Департамент образования города Москвы

Государственное автономное образовательное учреждение
высшего образования города Москвы
«Московский городской педагогический университет»
Институт иностранных языков

ФОНД ОЦЕНОЧНЫХ СРЕДСТВ
ТЕКУЩЕГО КОНТРОЛЯ УСПЕВАЕМОСТИ/ПРОМЕЖУТОЧНОЙ АТТЕСТАЦИИ ОБУЧАЮЩИХСЯ ПО ДИСЦИПЛИНЕ

К.М.01.05 Иностранный язык в профессиональной сфере

Направление подготовки
53.04.02 Вокальное искусство

Направленность (профиль) образовательной программы
Академический и этрадно-джазовый вокал

Москва
2017

1. Наименование дисциплины К.М.01.05 «Иностранный язык в профессиональной сфере»

2. Перечень компетенций с указанием этапов их формирования в процессе освоения дисциплины

Наименование компетенции	**Поэтапные результаты освоения дисциплины**	**Оценочные средства**
свободно пользоваться государственным языком Российской Федерации и иностранным языком как средством делового общения ОПК-2	**Знает и понимает:** особенности стиля, характерные для профессиональной коммуникации; грамматические явления, характерные для профессиональной речи; основные различия между деловым, научным стилями и стилем неформального общения (вопросы прагматики).	Реферат Собеседование/устный опрос Решение практических задач
	Умеет: дифференцировать лексику по сферам применения (неформальная, терминологическая, общенаучная, официальная и др.); понимать диалогическую и монологическую речь в сфере деловой и профессиональной коммуникации; строить диалогическую и монологическую речь в основных коммуникативных ситуациях профессионального и официального делового общения; тексты по профилю специальности; оформлять деловую переписку, другую документацию; перерабатывать информационные материалы в виде аннотации, реферата, тезисов; использовать иностранный язык для решения разнообразных задач профессионального коммуникации.	
	Владеет (навыками и/или опытом деятельности): навыками грамматическими, обеспечивающие коммуникацию делового профессионального характера при письменном и устном общении; навыками разговорной речи при деловом общении; навыками риторики; навыками выражения своих мыслей и мнения в межличностном и деловом общении на иностранном языке; навыками, достаточными для повседневного и делового общения.	
	Промежуточная аттестация по дисциплине	зачет

3. Методические материалы, определяющие процедуры оценивания знаний, умений, навыков и (или) опыта деятельности, характеризующих этапы формирования компетенций

Контроль качества освоения дисциплины включает в себя текущий контроль успеваемости и промежуточную аттестацию обучающихся. Промежуточная аттестация обучающихся по дисциплине проводится в форме зачета

Оценочные средства текущего контроля

Собеседование/устный опрос

При определении уровня достижений обучающихся при собеседовании (устном опросе) необходимо обращать особое внимание на:

– тематическую грамотность, логичность и доказательность в процессе изложения материала при ответе на поставленный вопрос или решения учебной задачи;
– точность и целесообразность использования профессиональной терминологии и знание номенклатуры;
– самостоятельность и осознанность ответа обучающегося, его речевую грамотность.

Решение практических задач

При определении уровня достижений обучающихся при решении практических задач необходимо обращать особое внимание на следующее:

– способность определять и принимать цели учебной задачи, самостоятельно и творчески планировать ее решение как в типичной, так и в нестандартной ситуации;
– систематизированные, глубокие и полные знания по всем разделам учебной программы;
– точное использование научной терминологии, стилистически грамотное, логически правильное изложение ответа на вопросы и задания;
– владение инструментарием учебной дисциплины, умение его эффективно использовать в постановке и решении учебных задач;
– грамотное использование основной и дополнительной литературы, рекомендованной учебной программой дисциплины;
– умение использовать современные информационные технологии для решения учебных задач, использовать научные достижения других дисциплин;
– творческая самостоятельная работа, активное участие в групповых обсуждениях, высокий уровень культуры исполнения заданий.

