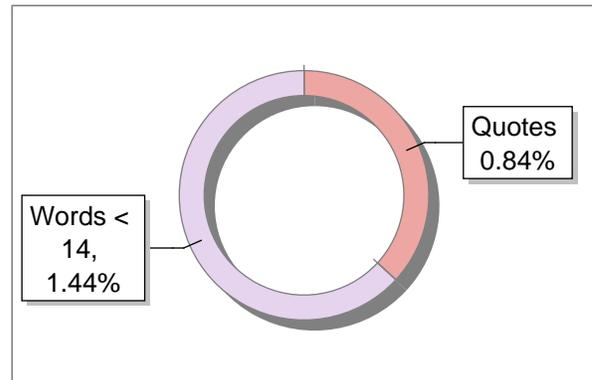
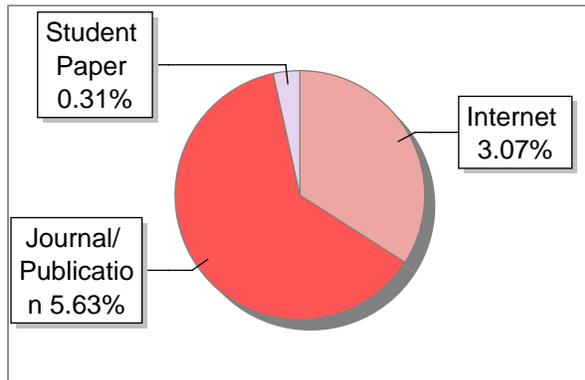


Submission Information

Author Name	Prithwi Raj
Title	A Study on Educational Needs of Children with Autism Spectrum Disorder
Paper/Submission ID	1291605
Submitted by	chauhan.bhavin-edu@msubaroda.ac.in
Submission Date	2023-12-29 13:08:46
Total Pages	187
Document type	Thesis

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CHAPTER I

CONCEPTUAL FRAMEWORK

1.0.0 INTRODUCTION

Education is an integral part of developmental process of an individual. The aim of education is to help one from the childhood to develop his/ her individuality, inborn potentialities and innate capabilities. Hence, education plays a vital role for the holistic development of child's personality and it is of immense need for each and every child irrespective of their physical and mental health. The clarion call of Education for all (1990), Right to Education Act (2002) and Right to Education (2010) as a fundamental Right has attracted the attention of every common person. It has been discussed at every forum of educational planning and development, in pursuit of universalisation of Elementary education and fulfillment of Constitutional mandate for quality elementary education to all children up to the age of 3 to 14 years. Various projects and programs have been undertaken by various agencies of state and central governments, voluntary agencies, individuals and groups at different levels including remote, rural and urban areas for different types of children including special children. Government has also created provisions for the special children in different forms like special schools, special provisions and inclusion in the general schools through inclusive education. National Policy on Education (1986) and the Program of Action (1992) has given emphasize on special children as a part of the education. It also includes mission of providing quality elementary education for all including special children is done through Sarva Shiksha Abhiyan (SSA, 2000). In this ways, India has come a long way and made a good progress in the education of special children including physical and mental disability. It has also made some remarkable progress in the field of disability rehabilitation through different institutions and programs. In spite of it, there are some areas of mental disabilities where the progress is not so distinct and significant. One of such area of mental disability is Autism Spectrum Disorder (ASD). It is one of the grey areas in the mental disability where much research work has not been done. ASD also called as autism is a pervasive developmental disorder which is characterized by impairments in communication and social

interaction, and restricted, repetitive and stereotypic pattern of behaviour, interests, and activities (American Psychiatric Association 1994). Previously, it was not considered as a form of mental disability in India and it was treated as mental retardation though it is significantly different from other forms of mental disability. It is one of the most ignorant areas in medical as well as educational field due to the lack of knowledge in this area. Recently, National Education Policy 2020 has given provision for autism in inclusive education as per RPWD Act 2016, Autism was considered as one of the disabilities among the 21 disabilities stated by in the Rights of Persons with Disabilities (RPWD) Act, 2016 of the government of India. Autism is not a single disorder, but rather it is a spectrum of closely related disorders with a shared core of symptoms. The perception of medical and psychological practitioners about autism is changing from time to time with the progress in this area. But unfortunately the progress in this area is not so significant to give a clear cut direction about the treatment and rehabilitation of the children with ASD. Even the causes of ASD are not exactly known to scientists and medical practitioners. There are many causes and factors for multiple types of ASD, including environmental, biologic and genetic factors. Likewise, there is no sight of any treatment for the people with ASD. However, there are many schools of thoughts for the treatment of autism, which is/are not found so effective in the holistic and scientific treatment of children with ASD. Obviously, as the causes for ASD are not clear, there is nothing to prevent ASD among newly born children. There are few specific tests (developmental tests) for the diagnosis of autism mostly found in developed countries and now used in India but only in big cities there are centers for autism. In other parts of the country, it is very difficult to diagnose ASD in an early stage. In many cases it is considered as mental disorder even if in the educated circles. Hence, in many cases the children with ASD get the similar treatment (medicine and therapy) and similar education which are common for children with mental disorder. The number of children with ASD in India and worldwide is increasing in an alarming speed. It was found that the prevalence rates of ASD have increased nearly 17% annually worldwide (CDC, 2014) and there are more than 13 million children in India suffer from this developmental disorder. (HINDUSTAN TIMES APRIL 3, 2017; CENSUS, 2011). The major part of the autism is related to behavioural disorder without having any treatment. Hence, education and training is considered to be the only scientific measure for modifying the behaviour of the children with autism to some extent for their survival. Though there are few models like, Applied Behaviour Analysis (ABA), Relationship Development Intervention (RDI), Sensory

Integration Therapy (SIT), ² Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH) are used for the education and training of the children with ASD. Most of them are originated from developed countries where educational facilities for children with ASD are up to the marks. Some of these models are used randomly in some of the centres for autism in India. Even, researches on the education and training of autism are very less worldwide and it is quite insignificant in number in India. However, most professionals agree that school-age children with ASD respond well to highly structured, specialized education programs designed to meet individual needs (Rahman et al., 2011), which are quite uncommon in India. It is felt that there is a strong need for the research in the areas related ³⁶ to the education of the children with ASD. Though some models of education are used in India for the children with autism, it may not be related to the actual educational need of the children. Due to which many of the education programmes in many of the centres in India found not to be so effective in mainstreaming the children with ASD. ASD is one of the worst types of mental disorder among all other types of disorders without any treatments. Parents of these children at least hope for some sorts of education for the survival ¹³ of these children. Though some educational centres provide education to the children with ASD in the subjects like mathematics, reading, writing, drawing, dancing, music etc., sometimes it is felt like meaningless for these children. It is not very sure whether these educations are necessary for the survival of the children with ASD.

There is strong need for research in the area of actual educational need of the children with ASD, as there are very few researches in the area of ASD in different fields including medicine, education, psychology and alternative therapies. Hence, the proposed study is an attempt in this direction to study the actual educational need of the children with autism perceived by parents, teachers, and experts, medical practitioners, helping hands and observed from the children with ASD. Present study is an attempt in this area where an attempt is made to study the educational need of the ³⁵ students with ASD which may facilitate special educators to prepare suitable curriculum for the education of ¹⁴ the children with ASD.

1.1.0 HISTORICAL BACKGROUND

In 1906, Eugene Bleuler, a Swiss psychiatrist used autism as an adjective. Initially childhood schizophrenia was used to refer to this condition. Later, after several researches Leo Kanner (1943) used autism as a noun and differentiated autism from schizophrenia. In 1964, Bernard Rimland proved ² that autism was a biological condition and not related to the parent child bond. He founded the Autism Society of America. In 1971, Eric Schopler and Robert Reichler studied the effects of parent involvement in the treatment of children with Autism. In 1972, Schopler started the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) program to ⁵⁸ provide training for individuals with Autism.

In 1977, Susan Folstein and Michael Rutter published first autism twin study which revealed evidence of a genetic basis for autism. In 1980, *Autism was added to ³⁵ the Diagnostic and Statistical Manual of Mental Disorders- Third Edition (DSM-III)* as "infantile autism". In 1991, Schools begin to identify and serve students with Autism to make Autism a special education category. In 2005- Autism speaks was found by Bob and Suzanne Wright to fund research, increases awareness, and advocates for ² the needs of individuals on the spectrum. The films like 'The Boy Who Could Fly' (1986), Rainman (1988), what's Eating Gilbert Grape? (1993) and Temple Grandin (2010) created a great awareness about autism.

Statistics from the U.S. Centre for Disease Control and prevention (CDC) in March 2016 showed that one in 68 American children is autistic. It also showed that autism is four to five times more common among boys (age 8) than girls, an estimated 1 out of 54 boys and 1 in 216 girls are ⁴⁶ diagnosed with autism. ASD affects over 2 million individuals in the U.S. and tens of millions worldwide. Moreover, government autism statistics suggest that prevalence rates have increased 10% to 18.5% annually in recent years.

Table 1- Prevalence Rates of Autism Year wise

Surveillance year	Birth Year	Number of ADDM sites Reporting	Combined Prevalence Per1000 children (Range Across ADDM sites)	This is about in 1 in X children
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 150
2006	1998	11	9 (4.2-12.1)	1 in 100
2008	2000	14	11.3 (4.8-21.2)	1 in 88
2010	2002	11	14.7 (5.7-21.9)	1 in 68
2012	2004	11	14.5 (8.2-24.6)	1 in 69
2014	2006	11	16.8 (13.1-29.3)	1 in 59
2016	2008	11	18.5 (18.0-19.1)	1 in 54

*ADDM stands for autism development disabilities monitoring.

Source: <https://www.cdc.gov/ncbddd/autism/data.html>

² The first time the term “autism” appeared in the Indian literature was in 1959 and before that there was limited knowledge about autism in the medical community. By the early 1980s there began a slow growth of ‘awareness’ of autism among some professionals. The overseas release of the film ‘Rain Man’ in 1988 based on autism attracted attention of all the people of the world. In 1991, few like-minded parents of autistic children formed Action For Autism (AFA) in New

Delhi, to advocate for children and adults with autism and their families. In 1994, a school, Open Door, a specialist school for autism was started and AFA started a full time one-year teacher training course in Delhi. In 1998, AFA conducted a massive awareness campaign among more than 1,000 paediatricians and parents of newly diagnosed children with autism. Referrals from paediatricians skyrocketed following this campaign. By the late nineties a few autism specific organisations and few schools started off in different parts of the country. Between 1998 and 1999 a series of articles on autism were released to the media to create awareness. In 2000, a boy with autism from Bangalore, Tito, published his first book, Beyond the Silence: my life, the world and autism highlighting his mother's methods for teaching him. It was the beginning of the education of the autism children and RCI introducing a Diploma in Special Education (Autism Spectrum Disorders) in 2003. By this time few more Parent organisations for autism had come into being in West Bengal, Bombay, Goa, Bhubaneshwar and Pune. Recently, internet has expanded the Diasporas of Indian families with autistic children to dozens of countries around the world. Awareness of autism in India has experienced tremendous growth in less than a decade. Growth has occurred in numerous domains: diagnosis, treatment and educational options, parental involvement, vocational options, human resource development, and legislation. Based on the census (2011), 1 in 89 children between the ages of two to nine years in India suffer from ASD. If extrapolated, this means at least 13 million children in India suffer from autism. ¹⁴ It is also found that there are about 1 to 1.5 percent autistic children between age two and nine in India. Ultimately, In 2016, due to the pressure from different forums and the struggle of different organisations, autism get a place in the list of disorders among 21, in the Right to Persons with Disability (RPWD) Act of the Government of India.

1.2.0 MEANING AND DEFINITIONS OF AUTISM

Autism word derived from the Greek language autos which mean with a self, self, isolation. Its involve capabilities of individuals to retreat into the private, inner world. Autism process categorized such as lack of responsiveness towards others affects to isolation and to be separate from others, and subsequently, brings communication failure.

Autism word used as an autism spectrum disorder. It involves different diagnostic category in medical terms and explains what is common in all diagnostic category. Purposes of that arrive at an educational definition of autism from which may be ensure the educational need for children with special needs. In the medical field, autism define and autism diagnosis, go on the basis of characteristics of autism. Although autism has no such type of behaviour that can be categorised in unequivocally. If defined to autism only based on the behaviour of autism it will lead to misleading explanation and so the improper way of treatment. The behaviour study **of autism is necessary to** understand them, but only behaviour will not help to understand about autism even it cannot define autism that how to fully understand them. Which approach would be helpful in proper understanding of autism (Thapar, 2013).

Kanner described first time about autism in 1943; he originally supposes that working intellectual was normal in children with autism, but it shown wrong. A large number of groups of children with autism, those have additional problems in learning, co- occurs with language impairment, motor, and sensory problem. At that time Asperger also identified as a group of children with an autism spectrum disorder. In the present time, children who are diagnosed with autism also develop Asperger syndrome. Those have normal working intellectual and good general structural language skill. This is not clear whether Asperger separates from Kanner's autism or it is projecting autism without extra language or intellectual impairment. While the purpose of education is that children affected by any type of autism, understand to all children equally and they should be benefited the teaching approach.

The Wing identified a triad of impairment, which represent all standardised diagnostic test to the autism spectrum disorder. Triad represents that similarity between all types of impairment which comes under the spectrum. The triad expresses difficulties in three **areas of development** as indicative of autism, and no one **areas of development** as indicative **of autism** and no one area can be taken on its own to be 'autistic'. Triad is completely an impairment which indicates that children are following a separate way of development. Basically major triad areas are: social impairment, communication impairment, flexibility impairment.

When we are thinking about the special education of individuals, then we need to consider all which makes them special need for individual by the impairment of autism spectrum disorder, with reference to the curriculum, teaching approach and the environment (Thaper, 2013).

There are few definitions of Autism given by psychiatrists and organisations working on autism in below.

According to **Cohen, Donnellan and Paul (1987)**, “autism a poorly understood condition, is now considered a pervasive developmental disorder because children who are autistic are challenged by a range of impairments in the normal development of communication, social and cognitive capacities”

13 According to **Individual with Disabilities Education Act (IDEA, USA 1994)**, “Autism is developmental disabilities affecting verbal and nonverbal communication and social interaction generally evident before age three that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped moments, resistance to environmental change or change in daily routines and unusual responses to sensory experiences”.

According to **Advani and Chanda (2003)** “Autism is a brain disorder that typically affects a child’s ability to communicate from relationships with others and respond appropriately to the environment, some children with autism are relatively high functioning with speech and intelligence intact, others are mentally retarded mute or have serious language delays for some makes them seem closed off and shut down, there are others who seem locked in to repetitive behaviours and rigid pattern of thinking”.

The Autism Society of America (2011) defines an autism spectrum disorder as a complex developmental disorder that impacts children and adults in a variety of ways in their ability to be social and communicate with others. The essential features of the autism typically appear prior to 30 month of age and consist disturbance of (i) developmental rates and/or sequences, (ii) responses to sensory stimuli, (iii) speech language and cognitive capacities and (iv) capacities to tolerate to people events and objects.

According to **Rights of Persons with Disability Act (RPWD,2016)**, “Autism Spectrum Disorder” means a neurodevelopment condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours”.

According to **Individuals with Disabilities Education Act (IDEA,2017)**, “(i) Autism means a

developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c) (4) of this section. (iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1) (i) of this section are satisfied.”

According to **National Institute of Mental Health (NIMH, 2018)**, “Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behaviour. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first two years of life.”

Hence, on the basis of these definitions, autism or Autism Spectrum Disorder (ASD) can be defined as a poorly understood complex neurological condition or brain disorder or Pervasive Developmental Disorder(PDD), having developmental and performance deficiencies in verbal and non-verbal communication, social and cognitive behaviours those appear prior to the age of around 3years. It adversely affects the child in terms of the educational performance and day to day adjustment with the abnormal behaviours like, (a) engagement in repetitive activities and stereotyped moments due to rigid pattern of thinking, (b) resistance to environmental change or change in daily routine and (c) unusual responses to sensory experiences.

1.3.0 CAUSES OF AUTISM

Scientists do not know all of the causes of Autism Spectrum Disorders. However, they have learned that there are many causes for multiple types of ASD. There are many factors that make a child more likely to have ASD, including environmental, biological and genetic factors.

- Most of scientists agree that genes are one of the risk factors that can make a person more likely to develop an ASD.

- Parents and sibling Children with ASD have higher risk of having an ASD.
- ASD tend to occur more often in people who have certain other medical problem. About 10% of children with an ASD have an identifiable genetic disorder, such as Fragile X syndrome, tuberous sclerosis, Down syndrome and other chromosomal disorders.
- If some mother has taken harmful drugs i.e. thalidomide during pregnancy have higher risk of ASD.
- There is some evidence that the critical period for developing ASD occurs before birth. However, infection due to vaccination before and after birth has risk factors on children with ASD. (Boyle, 2015).
- In the most cases no single cause like genetic, metabolic, or radiographic markers help in diagnosis or predict the severity of symptoms of children with ASD (Barnhil, et al., 2015).

1.4.0 SIGNS AND SYMPTOMS

ASD begin before the age of 3 and last throughout a person's life, although symptoms may improve over time. Some children with an ASD show hints of future problems within the first few months of life, but in some case the symptoms might not show up until 24 months or later. Some children with an ASD seem to develop normally until around 18 to 24 months of their age and then they stop gaining new skills, or they lose the skills they once had. A person with an ASD might:

- Not respond to their name by 12 months.
- Not point at objects to show interest (point at an airplane flying over) by 14 months.
- Not play "pretend" games (pretend to "feed" a doll) by 18 months.
- Avoid eye contact and want to be alone.
- Have trouble understanding other people's feelings or talking about their own feelings.
- Have delayed speech and language skills.
- Repeat words or phrases over and over (echolalia).
- Give unrelated answers to questions.
- Get upset by minor changes.
- Have obsessive interests.

- Flap their hands, rock their ⁵⁹body, or spin in circles.
- Have unusual reactions to the way things sound, smell, taste, look, or feel.

(Sources: Centre for disease Control and Prevention (CDC,2015)

1.5.0 TYPES OF AUTISM SPECTRUM DISORDER

1.5.1 Autism

Autism is one type in the five type of Pervasive Developmental Disorder (PDD). It is known as childhood autism or classical autism. It is featured by significant social and communication impairment and severely restricted interests highly repetitive behaviour. These types of children usually avoid eye contact and show a lack of spontaneous self attraction behaviour. They adhere to a fixed routine and get disturb due to change of routine. Such type of children is more than 70% of the total children. They have co-morbid intellectual. Due to difficulties in social interaction and lack of self stimulated activity such type of diagnosed children may develop behaviour difficulties like anger outbursts, self-injurious behaviour and even over-activity.

1.5.2 Asperger Syndrome

Asperger syndrome has shown characteristics of ¹impairment in social interactions and restricted interests. While there is not much intensive delay in language development. Some of the common characteristics are normal or borderlines intellectual functioning. Some of the Asperger children have usually average intelligence or above-average intelligence. Major characteristics are difficulty in showing empathetic behaviour, difficulty in making friends, signs of egocentric behaviour, unusual non-verbal behaviour, shows attachment in a specific subject and show good memory ability to the topic of interest. So people Asperger syndrome may diagnose in the self-dependent activity in daily living and usually described as socially abnormal.

1.5.3 Rett Syndrome

Rett syndromes mostly appear in the girls. Common characteristics of the rett syndrome are impairment in motor functioning. The motor impairment interferes in all body moment, which is

included eye contact and speech. Some of the characteristics are stereotypic moment, the problem in gait moment, epileptic seizures, weak social skill, ¹⁵ loss of bowel and bladder control, impairment in expressive and receptive language, poor motor skill. The intellectual and social functioning can be observed in the developmental stage. This is often developed in those children, who initially had normal development but impairments start occurring after 1½-2 years.

1.5.4 Childhood Disintegrative Disorder

Childhood Disintegrative Disorder affects children age group of 3 to 4 years but children of two years quite normally. After two years children gradually decreases the social, communication skill, impairment in non-verbal behaviour and intellectual development.

1.5.5 Pervasive Developmental Disorder-Not Otherwise Syndrome

PDD (NOS) is diagnosed when symptoms of ASD do not match with the diagnostic criteria of any of the other four types of PDD or the symptoms do not have the impairment level described in any of the four types of PDD (Paul, 2016).

1.6.0 CHARACTERISTICS OF AUTISM

There are some of the commonly seen characteristics found in all the children with ASD. No one with ASD will exhibit all of these characteristics, as each case of autism has its own unique gifts and struggles. Generally an individual with autism will have struggles in several characteristics.

1.6.1 ¹Impairments in communication

Difficulties in language and communication are characteristics common to all individuals with autism. The extent of difficulties ranges from non verbal to those who have extensive vocabulary but may have deficits in the social use of language. Although the development of speech may vary, all individual display some degree of difficulty in communication, particularly in the area of pragmatics (The social use of language). (DSM-IV, 1994; Indian resource Centre, 1997).

1.6.2 Impairment in social interaction

One must separate the variable of social interaction problems from emotions. People with autism desire emotional contact with other people but they are stymied by complex social interaction” (Temple Grandin, 1995). There is impairment in the ability to read and understand social situations, and to respond appropriately (Gray & Garand, 1993).

1.6.3 Unusual Behaviour and Interests

Individuals with autism often present with unusual and distinctive behaviours, including stereotypic and repetitive motor mannerisms, such as hand flapping, finger flicking, rocking, spinning, walking on tiptoes, spinning objects and a preoccupation with parts of objects. (Berument, Rutter, Lord, Pickles; 1999)

1.6.4 Attention Difficulties

Individuals with autism may present with a range of difficulties with attention. Specific deficits in attention have major implications for development in other areas such as communication and social development. Individuals with autism often have difficulty attending to relevant cues and /or information in their environment, and may attend to an overly restricted portion. This is referred to as stimulus over selectivity (Rosenblatt, Bloom & Koegel, 1995)

1.6.5 Cognitive Deficits and cognitive learning

Individual with autism present with a psycho educational profile that is different from normally developing individuals. Studies reveal deficits in multiple cognitive functions, yet not all are affected. In addition within one domain, there may be deficits in complex abilities, yet the simpler abilities may be intact. (Bristol, et al., 1996)

1.6.6 Unusual Responses to Sensory stimuli

These unpleasant or painful experiences may contribute to some of the behaviours that are displayed by individuals with autism (Gillingham, 1995). For example, people with severe sensory processing problems may go into total shutdown when they become over stimulated (Gardin, 1995). Tantrums may be related the desire to escape situations which are over-stimulating. Self-stimulating behaviours can occur when stimuli become overwhelming, and are

often used to help the individual calm down by generating a self-controlled, repetitive stimulus (Indiana Resource Centre for Autism (IRCA), 1997).

1.6.7 Anxiety

Parents and teacher of autism children identify the anxiety as a characteristics associated with autism- not being able to express oneself, difficulties with processing sensory information, possibly fearing some sources of sensory stimulation, difficulty understanding social expectation.

1.7.0 PROBLEMS OF CHILDREN WITH AUTISM

According to My Child without limits.org (2017) followings are the frequent problems with the children with autism.

1.7.1 Sensory problems

Most of the children with autism are highly painfully sensitive to certain sounds, textures, tastes, and smells.

1.7.2 Mental retardation

Many children with autism have some mental dysfunction. When tested, some areas of ability may be normal, while others may be especially weak.

1.7.3 Seizures

One in four children with autism will develop seizures, which often start either in early childhood or when they become teenagers. It is caused by abnormal electrical activity in the brain. It can produce a temporary loss of consciousness (blackout), a body convulsion, unusual movements, or staring spells.

1.7.4 Fragile X syndrome

Fragile X syndrome is the most common inherited form of mental retardation. It was because one part of the X chromosome has a defective piece that appears pinched and fragile when viewed under a microscope. Fragile X syndrome affects about two to five percent of people with autism.

1.7.5 Tuberos Sclerosis

Tuberous sclerosis is a rare genetic problem that causes benign (not cancerous) tumours to grow in the brain as well as in other important organs. One to four percent of people with autism also have tuberous sclerosis.

1.8.0 MANAGEMENT OF AUTISM

In case of Autism, there is no specific treatment available for the people with autism either partial or full cure. Even if, there is no prevention recommended to avoid the child from being autism. However, few researchers, medical practitioners and psychologists claim some sorts of treatments that may help to reduce some of the symptoms to some extent.

Some articles on autism in India recommended play therapy (Batliwalla, 1959; Bassa, 1962; Chacko, 1964) while others mentioned the used of electroconvulsive therapy (Ray & Mathur, 1965; Gamat, 1968), and parental counselling and family therapy (Chacko, 1964; Hoch, 1967; Gamat, 1968). Only drugs have been widely recommended and prescribed for treatment of autism up to 1960s (Ray & Mathur, 1965; Gamat, 1968). Some of the researchers suggest yoga is useful technique for autistic children (Radhakrishna, Nagarathna, and Nagendra, 2010; Kenny, 2002; Ehleringer, 2010; Serwacki & Cook, 2012; N. Jayaram, Varambally & Behere 2013) and music and dance training therapy (Nandi, 2010; Sengupta, 2010).

Over the years, assistive and augmentative modes of communication have evolved greatly as have techniques to bring about sensory integration. Intensively and early implementation of such educational strategies has proved major improvement in terms of skill development among the children with ASD. Few organisations like Karnataka Parents' Association for Mentally Retarded Citizens (KPAMRC) in Bangalore, Ummeed Child Development Centre in Mumbai, Action for Autism in Delhi and Autism Society West Bengal, Kolkata focus on training parents to educate and empower them to be able to provide training to their children in the areas of functional academics, self-help, socialization, language, and to make use of the valuable hours spent in the school. Many children are getting parental training because of there is no proper

facilities for the children with autism, and facilities not affordable. In recent year focus has been shifted 'education' to alternative therapy.

Therapy has shown positive effect on children with autism. It include activities such as yoga, keeping dogs as pets, horse riding etc., but no therapy has proven to bring change in core area of children with ASD acupuncture, acupressure, Auditory Integrated Therapy, Ayurveda medicine, homeopathy medicine, behaviour therapy, magneto therapy, Dimethyl glycine facilitated communication, etc. (Daley, 1997).

1.9.0 CURRENT STATUS OF EDUCATION OF CHILDREN WITH DISABILITIES

An estimated of 7.8 million children present under 19 years of age with disabilities in India and it much lower than international estimation as per (State of the Education Report for India 2019).

