

I'm not robot!



• **DSM-5™ Diagnostic Criteria:**  
**Other Specified Feeding or Eating Disorder**

1. **Atypical Anorexia Nervosa:** All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range
2. **Bulimia Nervosa (of low frequency and/or limited duration):** All of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than 3 months.
3. **Binge-Eating Disorder (of low frequency and/or limited duration):** All of the criteria for binge-eating disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.
4. **Purging Disorder:** Recurrent purging behavior to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics or other medications) in the absence of binge eating.
5. **Night Eating Syndrome:** Recurrent episodes of binge eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by binge eating disorder or another mental disorder, including substance abuse, and is not attributable to another medical disorder or to an effect of medication.

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Students FIRST Project

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**School and Classroom Strategies: Asperger Syndrome**

*This Quick Fact Sheet contains strategies designed to address potential symptoms of Asperger Syndrome and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of Asperger Syndrome in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.*

**If you notice a significant change in mood in any child that lasts for more than a week or two, share your observations with the child's parent and/or guardian and with your school's mental health support team.**

**General Comments About Asperger Syndrome Intervention**

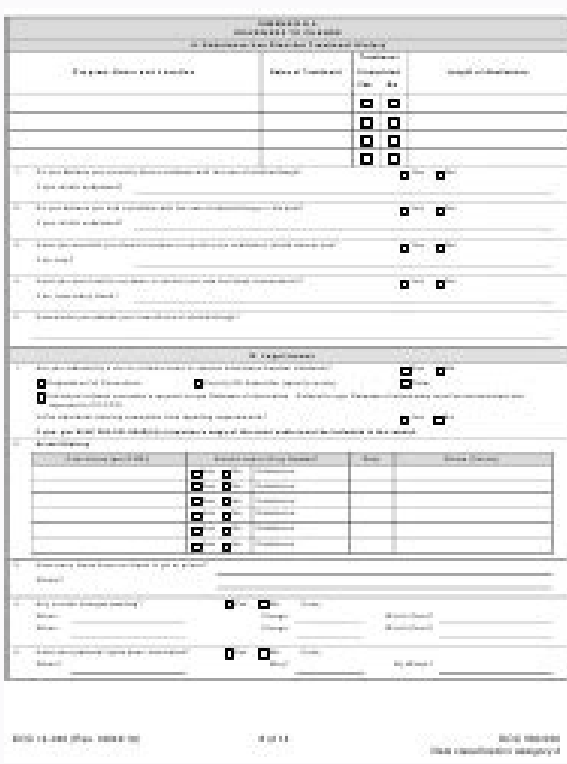
Effective education of students with AS requires a comprehensive multi-faceted, multi-disciplinary approach. One key to success for students with AS is a partnership between families, physicians, professionals, and schools. Schools play an essential role in these partnerships. By providing safe and supportive school environments, effective and responsive academic instruction, behavioral intervention, and class accommodations, schools can increase the opportunity for students with AS to achieve academic success and overall, independent, life-long well being. Within the context of a consistent, comprehensive support plan, schools should maintain high expectations for students with AS and must be patient, creative, flexible, and willing to try new or alternative approaches. Below are some possible strategies to support students with AS at school.

**School and/or Classroom Strategies for Language/Communication**

- Teach conversational skills with peers, including initiation, the ability to expand and elaborate on a range of different topics, shifting and ending topics appropriately, and turn-taking
- Teach the student to monitor their own speech styles including volume, rhythm, naturalness, and when/how to adjust their speech
- Teach nonverbal communication skills, including how to read facial expressions, body language, and other social cues
- Develop the student's ability to follow multi-step directions
- Limit the number of oral instructions and questions
- Model responses and practice skills with role plays: practice individually and in small groups
- Teach complex language, including metaphors and words with double meaning
- Teach the student to seek assistance/ask for help
- Teach the student to ask for an instruction to be repeated, simplified, or written down when they don't understand
- Support communication with visual supports
- Limit using socially challenging language (figures of speech, irony, etc)

**School and/or Classroom Strategies for Off Task Behavior/Disorganization**

- Establish clear expectations for behavior in and out of the classroom
- Use frameworks for note taking, organizing, and categorizing
- Teach the student to use a planner, to prioritize, to use "to do" lists and checklists, and break down complex lessons into components
- Provide frequent feedback, redirection, and check-ins
- Show examples of what they have to do
- Ask the student direct questions to have them attend and contribute to the lesson
- Work out a nonverbal signal to cue the student back on task
- Use visual supports including schedules and calendars



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**DSM-V Codes -**  
**Dyscalculia.org**



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