Реферат

Требования к структуре реферата:

1) титульный лист;
2) план работы с указанием страниц каждого пункта;
3) введение;
4) текстовое изложение материала с необходимыми ссылками на источники, использованные автором;
5) заключение;
6) список использованной литературы и источников;

7) приложения, которые состоят из таблиц, диаграмм, графиков, рисунков, схем (необязательная часть реферата).

Оценочные средства промежуточной аттестации

Зачет

При определении уровня достижений обучающихся на зачете необходимо обращать особое внимание на следующее:

– дан полный, развернутый ответ на поставленный вопрос;

– показана совокупность осознанных знаний об объекте, проявляющаяся в свободном оперировании понятиями, умении выделить существенные и несущественные его признаки, причинно-следственные связи;

– знание об объекте демонстрируется на фоне понимания его в системе данной дисциплины и междисциплинарных связей;

– ответ формулируется в терминах дисциплины, изложен литературным языком, логичен, доказателен, демонстрирует авторскую позицию обучающегося;

– теоретические постулаты подтверждаются примерами из практики.

4. Описание показателей и критериев оценивания компетенций на различных этапах их формирования, описание шкал оценивания

Оценочное средство – реферат - максимум 20 баллов

Критерии	Показатели	Шкала оценивания
Оформление реферата	Печатную форму. Документ должен быть создан в программе Microsoft Word. Поля страницы: левое – 30 мм, другие – по 20 мм.	3,5 балла
	Выравнивание текста – по ширине. Красная строка оформляется на одном уровне на всех страницах реферата. Отступ красной строки равен 1,25 см.	2,5 балла
	Шрифт основного текста – Times New Roman. Размер – 14 п. Цвет – черный. Интервал между строками – полуторный.	2,5 балла
	Нумерацию страниц. Отсчет ведется с титульного листа, но сам лист не нумеруют. Используются арабские цифры.	2,5 балла
	Оформление цитат. Они заключаются в скобки. Авторская пунктуация и грамматика сохраняется. Нумерацию глав, параграфов. Главы нумеруются римскими цифрами (Глава I, Глава II), параграфы – арабскими (1.1, 1.2).	1,5 балла
Содержание реферата	Информационная достаточность	0,5 баллов
	Соответствие материала теме и плану	2,5 балла

	Стиль и язык изложения (целесообразное использование)	2,5 балла
	Терминологии, пояснение новых понятий, лаконичность	0,5 балла
	Наличие выраженной собственной позиции	0,5 балла
	Владение материалом	0,5 балла
	Адекватность и количество использованных источников	0,5 балла

Оценочное средство – собеседование/устный опрос - максимум - 15 баллов

Критерии	**Показатели**	**Шкала оценивания**
Степень раскрытия материала	Обучающиеся продемонстрировали, что усвояемый материал понят (приводились доводы, объяснения, доказывающие это)	5 баллов
	Обучающиеся постигли смысл изучаемого материала (могут высказать вербально, четко и ясно, или конструировать новый смысл, новую позицию)	5 баллов
	Обучающиеся могут согласовать свою позицию или действия относительно обсуждаемой проблемы	5 баллов

Оценочное средство – решение практических задач - максимум - 15 баллов

Критерии	**Показатели**	**Шкала оценивания**
Правильность решения	Понимание цели практической задачи, представление поэтапного плана ее решения	2,5 балла
	Использование научной терминологии, стилистически грамотного, логически правильного изложения ответов на вопросы и задания	2,5 балла
	Владение инструментарием учебной дисциплины, умение его эффективно использовать в постановке и решении практической задачи	5 баллов
Обоснованность решения	Понимание закономерностей изучаемых явлений, доказательности рассуждений	5 баллов

Оценочное средство – зачет - максимум 50 баллов

Критерии	**Показатели**	**Шкала оценивания**
Степень раскрытия учебного материала	Знание программного материала и структуры дисциплины, а также основного содержания и его элементов в соответствии с прослушанным лекционным курсом и с учебной литературой	10 баллов