PRESENT STATUS OF AUTISM IN THE GUJARAT

Table 2-PRESENT STATUS OF AUTISM IN THE GROUP OF CWSN IN GUJARAT

Category	No. of Identify			No. of Enrolled in School		
	Boys	Girls	Total	Boys	Girls	Total
Autism Spectrum Disorder	622	463	1085	359	289	648

Table 3- CHILDREN WITH SPECIAL EDUCATIONAL NEEDS IN GUJRAT

	All school			Government school		
	Boys	Girls	Total	Boys	Girls	Total
Gujarat	65012	45160	110172	51009	36612	87621

Table 4- CHILDREN WITH SPECIAL EDUCATIONAL NEEDS IN VADODARA DISTRICT

Districts	All school			Government school		
	Boys	Girls	Total	Boys	Girls	Total
Vadodara	3150	2187	5337	2238	1621	3859

(Samagra Shiksha, Annual Report, 2018-19)

1.10 PROVISIONS FOR AUTISM

8 Government of India has attempted to align the Sarva Shiksha Abhiyan (SSA) norms with the provisions of RTE Act, 2009. SSA aims to adopt a ‘zero rejection policy’ so that no child is left out of the education system. SSA’s also emphasise on providing integrated and 19 inclusive education to all children with special needs in common schools. It aims to support a wide range of approaches, options and strategies for the education of children with special needs. 8 According to the SSA, parents of children with disabilities should receive counselling and training on how to develop their children and teach them basic survival skills. SSA encourages research in all areas of education for children with special needs. 19

Government of India included the children with autism as well as other disabilities in the inclusive education provision of National Education Policy 2020. NEP2020 has given provision for children with special educational needs ensuring the 8 inclusion and equal participation of

children with disabilities in ECCE schooling system will also be given the highest priority. Children with disabilities will be enabled to fully participate in the regular schooling process from the Foundational Stage to higher education. The Rights of Persons with Disabilities (RPWD) Act 2016 defines inclusive education as a 'system of education wherein students with and without disabilities learn together and the system of teaching-learning is suitably adapted to meet the learning needs of different types of students with disabilities. Resource centres in conjunction with special educators will support the rehabilitation and educational needs of learners with severe or multiple disabilities and will assist parents/guardians in achieving high-quality home schooling and skilling for such students. Home-based education will continue to be a choice available for children with severe and profound disabilities who are unable to go to schools (NEP,2020). Gujarat government also made education program according to NEP 2020 to the children with special educational needs.

An Act to amend the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 and updated in 2018 provides scholarship for Persons with Autism, Cerebral Palsy, and Mental Retardation & Multiple Disabilities with objectives-To encourage people with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities for pursuing post schooling any vocational training /professional courses for enhancement of their skills. The trust also sponsors for disability Health Insurance Scheme as well as other schemes such as-Disha, Vikas, Samarth, Gharunda, Sahyogi, Gyanprabha, Prerana, Sambhav, BadhateKadam.

In May 2014, the Sixty-seventh World Health Assembly adopted a resolution entitled "*Comprehensive and coordinated efforts for the management of ASD,*" which was supported by more than 60 countries to recognize the need to strengthen countries' abilities to promote optimal health and well-being of all persons with ASD. The efforts were focusing on:

- Contributing to enhancing commitment of governments and international advocacy on autism.
- Providing guidance on creating policies and action plans that address ASD within the broader framework of mental health and disabilities.
- Contributing to the development of evidence on effective and scalable strategies for the assessment and treatment of ASD and other developmental disorders.

NEP (2020) also endorses the provisions for ASD. It said “this Policy is in complete consonance with the provisions of the RPWD Act 2016 and endorses all its recommendations with regard to school education. While preparing the National Curriculum Framework, NCERT will ensure that consultations are held with expert bodies such as National Institutes of Department of Empowerment Person with Disabilities (DEPWD).”

1.11 LEGISLATION AND POLICIES IN INDIA FOR ASD

Autism or ASD was not considered as a special form of disability since 1999 and it was considered as a mentally retardation. With the continuous delegation of parents of autistic children from across India led by AFA through several advocacy drives and lobbying with the government and policy makers autism was included in the ‘National Trust for Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act 1999’, the first ever legislation to be passed in India that recognized autism as a distinct condition of its own.

- In 2003, the AFA training course was converted to a one year Diploma in Special Education DSE-ASD under the Rehabilitation Council of India.
- In 2010, AFA mobilized organisations providing services to individuals with autism across the nation, collated their inputs, and urged to included the specific needs of the people with ASD in the new draft of the legislation i.e. Persons with Disability (PWD) Act.1995.
- Autism or (ASD) was included as one of the intellectual disability in the Right of Person with Disability (RPWD) Act 2016 and all the provisions from the central and state government will be provided to the persons with ASD.
- In 2017, provisions were created for CISF to train its security personnel at 58 airports in providing special care to passengers suffering from Autism. (Times of India, 30.08.2017).

1.12 PARENTS EXPERIENCES OF CHILDREN WITH AUTISM

The abnormal behaviour is a quite common behaviour in maladaptive ¹⁵ children with an autism spectrum disorder. Every child diagnosed with autism has one challenging behaviour and usually, this behaviour may regularly represent with different level intensity causing hardship to the caregivers or support network and hindering with the individual's learning (Mudford et al., 2008). Challenging behaviour may endanger the physical safety of an individuals and to those people which is around them therefore limited social involvement (Emerson et al., 2005). Due to abnormal behaviour, self, family and community may affect adversely.

Apart from behaviour such as self-injury, pica, and physical aggression which can create threat to the physical safety of the individual and other even apparently dangerous behaviour like stereotypy involving repetitive body movements or of objects can result in severe outcomes for the individual. Stereotype involves and takes away the high level of attention of individuals and disturbing to the individual during focusing on the learning process (Jagan, 2018). That behaviour may also consequent in abuse and neglect among members society (Mudford et al., 2008). While this is not a pervasive list of all possible impact of challenging behaviours, it does raise so many reasons for concern (Jagan, 2018).

1.13 BEHAVIOURAL CHALLENGES IN CHILDREN WITH AUTISM

The children with autism spectrum disorder having difficulty in three areas (triad) such as impairment in social interaction and understanding, impairment in verbal and nonverbal communication, inflexibility in thinking patterns. It is not so important in diagnosis; children with autism convey so many a typical characteristics of behaviour which may cause uncomfortable to both child and family (Hartley et al., 2008). Abnormal behaviours, unusual eating habits, irregular sleep habits, tantrum and aggression to self and other people also. These behaviours are the most common in abnormal behaviour (Dominick et al., 2007). Emotional problems including none organise eating behaviour and low image. These are usually connected with a chronic medical disorder like as atopic dermatitis, obesity, diabetes, and asthma, lead to poor quality of (Ogundele, 2018). Above mention behaviour may a barrier to the social and academic development of the children with autism spectrum disorder.

1.14 EDUCATION FOR AUTISM

We should pay attention on education for autistic children is equally important with normal children. In researches it is found that individualized strategies are best for the autistic children although it is clear from the characteristics that there is wide range of basic problems of these children. ¹⁸ Most professionals agree that school-age children with autism respond well to highly structured, specialized education programs designed to meet individual needs. Based on the major characteristics associated with autism, ⁵² it is important to consider Social skill development, Communication, Behaviour ¹⁸ and Sensory integration.

Integrated Educational programme Programs sometimes include several treatment components coordinated to assist a person with autism. For example, one child's plan may consist of speech therapy, social skill development and medication, all within a structured behaviour program. Another student may be working on social skill development, sensory integration and dietary changes. No one program or diet is perfect for every person ⁵² with autism. It is important to try several approaches and find which one work best. As the Autism Society's Options Policy states: "Each family and individual with autism should have the right to learn about and then select the options that they feel are most appropriate for the individual with autism." Hence ⁶¹ it can be said that Need based individualised strategy may be quite useful for the education of the children with ASD.

Keeping this in mind, some of the educational needs and planning can be made or derived to solve the problems faced by ³⁹ them which will eventually help them in survival in later period of life. In USA, American society for autism is working in this area through a programme called Ability path. Various suggestions have been given by them which are listed below.

1. Educational need of such children should addresses a wide range of skill development, including academics, communication and language, social skills, self-help skills, behavioural issues, self-advocacy and leisure-related skills. It is important to consult with professionals trained specifically in autism to help a child benefit from his/her school program.
2. The person with autism must be involved in planning his/her future by Person-centred planning and self-advocacy skills.

3. Parents and professionals need to work together. Open communication between school staff and parents can lead to better goal-setting and evaluation of a student's progress.
4. Community goal like purchasing meals and grocery shopping and leisure goals, such as taking time to engage in a hobby each day, can also be practiced at school.
5. Academic goals need to be tailored according to the student's intellectual ability and functioning level.
6. The curriculum should have inbuilt flexibility to try different methods of teaching, opportunities for generalization and trained toward independent functioning.

1.15 METHOD FOR BEHAVIOUR MODIFICATION FOR CHILDREN WITH ASD

There are few methods used for the education of the children with ASD. These are the methods developed mostly in the developed countries where most of the activities are sponsored by the public funded machineries.

1.15.1 Applied Behaviour Analysis (ABA)

ABA is a method of teaching children with ASD based on the premise that appropriate behaviour including speech, academics and life skills can be taught using scientific principles mainly using stimulus-response theory. The most well-known form of ABA is discrete trial training (DTT). Skills are broken down into the smallest tasks and taught individually.

1.15.2 Relationship Development Intervention (RDI)

RDI is a parent-based clinical treatment that tries to fix the social problems at the heart of autism, such as friendship skills, empathy and the desire to share personal experiences with others. RDI tries to help children interact positively with other people, even without language. When children learn the value and joy of personal relationships they will find it easier to learn language and social skills. RDI is based on the idea that children with autism missed some or many of the typical social development milestones as infants and toddlers. They can be given a 'second chance' to learn these skills through play, 'guided participation' and other activities.

1.15.3 Sensory Integration Therapy

Children learn through senses. Children with ASD, however, often have unusual responses to the senses of hearing, sight, touch, smell and/or movement. These responses can interfere with learning and affect behaviour. Children with autism spectrum disorders may over-react or under-react to things they hear, see, taste and touch. Through sensory integration therapy, they are acquainted with different senses in a gradually manner enhancing their learning.

1.15.4 Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH)

A TEACCH classroom is structured, with separate, defined areas for each task, such as individual work, group activities, and play. It relies heavily on visual learning, strength for many children with autism and PDD. The children use schedules made up of pictures and/or words to order their day and to help them move smoothly between activities. TEACCH respects “the culture of autism” and embraces a philosophy that people with autism have “characteristics that are different, but not necessarily inferior, to the rest of us.” It says, “The person is the priority, rather than any philosophical notion like inclusion, discrete trial training, facilitated communication, etc.”

Centres dealing with the children with ASD in India use a variety of methods for their education mainly relying on combination of Sensory therapy, Language therapy, Physical therapy, Yoga therapy, and Communities based rehabilitation like, Dance, Music and Art.

1.16 EDUCATIONAL NEED OF CHILDREN WITH ASD

The educational need of the children with ASD includes all the skill and activities which would help them in the survival by modifying their behaviour with the help of training, teaching and behaviour modelling. These educational need may be related to the survival needs like, feeding practice including eating and drinking, toilet training, brushing and cleaning, wearing dress, walking on the road, taking own safety, purchasing needed material, taking bath, cleanliness

skills, doing simplest works in the house, understand difference between eatable and non eatable things, differentiating drinking liquid from other liquids which could be harmful to health; social needs like, way of greeting people, using manners while being with the group in the family and outside the family; communication needs including both verbal and non-verbal communication, language and mathematical needs like, learning of language and numbers etc. Though these are the need seems for every child, it is very difficult to fulfil these needs for a child with ASD. Even for many children and parents with severe ASD, it is like dream to fulfil few of these needs. These needs may even vary from children to children according to the intensity and severity of the ASD. Fulfilling these needs may enable these students to work independently all the routine task so that they can work without helpers as well. These are the needs which can be fulfilled with the help of education through teaching, training, practicing etc.

1.17 CHILDREN WITH AUTISM HAVE MANY STRENGTHS AND ABILITIES

Visual thinking- this is a major strength for children with ASD. The students have the ability to grab and remember the whole picture along with written things easily. Children with autism are visual learner, so it is good for using visual intervention programs work well in teaching and supporting children for remembering lasts longer period. Spoken and auditory information are more solid for them to remember. This process helps children with ASD to process information and motivates them to respond appropriately.

- Learning by heart/ by rote
- Remembering information for long periods of time once learnt by rote
- Learning in detail and in ‘chunks’
- Concentrating on narrow topics of interest
- Paying attention to small details and
- Keeping up attention, when motivated and
- Learning language through the method of echolalia i.e. by echoing or mimicking words or phrases (Paul,2016)

1.18 CENTRES WORKING FOR AUTISTIC CHILDREN IN VADODARA

In Vadodara city of Gujarat State, there are few centres for Special education which are run by non-government organisations, working for the children with mental disabilities. Some of these centres also admit and take care of the education of the children with ASD. Some of these schools/centres are Disha Special School and Autism centre, Kalarav Special School, Arpan-School for Mental Retarded and Autism, Spandan, Ashtitva, Reach- Centre for Autism, Asha School, Karishma School for Mental Retarded, Balbhavan, Sai Residence School, Vermi. These are the centres doing some useful for children with ASD. Most of the centres follow the guidelines of Rehabilitation Council of India (RCI) and have different types of curriculum for autism. Most of the centres treating autism follow the tested curriculums from most of the western developed countries. The focus of some of the curriculum is given as follow.

1.19 CURRICULUM FOR THE CHILDREN WITH ASD

The curriculum for the children with ASD is divided into Early Intervention, Transition- 1 (T1), Transition- 2 (T2), Transition- 3 (T3), Pre-Vocational and vocational according to the age and the level of the students. Details about some of the curriculum of some of the stages are given as follow.

1) Early Intervention

Activity for daily living like toilet training, Bathing, Brushing teeth, taking drinking water, shoe lasing, buttoning and unbuttoning, dressing. Using communication diary to convey intention, identification of things and animals, birds, van, utensil, body part, writing, arithmetic, non-verbal activity, puzzle fitting, colour identification. Fine motor activity, Gross motor activity, training through iPad/ laptop Action song, social story based training. Sensory therapy, speech therapy, physio-therapy, playing some game meaningfully.

2) Curriculum for T-1 (Transaction 1)

Gross Motor Activities- These activities includes training on lifting object from the floor, kicking and rolling the ball, jumping /hopping, Tossing ball in the basket.

Fine Motor Activities- These activities include training on Peg board, manipulating clay, can pick small objects like pins, thread etc.

Academic skills- These activities include training on Picture description, Body part identification, recognizes self-script, photograph, roll call etc.

Language & Communication Skills- These activities includes training on Sorting words by category, attempts to his /her intention, select and bring familiar object, uses toilet, break, water, wait etc.

Sensory Intervention- These activities includes training on Spot jumping, Joint compression, Smells-Pungent, pleasant Bean bags etc.

3) Curriculum for T-2 (Transaction 2)

Gross Motor Activity-These activities includes training on Raises head & shoulder from face down position, shifting object one hand to another, Participates in bat /ball game, kicking & rolling the ball, filling containers with difference liquid/ dry items (different measure), stands on one foot with no support and eye closed, Rides a bicycle.

Fine motor activities- These activities includes training on Unbuttoning /Buttoning, Folding Paper, Turns one Page at a time, Uses scissors.

Academic skill- These activities includes training on Money concept / Time / Measurement, Finding hidden objects, Jumble sentences, object by association etc.

Language & Communication – These activities includes training on Sorting words by category, using gesture to indicate ‘no’, Uses vocal expression of pleasure when played, uses communication chart, book, independently etc.

Sensory Intervention- These activities includes training on spot jumping, joint compression, concept of depth, down-up the slope, clay/sand etc.

Social skill- These activities includes training on Adult concerns, waits for turn, interaction using gesture, asks for help, facilitating parallel play.

4) Curriculum for T-3 (Transaction 3)

Envelope making, Jewellery Making, Rakhee making, Pot painting, paper filling, Paper cutting, cutting picture, picture of piece joint on paper with fevicol, identification of inside game and outside game, identifying words then making small sentences structure i.e. this is a pen. Reading book of General Child (LKG), writing small letter, counting numbers and writing also its. Addition and subtraction number with iPad, paper pencil and with the help of calculator. Picture drawing and painting, typing on iPad, game playing in iPad. Some identifying behaviour i.e. spitting, pee and poop in pain, developing seating tolerance also. Likewise, they have the curriculum for early interventions, transaction-3, pre-vocational and vocational. But, it was perceived that most of these curriculums for different stages are not designed as per the need of the children with ASD.

1.20 TEACHING LEARNING METHODS FOR CHILDREN WITH ASD

Learning is process of using sensory organ, motor skill, social skill and emotional skill as an input to rebuilt to desired output into behaviour successfully. Learning and brain both continue develop from conception to death of an individual. As we know that learning process is spiral but it is not applicable in case of special education rather it a part of special education for special children (Bali, 2012).

Teaching skills and reducing inappropriate behaviour for people with autism involved a variety of behavioural techniques based upon operant and respondent learning (Cooper et al., 2006). Some of these behavioural interventions for teaching people with autism included: (a) making environmental changes, such as providing structure and reducing distraction in teaching situations; (b) Using specific prompts and prompting strategies (e.g., modelling, gestural, mechanical, etc.); (c) requiring repeated practice of behaviours (e.g., DTI); (d) employing reinforcement for correct responses; (e) decreasing undesirable behaviour of the child through reinforcement, manipulation and punishment procedures;(f) implementing naturalistic teaching (e.g., incidental learning, delayed cued prompting, etc.); (g) using task analysis, chaining, and

shaping to teach new skills; (h) planning for generalization and maintenance; and (i) exposing children to typical learning environments based on skills (Naniwadewkar,2015).

1.21 RATIONAL OF THE STUDY

Autism or ASD refers to a range of conditions characterised by challenges with social skills, speech and nonverbal communication with repetitive behaviours (IDEA, 2000). ³⁹ It is one of the worst types of mental disorder for which no medication and prevention have been approved because the exact causes of disease are unknown and less research work in this area. The only thing, one can do is the use of intervention programme through education to bring some sort of changes in their behaviour and to make them much capable so that they can at least fulfil their daily needs.

ASD is not like other mental disorders. In fact, the need, strength and challenges of ASD are quite different from other mental disorders. Children with ASD may find difficult to adjust in deferent settings. So controlling these problems become the priority for each and every person concerned with these children. Generally it has been found that all children with autism have behaviour problems (Inclean, 2013). These problem arise because of impairment in communication and social interaction, and restricted, repetitive and stereotypic patterns of behaviour as a result of which they have difficulty in expressing themselves so in order to express them and to reach out to other people they develop certain kind of behaviour which cause hindrance in their daily living activities (Naniwadekar, 2015).

These challenges make parents suffer a lot because of having less knowledge to tackle the problem facing by them as well as by their autistic children. Through study it was found that parenting stress was higher among parents of children with autism in comparison to other parents (Gaitonde, 2010; Patil, 2012).Considering all these things in mind, some efforts need to be made for the children with ASD not only for their basic needs but also to take care of their educational needs. Various education committees from time to time have suggested the need of educating children with special needs which is implemented through inclusive education. NCF, 2005 & 2009 also have suggested curriculum for the special children. But in these all efforts, no separate attention is given to the children with ASD and their needs. Johansson (2015) in his study also

found that the prevailing poor condition and the concern of the schooling, education, coordination between the policy makers and the practitioners had made ASD untreatable in terms of educational and behavioural aspects.

In this way it can be conclude that the educational needs of these children with ASD need to be focused differently focusing on each individual's needs and some efforts to be made to develop education needs especially for these children. Although various NGOs and institutions are working all over the country for the children with ASD, there is no efforts done from the government side. So ⁶¹ it can be said that ³⁹ it is one of the most neglected area of consideration. If we see other developed countries, children with ASD are taken care very efficiently by their parents through the help of government machinery. Even the government takes the responsibility of these children and assures the proper training for them not only in basic day to day needs but also in educational needs by giving them training for basic calculation like addition, subtraction, letter recognition etc. Even in India educational centres working especially for children with ASD provide education to the children with ASD in the subjects like mathematics, reading, writing, drawing, dancing, music etc. But the question arises, whether they need all these education provided by these centres? Whether, this education is as per their mental level? Will this education help them for their future survival and can make them independent? There are endless questions related to the existing system of education of the children with ASD. Sometimes all these efforts (education practices) seem to be meaningless for these children as it does not bring much change in the behaviour of these children as it is reported by Sasikumar (2016) that mental task performance was poor for the children with ASD in comparison to the children with other mental disorder. It is felt that there is a mismatch in the educational need and the educational practice of the children with ASD. Mode of Education for these children should be based on practical and skills because many children with autism have special challenges like impairment in communication, social interaction, unusual behaviours and interest, attention difficulty, cognitive deficits, anxiety so their teaching should be based on the skills (Bondy, 1994).

Rehabilitation Council of India (2017) emphasizes on the Universal Design for Learning (UDL) which is an educational framework based on research in the learning sciences, including cognitive neuroscience that guides the development of flexible learning environments that can accommodate individual learning differences.UDL will be applicable for all type of learners

including all types of disabilities. It also states the learning of children with ASD using UDL through multi-sensory learning approaches considering the strength and interest of the learners. It seems like an excellent approach for the learning of students with and without any types of disability. It talks about imparting the needed education of the children. But the question arises, what are the needed education for the children with ASD? Whether the needed education for them would be in the areas of their impairments like, lack of social skills, repetitive behaviours and lack of communication or they need education in the survival skills like, training for their day to day behaviours, for their survival without direct help from others. It is one of the very big questions for the children with ASD. Apart from the discussed impairments, they have a spectrum of other impairments differing from child to child for which autism is also called as ASD. Hence, it is the time to identify their educational needs on the basis of which need based individualised strategy can be designed using UDL which may be effective for the children with ASD.

The researcher want to conduct the study in Vadodara city as here various centres are there who are working for the ASD children like, Disha Autism centre, Arpan, Reach-Centre for autism, Sai centre, Aarambh. Continuously making efforts to make their life smooth and better through education and training. But it has been observed that all these centres are to some extent working only with the basic trainings and education following some foreign models. Researcher felt that the children with ASD need education more on their survival and basic needs to be independent and to survive in the future which can be possible through education and behaviour modification techniques. So in the present study an attempt has been taken to study the actual educational need of the children with ASD perceived by their parents, teachers, and experts, medical practitioners, helping hands and observed from the children with ASD.

Very few studies were found on autism in education in India. Other studies were conducted in other allied disciplines related to interventions. Most of the intervention studies were based on the needs identified for the children with ASD in developed countries. No studies were reported in India related to the identification of educational needs of the children with ASD in India perceived by the immediate helping hand to them. Hence, there is a need to conduct more studies in the area of the education of the children with ASD on the basis of which researches on the intervention programmes could be conducted. Hence, the present study is an attempt in this direction to identify educational needs of the children with ASD.

1.22 STATEMENT OF THE PROBLEM

A Study on the Educational Needs ²⁷ of Children with Autism Spectrum Disorder

1.23 OBJECTIVE OF THE STUDY

The present study is conducted to achieve the following objectives.

1. To study the education provided to the children with ASD in terms of types of education, purpose, and approach in the centres providing education to the children with ASD in Vadodara.
2. To study the educational needs of the children with ASD perceived by parents, helpers, Special Educators, doctors and experts.
3. To study the educational needs of the autistic children conveyed by themselves.

1.24 EXPLANATION OF THE TERM

ASD: Autism Spectrum Disorder is a spectrum of brain disorders having developmental and performance deficiencies in verbal and non-verbal communication, social and cognitive behaviours those appear prior to the age of around 3years.

EDUCATIONAL NEEDS: Needs those can be fulfilled with the help of education through the modification of behaviour.

1.25 ³¹ DELIMITATION OF THE STUDY

The present study is delimited to the children diagnosed as ASD within the age group of 3-18 years of age enrolled indifferent centers in Vadodara.

2.2.0 IMPLICATIONS OF THE REVIEW OF RELATED LITERATURE

11 A total of 51 studies were reviewed, out of which 32 studies were Indian and 19 studies were from abroad. Studies were found conducted in the discipline of medicine (eleven), bioscience and technology (two), psychology (twelve), social science (three), social work (one) education (seventeen) home science (two), yoga (two), linguistic (one).

Methodologically, (Seventeen) studies were found in experimental in nature (Sigman et al., 1992; Konstantareas and Homatidis, 1992; Micheli, 1999; Ray, 2008; Ray, 2009; Nandi, 2010; Santha, 2010; Alli, 2011; Rahman et al., 2011, Bali, 2012; Reddy, 2013; Chaturvedy, 2014; Naniwadekar, 2015; Sasikumar, 2016; Kumar, 2017; Dey, 2018, Kaur 2023), Seventeen studies were found descriptive survey type (Knott et al., 1995; Gaitonde, 2010; Shyamsundar, 2002; Bineesh, 2008; Patil, 2012; Beark and Fearon, 2012; Allen et al., 2013; Sunayan, 2014; Chacko, 2015; Parmar, 2015; Khan and Humatse, 2016; Manandhar, 2017; Arun&Chavan, 2018; Tarek et al., 2018; Kalaiavnai and Kalimo, 2018, Hussain and Balarmula, 2019, Mayur et al., 2021), Seven studies were found qualitative type (Bhargva, 1997; Shetty, 2014; Singh, 2017; Jegan, 2018; Kocabiyik, 2018; Katsarou, 2018; Duggal and Dua et al., 2020), One study was found Case study (Moneta &Anthi, 2019), One study was found ethnographic type (Johansson, 2015), two studies were found Mixed method type (Brown, 2012; Prabha, 2014), five studies were found narrative analysis of review (Rincover et al.,1978; Sullivan and Caterino, 2008; Kahane and El- Tahir, 2015; Jenes, 2015; Pearce and Barney, 2016) and one was ex-post facto research type (Mishra and Sreedevi, 2017).

The intervention programme enabled parents to identify the needs of their children in various areas. (Bineesh; 2008) The intervention programme was found effective in the development of cognitive and behavioural patterns in skill & the social skills of children with autism (Rincover et al.,1978; Ray 2008; Santha, 2010; Bali, 2012; Reddy, 2013; Naniwadekar, 2015; Sasikumar, 2016, Kumar, 2017; Kaur, 2023). (Kahane and–E- tahir, 2015) showed the security and organisation of attachment behaviour are affected by the severity of the diagnosis of autism and the co-morbidities associated. Intervention programmes bring more positive changes if the parents continue to do so and create a conducive and pleasant environment for learning (Santha, 2010; Bali, 2012). Parenting stress was higher among parents of children with autism compared to both parents of children with mental retardation and parents of normal children (Gaitonde,

2010; Patil, 2012; Sunayan, 2014) while (Gaitonde, 2010) found that parents experienced stress in the parenting role, their general stress was similar to people who do not have children with disabilities. (Chaturvedy, 2014) There was significant parental stress among mothers of children with autism. (Allen et al., 2013) showed that deficits in social skill and behaviour problems caused higher stress in mothers whereas not significantly associated with parental stress. (Shyamsundar, 2002) parents could hardly think of anything to choose, as far as the schooling of their children, due to the non-availability of different services in such schools. (Chaturvedy, 2014) mothers of children with autism have parental distress and high parent-child dysfunctional interaction; they feel their child is difficult to manage. Yoga intervention-related studies showed positive improvement in the abnormal behaviour of children with autism spectrum disorder (Santha, 2010; Kumar, 2017). Problem behaviour could not be reduced completely even after the interventions but a trend of improvement in this sphere was noticed (Ray, 2008.) Parental training intervention is effective in improving the cognitive and behavioural skills of children with autism (Bineesh, 2008). Improvement in the autistic behaviour of ASD children after the practice of yoga resulted in a better quality of life for parents (Santha, 2010). Exposure to classical music reduced problem behaviour in children with autism (Nandi, 2010).

