

Supplemental Table 1. Evidence for the Effectiveness of Interventions for Work, ADLs, IADLs, and Education for People With ASD

Author/Year	Level of Evidence/Study Design/ Participants/Inclusion Criteria	Intervention and Control	Outcome Measures	Results
Bimbrahw, Boger, & Mihailidis (2012)	Level IV Single subject <i>N</i> = 5 children with ASD (4 boys, 1 girl; age range = 4–6 yr).	ADLs and IADLs <i>Intervention</i> COACH for ASD, an interactive device that monitors a child's performance of hand washing through a mounted video camera. It analyzes performance and provides verbal, picture, and video prompts if needed (through another mounted screen). The device also has 5 buttons that correspond to each step of the task. When the child completes a step, the corresponding button lights up, and the picture on the picture schedule is checked off. The child has the option to press the button to advance to the next task step or to wait 5 s for the system to automatically move on.	System performance as measured by hits, misses, false alarms, correct rejections, accuracy, sensitivity, and specificity.	System responded correctly to 74% of situations encountered during pilot testing. Children completed 78% of steps without parent assistance, 39% independently, and 39% with device assistance. Children accepted and understood the device's interventions. Parents were accepting of device. Buttons were confusing or distracting to children and will be eliminated in future studies.
Binnendyk & Lucyshyn (2009)	Level IV Case study 1 family of a 6-yr-old child with autism; Canadian family of Middle Eastern descent.	<i>Intervention</i> This multidimensional intervention to improve restricted eating used a family-centered approach that incorporates PBS. It includes 6 core features: collaborative partnership with caregiver; mealtime in the home; functional, feeding, and family ecology assessment; caregiver training; multiple outcome measures; and strategies to promote long-term, generalized outcomes. Therapist training sessions were provided 2–4×/wk (39 sessions across 14 wk for a total of 40 hr); parent training sessions were provided 1–2×/wk (15 sessions across 8 wk for a total of 14 hr).	<ul style="list-style-type: none"> • Food consumption during training with the therapist • Food consumption during routine with parent • Latency in minutes to termination or to successful completion of routine • Steps completed in snack routine • Parent implementation fidelity of PBS plan • Social validation • Goodness-of-fit measure • Family Quality of Life Survey. 	<p>During training with the therapist, the child's food acceptance increased from 0% of trials to 100% of trials for 5 non-preferred foods (over 14 wk).</p> <p>Food consumption with the parent increased from 0% to 64%.</p> <p>Successful participation in snack routines was 100%.</p> <p>Improvements in eating behavior and routine participation were maintained at 26 mo.</p> <p>Goodness of fit = 4.4/5 (believed that the support plan was well matched to the family's ecology).</p> <p>Social validity = 4.6/5 (believed that the plan goals, procedures, and outcomes were acceptable).</p> <p>Quality of life substantially improved for the participant and his family in the areas of support for people with disability, health and safety, and family resources.</p>