	Логически корректное, непротиворечивое, последовательное и аргументированное построение ответа по вопросам	10 баллов
	Понимание взаимосвязей между проблемными вопросами дисциплины	5 баллов
	Отчетливое и свободное владение концептуально-понятийным аппаратом, научным языком и терминологией соответствующей научной области	5 баллов
	Понимание содержания проблемы и ее междисциплинарных связей в рамках предметной области	5 баллов
Умение применять теоретический материал при решении практических задач	Понимание существа обсуждаемых конкретных проблем, а также актуальности и практической значимости изучаемой дисциплины	5 баллов
	Владение методологией дисциплины, умение применять теоретические знания при решении задач, обосновывать свои действия	5 баллов
	Представление обоснованных выводов при решении практических задач	5 баллов

5. Типовые контрольные задания и иные материалы, необходимые для оценки знаний, умений, навыков и (или) опыта деятельности, характеризующих этапы формирования компетенций в процессе их формирования

Оценочное средство – реферат

Примерная тематика рефератов по дисциплине

1. Universities in Britain
2. Science in the USA
3. Peculiarities of English culture
4. Different social life
5. British politics
6. Events of English history
7. English movies
8. English character
9. System of education in Britain
10. System of education in the USA
11. Sexual Education of Teens and Young.
12. Emotional Conflict.
13. Women, Their Employment and Role in Society.
14. Drugs.
15. On Discipline and Authoritarian Training.

16. The Problem of Up-Bringing Children in Incomplete Family.
17. Alcoholism.
18. Love, Marriage, Family.
19. Parents and Children Relationship.
20. Rage and Adolescence.

Примерные вопросы к собеседованию/устному опросу

1. Introduce yourself to your professional colleague/partner.
2. What professional areas would you like to work in? Why?
3. What problems do you have at work/ in your studies?
4. How often do you travel? Where do you like to go? Do you ever travel on business?
5. What kind of job would you like to have on graduation?
6. What do you read to increase your professional knowledge? What was the last article you read in a professional journal? Would you recommend this article for reading to any of your colleagues?
7. What`s your favourite saying? Why do you like it?
8. What famous companies come from your country? What do they do or make?
9. How do companies communicate with their employees? What style of company management would you find most comfortable to work in yourself?
10. Give some tips to a foreigner who is going to visit our country.

Asperger syndrome

Asperger syndrome (AS), also known as Asperger disorder (AD) or simply Asperger's, is an autism spectrum disorder (ASD) that is characterized by significant difficulties in social interaction and nonverbal communication, alongside restricted and repetitive patterns of behavior and interests. It differs from other autism spectrum disorders by its relative preservation of linguistic and cognitive development.

The syndrome is named after the Austrian pediatrician Hans Asperger who, in 1944, studied and described children in his practice who lacked nonverbal communication skills, demonstrated limited empathy with their peers, and were physically clumsy. The modern conception of Asperger syndrome came into existence in 1981 and went through a period of popularization,becoming standardized as a diagnosis in the early 1990s. Many questions and controversies remain about aspects of the disorder.There is doubt about whether it is distinct from high-functioning autism (HFA); partly because of this, its prevalence is not firmly established.

The exact cause of Asperger's is unknown. Although research suggests the likelihood of a genetic basis, there is no known genetic cause and brain imaging techniques have not identified a clear common pathology. There is no single treatment, and the effectiveness of particular interventions is supported by only limited data. Intervention is aimed at improving symptoms and function. The mainstay of management is behavioral therapy, focusing on specific deficits to address poor communication skills, obsessive or repetitive routines, and physical clumsiness. Most children improve as they mature to adulthood, but social and communication difficulties may persist. Some researchers and people with Asperger's have advocated a shift in attitudes toward the view that it is a difference, rather than a disability that must be treated or cured.

