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RESEARCH BASED RECOMMENDATION: EFFECTIVE PARENT ADVOCACY FOR STUDENTS WHO ARE TWICE-EXCEPTIONAL, ACADEMICALLY GIFTED WITH AUTISM

An Honors Thesis

Presented to

The College of Liberal Arts, Education and Human Development

Of The University of New Orleans

In Partial Fulfillment

Of the Requirements for the Degree Bachelor of Science, with University High Honors And Honors in Education and Human Development

By

Tara Kennedy

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Abstract

This thesis's purpose is twofold. The first purpose is to present both information about what twice-exceptionality is and to make recommendations based on the existing research as to how parents or guardians can become more effective advocates and advocate for effective programming and services for their children who are twice-exceptional. While this thesis focuses on a specific subset of twice-exceptional students, those who are both gifted and have autism, a good deal of the material presented will be applicable to children who are gifted with learning disabilities. Effective parent advocacy looks the same across exceptionalities: producing the best educational experience based on the child's unique needs. Strengths-based programming has been demonstrated to benefit twice-exceptional students no matter the disability, however the areas of deficit will vary depending on the specific disability a child has and his/her unique learning profile. The resources for information on special education law and twice-exceptionality will be useful to parents regardless of the twice-exceptional child's disability.

The second, and I feel most important, purpose of the thesis is to provide those parents/guardians with a "Quick Start Guide to Advocacy" to help them get started on the path to becoming the most effective advocate they can be for their child(ren). While educators and school administrators are expected to have a solid understanding of the rights and responsibilities of all stakeholders, many times parents are thrust into the world of special and gifted education with no preexisting knowledge. The aim of this thesis is to help bridge this gap for parents and guardians of this unique subset of students.

Keywords: twice-exceptional, 2e, gifted, autism, parent advocacy, education, special education,

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Introduction

The journey into twice-exceptionality advocacy is a journey into the world of gifted education and special education. Those can seem as whole new worlds, especially for parents or guardians whose only previous experience with the educational system is as a student themselves. Special and gifted education have laws, requirements, and vocabulary unique unto themselves. They even require their own special certifications for teachers beyond the standard certifications, one for gifted and one for special education. To complicate matters further, the guidelines for identification of disabilities such as autism in the educational setting can differ from the clinical diagnostic criteria.

This specialized terminology often becomes a barrier for many parents and guardians attempting to learn about their child's unique needs and gifts. The goal for this thesis is to serve as a "Quick Start Guide to Advocacy." This paper will present what the research has found regarding identification of twice exceptional children, parent advocacy of twice-exceptional children, and suggested best practices parents should consider advocating for; it will then present information and resources which research suggests parents need to become more effective advocates. For the sake of brevity, those advocating for children will simply referred to as parents. This isn't to discount those non-parent guardians who step up to advocate on behalf of the children in their care, but simply to be more concise.

Definitions and Diagnosis/Identification

The variations and specialized terms require setting the stage for any discussion about special and gifted education by examining the definitions which guide the identification of giftedness and autism in the educational setting, and how such identifications are made. This discussion should begin with the definition of twice-exceptional.

Twice-Exceptional

Twice-exceptional is a label used to refer to a student who is determined to be both gifted and/or talented and has some sort of disability. For the purposes of addressing how gifted/talented intersects with autism, the best working definition I have found of twiceexceptional students is "gifted and talented students who have learning difficulties and/or social impairments" (Assouline & Foley Nicpon, 2007, p. 9). The concept of twice-exceptionality is a relatively new one in the educational sphere because of the persevering nature of the Terman Myth (Brody & Mills, 1997). This myth was based on the research of Lewis Terman with gifted children in the early 1900s. Terman proposed gifted children are healthier, better looking, more muscular and athletic, and that "intelligence [is] a single, global construct," (Dare & Nowicki, 2015, p. 210) which precludes the idea of intellectual giftedness existing in conjunction with a disability. So while twice-exceptionality is different from either giftedness or a disability, it is not, however, directly addressed in educational laws or regulations. What schools and parents are therefore forced to rely on are the guidelines for special education to address the disability, and gifted education to address the child's giftedness. This unfortunately fails to address the unique ways in which the disability and giftedness interact for each individual child, as will be explored later.

Intellectually Gifted

In the educational setting, the federal definition of gifted and talented children is: "children and youth who give evidence of high performance capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities" (Jacob K. Javits Gifted and Talented Students Education Act, 2001). Because gifted/talented education is neither regulated nor funded by the Federal government, criteria for being identified as intellectually gifted are determined by the state or district. Determinations are generally made based on a minimum Full Scale Intelligence Quotient (FSIQ), or a matrix combining FSIQ, academic achievement, and creative tasks. IQ tests which might be administered are generally the Wechsler Intelligence Scale for Children, 4th Edition (WISC-IV), Stanford-Binet (L-M), or the Woodcock–Johnson Tests of Cognitive Abilities. It is important to note, not all IQ tests are created equal. For example, the Kaufman Assessment Battery for Children (KABC-II), was designed to account for cultural and linguistic differences for minority groups and was not designed to test for giftedness. The IQ scores of gifted children assessed with this instrument might result in inaccurate lowered scores (Hoagies Gifted, Inc.). Tests of academic achievement generally administered are the Woodcock Johnson Test of Achievement, Iowa Test of Basic Skills (ITBS - grades K-8), or other norm-referenced academic achievement tests determined by the district to be adequate. These tests are administered by the school psychologist, an educational diagnostician, someone the school contracts to administer tests, or an outside agency the parents might hire. The critical point to remember for any evaluation a school will do is it is conducted by a multidisciplinary team of professionals. The members making up the team will vary from school district to school district.

Autism

The educational definition for autism differs from the clinical definition. In the clinical setting, autism is defined by the Diagnostic and Statistical Manual of Mental Disorders which was recently updated to the Fifth Edition (5th ed.; DSM–5). This clinical definition merits a diagnosis of autism if the criteria are met. An evaluation and subsequent diagnosis of autism are generally done by professionals such as developmental pediatricians, child psychiatrists or

psychologists, or pediatric neurologists. A parent would typically seek a referral to one of these specialists from the child's primary care doctor. For example, when I first developed concerns about my oldest child's development, I spoke to his pediatrician and got a referral to the local children's hospital that has an autism center. After an initial phone screening, it took about a year to schedule an appointment for the full evaluation. Such an evaluation will generally include screening tools or diagnostic measures such as (depending on age): Autism Diagnostic Observation Schedule (ADOS), Gilliam Autism Rating Scale – Second Edition (GARS-2), Modified Checklist for Autism in Toddlers (MCHAT), Screening Tool for Autism in Toddlers and Young Children (STAT), Autism Diagnosis Interview - Revised (ADI-R), or Childhood Autism Rating Scale (CARS). They will also complete rating scales for adaptive behavior like the Behavior Assessment System for Children, Second Edition (BASC-2), and a FSIQ like the ones mentioned for gifted evaluation. The diagnostic criteria for autism spectrum disorder from the DSM-5 can be found in Appendix A. The criteria involve deficits in social interaction and communication as well as "restricted, repetitive patterns of behavior, interests, or activities" (American Psychiatric Association, 2013). The symptoms must be present in early childhood, though the criteria do make allowances for later onset of the full manifestation of symptoms.

In the educational setting, there is a marked difference in the definition of autism used for identification purposes. One should also note the terminology used. In a clinical setting, one speaks of "diagnosis," but in the educational setting autism is "identified." The federal educational definition of autism is:

a developmental disability significantly affecting verbal and nonverbal communication and social interaction, usually evident before age 3 that adversely affects a child's educational performance. Other characteristics often associated with ASD are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected because the child has an emotional disturbance [34 C.F.R. 300.8(c)(1)] (Individuals With Disabilities Education Act, 20 U.S.C. § 1400, 2004).

The most obvious difference in the definitions is the addition of the phrase "that adversely affects a child's educational performance" in the federal wording. This can present problems in identification in the educational sphere when the student is also gifted, even more so as giftedness and autism can look very similar on the surface, but with notable differences.

Advocacy: Why and What

Why Advocate?

Why do parents advocate? Parents' goals for their child(ren) are generally very simple. They want their child to be happy and to reach their potential (Besnoy, et al., 2015; Duquette, Fullarton, Orders, & Robertson-Grewal, 2011; Duquette, Orders, Fullarton, & Robertson-Grewal, 2011; Rubenstein, Schelling, Wilczynski, & Hooks, 2015; Wang, 2015). Parents advocate because they fear "without appropriate interventions or accommodations, these students may not reach their potential" (Besnoy, et al., 2015, p. 116). But determining the appropriate interventions or accommodations is not that simple, especially for students who are gifted with autism. Gifted children are often described as being asynchronous in their development, meaning they exhibit social/emotional, cognitive, and executive function skills with widely varied development. It would not be unusual for a 12-year-old gifted child to be reading at a college level, solving math problems at a 9th grade level, and display the social/emotional maturity of a typical 7th grader. Therefore, if gifted children can be described as asynchronous, twiceexceptional children could be thought of as asynchronous squared; students with autism who are gifted are both intellectually advanced, but socially delayed (Rubenstein, Schelling, Wilczynski, & Hooks, 2015).

