service providers and medical professionals, to meet the unique needs of students with autism in a culturally sensitive manner in accordance with M.G.L. c. 71B, §3, ¶16.</p>	

Section 3: To be completed by the Superintendent (if employment occurred in a public school district) or Executive Director (if employment occurred in a non-public school) and Special Education Administrator.

By my signature I verify to the Massachusetts Department of Elementary and Secondary Education that the above named applicant has completed the number of years of employment noted below primarily serving students with autism; and through this employment has successfully demonstrated meeting the subject matter knowledge and skills requirements, as noted in Section 2.

Please note: Employment primarily serving students with autism that was completed outside of the public school district/non public school noted in Section 3, must be verified by the public school district/non public school in which the employment occurred.

Please state the number of years of employment the applicant has completed in the public school district/non public school identified in Section 3, primarily serving students with autism. _____ *Years of Employment*

<i>Superintendent/Executive Director Name (Please Print)</i>	<i>Superintendent/Executive Director Signature</i>	<i>Email or Phone Number</i>	<i>Date</i>
<i>Special Education Administrator Name (Please Print)</i>	<i>Special Education Administrator Signature</i>	<i>Email or Phone Number</i>	<i>Date</i>
<i>Public School District/Non-Public School Name</i>	<i>City/Town</i>	<i>State</i>	<i>Zip Code</i>
<i>*The Department may contact you if additional clarification is needed</i>			
<p>Please note: This document can be uploaded directly into your ELAR account. For directions on how to upload, please visit www.mass.gov/ese/licensure and select the How to Use the ELAR Portal link in the left navigational bar.</p>			