Asperger syndrome was defined in DSM-IV-TR as:

1. Qualitative impairment in social interaction, as manifested by at least two of the following:
A) marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
B) failure to develop peer relationships appropriate to developmental level
C) a lack of spontaneous seeking to share enjoyment, interest or achievements with other people, (e.g.. by a lack of showing, bringing, or pointing out objects of interest to other people)
D) lack of social or emotional reciprocity
2. Restricted repetitive & stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
A) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
B) apparently inflexible adherence to specific, nonfunctional routines or rituals
C) stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
D) persistent preoccupation with parts of objects

3. The disturbance causes clinically significant impairments in social, occupational, or other important areas of functioning.

4. There is no clinically significant general delay in language (E.G. single words used by age 2 years, communicative phrases used by age 3 years)

5. There is no clinically significant delay in cognitive development or in the development of age-appropriate self help skills, adaptive behavior (other than in social interaction) and curiosity about the environment in childhood.

6. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia."

As a pervasive developmental disorder, Asperger syndrome is distinguished by a pattern of symptoms rather than a single symptom. It is characterized by qualitative impairment in social interaction, by stereotyped and restricted patterns of behavior, activities and interests, and by no clinically significant delay in cognitive development or general delay in language. Intense preoccupation with a narrow subject, one-sided verbosity, restricted prosody, and physical clumsiness are typical of the condition, but are not required for diagnosis.
Social interaction
A lack of demonstrated empathy has a significant impact on aspects of communal living for persons with Asperger syndrome. Individuals with AS experience difficulties in basic elements of social interaction, which may include a failure to develop friendships or to seek shared enjoyments or achievements with others (for example, showing others objects of interest), a lack of social or emotional reciprocity (social "games" give-and-take mechanic), and impaired nonverbal behaviors in areas such as eye contact, facial expression, posture, and gesture.
People with AS may not be as withdrawn around others compared to those with other, more debilitating forms of autism; they approach others, even if awkwardly. For example, a person with AS may engage in a one-sided, long-winded speech about a favorite topic, while misunderstanding or not recognizing the listener's feelings or reactions, such as a wish to change the topic of talk or

end the interaction. This social awkwardness has been called "active but odd". This failure to react appropriately to social interaction may appear as disregard for other people's feelings, and may come across as insensitive. However, not all individuals with AS will approach others. Some of them may even display selective mutism, speaking not at all to most people and excessively to specific people. Some may choose only to talk to people they like.

The cognitive ability of children with AS often allows them to articulate social norms in a laboratory context, where they may be able to show a theoretical understanding of other people's emotions; however, they typically have difficulty acting on this knowledge in fluid, real-life situations. People with AS may analyze and distill their observations of social interaction into rigid behavioral guidelines, and apply these rules in awkward ways, such as forced eye contact, resulting in a demeanor that appears rigid or socially naive. Childhood desire for companionship can become numbed through a history of failed social encounters.

The hypothesis that individuals with AS are predisposed to violent or criminal behavior has been investigated, but is not supported by data. More evidence suggests children with AS are victims rather than victimizers. A 2008 review found that an overwhelming number of reported violent criminals with AS had coexisting psychiatric disorders such as schizoaffective disorder.

Restricted and repetitive interests and behavior

People with Asperger syndrome display behavior, interests, and activities that are restricted and repetitive and are sometimes abnormally intense or focused. They may stick to inflexible routines, move in stereotyped and repetitive ways, or preoccupy themselves with parts of objects.

Pursuit of specific and narrow areas of interest is one of the most striking features of AS. Individuals with AS may collect volumes of detailed information on a relatively narrow topic such as weather data or star names, without necessarily having a genuine understanding of the broader topic. For example, a child might memorize camera model numbers while caring little about photography. This behavior is usually apparent by age 5 or 6. Although these special interests may change from time to time, they typically become more unusual and narrowly focused, and often dominate social interaction so much that the entire family may become immersed. Because narrow topics often capture the interest of children, this symptom may go unrecognized.