The quest for appropriate accommodations and interventions can be further complicated in terms of getting twice-exceptional children identified as both being gifted and having a disability, specifically autism. There is a noticeable lack of research regarding the population of students who have autism and are gifted. According to Foley Nicpon (2011), in the 20 years between 1990 and 2009, only four empirical studies were done studying students who were gifted with autism. Furthermore, one empirical study done to determine school personnel's familiarity with the concept of twice-exceptionality determined over one-third to one half of school psychologists and classroom teachers surveyed, respectively, had only a passing familiarity or were not aware of the concept that students could be both gifted and have a disability (Assouline & Foley Nicpon, 2007). The implication of this is many instructors, and even specialists within the school, might not be aware of the characteristics of twice-exceptional students (Assouline & Foley Nicpon, 2007) which can lead to students not being identified as either gifted, on the autism spectrum, or as twice-exceptional. In fact, one study found that only 56% of students who were twice-exceptional were actually identified as such by their school (Yssel, Prater, & Smith, 2010). Studies have also shown students with very high IQ and autism are at risk for not being referred for either condition (Assouline, Foley Nicpon, & Doobay, 2009) while other studies have indicated teachers are less likely to refer students for a gifted identification or gifted education if the student is already identified as having a disability (Bianco, 2005; Minner, 1990; Tallent-Runnels & Sigler, 1995). While gifted teachers seem to be most knowledgeable about the characteristics of twice-exceptional students, they often don't interact with students who have not been identified as gifted and therefore wouldn't know to refer them for an evaluation (Assouline & Foley Nicpon, 2007). Children on the spectrum often have comorbid symptoms of hyperactivity, inattention, and obsessive-compulsive behaviors

(Kalbfleisch & Loughan, 2012) which can further complicate the process of identification. Teachers and support persons might struggle to determine if a child's behavior is due to ASD, some other learning challenge, or to giftedness (Rubenstein, Schelling, Wilczynski, & Hooks, 2015). Gifted children and children with ASD can present behaviors that at first glance seem the same, but upon further inspection reveal subtle and not so subtle differences. Appendix B is a pre-referral screening tool that delineates some of the behaviors typically displayed by children on the autism spectrum and those who are gifted. This can be a useful tool for both parents and educators to start assessing what a child's unique profile might look like and to consider when designing RTI procedures. Some might lean more heavily to indicators of giftedness, others to ASD, or it might be a perfect split. No matter what the results are, it is a good starting point to use to discuss with educators and a child's primary care physician if seeking an evaluation referral. With all the complications of identifying twice-exceptional students, students are at risk for not being identified as twice-exceptional.

Brody and Mills (1997) recognized three categories of unidentified twice-exceptional students. The first was students who are identified as gifted, but have not been identified as having a learning disability. These students' giftedness masks the learning disability, and the students' struggles are unrecognized. The second category is the student who is identified as having a learning disability, but has not been identified as being gifted. This student's struggles mask their giftedness. The final category is the student whose giftedness and learning differences mask each other. This student usually presents as an average student, who some teachers or the parents suspect as capable of more, but might perceived as "lazy." As one study described it, "gifted students with ASD who have discrepancies between their educational performance and ability potential will simply look like they are getting by in school, instead of displaying

academic underachievement" (Assouline, Foley Nicpon, & Dockery, 2011, p. 1788).

Identification can be further complicated by the fact that 90% of students with autism exhibit a discrepancy between ability and academic achievement (Estes, Rivera, Bryan, Cali, & Dawson, 2011). In a gifted identification system which utilizes a matrix including academic achievement, this can create a barrier to identification. Identification of giftedness can also be hindered by the IQ subscale profile often present in children who are gifted with autism. One model of identifying learning disabilities is the discrepancy model. The model is characterized by a discrepancy of 15 or more points between Verbal IQ (VIQ) and Performance IQ (PIQ) (Kaufman, 1990; Wechsler, 1999). PIQ includes subtests for working memory and processing speed, areas of deficit for many children on the autism spectrum. Some psychologists will say this subscale scatter renders the FSIQ results uninterpretable (Rubenstein, Schelling, Wilczynski, & Hooks, 2015), but the presence of subtest scatter, and a clearer picture of a student's cognitive strengths and weaknesses can be invaluable in determining interventions and accommodations that can be of the most benefit to a student. Identification can also be challenging because student's FSIQ can be depressed because of the characteristic areas of weakness (Dare & Nowicki, 2015). When it comes to developing a student's educational profile, "[f]or students with complex neuropsychological profiles, such as with ASD, RTI and curriculum-based assessments may not be enough" (Assouline, Foley Nicpon, & Dockery, 2011, p. 1788).

The Need for Parent Advocacy

Parents might be forced to enter the advocacy arena as early in the process as getting the school to do an evaluation to identify giftedness, autism, or twice-exceptionality. In one study of parents of twice-exceptional children, most of the parents recognized their child's precociousness at an early age, say by 3 years old, but it was another 2 years or more before they started

recognizing manifestations of a learning disability (Besnoy, et al., 2015). In many cases studied, it is the parents who initially root out the cause of their child(ren)'s struggles (Dare & Nowicki, 2015). In much of the research found, parents took their children to professionals outside the school to get a diagnosis of autism or giftedness, because of school officials' refusal to provide evaluations (Besnoy, et al., 2015; Dare & Nowicki, 2015). While some schools will respond to outside diagnosis/identification (Dare & Nowicki, 2015), some parents discovered the school might refuse to accept the diagnosis of an independent specialist (Besnoy, et al., 2015).

Taken with the previously mentioned research indicating many educators are unfamiliar with the concept of intellectually gifted students with disabilities (or students with disabilities being intellectually gifted), it becomes apparent why parents are often leading the push for identification for their child. This push for identification is indicative of why parents start advocating for their child in general. At the outset of the special education/gifted education journey, parents approach the school with the expectation and the belief that once the school is aware of the child's needs, the school will provide the appropriate support and accommodations for their child. Parents believe in the expertise of teachers and school officials, and believe the school will act in the best interests of the child. However, in due course parents come to the point where they start to question the school's expertise and intentions (Besnoy, et al., 2015). As parents start to witness acts contrary to those beliefs and expectations, as they have to start negotiating for the services and interventions they believe their child needs, they begin to experience frustration and anger. "Parents felt that they should not have to fight, and that school officials should diagnose their child's exceptionalities and automatically implement proven interventions" (Besnoy, et al., 2015, p. 116). But what are appropriate accommodations and interventions/services? If the school isn't automatically providing the appropriate interventions,

if teachers or administrators might not even know what the appropriate interventions and accommodations for a twice-exceptional child might be, how do parents know what to advocate for? Further, in the event the parent successfully advocates for certain interventions, there can still be issues with teacher follow through on agreed upon assistance (Yssel, Prater, & Smith, 2010). Parents have a variety of concerns regarding their child's education when their child is gifted or has autism. As mentioned previously, there is scant research focusing on twice-exceptional children who are gifted with ASD or regarding their parent's advocacy experiences, but the research focusing on either exceptionality singularly shows parents have concerns in common in these six categories (Rubenstein, Schelling, Wilczynski, & Hooks, 2015):

- 1. Is school able to meet their child's needs?
- 2. Are the teachers and professionals properly trained, available, and qualified?
- 3. Is there effective and quality communication and collaboration between the school and the family?
- 4. Is the child provided quality social opportunities in the school environment?
- 5. Are the programs or services being provided were done so consistently, and not eliminated?

6. Is the parent capable of performing as an effective advocate (parental self-doubt)? Studies have shown that collaboration between parents and the school is the hallmark of effective advocacy (Duquette, Fullarton, Orders, & Robertson-Grewal, 2011; Duquette, Orders, Fullarton, & Robertson-Grewal, 2011; Neumeister, Yssel, & Burney, 2013) and that collaboration increases academic achievement, school attendance, and graduation rates (Besnoy, et al., 2015). Parental involvement is such a key factor in exceptional student success that IDEIA (Individuals with Disabilities Education Improvement Act), the federal statute which governs special education law, has provisions which ensure parental involvement in the educational planning of their child. There have been numerous studies which outline the processes, stages, and components of effective advocacy (Besnoy, et al., 2015; Duquette, Fullarton, Orders, & Robertson-Grewal, 2011; Duquette, Orders, Fullarton, & Robertson-Grewal, 2011; Duquette, Stodel, Fullarton, & Hagglund, 2011; Rubenstein, Schelling, Wilczynski, & Hooks, 2015).

