Asperger syndrome is an autism spectrum disorder characterized by significant difficulty interacting with or relating to others. People with Asperger syndrome often have average or above average intelligence, but have problems adapting to change or accepting failure, as well as coping with the social and emotional demands of school or other environments. Secondary conditions such as depression, anxiety disorders or obsessive compulsive disorders are common with Asperger syndrome. Motor coordination problems also are common.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student’s needs related to Asperger syndrome. This could include finding out about:
  – the student’s strengths, interests and areas of need
  – the student’s specific symptoms
  – any other associated disorders that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information about Asperger syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how Asperger syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student’s success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Develop a system for sharing information with relevant staff members about the student’s condition and successful strategies.

Implications for Instruction

☐ Provide clear, concrete instructions and information.

☐ Use simple, concrete language. Explain metaphors and words with multiple meanings, as students with Asperger syndrome often interpret sayings literally.

☐ Clearly identify the change from one activity or room to another (e.g., “Five more minutes to finish your picture before we go to the gym.”).

☐ Check the student’s comprehension of concepts throughout instruction.

☐ Highlight key concepts and use graphic organizers and visual schedules.
Model activities and expected responses. Provide alternative ways to complete assignments and demonstrate learning.

Break down a task into smaller, manageable steps. Define the task and steps by time or amount.

Provide extra time to do assignments or allow the use of a computer, if motor coordination problems make writing difficult.

Provide support and build motor coordination skills during physical activity. Modify activities, if necessary.

Identify sights and sounds in the classroom that may be overstimulating or distracting to the student. Reduce these, if possible, and work with the student and parents to identify strategies for managing distractions.

Seat the student in the front row, away from high traffic areas.

Provide the student with the option of an independent, quiet work space.

Implications for Social and Emotional Well-being

Engage the student and parents in planning for transitions between grade levels and different schools.

Watch for signs of anxiety and consult with the parents and school/jurisdictional team to develop effective sustainable supports.

Support the development of self-advocacy skills by providing explicit feedback, encouraging goal setting, and involving the student in monitoring the success of supports and strategies used in the classroom.

Maintain a predictable classroom and school routine. Give the student advance notice when there will be a change in the schedule or routine (e.g., school assembly or fire drill).

Teach the student appropriate conversational skills, such as:
- greeting people and starting a conversation
- taking turns
- asking and answering questions.

Be aware of student–peer relationships and provide support and guidance, when necessary. Some students may be unaware or misunderstand incidental information and social nuances.

Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.

Teach organizational strategies to reduce anxiety; for example:
- personal daily and weekly/monthly schedules
- personal list to track assignments
- checklists for materials
- designated time and routine for putting materials away after each class.

Identify environments that may be very stressful (e.g., music class, gymnasium, noisy lunch room) and develop strategies for reducing stress in these environments (e.g., use of earplugs, assigned seating in the lunchroom, etc).

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.
☐ Determine if the student has intense fascinations and/or preoccupations with certain objects, topics and people. Be proactive in diverting attention elsewhere or establishing boundaries on the time spent looking at or talking about these topics.

☐ Provide supports and set up the environment for success in social situations, such as:
  – using a buddy system for recess, lunch and other unstructured social times
  – providing organized activities for the student to take part in at recess or lunchtime.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student’s strengths and needs?  ☐ Yes ☐ No

2. Do I need targeted professional learning? If yes, what specific topics and strategies would I explore?  ☐ Yes ☐ No

3. Is consultation with jurisdictional staff required? If yes, what issues and questions would we explore?  ☐ Yes ☐ No

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children’s Hospital, Glenrose Hospital)? If yes, what issues and questions would we explore?  ☐ Yes ☐ No

5. Are further assessments required to assist with planning for this student? If yes, what questions do I need answered?  ☐ Yes ☐ No

6. Is service to the student from an external provider required? If yes, what outcomes would be anticipated?  ☐ Yes ☐ No

Links for further information:


Please note: These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.