Stereotyped and repetitive motor behaviors are a core part of the diagnosis of AS and other ASDs.They include hand movements such as flapping or twisting, and complex whole-body movements. These are typically repeated in longer bursts and look more voluntary or ritualistic than tics, which are usually faster, less rhythmical and less often symmetrical.

According to the Adult Asperger Assessment (AAA) diagnostic test, a lack of interest in fiction and a positive preference towards non-fiction is common among adults with AS.

Speech and language

Although individuals with Asperger syndrome acquire language skills without significant general delay and their speech typically lacks significant abnormalities, language acquisition and use is often atypical. Abnormalities include verbosity, abrupt transitions, literal interpretations and miscomprehension of nuance, use of metaphor meaningful only to the speaker, auditory perception deficits, unusually pedantic, formal or idiosyncratic speech, and oddities in loudness, pitch, intonation, prosody, and rhythm. Echolalia has also been observed in individuals with AS.

Three aspects of communication patterns are of clinical interest: poor prosody, tangential and circumstantial speech, and marked verbosity. Although inflection and intonation may be less rigid or monotonic than in classic autism, people with AS often have a limited range of intonation:

speech may be unusually fast, jerky or loud. Speech may convey a sense of incoherence; the conversational style often includes monologues about topics that bore the listener, fails to provide context for comments, or fails to suppress internal thoughts. Individuals with AS may fail to detect whether the listener is interested or engaged in the conversation. The speaker's conclusion or point may never be made, and attempts by the listener to elaborate on the speech's content or logic, or to shift to related topics, are often unsuccessful.

Children with AS may have an unusually sophisticated vocabulary at a young age and have been colloquially called "little professors", but have difficulty understanding figurative language and tend to use language literally. Children with AS appear to have particular weaknesses in areas of nonliteral language that include humor, irony, teasing, and sarcasm. Although individuals with AS usually understand the cognitive basis of humor, they seem to lack understanding of the intent of humor to share enjoyment with others. Despite strong evidence of impaired humor appreciation, anecdotal reports of humor in individuals with AS seem to challenge some psychological theories of AS and autism.

Motor and sensory perception

Individuals with Asperger syndrome may have signs or symptoms that are independent of the diagnosis, but can affect the individual or the family. These include differences in perception and problems with motor skills, sleep, and emotions.

Individuals with AS often have excellent auditory and visual perception. Children with ASD often demonstrate enhanced perception of small changes in patterns such as arrangements of objects or well-known images; typically this is domain-specific and involves processing of fine-grained features. Conversely, compared to individuals with high-functioning autism, individuals with AS have deficits in some tasks involving visual-spatial perception, auditory perception, or visual memory. Many accounts of individuals with AS and ASD report other unusual sensory and perceptual skills and experiences. They may be unusually sensitive or insensitive to sound, light, and other stimuli; these sensory responses are found in other developmental disorders and are not specific to AS or to ASD. There is little support for increased fight-or-flight response or failure of habituation in autism; there is more evidence of decreased responsiveness to sensory stimuli, although several studies show no differences.

Hans Asperger's initial accounts and other diagnostic schemes include descriptions of physical clumsiness. Children with AS may be delayed in acquiring skills requiring motor dexterity, such as riding a bicycle or opening a jar, and may seem to move awkwardly or feel "uncomfortable in their own skin". They may be poorly coordinated, or have an odd or bouncy gait or posture, poor handwriting, or problems with visual-motor integration. They may show problems with proprioception (sensation of body position) on measures of developmental coordination disorder (motor planning disorder), balance, tandem gait, and finger-thumb apposition. There is no evidence that these motor skills problems differentiate AS from other high-functioning ASDs.

Children with AS are more likely to have sleep problems, including difficulty in falling asleep, frequent nocturnal awakenings, and early morning awakenings. AS is also associated with high levels of alexithymia, which is difficulty in identifying and describing one's emotions. Although AS, lower sleep quality, and alexithymia are associated, their causal relationship is unclear.