Four Stage Model for Advocacy

For the purposes of this thesis, the four stage model of advocacy experiences delineated by Duquette et al (2011) will be utilized. The study by Duquette, Orders, Fullarton, and Robertson-Grewal looked at parents of gifted students, but it was done to confirm the findings of a study about the advocacy experiences of parents whose children had Fetal Alcohol Syndrome (Duquette, Stodel, Fullarton, & Hagglund, 2011). This model is therefore appropriate for the purposes of this paper, as it has been found to hold across advocacy for both giftedness and special education. It is presented here to give a framework to the activities a parent engages in when advocating. The authors categorized the activities of advocacy into four stages: awareness, knowledge seeking, presenting the case, and monitoring. The authors also point out the advocacy never really ends, and is not necessarily sequential, meaning parents can be involved in all four stages of advocacy at the same time.

The first stage of advocacy is awareness. In this stage, parents become aware there are differences between their child and the child's peers. This is not necessarily a onetime occurrence, but can happen over time or parents may find themselves in this stage of advocacy repeatedly. As stated previously, there is, on average, at least a two-year gap between the parent's recognition of their child's giftedness and suspecting a need for special education

because of a disability (Besnoy, et al., 2015). Therefore, awareness of the child's giftedness and autism could occur at different discreet times. Parents may become aware their child seems gifted themselves, or the school might bring it to the parents' attention and request to test for giftedness. Parents whose children are struggling in school with academics or behaviors might be contacted by the school for permission to perform an evaluation. There are also, as previously mentioned, additional behaviors and comorbid disorders which tend to present with both giftedness and ASD. These concerns can develop over time or become problematic as the academic and executive functioning demands of school increase. New awareness can be ongoing as new concerns are uncovered by either the school or parent. Once parents become aware of a child's differences, they can begin to engage in the knowledge seeking activities of advocacy.

Knowledge seeking occurs when parents seek knowledge about the ways their child differs from his/her peers. Parents want to understand the specific ways in which their child is different from his/her peers, which leads them to seek out knowledge about their child's exceptionality, whatever has been identified/diagnosed at that point or is possibly suspected. For example, the school might request to do an autism evaluation, so the parent will start gathering information about autism. Research indicates that when parents begin the advocacy process, they are unsure of school processes and what services might be available to their child (Neumeister, Yssel, & Burney, 2013; Noh, Dumas, Wolf, & Fisman, 1989; Matthews, Georgiades, & Smith, 2011; Turnbull & Turnbull, III, 1997), so they seek out information from a variety of sources such as books, the internet, and other parents or support groups (Duquette, Orders, Fullarton, & Robertson-Grewal, 2011; Besnoy, et al., 2015). The types of information parents are searching for are things like what autism is and how it's diagnosed/identified, what kinds of things parents can do to help children on the spectrum, and what sorts of services should schools provide to

gifted students. This stage is often ongoing, as parents are constantly searching for new, more current information. Parents then take their newly gained knowledge into the next stage of advocacy: presenting the case.

In the presenting the case stage of advocacy, the parents negotiate with the school to have their child's educational needs met. This involves activities like requesting evaluations for identification, or requesting particular programming, services, accommodations, or modifications to the environment or the coursework. Parents in this stage are attending meetings and educating their children's teachers. This might seem strange, parents educating the educators. In truth, parents are the experts on their children. Parents spend considerably more time with their children than do teachers and understand their child's unique needs better than the teachers. Furthermore, many educators are not taught in undergraduate school about how to accommodate for gifted children, and unless they sought certification in special education, they only received a basic introduction in how to accommodate for students with learning disabilities, and there was no focus on one disability in particular, such as autism. A very large portion of a parent's job of advocating is to present the child's needs to the school, needs which are unique to the child based on their strengths/weaknesses profile, in order to have the school meet those needs. After the parent and school have negotiated an IEP, parents move into the fourth and "final" stage of advocacy: monitoring.

The monitoring stage is the stage in which the parent is evaluating if the school is meeting his/her child's needs. They are not only monitoring if the school is providing the services agreed to in the IEP, but also if the agreed upon interventions, modification, services, and accommodations are having the desired results. Ideally, the efficacy monitoring is done in conjunction with the school as the school is required to monitor progress as part of the IEP process. This is ideal because it fosters positive communication between school and the parents, a key factor of positive advocacy (Assouline & Foley Nicpon, 2007). Parents also monitor progress when they are not granted the interventions, modifications, services, and/or accommodations they request. This monitoring and the information collected can be used to inform both further research (knowledge seeking stage) and to help build a stronger case when negotiating for the services, interventions, modifications, or accommodations at a later date (making the case stage).

Effective Advocacy and Barriers to Effective Advocacy

What does it take to be effective in all these stages, as parent advocacy has been found to be critical to twice-exceptional student success (Konza, 1998)? Research indicates that there are three key factors to being an effective parent advocate: parental responsibility, positive relationships, and knowledgeable parents. The research also indicates that parents may struggle with barriers to achieving these efficacy goals, and ways to overcome said barriers.

Parental Responsibility

Parents first need to accept two responsibilities to become effective advocates (Neumeister, Yssel, & Burney, 2013). Parents need accept the responsibility of recognizing and understanding their child's unique needs. It is the parent's responsibility to develop this understanding and then communicate it to the other stakeholders (general education teachers, gifted teachers, special education teachers, and other involved professionals). Referring back to the making the case stage of advocacy, parents are going to have to educate the educators. The second responsibility parents must accept is they, the parent, share a major role in fostering their child's academic success. Teachers will have the child as a student for a year. Administrators will have the child as a student in their school for possibly a couple of years. Parents are parents for a lifetime. Parents have to view their child's success as their personal responsibility. A child receives their education through the teachers and the school, but it is the parent's responsibility to ensure it happens in a manner appropriate for the child's strengths and areas of struggle.

Barriers to Parental Responsibility

As was stated previously, parental involvement has been deemed so vital to exceptional children's success, that the federal government has legislated that parents have the right to participate in educational decision making in regards to their children. Stated another way, IDEA (Individuals with Disability Education Act) guarantees that parents are given the *opportunity* to participate, but does not require parents to do so. For parents not familiar with the processes of special education or with no idea how vital their input is, parents might feel as if they are not actually welcome or needed at the discussion table. Parents from lower income families from a racial or ethnic minority group might feel uncomfortable voicing an opinion to school officials (Crozier, 1999).

Some schools might even infer to the parent that they are not needed, when in actuality teachers and administrators should be doing the exact opposite. Teachers and administrators have a moral obligation to educate parents as to how important their role and expertise are to ensuring children experience the greatest chance for success. These school employees should be emphasizing to parents that they are, in fact, experts in regards to their children's strengths, weaknesses, and needs. Teachers should be seeking out parental input even outside of the bureaucratic goings on. Teachers can help to put parents are ease by soliciting opinions on simple things, such as what types of books their child might like to read, easing the way for

parents to present their input at other times. Teachers can tell parents, "I might be the expert on (reading, writing, algebra, etc.), but *you* are the expert on your child. No one can know them as well as you." But parents need to be empowered to be full members of the educational team, even if the school culture isn't welcoming. In fact, in such situations where the school is being difficult, parental involvement is likely even more important.

Positive Relationships

The research also has found in order for students to be successful, there needs to be a positive relationship between their parents and the school (Wang, 2015). Positive collaboration requires that teachers develop an understanding of each child's unique strengths and areas for growth, and parents are the best source for this information. I cannot reiterate enough that parental expertise should to be sought out and respected in the development of a successful plan for a twice-exceptional child. Successful inclusion requires the collaboration between parents, teachers, specialists and therapists (Konza, 1998), and parents should utilize the professional knowledge and skills of gifted/talented instructors, special education teachers, general education teachers, and counselors to maximize student success (Yssel, Prater, & Smith, 2010). By soliciting these professionals' input, parents can build and strengthen those collaborative partnerships. Parents also educate themselves as to the professional's responsibilities and roles as a member of the student's support team. As mentioned previously, student success requires good relationships between the child and his/her teachers as well. A positive child/parent relationship is difficult to maintain if the parents and teachers dislike each other and have a contentious relationship. Parents should be cognizant of the need for their child to have that positive relationship with their teacher and help their child develop and foster it.

Barrier to Positive Relationships

Throughout the research, there is evidence that parents might struggle to create and maintain a positive, collaborative relationship with the school and teachers. As has been previously stated, many parents start advocating for their child in response to the perceived failings of the school as a whole or of individual teachers, after having placed faith in their belief the school was acting in the best interests of their child. Therefore, it stands to argue that parents enter into the active advocacy arena frustrated and very likely upset with the people they need to work with for the benefit of their child. So as parents begin to engage in the activities of the stages of advocacy, this issue may become compounded: "As they became more educated, parents realized many school officials were violating state rules and regulations...These parents were upset to learn that if they did not educate themselves and become strong, vocal advocates, then school officials could easily violate laws or mislead them about the regulations" (Besnoy, et al., 2015, p. 117). This could be simply because the school officials are unaware /uneducated about the laws themselves, and not necessarily that the school has nefarious intent. No matter the reason for the school giving incorrect information, it strikes a blow to the already shaken confidence the parents have in the school's trustworthiness, and presents a barrier to positive school/home collaboration. Tensions can also arise from the parental side of the relationship if accommodations, services, modifications, or inventions are refused, or are not provided after having been agreed upon. Parents need to view the school as partners in the educational process for their child. If at all possible, and sometimes it is not, parents need to work to avoid an "Us versus Them" mentality.