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Drysdale, Casey, & Porter-Armstrong (2008)	Level I RCT, treatment and control conditions $N = 40$ children (age range = 9–11 yr), 8 with autism. Classroom-based and community-based training group, $n = 12$. Classroom-based-training-only group, $n = 12$. No-training control group, $n = 16$.	<i>Intervention</i> Different training types to help increase functional independence in daily living skills.	Task analysis of steps in shopping or telephone tasks (score obtained was the no. of steps achieved independently before prompting)	Students who received the community-based treatment improved significantly more on the shopping task when tested in the classroom ($p = .007$). Groups were not significantly different on performance of the shopping task in the community. Groups were not significantly different on the telephone task.
Dunn, Cox, Foster, Mische-Lawson, & Tanquary (2012)	Level III Pretest–posttest repeated measures $N = 20$ parents of children with ASD (17 boys, 3 girls; age range = 3–10 yr).	<i>Intervention</i> OTs used coaching and problem solving with parents to achieve parent-identified goals for the child. 10 intervention sessions per family, provided by OTs; sessions lasted approximately 1 hr over 12–15 wk.	<ul style="list-style-type: none"> • COPM • GAS • Parent Stress Index Short Form • Parenting Sense of Competence Scale. 	Intervention was effective in improving children's participation and parental competence; results showed a significant time effect for COPM performance ($p < .001$, $\eta^2 = .863$) and satisfaction ($p < .001$, $\eta^2 = .819$). GAS results indicated a significant time effect ($p < .001$, $\eta^2 = .930$). Parents showed less stress at the end of the study and increased in parenting efficacy.
Mechling, Gast, & Seid (2009)	Level IV Single subject $N = 3$ boys with ASD (age range = 16–17 yr).	<i>Intervention</i> A Cyrano Communicator™ PDA device was used to provide a variety of visual and auditory prompt options to assist with independent completion of cooking and home living tasks. PDA prompt sessions were no prompt, picture, picture + auditory, or video + voiceover. Sessions occurred in high school cooking and home living instruction room. 1 cooking task/session, 1 session/day, 3–4x/wk.	<ul style="list-style-type: none"> • Percentage of task steps performed correctly and independently • Type of prompt student used: no prompt, picture, picture + auditory, or video + voiceover. 	All students were able to self-adjust prompts as needed. PDA device appeared to be effective as self-prompting tool to assist youths with ASD in cooking tasks. All participants showed improved performance in cooking tasks after introduction of the PDA and were able to maintain this progress.

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Phelan, Steinke, & Mandich (2009)	Level IV Single subject <i>N</i> = 2 boys (9-yr-old with Asperger syndrome and 10-yr-old with high-functioning autism).	<i>Intervention</i> 10 individualized, 1-hr weekly sessions of CO-OP, a problem-solving approach in which children identify a goal and then apply a process of goal-plan-do-check to learn targeted tasks.	<ul style="list-style-type: none"> • PQRS • Parents completed a portion of the COPM. 	Both participants showed improvement on the COPM and PQRS; COPM goals were shoe tying, keyboarding, sports, and riding a bike. Use of CO-OP approach with high-functioning children with pervasive developmental disorder is potentially effective.
Rodger, Ireland, & Vun (2008)	Level IV Single subject <i>N</i> = 2 boys (10 and 12 yr old) with Asperger syndrome.	<i>Intervention</i> 10 1-hr individualized wky sessions of CO-OP, the aim of which is to acquire skills through the use of a global problem-solving strategy and the use of domain-specific strategies while also facilitating generalization to other contexts and skills.	<ul style="list-style-type: none"> • Clinical Evaluation of Language Fundamentals • COPM • Social Skills Rating Scale • PQRS. 	<i>Child 1</i> : Clinically significant increase in performance and satisfaction scores for all goals on the COPM; teacher reported social skills remained the same, and parent indicated fewer than expected gains in social skills. <i>Child 2</i> : Managing anger, getting to sleep, making bed, and using cutlery improved (COPM). Self-rating for managing time to complete homework and cutting meat decreased (− 1 point), but satisfaction increased. Performance showed average increase of 2.80 points; teacher reported social skills remained the same and parent reported increased social skills.
Rodger, Springfield, & Polatajko (2007)	Level IV Single-subject <i>N</i> = 2 children (siblings; 9-yr-old boy and 11-yr-old girl).	<i>Intervention</i> 10 1-hr individualized wky sessions of CO-OP, a client-centered, cognitive approach that uses a problem-solving framework, based on research protocol.	<ul style="list-style-type: none"> • Parent diary entries collected for 4 mo (1 entry recommended per week); entries were to note spontaneous use of strategies learned during sessions, use of strategies with prompting, and attempts to learn new skills. 	Diary entries evaluated for common themes. Themes showed that both participants generalized strategies used during intervention to different context, materials, and situations. Male participant was very limited in diet variety until he learned new strategies during intervention to help him cut and eat different foods. Skill transfer and using the global problem-solving framework was demonstrated in acquiring new skills such as casting with a fishing rod and eating with a knife or fork. As daily performance increased using CO-OP, both participants' anxiety decreased. Sensory sensitivity and decreased morning routine stress were noted in female participant.