Sex education as a comprehensive curriculum was very effective in changing odd sexual behaviour and problem behaviour significantly (Ray, 2009 & Sullivan and Caterino, 2008). Mothers' families were found more cohesive and adaptable than fathers' families; mothers experience more social support from friends and family than fathers (Konstantareas and Homatidis, 1992 & Sunayan, 2014). Negotiating access to schools still remains a concern for autistic children even in urban areas (Johansson, 2015). Computer Games were found effective in improving communication among autistic children. Further, it was suggested that individualised games as per the nature of individual autistic children for better results. (Rahman et al., 2011; Kaur, 2023). The majority of the parents observed signs and symptoms in their autistic children like unable to follow inability to communicate needs and requirements, poor eye contact, and delay in language, social and moral skills (Bhargava, 1997; Khane and El-tahir, 2015; Mishra and Sreedevi, 2017, Jagan, 2018). (Parmar, 2016) showed that good education emphasises on good parenting system. (Rincover et al., 1978) educating autistic children is viewed as an ever-changing process, rather than a single circumscribed program, educational techniques evolved as the result of research and will continue to be revised as a function of new

research findings. (Chacko, 2015) showed that there were no significant differences among the three groups of teachers in their satisfaction with planning the teaching procedures this reveals that these three groups of teachers have similar satisfaction in planning the teaching procedures. The ethnographic study on autistic children in the metropolitan city of Kolkata conducted by (Johansson, 2015) showed the poor condition and the concern the schooling, education, and coordination between the policy makers and the practitioners. (Shetty, 2014) showed that the verbal autistic subjects produced a statistically significant lower number of sentences per turn and mean sentence length. (Singh, 2017) studies also showed that overall language skills of mild CWA were better than moderate CWA. (Chacko, 2015) Special teachers were found to have only a moderate level of satisfaction in teaching children with autism. (Rehman et al., 2011) suggested that if we can encourage vocalization at the age of 3 a pivotal age for children with ASD this could be increased communicative ability. (Bineesh, 2008) Expressive language and overall communication ability significantly differ in children with average and above-average children with autism. (Micheli, 1999) studies showed observing and evaluating the child's behaviour and learning how best to manage that behaviour and to give appropriate rewards. (Sasikumar, 2016) studies showed web web-based systems will provide better learning and monitoring mechanisms for autistic children. (Prabha, 2014) the training has helped them to express their needs meaningfully through gestures for nonverbal children, The intervention given is found to be effective as results showed that the behaviour technology applied was statistically significant. (Sullivan and Caterino, 2008) studies showed that the specific content should be individualized according to the needs of the individual and their families. (Janes, 2015) studies showed that the Montessori philosophy also allows for the flexibility of curriculum to assist children with autism and accommodation of individual needs. Studies were conducted in the disciplines of psychology, education, special education, sociology, yoga, home science, bio-science technology and medicine. Most of the Indian intervention studies were based on the needs identified for the foreign children with autism mostly in American and European countries. No studies were reported in India related to the identification of the educational needs of autistic children in India perceived by the experts, counsellors, teachers, parents and caretakers. Most of the studies reviewed in India in another discipline rather than education were on interventions for the improvement of autistic children and many studies were found effective. As autism is a comparatively new area of research in education discipline, the inclusion of autism in the RPWD

Act 2016 and National Education Policy 2020, for the success of RTE (2009) and the ⁵³increase in the number of children with autism (more than 10 million), ⁵⁴there is a need to conduct more research on the children with autism. Even, there is a need to conduct more studies in the area of the education of autistic children. It is also needed to identify the educational needs of autistic children based on which research on the intervention programmes could be conducted for the improvement of these children and no study was found in this area. Hence the present study is an attempt in this direction to identify the educational needs of autistic children.

CHAPTER III

RESEARCH METHODOLOGY

3.0.0 INTRODUCTION

If you want any fruitful result of the task you have to adopt the beautiful methodology at the time of the task, in light of this statement research methodology decides the good nature, plan and procedure for the study. It is supposed that research methodology is the major part of the study. It is desirable to prepare a research methodology adequately. A proper research methodology may help to get a fruitful result. This chapter presents the methodology which is adopted by the researcher to realize the objective of the present study. The present study has involved the research procedure, population, sample size, tools and technique of data collection and data interpretation as well.

3.1.0 METHODOLOGY OF THE STUDY

The present study was qualitative, for achieving the objective qualitative research methodology was used. In detail methodological procedure including the research area of the study, population, sample, tools for data collection, procedure of data collection and data analysis are given as follows study was a descriptive survey where the survey will be conducted on the educational needs of the children with ASD.

3.2.0 POPULATION FOR THE STUDY

The population of the present study consisted of all the children with ASD, their parents, their teachers (special educators), their helpers, experts, and doctors treating the children with ASD from Vadodara city. Total special school and autism centre (Disha, Kalrav, Arpan, Spandan, Karishma, Reach, Asha, Balbhavan, Sai Residential school, Vermi), and Kasiba Child & Autism Hospital in 2018-2019.

3.3.0 SAMPLING TECHNIQUE USED

The Sample for the present study was selected purposively. Centres working for children with ASD were selected purposively. Children with ASD were selected from each centre purposively as well. Hence, 30 students were selected for the present study. These 30 students, their parents (30), their helper (3), and their special teachers (10) were considered as the sample. Experts (8)

working in the area of autism in different organizations in Vadodara and (5) doctors working for autism also were selected purposively from Vadodara city as the sample of the present study.

3.4.0 TOOLS AND TECHNIQUES FOR DATA COLLECTION

The following tools and techniques were used for the data collection to achieve the objectives of the present study.

The researcher prepared an observation schedule and structured interview schedule in connection with data collection from different stakeholders. In connection with the interview preparation researcher made questions dimension-wise and then validated all five stakeholders (Parents, Teachers, Experts, Doctors, and Helper) interview schedules by the subject expert, after that, the interview was based on suggestions of the experts and finally prepared structure interview. Details about the structure interview and observation schedule have been given below-

3.4.1 Structure Interview schedule for parents

A structured interview schedule was prepared by the investigator to collect information related to educational needs and other details of autistic children from parents. The interview schedule consisted of details about children and ten dimensions in terms of daily routine work, communication, outside the behaviour, socialization, cognitive behaviour, sensory-motor behaviour, affective behaviour, recreational and vocational, independent behaviour for survival, and undesirable behaviour. There are one hundred ten (110) numbers of items in the interview schedule.

3.4.2 Structured Interview schedule for special teachers

A structured interview schedule was prepared by the investigator to collect information related to educational needs and other details about autistic children from special educators. The interview schedule consisted of details about children and eleven dimensions in terms of children's behaviour in school, communication, outside of the behaviour, socialization, cognitive behaviour,

sensory-motor behaviour, affective behaviour, independence behaviour for survival, recreational behaviour, vocational behaviour, and undesirable behaviour. There are fifty one (51) numbers of items in the interview schedule.

3.4.3 Structured Interview schedule for helpers

A structured interview schedule was prepared by the investigator to collect information related to educational needs and other details of autistic children from care helpers. The interview schedule consisted of details about children and eight dimensions in terms of children's behaviour in school, communication, outside of the behaviour, socialization, affective behaviour, survival behaviour for independence, recreational and vocational, and undesirable behaviour. There are thirty nine (39) numbers of items in the interview schedule.

3.4.4 Structured Interview schedule for experts

A structured interview schedule was prepared by the investigator to collect information related to educational needs and other details of autistic children from experts working for autistic children. The interview schedule consisted of details about children and nine dimensions in terms of children's behaviour in school, communication, socialization, cognitive behaviour, sensory-motor behaviour, affective behaviour, independent behaviour for survival, recreational and vocational behaviour, and undesirable behaviour. There are forty (40) numbers of items in the interview schedule.

3.4.5 Structured Interview schedule for doctors

A structured interview schedule was prepared by the investigator to collect information related to educational needs and other details of autistic children from doctors treating autistic children. This interview schedule included dimensions in terms of behaviour in school, communication, socialization, cognitive, sensory-motor behaviour, affective behaviour, independent behaviour for survival, vocational behaviour, and undesirable behaviour. There are thirty four (34) numbers

of items in the interview schedule.

3.4.6 Observation Schedule

Observation is a very effective ancient tool to know about anything. This tool also presents its importance in the research area present day so that children with ASD were observed through participatory observation to study and understand the educational needs of children with autism spectrum disorder at school in Vadodara city. Participant observation was done every moment of children with an autism spectrum disorder in the special school and centre from entering the school to going home. The observation schedule consists of observation at the time of prayer, at the time of class, during therapy, at the time of launch, during recess/play, during group seating, during going home, during up and down in the bus/ car, during using toilet and bathroom, at the time of using drinking water, during picnic outside the class, during the cultural programme.

3.5 PROCEDURE FOR DATA COLLECTION

The researcher went to the 'centres for autism, special school, autism hospital' for observation and interview. Interviews were taken with selected stakeholders such as; teachers, parents, experts, doctors, and helpers for this study. Observation of different autism centres, personally observed by the researcher after getting permission from the Principal of the Special School/ Centres. Before getting permission from the principal researcher produced a permission letter which was released by the Guide, Head and Dean, of the Centre of Advance Study of Education, Faculty of Education and Psychology, the researcher conducted interviews from (July 2018 to July 2019).

For the interview of teachers, helpers, experts and parents of children with autism spectrum disorder, the researcher gave a letter for an interview to the principal of Special Schools/ Centres/ Hospitals which was released by Guide and Dean, Centre of Advance Study of Education, Faculty of Education and psychology. Then school principal arranged a meeting for the interviewer to present about research & structure the interview in front of parents, teachers, helpers, and experts and build rapport with them. After the meeting parents, teachers, helpers, and experts gave their concerns, time and place according to their suitability. The researcher

conducted the interview and recorded it with a recorder in the sequence of questions which was prepared in a structured interview schedule.

For the interview of Doctors and Experts diagnosing and treating children with Autism Spectrum Disorder, the researcher took prior permission from the Head of Hospitals based on a letter which is released by Guide and Dean, Centre of Advance Study of Education, Faculty of Education and Psychology. The researcher conducted interviews after concerned them and information was recorded with a recorder in the sequence of questions which was prepared in the structured interview schedule.

3.6 DATA ANALYSIS

Researcher Tran scripted (All stockholders) the data on the paper from the interview recorder then question-wise responses arranged. The data was analysed using content analysis-summarizing method of every stock holder separately. Those schools/ centres/ were caring for and teaching children with autism spectrum disorder, researcher was done participant observation in the school and noted down in the dairy. Noted information dimension wise written and after that triangulated between all interview analysis and observation.

CHAPTER IV

DATA ANALYSIS AND INTERPERTATION

4.0.0 INTRODUCTION

Analysis and interpretation are process. The systematic data analysis and interpretation might be achieve the goal of research. In the connection data should be analysed in proper manner as well as interpretation should be done better way. Analysis of the data is as important as any other component of the research process says Gay (1976). This chapter deals with analysis of the data. Data interpretations are also made to account for the results. In this study the researcher tried to find out the educational needs of children with autism spectrum disorder from teacher, doctor, expert, parents, helper, and ³³ children with autism spectrum disorder through interview and participant observation. The data for the present study were obtained with the help of various tools such as structured interview for the teacher, structured interview for doctor, structured interview for expert, structured interview for parents, structured interview for helpers and Participant observation in connection to find out the educational needs. The collected data were analysed as per the objective of the study. In the present study, data analysis is done qualitatively with the help of data triangulation.

4.1.0 DATA PRESENTATION

Data of all stock holders i.e. teacher, doctor, expert, parents, helpers are presented separately in the following manners.

Data Obtained from Teachers

Data of 10 teachers are analysed as follow

BEHAVIOUR IN THE SCHOOL

About the routine work of the children Most of the special teachers told that children perform prayer in the morning for which they were asked to keep their bags and shoes at the proper place. Teachers teach them the ways to keep their bags and shoes those children are unable to do so. Some of the teachers said that they do activities according to pre-schedule. Class room activities for young children were like, seating tolerance, shoes lacing, cloth folding, puzzle activity, working with I-pad, group work followed by lunch. They do perform national anthem after the prayer. Then attendance is taken for all. Classroom activities of older children are followed as per their time table. Children do physical exercises after prayer. Sensory activity and physical therapy is given to children in turn. Some children also do any one of the activities from drawing and music. Some classes were also divided into Verbal and Non-Verbal activities.

Most of the special teachers said that children were taught as per their schedule as they do not like any type of changes in their schedule. They were oriented in advance before any type of changes in their teaching activities. Children are taught seating habit, puzzle, eye-hand coordination, bidding, testing, dot joining, colouring, identification, etc. For prevocational section, they were taught by modelling, one to one and eye to eye contact, comparing minimum and maximum, doing verbal and non-verbal activities. They were taught with the help prompts and using different methods according to their problems. Some said that they teach children by writing, speaking, and using pictures.

Most of the special teachers said ⁴⁸ that children had problems with toilet training. Children were not able to do the complete toilet task. One tenth of the early intervention children followed it where as other children were trained, with the help of social story and communication book, children as well as parents are taught about the toilet training at home. A schedule had been made for the children, accordingly they were sent to the washroom every half an hour. In young children, no one had the sensation of defecation. Some children pee or defecate in the pant for attention-seeking

After that, the teacher tells the children verbally that if the pant becomes dirty or if they want to go to the toilet, then tell the parents or caretaker. Sometimes the teacher himself/herself takes the children to the washroom. Some children go by asking for signs and communication cards. Less toilet problem is seen in older children if there is a problem of toilet in only one or two children, then they keep them wearing diapers and train the children in the toilet by giving physical and verbally prompts and it takes about 2-3 years to train them in toilet training. Older children go to the toilet independently.

Most of the special teachers said that children with autism had trouble eating food on their own, and often there was problems in eating liquid foods like dal rice, etc. with their own hands. They happily eat things like roti, vegetables, crunchy etc. by themselves. Some children had problem in making morsels, because they had sensory issues.

Some have no grip and some have poor fine motor functioning. These children do not eat food other than their choice. Food training is given by making social stories, by showing pictures, they teach them how to eat food, which takes about 3 years to learn. Some children are physically promoted by holding rolled roti sabzi. They ask them to hold in hand & keep it in their mouth and tell them to chew. Some children eat in a typical way; efforts are also made to make them independent. Some teachers teach them by

tearing paper, practicing with wet soil, breaking roti and mixing rice and lentil curry. Due to which their gripping improves and some teachers ask the mothers to make a roll of roti vegetable and hold it in the hand of the child. There is a lot of difficulty in teaching these young children how to eat, while almost all older children can eat on their own.

Most of the special teachers said that these children behave well with the teacher. Their behaviour depends on their mood. For a new person or new event they need to have written information well in advance because these children do not get mixed up with the new people quickly and they may behave differently.

Most of the special teachers said that ³³ children with autism have problems in activities for daily living, problems in the winter season. Autism children also have transition difficulties. What a normal baby does in the daily routine, special children do not do it. 50% of small children have to be caught and got ADL work done. They also have to give verbal prompts, if they are taken out of Campus or home, then they should be told in advance.

Most of the special teachers teach to the students through the orientation, shaping, ABA, with the help of card, board, I-paid, paper pencil, book and communication book, colourful art and abacus for number system.

Most of the special teachers said that ADL is very important for a Autism children. According to the problems of children, the schedule is needed, can be written and told, if you are seeking attention, then enabling them to be independent.

COMMUNICATION

Most of the special teachers said that they talk to the children through written script and verbally. Some teachers said that by showing pictures to the children who are unable to speak verbally, they communicate with them by writing and keep motivating them to speak more than what they speak.

Most of the special teachers said that autistic children communicate with teachers for food and water. Some teachers said that few children want to study and few want to play, few children want to go to the washroom and have break, and few want to communicate with them for peer interaction. Some teachers said that these children always have to be engaged.

Most of the special teachers said that they understand up to 70%-80% of the words of Autism children through facial expressions, body language, gestures and self-experiencing. They practice by trial and error from the communication chart, and understanding them through behaviour. Some teachers said that children who can speak use some kind of wrong words. Trying to understand those children by adding a relation to the incident. Initially there is a problem in understanding because most of the children are non-verbal and even if they speak, they are not able to speak clearly, but after doing regular work, they are now experienced to a great extent.

Most of the special teachers said that even children with autism understand the teacher's point of view, instead of speaking, they understand the written script sooner, whether it is young children or older children. Two teachers said that these children understand the teacher through facial expression. A teacher said that children do not do eye contact, they follow the command.

A teacher said that if you do not behave well with these children in the morning, then these children will not understand the teacher's words for the whole day. A teacher said that if a child listens, then s/he understands verbally, if he does not listen then he cannot do anything. About the topic of attention, a teacher said that if there is more behavioural issues then picture with social stories are used for communication. A teacher said that 'I speak, and ask them to listen what he/she is going to say'.

These children also express their good and bad feelings through their facial expressions and body language. If something happens to these children on the way to school or at home, then they stay disturbed in class all the day. Teachers ask these children about their feelings by writing and showing them the scripts with different options. For example, if the teacher asked a written statement 'What happened to you today?' showing few options then the child circles on the option given by the teacher and try to tell the teacher that because of this event s/he is disturbed and the child becomes normal. A teacher also said that some children do not have any feelings either good or bad.

Most of the special teachers said that if non-verbal children want something, they communicate the teachers using all possible means by holding their hands, or bring the container in which their material of interest is kept. If someone is hurt in some body part, they show it directly to the teacher non-verbally. Very few children communicate verbally. Some children speak with incorrect words which is not clear for communication. These kids also communicate about their daily needs with the help of charts and cards, or through hints. A teacher said that these children ask by writing the options, some tell them from the remaining actions. A teacher told that some children sit quietly and they do not react in any way.

Most of the special teachers said that they talk verbally to the children so that they get into the habit of speaking. They get their therapy in communication done according to their schedule. These children are helped in communication by using cards, charts and books. Two teachers said that they teach them daily communication behaviour- like telling 'good morning', 'good bye', 'I am coming', 'I want to go to toilet' etc. And they are told to use these sentences while talking to other people. A teacher said that they make them do new activities, so that they can do something on their own. A teacher said that they work according to the needs of these children and they are helped when they have problems. A teacher said that they try to make them completely independent so that these children can learn without disturbing others.

Most of the special teachers said that these children should ask for their basic needs, they should tell the problems and pain with their body, should express him and should not hurt themselves and others. A teacher said that these children should use the communication cards, charts and use written communication if they are poor in verbal communication as they understand the written script better than spoken words. A teacher said that by making a schedule of talking to them every day, they will increase their vocabulary and will also try to speak in any medium of instruction.

BEHAVIOUR OUTSIDE THE SCHOOL

Most of the teachers said that children do cry, shout and have transition difficulties when they are outside the school, as these kids don't adapt to new places easily. Two teachers said that as our children are not so social, people from outside do not understand them and do not even accept them easily. Children do not like crowded places because they have problems with sound and also obsess about bright light. So there is a chance of missing while taking outside. They also adjust well in the gardens and quiet places. Some teachers said that children sometimes go outside and get disturbed due to over activities but older kids adjust themselves outside, but it takes time.

Most of the special teachers said that while going outside, before leaving the school they were orientated about the place to visit, the journey and the situation so that they will setup and maintain their mind and they will be happy. If they are not oriented before going on the trip, they will all behave unusually and will start crying. Two teachers said that they manage children's behaviour before leaving the school for outside by providing them with written scripts. One teacher said that they also suggest parents to take their children for outing. Before leaving the house for outing, parents are suggested to tell the child about the journey. A teacher said that he orients children by doing action and also tells them in writing, how to behave there, what to eat there, where is the washroom, on which side the toilet is at the picnic spot and all about the place in details. He also explains children not to take anything from the shop by just pulling them as those can only be purchased. If they want to take anything, then they will tell to their teacher. If they have any problem at the picnic spot, they are instructed to tell it to the teachers through their communication book.

Most of the special teachers said that the child should have toilet training. With washroom and toilet training the child can enjoy everything happily. A teacher said that if the child has no toilet training then it is better to take him/her out wearing a diaper. They should know to identify some socially useful symbols like toilets for ladies and gents, and the symbol of walking on the road like green, red yellow etc. Three

teachers said that these children should be trained not to disturb others. A teacher said that the child should be trained not hit anyone. A teacher said that they should also know where to eat, what to eat and how to eat outside.

SOCIALIZATION

Most of the special teachers said that these children lack socialization. Two teachers said that they have poor socialization. Two teachers said that few children talk and do nothing. A teacher said that these children do not mix with each other, but they understand each other. Without orientation these kids push visitors and run away.

Most of the special teachers said that these children do not have any friends, and most of the children do not have a social mind. A teacher said that they hold each other's hands while in the class. These children also share their Tiffin with each other. A teacher said that their behaviour is good in their group. A teacher said that these children roam or walk with whom they are comfortable.

Most of the special teachers said that these children either do not have social interaction or very less interaction as these children do not accept people from outside. Three teachers said that most of the people in the society do not accept these children; they isolate themselves in the society. People do not know how to communicate with these children, so they consider them as mad or mentally retarded. A teacher said that in any function, parents have the biggest problem in handling these children.

Most of the teachers said that in any social function where people gather; there should also be the involvement of these children. It is very important to orient these children before social involvement. Awareness is very less in the society about these children so that awareness should be spread about autism in the society, how to treat and communicate with these children. Autism children should be accepted everywhere in the society and the government should also do something that everyone should accept these children. A teacher said that one day in a week, all the parents and autism children should play together to improve their social behaviour. A teacher said that autism and other disabilities should be made as a subject in school so that people know about it from childhood. A teacher said that these children learn both bad and good things very quickly. So care should be taken that they should not learn

any bad thing while learning socialization. A teacher said that there is a need to build rapport with the guests coming to the house and there is a need to teach manners to these children. To make them socialized, teachers need to work continuously for about 2 years. Few children are able to answer the questions. Small children are trained with group activities and one to one activities.

Most of the special teachers said that these children should learn to how to say hi, hello, good morning, Namaste, shake hand, and welcoming guests, developing good habit, good manners and the habit of sitting. A teacher said that these children do not mix with other children and like to be alone. Therefore, more and more of these children need to be made social. A teacher said that "when parents take such children to the society, people do talk about these child and parents feel sad for this". A teacher said that if the child would be allowed to work with new people, their socialization would increase.

COGNITIVE BEHAVIOUR

Most of the teachers said that if the child comes from childhood and teaches in the mother tongue then she/he learns quickly but most of the classes are bilingual like (Hindi and English) or (Gujarati-English) and some teachers speak Hindi, English and Gujarati. The memory of these children is good and photographic. So they remember at a glance and do not forget easily. In the process of teaching these children there is a need to do well with worksheets. Children with echolalia speak line by line but do not understand its meaning. A teacher said that older children learn English lessons, do mathematics calculations with calculators and do type on computer. Some like to do English reading on their own. A teacher said that younger children do have basic colour concepts and have basic understanding of animal's voice. Autism children are visual learners. 50% of children with autism learn through training and it takes time to teach them. Children with only autism can progress well, but children with other disabilities with autism have great difficulty in teaching. Only identification, colour concepts, eye contact, gripping, and ADL are possible for them.

A teacher said that these children face problem in oral and which is due to lack of speech therapy as these children have trouble in understanding. They are taught by holding their hands or through picture cards. Even teachers do not understand their level of understanding. Due to frequent change in language and mixing of different language, these children get lost in their world. As their vocabulary is very limited,

they are taught by holding their face and repeating a small statement three to four times for their understanding. A teacher said that only the parents of these children know the level of their understanding because as they are attached to them since childhood.

Most of the teachers said that these children do well in mathematics and learn addition, subtraction, multiplication and division easily and quickly with the help of calculators, ipad because all signs and numbers are present on it. Along with practice, they need both pictures and verbal instruction for this purpose. Two teachers said that they first teach them counting from 1 to 10 with the help of tablets and device giving numbers along with the pictures. They do all the mathematical process in their mind itself. Two teachers said that they teach them writing by joining the dots and tracing them. They do it through regular exercise and it takes lots of time. A teacher said that they learn from counting concrete things or shape and also through technology. A teacher said that maths should be taught along with writing and copying on the note book. They have problems in adding and subtracting by dragging small lines on the copy. The concept of counting and writing like us is not in their mind as these children are unable to express and receive. It takes a lot of time to teach them and new technology can help them.

Most of the teachers said that these children like painting, music and dance. We make all the children dance on the festivals. Two teachers said that they also like sports. Some children do folk art, shape, cartoon, finger print, palm print, copy etc. in painting. Taping is done on the flower shape with a brush. One child performs 100% in painting, one in music. These children like to listen to music in very slow voice. Most of the special educators have said that these children have to be taught step by step. These kids are gifted. If parents make these children practice even at home, then by practicing again and again, these children learn better. A teacher said that by finding the area of interest of these children and teaching them, they do good work by putting their heart. These children speak to copy, and have to be taught by copying. If a music teacher teaches them to sing some new song, then s/he does not sing, and those who sing, do not understand its meaning. Due to the sound sensitivity, these children like to listen to music in low voice. While painting, brushes are broken, colours are also eaten by them. They do not know how much colour to take and how much pressure they have to put on the brush for colouring. They are not able to do the entire task of painting by themselves. When these children start painting, they do not agree to stop even if they are asked to stop. Some children have problems in both drawing and painting due to grip problem. Many of them do not touch the colour due to sensory issue. In dance, they are given physical prompts or they have to be taught by holding the child from behind. These children take very

little interest in dance. They have almost negligible interest in the game and they have to give prompts again and again while playing.

Most of the teachers said that these children think very slowly. The thinking pattern of these children is very rigid, these children do not come out of their schedule. In autism, we can't tell what these kids think. Even if these children think, then they do not know what they are thinking. But if we try, these children can do well. A teacher has said that if some children are small, they do little thinking but they have lot of memory. Orientation, question-answer, memory game, and written along with pictures are also be used to increase their thinking. A teacher said that the level of learning of these children is low. These children do not accept the new teacher quickly. If these children are disturbed, they hit the child and the teacher.

Most of the teachers said that counting up to 10, A to Z alphabets, colouring, word formation of two letters, sentence formation, and maths should be taught them. These children have to write their own name, and do signature. Three teachers have said that the concept of coin and understanding of money should be known to them like how much money is given and how much is to be taken for a purchase. One should know to do calculations. One teacher said that most of the children should know computer. A teacher said that by doing written communication with these children, their problem should be solved because after repeatedly asking these children, their sensory skills increases. A teacher said that if these children know how to meet people, how to sit and stand, then their world can move forward. Two teachers said that by practicing slowly with these children, if you keep teaching, then these children can do well.