The barriers to a positive school/parent relationship might not arise from the parental side alone. Parents should be aware that "[a]lthough school officials typically encourage parental involvement in the education of their children, educators could view the vigilant nature of parental efforts as obstacles to collaborative partnership" (Besnoy, et al., 2015, p. 119), and some teachers may feel like parents are questioning their "professional judgement." Parents need to be cognizant of this possibility and can actively work to counter teacher and administrator negative feelings. By actively soliciting teacher, administrator, and other team member input and advice, parents can express that they value other team member's expertise and opinions.

Parents often begin advocating from a place of emotions. Parents need to move beyond the emotional state and be able to present their case in a logical, evidence supported manner. Approaching the collaboration process with the school in a business-like manner, as the child's "educational project manager" (Wright & Wright, 2011) is the most effective approach to get a child's needs met. Outside advocacy assistance can help establish or maintain a positive school/parent relationship by acting as a buffer or helping to support the parental position. This can help the parent not feel "ganged up on" during meetings because they are not the only party arguing their position.

Knowledgeable Parents

Finally, the research has found parents are able to effectively advocate *only* after they had educated themselves to effectively communicate in the educational arena and to possess knowledge of their rights (Besnoy, et al., 2015). Parents "need to be fluent in exceptionality-specific jargon, vocabulary, and procedures" (Besnoy, et al., 2015, p. 119) because it "became apparent that the parents' lack of special education-specific vocabulary hindered their ability to

effectively communicate as equal members of the...team" (Besnoy, 2015, p.118). This also includes becoming familiar with special education and gifted education law (Yssel, Prater, & Smith, 2010). From personal experience, I would add parents also need to know what they should be advocating for. By that, I mean what placement, services, accommodations, modifications, and interventions should parents be advocating for. It is all well and good for parents to be knowledgeable about the educational acronyms, special education law, and how to navigate the world of special and gifted education, but how do they know if the services, modifications, and accommodations, are appropriate if they are not knowledgeable? There are proven effective services, accommodations, modifications, and assistive technologies which benefit gifted students, students with autism, and twice-exceptional students, depending on the student's unique areas of strength and areas for development. Parents need to educate themselves on their child's unique educational profile and the educational best practices for their child's profile.

Barriers to Parent Knowledge

Parents often come into the role of advocate with limited resources and even more limited knowledge (Besnoy, et al., 2015) and there is often a considerable knowledge gap between teachers and parents when parents begin their advocacy journey (Crozier, 1999; Hess, 2006; Phillips, 2008). Parents enter the realm of advocacy with limited understanding of professional and educational vocabulary. They often didn't understand or know the policies the school was using to justify why decisions were made, and they didn't know their legal rights (Besnoy, et al., 2015). Rubenstein's (2015) research echoes concern over parents' lack of professional knowledge, while Phillips (2008) categorized parents' struggles into three different categories: lack of understanding about their child's disability, lack of knowledge about educational

outcomes, and difficulty collaborating with the school. When parents recognize they don't have all the knowledge necessary to effectively advocate, they begin to educate themselves.

However, when parents begin to try to educate themselves, a large part of the challenge they face is they often don't know what they don't know. They go into their self-educating journey not knowing what information they need to be researching and educating themselves on in order to be effective in their role of advocate (Besnoy, et al., 2015). Parents are thrust into an ocean of information, and expected to determine useful information from information which won't reap benefits. As stated previously, parents gather information from a variety of sources such as books, the internet, and other parents or parent support groups. But this process is ineffective and time consuming. Websites vary in the reliability of the information presented. Books can range from scientifically dense with information difficult to understand to pseudoscience drivel, with the accurate and accessible books hidden amidst them. Parent support groups can be a great source of emotional support but can vary greatly in the amount of educational/legal support or advice available.

An additional challenge arises when parent advocates start researching the laws governing gifted and special education. This proves challenging because, as mentioned, gifted education law varies from state to state. Some states mandate gifted education and provide full funding for it, while at the other extreme, other states don't mandate identification and provide no funding to gifted programs (Davidson Institute). Practically speaking, special education law varies from state to state as well. Whilst all states must adhere to federal guidelines, those are minimum requirements. Furthermore, each state will have different regulations and procedures in place to meet those federal requirements. Even a lawyer specializing in educational law from one state might not have an accurate picture of how another state regulates special and gifted education. Imagine being a parent trying to educate yourself.

Besnoy, et al. (2015) posits parents of twice-exceptional students need a centralized collection of resources to support their advocacy efforts. This is why it is also highly recommended that parents seek out assistance in advocating (Phillips, 2008), especially when beginning. There are organizations dedicated to assisting families in advocating for their children, and they often do so at little to no cost. These organizations can not only help in advocating for a child, but some are also experts in other resources available to assist children with exceptionalities. There is also fantastic literature to assist parents in becoming effective advocates. (See Appendix C)

What to Advocate For: Educational Best Practices for Twice-Exceptional Students

There has been some research done in the realm of best educational practices for twiceexceptional students in general, and gifted students with autism in particular. The most important thing to take from the research is parents should be advocating for an educational approach that addresses both the child's gifts and deficits (Reis, McGuire, & Neu, 2000; Brody & Mills, 1997; Baum & Owen , 2004; Yssel, Prater, & Smith, 2010; Assouline & Whiteman, 2011; Schultz, 2012; Reis, Baum, & Burke, 2014; Rubenstein, Schelling, Wilczynski, & Hooks, 2015). Designing educational programming for twice-exceptional students can be challenging because their abilities "straddle both ends of the bell-shaped curve" (Amend, Schuler, Beaver-Gavin, & Beights, 2009, p. 58). Unfortunately, because of federal mandates (IDEA and ADA), students more often receive special education services or accommodations than gifted education programming or enrichment (Crim, Hawkins, Ruban, & Johnson, 2008; Yssel, Prater, & Smith, 2010). In one study of twice-exceptional students, only 26% of the students received both gifted and special education services (Yssel, Prater, & Smith, 2010). Furthermore, twice-exceptional students are often provided with fewer accommodations than their peers who have low- or average-IQ (Crim, Hawkins, Ruban, & Johnson, 2008), and in cases where both sets of needs are addressed, they are often done separately, instead of holistically (Assouline & Whiteman, 2011; Schultz, 2012). For example, twice-exceptional students enrolled in honors classes are often denied accommodations in those classes (Schultz, 2012). When teachers focus on strengths and provide appropriate supports and coping strategies, students can experience academic success (Baum, Schader, & Hebert, 2014; Yssel, Prater, & Smith, 2010).

Twice-exceptional students need to be able to demonstrate their knowledge in a manner that isn't hindered by their areas of weakness (Yssel, Prater, & Smith, 2010). Teachers may need to differentiate their instruction and offer multiple approaches to access the content, learn the process, and provide for alternate products to demonstrate mastery (Yssel, Prater, & Smith, 2010). For example, students on the spectrum often times will present issues with fine motor skills, making handwriting difficult. This can make note-taking very challenging. By providing copies of notes or assistive technology like audio recorders or laptops to type notes, teachers can scaffold areas of weakness while still providing access to higher level content in accelerated classes. Participation in gifted and talented programs has been shown to have a positive correlation to achievement in math, reading, and oral language for twice-exceptional students (Assouline, Foley Nicpon, & Dockery, 2011). Social skills may also positively influence achievement for gifted students with autism (Assouline, Foley Nicpon, & Dockery, 2011). Those social skills can be developed by participation in classes with other twice-exceptional students. The research has suggested that being around other twice-exceptional students can have a positive impact on student success (Yssel, Prater, & Smith, 2010), as the students have shared

experiences and struggles. Students with autism also need a predictable schedule and routine to be successful (Rubenstein, Schelling, Wilczynski, & Hooks, 2015). Changes to schedule or surroundings can be extremely upsetting, especially if they occur without warning. For example, I have seen a student walk into a classroom where the seating had been rearranged overnight. He turned right back around and walked out of the classroom saying, "Nope. Can't do it. I'll go to the office to do my work for this class." But another time, he had been warned in advance that the classroom set up had changed, and he was able to walk into class, survey his surroundings, and adapt. So predictability and prior notice of changes to routine, wherever possible, are paramount. While it is not mentioned in the literature, from experience, I would also suggest strategically acclimating the student to changes in routine. Nothing always goes exactly as planned and students need to learn to be able to cope with unexpected changes, but this is a skill which needs to be taught and developed. Start small, something like using a different color pen or the like, and build up to large changes with and then without prior warning.