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Author/Year	Level of Evidence/Study Design/ Participants/Inclusion Criteria	Intervention and Control	Outcome Measures	Results
Schaaf et al. (2014)	Level I RCT <i>N</i> = 32 people with ASD (26 men, 6 women; age range = 56–83 yr). Sensory integration group, <i>n</i> = 17. Usual-care group, <i>n</i> = 15.	<i>Intervention</i> Children in the intervention group received a manualized OT–SI treatment 3×/wk for 10 wk. 3 licensed OTs provided the intervention and met fidelity criteria. <i>Control</i> The usual-care group received traditional OT services in a community setting.	<ul style="list-style-type: none"> • GAS using individualized goals • PEDI • PDDBI • VABS–II. 	The OT–SI group improved significantly more than the usual-care group on GAS ($p = .003$). Caregiver assistance decreased for self-care and social function (PEDI; $ps = .008$ and $.039$, respectively). The groups did not differ in adaptive behaviors as measured by the VABS–II. Differences on the PDDBI approached significance.
Seiverling, Williams, Sturmey, & Hart (2012)	Level IV Single subject <i>N</i> = 3 boys with ASD and food selectivity (ages 4, 8, and 5 yr) and their mothers.	<i>Intervention</i> Parents were taught behavior skills training using taste exposure, escape extinction, and fading to assist with reducing their child’s food selectivity. Sessions occurred in the home at family dinner table. Mother conducted TS (taste exposure of a single bite) 20×/day. Non-target foods were not to be given for 2 hr before or after these sessions. PM were conducted after every 10 TS. Parent training for TS and PM was provided.	All sessions were videotaped. Dependent variables were parent behavior (percentage of correctly performed steps during taste sessions and probe meals) and child behavior (food–bite acceptance, latency between presentation and acceptance, no. of bites with disruptive responses). Behavior was measured at baseline, post-training, and follow-up (1×/wk for 3 wk) for TS and PM.	Mothers’ performance improved at both posttraining and follow-up. Children showed increased bite acceptance within 30 s and decreased disruption during posttraining. Most parent and child gains were maintained at follow-up.
Twachtman-Reilly, Amaral, & Zebrowski (2008)	Level V Literature review and case examples	<i>Intervention</i> Focused primarily on feeding issues related to physiological and behavioral bases of food selectivity in children with ASD. Food selectivity appears to be the primary feeding issue for those with ASD, with dysphagia and oral–motor difficulties being more common among those children who have more complex medical or physical needs.	A list of suggested strategies for addressing feeding issues is provided, including enhancing predictability, defining task expectations, addressing repetitive behavior patterns, modifying feeding assessment, sensory-based techniques that benefit mealtime and food acceptance, behaviorally based treatments, and generalization of skills.	In addressing feeding and eating issues among children with ASD, a collaborative and comprehensive approach is recommended in order to conduct a thorough evaluation and to determine appropriate interventions. Interventions may center solely on behavioral, physiological, or sensory approaches or a combination of these.