SENSORY MOTOR BEHAVIOUR

Most of the special teachers said that these children have sensory problems. They do not accept the party clothes due to its texture and start itching, they do not like loud voice and music. Smell's sensitivity also occurs in these children while some children like to have hot or dirty smells. Sensing the taste, most children prefer to eat their own homemade food. Some kids like to eat crunchy, crispy, hard things while most kids don't like sweet food. These children also have emotional problems related to touch as some children enjoy being with their acquaintances while some children do not get the feeling of their little ones and some also go away. Two

teachers said that these kids also have visual needs, moving around looking at things they live on. These kids don't do eye contact with the person as well as they have problems with too much light. One teacher said that children with autism also have vestibular pain, so they like to move on a chair or on a swing. These kids get irritated when the weather changes.

Most of the teachers said that these children are given sensory therapy and accommodation therapy according to their needs. Children who are sensory seekers are not given sensory therapy; those who are avoiders are given sensory therapy. Some children have vestibular need. A person puts pressure on their body according to the time schedule and keeps on reducing the weight and time. Two teachers said that some children like dirty smells and hot smells and some like soft smells too. Smell bottles are kept for this purpose like room freshener, phenyl and according to their likeness these children are given its smell. It takes 1 to 8 years for these children to come out of their own world.

Most of the special teachers said that when these children are sad, disturbed, they beat someone, beat their hands on the table, spit, cry, and roam in the class, don't sit, and hit himself. These children do not have the feeling of pain, happiness and sorrow. They do not know about it because these children are very less sensitive. Those who have sensation, they start crying even after a little pain. These children keep scratching the wounds made on their body, if their lips are cracked, they scratch, so there is always a wound on their body and if they feel pain on doing so, then they like it. If they are not able to tell their sorrow and pain, then their problem is asked from the communication chart or by giving option, then children circle on the option. Some children also get to know by their facial expression. A teacher said that when children are happy, they will be happy all day. A teacher said that if some incidents that happened in their life do not come out quickly from their brains. If one tells a social story not to inflict wounds on the body, then it will settle for some time and then again start behaving the same way.

Most of the special teachers said that the sensory needs of these children are different. These children are more hyperactive, if they like to climb and jump, then wear a heavy loaded bag jacket for them, then walk a little well, then their energy channelizes the sensory of the vestibular, probes, visuals of these children

also have to be given according to the need and children also have to be given pressure on their body. Keep these children away from loud sounds and these children should be avoided from dirty smells. These children learn more by seeing and hearing and they have to repeat again and again. Children who love music listen to songs with their earphones to reduce hypersensitivity. Sensory therapy should be given to them.

AFFECTIVE BEHAVIOUR

Most of the teachers said that the emotional attachment of these children remains good with all the staff of the school. Their attachment with the teachers who work with these children increases very much. If those teachers do not come to the class, then the children get disturbed, so these children are oriented by writing in advance that tomorrow these teachers will not come and you need to do good work / activity with other teachers. But these children do not work well even with other persons. The attachment of small children is good with everyone. A teacher said that these children have attachment with other but they cannot tell it. A teacher said that these children do not have attachment with anyone because these children are not social.

Most of the teachers said that the attachment of these children with their friends is good. "Sometimes if someone scolds a student then his friends come and stand beside the person". The children have few friends. These children do not speak but play and sit near their friends. A teacher said that these children do not make friends quickly.

Most of the special teachers said that they try to improve attachment through food sharing, birthday cake sharing, outing, visits, hand shack, daily Namaste, making a star on hand, giving things of choice, dance, music, and sending children home with other mothers, giving information by speaking.

Most of the teachers said that they should know how to live with their parents, how to live with their teacher, how to live with others and how to live in a public place. Along with this they should know the meaning, if someone hugs someone other than their parents,. Three teachers said that there is a need to involve these children in some events to work together in class and to teach these children with love. Some said that to explain something to these children, there is a need for written communication and

orientation. To maximise affective behaviour, they show them stories regularly and take lessons in the ipad.

INDEPENDENT BEHAVIOUR FOR SURVIVAL

Most of the teacher told that for making children independent, they should do their own work by themselves. Teacher should give them opportunity to work if they are facing problem in their work. Here we teach them to take food by themselves but at home parents feed them because mothers of children want to finish her work quickly. That is way autism children are unable to improve his behaviour quickly. Some teacher told that they have made schedule to make children with autism independent. They provide water frequently after 30 minute, send them toilet after showing communication chart to children. They keeps in mind about the safety of the children, for that they close the door every time of the school.

Most of the teachers told that they try to do as much as work done by children themselves. For that they show them pictures then make them practice the same way. On the I-Paid first they show the video then make them practice the work like cloth folding and wearing clothes. Teacher tries to make them practice the whole task in to small pieces. For that teachers used storytelling. If any child performs better teacher gives him/her reinforcement as a chocolate. Two teachers said whatever work come in daily life of children, they educate them like- shoes lacing, shirt buttoning, shirt wearing etc. One teacher said that some children with autism having lifelong disorder. They can't do anything in their life. They depend upon others in whole life. We are unable to say anything about their future.

Most special educators said that children can learn about activities for daily living skills so that they should not depend on anyone else. Five teachers told that children can learn some business to become self-dependent. One teacher told that any things you teach to these children with love, they can handle it very well.

One teacher told that very important to add family support for them. One special educator said that parents should create a group and they should arrange residential facilities for these children so that someone can take care of them even after their parents.

SELF RECREATION BEHAVIOUR

Most of the special educator said that though all children have different kinds of behaviour, they mostly like poems, listing songs and dancing. They like music in less volume. Two teachers told that these children also like to see mobile, T.V. and computers with minimum durations. One teacher told that these children like to see colourful beading, floating colourful liquid in the bottle and like to play with it. One teacher told that they engage these children in the games like, passing the ball, car running and target games. One teacher told that children enjoy in colourful art and craft very well.

Most of the teachers told that these children like music but in low volume. If the sound is loud then they get disturbed and put their hand on the ear immediately. They like melodious songs. They get disturbed when someone gives some instruction again and again. One teacher said that they do not speak so they do not tell to teacher their interest in the activity then runaway outside the class. If they like to do any activity then they come near to the teacher and in this way teachers identify their likes and dislikes. Two teachers told that these children have obsession too much with the T.V. and mobile. These children cannot be taken to the cinema or theatre as these children are afraid of darkness. Through showing visual teachers can get more work from them.

Mostly teachers told that they first show the music, dance on ipad or computer screen which is favourite of children and after that teachers dance with them with the song. Two teachers told, that first they identify the interest area of children, and then they educate them in those areas. Parents' role is important in this aspect. Three teachers told, that they bring children for the game and provide an equal opportunity, if anyone does very well they give reinforcement to them. When someone facing a problem in singing or dancing, then they help them on that stage. Poem recitation techniques should be oriented for them. A teacher said that there should be indoor games for these children.

VOCATIONALBEHAVIOUR

Mostly teachers told that do teach autism children about paper folding, paper bag making, envelop making, file making, cutting, photo framing, beading, jewellery making, greetings and earring making. Three teachers told that tailoring and stitching are also taught to these children. Teachers made these children skilled in block painting, pot making and painting, drawing, screen printing, and making paper bags as a discipline of occupation. And they ensure earning by prepared material by the child. Two teachers told that they educate them about candle making, eclectic socket fitting, and nut bolt setting. One teacher told that vocational training should be given to children with more than 12 years of age.

Mostly teachers told that they taught the proper way to children but parents are not practicing those at home which is taught in the classroom. These children do not understand the whole process of work, but they learn it by practicing them. Two teachers told that they do not understand the meaning of money exchange, therefore they need lifetime support.

Most of the teacher told that they do not give big task to these children. They take the children from pre-vocational to vocational classroom to show the vocational activity. In this way, the teacher tries to develop an interest in the vocational field. One teacher told that first identify the interest area of children then train them. Two teachers told that first they show the activity options on the ipad after that they show the process of activity. After that they educate them in the process. A teacher said that since childhood if they will be allowed to make a habit of buying some items, vegetables from the shop, then the socialization of these children will be good.

Mostly teachers told that autism children should know one of the vocation properly like paper bag making, pot painting, file making, candle making, jewellery making, block painting etc.

UNDESIRABLE BEHAVIOUR

Most of the teachers said that these children show abnormal behaviour for the attention-seeking, such as biting own hand and biting hand of others, calling by shouting, putting a hand inside the paint in a bad manner, jumping again and again, hitting head on the wall, showing tantrum and heating someone on head. Three teachers told that these children do not accept a stranger and start crying. They do more

abnormal behaviour like spinning fingers, teeth pressing each other forcefully, closing palm forcibly, if they become hyper then run over the paws, throwing away things and spitting on someone. One teacher told that, if they will be taken to some class without orienting them then they runaway outside.

Most of the teachers told that they use orientation, written communication and social story to explain them undesirable behaviour. Sensory therapy is also given. They are also told to 'calm down' again and again. Two teachers said that they give reinforcement to the children for their desired behaviour and mild penalty for undesired behaviour. Two teachers told, nobody knows that when these children would be angry therefore they always keep in mind and be alert for facing such type of behaviour. Mind of autism child is some time diverted and child suddenly runaway from the class. Two teachers said that they make them to do colour and painting to make them calm.

Most of the teacher told that they give them the favourite thing, reinforcement and orientation to calm them. Two teachers told that they catch children's hand sometimes, they punish them by restricting them from the activity for some time, and they instruct them to sit in the corner silently. One teacher told that they divert the mind of children and engage their mind in their interesting work. One teacher said that they make social stories about abnormal behaviour and show them.

Most of the teacher said that they give sensory therapy to improve the abnormal behaviour of children. Teachers make schedule for the whole activities of the children and try to follow it. Applied behaviour method is used for reducing the abnormal behaviour of children. Three teachers told that they improved the abnormal behaviour of children through the help of orientation, written script, and artificial social story regarding abnormal behaviour. One teacher told that they give reinforcement and penalty to improve the abnormal behaviour of children. One teacher told that before starting the teaching-learning process orientation should be given them and to conduct behavioural therapy so that they can come out of their own world.

STAKEHOLDER2- DOCTORS -5

DETAILS ABOUT THE CHILDREN WITH ASD

Most of the doctors said that to diagnose children with ASD first of all they observe children in three aspects which are eye contact, social interaction and behaviour. Once found positive in these aspects they further validate it by conducting psychological tests with the help of clinical psychologist. The psychologists usually conduct tests like CARS, M-CHAT, DDSG, BKG, BSMS as per the age group of child. Once all the testing are done, all the reports are seen and after corroboration used for the confirmation of ASD.

Most of the doctors said that they treated children with ASD by following techniques like early interventions, enrolment in special school, inclusive schooling, and therapies like applied behaviour analysis, sensory integration therapy, occupational therapy, speech therapy and practical behaviour practices. They prescribed drugs only for the children with excessive repeated behaviour, impulsivity severe in attention and very poor seating tolerance. As per the needs medication is given for the sensory avoidance. Omega supplement and vitamins are also given to few patients.

Most of the doctors said that they give positive reinforcement to ASD children by appreciating their work along with therapies like ABA therapy, sensory integration therapy, speech therapy, occupational therapy, special education for functional impairment, biomedical treatment focused on understanding, cognition, especially gut. These therapies are given 15 hours and more per week for the most beneficial output.

Most of the doctors said that ASD has usually caused by either genetic or environmental causes. Environmental causes are most prominent cause than genetic which involves electro-magnetic radiation and screen exposure from mobiles, televisions, laptops, tablets, server in the office or Wi-Fi in the nearby house which could have impacts during their mother's pregnancy. Besides that changing scenario of society, increase in number of nuclear family where parents cannot give much attention to baby caring are

also some of the causes of ASD. The gene of parents have also some role in the making of ASD among more are more number of children.

Most of the doctors said that they do not find any of the behaviour of ASD children uncomfortable as they do not understand what they are doing. They are like that only. According to doctors many people in the society do not accept their behaviour like removing cloths at public places, tantrums, repetitive behaviour, stereotype, moving in circle, sitting intolerance, aggregation, obsessive compulsive behaviour etc.

Most of the doctors said that they fear whether these children will be able to speak or express their desire or not in future. They also showed their anxiety in these activities of ASD children lack of social skills, emotional and anxiety issues, issues in handling money, ignoring vehicles while crossing the roads etc. they were anxious and nervous about the future of ASD children as it is very difficult for these children to manage these activities.

EDUCATIONAL NEEDS OF THE CHILD

BEHAVIOUR IN THE SCHOOL

Most of the doctors said that the major problem of these children doing day to day activities are like bathing, toileting, tying shoe lace and wearing dresses. Besides that maintaining personal hygiene, communication, socialization, and sensory issues are also some of the major problems of these children.

Most of the doctors said that training program for special teacher, counsellor and therapists are needed to make them more progressive and aware about the need of these children. They also urged for training program for parents so that they can handle these children with more patience and positive attitude.

COMMUNICATION

Most of the doctors said that the major problems in the communication of these children involve motor and sensory coordination. Besides these, poor receptive and expressive communication, poor eye contact, poor language development, perceptive understanding, speech delay were some of the major problems related to communication problems of these children.

Most of the doctors said that socialization of these children are needed by giving them more opportunity to meet with people and to communicate with them. Besides this Bio-medical approach and speech therapy is also needed for them. Use of pecks cards for the speech delayed children, use of non-verbal communication and some other methods can be used for improving the communication of these children.

Most of the doctors said that the minimum communications needs of these children are communications about their daily and survival needs and activities either through minimum verbal ways or non-verbal ways like gestures and through cards.

SOCIALIZATION

Most of the doctors said that as these children have serious communication problems they don't know how and what to speak and to communicate even non-verbally. They have also emotional issues where they lack understanding of particular emotions like love, like, dislike, smile etc. and fail to reciprocate. Because of this they fail to express their feelings. Besides that they have sensory issues as well which hinders their social integrations.

Most of the doctors said that to improve the socialization of these children they should be taken to visit different places and should be given ample opportunities to get mixed with people and to get socialize. For this purpose they should be given social skill training with the help of applied behaviour analysis and positive reinforcement. They should be reinforced always about their good behaviour.

Most of the doctors said that mixing of these children with their similar age group children and with people around are the minimum socialization needs of ASD children. For this purpose parents should make artificial social group and attend awareness programs.

COGNITIVE BEHAVIOUR

Most of the doctors said that the problems related to the cognitive behaviour of these children involve understanding and concept formation as they mostly rely on rote memorization. Regression due to speech delay is also common problem of these children where children having speech also lose speech development after 18-24 months. Some of the high functioning ASD children are found good in Mathematics.

Most of the doctors said that CBT (Cognitive Behaviours Therapy) can be used to improve the cognitive behaviour of these children which should be approved by the Therapist Board. Biomedical approach can also strengthen the metabolism in understanding brain functioning. Besides these supplements, brain tonic, vitamins are also recommended. Interaction with the shadow teacher in inclusive school can also help these children.

Most of the doctors said that the help of visual cards, biomedical approach, meaningful playing, ABT and CBT can be taken to improve the thinking pattern (Behaviour) of these children.

Most of the doctors said that proper cognitive function to attend, process and react to most important and needed stimulus are minimum needs related to the cognitive behaviour of these children. For this their brain should be made receptive and if they lack it, they can be given therapy depending on their situation for two to three times in a week. Usually, fourteen hours in a week is recommended for such children. For this, mothers of these children should also be trained as they stay with the children the most so that they can also be able to provide the therapy.

SENSORY MOTOR BEHAVIOUR

Most of the doctors said that the major sensory related problems of these children are that they are hypo and hyper sensitive which depend on their metabolic condition. Some children are sensitive to smell or touch or sound. All these issues and their degrees can vary from child to child.

Most of the doctors said that sensory integration therapy to improve the sensory motor behaviour of these children where they use a lot of vestibular inputs to improve these behavior. Biomedical approach and Diet approach are also used to correct metabolic condition. It also helps to resolve the other sensory issues. Different type of texture, smell, sound, light, should be provide to these children for improving the sensory issues as sensory integration therapy.

Most of the doctors said that the minimum needed sensory motor behaviour of these children are basic recognition of senses which can affect their body like hot, cold, rough, smell, sound and light.

AFFECTIVE BEHAVIOUR

Most of the doctors said that major problem of affective behaviour of these children involves the lack of understanding and reciprocating affective behaviour of others due to communication problem. These kids express themselves through tantrum, anger, shouting, flapping hands and having continuous circular movements.

Most of the doctors said that to improve the affective behaviour of these children training of parents and society to handle them with patience, love and empathy so that their emotional issues can be reduced. Training of their parents with maximum therapy is needed so that they can improve the emotional behaviour of the children and can handle them at home.

Most of the doctors said that showing of reciprocal behaviour in which the similar kind of behaviour needs to be made is the minimum needed affective behaviour. For this the training is needed along with supplement of brain tonic.

INDEPENDENT BEHAVIOUR FOR SURVIVAL-

Most of the doctors said that the dependent nature of these children for day-to-day activities, education, vocational training, lack of life skill training, lack of welfare scheme of the government as it is limited for 18-21 age children only are some of the problems related to the survival behaviour of children with ASD.

Most of the doctors said that these children have sensory issues for which parents and people around them should be educated to make them aware for handling them smoothly. Besides that basic handling of day to day activities, basic communication, and vocational training are needed for their survival.

Most of the doctors said that education, healthy and basic life style are minimum survival needs of these children. They should be able to feed them and make them healthy.

VOCATIONAL BEHAVIOUR

Most of the doctors said that insensitivity towards the capability of these children, normal work assignment instead of assigning as per their cognition and age level, dependent behaviour of these children are some of the major problem with the vocational behaviour of these children.

Most of the doctors said that the children with ASD should be involved in their interested fields/areas for which training should be given to them with patience as per their IQ and capability. Teacher should be trained for this. The first thing for this kind of training is to build rapport with the child.

Most of the doctors said that the minimum vocational need of these children depends on their degree of problem and their ability to adopt and learn. The best part of their behaviour is that if they can be learnt something, they can keep doing that forever because they like repetitive activities. Their vocational needs can be identified and they can be trained according to their condition. Centres working in Baroda for the ASD children like KOSIS, ARPAN and DISA are doing good work in providing vocational training to ASD children.

UNDESIRABLE BEHAVIOUR

Most of the doctors said that major undesirable behaviours of these children are walking on paws, continuous hand flipping, running to and fro in excitement, repeated movements, making loud sound, clapping, stubbornness, humiliating oneself, mood upheaval, risk taking, hitting someone, aggression, self-mutilation etc.

Most of the doctors said that positive reinforcement is given for controlling the undesired behaviour of ASD children. They said that they assign ASD children some kind of work of their interest to make them calm down and controlling their abnormal behaviour.

Most of the doctors said that they give counting exercise to calm down these children where they count it backward from 20 till 0 and the children have to calm down by the time 0 arrives. Besides that, Applied Behaviours Analysis and Tailor Approach is given where the diary is maintained for self-hurting behaviour with its reason and accordingly the approach is made. After the age of 14 their physical behaviour increases due to hormonal changes. At this time the use of homeopathic medicine is most suitable.

Most of the doctors said that some basic training, ABA therapy, medication, and positive reinforcement are needed for ASD children to control their undesirable behaviour.

STAKEHOLDER- 3: EXPERTS-8

Eight experts working with the ASD children having expertise in different therapy were interviewed by the researcher and the information provided by these experts are presented as follow.

DETAILS ABOUT THE CHILD

Most of the experts told that they diagnose ASD among children through observing their behaviour like way of looking ceiling fan, jumping behaviour, lack of eye contact, lack of social communication and repetitive behaviour etc. and interview with their parents. Few of the experts said that they diagnose the children on the basis of standardize tests and behaviour profile of autism assessment such as CARS, M-CHAT, DASSI-test etc.

Most of the expert told that the ⁴⁹ treatments for children with ASD depend upon the level of severity of disorder and the need based. For example, if the child is affected comorbidity like autism and down syndrome, he/she first need sensory therapy and then treatment for down syndrome. But mainly treatments like remedial work, medicine, especial education and therapy (Physic therapy, ABA, sensory therapy, occupational therapy, speech therapy) were provided to the children with ASD. For communication difficulty, they were provided with speech therapy like reading good gift, communication through picture and through PECS.

According to some experts, they check the sensory need of children with autism spectrum disorder and the issues related to it. Then according to their needs they were given the treatments like different type of light, tactile, colours. In case of hyperactivity behaviour they were provided with few medicines as well as therapy.

Most of the autism expert told that most of the treatments have positive impact on the behaviour of the children if it is started in the early years. The impact also enhanced with a positive social environment of the family.

Mostly expert told that nothing can be related with the cause of autism as no strong research is available in this area. Some expert told that very protective environment in the family having negative impact on the growth of the child may increase the degree of ASD.

Most of the experts told about behaviour of children with ASD that make them uncomfortable like-behavioural issue, tantrum, crying, hand flapping, poor eye contact, rooming her and there, not mixing and communicating with others, dependency on others and weird behaviour related to body organ due to sensory problem in adult age.

Most of the experts told that they feel nerves about behaviour, very poor socialization and education issues of the autism children, because it can not make them independent for a living. Few experts told that they do not feel nerves about future of these children as they will do something according to their capacity but mostly parents feel nerves about the future of these children.

BEHAVIOUR IN THE SCHOOL

Most of the experts told that most of the teachers in general schools do not accept autistic children because they need remedial classes and more attention. They need specialize trained teachers. Autistic children are good in IQ. Autistic children those follow the instruction of teachers can enrolled in normal schools with extra attention, otherwise they need education at special school.

Most of the expert told that they focus on basics like reading and writing and gradually focus on understanding. Some expert told that they are arranging autism awareness program for teachers to manage them in inclusive schools.

Most of the experts said that children with autism have sensory issue that creates problems in early morning work like going to toilets, brushing, bathing, combing, wearing a shirt etc. They don't know how to behave in public transport and lacking personal hygiene.

Most of the expert suggested individualized education program for children with ASD. As every children have specific strength and weakness, special educator can prepare individual program to tackle problems like- attention difficulty, echolalia, lack of basic interaction, poor language skill, seating intolerance using the tools like modality, audio- visual method, picture exchange board, written script, ABA etc.

Most of the expert told that minimum needs of autistic children is ADL work to make them independent like going to toilet, bathing, wearing a shirt, brushing teeth, eating food etc.

COMMUNICATION

Most of the experts told that these children are not able to express themselves whether they are non-verbal or verbal. Even they do not understand what others say. Only their parents understand a little. There are very few children who respond to others but do not communicate properly. Because of this they hurt themselves and others in anger. Some experts said that the main problem of communication of these children are echolalia and restricted expressive speech.

Most of the experts suggested to give them maximum exposure for communication, such as, parents to talk to them every day, not to lock them in the house, performing group activities, communicating and prompting them during group work, taking them outside so that they talk to others, giving them opportunity to ask for things like food and drink so that they can think of speaking. Some experts suggested picture cards, flash cards, written cards for improving their conversation giving two options of

similar level and have patience for getting their response. Also give them speech therapy, role play games and keep them away from television and mobile.

Mostly expert said that daily needs like asking for food and drink, using washroom, eye to eye contact while listening to others, paying attention and understanding and following commands are their minimum communication needs.

SOCIALIZATION

According to most of the experts, people in society generally do not accept these children. They do not join the social groups, do not understand what the people in the society and gradually cut themselves off from the society. Parents of normal children tell their children not to play with these children and hence these children are kept isolated from social groups. Hence, proper social development of these children is not possible. They do not accept the strangers easily and they are lost in their own world, due to which their interaction with others is also limited. This is a big problem for them. There is a need to educate others about the needed socialization of these children.

Most of the experts told that there is a need to aware and educate others about the needed socialization of these children. Others should be aware that these children are a little different from others, should not be kept separately, should be considered as a part of the society and should be mixed with everyone. Parents can help them a lot. Parents should play with them as a child in small groups as well as talk to them regularly. This can help these children to become social gradually and their understanding will also increase. Some expert said that these children should be enrolled in general school along with a shadow teacher and the special teachers in the school should expose them with small social stories through audio visuals, written scripts as well as spoken words, so that they will be able to interact with others.

Most of the experts told that for minimum, these children should be able to ask for help from others and should express themselves if lost somewhere. For this, they should learn to be in groups and to grit each other.

COGNITIVE BEHAVIOUR

Most of the experts told that these children have good I, but it is difficult to know their cognitive behaviour by testing. Many of them spell words very well, sometimes repeat words again and again, sometimes they are found completely blank. There is issue of these children in expression and even they do have understanding issues as they do not understand directly. Some experts told that these children have difficulty in linguistic development as they are exposed to multiple languages at home and school that creates great problems for them in language development.

Most of the experts told that they can be taught English rhymes, mathematics through videos on mobile or laptop. Flash cards and picture description can also be used for the purpose. Some experts told that using one language both at home and school can help them for better language acquisition. The help of applied behaviour therapy can be taken to solve problems related to their cognitive behaviour.

Most of the expert told that these children need to be desensitize first and then regular effort of music teacher, yoga teacher, dance teacher, drawing teacher and art therapist can help them to learn co-curricular subjects. Even parents need to arrange extra classes for them so that they can increase their interest and ability in such skills. Some expert said that the activities like painting, drawing, music and dance should be combined with their curriculum so that it will improve their cognition and their other needs will also be fulfilled.

Most of the experts told that their thinking pattern is good and need improvement. It can be done by involving them more in group activities and developing their verbal communication and expressive ability. These children have a stereotype thinking pattern as they like to do the routine work from morning to evening. It is difficult to break it but through sensory therapy, join compression and social stories, it can be improved.

Most of the experts told that these children need to have sitting tolerance, have eye to eye contact and to follow instruction for better cognitive behaviour. Minimum cognitive behaviour they need to learn basic concepts like counting up to 100 in math, basic vocabulary in one language, basic science of air, water, plants, animals, eating items etc. and knowing the place and address in social science. It is very important for them to know the concept of money and its proper use.

SENSORY MOTOR BEHAVIOUR

Experts told that these children have sensory problems. Some are hyper sensitive (do not like sound, light, touch, test or smell) and some are hypo sensitive (like to hear sound, feel happy in some touch, like smell and test.

Most of the experts told that their sensory motor behaviour will be improved through sensory integration therapy provided by occupational therapist, physio therapist, and sensory therapist in an integrated manner in a specific schedule and time interval according to the need of individual child and the type of sensitivity, hyper or hypo.

Most of the experts told that the minimum sensory need of these children is a pleasant environment at their house with respect to the colour and intensity of light, colour shade of the room and other household items and the voice of the member in the house. Similarly. A pleasant sensory feeling is desired when outside the house.

