THE KEY
School for Specialised Education
NPO 001-239
Established in 1973

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Information for Prospective Parents 2024

Vision: To be the premier school for children with Autistic Spectrum Disorders (ASD)

1. Admission to The Key School depends on:

- **A primary diagnosis** of autism by a medical professional who is registered with the HPCSA
- The child being between the **ages** of 2 and 13 (inclusive)
- An appointment at the school with your child in attendance when a **screening interview with parents** will take place**.** Parents will be informed on the same day whether the school can meet the needs of your child and you will be given a starting date.
- The submission of all **medical or therapeutic reports** that you may have.

2. Admission procedure

2.1 A **three to four-week observation period** at the school is done as a matter of course. This entails one-on-one assessments and observations which are conducted by a transdisciplinary team consisting of the class teacher, the class assistant, and the principal.

2.2 A **feedback meeting** with the parents takes place at the end of the assessment period when our findings are discussed. You will receive a written report at this meeting. The Individual Development Programme (IDP) process begins at the same time and a draft IDP will be presented to you for approval.

3. Fee structure:

Fees are payable *in advance on the 1st day of the month.* Fees for 2024 are structured as follows:

- R7 140 per month
- Aftercare R1 200 per month – Late collection after 13h30 for non-Aftercare children or after 16h00 for Aftercare children is R50 per half an hour.

4. Classroom Setup

The classes have a maximum of 6 - 8 children in a class. A class is overseen by a teacher and a class assistant.

5. Definition of Autistic Spectrum Disorder preferred by The Key School

DSM-5™ Diagnostic Criteria

Autism Spectrum Disorder (299.00 (F84.0) – Reprinted without permission

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behaviour (see Table 1).

B. Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behaviour (see Table 1).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism

spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

With or without accompanying intellectual impairment

With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor
(**Coding note:** Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder
(**Coding note:** Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder for definition)
(**Coding note:** Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

Table 1 Severity levels for autism spectrum disorder

Severity level	Social communication	Restricted, repetitive behavours
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/ repetitive behaviours markedly interfere with functioning in all spheres. Great distress/ difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behaviour, difficulty coping with change, or other restricted/repetitive behaviours appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For	Inflexibility of behaviour causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper

	example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	independence.

6. Individual therapies which can be provided at medical aid rates

6.1 Occupational therapy

To be able to function, children need to make sense of their world and the messages they receive from it. Relating to people and things in our world involves sensory perception, processing of the information received and the motor and cognitive skills to plan and perform successful interactions. Autism causes difficulties with functioning on various levels which require Occupational Therapy intervention. These are :-

- Sensory impairments that have an impact on perceptions of the world in which they live.
- Levels of attention and arousal are less than optimal, affecting learning and performance levels.
- Learning and storing of information is different and therefore cognitive functioning varies in accordance with visual discrimination and visual motor integration abilities.
- Performance of activities is affected by motor functioning impairments.
- A limited repertoire of coping skills predisposes the child to the development of undesirable and nonproductive behaviours.

Children with autism need a multi facetted, comprehensive treatment programme that relies heavily on the sensory integration approach. Assistance is directed at facilitating registration, planning, organization and execution of normal sensorimotor experiences. Treatment programmes are aimed at identifying elements that have not yet been developed and facilitating these so as to promote increased function across many environments and skill levels.

6.2 Speech and language therapy

Almost everyone diagnosed with an autism spectrum disorder will be recommended for speech therapy. This may seem odd, as many people with autism are extremely verbal. But even very verbal children with autism are likely to misuse and misunderstand language on a regular basis. And even children who are non-verbal can certainly develop communication skills.

Children with autism not only may have trouble communicating socially, but may also have problems behaving. These behavioral problems are believed to be at least partially caused by the frustration associated with the inability to communicate.

Speech therapy sessions will vary greatly depending upon the child and the needs of that child. These are designed to engage the child in communication. Speech and language therapy may include tools and strategies such as AAC and PECS, among others. These tools can be very useful for children with little or no verbal communication skills.

The goal of speech therapy is to:

1. Improve all aspects of communication
2. Improve comprehension of language and words
3. Improve production of sounds and words
4. Improve conversational skills and social conversation pragmatics
5. Encourage and improve spontaneous communication and social communication skills.
6. Facilitate ability to convey feelings, emotions, ideas, needs and wants, whether through verbal or non-verbal methods.
7. Generalize any communication skills learned during speech therapy to multiple situations.

7. **Educational interventions used with all children:**
   The Key School employs the following internationally recognised interventions and techniques to maximise potential:
   - **Academic and pre-academic input** (numeracy, literacy and life skills) is our main focus in the classroom. This input is based on a number of recognised curricula both locally and internationally. For example we use an adapted CAPS curriculum as well as a variety of locally produced special needs curricula. In addition we use curricula developed internationally such as SCERTS (USA) and P files (UK).