Example (Jerome story)

The number of adults with Aspergers is still difficult to determine. The syndrome wasn’t even officially acknowledged in the DSM until 1994, even though it was described by Hans Asperger

in 1944. The result? Many older adults weren't diagnosed — or helped — as children. Teachers found them exasperating because they were so disorganized and uneven in their academic performance despite often being clearly bright. Other kids considered them weird and either bullied them or ignored them. As adults, they are only now discovering that there is a reason they've had difficulties with relationships their entire lives.

For many, having a diagnosis is a relief.

"I never could figure out what other people want," says Jerome, one of my Aspie clients. "People seem to have some kind of code for getting along that is a mystery to me."

Jerome is a brilliant chemist. He has the respect of his colleagues but he knows that he's not well-liked. The finely tuned intuition he uses to do research breaks down completely in relationships.

"I know I'm well-regarded in my work. As long as we're talking about a research problem, everything is fine. But as soon as people start doing that small talk stuff, I'm lost. It's good to have a name for it. At least I know there's a reason."

Jerome is now starting to put the same intelligence he uses in his lab to learning better social skills. For him, it's an academic problem to solve. Like many other Aspies, he wants to get along and have friends. He's highly motivated to learn the "rules" most people take for granted. He just never understood what those rules were. Having the diagnosis has given him new energy for the project. The press coverage of the syndrome of the last several years has been very helpful as well.

"I was working on a highly technical engineering project with a new guy last week. In the middle the morning, he put down his pencil, looked at me and said, "You have Aspergers, don't you."

Ted was explaining a recent encounter to me. "I got real nervous, thinking he was going to leave."

What did you say?" I asked.

"Well. I know now that's my problem so I just said he was right. And you know what he said? He said, 'I thought so' and told me I could relax because he works with another guy who has the same thing. We had a great morning solving the problem. That wouldn't have happened even a few years ago. I would have upset him somehow without understanding why. He would have gone back to his company thinking I was some kind of jerk. Things are just better now that there's some understanding out there."

People identifying with Asperger syndrome may refer to themselves in casual conversation as aspies (a term first used in print by Liane Holliday Willey in 1999). The word neurotypical (abbreviated NT) describes a person whose neurological development and state are typical, and is often used to refer to non-autistic people. The Internet has allowed individuals with AS to communicate and celebrate diversity with each other in a way that was not previously possible because of their rarity and geographic dispersal. A subculture of aspies has formed. Internet sites like Wrong Planet have made it easier for individuals to connect.

Autistic people have advocated a shift in perception of autism spectrum disorders as complex syndromes rather than diseases that must be cured. Proponents of this view reject the notion that there is an "ideal" brain configuration and that any deviation from the norm is pathological; they promote tolerance for what they call neurodiversity. These views are the basis for the autistic rights and autistic pride movements.There is a contrast between the attitude of adults with self-identified AS, who typically do not want to be cured and are proud of their identity, and parents of children with AS, who typically seek assistance and a cure for their children.

Some researchers have argued that AS can be viewed as a different cognitive style, not a disorder or a disability, and that it should be removed from the standard Diagnostic and Statistical Manual, much as homosexuality was removed. In a 2002 paper, Simon Baron-Cohen wrote of those with

AS, "In the social world, there is no great benefit to a precise eye for detail, but in the worlds of maths, computing, cataloging, music, linguistics, engineering, and science, such an eye for detail can lead to success rather than failure." Baron-Cohen cited two reasons why it might still be useful to consider AS to be a disability: to ensure provision for legally required special support, and to recognize emotional difficulties from reduced empathy. Baron-Cohen argues that the genes for Asperger's combination of abilities have operated throughout recent human evolution and have made remarkable contributions to human history