AFFECTIVE BEHAVIOUR

According to most of the experts they have more attachment to specific people or material. They like a specific toy and try to play with it always. Most of these people have attachment to vehicles. These children are more emotional and possessive. Once they are dependency on you, they do not like to do anything without you. So work with these children by maintaining distance with empathy not sympathy. They are more attached to the mother than the father. It takes a little longer for them to attach to a new person, but once attached, it was found to be deep.

According to most of the experts these children should be allowed to interact with as many people as possible. Allow them to do the activities according to their choice, do not force them for any work. They should be instructed to take care of each other. Parents should ignore them by remaining silent in case of their aggressive behaviour like shouting and crying. They should also be reinforced by giving them the things of their choice in case of their right behaviour. Parents should neither use physical punishment nor should shout at them. There should be acceptance for these children from all the family members and from the society. Parents should give much time and care to autistic children than other children for improving their affective behaviour. Behaviour shaping and ABA therapy can be used for this purpose.

Mostly of the experts told that they should able to differentiate between family member and other people and to behave properly with outsiders.

INDEPENDENT BEHAVIOUR FOR SURVIVAL

Most of the experts told that these children depend on others for food, water, money and safety both at home and outside home. They cannot manage their own food if left alone at home. If they will be left outside alone, they will be lost.

According to most of the experts, rigorous training and learning is needed for these children to improve their survival behaviour. They could be trained to find the prepared food at home and to consume it properly if left alone at home. At least they could be trained to ask for their food. They should be trained in vocations for earning. It should be the responsibilities of government to take care for the survival of these children and should generate low skilled jobs for these children. Even, Government should make insurance policy for ⁵⁵ these children for their future survival.

According to most of the experts, shelter, food, health, cloth, education and employment are minimum survival needs of these children.

RECREATION AND VOCATIONAL BEHAVIOUR

According to most of the experts, it is very difficult to understand their recreational behaviour, as it is very difficult to understand what they like and what is their interest. Those people are lost in themselves, and for them, leisure time activity is a particular behaviour they use to do, such as playing with a toys or a thing alone. They do not have the recreational behaviour like watching TV, playing games etc.

Mostly experts told that the interest of these children should be identified knowing their attachment with the objects they like most and then toys and games related to their interests can be provided and atmosphere could be created to make them play with that. These children may like television, mobile, hand flapping etc. This behaviour could be minimised by regular instruction and reinforcement through taking them to gardens and parks and even exposing them to social events. These children can be taught new activities by associating with the songs, toys and things that they like most. Autistic children do not have any interest in sports as they do not have depth distance perception. Involvement in sport activity is important for ASD children. Dance therapy, art therapy, and music therapy, recreational therapy should be made somewhat attractive and inspiring for them, then their interest will be more towards all those directions.

Most of the experts told that due to sensory, physical and behavioural problems of these children, they don't pay attention to any vocational work. It takes a long time to teach these children any vocation.

With the combined therapy of music, dance, and yoga, they can be prepared for a vocation of their interest. It needs the awareness and help of the community members. If there is any autistic success story, then by making this child an ambassador, we can bring awareness in the society. Make them active only in their most interesting activities. Their rehabilitation can be made with the help of community. For example an autistic child can be send to a small shops nearby with the consent of owner for half an hour or an hour so that the child can understand what is happening there, what the customer is asking and how much money is to be taken, all these should be understood by the child in a gradual manner. As their expressive language is very limited, they could be taught through pictures and images. As they are slow, patient is needed while teaching them.

Most of the experts told that as the interests of all the children are different, so the vocation can be learned according to the interest of the children. Flower making, rakhi making, candle and jewellery making, screw driver related work, paper folding, punching, binding are some of the vocations which can be learnt by these children.

UNDESIRABLE BEHAVIOUR

Mostly experts told that due to hormonal changes these children get upset and show unwanted behaviour. Different behaviours are seen in these children like - holding hands, hugging, angry at someone, biting oneself, tantrum, echolalia, not paying attention, running around, screaming, crying, heating head, Sudden laughing, stopping, gazing, not making eye-to-eye contact, not mixing with anyone, hyperactivity, not being comfortable in a crowd, lying on the ground, exposed to excessive light, irritability, etc.

Some of the expert said that they know the undesirable behaviour in general by the name of obsession. When the child gets attached to someone since childhood and is unable to leave him, then his behaviour turns into obsession, this same obsession becomes the cause of trouble, such as touching, touching the private part in front of everyone, then putting his hand inside, taking hot smells, being impulsive etc.

Most of the experts said that using ABA therapy to improve behaviour provides unprecedented benefits. Parents should first observe the child that due to which the child is behaving like this. Make a social story and explain it daily by showing it, holding the child strictly and lovingly by giving him the things of their choice, giving reformation and slowly teaching good behaviour to the child. Then slowly the child will understand.

Some expert told that on the basis of experience, see the child and understand if he is going to mess up or fuss, then immediately isolate him and work with him by diverting his attention to the activity of his choice.

Mostly experts said that in order to get attention, the child becomes hyper and exhibits unwanted behaviour such as biting themselves, hitting, head banging etc.. First, do not pay attention to their behaviour, do not be emotional and avoid their behaviour. Secondly, by understanding the child, give them the things of their choice or by explaining that if you behave in an undesired way, then all the things of their choice will be stopped (by reinforcement). You can explain this through social script, and then gradually their behaviour will improve.

Some of the experts told that when the child is unable to communicate with others to get his things, then he gets frustrated and does self-harming behaviour. At that time we cannot control it, but we can make it calm down by diverting his mind for example if he is hitting someone, then give a boxing bag and say to hit it and try to explain him that when you do not like some things, then punch the boxing bag. Few experts said that the child's abnormal behaviour is seen because the child does not even know that due to sensory issues as they cannot feel pains.

Most of the experts told that through giving positive and negative reinforcement like if he spits, then apply tape on the mouth or tie a napkin, if on the day he does not spit, give two chocolates of his choice by making a star on his hand, in this way he will stop behaving like this. If he shows unusual behaviour, then his parents and other members of the house together should ignore his unusual behaviour. To correct abnormal behaviour, orient the child, teach through the script that some physical or social problems sometimes arise and that they will resolve on their own. And you can explain it through a story also.

Some of the expert told that behaviour therapy, psychologist and counselling can solve the child's behaviour. Training has to be given till life time because some children start repeating their abnormal behaviour even after a few days of correcting their abnormal behaviour.

STAKEHOLDER- 4: PARENTS- 30

DESCRIPTION ABOUT CHILDREN

The total number of siblings is two in which there are seventeen boys and one girl.

There are no brothers and sisters like these seven boys and two girls

Only two sisters there is such a girl

The number of brothers is four and there is no sister there is such a boy.

There are five children who are younger in the order of brothers, their elder brother is normal, they have no sister and there is a girl child who has an elder brother.

There are three children who have three sisters who are older than them are normal.

There are three children who are elder in the order of brothers, their younger brother is normal, they have no sister.

There are twelve children in total, the girls are the youngest in the sequence.

Eleven boys - the girl child is the first in the order of birth. Two boys are alone and two girls are alone.

Twelve Boys - The girl child is second in the order of birth.

A child in third place.

One child is in fourth place.

One child has both siblings with autism.

Nineteen parents have said that autism was diagnosed between 2-3 years of age.

Six Parents told that autism was diagnosed at the age of 0 to 1 1/2 years.

Five Parents told that autism was diagnosed at the age of 4 to 5 years.

Twenty Parents say that the child was diagnosed with autism by Dr.

Six Parents say that the child was diagnosed with autism by special educator.

Fourteen parents told ⁴¹ that their child's autism level is mild.

Eleven parents said that their child's autism level is moderate.

Two Parents said that the level of autism of their child is severe / risk autism.

Three parents told that they do not know the level of autism of their children.

Thirteen Parents have said that sensory integration therapy, visual, speech, occupational, sports, group therapy and training and education in school have had a positive effect as children's behaviour has improved.

Six Parents have said that there is a positive improvement due to the effect of medicine and medicine on the children.

Eleven parents have said that there is no special effect of medicine and therapy on children.

Mostly parents told that their children used to roam here and there at home, they did not have seating, did not mix in the group and if they were hyper, then put them in the special school, these children do not hold the pen, do not understand the meaning of give, poetry speaks but the things of need Never asks by speaking like - give water, give food etc.

Mostly parents have reported that their child is being affected by some education such as Sitting Tolerance, Personal Therapy, Activity, Game, Change of Place, Speaking, Understanding, Polite Handle, Eye Contact, Washroom, Atmosphere, Painting, Bidding, and writing have had an impact on the child. Only one parents reported that 100% positive impact ³⁴ of the school education on their child

²⁹ Some parents told that they have not seen any improvement on their children.

Most of the parents told that autism in a child can be cause to birth difficulties such as anaemia, lack of oxygen, vacuum delivery, caesarean delivery, pre mature baby delivery, psychological pressure.

Some parents told that may because of lack of public exposure from birth, television, mobile (electronic or circumstances of Ray) such as Dr. told.

Few parents told that children become autistic may cause of high fever in early infancy stage.

Only one parents told they working in chemical factory so after potassium cyanide penetrate in the body jean affected so it may be cause of autism.

In daily routine like- toilet, brush, bathing, wearing clothes, from food to drink, dependence on others, not being mixed in society, unable to demand things by speaking, his developmental delay, children in normal school not managing together,

Getting up and putting things lying down in the mouth, suddenly biting teeth, looking at food and always screaming while eating food, cannot sleep regularly, twitch someone, kill someone, move while sitting, climb to a height Don't be afraid of falling. Keep clapping for no reason.

Running away, not telling anyone about the lettering bathroom, making unnecessary noises, yelling, throwing things excitedly, becoming hyper, getting very angry, crying suddenly and laughing right away Not knowing the reason for it, taking dirty smells, putting your hand in the pant, taking off the pant anywhere. Hearing sensation, spinning itself and toys, seeing fan spinning, visual problems, not following instructions.

My child eats his own food and drinks water. He plays by himself but he has to speak. Speaks with a word sign like- food, water, pp, didi. Runs the mobile well. He does all the work on his own, but has to speak like do potty, brush, take bath, put on clothes and at the same time need help. Sits on two wheeler. There is an understanding of going out for a walk.

The sleeper puts on, takes off his clothes, puts on a T-shirt, understands the opposite. The bag is opened and closed. If you ask him to keep some things in the house, he does it, the utensils are decorated in the almirah,

Identifies the colour sap. He does the activity but has to sit and speak with him. Sings a song, does some work on the computer, but only when I speak it, he is unable to do it himself.

Parents have said that help is needed in all tasks. If toilet is not trend then he has to sit on the commode and have to keep watching because then the water of the bathroom starts drinking, or he spills the water of the tub on himself, washing his potty, there is a problem of constipation. Have to brush, and take bath. Change of clothes, do not know how to tie the nada, do not know how to put buttons. Shocks, shows, in wear. He doesn't even know how to comb his hair. **You have to** feed and drink water too. **If you are** not able to eat by tearing the things of the packet, then that too has to be fed.

Helping to speak. If you want to ask for something, it is not able to ask, and if some children ask for it, then there is a pattern which not all men can explain, only the family can understand. It is necessary to have a person to roam outside, cannot roam alone because it can be lost anywhere.

When someone comes to play with him, we have to take care not to kill anyone because my son is very hyper, if he climbs to a higher height, then he has to be taken off with love. Help is needed while doing homework. Cannot do the activity on his own, help is needed. He cannot be left alone at home because it is necessary to have a man with him.

If there is too much stubborn behaviour, then care has to be taken. He shouts every day, **there is a holiday** - it is a holiday, **you have to** explain.

DAILY ROUTINE WORK

Most of the parents told that only the mother helps in the routine work of the child. Some parents told that mother, father and other member of family helps in the routine work of the child.

Most of the parents told that children do not have the sensation of toilet, due to which they do potty and urinate in the paint itself, do not know how to wash the potty while defecating in the toilet, so that, they are completely untrained in the act of defecation.

Some parents also told that they have an understanding of the toilet and sit on the commode, wash the potty by running the flush on their own, but at the time of defecation they start doing other undesirable tasks such as bathing with tub water, drinking dirty water from the tub, commode. If you put your hand, you have to keep watching those children and keep refusing to do undesirable work again and again.

Few parents said that the children complete all the toilet activities by themselves.

Most of the parents said that the children are given the brush by applying paste, in order to speak, do it yourself, but in the end it is the mothers who have to do it every day.

Some of the parents have said that their children brush themselves but they have to give prompts in between to do well.

Few parents told that their children brush themselves.

Mostly of the parents said that children are happy while taking a bath, they keep pouring water on themselves, and mothers make a complete bath by applying soap, after that they wear clothes.

Some parents told that the child takes bath on his own, but the mother repeatedly prompts him to take a good bath.

Few parents have said that there is no problem of bathing the children; the child takes bath by himself.

Mostly parents told the children have to wear clothes.

Some parents said that children wear clothes by themselves, but only light cotton clothes, they also wear T-shirts, and lower only. They are not able to wear shirts and pants, because those clothes are tough, and even the buttons are not able to close and open these children.

Few parents said that these children wear clothes on their own, but in between, prompts have to be given that wear them properly, straighten them and do not wear clothes even due to sensory issues.

Most of the parents told that only ²⁸ the parents have to comb the hair and these children do not allow combing in the hair due to sensory issue.

Some parents have said that their children comb their hair by themselves, but if they do not do it well, then mothers have to give a prompt.

Few parents said that their children comb their hair on their own.

Most of the parents have said that their children eat happy things like - biscuits, chips, roti - vegetables. But the wet things eaten by mixing such as rice-lentils, fish-rice checks are not able to eat rice, because their fingers do not form lumps and due to sensory they are not able to eat by themselves.

Some parents have said that their children eat food better than themselves.

Few parents have said that their children are not able to eat food themselves.

Most of the parents said that using their own understanding, they differentiate between edible and non-eatable things.

Some ⁴¹ parents said that they are not able to differentiate between edible and non-eatable things by using their own understanding.

Few parents has said that the child puts non-eatable things in his mouth because he wants to attract the attention of his parents.

Most of the parents told that his/her child cannot differentiate between harmful and non-harmful things.

Some parents said that his/her differentiate between harmful and non-harmful things.

Most of the ²⁸ parents have said that children while doing activities in school sit for 2 hours. While listening a song or game play in mobile for 1 hour, apart from this, he can hardly sit in one place for 5-7 minutes. Therapy, activity, and physical exercise play a major role in increasing the endurance of sitting.

Some parents said that children at the time watching movies, activities, mobiles, they sit for 1.30 - 2 hours, in school for 3 hours and normally for 1 hour. He has not run much at home.

Most of the parents told that their child does not have any problem related to sleep; these children take 7-8 hours of sleep regularly.

Some of the parents told that their child has problems related to sleep such as roaming in the room at night due to lack of sleep, murmuring, very little sleep, not being able to sleep at the proper time etc.

Most of the parents told that they send their children to special schools for training and therapy. And teach the work of Activity for Daily Living at home itself. Ayurveda medicine/ English medicine /Homeopathic medicine are also running

Some parent has said that is a group of parents of the Disha autism center and school, in which all the parents write about the problem of their child and also tell the solution to each other on the basis of their experience, so that the parents trained their children.

Few parent told that their child does not need anything now, he does everything himself.

Most of the parents told that their children are dependent on their parents in all the tasks related to daily work like toilet, bathroom, brushing, comb in hair, wearing a shirt (ADL).

Few parents told that now their child has no problem.

Most of the parents told ²⁶ that their children should do all their daily work on their own so that they do not depend on others, this is the main need.

Some of the parents told that their children have improved due to training and therapy from Disha School, now they do their daily work by themselves.

COMMUNICATION

Most of the parents have said that their children follow commands with their own name and reaction to things, few children eye contact gives sometime, doesn't give some time. They cannot speak.

Some parents told that if their children want something, then they will pick up the item in which it is kept, either by holding the parents and taking them to things, they will indicate that they have some food to give them, sometimes they follow the command.

³ Few parent said that their children ask for food and drink by speaking, follow the command. These children do the verbal communication.

Most of the parents told that their children communicate in non-verbal ways.

⁴⁷ Some parents said that their children speak in both verbally and non-verbally, most of the children speak the things of need in a word or two.

Most of the parents told that they speak to their children orally so that those children learn to speak by listening and it is practically not possible to ask everything in writing, it also takes a lot of time. And we do not have enough time to show them pictures and get their feedback by writing.

⁵¹ Some parents told that they communicate with their children by writing as well as speaking. And they take their feedback from them by giving options from communication charts and picture cards, so that they can explain to someone by writing their words.

Few parents told they talk to their children both verbally and non-verbally.

Most of the parents told that main purpose of their children's communication is related to food, going out and seeking attention.

Some of ²⁶ the parents have said that the purpose of communication of children is for company acquisition, dolls, toys, rides TV, mobile etc.

Most of the parents told that the problem of most parents is that the child is angry, crying is frosted, the child is unable to express himself what is the problem of the child and what is his need. Parents are not able to understand children.

Some of people said that they have been with the child since childhood, they have had a little experience and help on the basis of observation, but how much is right and how much is wrong, they cannot tell. The woman said that God has made the mother such that the mother understands the child's problems.

³ Most of the parents said that their children understand almost everything.

Some of the parents told that their children understand something, like some family member talk about food, and then these children react quickly after listening the food. But when asked for any activity, they do not respond and are busy in their world. If we will give double commands to these children such as - you bring water in the bottle, they will not understand, but only say you bring the bottle, it will mean that it understands the basic things.

Few parents told that their child understands little and even if he understands something, then we do not understand what he understands? And what's not?

Most of the parents said that their children express good feelings by laughing, in a happy state, such as hugging, clapping etc. The children with autism express **bad feelings** such as hyper, screaming, crying, getting angry, bending, throwing things out, teething, hitting the parents, clenching their fists, jumping, Hitting the door, having a tantrum, lying on the bed feeling sad, calm, depressed, etc.

Some of the parents told that their children do not understand good and bad feelings.

Most of the parents told that their children will take the person (parent-relative) for their help and they take them to the goods or they will bring the goods themselves what they want it.

Few of the parents said that their children ask for food and drink through one or two words, but their words cannot be understood quickly by an outsider. Only parents able to understanding that what the child wants because they living with children from by birth and they have more experience about child behaviour sign signal and so on. Children are not able to tell if there is any injury or pain.

Some of the parents said that their children call the members of the house by giving voice and on the mobile app, they only do written communication related to food and drink. But unable to call unknown person.

Mostly parents said that they are only providing therapy for children's speech, and send them to school.

¹⁷ Some parents said that they explain verbally speaking so that they understand the words and identify the things. Receive the answer / response in the option by showing card / written communication for communication, but the answer will not be 100% true every time. And by playing songs, ryms, on mobile, so that they practice by seeing and listening and learn to speak. ABCD ... or the name of the month, scares you to call the name, otherwise he /she will prick the safety pin insert in muscle of them couple of times. For communication (Let's me talk, jab talk) using mobile app, we wipe the things of the children like - about food and drink related dise, but if he has any problem then he cannot know exactly why panic Happening. Even if he/she are happy, for what reason is happiness, it is also a big issue to know. With the help of vibrating brush, brushing is done in the morning and evening, massage of the jaw, try to bring tongue outside with the help of pencil, the lips is, exercises are done so that they start speaking slowly.

³ Few of the parents said that they are taking medicine for them.

Most of the parents said that their children are unable to speak, if they do not speak, then let's at least understand and can tell things by gesture or writing that is not even in these children, this is the biggest problem.

⁴⁷ Some parents said that their children speak words/words, but they also cannot understand outsiders, only the members of the house understand what is their need, so the child should come to communicate clearly so that all the people in the house and outside can understand them well. Can understand. And some children speak like robots.

Most of the parents told that children should speak properly or he/she can express properly in a non-verbal way.

³ Some of the parents said that their children have echolalia, due to which they repeat the words of their parents, so they should understand how to answer something. Parents have said that if they drill a mock in the society or local market, then their inner capability can increase, communication, understanding and this is more requirement for everyone. Parents told that the first thing should be a vocabulary for communication; they should be familiar with the circumstances, that is, the all things around them. Then what does he feel about his own emotions, then his likes-dislikes, what he likes and doesn't like, these basic things, if he comes to know then he will be able to communicate.

BEHAVIOUR OUTSIDE THE HOME

Most of the parents told these children sit in an auto rickshaw or two wheeler in the market or see their favourite food items in the shop, then immediately run away and pick them up without asking and do not pay attention to whether there is any vehicle from behind or ahead. He /she should go on shop consciously after watched the vehicle on road.

²⁶ Some of the parents have said that while walking, they will hit or push anyone with their hands, if someone comes in front of them, they will not go out from the side. Outside adjustment problem. And while walking on the road, the posture does not remain like that of a normal person.

¹⁷ Single parents have said that they do not send the child alone in the market / street.

Most of the parents told that while walking on the road, the car-motor runs on the road, at the same time it runs here and there on the road, it does not move properly, that is why parents walk on the road holding the child's hand, so there should be an understanding of walking on the road.

Some of the parents told that there is no problem of any kind while walking on the road.

Few parents told that when their child walk on the road he/ she hear 10 times the sound of the horn of the vehicles in comparison to normal children, due to which they have a problem and keep their hands on their ears and start irritating.

Most of the parents told that in the market, restaurant, station, hotel, bus stand, all these children exhibit unusual behaviour such as not sitting peacefully in one place, crying and shouting, draw out things of other people.

Some ³ of the parents said that these children do not have any kind of problem in any public places.

Most of the parents said that their children do not sit peacefully in a public place, run here and there, will scream, shout, will jump if the sound is high immediately they keep their hands on their ears, get scared, he/she unable to walk in slippery places. Their child will see anyone wearing a cap and glasses on his head and immediately goes and takes it out, this is a problem. They do not like new people and crowds in new places they don't like stranger.

Some of the parents said that people in public places look at our child in such a way because her behaviour is not right, she has autism and they do not know, then we go away ignoring her. Most of the parents do not allow their children to live and play with our children, thinking that their child will also may become autism.

Few parents told that their child has no problem in a public place, children sit peacefully and enjoy.

Most of the parents said that while travelling by bus, train, and plane, these children remain well, there is no problem.

Some of the parents said that their children disturb to the passenger while travelling, such as sitting on another person's seat, throwing mobiles, pens, glasses, caps, slippers out of the window of passenger.

When the car, bus, train, airplane stops, then he starts crying. For fear of potty and urine, he/she dose leave or avoid journey. If necessary they do the journey only after wearing a diaper. Not accepting new places, running away, screaming, shouting, making abusive voice, problem of sleeping in train, if the car stops children insist to start the car and drive. So that parents have to run again and again to get down, care has to be taken that it does not get lost.

Few parents told that other passengers look at the child with a strange/evil eye, it happens a lot sorrow for parents.

Most of the parents said that children like to roam in the garden and park because there are swings and children's play equipment.

Some of the parents said that children like to dance and sing and watch weddings, garba, gadesh yatra, lighting, railway station crowd and drums playing. It is good to roam in the mall because there is AC installed and food items are also available. Going to the temple, going out in the rainy season and getting wet.

Most of the parents said that if they go to any place outside the house, they orient about it in advance and explain to the children about that place, and then the child does not bother much when they go out and lives well.

Some of the parents told that if outsiders support autism, then improvement can come very soon. And looking for some technology or medicine to improve the child so that the child can improve quickly.

Most of the parents said that if their children go out, they should not run around and sit peacefully in one place, non shout, reconcile themselves. When the child goes out, he has to keep a diaper and a set cloth with him that he should not do potty anywhere.

Some of the ²⁶ parents have said that they will go with things of their choice, such as toys and wafers, food items; their behavior remains a little peaceful.

Few parents told that when our child goes out, everyone should treat him well and play.

SOCIALIZATION

Most of the parents told that these children do not do any social interaction because they are unable to speak, and mostly live alone.

Some of the parents told that these children ask all the members of the house for the things they need in a couple of broken words.

Most of the parents told that no conversation is done by their child because they do not speak, if they want something, then they grab the member of the house and take them to the goods, and because of this it is difficult to understand their words.

Some of the parents told that due to lack of social conversation, many times they worry a lot, so they have to take care of them.

Few parents have said that there is no problem related to social conversation.

³ Most of the parents said that there is not much talk with the neighbours because the child does not speak but will go to the neighbours' house and take out the food items from the almirah and eat them, they do hi, hello, good morning but they do not pay attention to their words And if some children pay attention, they let them down.

Some of the parents told that there is no talk with neighbours and neighbours are a little like that, if their child has autism, then they do not talk.

Most of the parents said that their children create behavioural problems by going to neighbours houses, such as snatching the neighbours' eye glasses and mobile then through on ground. There is a fear of throwing things here and there, eating something else. Therefore they avoid going to neighbour house.

Some parents told that their children have no problem with the neighbors. He gives love and respect to his children and gives children to play, eat in his house. And some neighbors forbid their children to play with my children.

Most of the parents said that these children will not go ahead of themselves and talk or hi, hello, good morning, when a member of the house will say hi to uncle, he will do it and then he will be lost in his own world, will start playing toys or will go swinging. Or goes to his room. Children do not accept new people and display unusual behaviour.

Some of the parents told that no, their children do not talk with anyone, and it is very rare to go to friends. Their child's behaviour is good with friends and they behave like our friends also like normal children, they will play with them and give them some food and toys.

Most of the parents told that these kids don't have that much sociality. These children do not mix with anyone and neither do they have any friends.

Some of the parents told that these children do not show any social group, are very less social with single children in the house and neighbourhood, such as giving some food items, catching a child one or two times, sitting with the school children,

Most of the parents told that children run away from the class and occupational therapy to the ground. These children do not follow proper instructions and do not give proper answers. They are rigid of the child, are not comfortable with the new man. If the food of someone's tiffin is not good, and then stop his Tiffin. Grab the teacher's hair and clothes and pull. Breaking his glasses, beating himself in anger, hitting the table, and being irritated if a child cries besides to him. Sometimes they sit quietly by the teacher, and then they sit peacefully again. These children are a sensory seeker, that's why they say that don't stop the bus, keep driving continuously.

Some of the parents told that their children behave well with the teachers and other staff of the school, give eye contact, do activities, exercise and obey everyone. Teachers also look after children like parents, but sometimes children feel insecure in school.

Most of the parents told that if they have gone to a new place, then if a toilet is installed there, they can tell us by indicating in some way, sit there peacefully. These kids have no social conversation. They have to be handled, they do not contact anyone quickly, start crying, getting scared in a closed place etc.

Some of the parents told that there is no problem even in going to other places, they live well. Parents have said that when people see the child in the society, they ask what has happened to this child, why they do not speak, and then we have to say that it is an autism child.

17 Few parents have said that they have never been taken to a new place.

Most of the parents told that for the socialization of the children, they send them to the school, where there is an effort to educate socialism by keeping them in groups with games and toys. And take them everywhere like- shop, garden, park, kinship so that they start understanding social things.