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Author/Year	Level of Evidence/Study Design/ Participants/Inclusion Criteria	Intervention and Control	Outcome Measures	Results
Koenig, Buckley-Reen, & Garg (2012)	Level II Controlled clinical trial <i>N</i> = 46 participants with ASD. Intervention group, <i>n</i> = 24. Control group, <i>n</i> = 22.	Education <i>Intervention</i> Classroom-based yoga program called Get Ready to Learn that included postures and exercises, breathing, deep relaxation, and chanting. Teachers led the OT-designed sessions 15–20 min every school day for 16 wk.	<ul style="list-style-type: none"> • ABC–Community • VABS–II. 	Teacher ratings showed improved behavior in experimental group; parent ratings showed no significant changes in behavior. Intervention had moderate effect (<i>d</i> = 1.19) on ABC–Community on basis of teacher ratings. No significant differences on VABS–II.
Oriel, George, Peckus, & Semon (2011)	Level II Randomized, cross-over design with treatment and control condition <i>N</i> = 9 children with ASD (7 boys, 2 girls; age range = 3–6 yr; <i>M</i> age = 5.2 yr).	<p><i>Intervention</i> A single 15-min session of running or jogging as a group followed by a classroom task.</p> <p><i>Control</i> A single session of participation in a classroom task that was not preceded by exercise.</p>	<ul style="list-style-type: none"> • Correct academic responses • Incorrect academic responses • Stereotypic behaviors • On-task behavior • Observational data (2 sets) were collected for 15 min each. 	<p><i>Correct or incorrect responses:</i> 7/9 participants increased correct responding after exercise. Mean percentage of correct responding was 71.5 on control days and 82.6 on treatment days (statistically significant at <i>p</i> < .05).</p> <p><i>On-task time:</i> No significant differences between the 2 conditions.</p> <p><i>Stereotypic behaviors:</i> No significant differences between conditions.</p>
Sowa & Meulenbroek (2012)	Level I Systematic review and meta-analysis <i>N</i> = 16 studies published 1991–2011 with children and adults with ASD as participants and behavioral effects presented in quantitative format; 5 swimming, 6 jogging, 2 horseback riding, 1 cycling and weight training, 1 walking, and 1 other physical activities.	<p><i>Intervention</i> Involved some type of physical exercise.</p>	Motor and social skills.	Improvement score on improved behavior after physical exercise was 37.5%. Individual interventions (<i>M</i> = 48.57%) were more beneficial than group ones (<i>M</i> = 31.54%) for motor and social skills. No specific type of exercise was determined superior to another.

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Author/Year	Level of Evidence/Study Design/ Participants/Inclusion Criteria	Intervention and Control	Outcome Measures	Results
Bennett & Dukes (2013)	<p>Level I</p> <p>Systematic review</p> <p><i>N</i> = 12 studies; participants were 55 secondary students with ASD (age range = 14–22 yr).</p>	<p><i>Work</i></p> <p><i>Intervention</i></p> <p>Programs using instruction and teaching strategies to develop employment skills among secondary students with ASD. All 12 studies focused on strategies to increase independent completion of employment tasks or employment-related behaviors.</p> <p>Study settings included vocational classrooms, academic classrooms, work, homes, and other community settings.</p> <p>Instructional methods examined included behavior skills training, video modeling, use of PDAs, self-monitoring via picture prompts, token systems.</p> <p>Among the studies, 4 examined self-management strategies; 6 investigated video modeling for skill development; 1 examined behavior skills training using text message cueing; 1 tested the effects of high vs. low preferred items on task completion.</p>	<p>Successful or independent completion of daily living skills, vocational tasks, or work tasks.</p>	<p>Many studies reported positive effects, and others reported modest effects.</p> <p>Not all studies reported generalization or maintenance data.</p> <p>Self-management and video modeling appear effective.</p>
Bereznak, Ayres, Alexander, & Mechling (2012)	<p>Level IV</p> <p>Single subject</p> <p><i>N</i> = 4 men with ASD (age range = 19–28 yr).</p>	<p><i>Intervention</i></p> <p>A video of a shipping task was used to show a model performing or verbally describing each step of the task. Training on tablet device and video use was provided. Participants then took the device home and were instructed to watch the video as much as possible for 1 wk and record time spent watching. After 5–7 days, participants returned to the job site and were instructed to use the video to complete the shipping task.</p>	<p>Percentage of shipping task steps completed correctly (criterion was set to 100%) and home logs of time spent watching the video.</p>	<p>No participants consistently completed task steps to criterion (100%) during baseline.</p> <p>Improvements were noted in steps performed correctly after use of the video.</p> <p>Each participant reached criterion at least once during intervention phase, and 99% of task steps were correctly performed using the video compared with 68% without it.</p>