Thought needs to be given when planning to how to accommodate and differentiate for twice-exceptional students in the classroom. Based on the study of a private school for twice-exceptional students, Baum, Schader, and Hebert (2014) set forth three guidelines for developing successful programming for twice-exceptional students. First, there needs to be the gathering of data to assess the student's strengths, talents, and interests. Second, student deficits need to be addressed within setting of an enriched curriculum. Finally, student progress should be assessed by evaluating student growth versus comparison to grade level expectations. That same study found five factors which were attributed to student growth. The first factor was the creation of a psychologically safe environment. The students felt cared for, appreciated, and wanted, not like they were a burden to the educators or someone faculty had to "deal with." Another factor was

acceptance and patience for asynchronous behavior. As mentioned before, twice-exceptional students can demonstrate vastly different stages of academic, social, and emotional development. Teachers and parents need to understand that and allow time for growth, to "meet them where they are at any given moment" (p. 320). Another factor that was found to contribute to student growth was time. What is meant by time is that students were allowed the time to progress without rushing. Students were allowed to grow at their own pace, with support along the way. The other two factors have been discussed before as critical: positive student/teacher relationships and a strengths-based approach to instruction. These factors should be kept in mind when parents evaluate the types of accommodations, services, and types of programming or instruction that schools are providing for their child.

Based on the research, it seems the trend that once students have been identified as twiceexceptional by the school, the strengths-based instruction is what parents will most likely have to advocate for most vigorously. However, if a student has already been identified as being gifted, parents might not be aware of some of the areas of deficit their child might be struggling with. Children develop their own coping strategies, but as they progress through school and the skills required become more demanding, students might find themselves beginning to struggle. As has been stated before, in order for a parent to know what supports to advocate for on behalf of their twice-exceptional child, they have to understand the individual child's needs. This type of information will be garnered from the tests and evaluations that are done in the identification or diagnosis process, and will also be revealed as the child grows up and interacts with their parents and others. While individual children do have unique sets of needs, there are trends of deficits which are common in children who are gifted with autism. By introducing parents to these areas for growth which may or may not present in every individual child however, parents can be made aware of potential areas where educational support might be needed.

Twice-exceptional students, regardless of their disability, often demonstrate issues with organizational skills, attention, and low academic self-esteem (Yssel, Prater, & Smith, 2010). The organizational skills and attentional issues can be a result of a lack of executive functioning maturity. "Executive function refers inclusively to decision-supporting processes largely managed in the frontal lobes of the human brain" and include processes "such as working memory, planning, inhibition, mental flexibility, and emotional control" (Kalbfleisch & Loughan, 2012, p. 390). Students with autism are often at least three to five years behind their neurotypical peers in executive functioning maturity (Baum, Schader, & Hebert, 2014). Again, this underpins the asynchronous nature of twice-exceptional student development and the necessity of patient and knowledgeable teachers. It is not uncommon to have teachers tell parents that speaking with their child is like speaking to a little adult or a little professor. This can make their immaturity all the more frustrating to those not familiar with the characteristics of twiceexceptional children. Teachers, often subconsciously, expect adult levels of executive functioning of a twice-exceptional child, when in reality they are not capable of meeting even age-appropriate expectations.

Twice-exceptional students often present with struggles in other areas that can impact academic performance. Dare and Nowicki (2015) distilled previous research into a series of areas that gifted students with ASD tend to struggle with. They list the areas as communication, sensory processing, social skills, behavioral issues, changes in routine, and organizational. Children with autism are often very literal and struggle with puns, word play, or figures of speech. Other common areas of deficit for students on the autism spectrum are with fine motor skills, pragmatic speech, and making inferences in fiction texts (Rubenstein, Schelling, Wilczynski, & Hooks, 2015). The struggles with fine motor skills can create deficits in written expression, and autism is characterized by deficits in verbal and nonverbal expression. In cases such as these, parents should advocate for alternate means of accessing and expressing and knowledge (Yssel, Prater, & Smith, 2010). There are other skills and abilities that students who are gifted with autism might experience difficulty with, and as parents are going through the knowledge seeking stage of advocacy, they will encounter research and information outlining those struggles and offering recommendations for overcoming them. This paper cannot hope to address every area that students might struggle with, as autism profiles of strengths and weaknesses are particularly individual due to the nature of the spectrum. Speaking from experience, there tend to be many "AHA!" moments when trying to understand your child's unique strengths and weaknesses. Parents will read a passage in a book and have that "lightbulb" moment, or experience the relief of understanding why their child behaves in a particular manner when reading a thread from an online support group. The goal here is to provide some of the most common areas for struggle for gifted students on the spectrum to start parents thinking about how struggles might present.

Finally, as can be concluded from the research indicating that teacher and school professional attitudes and relationships with students is key in successful student outcomes, as well as the research which indicated that most teachers and school personnel are unfamiliar with the concept or characteristics of twice-exceptional children, parents need to advocate on behalf of professional development for all individuals working with their child (Assouline & Foley Nicpon, 2007; Baum, Schader, & Hebert, 2014; Rubenstein, Schelling, Wilczynski, & Hooks, 2015). Parents should take information about conferences and workshops to the school for the

teachers to participate in. Teachers and other school professionals are generally required to participate in a certain number of hours of professional development and continuing education each year. Parents should bring information to their child's teachers or school administrators about professional development that will assist them in serving their child better. If parents come across an article, book, or website they found helpful in understanding their child's needs, they should share that with their child's teacher. This sort of interaction also helps to build those positive collaborative relationships that will benefit the student.

Quick Start Guide to Advocacy

As mentioned previously, parents seek the knowledge necessary to be effective advocates in a variety of manners. They search the internet, books, and journal articles available online. They find online communities of parents and professionals, as well as local support groups (Besnoy, et al., 2015; Duquette, Fullarton, Orders, & Robertson-Grewal, 2011; Duquette, Orders, Fullarton, & Robertson-Grewal, 2011; Rubenstein, Schelling, Wilczynski, & Hooks, 2015). Furthermore, as was stated previously, this is time-consuming and inefficient, and research has indicated parents of twice-exceptional students would benefit from having a centralized collection of resources to support their advocacy efforts. While this thesis can't hope to impart all the knowledge parents need to become effective advocates, its second stated purpose is to provide parents/guardians with a "Quick Start Guide to Advocacy," which directs parents to some of the best online, in print, and in person resources available for parents to start gathering the information they need to become effective advocates. These are the author's go-to resources, the most helpful sources found over the course of fifteen years of advocating for first one, then two, twice-exceptional children. This list of resources can be found in Appendix C. Even within these resources, there can be some educational jargon and acronyms. There are two schools of thought regarding professional use of educational jargon with parents. One school of thought is that professionals (teachers, administrators, other professionals) use the jargon and acronyms without thinking. It is a part of their professional language, and they use it as casually as a mechanic discussing the PSI (pounds per square inch) of a tire's air pressure. The second camp of thought is the use of the language is designed to make the parent feel uncomfortable or unqualified to make recommendations or provide insights into their child's needs. The analogous mechanic comparison would be the mechanic trying tell a customer they needed a new flux capacitor in their DeLorean. Whatever the reason for the use of jargon and acronyms, their use is a reality, and the research has found parents should learn what they mean. To help in this arena, Appendix D is a chart with some of the most common acronyms to the realms of autism, gifted education, and special education. Again, this list is far from comprehensive, especially as new terms and acronyms are constantly being created. Parents should not feel at all embarrassed to stop someone and say, "I'm sorry but the acronym/term you just used; could you please explain it to me? I haven't heard it before." If the other person is using it causally, this technique will call attention to their use of unfamiliar terms and help the parent learn too. If the individual is using it as an exclusionary tactic, this approach will also call attention to the fact, and requires the offender to then include the parent in the discussion by explaining the term. Additionally, being familiar with the jargon and terms increases parental confidence. Though teachers and administrators might not openly admit it, when parents use professional language, subconsciously teachers and administrators view them as an equal partner. It's as if there is a secret language, and by speaking it the parent has proven he/she is part of the club.

Research Process

The research for this paper was collected in a methodical manner. The process began by seeking out research that directly addressed the questions of what parents need to know or do to be effective advocates for their children who are twice-exceptional, specifically academically gifted with autism. When important points were made in those references, or recommendations made, and outside sources were cited, those sources were sought out as well. Corroborating sources were sought out to support important positions. As questions were raised during the process, research was sought out to answer those questions. The research for parent resources and the acronym list is the distillation of 15 years of my own personal research as a parent of three children who are all cognitively gifted, of whom two are on the autism spectrum. The acronyms are the ones that have cropped up most often in the discussions regarding a twice-exceptional child, and the parent resources are the ones with the greatest wealth of information and were personally found to be the most helpful in those 15 years.

