

Our primary purpose is to support one another as we advocate for the unique needs of children and adults with ASD.

AHA Goals:

- To develop a strong network of parents supporting one another through the challenges of daily life
- To increase awareness and knowledge about ASD among the professionals who diagnose, treat, educate or provide services
- To promote appropriate educational programs, effective social skills training, increased social and recreational activities, meaningful employment, and sufficient and satisfying independent living accommodations for those with ASD
- To provide parents, professionals and those with ASD a useful forum where they can exchange pertinent information

AHA Offers:

- monthly parent/ family support meetings: daytime and evening for school-age or older teen/adult populations
- monthly support meetings for teens and adults with HFA/AS partnered with GRASP
- our hotline for support and resources
- guest speakers on topics relevant to ASD
- our website with valuable information and resources (www.ahany.org)
- twice yearly educational conferences designed to provide the most current information and strategies (member discounts)
- our newsletter, *On The Spectrum* (members only)
- our lending library (members only)
- e-mail notification of the most recent information and events about ASD
- recreational activities for families

Phone/Fax: 888.918.9198
Website: www.ahany.org
Email: info@ahany.org

Adults and Teens with
HFA/AS: GRASP/AHA

Support Group Meetings for:
Parents of Students
Parents of Older Teens/Adults

AHA Association
Asperger Syndrome and High Functioning Autism Association Inc.
PO Box 916, Bethpage, NY 11714-0916

Asperger Syndrome and High Functioning Autism Association



Do you know
a child, teen or adult on the
autism spectrum?

Need information and support?

AHA *can help!*

- Support meetings, hotline and lectures
- Conferences for professionals, family members and individuals on the autism spectrum
- Email listserv and member newsletter
- Referral to professionals and resources
- Transition and post-secondary program information
- Social and family events for all ages

For families, individuals and professionals
affected by Asperger Syndrome,
High Functioning Autism and other
Pervasive Developmental Disorders

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Autism is a group of diagnoses that varies in degree from mild to severe and is increasingly being referred to as Autism Spectrum Disorder (ASD).

The following are diagnostic terms used by health care professionals for evaluations (medical, psychological, speech/language):

- Autistic Disorder
- Asperger Syndrome (AS)
- Pervasive Developmental Disorder (PDD)
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)

There is often a lack of uniformity among professionals in the use of these diagnostic terms. Many use them interchangeably or inconsistently.

The Individuals with Disabilities Education Act (IDEA) requires that all children with disabilities have available to them a free appropriate public education (FAPE). Students with ASD may be educationally classified with any of the following pursuant to the IDEA:

- Autism
- Other Health Impairment
- Emotional Disturbance
- Learning Disability
- Speech or Language Impairment
- Multiple Disabilities

Pursuant to Part 200.13 of the Commissioner's Regulations, an "autism classification" provides specific recommendations for special education services, including parent training.

ASD is paradoxical, since, inasmuch as individuals on the spectrum are alike, they are, at the same time, very different. As author Stephen Shore noted, "When you have met one person on the autism spectrum, then you have met **one** person on the autism spectrum."

We encourage our members to attend our support meetings, educational presentations and conferences. Together we help raise awareness of the needs of individuals with ASD and their families; we acquire, share and disseminate current, and relevant information in the on-going effort to support each other and those with ASD.

Those with ASD will typically exhibit many of the following behaviors:

SOCIALIZATION:

- awkwardness and clumsiness
- naiveté and gullibility
- poor eye contact
- difficulty developing peer relationships
- increased risk of victimization (bullying)
- inappropriate body language or facial expression
- problems recognizing the nuances of social interaction
- difficulty understanding other's feelings or emotions but once aware will have an appropriate degree of compassion

COMMUNICATION:

- inability to maintain reciprocal (give and take) conversation
- extreme literal use and interpretation of language
- unusual speech patterns: repetitive speech, abnormal tone and/or volume, irrelevant remarks, stilted/formal manner, tendency to lecture others

BEHAVIOR & THOUGHT:

- easily upset by changes in routine
- rigid, ritualistic behavioral patterns
- fixation on one subject or object
- repetitive movements, thoughts and/or speech
- peculiar eating patterns

COMMON ASSOCIATED BEHAVIORS:

- emotional sensitivity and under/overreaction
- fears and anxiety
- hyper/hypo-sensitivity to sensory stimuli (sounds, light, taste, touch, odors, pain)
- physical awkwardness
- problems with spatial awareness
- creative thinking and unconventional problem solving
- exceptional skills (e.g., memory, music, art, math)
- sleeping difficulties

AHA Membership Application

Last Name: _____

First Name: _____

Address: _____

Zip _____

Phone No.: (____) _____

E-Mail: _____@_____

Parent _____ Teacher _____ Professional _____

Indiv/ASD _____ Other _____

Name of Individual with ASD: _____

D.O.B.: _____

If a child: _____

School District: _____

School Placement (if out of district): _____

If an adult: _____

Living: _____ with parent(s) _____ group residence

_____ independent _____ other

_____ partner _____ spouse

Work: _____ full time _____ part time

_____ independent _____ job coach

I would like to volunteer my time (please check)

Area/interest newsletter fundraising events other

I give permission for my name/phone number to be shared with families with similar concerns.

Signature _____ Date _____

Yearly dues: _____

____ (1) year \$40.00

____ (2) year \$70.00

____ Lifetime \$400.00 \$ _____ Donation to AHA

Mail this application with your check payable to

AHA Association, or send credit card info to:

AHA Association

PO Box 916

Bethpage, NY 11714-0916

AHA is a 501(c)(3) not-for profit organization.

We gratefully accept (tax-deductible) donations.

Questions? e-mail AHA Executive Director Pat Schissel

at: info@ahany.org or call: 888.918.9198

Payment Type (circle one):

Check • Money Order • MC • VISA • Discover • AMEX

Signature _____

Exp (MM/YY) ____/____ Amt Enclosed \$ _____

Card # _____