Specialised interventions include:

- **TEACCH** is used extensively throughout the school. TEACCH (**T**reatment and **E**ducation of **A**utistic and related **C**ommunication-handicapped **CH**ildren) is an evidence-based service, training, and research program for individuals of all ages and skill levels with autism spectrum disorders. TEACCH builds on the strengths that autism provides children and teaches the important skill of independence. TEACCH has come to be called "structured teaching", emphasizes structure by using organized physical environments, predictably sequenced activities, visual schedules and visually structured activities, and structured work/activity systems where each child can practice various tasks. Parents are taught to implement the treatment at home.
- **Makaton** is used as an approach to communication Makaton is often known as key word sign and gesture. It is system of communication based on a combination of spoken words, sign language vocabulary (originally adapted from British Sign Language), and graphic symbols. The idea is to use key word signing to support the communication development of children or adults who are unable to use verbal communication, or whose speech is difficult to understand.
- **AAC** methodology and devices to aid communication. AAC (**A**ugmentative and **A**lternative **C**ommunication) includes all forms of communication that are used to express thoughts, needs, wants, and ideas. We all use AAC when we make facial expressions or gestures, use symbols or pictures, or write. People with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves. This may increase social interaction, school performance, and feelings of self-worth. AAC users should not stop using speech if they are able to do so. The AAC aids and devices are used to enhance their communication.
- Aspects of **ABA** (Applied Behavior Analysis) is the science of applying experimentally derived principles of behavior to improve socially significant behavior. ABA takes what we know about behavior and uses it to bring about positive change (Applied). Behaviors are defined in observable and measurable terms in order to assess change over time (Behavior). The behavior is analysed within the environment to determine what factors are influencing the behavior (Analysis).
- **DIR/Floortime** - Dr. Stanley Greenspan, a child psychiatrist, has developed a form of play therapy that uses interactions and relationships to teach children with developmental delays, including autism. This method is called the **D**evelopmental, **I**ndividual-Difference, **R**elationship-Based model, or "DIR®/Floortime" for short. Floortime is based on the theory that autism symptoms are caused by problems with brain processing that affect a child's relationships and senses, among other things. With Floortime, the child's actions are assumed to be purposeful. It is the parent's or caregiver's role to follow the child's lead and help him/her develop social interaction and communication skills.

- **PECS** (**P**icture **E**xchange **C**ommunication **S**ystem)- A communication system which uses picture cards that offer individuals with autism the ability to communicate needs, desires, and even ideas without the need for spoken language. Since many people on the autism spectrum tend to learn visually, it makes good sense to communicate with images. Just as important, images are a universal means of communication -- and they are just as understandable by strangers or young peers as by parents or therapists.
- **Social stories** - One of the central educational issue for autism students (both in the classroom and at home) is a deficit of social skills. Teaching social skills often becomes a primary focus in working with children with autism. Success in teaching social skills can increase self-confidence and lead to positive results in other areas of the classroom for these students. Social Story modeling is a powerful teaching strategy with children with some form of autism. A social story is a story that depicts some particular social skill being acted out (or modeled). A good social story will focus on a particular social situation or interaction. A trip to the store, meeting a new person, or going to the school lunchroom with your class - these are all good examples of situations a social story might focus on. The story serves a number of purposes.
    - It provides details and information for the child reading the story - important because autistic children often find social situations confusing.
    - It provides the child with a list of the events and interactions that they will have to negotiate in a particular social setting.
    - It spells out expected behaviors for the child and explains why those behaviors are expected.
    - Sometimes a social story will explain the consequences of not meeting those expectations

  The most important aspect of a social story is that it provides a student with a role model. The main character of a social story should be someone the student can identify with. The main character can then model success in a social situation for the child that reads the story
- **Music intervention** - Music intervention is particularly useful with children with autism owing in part to the nonverbal, non threatening nature of the medium. Parallel music activities are designed to support the objectives of the child as observed by the therapist or as indicated by a parent, teacher or other professional. A music teacher might observe, for instance, the child's need to socially interact with others. Musical games like beating a drum to music or playing sticks and cymbals with another person might be used to foster this interaction. Eye contact might be encouraged with imitative clapping games near the eyes or with activities which focus attention on an instrument played near the face. Preferred music may be used contingently for a wide variety of cooperative social behaviors like sitting in a chair or staying with a group of other children in a circle.
- **Life skills development** which includes regular outings which help to desensitize children to outside, and sometimes overwhelming, stimuli. It also helps to develop appropriate behaviour and social interactions in a variety of contexts.
- **Early intervention (EI)** which incorporates toilet training (if needed), the establishment of routines and the setting of boundaries. EI is effective and can be critical for improving development, language ability and social interaction and it can lessen anxiety-causing sensory anomalies.
- **iPad and computer technology:** We have introduced iPads into our intervention for good reasons. Parents and educators say the ease of use, visual impact and intuitive nature of a touch screen, combined with the portability and "cool factor" of a tablet computer, have led to near-miraculous breakthroughs for children with a variety of disabilities. "These tablets are giving