Some of the parents told that for the socialization of children, verbally explains by speaking and (Hi, Bye, Namaste practice).

Few parents told that parents of Disha School have formed a WhatsApp group, then they hold a meeting on every Sunday in Kmati Baug garden in the evening time and share their child's problem with each other and the techniques of its solution. Some parents have taken training in autism from AFA center Delhi, so they train their child themselves and do not send them to school.

Few parents have said that they are not helping in any way for the socialization of the children.

Most of the parents told that their children should learn social things, understand and communicate normally with people. Take interest in social things, meet people and become social.

Some of the parents told that people should accept their children in the society because if these children have autism, then no one knows much about it. Therefore the people of the society scold the children, beat up them and after that they come to us and ask, are your son/daughter mad? Then we feel a lot sorrow. Most of the awareness should be spread regarding autism. **While answering this, two women started weeping.**

COGNITIVE BEHAVIOUR

Less understands explaining by speaking, it takes time to learn something and learning depends on his mood. Confuse remains lack of interest/attention/concentration and is not able to understand and forgets quickly. Doesn't know how to write and the kids keep on saying the same word/line the whole day what the parents say. Children do not speak clearly, they are able to speak only one or two words and they are not able to express clearly what they known, then we do not even know how much they understand.

Out of these four Hindi, Gujarati, Marathi, English languages, any two or three speak at home like- Hindi with Gujarati, or Gujarati and English, Marathi Gujarati English, only Gujarati, only Marathi, Gujarati, English, Hindi, Marathi talk in all languages, then everyone understands. But most of the parents speak Marathi, Gujarati at home and Gujarati, English, Hindi in school, ⁵¹ due to which there is a lot of confusion about language. If we used to teach and talk at school and at home using any one of the regional languages, Hindi or Gujarati, then the children would have understood well and the understanding and skill of the language would have come to them at a faster pace.

Reads and writes up to A B C D..... Z and understands also. Writes and visualizes the puzzles of ABCD and also understands with the help of pictures. Recognizes and writes letters from A to Z. Remember the names of some fruits and vegetables in English. Hindi and English learning. Understands few words of Hindi, English, Gujarati.

³ Most of the parents said that their children study and write counting from 1 to 10. They understand and do addition and subtraction with calculator as well as gives appropriate response also.

Some of the parents told that their children have zero in mathematical ability. He would like to read and write but he does not react, because of this we cannot tell how much mathematical understanding he has.

Few parents told that mathematics related problems are as follows - due to the problem of grip not being able to write and scrabbling again and again, the number card should be thick otherwise if it is a thin paper then it will give a tear. They do not pay proper attention, Once said that you have to write a page count, they will not write after one page writing, and run away in a short time.

Most of the parent told that His children like to listen to music. Some children sing a good top class song. Someone likes to hear the tone of a toy. And also plays dholes, table little by little. Their children like to colour like - like to do watercolour, dry colour with pencil. Does a little drawing with some help, does great drawing, and does finger printing too.

Some of the parents told that their children like to play alone like- ⁴⁰ they play with their toys and ball alone at home. Participated in the game Mahakumbh. Skating is very fast. If you run while playing together, he will run, but he does not know why he runs. Likes to watch dance. Dancing little by little.

Few of the parents told that does not like music, does not like loud sound. They do not like dancing. Goes out of the circle while colouring. Due to the problem / grip in the thumb, the brush is not able to hold. Not interested in colouring, does not like touching wet things, does not like drawing. Does not play the game. Doesn't catch ball, early Afraid of cracker, Follows the time firmly.

Few parents told that their children don't do painting, drawing anything. **Parents were weeping at the time of interview.**

Most of the parents told that children with special abilities like - Dances, Likes music, Can do well in music, Interested in making garlands, Drawing, Thumb printing, Palm printing. Interested in making clay Ganpati, Good in running Can do. Loves swimming, they interested in working in the kitchen, they can work as a waiter in a restaurant, likes to play games on the computer and practice typing, but gets angry after practicing for a long time. Playing games on mobile, operating What App, operating Face book, listening to songs on YouTube, watching new things.

Some of the parents told about problem related to specific abilities if you get many things done at once, they get angry. Do not play activities or games on mobile at the behest of parents, only when they want to.

Few parents said that they have not come to know of any special ability in their child.

Most of the parents told that he has a fixed thinking pattern but does not understand many things, he has a thinking state, his thinking is normal. His thinking is there, but they do not know how the thinking pattern is, but if the parents are getting ready to go out, then he understands that these people are going out and immediately gets ready wearing slippers. If you ask for any item you have given them even after four days, and then he will bring it and give it, if seen in this way, then his thinking is there. His thinking is because if two bullocks are fighting in front of them on road then they will understand that event and will run away immediately from there.

⁵ Some of the parents told that what their children think, we do not know because they are not able to express anything. They ask or say something, but I do not know what their thinking is.

Few parents told he will do whatever is in his mind or else he will not. Sometimes I will be lost alone and cry due to mental and physical problems, but very little.

⁶³ Most of the parents told that they are sending their children to school. They do not have time, so tutors come to teach tuition at home. Children get homework from school, activities are done with help of mothers at home, such as sticking different types of shapes on thick cards, images of animals and fruits are also pasted on the card. Getting the game done, getting the tower built, block joining, colour matching, and fitting the clothes in almirah etc.

⁵ Some of the parents told that to cure grip, lifting corn from the ground with tweezers, getting puzzled, ball catch and through, stop joining, pecks board, holding drawing pen paper, getting scrolling done, typing from A to Z on mobile. Vibration, writing in sand, writing on board, got stem cell therapy done, which has increased understanding in him, made mobile apps, teaches him to read and write like - family name, address, different fruit name, etc. But every time it is not possible to explain with technology. Children are being given occupational therapy, sensory therapy, physical exercise, running, walking, and psychiatric medicine in the hospital.

Few parents reported that they are sending their children two day in the special school and 3 day in normal school.

Most of the parents told that their children should study, write, they should know about meaning of money (counting), drawing, color, play, do all kinds of activities and ³⁷ there is a need to understand behavioural things. Play any one instrument. If parents want to learn something them, then they should learn it with interest, pay attention and stay calm. Learn to sign, learn any language, understand and speak also. There should be interest in computer, talk through computer. Do questions and answers through the app on the computer.

Some of the parents told that make a grip in the hands and should come to work using both hands.

SENSORY MOTOR BEHAVIOUR

Most of the parents of children ^S said that there is no problem in seeing.

Some of the parents told that small things become like a picture blur, children do not capable to see clearly, and this is what the doctor has said.

Most of the parents told that things related food and drink they take after smell and they like smell of spray.

Some of the parents told that she smells sometimes but she is the normal. Parents told that they take biks, dirty smell, and strong smell.

Few parents have reply that they do not know that their children's take smell something.

Most of the parents told that they do not eat food and drink without smelling it, they will get the smell of their choice only if they eat it or they will not eat it. He likes to have nice flowers, the smell of new books, and the smell of new toys. There is a high sensitivity to the spray, Sent.

Some of the parents told that there is no smell sensitivity

Few parents told that sensitivity of taking hot smells is high, such as smelling of sweat, smelling by touching putty with hands, smelling wicks, sniffing after applying teeth lightly on the hand. Sniffing nail police, petrol, phenyl.

Most of the parents told that there is no problem in hearing; it is understood by listening to the voice of all the members of the house, dog, and cat, human can also differentiate between the voices of all. He likes music playing in slow motion, if the song of his choice is playing, then he stays there and starts listening diligently. Even if the song is playing in a loud voice, he has no problem.

Most of the parents told that hearing the loud sound, immediately puts his hand on the ear. From there he runs into the house. It gets irritable, doesn't like to hear multiple sounds, gets scared or gets scared by the sound of cracker. The doctor said that these children hear 10 times more than what we hear to these

children. Only one child hears less from the left ear than the right ear. If the song of the child's choice is playing and if someone stops it, then he starts crying.

Most of the parents told that children's favourite food like- Halwa, Italy, Dhosa, Namkeen, Kurkure, Wafer, Khaman, Spicy vegetable, non-veg, seafood are eaten with love with interest. Drawing a picture of the food he likes shows that I want to eat it.

The form of reaction of these children on having delicious food, such as overeating, will sit and eat with laughter, will stand in the kitchen for a long time, will eat repeatedly, will hug, if they cannot speak, then their reaction will be That's the way.

If they don't like the food then their way of reacting like will not eat the food, will run away from the mouth will cause problems because they know the taste of the food they like. If they like, it tells from the mouth that mummy food is well prepared,

Some of the parents told that they eat the food they give their parents but are unable to appreciate it.

Most of the parents told that more sensitive to food-Does not eat sweet, pungent, sour food and fruits, has a slight fascination with the color of food, if he sees the color a little faded then he will not eat. Eat the things of own choice again and again and more. If such as chicken, seafood, crispy items, chocolates are not found, then the children upset the parents and get angry, start orgy also.

Some of the parents told that there is no taste sensitivity.

Most of the parents told that their children also get to know about the temperature, such as if the water is cold or hot, then they come to know, the gas is burning, the food is hot. Not everyone understands sleeping without a fan.

Some of the parents said that their children recognize different types of clothes and surfaces, such as wearing cotton cloth, walking with a soft cloth pillow all day, moving hands on velvet clothes, touching soft clothes etc.

Few parents told that his children have not experienced anything related to identify different surface conditions, textures and temperature yet

Most of parents told that tactile sensitivity is also seen in these children, all are due to sensory issues like cotton cloth, and velvet cloth is needed to touch. Preferring to wear cotton looj clothes only, Prefers to stay without clothes for a long time, touch the hair of the feet of the parents with the lips. Winter is not able to bear the heat etc.

Some of the parents told that there is no sensitivity related to touch.

Few parents told that cotton and terry coat are not able to identify clothes and temperature.

Most parents told that never give him data or say that you will not give him the thing of your choice; it does not make any difference to him. He will remain calm for a while for one second or two, then he gets more angry, will step down, will pretend, he will do will jump, will start crying, does not like to beat him and goes quietly to the house. Clinging to the wall, the eyes keep blinking, becomes irritable, murmurs but we do not know what is being said? Budd comes for a while and sits with the parents.

Some of the parents said that gets hyper, gets angry. A little scared, holding his ear tightly with both hands, stands close to the wall, they will do tantrums, clapping his fist on the forehead, etc.

Few parents told that when he is punished, he learns that his mother has punished him. Parents told that if someone beat him, then after an hour or two, he will surely beat too.

Most of the parents told that sent to school give this S I therapy, speech therapy, and the oromotor is on. Gives therapy in the hospital, also gives physiotherapy and homeopathic medicine.

Some of the parent told that filling sand in a box, I get it lifted. I also get the play done, wooden ball and soft rubber ball comes when I press it with his hand, it used to be calms down. To get textured, put a wooden barbed gutkha on it. Give joint pressure, hold a weighted bottle and run it. If the voice is heard more, then a cover is made on the ear for it by making a doctor, so that the voice will be filtered and it will hear at an average level. I have brought colour flower bulbs at home for visuals, I show them at night. Sit low on the hammock, also do exercises of leg.

Few parents told that by writing to the child, she explains that if you do this work, then you get your favourite things, then a little bad habit has improved and also takes them everywhere.

Most of the parents told that brushing sensation should be improved, because of the sensory one does not wear shoes, slippers that are the only problem. Do not take bad smells and eat everything except the favorite food in the food, can differentiate between food and non-food. Do not see round things much, the problem of hearing should be cured, in sensory he needs lighting and texture, color, sensory of all. Do not touch anyone too much, all the sensors should be active and they also need to understand, body pressure is also needed.

Some of parents told he needs speech and a little understanding. Learn to carry a bag weighing 2-4 kg, do not chew food much, it takes one hour to eat one roti. Learn to eat on your own.

Few parents said that these children do not need sensory.

AFFECTIVE BEHAVIOUR

Most of the parents told that these children are more attached to their parents. Some children are attached with grandparents. Parents told that these children attached with other member of family.

Most of the parents told about the problems of attachment- In the absence of their loved ones, these children cry, get angry, scream and cry, cannot sleep at night, have sleep problems. Out of this, one mother said weeping that she has had a stroke of paralysis twice, because there is a problem in waking up with the child at night, if we are not there then who will take care of my son.

Most of the parents told that exhibits behaviour when happy, kisses, hugs, nods, laughs, claps, runs to parents when happy, sings songs, activity diligently does. Will tell to hang out, will sleep holding hands while sleeping. Displays such behaviour at the time of sorrow, such as is silently sad, will keep taking it, if the mood is not good then does not listen to anyone, if stopped for something, gets angry, if you do some activity or teach, it becomes upset. Otherwise, he remains engrossed in himself.

Some of the parent respond that no, nothing shares emotional feelings.

Most of the parents told that when they get the things of their choice, they will be happy, they will continue to play, if they are not found or the health is not good from inside, then they will remain sad or they start crying.

Some of the parents told that we are not understand mood, feelings of their children.

Most of the parents told that likes mobile, television more, if you refuse to run or turn it off, then he/she will start crying, will run here and there. Children get spoiled by giving more love, they do not listen. If child attached to someone, if they are not there, they will be upset; will not eat food and sit alone, don't sleep.

Some of the parents told that usually he hugs the parents in the house, in the same way he hugs outsiders' woman and man or girl.

Most of parents told that play is done with the children in the school so that their affection towards each other increases. I take them outside to the neighbours so that people mix with each other and love each other and increase the rapport. Orients children, explains, speaks, and writes for improve their affective behaviour. Even then, if he does not understand, then we have to bow down to his stubbornness.

Some of the parents told that they are not doing anything to improve the affectionate behaviour.

Few parents told that there is no problem in effective behaviour.

Most of parents said that he needs to learn to mingle well with people. There should be an understanding of happy moment and unpleasant events and which time is of mourning and which time of happiness should also be understood. Children also need to understand that if he has an attachment to someone and they have gone outside, then they will come at home after some time. An unknown man-woman should not be hugged like parents. If someone is touching them, the child should understand the meaning of that touch.

Some parents told that it is a characterization in the child with autism that if they do not meet with anyone from the front, then they should involve the people in front or the society.

Few parents said that there is no need related to improvement in affectionate behaviour.

RECREATION AND VOCATIONAL BEHAVIOUR

Most of the parents told that watching television, singing music on radio, read the poem, dancing. Watching mobile, computer, drawing, playing toys, ball, Ichka, musical toy, will run outside with bullet key, to roam, swing, swing, play carom board etc. To play with wire and glasses.

Most of the parents told that do not let others watch television. If the television is turned off, it creates a storm, will shout, will beat. If the song of his choice is switched off on the mobile, then the mobile will slam. Creates a storm to play with the key of the motor. Jumping from one sofa to another is his problem. While drawing, the wind blows and if it gets a little spoiled, the paper will tear, so the fan is closed, the door is closed and drawing. He/she will not do anything except cutting with scissors.

Some of the parents told that if you play a game, it does not play properly and does not play in a group by mixing. If the ball is caught or kicks the football, then it will do it one or two of times, then he/she will run away after throwing the ball outside the boundary. He/she does not entertain meaning fully, keeps on running, Unwrap all the toys part by part. When playing in the park, care has to be taken not to hurt the small children.

Few parents told **that there is no** problem in having fun while playing.

Most of the parents told that they give some musical toys and get games done by taking them to school and play centre. I play ball at home and explain about play. He also teaches clapping and cycling. He also teaches her to dance and play the piano. Take them out to show a movie. Television shows from time to time but **they do not listen to the parents.** Gathering all the family members together and playing with the child

Some of the parents said that they do not do anything to improve recreational behaviour.

Most of the parents told that T.V. laptop, mobile, toy, musical toy, dough is needed to play, football, volleyball, swing, bowl, drawing, and painting is needed. **There is a** need for him to walk on a bullet; **37** there is a need to go to the temple outside. He needs more and more parents' support and time.

Some parents told that have not thought of anything yet.

Most of the parents told that business area in which – he/she will do after grow up cooking in the kitchen and Vetter in restaurant. He/she has to be work on typing in the computer. She will do the work of beautician in the parlour. He/she will do the work of making the garland. He/she will work in the field of music. One can become an assistant in the field of painting and drawing.

Some of the parents said don't think of anything like this right now because these children are not aware of interest in any field.

Most of the parents told that no steps have been taken to improve vocational practices.

Some of the parents told that training is being given in the school to make computers, beading, paper bags, painting, Raksha Bandana. They are learning the work of bringing and carrying files in the office. Seeing small videos on YouTube in mobile, make some children in it. Parents are giving training to make Maggi at home.

Most of the parents told that there is a need to learn computer, painting and music well. There is a need to learn the work of cooking. There is a need to learn to count money, rupees so that it can be invested in any shop.

Some of the parents told after us, there should be some kind of employment to make that living, so he/she should become vocational.

INDEPENDENT BEHAVIOUR FOR SURVIVAL

Most of the parents told that their Childs unable to arrange the food and water himself/herself

Most of the parents told that if the food is kept on the table, he eats it by himself, and also drinks water after taking it out of the fridge. The problem is that these children throw the glass bottles here and there after drinking water. Drinks a lot of water, the mother has to feed the food. We went to someone's dinner

to eat, it took a while to eat, so the wait does not start screaming and crying. Be completely on your feet and get well.

Some of the parents told that he will have to do his regular activity on his own in future, if he does not do it then he will remain like this. In my (parents) absent other people will help it or not only God is trusting. There is a daughter in the future, she will also get married, and she will take care of her family that she will see it, we cannot say what will happen to it in the future.

Few parents told that if I give some more gas training, then he/she will make things needed for food like-tea, Magi but still it is necessary for a man to stay with his/ her. Parents told that he has ⁴⁰ to be able to do all his work related to food and drink independently, "Because the parents are getting tired day by day and the strength of these children is going to increase and we are not able to handle their strength now, so how will we handle them in future by thinking the same way? are going to be frustrated."

Most of the parents told that there are problems related to the safety and self-reliance of children in and around the house, such as the fear of getting lost by running outside the house, jumping at home, then do not drop anything on the hands and feet, do not get hurt, Do not dare to leave him alone at home, seeing his behaviour that there are problems like food, water, toilet-bathroom, how he will do it.

Some of the parents told that there is no security related problem around the house, remains very calm in the house, and does not run out of the house. And even if he takes it out, our neighbours tell us.

Most of the parents told that seeing the behaviour of the child, I do not dare to send him out of the house. If ran outside, there is also a fear of car accident on the road, falling in the sewer.

Some of the parents told that we try to send him outside, but outside he says something to someone and if the person in front does not like it, then there will be a problem because not everyone knows about autism. Can't leave a relative outside, he starts crying.

Most of the parents told that to make the child independent, practically all the work that he needs to do, he tries to get him to do all the work himself like - bring water, bring a plate, take-out food, eat by himself, brush bath with himself, everyone gets it done. They take it to the market and buy something at the shop, then tell them the whole process, give money, take the same and how much money is returned, they

explain everything and explain what is good? What is bad? Because if the foot goes in the mud, then touches it with the hand and smells it with the nose

Some of the parents told that for self-reliance, we send it to school, but all the activities are done and we also explain it aloud at home.

Few parents told that no training of any kind is given.

Most of the parents told that if they can cook food yourself, take items from the market and if someone comes to the house, then open the door so that he can understand. We do not have to provide study much, but let us keep a small shop with a helper, even then counting, transactions, he should be there, if he is an unfamiliar person, then how to talk to him should also be understood. If you never have parents, then stay with someone else.

Some of the parents said that if they stop drinking dirty water then everything else is fine.

UNDISIRABLE BEHAVIOUR

Most of the parents told that flapping, clapping hands, keeps on moving while sitting. Keep finger moment while gazing at something by taking the fingers of your hand near your eye. taking out the voice of hin hin hin A A A and U U U PAA PAA in an unwanted way, putting the thumb in the mouth, keeps murmuring, and keeps the hand up.

Some of the parents told that the Keeping the heels high and walking on the toes, do jumping. When she sits, she curves her whole body and keeps on shaking the body. He beats his hand below the waist, swings, turns his head round and round.

Few parents told that constant running around in the house, running from one wall to another wall in the house beat his hand on wall also, when he gets angry, he hits his face with his hand. Hitting his head suddenly on someone's head, he gets angry and beats his head vigorously on the pillow, also shouts, he does not sit peacefully in one place.

Most of the parents told that walking on toes, waving the arms, running, swaying feet, slamming the ground repeatedly, clapping, jumping, banging on one's head, squatting, rocking, Lowering the head with the help of the wall, Speaking different sound.

Some of the parents told that there is no problem.

Most of the parents told that opening and closing the door does a lot. The switch also turns on and off. The window has been broken, if there is such a thing to cut a tooth, then keeping it in the mouth keeps cutting it. Spinning object. The obsession of the box, when a box is liked, it plays by emptying all the items in it. He takes water in a glass and runs it here and there in the house and when the water falls in the house, he likes. The object-man's crooked ram sleeps on the bed.

Some of the parent told that no such problem.

Most of the parents told that if it becomes hyper, then does not listen to anyone, it becomes difficult to control. Sometimes he bites his hand or another, and jumps fast, cries. Will swing fast, runs here and there in the house. Holds mother, sister or father in the arms and presses. Applause rings and murmurs. Hyper beats his arm, leg, or table, jumps over and makes a loud noise, screams, gets angry, pulls hair, bites his arm, screams in anger, bends the fan give.

Some of the parents told that their children are not hyper.

Most of the parents told that he has broken glasses three or four times, throws things out, breaks a pen out of someone's pocket; someone's mobile is also taken out of pocket and slammed.

Some of the parents also throws the paper (important document), and also gets angry. If something is full in the bucket and tub, then it is happy to drop it.

Few parents ⁴⁵ there is no problem.

Most of the parents told that if the new man does not pay attention, then pushes, slaps, pinches or spits on him. Throwing the chair here and there, takes out the mobile from someone's pocket and does not move without taking it. In anger, it bites our hand.

Some of the parents told that suddenly hitting someone else's face with his head, if someone jokes in a big way, then he will run to beat him. Hitting the younger brother. Parents said that we don't do anything for our baby.

Few parents respond that my son never hurts others.

Most of the parents when he gets angry, he hits hard on his cheek and forehead with his hand. And pinches himself, cuts off his hand, hits the ground and the table with his hands and feet.

Some of the parents if mobile is not given, then he starts banging his head on the road, anywhere in the tempo.

Few parents said that no it doesn't do anything like that.

Mostly parents told that verbally gives the prompt and lovingly explains that son calm down. To column down, the card has to be shown that what is the reason, then it has to be explained by showing visuals. If you show these children in writing and explain them, they immediately tear them apart. They also try to improve their behaviour by giving reinforcement to the children, as well as therapy and medicine are also going on. If the hyper becomes active, then giving pressure on his hand becomes normal.

Some of the parents told that whenever he/she try to jump from a height, cut his/her hand, and throws something and does flapping while walking on the road, at the same time I scold, beat and get the things thrown from the same. People have said that we parents have formed a Whatsapp group and even when we meet at school, we solved our children's problems on the basis of each other's experience. Parents have said that what is taught in school is the same; we do not do much,

Most of the parents said that all his unusual behaviour should be improved. Anger, shouting, crying, running, cleaving teeth, jumping, head banging, banging hands, legs, body shaking, throwing things

outside, slamming glasses and mobiles. After leaving these he/her should sit peacefully and Started things to understand.

Some of the parents told that occupational therapy to correct the sensory issue, diverting the mind but not being able to do it alone at home, improving her behavior through training as well as by giving her the things she likes (reinforcement).

Few parents told **that they are** tired of doing everything **and there is no** improvement at all, I do not have the answer.

STAKEHOLDER- 5: HELPERS-3

BEHAVIOUR IN THE SCHOOL

About the routine behaviour at school, mostly helpers told that first of all children were told to keep their shoes in the proper place in place and also they help them who are not able to do so. Then they are taken directly to the prayer room and let them to stand in different lines for different groups like, Early Intervention, Transition One, Transition Two, Transition Three, and Prevocational. After prayer and national anthem, children are sent to their class rooms. Helpers stand near the class room and they make all the children sit in their respective class rooms. After every half an hour, they send children to the toilet and provide them water. At the closing time of school they help children to get their bags and get into the school bus or get into their own car.

Mostly helpers told that they help children in providing water. They also help children to go to toilet and help them to wash after toilet. Children ask for these helps through their communication book, in which everything of their need is written.

About the problems in toilet practice of these children most of the helper told that if a child want to go to the toilet they assist them and even if the child do not ask for toilet, they took them to toilet in regular intervals. The class teachers call them for this purpose. If it is late for any child, then they spoil their cloths by passing urine and potty in the class. There are some children those are not allowed to go to the toilet alone because they drink water from tap in the toilet and leave it open, some try to take bath in the toilet, some throw their clothes in the toilet, some even take stool from the toilet and through here and

there, on their body and take the smell also. Helpers do accompany these children to the toilet to avoid these problems.

Related to their food, water and problems related to it, mostly helper told that at the lunch time, they send all children to bring plates, spoons and their bags. They are instructed to sit together and to take out their Tiffin. Those unable to do so are helped by them. After the food mantra, they are asked to eat food. Some children eat by themselves, and some have problems in handling this. Some children eat only roti, some children eat only vegetables. These children are helped to take food using a proper manner. Water is given from time to time. After this, they are asked to lift the plate by themselves and keep it in the basket, then to wash their hands by themselves. At this time everyone takes care that no one should drink the bathroom water.

Mostly helper told that the behavior of these children with all the people in the school is good, but sometimes as soon as he got angry from home, there is pain in the body and he cannot tell anyone, then he will become hyper, will beat himself, teacher, Peon, guest push or hit anyone.

Major helper response that these children have problems with toilets, bathrooms and eating.

Mostly helper told that we want is he/she learn lettering, bathroom, wearing clothes, brushing and taking food themselves, if they feel to go to toilet, then tell them not to do it in class that is not to depend on anyone, that would be good.

COMMUNICATION

Most of the helper told that I do not communicate because they are unable to tell anything. If they have any problem, then they show in the communication book what problem you have or what activity you want to do, then he/she show it in the book. And then by looking at the children, they also know what to do, like if I go to class, if he /she thirsty, then someone picks up a glass of water and comes near, or if he/she want to go to the toilet, then he/she will start taking off the paint.

Mostly helper has said that these children come running to us to drink water and to go to the playground (park- ride, swing) in the school.

Mostly helper responses that they understand most of the children because after working with them for so many years, then seeing it, it is known from experience that what it needs. And most come only for water and washroom.

Mostly helper told that when we say that it is time for launch, then immediately get ready to take Thali and Tiffin. And say let's go home, if it is time to go home, then he/she will be ready to go home with bags, that means all of his/her choice, things are understood immediately.

Mostly helper told that it is not known much, if a child is more disturbed, then lifts him up and sees him or if someone is hurt somewhere, then he will come and catch me. After this, it is applied by taking out the ointment from the first aid box.

Most of the helper told that when these children run away from the classroom and come to us, holding hands, take them to the tap or to some activity or to the washroom, then we come to know that he had to do this work.