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Author/Year	Level of Evidence/Study Design/ Participants/Inclusion Criteria	Intervention and Control	Outcome Measures	Results
Burke et al. (2013)	Level IV Single-subject design 4 men with ASD (age 19–28 yr).	<i>Intervention</i> A video of a shipping task was used to show a model performing/verbally describing each step of the task. Training on tablet device and video use was provided. Participants then took the device home and were instructed to watch the video as much as possible for 1 wk and record time spent watching. After 5–7 days participants returned to the job site and were instructed to use the video to complete the shipping task.	Percentage of shipping task steps completed correctly (criterion was set to 100%) and home logs of time spent watching the video.	No participants consistently completed tasks steps to criterion (100%) during baseline. Improvements were noted in steps performed correctly following use of the video. Each participant reached criterion at least once during intervention phase and overall 99% of task steps were correctly performed using the video compared to 68% without it.
Gentry, Lau, Molinelli, Fallen, & Kriner (2012)	Level IV Single subject N = 3 participants with ASD (21-yr-old man, 60-yr-old woman, 20-yr-old woman).	<i>Intervention</i> OT programmed an iPod Touch as a vocational support to provide (1) task reminders, (2) task lists, (3) video-based task-sequencing prompts, (4) behavioral self-management adaptations, (5) way-finding tools, and other supports. The OT trained the participants and job coaches on how to use these applications over 1 session. The participants then used the device for 6 mo while on the job. The OT provided follow-along support as needed.	Hours that each participant worked per week and hours of direct job coach supervision/support needed each week were recorded.	The iPod Touch device was well received by all participants. Increased independent function and work performance and decreased need for on-site supervision were observed for all participants.

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Hume & Odom (2007)	Level IV Single subject <i>N</i> = 3 students with autism (20-yr-old man, 6-yr-old boy, 7-yr-old boy).	<i>Intervention</i> Individual work systems with visuals that communicate (1) the tasks, (2) the amount of work to be completed, (3) a signal that the work is finished, and (4) instructions for the next activity in their schedule. 1 participant (20 yr old) used number-matching work system for completing office tasks. 2 participants (7- and 6-yr-olds) used a left-right work system, which did not require number matching or sequencing skills.	<ul style="list-style-type: none"> • On- or off-task responding • Teacher prompting (all participants) • Task completion (20-yr-old) • No. of play materials used (7- and 6-yr-olds) • Sessions were videotaped, and a 10-min sample of on- and off-task behavior and teacher prompting was collected (3 records/min) • Event recording was used to document task completion data for 20-yr-old and the no. of play materials used by 7- and 6-year-olds. 	The individual work systems resulted in increased independence (increased on-task behavior and decreased teacher prompts) in work or play skills for all participants. All gains were maintained or further improved at 1-mo follow-up.
Kellems & Morningstar (2012)	Level IV Single subject <i>N</i> = 4 men with ASD (age range = 20–22 yr).	<i>Intervention</i> Video modeling (video of a person correctly demonstrating job tasks). Tasks included bathroom cleaning, vacuuming, cleaning outside, taking inventory, taking orders, taking out garbage, and polishing. 3 individualized videos of targeted tasks were used with each participant. Steps were introduced with a 5-s written description of the steps. Task acquisition was fulfilled when >80% of the steps were performed correctly for 3 consecutive data points. Then the 2nd target behavior video was initiated, and the 3rd remained in baseline with data probes conducted.	Percentage of independent steps completed correctly for each task, collected with an observational data checklist (task analysis)	Each participant performed the targeted task with video modeling with greater accuracy than the task without video modeling. The clients adapted to use of the iPod and indicated that using an iPod as a support was helpful and socially valid.

