K12 Supporting Students with Autism
STUDENT CASE RECOMMENDATION FORM

ECHO Session Date: 4/16/2026

Thank you for presenting your student at ECHO Idaho – K12 Supporting Students with Autism session. Please keep in mind that your School District policies and Health Services procedures, medication administration protocols, process guidelines, remain the guiding principles to your practice.

You and your team are doing an amazing job, providing extraordinary care, skill, and persistence in an extremely complex situation!

Student Grade Level: 5th grade

Summary:
This case involves a 5th-grade student with diagnoses of Autism Spectrum Disorder and ADHD, severe communication impairments, significant adaptive, motor, and behavioral challenges, and escalating violent behaviors throughout the school day, including prolonged episodes of screaming, crying, spitting, hitting, kicking, and lunging at staff and peers, often cycling during restraint attempts. She is educated all day in a self-contained setting with full 1:1 paraprofessional support and extensive IEP accommodations, including visual supports, assistive technology, sensory breaks, modified curriculum, alternate assessment, and a Behavior Intervention Plan and crisis plan, yet continues to exhibit highly intense and dangerous escalations despite exhaustive interventions (positive reinforcement, visuals, CPI strategies, restraints, staff training, parent collaboration, and environmental modifications). Strengths include limited verbal communication, creativity, and strong motor skills, with passions for Peppa Pig, balloons, and flowers; however, her chaotic home environment, lack of access to outside services, and limited response to current medications add complexity.

Questions for the ECHO panel:

- How can we best help this student?
- What specific strategies or suggestions do you feel might be helpful in this case?
- What suggestions do you have to keep staff, student and student peers from getting hurt repeatedly from this student.
- We are looking for suggestions and options that we at school can do to help the student and keep our staff injury free.

After review of the case presentation and discussion of this student's case among the ECHO Community of Practice, the following suggestions have been made:

Medical & Physiological Considerations

- Refer back to the medical home for a comprehensive review, including:
    - Constipation screening using a Bristol Stool Chart (often an overlooked trigger for aggression and irritability).

- Medication review:
  - Quetiapine is not typically indicated for autism-related aggression. The medical team may wish to reassess overall medication choice and dosing to ensure alignment with symptoms being targeted.
  - Discuss options such as aripiprazole, which has stronger evidence for irritability/aggression in autism.
  - The student's current clonidine dose is very low for her age, which may explain the lack of therapeutic effect.
- General well-child exam to address sleep, pain, puberty, nutrition, and overall health.

- Account for puberty-related hormonal changes, which can significantly increase dysregulation, emotional lability, and refusal behavior; ensure a coordinated personal care and transition plan at school.

Nervous System Regulation & Environment

- Prioritize regulation before instruction; when in fight-or-flight, learning is not accessible.
- Consider stripping demands way back temporarily and restructuring the day for safety and regulation (less academic pressure, more movement and choice).
- Increase body-based regulation: frequent outdoor time, playground access, heavy work, movement breaks, and gross-motor activities.
- Reevaluate the current "special room": if it has become a trigger, experiment with new or neutral spaces, including outdoors, to reset associations.
- Identify and schedule time with the staff member who has the strongest co-regulation bond with the student; prioritize emotional connection over staff rotation when possible.
- Reduce reliance on CPI holds whenever feasible, as repeated restraint reinforces fear and sympathetic nervous system activation.

Reinforcement & Motivation Supports

- Continue using highly preferred reinforcers (e.g., goldfish, gummies, sand, beans, balloons), recognizing that preferences may change daily; offer regular choice-making to maintain effectiveness.
- Shift from "earning" preferred items to free or low-demand access during periods of high dysregulation, to reduce nervous system overload and escalation.
- Use predictable, immediate reinforcement following small successes or participation, paired with clear visuals (e.g., first/then).
- Consider screen-time control apps to reduce power struggles over iPad use by making transitions automatic rather than staff-directed.

Communication & Speech/Language Supports

- Maintain and expand her ability to request and protest verbally (e.g., "done," "stop," "break," "no"), continuing to honor these communications before escalation.
- Add core vocabulary supports (low-tech boards or symbols) and ensure staff consistently model expanded language beyond one-word utterances (e.g., "all done OT," "break later," "different activity").
- Ensure all staff—not just the SLP—model and reinforce communication strategies throughout the day, embedding practice into natural routines.
- Treat behavior consistently as communication, using it as data to identify unmet needs (escape, sensory relief, fatigue, anxiety).

Family Support, Consistency & Training

- Increase parent and caregiver education so family members understand the student's existing skills (e.g., toileting, dressing) and avoid unintentionally reinforcing helplessness.
- Provide or refer to parent training and behavior support programs (e.g., ADEPT modules, RUBI Parent Training, Developmental Disabilities services, Katie Beckett Medicaid, case management).
- Emphasize consistency and boundaries across caregivers (father, grandmother), recognizing they are doing their best but may need structured support.
- Share concrete, practical strategies parents can use during school refusal, morning transitions, and meltdowns to reduce avoidance cycles.

Trauma, Safety & Social Considerations

- Remain vigilant about the possibility of victimization, given her limited verbal communication, age, and chaotic home environment.
- Continue clear safety planning to protect staff and peers while prioritizing de-escalation and prevention over reaction.
- Reduce repeated exposure to situations that evoke extreme fear (e.g., forced entry into school or specific rooms) and rebuild safety gradually.

School Culture & Peer Integration

- Explore low-pressure inclusion opportunities tied to her interests (e.g., brief class-wide Peppa Pig viewing, themed activities) to rebuild positive school associations.
- Use creativity to normalize school experiences (e.g., custom social stories or AI-generated Peppa Pig narratives about going to school and feeling scared).

Transition Planning (Elementary to Middle School)

- Continue as you are to support transition early and gradually. Here are some ideas to support this transition:
    - Short visits to the new school
    - Building relationships with future staff
    - Eating lunch or spending brief, positive times on campus
    - Consider extended school year placement at the middle school to reduce novelty
- Focus transition goals on emotional safety, regulation, and rapport, not academic performance.

Staff Training & Resources

- Encourage staff to access evidence-based online trainings (e.g., ADEPT modules, Autism Internet Modules).
- Consider outside OT focused specifically on self-regulation when available.
- Support staff well-being by acknowledging the emotional toll and ensuring rotations, breaks, and reflective support are built in.