Conclusion

It is my hope that this paper becomes a useful tool for parents seeking to be effective advocates for their child(ren). While some of the recommendations are targeted for the specific subset of students who are twice-exceptional, gifted with autism, many of the resources and recommendations have been proven beneficial across the advocacy experiences for other twiceexceptional subsets, as well as for special needs students and gifted students. In truth, parents reading this have already taken the first few steps towards becoming effective advocates for their child. They know, or suspect, that their child differs from their peers in a significant way, and they have set out to help their child. They have made the determination, rightfully, that they can positively influence their child's educational outcomes. It made a difference to me when I heard a school official say this following to me, so I say it now to parents setting out on this journey, "I am proud of you. You are a good parent who wants the best for their child, and you are to be commended." This process is not always fun nor easy, but by being involved, parents make a difference in their child's life.

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Appendix A – DSM-V Diagnostic Criteria for Autism Spectrum Disorder

Autism Spectrum Disorder 299.00 (F84.0)

Diagnostic Criteria

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 behaviors 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 behavior 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 behavior (see Table 2).

B. Restricted, repetitive patterns of behavior, 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 stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat 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 interest).

4. Hyper- or hyporeactivity to sensory input or unusual interests 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 behavior (see Table 2).

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.

veryskills 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 needsrestricted/repetitive behaviors marked interfere with functioning in all spheres. Great distress/difficulty changing focus or action.	Severity level		
"Requiring very skills cause severe impairments in substantial functioning, very limited initiation support" 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			-
very substantial support"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 needsrestricted/repetitive behaviors marked interfere with functioning in all spheres. Great distress/difficulty changing focus or action.	Level 3	Severe deficits in verbal and	
substantial support" 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	"Requiring	nonverbal social communication	difficulty coping with change, or other
support" 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	very	skills cause severe impairments in	restricted/repetitive behaviors markedly
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	substantial	functioning, very limited initiation	interfere with functioning in all
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	support"	of social interactions, and minimal	spheres. Great distress/difficulty
few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs		response to social overtures from	changing focus or action.
who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs		others. For example, a person with	
when he or she does, makes unusual approaches to meet needs		few words of intelligible speech	
unusual approaches to meet needs		who rarely initiates interaction and,	
		when he or she does, makes	
only and responds to only very		unusual approaches to meet needs	
		only and responds to only very	
direct social approaches		direct social approaches	
Level 2 Marked deficits in verbal and Inflexibility of behavior, difficulty	Level 2	Marked deficits in verbal and	Inflexibility of behavior, difficulty
"Requiring nonverbal social communication coping with change, or other	"Requiring	nonverbal social communication	coping with change, or other
substantial skills; social impairments apparent restricted/repetitive behaviors appear	substantial	skills; social impairments apparent	restricted/repetitive behaviors appear
support" even with supports in place; limited frequently enough to be obvious to the	support"	even with supports in place; limited	frequently enough to be obvious to the
initiation of social interactions; and casual observer and interfere with		initiation of social interactions; and	casual observer and interfere with
reduced or abnormal responses to functioning in a variety of contexts.		reduced or abnormal responses to	functioning in a variety of contexts.
social overtures from others. For Distress and/or difficulty changing		social overtures from others. For	Distress and/or difficulty changing
example, a person who speaks focus or action.		example, a person who speaks	focus or action.
simple sentences, whose interaction		simple sentences, whose interaction	
is limited to narrow special		is limited to narrow special	
interests, and how has markedly			
odd nonverbal communication.		•	

Table 2 Severity levels for autism spectrum disorder

(American Psychiatric Association, 2013)

Level 1	Without supports in place, deficits	Inflexibility of behavior causes
"Requiring	in social communication cause	significant interference with
support"	noticeable impairments. Difficulty	functioning in one or more contexts.
	initiating social interactions, and	Difficulty switching between activities.
	clear examples of atypical or	Problems of organization and planning
	unsuccessful response to social	hamper independence.
	overtures of others. May appear to	
	have decreased interest in social	
	interactions. For 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.	

Appendix B – Gifted/Asperger's Prereferral Checklist

Giftedness and Asperger's Disorder

topics selected topics of special interest Typically accurate recall for names and faces Disilkes rote memorization tasks although he/she may do it well Interns focus on topics of interest. Enjoys thinking about and remembering details, facts, and interest focus on topics of interest. If distracted, is likely to return to a task quickly with or without redirection Speech and Language Extensive, advanced vocabulary	Table 1 Giftedness/Asperger's Disorder Checklist (GADC)© Prereferral Checklist			
Excellent memory for facts and information about a variety of topics Typically accurate recall for names and faces Dislikes rote memorylation tasks although he/she may do it vell Internes focus on topics of interest If distracted, is likely to return to a task quickly with or without redirection Speech and Language Advanced vocabulary Communicates understandings of abstract ideas Rich and interesting verbal style Communicates understandings of abstract ideas Rich and interesting verbal style Extensive, advanced vocabulary Communicates understandings of abstract ideas Rich and interesting verbal style Extensive, advanced vocabulary Communicates understandings of abstract ideas Rich and interesting verbal style Extensive, advanced vocabulary Communicates in concrete and literal terms w abstraction Advanced scale/differ or give and take of conversation Able to communicate distress verbally Has difficult understanding give and take of conversation Able to identify and name fitends; enjoys high social status Social and Emotional Aware of social insight and an intuitive nature Spontaneous sharing of enjoyment, activities, interests, or accomplishments Engages others in onversation Aware of others' emotions and beta comforts a filening of enjoyment, activities, interests, or accomplishments Engages others in conversation Aware of others' emotions and beta comforts a filening in eagle and social iscust and the conversation Aware of others' emotions and recognizes others' filenings others is inspirediated or social cues Shows keen social insight and an intuitive nature Sub to respond to active and able to comfort a filening insight social situations and respond to social cues Shows sempathy for others and able to comfort a filening in need Sub to respond to active situations and respond to social cues Shows sempathy for others and able to comfort a filening in need	Gifted	Asperger's Disorder		
topics selected topics of special interest Typically accurate recall for names and faces Disilikes rote memorization tasks although he/she may do it well Interns focus on topics of interest. Enjoys thinking about and remembering details, facts, and interest focus on topics of interest. If distracted, is likely to return to a task quickly with or without redirection Speech and Language Extensive, advanced vocabulary	Memory an	d Attention		
Communicates understandings of abstract ideas Rich and interesting verbal style Engages others in interests Asks challenging questions Asks challenging questions Asks challenging questions Understands an engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands an engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands an engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands and engages in sophisticated and/or socially recipro- cal humor, irony, and sarcasm Understands (see inspective and alte of conversation Able to identify and name friends; enjoys high social status in some of roles of social interactions Spontaneous sharing of enjoyment, activities, interests, or accomplishments Engages others in conversation Aware of social interactions Shows isen social insight and an intuitive nature Shows isen social insight and an intuitive nature stricted affect Usally demonstrates inspropriate entopions and recognition of others' emotions and recognitis on	topics Typically accurate recall for names and faces Dislikes rote memorization tasks although he/she may do it well Intense focus on topics of interest If distracted, is likely to return to a task quickly with or without redirection	 Poor recall for names and faces Enjoys thinking about and remembering details, facts, and figures Intense focus on primary topic of interest If distracted by internal thoughts, redirecting to task at hand may be difficult 		
Rich and Interesting verbal style — Thn This and communicates in concrete and Ilteral terms we abstraction Asks challenging questions — Uninviting verbal style Expressive language/speech pattern of an older child — Style or content lacks reciprocity and engagement of ot their personal interests Understands cause/effect or give and take of conversation — Able to communicate distress verbally — Metanticand seamless speech Able to communicate distress verbally — Demonstrates significant difficulty and lacks understands jokes involving social reciprocity Able to identify and name friends; enjoys high social status in some circles — Demonstrates significant difficulty and lacks understand norms Means of social inorms — Demonstrates significant difficulty and lacks understand norms of dress and behavior Engages others in conversation — Demonstrates significant difficulty initiating or engaging ot conversation Aware of another's perspective and able to take and understand others share his/her personal views — Unavare of social interactions Shows ween social insight and an intuitive nature — Unavare of social interactions Shows see social insight and an intuitive nature — Demonstrates inappropriate or immature emotions and respond to social cues Shows see social insight and an intuitive nature — Demonstrates inappropriate or immature emotions and respond to social cues May passively resist but wil	Extensive, advanced vocabulary	Advanced use of words with lack of comprehension for all lan-		
 Able to Identify and name friends; enjoys high social status in some circles Aware of social norms Keenly aware that he/she is different from peers Spontaneous sharing of enjoyment, activities, interests, or accomplishments Engages others in conversation Aware of another's perspective and able to take and understand others' viewpoint Follows unwritten rules of social interactions Shows keen social insight and an intuitive nature Usually demonstrates appropriate emotions Aware of others' emotions and recognizes others' feelings easily Able to read social situations and respond to social cues Shows empathy for others and able to comfort a friend in need May passively resist but will often go along with change Questions rules and structure Stereotypical behaviors (e.g., hand or finger flapping, twisting, or complex body movements) not present When problems arise, he/she is typically distressed by them Well-coordinated Meter Stilla Meter Stricty for uses and structure May passively resist but will often go along with change Actively or aggressively resists change; rigid Actively or aggre	 Rich and Interesting verbal style Engages others in interests Asks challenging questions Expressive language/speech pattern of an older child Elaborates with or without prompts Understands and engages in sophisticated and/or socially reciprocal humor, irony, and sarcasm Understands cause/effect or give and take of conversation Able to communicate distress verbally 	 Thinks and communicates in concrete and literal terms with less abstraction Uninviting verbal style Style or content lacks reciprocity and engagement of others in their personal interests Repeats questions and information Pedantic and seamless speech Little or no elaboration with run-on speech Misunderstands jokes involving social reciprocity Has difficulty understanding give and take of conversation Communicates distress with actions rather than words 		
some circles how to establish and keep friends Aware of social norms indifferent to social norms of dress and behavior Keenly aware that he/she is different from peers indifferent to social norms of dress and behavior Spontaneous sharing of enjoyment, activities, interests, or accomplishments indifferent to social norms of dress and behavior Engages others in conversation Shows significant difficulty initiating or engaging oth conversion Aware of another's perspective and able to take and understand others' viewpoint Shows significant difficulty initiating or engaging oth conversion Shows keen social insight and an intuitive nature Usually demonstrates appropriate emotions Assume others share his/her personal views Aware of others' emotions and recognizes others' feelings easily Demonstrates inappropriate or immature emotions and respond to social cues Shows empathy for others and able to comfort a friend in need Misreads social situations and may not respond (or ever how to respond) to social cues May passively resist but will often go along with change Actively or aggressively resists change; rigid May passively resist but will often go along with change Actively or gagressively resists change; rigid May passively resist but will often go along with change Stereotypical behaviors (e.g., hand or finger flapping, twisting, or complex body movements) not present Stereotypical behaviors (e.g., hand or finger f	Social and	Emotional		
 Questions rules and structure Stereotypical behaviors (e.g., hand or finger flapping, twisting, or complex body movements) not present When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them Well-coordinated Interested in team sports 	some circles Aware of social norms Keenly aware that he/she is different from peers Spontaneous sharing of enjoyment, activities, interests, or accomplishments Engages others in conversation Aware of another's perspective and able to take and understand others' viewpoint Follows unwritten rules of social interactions Shows keen social insight and an intuitive nature Usually demonstrates appropriate emotions Aware of others' emotions and recognizes others' feelings easily Able to read social situations and respond to social cues Shows empathy for others and able to comfort a friend in need	 Indifferent to social norms of dress and behavior Limited recognition of differences with peers Little or no interest in spontaneous sharing of enjoyment, activities, interests, or accomplishments Shows significant difficulty initiating or engaging others in conversation Assume others share his/her personal views Unaware of social conventions or the reasons behind them Lacks social insight Demonstrates inappropriate or immature emotions and flat or restricted affect Limited recognition of others' emotions Misreads social situations and may not respond (or even know how to respond) to social cues Does not typically show empathy or concern for someone in need 		
 Questions rules and structure Stereotypical behaviors (e.g., hand or finger flapping, twisting, or complex body movements) not present When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them When problems arise, he/she is typically distressed by them Well-coordinated Interested in team sports 	May passively resist but will often go along with change	Actively or aggressively resists change: rigid		
Well-coordinated Lacks age-appropriate coordination Interested in team sports Avoids team sports	 Questions rules and structure Stereotypical behaviors (e.g., hand or finger flapping, twisting, or complex body movements) not present When problems arise, he/she is typically distressed by them 	 Adheres strictly to rules and needs structure Stereotypical behaviors (e.g., hand or finger flapping, twisting, or complex body movements) are present When problems arise, parents or teachers are distressed by them while student may be unaware of distressing situation unless personally affected 		
Interested in team sports Avoids team sports				
Note: From Amend, Beaver-Gavin, Schuler, and Beights (2008).	Interested in team sports Demonstrates appropriate development of self-help skills			

