Maryland School Mental Health Alliance*
Asperger Syndrome
Information for Teachers and School Staff

Definition

Autism is a developmental disorder that usually appears during the first years of a childhood (18 to 60 months). Although there is no known cause for autism, researchers believe that it is a neurological disorder brought on by genetic and biological factors.

Children with autism have difficulty communicating and interacting with others (no eye contact, limited or no language, low motivation for typical play). They often display repetitive behaviors that reflect their desire for extreme order. For instance, a child with autism may not want to go the bathroom until they first have their favorite book. Without the book, they refuse to use the bathroom. Children with autism have different sensitivities to the physical world. One child with autism may not hear high pitches; another may cry and moan when a siren goes by because it physically hurts them.

Unlike children with mental retardation, children with autism do not necessarily have low levels of intelligence. Some children with autism have a splinter skill, an ability to something very well (e.g., remembering names and dates).

Asperger’s is related to autism. Children with Asperger’s have poor social skills and tend to repeat activities. Poor social skills include failing to make eye contact when talking to another person, lack of interest in praise from parents, and difficulty in playing with other children. Children with Asperger’s syndrome insist that certain experiences be repeated exactly time and again. They may become fixed on certain objects, and they may move one or both of their arms or legs continuously. They usually do not have delays in speech and have a normal intelligence level.

Why do we care?

When compared to their developmental peers:
- Students with Asperger’s have greater difficulty developing relationships other children.
- Students with Asperger’s have greater difficulty letting others know what they need.
- Students with Asperger’s don’t do well in school.
- Students with Asperger’s have greater difficulty regulating their reactions to fear.
- Students with Asperger’s have greater difficulty altering their daily routines.

What can we do about it?

- Reach out to parents by directing them to support groups or family advocates.
- Provide parents and school staff with for information about Asperger Syndrome and how it relates to autism spectrum disorders.
- Maintain a working list of available resources for children with developmental disabilities.
- Serve as a liaison for parents and special education specialists. Learn about the available sources of funding for in-home treatment and school-based services.
- Work with parents to develop a behavior intervention for plan for the student.
- Ask school clinicians to present on classroom management strategies for working with students diagnosed with Asperger’s Syndrome.
**Helpful Forms and Handouts**

AACAP Facts for Families:
- Asperger’s Disorder: [http://www.aacap.org/publications/factsfam/69.htm](http://www.aacap.org/publications/factsfam/69.htm)


  - What is Aspergers? [http://www.aspergers.org/what_is_aspergers_syndrome.htm](http://www.aspergers.org/what_is_aspergers_syndrome.htm)
  - Myths about Aspergers Syndrome: [http://www.aspergers.org/myths_about_aspergers_syndrome.htm](http://www.aspergers.org/myths_about_aspergers_syndrome.htm)


- Suggestions for Teachers: [http://www.center4familydevelop.com/asperger.htm](http://www.center4familydevelop.com/asperger.htm)


**Additional Resources**


*Developed by the Center for School Mental Health ([http://csmh.umb.md](http://csmh.umb.md)) in collaboration with the Maryland School Mental Health Alliance.*