Prognosis

There is some evidence that children with AS may see a lessening of symptoms; up to 20% of children may no longer meet the diagnostic criteria as adults, although social and communication difficulties may persist. As of 2006, no studies addressing the long-term outcome of individuals with Asperger syndrome are available and there are no systematic long-term follow-up studies of children with AS. Individuals with AS appear to have normal life expectancy, but have an increased prevalence of comorbid psychiatric conditions, such as major depressive disorder and anxiety disorder that may significantly affect prognosis. Although social impairment is lifelong, the outcome is generally more positive than with individuals with lower functioning autism spectrum disorders; for example, ASD symptoms are more likely to diminish with time in children with AS or HFA. Although most students with AS/HFA have average mathematical ability and test slightly worse in mathematics than in general intelligence, some are gifted in mathematics and AS has not prevented some adults from major accomplishments such as Vernon L. Smith winning the Nobel Prize.

Although many attend regular education classes, some children with AS may utilize special education services because of their social and behavioral difficulties. Adolescents with AS may exhibit ongoing difficulty with self care or organization, and disturbances in social and romantic relationships. Despite high cognitive potential, most young adults with AS remain at home, although some do marry and work independently. The "different-ness" adolescents experience can be traumatic. Anxiety may stem from preoccupation over possible violations of routines and rituals, from being placed in a situation without a clear schedule or expectations, or from concern with failing in social encounters; the resulting stress may manifest as inattention, withdrawal, reliance on obsessions, hyperactivity, or aggressive or oppositional behavior. Depression is often the result of chronic frustration from repeated failure to engage others socially, and mood disorders requiring treatment may develop. Clinical experience suggests the rate of suicide may be higher among those with AS, but this has not been confirmed by systematic empirical studies.

Education of families is critical in developing strategies for understanding strengths and weaknesses; helping the family to cope improves outcomes in children. Prognosis may be improved by diagnosis at a younger age that allows for early interventions, while interventions in adulthood are valuable but less beneficial. There are legal implications for individuals with AS as they run the risk of exploitation by others and may be unable to comprehend the societal implications of their actions.

Example (raising a child with Asperger’s Syndrome: Mary Walsh’s Story)

I began noticing something was different about my son, Matthew, when he was about two years old. He didn’t make good eye contact. Noise bothered him. He had trouble with some of his motor skills, such as using a spoon.

He was also having a tough time at day care. He’d cry when I dropped him off. He couldn’t relate to other kids. He would get bothered if toys got out of order. And he clapped a lot, more than

normal. When I look back at pictures of him at that age, he looked really sad, really serious. My husband and I thought that was just the way he was, that he would grow out of these behaviors. But he didn't. The behaviors got worse.

Finally in January 2005 -- when he was about to turn 3 -- his preschool teachers told us they were concerned about his lack of sociability and obsessive tendencies. Our pediatrician reviewed the preschool's notes and said that just one symptom isn't unusual, but several point to something more serious. Then she mentioned Asperger's syndrome. I had no clue what that was. But after a pediatrician who specializes in developmental problems evaluated Matthew, the diagnosis was confirmed.

Asperger's is similar to autism, with some differences. Autistic kids often have delayed speech, for instance, while the speech of children with Asperger's tends to develop normally. But children with Asperger's have trouble with "expressive language," as well as with empathy and reading social cues.

Asperger's and OCD

Many children with Asperger's also develop obsessive interests. That explains why Matthew started focusing on garbage at an early age. He knows more about it than most people who work for garbage companies. Asperger's sometimes has other components of obsessive-compulsive disorder (OCD), too. Matthew feels a need to shut doors and push in chairs. He gets very upset when his routine changes. Plus he has anxiety and anger management problems. That's why he claps: It helps him organize himself when he's upset.