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(Amend, Schuler, Beaver-Gavin, & Beights, 2009, p. 61)

Appendix C – Quick Start Guide to Advocacy: Parent Resources

Where to get information on giftedness:

- 1. Hoagies: http://www.hoagiesgifted.org/
- 2. Davidson Institute for Talent Development: <u>http://www.davidsongifted.org/</u>
- 3. State laws/criteria for gifted info: <u>http://www.davidsongifted.org/db/StatePolicy.aspx</u>
- 4. **National Association for Gifted Children**: <u>http://www.nagc.org/</u> Parents can join and get the parent journal: *Parenting for High Potential*
- 5. Council for Exceptional Children: <u>https://www.cec.sped.org/</u> They have a variety of sub-organizations parents can join, specializing in things like autism and giftedness. They are the professional organization for special and gifted education teachers, and provide great information about best-practices for optimal educational outcomes.

Where to get information on autism

- 1. Center for Disease Control: http://www.cdc.gov/ncbddd/autism/index.html
- 2. Autism Speaks: <u>https://www.autismspeaks.org/</u> It should be noted, Autism Speaks is not particularly popular in autism self-advocacy circles. Until recently, AS's platform was predominantly about finding a cure for autism, not about increasing awareness and acceptance. Autism Speaks also doesn't employ many individuals on the spectrum, to which self-advocates respond, "Nothing about us without us." That said, their website has a wealth of information about autism and its identification and supports.
- 3. Autism Network International: <u>http://autreat.com/</u>
- 4. Autistic Self Advocacy Network: http://autisticadvocacy.org/
- 5. Council for Exceptional Children: https://www.cec.sped.org/

Where to get information on Twice-Exceptionality

- 1. Twice-Exceptional Newsletter: http://www.2enewsletter.com/
- 2. Hoagies: <u>http://www.hoagiesgifted.org/twice_exceptional.htm</u>
- 3. Uniquely Gifted: <u>http://www.uniquelygifted.org/</u>
- Book: Uniquely Gifted: Identifying and Meeting the Needs of the Twice-Exceptional Student by Kiesa Kay

Where to get information about special education law/parental rights/advocacy help:

- Wrightslaw: <u>http://wrightslaw.com/</u> Wrightslaw has a number of books available besides their online forums and articles. I would suggest *From Emotions to Advocacy: The Special Education Survival Guide, 2nd Edition* be one of the first books a parent purchases. The Wrights also travel the country doing workshops.
- 2. Parent Training and Information Center: <u>http://www.parentcenterhub.org/find-your-center/</u> Parents can click on a state to find the nearest center. This is the first place to go to gather information about a state's special education law, and it is probably the single most helpful resource for a parent of a child with special needs. Parent training centers are generally the local experts for all things special education. They also serve as the clearing house for information such as recommendations for therapists, referrals to state services for children with developmental disabilities (autism is a developmental disability), help with SSI (Supplemental Security Income), and legal/advocacy assistance.
- Local Advocacy Center: Parents can Google search for an area "Advocacy Center." Another great resource for legal/advocacy assistance.

Abbreviation	Pronounced (if other than saying the letters of the acronym)	Meaning/Stands for	Definition
504		504 Plan	Refers to section 504 of the Americans with Disabilities Act (ADA) under which schools provide accommodations to students who don't qualify for special education under the Individuals with Disabilities Education Act (IDEA)
2E		Twice Exceptional	Refers to someone who is gifted and has a learning disability.
AAC		Augmentative and Alternative Communication	All forms of communication, besides oral speech, an individual can use to express wants, needs, or ideas. This includes sign language and communication devices like speech boards or even paper and pencil.
ABA		Applied Behavior Analysis	A therapy system which uses the theories of learned behaviors to replace unwanted behaviors, teach new skills, or reinforce desired behaviors. A very common therapy methods used with children with autism.
ABC		Antecedent, Behavior, Consequence	The three factors considered when conducting a FBA: Antecedent – what was happening right before the Behavior, and what was the Consequence (what happened).
ABC		Autism Behavior Checklist	An autism screening tool focusing on "non-adaptive behaviors" such as self- stimulating behaviors (stimming) like

Appendix D – Educational Acronyms

			spinning or tip-toe walking or poor eye contact.
ACD		Augmentative Communication Device	Devices which allow an individual to communicate without oral speech such as picture boards, text to speech, or communication software.
ADA		Americans with Disabilities Act	This is a civil rights act, originally passed in 1990, which prohibits discrimination against people with disabilities. See "504."
ADOS	a-dos	Autism Diagnostic Observation Schedule	This is one of many autism diagnostic tool used to determine if a clinical diagnosis of autism is warranted.
APE		Adaptive Physical Education	Physical education designed for students with physical or learning disability.
AS		Asperger's Syndrome	Disorder in the autism spectrum family of disorders. Abolished in the DSM-V, because of the wealth of information about Asperger's, some clinicians might still tell parents that under DSM-IV their child would have been diagnosed with Asperger's.
ASA		Autism Society of America	A nationwide support group for individuals and families with individuals on the autism spectrum

ASD		Autism Spectrum Disorder	A neurodevelopmental order that results in impairment to social and adaptive skills.
ASL		American Sign Language	The sign language used by the deaf/hard of hearing community in the United States and English speaking parts of Canada
AT		Assistive Technology	A term inclusive of assistive, adaptive, and rehabilitative devices for people with disabilities, as well as the process of locating and selecting said devices.
BIP	bĭp	Behavior Intervention Plan	A concrete plan used by a school, utilizing the results of an FBA, to reduce/replace problem behaviors of a student that impede academic success.
CARS	cars	Childhood Autism Rating Scale	One of many behavior rating scales designed to help diagnose autism.