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Mechling & Ayres (2012)	<p>Level IV</p> <p>Single subject (adapted alternating-treatments design with baseline, extended baseline, comparison, and final treatment conditions)</p> <p><i>N</i> = 4 high school students with ASD and mild to moderate intellectual disabilities (ages range = 19–21 yr).</p>	<p><i>Intervention</i></p> <p>Videos were made for the 10 fine motor office tasks included in the intervention phase. Each video showed a model performing or verbally describing the steps of each task.</p> <p><i>Control</i></p> <p>Performance of 5 fine motor office tasks without video models.</p> <p>Sessions occurred for 10–15 min 3×/wk. Control and intervention tasks were presented 1×/session. Baseline condition probed a minimum of 3 sessions or until data stabilized. Video models for the small screen size were on a 2-in. × 1.5-in. screen of a Hewlett Packard iPAQ Pocket PC; those for the larger screen were on a 7.5-in. × 11.5-in. screen of a Dell Latitude D620 laptop computer.</p>	<p>Percentage of correct task responses.</p>	<p>The students using video models demonstrated higher mean performance for each individual participant as well.</p> <p>For certain sessions, the authors did not perceive the difference to be great, given each participant's uneven performance.</p>
Taylor et al. (2012)	<p>Level I</p> <p>Systematic review</p> <p><i>N</i> = 5 studies of vocational interventions (1 non-RCT reported in 2 publications, 2 prospective cohort studies, 1 case series, and 1 cross-sectional study). Participants were people with ASD (age range = 13–30 yr).</p> <p>All study designs were included; required ≥20 participants with ASD ages 13–30 yr and publication date of 1980 and beyond.</p>	<p><i>Intervention</i></p> <p>Use of on-the-job supports as a vocational intervention, with emphasis on focus on the transition to adulthood.</p>	<p>Primary outcomes were (1) effects on core symptoms of ASD and comorbid symptoms and conditions (sleep, anxiety, hyperactivity, and challenging behavior) and (2) effects on vocation, independence, and family-related outcomes.</p>	<p>All 5 studies were of poor quality and had small sample sizes.</p> <p>Supported employment was associated with improvements in quality of life (1 study), ASD symptoms (1 study), and cognitive functioning (1 study).</p> <p>3 studies reported that interventions increased rates of and retention in employment for young adults with ASD.</p>

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Van, Winiarski, Blood, & Chan (2012)	Level IV Modified pretest–posttest control-group design <i>N</i> = 7 high school students with ASD, DD, or both. 6 of 7 (5 boys, 1 girl; age range = 15–17 yr) completed the requirements for the video log/viewing. 1 participant did not complete the study because of noncompliance.	<i>Intervention</i> Videos were filmed in the student's work environment to show a model performing or verbally describing job tasks. Each participant received a video modeling of 1 task assigned to the treatment condition. <i>Control</i> 1 assigned job task that was performed without video modeling. The teacher provided verbal explanation of video use and visual demonstration of log completion. Students were instructed to watch the video ≥10x over winter break, ≥5x/wk. Students viewed videos 1x at school before returning to work.	Independent correct responses and prompt levels provided for each step of each target skill; higher scores indicated increased independence.	All students improved performance using the video models, with mean increase of 24%. A large effect size (<i>d</i> = 2.29) was noted for video modeling tasks. Participants improved in control conditions, with a mean increase of 14% and large effect size (<i>d</i> = 1.36). When calculating an η^2 to determine the variance associated with the main effects of group, the result was 0.41, indicating a large difference between the groups and suggesting greater gains from video modeling.

Note. ABC–Community = Aberrant Behavior Checklist–Community; ADLs = activities of daily living; ASD = autism spectrum disorders; COACH = Cognitive Orthosis for Assisting Activities in the Home; CO–OP = Cognitive Orientation to daily Occupational Performance; COPM = Canadian Occupational Performance Measure; DD = developmental disabilities; GAS = Goal Attainment Scaling; IADLs = instrumental activities of daily living; *M* = mean; OT = occupational therapist/occupational therapy; OT–SI = occupational therapy–sensory integration; PBS = Positive Behavior Support; PDA = personal digital assistant; PDDBI = Pervasive Developmental Disorder Behavioral Inventory; PEDI = Pediatric Evaluation of Disability Inventory; PM = probe meals; PQRS = Performance Quality Rating Scale; RCT = randomized controlled trial; TS = taste session; VABS–II = Vineland Adaptive Behavior Scales, Second Edition.

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