children a voice," said Gary James, a Connecticut father who started a website to review apps for children with special needs, based on his own experience with a 6-year-old son, Benjamin, who has autism.

For some children with autism, experts say, images on a computer screen draw closer attention than pictures on paper. For older children, a sleek tablet does not carry the stigma of bulky, conspicuous special education equipment.

Most importantly, a touch screen eliminates the difficulty that a child with autism or motor disabilities might have with manipulating a keyboard or understanding the connection between a mouse and cursor. "All you need is a finger on the screen. There's no disconnect," said Shannon Des Roches Rosa, a Redwood City blogger and mother of a 10-year-old with autism; her son Leo is learning to recognise words and read them with the help of iPad apps.

- **Toilet training:** We begin toilet training very young children and we have much success in this important life skill.
- **Swimming:** Swimming occurs during the first and fourth terms in a heated pool at a local school.

8. Staff

Only staff with appropriate academic and professional qualifications and experience are employed at The Key School.

- A basic teaching degree is the minimum requirement for educators and registration with relevant professional bodies (SACE for educators, HPCSA for therapists) is compulsory. Attendance at autistic-specific workshops, seminars and conferences is compulsory throughout the year and staff are guided towards the latest international research and trends in the world of autism.
- Class assistants are provided with continuous training and matric is a requirement for them. A qualification in Child Care will be a minimum requirement from 2013.

9. Outreach

The school is continually improving its outreach portfolio. Present outreach takes the form of:

- Outside assessments
- Visits by university speech and ECD students
- Outside consultations
- Open Days
- Training courses
- Registration with and sharing of the mission with the national organisation Autism South Africa (ASA)
- Registration with the Independent Schools Association of South Africa (ISASA)
- Publishing of articles in education magazines, mainstream magazines and newspapers.
- Interviews on national and international TV and radio.
- Participation in World Autism Acceptance Month in April of every year.

10. Other services

Other services offered include:

- Parental support and counseling
- Regular parent information sessions once a term
- Fun days
- Parent Teacher Association

- Autistic-specific websites, information and resources
- **Diet –** parents are directed to a nutritionist who specialises in children with autism to manage a gluten, casein and dairy-free diet or to improve eating patterns.
- **Collaboration with parents** is an important part of working with our children. A collaborative parent-school relationship is based on parents and teachers understanding each other's perspectives and realities. It is important for parents to have a clear understanding of their child's school program, the roles of staff members and how individual classrooms meet the diverse needs of all the students. It is equally important for teachers and school staff to have an understanding of the experiences families go through in living with children with ASD, the interventions they access and the important role that schools play in families' lives. With these understandings and a commitment to collaboration, parents and teachers can work together to create positive and effective educational programs for students. Each family is unique and has different experiences obtaining a diagnosis, and planning for and adapting to meet the needs of a child with ASD.

11. Individual Development Programmes (IDPs)

IDPs are developed with parents for each child. These programmes consist of learning outcomes (goals), assessments standards, and techniques, activities and resources and are developed with parental involvement. It is the IDP that guides the classroom and therapeutic interventions and covers areas such as literacy, numeracy, life skills, gross and fine motor skills, emotional and social development.

12. Hours and snacks

- The school hours are from 08h00 until 13h00 (the gates open at 07h00). Aftercare is from 13h30 until 15h30 with a teacher on duty and until 16h00 with support staff on duty.
- Children are to bring their own snacks and lunch for Aftercare. Healthy snacks are to be provided such as sandwiches, fruit, yoghurt, juice and leftover supper. No sweets, biscuits, cakes or fizzy drinks are allowed.

13. School uniform

Children are required to wear school T-shirts with navy blue pants or jeans/skirts. T-shirts are available at the school – short sleeves for summer and long sleeves for winter. Tracksuits are worn in winter and are also available from the school. Closed sandals are required to be worn in summer and black shoes in winter.

14. Suggested reading/websites

- *Thinking in pictures* by Temple Grandin
- See Jessica Kingsley website for more books
- Good websites include Autism SA, About Autism, Autism Today, the UK NAS website, Autism Speaks etc.