DSM-IV	DSM 4	Diagnostic and Statistical Manual 4th Edition	The 4 th edition of the book used to diagnose mental disorders. Was replaced by the 5 th edition in 2013. The criteria to be diagnosed with autism are in this manual.
DSM-V	DSM 5	Diagnostic and Statistical Manual 5th Edition	Newest version of the DSM. In this version, PDD-NOS and Asperger's were combined under the umbrella of "Autism Spectrum Disorders."
ESSA	ĕs-suh	Every Student Succeeds Act	The newest educational act, replacing No Child Left Behind. Signed into law December 10, 2015
FAPE	fāp	Free Appropriate Public Education	One of the rights guaranteed by IDEA, that students receive an appropriate education, free of charge, at public schools, regardless of disability.
FBA		Functional Behavior Analysis (Assessment)	Assessment that looks at unwanted behaviors and analyzes the situations in which the behavior occurs to determine the function (benefit to the student) of the behavior. This information is used to develop a BIP.
FERPA	fer-pa	Family Education Rights and Privacy Act	A federal law that guarantees parents access to their child's educational records and limits access to these records to protect the privacy rights of both the parents and child
FSIQ		Full Scale Intelligence Quotient	What is generally thought of when referring to IQ. The combined results of all the subtests of a cognitive battery of tests.

G/T		Gifted/Talented	Intellectually gifted or talented in a sport or art such as, but not limited to, music, visual arts, theater, etc.
IAP		Individualized Accommodation Plan	Document that outlines the accommodations for a student under a 504 plan. The 504 version of an IEP.
IDEA	idea	Individuals with Disabilities Education Act	Federal law that regulates special education in the United States
IDEIA		Individuals with Disabilities Education Improvement Act	The most recent Federal special education law. The newest version of IDEA passed in 2013.
IEP		Individualized Education Plan (Program)	Document that outlines the services, accommodations, and amount of special education a student receives.
IFSP		Individualized Family Service Plan	The plan designed for early intervention of students with disabilities, aged birth to 3 years old. This is replaced by an IEP when the child reaches age 3.
IQ		Intelligence Quotient	Measure of cognitive ability
LD		Learning Disability	A disorder that inhibits the acquisition or expression of knowledge at the level considered age-appropriate
LRE		Least Restrictive Environment	Federal mandate that students with disabilities should be educated, to the greatest extent possible, with their non- disabled peers.

NCLB	No Child Left Behind (Act of 2001)	The reauthorization of the Elementary and Secondary Education Act. Was replaced with the Every Student Succeeds Act in 2015.
NVLD	Non-Verbal Learning Disorder	A learning disability somewhat closely related to autism. The child will have a well-developed vocabulary and age- appropriate pragmatic language, but will struggle with observing and/or understanding non-verbal communication and cues/signals.
ОНІ	Other Health Impairment	A category of disability under IDEA. By definition the impairment must adversely affect educational performance. Includes medical conditions and ADHD.
ОТ	Occupational Therapy/Therapist	Therapist who addresses concerns such as fine motor skills and sensory issues
PBS	Positive Behavior Supports	A behavior management system in which the knowledge of the function of a behavior is used to reduce unwanted behavior and increase desired behaviors.
PDD	Pervasive Developmental Disorder	A classification of mental disorders that includes autism. Has generally been replaced by the term autism spectrum disorders. See PDD-NOS

PDD-NOS		Pervasive Developmental Disorder - Not Otherwise Specified	A medical diagnosis under the autism spectrum. Was removed from the DSM- V. This was originally delineated as a diagnosis for individuals who had previously been diagnosed with autism, but had improved beyond the severity diagnostic criteria for autism, but still exhibited autism-like impairments.
PEP	рер	Psycho- Educational Profile	An assessment of how a child's unique set of strengths and weaknesses interacts with how they engage with educational experiences.
РТ		Physical Therapy/Therapist	Therapist who addresses concerns with gross motor skills.
PTIC		Parent Training and Information Center	Centers that help and educate parents to be effective advocates for their child with disabilities.
RTI		Response to Intervention	A tiered system to provide systematic, proven methods of instruction to develop the skills of at risk for or already underperforming students.
SAS		Supplementary Aids and Services	Aids, devices, and other supports that assist a student to be in the least restrictive environment.
SLD		Specific Learning Disability	Per federal law: "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations."

SPD	Sensory Processing Disorder	Also called sensory integration dysfunction, a disorder in which the brain has trouble processing and responding appropriately to sensory stimuli like sounds, smells, movement, textures, etc. Very common in individuals on the autism spectrum.
SSI	Supplemental Security Income	A United States federal program that provides a stipend for disabled adults and children who have limited income and resources.
UDL	Universal Design for Learning	A framework for designing flexible instruction for maximum access to the knowledge for all individuals regardless of learning style or disability.

Appendix E – Quick Start Guide to Advocacy Brochure

See below:

Four Stages of Advocacy

- Awareness
- Knowledge Seeking
- Making the Case
- Monitoring
 - Duquette et al (2011)

"Without appropriate interventions or accommodations, these students may not reach their potential" - Besnoy, et al., 2015, p. 116

Key Factors to Effective Parent Advocacy

- Parental Responsibility
- Positive Relationships
- Knowledgeable Parents

Parent Resources cont...

Giftedness: Hoagies: <u>http://www.hoagiesgifted.org/</u>

Davidson Institute for Talent Development: http://www.davidsongifted.org/

State laws/criteria for gifted info: http://www.davidsongifted.org/db/StatePol icy.aspx

National Association for Gifted Children: http://www.nagc.org/

Council for Exceptional Children: https://www.cec.sped.org/

Autism:

Center for Disease Control: http://www.cdc.gov/ncbddd/autism/index. html

Autism Speaks: https://www.autismspeaks.org/

Autism Network International: http://autreat.com/

Autistic Self Advocacy Network: http://autisticadvocacy.org/

Council for Exceptional Children: https://www.cec.sped.org/



QUICK START GUIDE TO ADVOCACY FOR TWICE-EXCEPTIONAL STUDENTS

Gifted Students with Autism

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Parent Advocacy

Parent advocacy efforts are vital to twiceexceptional students' success. Unfortunately, parents are often thrust into the role of educational advocate without the information or tools they need to be successful. The purpose of my thesis research was to determine what researchers had found to be the most important information parents needed in order to be successful advocates. The other goal was to direct parents to the resources that could be most helpful in educating themselves. Thus, the Quick Start Guide to Advocacy. One paper couldn't hope to fully educate parents on all the topics and legalities that encompass special and gifted education. However, the resources presented here and in the thesis get parents off to a good start without having to wade through the plethora of information available, sifting useful from not. The paper cites the research that informed the contents of this brochure.

Online copy of thesis:

scholarworks.uno.edu/honors_theses

Knowledgeable Parents

Parents are able to be effective advocates only after they have educated themselves to effectively communicate in the educational arena and to possess knowledge of their rights. They need to be fluent in the language, vocabulary, and jargon used in educational settings as well as understand the laws and procedures. Presented here are a few important definitions as well as sources to start that educational process. Due to space constraints, the compilation of educational acronyms was not able to be included here, but is available in the full text of the thesis at the link provided.

Definitions

- **Twice-Exceptional (2E)**: Gifted/talented student who has learning difficulties and/or social impairments.
- Intellectually Gifted: Children and youth who give evidence of high performance capability in areas such as intellectual or leadership capacity, or in specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities.
- Autism (educational definition): A developmental disability significantly affecting verbal and nonverbal communication and social interaction, usually evident before age 3 *that adversely affects a child's educational performance*. The term does not apply if a child's educational performance is adversely affected because the child has an emotional disturbance.

Parent Resources

Twice-Exceptionality

Twice-Exceptional Newsletter:

http://www.2enewsletter.com/

Hoagies:

http://www.hoagiesgifted.org/twice_excepti onal.htm

Uniquely Gifted:

http://www.uniquelygifted.org/

Book: Uniquely Gifted: Identifying and Meeting the Needs of the Twice-Exceptional Student by Kiesa Kay



Help with laws/advocacy: Wrightslaw: http://wrightslaw.com/

Parent Training and Information Center: http://www.parentcenterhub.org/find-yourcenter/

Local Advocacy Center