Treating Asperger Syndrome

Because AS can present patterns of behaviors and problems that differ widely from child to child, there isn't a "typical" or prescribed treatment regimen. However, depending on what their strengths and weaknesses are (or depending on what their development history is), kids may benefit from these treatments:

- parent education and training
- specialized educational interventions
- social skills training
- language therapy
- sensory integration training for younger kids, usually performed by an occupational therapist, in which they are desensitized to stimuli to which they're overly sensitive
- psychotherapy or behavioral/cognitive therapy for older kids
- medications

It will help if you involve all of your child's caregivers in the treatment. The health professionals who are caring for your child should know what the others are doing, and you will often find yourself acting as the "case manager" in this scenario. Teachers, babysitters, other family members, close friends, and anyone else who cares for your child also should be involved.

It's important to know that many people can provide assistance. Finding the right program for your child is key and getting help early is important. Kids with AS can and do experience great gains with the appropriate treatment and education.

Helping Your Child

Although AS presents challenges for kids and their parents, you can help your child adjust and offer support in many ways:

Look into educational or training programs for parents. You're your child's first teacher and you'll continue to be the cornerstone in supporting his or her development.

Teach your child self-help skills. Learning these skills helps kids achieve maximum independence. Because it's not always obvious that a child has AS, alert others to the fact that your child has special needs. As a parent, you may have to take on the role of educator when dealing with teachers, medical personnel, and other caregivers.

Find a program that addresses your child's specific needs or areas of "deficiency." The Autism Society of America (ASA) encourages family members to talk to the program director to determine if the curriculum or program addresses their child's particular issues.

Choose special programs or treatments that focus on long-term outcomes and that take the developmental level of your child into consideration.

Remember that your child is part of a family unit and that his or her needs should be balanced with the those of other family members.

Get support for yourself and other family members. You can't help your child if you are not meeting your own emotional and physical needs. Your community may offer support groups at a local hospital or mental health center. There is considerable state-to-state variation in the types of government-sponsored services and other programs available to children with autism spectrum disorders and their families.

Your Child's Future

Currently, few facilities are specifically dedicated to providing for the needs of kids with AS. Some children are in mainstream schools where their progress depends on the support and encouragement of parents, caregivers, teachers, and classmates. However, some go to special schools for kids with autism or learning disabilities.

Many people with AS can function well in most aspects of life, so the condition does not have to prevent your child from succeeding academically and socially.

You may feel overwhelmed and discouraged if your child is diagnosed with AS. Remember that your child's treatment team can provide enormous support and encouragement for your child — and your family.

Оценочное средство

Примерные задания

Ex. 1

Make the following sentences passive:

1. They bring up their children according to severe traditions. 2. They make spelling, grammar, and punctuation errors. 3. They call poor coordination of large muscle groups' gross motor disability. 4. They call poor coordination of small muscle groups' fine motor disability. 5. She repeated information often enough. 6. The consultants record, sequence, and understand and organize information. 7. The child might also reverse the order of letters in words. 8. This model distinguishes four stages of information. 9. This model distinguishes four stages of information.

Ex. 2

Use adverbs of frequency from the box:

Usually, hardly, ever, sometimes, always, often, never

решение практических задач

I have … been to London. 2. She could …move her legs. 3. Mike … buys clothes he doesn't like. 4. I am … polite to people who are polite to me. 5. Have you … heard Shopin's waltzes. 6. My sister … goes to school by bus No. 205. 7. Our neighbours … come to see us.

Ex. 3

Change the sentences using *both … and / neither … nor / either … or*. Follow the example:

e. g. ***My sister is a student. So am I.***
Both my sister and I are students.

1. Tom hasn't got the money to buy a car. And he hasn't got a garage for it. Tom has got … . 2. Kate doesn't study and she doesn't work. Kate … . 3 John is a very handsome man. He is smart too. John … .

Ex. 4

Use the Past Simple or the Past Perfect where they are necessary:

1. I (not to go) to bed until I (to do) my homework. 2. I (to thank) her for everything she (to do). 3. When I returned home I (to realize) that I (to leave) my key at the office. 4. As soon as they (to finish) their work they (to go) home. 5. Before I (to see) the film I (to read) the book.