Mostly helper told that mostly children do not speak, some children speak, sometimes he/she will never speak meaningfully, and most children speak but they do not know what he/she want to say. A child suddenly utters one or two words clearly, such as 'pe' for water.

Mostly helper said that they want that children can tell their needs by speaking and writing so that we can know properly what is their problem in reality? And communication book is also necessary for them.

BEHAVIOUR OUTSIDE SCHOOL

Mostly helper response that the programs are organized by the school, such as twice Kamati Bagh, once taken to Majhalpur to show Ganpati, once taken to show shopping mall, so that they can also see all the places and understand about all places and how to live there?

20 Most of the helper told that there are some children who do more running around here and there, we take more care of those children, we will keep an eye on them, either someone will sit or stand holding their hand. Teacher people orient the children two days in advance that you have to go to that place for tomorrow's date, stay there well, don't eat anything, and don't run here and there. They also tell their parents that if they orient their children about the places to visit, then the children will not bother you and they will become mentally prepare and motivated. Talk to the owner of that place in advance that we will bring our children to show the places. Our children have autism, they have different types of behavioural problems. When he gives written permission, then we take the children to that place to be seen.

Most of the helper responses that Children happily run here and there, push someone, snatch someone's eating things and start eating, break some toy like it, sit in another moving vehicle, and climb on the platform of Ganpati. We and all the teachers take care that the children do not get electric shot or injured.

Mostly helper said that if he/she go to any place, sit calmly, if he/she want to go somewhere then go slowly, suddenly run away out of hands fast, do not do this on the road, otherwise he/she will get injured. Listen and obey to everyone and understand the situations.

SOCIALIZATION

Mostly helper told that most of these kids do not know to go to play. If they play with a normal child, normal child will feel that they do not hit them, then normal children are afraid of playing with these

children with autism spectrum disorder. These children do not go to anyone and neither do they have any friends. He is lost **in his own** world alone, every time.

Most of the helper told that these children **do not know** that they should play in groups and they are also not interested in sports. Some children like to jump and play volleyball but again and again have to say ball throw-2, then they will throw one or two time ball hardly. He/she will immediately run to the playing ground (park) and glide on the slide rider. Some children sit quietly in class alone.

Almost helper told that after eating food, Madam People sit in a room and tell stories to all the children there. Some children enjoy sitting in the sensory room and the happiest time to go home is 2 o'clock.

Mostly helper told that he/she doesn't do social talk. We will tell these children that hi, hello, good morning, birthday, wish to each other, you will do shake hand, then the perform wishes, but **they do not** wish anyone by coming **in front of** themselves.

Most of the helper told that be happy with these children and talk with love and do not talk too much by shouting in anger. While coming and going from home, they ask each other to shake hands. If it is someone's birthday, then the teacher has made each other wish by joining hands.

AFFECTIVE BEHAVIOUR

Mostly helper **told that there** is attachment, we say something **to the children** sit quietly then they go to peace, if a new person tells something they do not listen to him. If the child likes someone in the teacher and staff, then he goes out of his class and sits near him.

Most of the helper told that friends do not belong to them and they do not have any kind of attachment to the children who sit near them, nor do they talk about anything. But some children sit in their spare time, holding the hand of a partner sitting beside to them.

Mostly helper told that while speaking to them regularly say hi, hello, hello good morning bye to each other and madam people.

Mostly helper told that like we praise some children, they smile immediately, if something good has happened in the house, so that child comes in such a smile, then it comes to know that something good has happened at home today.

INDEPENDENT BEHAVIOUR FOR SURVIVAL

Mostly helper told that they think that these children will become pure and normal child in the future and take food, water, toilet, bathroom by themselves. They run around here and there, so a man always keeps an eye on them. There is a fear of running away on the road outside of the school, so Kanu Bhai always sits at the gate and looks after him.

Mostly helper told that we want him/her to start doing all the work of his activity for daily living (ADL) by himself and we also train him for that.

RECREATION AND VOCATIONAL BEHAVIOUR

Mostly helper told that these type of children do not play single game in proper way and he/ she have lack of interest in the sport.

Most of the helper told that he/ she not pay attention on the any type of game and he/ she does not have understanding about any type of game/ sports.

Most of the helper responses that these children are taught- someone makes jewellery, teaches screen painting, teaches envelop making, teaches sewing to a child who is in senior class, the child according to their ability or understanding in pre-vocational class does that.

Mostly helper told that the problem is that they do not pay attention quickly, if they work here, they will see that on the other hand they do not have that much understanding.

Most of the helper told that we are also giving training to the children to become dependent on themselves like - in pre vocational - making paper bags, painting, giving training to make Rakshabandhan. He/she should understand about the money concept. There is a need to mix-up in group playing.

UNDESIRABLE BEHAVIOR

Mostly helper told that how can they tell such undesirable behaviour? But he/she do not know that their behaviour is bad. To them it is such that I am doing everything well according to me. We tell them that this thing is not good. This kind of behaviour should not be done. Spitting on someone, hitting someone, urinating and potty in the paint are their behaviour like this.

Most of the helper told that it is said that this (abnormal behaviour) should not be done, this work is not good. It is said again and again that the work you are doing today is not good, if you do this, then you will not get lunch today in the afternoon. Sometimes we also scold him/her but we should not do this because they do not know about right and wrong.

Mostly helper told that even for self-harming behaviour, they tell him that if you cut yourself or apply nails, then your body will be damaged. Most of them do not feel the pain due to sensory issue.

Most of the parents told that we want that he/she should improve. If he/she go-comes somewhere, he should not have any problem and everyone should learn that things. When someone comes to his/her house, then at least sit calmly, don't tantrum, don't spit on him, don't push anyone like that.

Following findings were derived from the analysis and interpretation of the data

OBJECTIVE 1:

To study the education provided to the children with ASD in terms of types of education, purpose, and approach in the centres providing education to the children with ASD in Vadodara.

TYPES OF EDUCATION PROVIDED IN SPECIAL SCHOOL

There are special school and center are providing Special education to the ¹⁶ children with autism spectrum disorder because these children have specific needs in all area of their life as well as they have specific ability also so that on the basis of children's ability classes are divided in to the four stages such as (i) early intervention (ii) transaction-I (iii) transaction-II (iv) transaction-III (a) pre-vocational (b) vocational. Education provided in special school and center through integrated approach like (Psychologist, Physio-therapy, Sensory-therapy, Special teacher, Doctor).Details about Education which is provided in special school and centers.

Early Intervention

Activity for daily living like toilet training, Bathing, Brushing teeth, taking drinking water, shoe lasing, buttoning and unbuttoning, dressing. Using communication diary to convey intention, identification of things and animals, birds, van, utensil, body part, writing, arithmetic, non-verbal activity, puzzle fitting, color identification. Fine motor activity, Gross motor activity, training through iPad/ laptop Action song, social story based training. Sensory therapy, speech therapy, physio-therapy, playing some game meaningfully.

TRANSACTION-1

Gross Motor Activities- These activities includes training on lifting object from the floor, kicking and rolling the ball, jumping /hopping, Tossing ball in the basket.

Fine Motor Activities- These activities includes training on Peg board, manipulating clay, can pick small objects like pins, thread etc.

Academic skills- These activities includes training on Picture description, Body part identification, recognizes self-script, photograph, roll call etc.

Language & Communication Skills- These activities includes training on Sorting words by category, attempts to his /her intention, select and bring familiar object, uses toilet, break, water, wait etc.

Sensory Intervention- These activities includes training on Spot jumping, Joint compression, Smells-Pungent, pleasant Bean bags etc.

TRANSACTION-2

Gross Motor Activity-These activities includes training on Raises head & shoulder from face down position, shifting object one hand to another, Participates in bat /ball game, kicking & rolling the ball, filling containers with difference liquid/ dry items (different measure), stands on one foot with no support and eye closed, Rides a bicycle.

Fine motor activities- These activities includes training on Unbuttoning /Buttoning, Folding Paper, Turns one Page at a time, Uses scissors.

Academic skill- These activities includes training on Money concept / Time / Measurement, Finding hidden objects, Jumble sentences, object by association etc.

Language & Communication – These activities includes training on Sorting words by category, using gesture to indicate ‘no’, Uses vocal expression of pleasure when played, uses communication chart, book, independently etc.

Sensory Intervention- These activities includes training on spot jumping, joint compression, concept of depth, down-up the slope, clay/sand etc.

Social skill- These activities includes training on Adult concerns, waits for turn, interaction using gesture, asks for help, facilitating parallel play.

TRANSACTION-3

Envelope making, Jewellery Making, Rakshee making, Pot painting, paper filling, Paper cutting, cutting picture, picture of piece joint on paper with fevicol, identification of inside game and outside game, identifying words then making small sentences structure i.e. this is a pen. Reading book of General Child (LKG), writing small letter, counting numbers and writing also its. Addition and subtraction number with iPad, paper pencil and with the help of calculator. Picture drawing and painting, typing on iPad, game playing in iPad. Some identifying behaviour i.e. spitting, pee and poop in pain, developing seating tolerance also.

PURPOSE OF EDUCATION WHICH IS PROVIDED IN SCHOOL

Purpose of education which is provided in school in broad term make the ¹⁶ children with autism spectrum disorder independent. All special school and center which is nurturing the children with ASD its purpose to give life skill in connection to make them independent. These purpose further divided into the following:

To train the children with autism spectrum disorder in the area of activity for daily living.

To enable the children with autism spectrum disorder communication

To enable the children with autism spectrum disorder in socialization

To teach the children with autism spectrum disorder of out-side behavior of the school

To enable cognitive ability in the children with autism spectrum disorder

To fulfil the sensory needs of children with autism spectrum disorder

To modify the affective behavior of children with autism spectrum disorder

To modify the recreational behavior of children with autism spectrum disorder

To enable the children with autism spectrum disorder in vocation

To train survival skill to the children with autism spectrum disorder which is help them to live alone at home.

To modify the undesirable behavior in to the direction of desirable behavior of children with autism spectrum disorder.

APPROACH WHICH IS USING IN SCHOOL

Teaching approaches are using in class room on the basis of different developmental dimension of children with autism spectrum disorder which is further are elaborated:

ACTIVITY FOR DAILY LIVING

For taking food-

They ask them to hold in hand & keep it in their mouth and tell them to chew. Some children eat in a typical way; efforts are also made to make them independent. Some teachers teach them by tearing paper, practicing with wet soil, breaking roti and mixing rice and lentil curry. Due to which their gripping improves

For toilet training-

One tenth of the early intervention children followed it where as other children were trained, with the help of social story and communication book, children as well as parents are taught that how they had to toilet train their children at home. A schedule had been made for the children, accordingly they were sent to the washroom every half an hour. In young children, no one had the sensation of defecation. Some children pee or defecate in the pant for attention-seeking After that, the teacher tells the children verbally, to tell him/her if the pant becomes dirty or if you want to go to the toilet, then tell their parents or caretaker and send them to the toilet,

For school work-

Most of the special teachers said that children were taught as per their schedule as they do not like any type of changes in their schedule. They were oriented in advance before any type of changes in their teaching activities. Children are taught seating habit, puzzle, eye-hand coordination, bidding, testing dot joining, colouring, identification, etc. For prevocational section, they were taught by modelling, one to one and eye to eye contact, comparing minimum and maximum, doing verbal and non-verbal activities. They were taught with the help prompts and using different methods according to their problems. Some said that they teach children by writing, speaking, and using pictures.

COMMUNICATION

Most of the special teachers said that they talk to the children through written script. Some teachers said that by showing pictures to the children who are unable to speak verbally, they communicate with them by writing and keep motivating them to speak more than what they speak

They practicing by trial & error from the communication chart, and understanding them through behaviour.

A teacher said that if there is more behavioural issues then picture with social stories are used for communication. A teacher said that 'I speak, and ask them to listen what he/she is going to say? So how do they become completely calm, then we understand that children understand the lessons of what the teacher has prepared to teach.

Very few children communicate clearly verbally.

Most of the special teachers said that they talk verbally to the children so that they get into the habit of speaking. They get their therapy in communication done according to their schedule. These children are helped in communication by using cards, charts and books. ²¹ Two teachers said that they teach them daily communication behaviour- like telling 'good morning', 'good bye', 'I am coming', 'I want to go to toilet' etc. And they are told to use these sentences while talking to other people. A teacher said that they make them do new activities, so they can do something on their own. A teacher said that they work according to the needs of these children and they are helped when they have problems.

OUT SIDE THE SCHOOL

Most of the special teachers said that while going outside, before leaving the school they were orientated about the place to visit, the journey and the situation so that they will setup and maintain their mind and they will be happy & peaceful. If they are not oriented before going on the trip, they will all behave unusually and will start crying. Two teachers said that they manage children's behaviour before leaving the school for outside by providing them with written scripts. One teacher said that they also suggest parents to take their children for outing. Before leaving the house for outing, parents are suggested to tell the child about the journey. A teacher said that he orients children by doing action and also tells them in writing, how to stay there, what to eat there, where is the washroom, on which side the toilet is at the picnic spot and all about the place in details. He also explains children not to be take anything from the shop by just pulling them as those can be taken only by giving money. If they want to take anything, then

they will tell to their teacher. If they have any problem at the picnic spot, then you will tell it to the teachers through their communication book.

SOCIALIZATION

Most of the teachers said that in any social function where people gather, there should also be the involvement of these children. It is very important to orient these children before social involvement. Awareness is very less in the society about these children so that awareness should be spread about autism in the society, how to treat and communicate with these children. Autism children should be accepted everywhere in the society and the government should also do something that everyone should accept these children. A teacher said that one day in a week, all the parents and autism children should play together to improve their social behaviour. A teacher said that autism and other disabilities should be made as a subject in school so that people know about it from childhood. A teacher said that these children learn both bad and good things very quickly. So care should be taken that they should not learn any bad thing while learning socialization. A teacher said that there is a need to build rapport with the guests coming to the house, teaching manners to these children. To make them socialized, teachers need to work continuously for about 2 years. Few children are able to answer the questions. Small children are trained with group activities and one to one activities.

COGNITIVE BEHAVIOUR

The memory of these children are good and photogenic. So they remember at a glance and do not forget easily. In the process of teaching these children do well with worksheets. Children with echolalia speak line by line but do not understand its meaning.

A teacher said that older children learn English lessons, do mathematics calculations with calculators and do type on computer. Some like to do English reading on their own. A teacher said that younger children do basic colour concepts and have basic understanding of animal's voice. Autism children are visual learners, only a few children study. 50% of children with autism learn through training, it takes time to

teach them. Children with pure autism can progress, but children with other disabilities with autism have great difficulty in teaching only identification, colour concepts, eye contact, gripping, and ADL are possible for them.

They are taught by holding their hands or through picture cards. Even teachers do not understand their level of understanding.

Due to frequent change in language and mixing of different language, these children get lost in their world. As their vocabulary is very limited. They are taught by holding their face and repeating a small statement three to four times for their understanding. A teacher said that only the parents of these children know the level of their understanding because as they are attached to them since childhood.

Learn addition, subtraction, multiplication and division easily and quickly with the help of calculators, ipad because all signs and numbers are present on it.

Along with practice, they need both pictures and verbal instruction. ²¹ Two teachers said that they first teach them counting from 1-10 with the help of tablets device giving numbers along with the pictures. Children move forward with the correct answer. They also click on the correct answer themselves. All to reach the correct answers. They do all the mathematical process in their mind itself. Two teachers said that they teach them writing by joining the dots and tracing. They do it through regular exercise and it takes lots of time. A teacher said that they learn from counting concrete things or shape and also through technology. A teacher said that maths should be taught along with writing & copying on the note book.

They have problems in adding and subtracting by dragging small lines on the copy. The concept of counting and writing like us is not in their mind as these children are unable to express and receive. It takes a lot of time to teach them and new technology can help them.

Most of the special educators have said that these children have to be taught step by step. These kids are gifted. If parents make these children practice even at home, then by practicing again and again, these

children learn better. A teacher said that by finding the area of interest of these children and teaching them, they do good work by putting their heart. These children speak to copy, and have to be taught by copying

In dance, they are given physical prompts or they have to be taught by holding the child from behind. These children take very little interest in dance. They have almost negligible interest in the game and they have to give prompts again and again while playing.

Orientation, question-answer, memory game, and written along with pictures are also used to increase thinking. A teacher has said that the level of learning of these children is low and they are disturbed by having a little problem. These children do not accept the new teacher quickly. If these children are disturbed, they hit the child and the teacher.

SENSORY MOTOR BEHAVIOUR

Most of the teachers have said that these children are given sensory therapy and accommodation therapy according to their needs. Children who are sensory seekers are not given sensory therapy, those who are avoiders are given sensory therapy. Some children need a vestibular need, then they also give it to that child according to their need.

The person puts pressure on his body, according to the time schedule; he keeps on reducing the weight and time. In this, the joint compression or roller or sometimes also presses the spine. Two teachers have said that some children like to take dirty smells and hot smells and some take soft smells too. Smell bottles are kept for this, room freshener, phenyl, according to the need, these children are given its smell. And in order not to take any dirty smells, he explains them by speaking. It takes 1-8 years for these children to come out of their own world. Anything that supplies their sensory need.

If they are not able to tell their sorrow and pain, then their problem is asked from the communication chart or by giving option, then children circle on the option. And some children also get to know by their facial expression.

AFFECTIVE BEHAVIOUR

If those teachers do not come to the class, then the children get disturbed, so these children are oriented by writing in advance that tomorrow these teachers will not come, you have to do good work / activity with other teachers. But these children do not work well even with other person.

Most of the special teachers have said that they try to improve attachment through example food sharing, birthday cake sharing, outing, goods visit, hand Shack, daily namaste, making a star on hand, giving things of choice, dance, music, good, very good and sending children home with other mothers, giving information by speaking.

INDEPENDENT BEHAVIOUR FOR SURVIVAL

Teacher should give them opportunity to work if they are facing problem in their work then they should help him/her. Here teacher are teaching them to take food by themselves but at home parents feed them because mothers of children want to finish her work quickly.

Some teacher told that they have made schedule to make children with autism independent. They provide water frequently after 30 minute, send them toilet after showing communication chart to children. Despite children are small they toilet train them. They keeps in mind about the safety of the children, for that they close the door every time of the school.

Mostly teacher told that as much as get work done by children. For that they shows him picture then they practicing them same way. Same process done on the ipaid first show the video on ipaid then practicing by the children. Such type activity practicing they get by the children- cloth folding. Teacher tries to practicing whole task in to small pieces. For that teacher used storytelling. If any children perform better,

teacher give him reinforcement as a chocolate. Two teacher said whatever work come in daily life in children whole work they educate them like- shoes lacing, shirt buttoning shirt wearing etc. Anyone children select the occupation then and they can earn by working. Only one teacher said some children with autism having lifelong disorder. They can't do anything in their life. They depend upon the other in whole life. We are unable to say about his future.

VOCATIONAL BEHAVIOUR

Most of the teacher told that they do not give a big task in the first time. They give a small task, slowly go ahead. If they like to do assign job then they educate them on how to do another work. They take to children from pre-vocational to vocational classroom to show the vocational activity. In this way, the teacher tries to develop an interest in the vocational field. One teacher told that first identified the interest area of children then they do train them. Two teachers told that first they show the activity option on the ipad after that they show the process of activity that how can do the task then they do the practice in a concrete way. After that they educate them typing, email and internet operating therefore that way children like too much and children enjoy in the given task. If some children ask for goods from the shop by writing them on paper, then the solution of the accounts can be found. A teacher has said that since childhood if they will be allowed to make a habit of buying some items, vegetables from the shop, then the socialization of these children will be good.

UNDESIRABLE BEHAVIOR

Most of the teacher told that they use orientation, written communication and social story to explain them. Sensory therapy is given also. And tell them to word 'calm down' again and again they suggest about peaceful living to children by written script. Two teachers told that they catch children's hand sometimes, they punish them also that mean they restricted them from the activity for some time, and they give the order to sit in the corner peacefully. Two teachers said that they give reinforcement to the children, as to give like things and if need then give penalty whom, that means not to give them their favorite thing. Or

5-10 minute late providing, recall them that you have done bad things therefore after sometime later you will get yourself favourite food or activity. One teacher told that shows, a first give visual then they show written 'calm down card', after that 1,2,3,.....10 counting then they do calm. Along with asks to them about the level of their anger. Two teachers told, nobody knows that when these children would be angry therefore they always keep in mind and be alert for facing. Such type behaviour that 'they don't hit'. If guest supposes to come in the classroom then they suggest to them that they have normally in front of the guest. Some children are hyper therefore the teacher tie them with CP chair. Mind of autism child is some time diverted and child suddenly runaway outside from the class. Two teachers said that through physical practice. Their energy is chainless, they should be tired. If children are disturbed due to some reason, then they do colour and painting, then they become completely calm.

One teacher told that they divert the mind of children and engage their mind in their interesting work. One teacher said that they make social stories about abnormal behaviour after that show his behaviour to other children such as-“XYZ children bite his hand and marked bad condition of his hand then the teacher told them you see the hand of other children what a hand very nice, they appreciate of the hand of other children in his classroom, and say nobody sack hand with you if you stay in same behaviour” and this child is 14 years old so he understands very well about appreciation and humiliations.

MAJOR APPROACHES EMERGED

Following strategies and intervention and approaches are emerged in above dimension of children with autism spectrum disorder-

- (1) Incidental Teaching
- (2) Normalization and developmentally appropriate practice for young children with autism
- (3) Developmental individual differences, relationship based approach

- (4) Family guided routine based intervention
- (5) Treatment and education of autistic and related communication handicapped children strategies
- (6) Applied behavior analysis and discrete trial training
- (7) Positive behavioral support
- (8) Assistive technology
- (9) Sensory intervention plan
- (10) Verbal behavior
- (11) Other approaches- Auditory integration training, Diet/ vitamins, Facilitated Communication, Medication, Music therapy, Vision, Pitcher Exchange Method, Social Orientation, Yoga therapy.

6 OBJECTIVE 2:

To study the educational needs of the children with ASD perceived by parents, helpers, Special Educators, doctors and experts.

Emerged educational needs of children with autism spectrum disorder after triangulation of the data of all stakeholder in parents, helpers, Special Educators, doctors and experts:

DAILY ROUTINE

All stakeholder said that Activity for Daily Living like (toilet, bath, wear a shirt, brushing, eating, diaper remove) is very important for Autism children. According to the problems of children, the schedule is needed, can be written and told, if you are seeking attention, parents should prove toilet seat exposure, Training needed everywhere for independency of the child, then, that's why enabling them to be independent.

COMMUNICATION

All stakeholder said that these children should ask for their basic needs, they should tell or write or through picture or through practical exposition the problems and pain with their body, should express himself and should not hurt themselves and others. A teacher said that these children should use the communication cards, charts and use written communication if they are poor in verbal communication as they understand the written script better than spoken words. A teacher said that by making a schedule of talking to them every day, they will increase their vocabulary and will also try to speak in any medium of instruction.

6 Some of the parents said that their children have acholalia, due to which they repeat the words of their parents, so they should understand how to answer something.

Parents have said that if they drill a mock in the society or local market, then their inner capability can increase, communication, understanding and this is more requirement for everyone.

Parents told that the first thing should be a vocabulary for communication; they should be familiar with the circumstances, that is, the all things around them.

Then what does he feel about his own emotions, then his likes-dislikes, what he likes and doesn't like, these basic things, if he comes to know then he will be able to communicate.

Some expert told that mothers should sit peacefully with their children for 5 to 10 minutes every day, tell stories, talk to children be clear and slowly and wait for some time for the response of the children because these children do not respond immediately. It increases vocabulary and speech also comes. It is not that all children do not have understanding, so these children need more verbal communication than gestures. Therefore, verbalize children with therapy, at least say monosyllables, after that they can explain it slowly.

BEHAVIOUR OUTSIDE

All stakeholders said that the child should know how to go to the toilet. With washroom and toilet training the child can enjoy everything happily. Three teachers have said that children should not disturb everyone. A teacher said that the child should not hit anyone with whom he/she is living together. A teacher said that if the child does not have a proper toilet training, then his/her clothes need to be taken along with him/her. A teacher said that they should also know whether to eat, what to eat and how to eat

outside. A teacher said that if the child has no toilet training then it is better to take him/her out wearing a diaper. And when the child goes out, he has to keep a diaper and a set cloth with him that he should not do potty anywhere. Identify some socially useful symbols like toilets of ladies and gents, and the symbol of walking on the road - green, red yellow etc.

Most of the parents said that if their children go out, they should not run around and sit peacefully in one place, non shout, reconcile themselves. If students want to go somewhere then go slowly, they should not suddenly run away out of hands fast on the road, otherwise he/she will get injured. Listen and obey to everyone and understand the situations.

Some of the parents have said that they will go with things of their choice, such as toys and wafers, food items; their behaviour remains a little peaceful.

Few parents told that when our child goes out, everyone should treat him well and play.

SOCIALIZATION

All stakeholder said that these children should learn social things, understand as well as learn to how to say hi, hello, good morning, Namaste, shake hand, and welcome the guests, develop good habit, good manners and the habit of sitting. Take interest in social things, meet people and become social. These children do not mix with other children and like to be alone. Therefore, be happy with these children and talk with love and do not talk too much by shouting in anger as well as more and more of these children need to be made social. A teacher said that "when parents take such children to the society, people do talk about these child and parents feel sad for this ". A teacher has said that if the child would be allowed to work and mixing of these children with their similar age group children as well new people, so that their socialization would increase.

Some of the parents told that people should accept their children in the society because if these children have autism, then no one knows much about it. Therefore the people of the society scold the children, beat up them and after that he/she come to us and ask, are your son/daughter mad? Then we feel a lot sorrow. Most of the awareness should be spread regarding autism. For this purpose parents should make artificial social group and attend awareness programs. Experts are said that apart from the parents, all the people of the society should accept these children.

While answering this, two women started weeping.

Mostly expert told that basic need of these children is that if they are in a crowd at some unknown place and if some problem is happening there, then they can ask for help from someone, they can express themselves. In order to increase socialization, when the child is in the group, if he/she asks for some things, then the parents should not be given so that they ask the other for the things they need and communicate from them.

COGNITIVE BEHAVIOUR

All the stakeholder are say that counting up to 1-10, A-J, alphabet, colouring, word formation of two letters, sentence formation, and maths should come. These children have to write their own name, sign. Three teachers have said that the concept of coin should come, along with understanding of money, how much money is given and how much is to be taken English term normal basic spelling, science in air, water, plants, animals, social science, knowing the country, state, then should be given integrated therapy (Occupational Therapist, Physiotherapist, Speech Therapist, Sensory Therapist, Psychologist) with special teacher all should work together in a team spirit with a multi-disciplinary approach. One teacher has said that most of the children should know computer. A teacher has said that by doing written communication with these children, their problem should be solved because after repeatedly asking these children, their sensory skill is doubled. A teacher has said that if these children know who to meet people, sit & stand, then their world can move forward. Two teachers have said that by practicing slowly with these children, if you keep teaching, then these children can do well.

Parents told that children should play, do all kinds of activities and there is a need to understand behavioural things. Play any one instrument. If parents want to teach something them, then they should learn it with interest, pay attention and stay calm. Talk through computer. Do questions and answers through the app on the computer. Some of the parents told that make a grip in the hands and should come to work using both hands.

Most of the doctors said that proper cognitive function to attend, process and react to most important and needed stimulus are minimum needs related to the cognitive behaviour of these children. For this their brain should be made receptive and if they lack it, they can be given therapy depending on their situation for two to three times in a week. Usually, fourteen hours in a week is recommended for such children. For

this, mothers of these children should also be trained as they stay with the children the most of the ⁶time so that they can also be able to provide the therapy.

Most of the expert said that first of all, learn to sit in one place, learn to contact the eyes, join us and follow the command so that they get exposure and we can teach them further. Some expert told that first we should know that why child not able to learn things like that after those exercise we learnt them.

SENSORY MOTOR BEHAVIOUR

Most of the special teachers have said that the sensory needs of these children are different, these children are more hyperactive, if they like to climb, jump, then wear a heavy loaded bag jacket for them, then walk a little well, then their energy channelizes the sensory of the vestibular, probes, visuals of these children also have to be given according to the need and children also have to be given pressure on their body. Keep these children away from loud sounds and these children should stop smelling dirty smells like sweat. These children learn more by seeing and hearing and they have to repeat again and again and these children should also understand. Children who love music listen to songs with their earphones to reduce hypersensitivity. Sensory therapy should be given also.

Most of the parents told that brushing sensation should be improved, because of the sensory one does not wear shoes, slippers that are the only problem. Do not take bad smells and eat everything except the favourite food in the food, can differentiate between food and non-food. Do not see round things much, the problem of hearing should be cured, in sensory he needs lighting and texture, colour, sensory of all. Do not touch anyone too much, all the sensors should be active and they also need to understand, body pressure is also needed.

Some of parents told he needs speech and a little understanding. Learn to carry a bag weighing 2-4 kg, do not chew food much, it takes one hour to eat one roti. Learn to eat on your own.

Few parents said that these children do not need sensory.

Most of the doctors said that the minimum needed sensory motor behaviour of these children are basic recognition of senses which can affect their body like hot, cold, rough, smell, sound and light.

Mostly experts told that minimum need of the sensory is that the environment of their house will have to be changed according to the child - such as the light of the child's house, the color of the room, television, fan and the voice of the member of the house (audio-visual). If you take it outside to the park, children should feel the texture played on the grass and sand, i you have to give the exposure of the texture, because if the child does not touch, then how will you know how its texture is. Diverting from obsessive object to another object for example wheel of a moving vehicle, fan if child sees a shrill then his attention has to be shifted to other object by shifting the parent. If children cry and scream due to sensory issues, then by learning a little non-verbal communication, the problem related to communication can be reduced.

Some expert said that children need sensory therapy, occupational therapy, and physical therapy.

AFFECTIVE BEHAVIOR

Most of the teacher told that if the teacher smiles with good bye, then the children should understand the teacher. They should know how to live with their parents, how to live with their teacher, how to live with others, how to live in a public place. Along with this, if you hug someone other than your parents, then they should know its meaning. Don't hug everyone even the teacher.

Three teachers have said that to involve in some events, to work together in class, to teach these children with love. Some people have said that to explain something to these children, there is a need for written communication, orientation. Teach Good Habit and After Habits, they show them regular stories, have taken lessons in the I-pad, then the teacher makes them practice regularly.

Most of parents said that he needs to learn to mingle well with people. There should be an understanding of happy moment and unpleasant events and which time is of mourning and which time of happiness should also be understood. Children also need to understand that if he has an attachment to someone and they have gone outside, then they will come at home after some time. An unknown man-woman should not be hugged like parents. If someone is touching them, the child should understand the meaning of that touch.

Some parents told that it is a characterization in the child with autism that if they do not meet with anyone from the front, then they should involve the people in front or the society.

Few parents said that there is no need related to improvement in affectionate behavior.

Most of the doctors said that showing of reciprocal behaviour in which the similar kind of behaviour needs to be made is the minimum needed affective behaviour. For this the training is needed along with supplement of brain tonic.

Mostly experts told they should able to differentiate between family member and other people, some family do not accept the autistic children so here all family member as well as society should accept the

autistic children. And they need equal love and affection like other children, that's way we can improve their affection behavior. Parents should give much time and care to autistic children than other children for improving the affective behavior.

Some of the expert told that attachment from routine and person, doll should be break to develop proper affecting behavior. In this behavior modification we have to go through shaping and aba therapy.

Mostly helper told that like we praise some children, they smile immediately, if something good has happened in the house, so that child comes in such a smile, then it comes to know that something good has happened at home today.

INDEPENDENT BEHAVIOUR FOR SURVIVAL

Most of the special educators said that children can learn about activities for daily living skills so that they should not depend on anyone else. Five teachers told that children can learn some business to become self-dependent. One teacher told that children not be attached to anyone so that they do not listen to another person and they do not communicate with another person also. One teacher told that any things you teach to children with love then they become handling very well.

One teacher told that very important to add family support for them with ought to support them unable to do anything. Only one special educator said that parents create a group and they arrange residential for the children with autism. Since after death of parents no body take responsibility of children like parents even close relative also such as brother or sister.

Most of the parents told that if they can cook food yourself, take items from the market and if someone comes to the house, then open the door so that he should understand all that things. We do not have to provide study much, but let us keep a small shop with a helper, even then counting, transactions, he should be there, if he is an unfamiliar person, then how to talk to him should also be understood. If he/she never have parents, then stay with someone else.

Most of the doctors said that education, healthy and basic life style are minimum survival needs of these children. They should be able to feed themselves and make them healthy.

Most of the expert told that those activities should do which income may generate. Children should keep in natural environment. These children also have survival needs like- food, health, cloth, education and employment. They should not depend upon any other with reference to money.

SELF RECREATION BEHAVIOUR

All stakeholder told that T.V. laptop, mobile, toy, musical toy, dough is needed to play, football, volleyball, swing, bowl, drawing, and painting is needed. ⁶⁰ There is a need for him to walk on a bullet, there is a need to go to the temple outside. He needs more and more parents support and time.

VOCATIONAL

All stake holder told that autism children should know done about work properly paper bag, pot painting, file making, candle making, jewellery making, raksha bandhan, block painting. They should know shoes lasing also, etc. autism child should know about money swap and its understand also suppose as they go to the shop they took biscuit of 5 Rs then he has given 10 Rs note how much money shop keeper would be return money to them so that it can be invested in any shop. One teacher told there is a need for a tablet, computer, and I-pad because children with autism use to learn classroom activity of its. One teacher told that children should know how to catch the painting brush and they should know how colour mixed. They should know the spread colour on the block and they should know basic understanding.

Most of the doctors said that the minimum vocational need of these children depends on their degree of problem and their ability to adopt and learn. The best part of their behavior is ³⁸ that if they can be learnt something, they can keep doing that forever because they like repetitive activities. Their vocational needs can be identified and they can be trained according to their condition. Centres working in Baroda for the ASD children like KOSIS, ARPAN and DISA are doing good work in providing vocational training to ASD children.

Most of the experts said that the interests of all the children are different, so the business can be learned according to the interest of the children. Still, some of the teaching professions (repetitively work) are as follows- flower making, candle and, screw driver related work, paper punching, bonding which we can do by staying in mechanically way.

Some experts have said that physically and financially, children have to be made self-dependent, children also have to do rehabilitation like bread, clothes, house can be fulfilled.

UNDESIRABLE BEHAVIOUR

Most of the teacher said that they give sensory therapy to improve the abnormal behaviour of children. Teacher makes a schedule for the children through planning that when will give water, when will send outside of class whole activity of children will be planned. Applied behaviour analysis method should be used for reducing the abnormal behaviour of children. Three teachers told that they improve the abnormal behaviour of children through the help of orientation, written script, and artificial social story regarding abnormal behaviour. One teacher told that they give reinforcement and penalty to improve the abnormal behaviour of children. After some time happening the abnormal behaviour they serve one glass water to children. One teacher told that before starting the teaching-learning process orientation should be given them. To conduct behavioural therapy so that they can come out of their own world.

Most of the parents said that all his unusual behaviour should be improved. Anger, shouting, crying, running, cleaning teeth, jumping, head banging, banging hands, legs, body shaking, throwing things outside, slamming glasses and mobiles. After leaving these he/she should sit peacefully and Started things to understand.

Some of the parents told that occupational therapy to correct the sensory issue, diverting the mind but not being able to do it alone at home, improving her behavior through training as well as by giving her the things she likes (reinforcement).

Few parents told that they are tired of doing everything and there is no improvement at all, I do not have the answer.

Most of the doctors said that some basic training, ABA therapy, medication, and positive reinforcement are needed for ASD children to control their undesirable behaviour.

Most of the experts told that through giving positive and negative reinforcement like if he spits, then tape on the mouth or tie a napkin, if on the day he does not spit, give two chocolates of his choice by making a star on his hand, in this way he will stop behaving like this. If he shows unusual behaviour, then his parents and other members of the house together should ignore his unusual behaviour. To correct abnormal behaviour, orient the child, teach through the script that some physical or social problems sometimes arise and that they will resolve on their own. And you can explain it through a story also.

Some of the expert told that behaviour therapy, psychologist and counselling can solve the child's behaviour. Training has to be given till life time because some children start repeating their abnormal behaviour even after a few days of correcting their abnormal behavior.

Most of the parents told that we want that he/she should improve. If he/she go-comes somewhere, he should not have any problem and everyone should learn that things. When someone comes to his/her house, then at least sit calmly, don't tantrum, don't spit on him, don't push anyone like that.

OBJECTIVE 3:

To study the educational needs of the autistic children conveyed by themselves.

Emerged educational needs ¹⁰ of children with autism spectrum disorder through observation

Participant observation done in following dimension:

- **Some of the** students unable to take part in prayer, unable to take launch and water properly during the recess so that teachers were helping them in his/her activity.
- A student (Age 14 years) urinated in paint, who was sent to the bathroom by the teacher after calling the ladies helper and there she got her clothes changed. When he urinated in the paint, the paint was make changed and cleaned himself/herself so that he would improve his behaviour. That day he was not given food at lunch time and it was explained to him that because you urinated, food will not be available today.

For colour identification and make grip of finger. A child fitting of colourful piece on a plastic meshes and comes out.

- A printout of the picture was brought from the Internet along with the subject-based content of Shopping Goods and it was shown to all the children of Class Transition 3 and explained by speaking, writing.
- A child was being taught to read some letters in TABLET based on linear programming.
- Some children pronounce whole sentence, the word Om, was also being chanting at the time of yoga.

- The children were identifying and removing the body parts, animals, and vegetables, fruits made on the peg board and re-fitting them in the same place.
 - The vocabulary game is taught them through internet.
 - For the language development of the children, after showing the wild life picture on the computer, they get the words pronounced in it.
 - Keeping a spoon in the mouth, walk with a small ball on it. The race was made, the ball was hit with a colourful small bat. Teachers used to play by holding them, but they used to run here and there. None of the kids played well. They are not able to understand the game.
 - On the occasion of festival and ceremony of legend person teacher arrange the program for the children with autism spectrum disorder like- dancing, painting, rangoli competition, poem, speech, fashion show etc.
-
- Two teachers caught a girls and brought her. The weight belt was hindered in the hands of a girl.
 - A child had an injury on the nail and he was recovering and a new nail was coming out, then that child was deforming the new nail with the other hand. From which blood was coming out of it, the teacher was explaining by writing that son, do not spoil the new nail, blood is coming, then later agreed.
 - A child was pushing his nails in the teacher's hand and was trying to bite teachers hand with his teeth, when the madam shouted at him and left.
 - If a boy dropped some stuff, he was also picked up and it was explained that do not drop the goods again, otherwise you will get them picked up again so that they should improve their behaviour.
 - A girl was walking slowly staggering when she reached her hair, pulling her hair, pulling her shirt, scratching her face as well as applying her nails.
 - A girl was banging her teeth with a piece of hard plastic and scissors.
 - Madam was pressing a soft ball with her hand and a thick lumpy wooden ball was running over her hand. And at the same time, a little pressure on his elbow, wrist, and shoulder used to work as a loosening etc. as well as paper was being pressed with tweezers.
 - Have a practice of holding the finger pen and make a grip in it. If a girl could not use her finger well for lifting something, then her finger was being practiced by putting her finger in a mesh and pulling it with her finger.

- Slamming his head on the table in anger
- A child sat with his feet tied to the chair with a weight belt.
- A boy ran away into the playground by cross the boundary wall.
- All the students were given yoga practice together - Surya Namaskar, Halasana, butterfly, cycling, Vajrasana, eye exercises were done up-down, right-left, in the center. The subtle action of the neck Subtle Kriya, Severe children were not able to do yoga.

CHAPTER V
FINDINGS AND DISCUSSION

5.1.0 INTRODUCTION

The objectives of the present study were to study the educational needs ¹⁰ of children with autism spectrum disorder. Dimension of the study was Daily routine, communication, socialization, outside of the behaviour, cognitive, sensory, recreational and vocational, effectiveness, and unusual behaviour. For this data were collected and analysis and interpretation of the data were presented in chapter IV. This chapter presents findings and an elaborate discussion of the results obtained by analysis and interpretation of the data

5.2.0 MAJORE FINDINGS

The following findings are derived from the analysis and interpretation of the collected data to achieve the educational needs of children with autism spectrum disorder.

1. Educational needs to improve behavioural problems like sleeping disorders, hyperactivity, and self-injury.
2. Communication, social behaviour and sensory skills are needed for children with autism spectrum disorder to convey their needs and feelings to others.
3. Training, intervention and integrated therapy are considered as educational needs.
4. Social awareness, social support and public education are found as the educational needs of children with autism spectrum disorder
5. Affection can be modified by removing the Parental stress in children with autism spectrum disorder
6. Parental counselling in front of their child
7. Cognitive development reading writing arithmetic, Special education for survival behaviour and devotees special teacher is needed for the children with autism spectrum disorder
8. Sex education in adolescent children with autism spectrum disorder
9. Group plays an important tool to nurture a good way to ²⁴ children with autism spectrum disorder.

Along with these major findings researcher also found the following point related to the educational needs of children with autism spectrum disorder

1. Educational needs regarding daily activities
2. Educational needs regarding vocational and recreational
3. Educational needs for the survival in absence of parents
4. Educational needs of children with autism spectrum disorder outside of the school at an unknown place

DISCUSSION

The aim of the present study was (i) To study the education provided to the children with ASD in terms of types of education, purpose, and approach in the centres providing education to the children with ASD in Vadodara. (ii) To study the educational needs of the children with ASD perceived by parents, helpers, Special Educators, doctors and experts. (iii) To study the educational needs of the autistic children conveyed by themselves. In the study of the educational needs of children with autism spectrum disorder, researchers developed the structured interview to get the interview from the stakeholders like- Teachers, Parents, Doctors, Experts, Helpers as well as special school observed also. After analysis of interviewee data about the educational needs of children with autism spectrum disorder, results came out are- sensory therapy is needed for both hypo and hyper children with autism spectrum disorder, and communication skills are also needed for children with autism spectrum disorder to convey their needs and feeling to other, social skill also needed for the children with autism spectrum disorder. All these findings are supported by

Ray (2009) and Nandi (2010), Sunayan (2014) revealed that social support to autism and Therapists helps to reduce the behavioural problems as well as Janes (2015) whose study was based on a study entitled Autism in Early Childhood Education Montessori Environments: Parents and Teachers Perspectives, however, it was found that children with autism spectrum disorder from learning their sensory need to touch, rub, and feels objects and people present another challenge in the classroom incorporating a balance between tolerating and strengthening

a child's interests in an appropriate mode while respecting both the individual and others whom their behaviour may affect. There are many opportunities to develop communication skills, social competence and self-care despite learning difficulties or sensory issues as the Montessori program incorporates lessons on social graces and basic skills such as washing hands and dressing oneself. Bark and Fearon (2012) found that significant association between having autism spectrum disorders and being reported as having lower levels of communication skills so it is indirectly indicating and supporting for the present study. Mishra and Sreedevi (2017) it was found that children have poor attention spans, an inability to communicate needs and requirements, and developmental delays in language, social and motor skills The study showed that communication and social aspects are educational needs for children with autism spectrum disorder directly support to present study.

The study by Sundar (2002) revealed autism spectrum disorder children had sleeping problems at some point in their lives. Besides that these children also exhibited a wide diversity of challenging behaviours like destructiveness, self-injurious behaviour, hyperactivity and problems in elimination. The findings of the present study also confirm that the educational needs of behavioural problems like sleeping disorders, hyperactivity, and self-injurious are needed to improve the problem of children with autism spectrum disorder

The studies of Bhargava (1997), Sharma (2014), and Naniwadekar (2015) revealed that intervention and training programs were very effective in improving personality in terms of unusual behaviour, socialization, communication and cognitive skills and the present study is in this direction to intervention, training is considered as educational needs of children with autism spectrum disorder. The findings of the present study also confirm that integrated training and therapy are very effective tools for mild-level children with autism spectrum disorder. The severe level of children needs more intensive training but they do not come into the mainstream easily. Kumar (2017), that yoga was an effective Dey (2018) and, Kaur (2023) supported to findings of present intervention and mind game very effectively improve social skills in the children with autism spectrum disorder.

Findings of the present study on social awareness, social support and attitude towards public education show people are uneducated about children with autism spectrum disorder these findings are also supported by Manandar et al. (2018), Gilliam and Coleman (1982), Knott et al

(1995) whereas the study of Rathore (2015) found that negative support in the society due lack of knowledge that showed education play border roll into the develop a healthy society. Without the support of society parents get more disturbed and fall into stress.

Gaitonde's (2010) study revealed that parental stress affects parenting so ultimately children could not care properly where whereas Sharma (2004), Kalaivnai & Kalimo (2018) found that parental training and counselling can change their emotions as well as counselling can remove parental stress positively that finding also confirm the findings of present study. the present study shows parental counselling and training is one of the most educational needs with is indirectly related to ²⁴ children with autism spectrum disorder. Allen et al. (2013) it was found that deficits in social skills and behaviour problems caused higher stress in mothers whereas it was not significantly associated with parental stress

Findings of the present study on reading writing and arithmetic as well as special education for survival appear to meet the educational needs of ¹⁰ children with autism spectrum disorder these findings confirm the study of Singh (2017), Parmer (2016), Sasikumar (2016) whereas the study of Micheli (1999) showed reinforcement a play major role into the strong bonding content things and learning.

In Indian culture, most people hesitate to talk about se education but in the present study, it appeared that major parents responded that children should know what good touch and bad touch so the findings of Sulivian and Caterino (2008) supported the present study with their findings. Their finding was that adolescents with ASD are to develop healthy behaviour and gain some understanding of the physical and emotional changes they encounter in adolescence and adulthood, so specialized sexuality education is needed. This study also supported the findings of the present study.

Sigman et al (1992) found the fact Autistic Children were as hesitant in approaching and playing with a robot as normal children raised the possibility that their behaviour may have been influenced by the demonstration of fear even if they did not attend visually to this demonstration which is support to the present study.

5.4.0 CONCLUSION

Education of children with autism spectrum disorder came out after the discussion activity for daily living should be, communication, socialization, social support in society, cognitive and sensory therapy, recreational, and vocational needs, survival behaviour, unusual behaviour, sex education, and parental stress. It was perceived from the findings of the present study the real meaning of education. Most parents do not need any high standard of education for their children; they need only the education which can make their children survive in this world in their absence. But our system seems to be helpless in providing such minimum required education when education is our fundamental right. It is very high time to work in this area. It is also one of the duties of the government agencies at least to safeguard these children through different measures.

5.4.0. IMPLICATIONS OF THE RESEARCH

Research institution, special school and policy maker, government and non government organization can use this study to implement educational needs of children with autism spectrum disorder in special school for better education, present study also give insight to special teacher to train children with autism spectrum disorder according to their needs. Educational needs of children with autism spectrum disorder can be implemented in special schools as support of curriculum based study. Different special institution can be used study to impart proper education to children with autism spectrum disorder. This research study can be used to check out policies and strategies for special education governing body rehabilitation council of India.

5.5.0 SUGGESTION FOR FURTHER RESEARCH

The study should be conducted to expand on the educational needs ²² of children with autism spectrum disorder with specific age limits of the children with autism spectrum disorder.

Similar studies can be conducted with specific cultures in another state in India.

For an in-depth understanding of the children with autism spectrum disorder behaviour of the child and institutions, a case can be conducted.

A comparative study can be conducted on the educational needs of children with autism spectrum disorder abroad and in India.

A study integrated approach of children with autism spectrum disorder can be matched with 21st-century skills.

A study can be conducted on the educational needs of children with autism spectrum disorder in an inclusive schooling environment.

A comparative study can be conducted on the educational needs of children with autism spectrum disorder in rural and urban India.

The study can be done on a special (which is teaching Children with autism spectrum disorder) institutional survey in India regarding experience with children with autism spectrum disorder.

Appendix I

INTERVIEW SCHEDULE FOR THE TEACHERS TO KNOW THE EDUCATIONAL NEEDS OF CHILDREN WITH ASD

NAME OF THE TEACHER	
NAME OF THE SCHOOL	
DATE OF INTERVIEW	
GENDER OF THE TEACHER	
QUALIFICATION OF TEACHER	
EXPERIENCE OF THE TEACHER	

EDUCATIONAL **NEEDS OF THE CHILD**

BEHAVIOUR **IN THE SCHOOL**

1. What is the routine of the **children with ASD** at the school?
2. How do you help these children in their school work?
3. How is the toilet practice and related problems of these children?
4. How do these children take food and problems related to it?
5. How do these children behave with other members of the school?
6. What are the major problems in the routine work of these children?
7. What are the methods, technology and strategies you use to teach these children?
8. What are the minimum needs related to routine work of the children?

COMMUNICATION

- 1 What is your mode of communication with the children with ASD?
- 2 What is the major purpose of your communication with the children with ASD? (for studying, food, attention, stimuli like swing, doll, ride)
- 3 How much do you understand what the children communicate to you?
- 4 How much the children do understand what you communicate to them?
- 5 How do the children express their feelings, both good and bad?
- 6 How do the children communicate to you and others for help?
- 7 What are the major problems in the communication of these children?
- 8 What are you doing to improve the communication of these children?
- 9 What are the minimum communication needs of these children?

BEHAVIOUR OUTSIDE THE SCHOOL

1. What are the major problems of these children when they are taken to some places outside the school?
2. What type of Education you provide to these children to manage their behaviour outside the school?
3. What are the minimum needs related to the behaviour of these child outside the school?

SOCIALIZATION

1. What are the social interactions of these children with the members of the school?
2. What are the social interactions of these children with their friends?
3. What are the problems related to the social interaction of these children?
4. What are the major initiatives to improve the socialization of these children?
5. What are the minimum socialization needs of these children?

COGNITIVE BEHAVIOUR

1. Describe the language ability and learning of these children along with problems related to it.
2. Describe the mathematical ability and learning of these children along with problems related to it.
3. Describe the co-curricular ability (Painting, drawing, music, dance, sports etc.) and learning of these children along with problems related to it.
4. Describe the thinking pattern (Behaviour) of these children along with problems related to it.
5. What are the minimum needs related to the cognitive behaviour/learning of these children?

SENSORY MOTOR BEHAVIOUR

1. What are the major sensory related problems (observation, touch, smell, hearing and test) of these children?
2. What are your practices to improve the sensory motor behaviour of these children?
3. Describe the behaviour of these children to pain, happiness, sadness etc.
4. What is the minimum needed sensory motor behaviour of these children?

AFFECTIVE BEHAVIOUR

1. How is the attachment of these children with the members of the school?
2. How is the attachment of these children with their friends?
3. What are you doing to improve the affective behaviour of these children?
4. What are the minimum affective behaviour/learning needs of these children?

INDEPENDENT BEHAVIOUR FOR SURVIVAL

1. What are the problems of these children related to the survival behaviour like arranging food and water for them, safety measures inside and outside school etc?
2. What are you doing to improve the survival behaviour of these children?
3. What are the minimum survival needs of these children?

SELF RECREATION AND VOCATIONAL BEHAVIOUR

1. What is the major recreational behaviour of these children?
2. What are the major problems relate to the recreational behaviour of these children?
3. What do you do to increase interest of these children towards recreational behaviour?
4. What is the major vocational behaviour of these children?
5. What are the major problems with the vocational behaviour of these children?
6. What are you doing to enhance the vocational behaviour of these children?
7. What are the minimum vocational needs of these children?

UNDESIRABLE BEHAVIOUR

1. What is the major undesirable behaviour of these children?
2. What are you doing to control the undesired behaviour of these children?
3. What are you doing to control the self hurting behaviour of these children?
4. What are the minimum training needs of these children to control their undesired behaviour?

Appendix II

INTERVIEW SCHEDULE FOR THE PARENT/GUARDIAN TO GET EDUCATIONAL NEEDS OF CHILDREN WITH ASD

NAME OF THE PARENT/GUARDIANS	
DATE OF INTERVIEW	
NAME OF THE SCHOOL	
RELATIONSHIP WITH THE CHILD	
QUALIFICATION OF FATHER AND MOTHER	
OCCUPATION OF FATHER AND MOTHER	

DETAILS ABOUT THE CHILD

Name of the Child:

Present Age:

Gender:

Numbers of total Siblings:

Order of the Child with ASD among Siblings:

Age of the child when he/she was detected with ASD:

Level of the ASD of your child:

Mild/

Moderate/

Severe

Who diagnosed him/her as ASD?

Brief Treatment History of the Child:

Treatments having positive impact on your child:

Brief Educational History of the Child including the schools your child attended:

Education having positive impact on your child:

Do you like to relate anything that might have caused ASD of your child:

Who use to take care ¹² of your child at home?

Major Problems of your child:

Behaviour of your child that makes you uncomfortable.

Behaviour of your child that makes you nervous about the future of the child.

What are the major independent behaviours of your child?

What is the major dependent behaviour of your child?

EDUCATIONAL NEED OF THE CHILD

DAILY ROUTINE WORK

1. Describe the daily routine work of your child from early morning to night.
2. Who help your child in his/her daily routine work?
3. How is the toilet practice and related problems of your child?
4. How does your child brush his/her teeth?
5. How is the bath practice and related problems of your child?
6. How does your child wear his/her dress and problems related to it?
7. How does your child comb his/her hair?
8. How does your child take food and problems related to it?
9. How does your child distinguish between edibles and non edibles things?
10. How does your child distinguish between harmful and non-harmful things?
11. What is the seating tolerance of your child?
12. What is the sleeping habit of your child and problems related to it?
13. Do you use any aid/medicine/ technology/expertise to improve the daily routine work of your child? Yes/No. If yes, please describe it.
14. What are the major problems in the daily routine work of your child?
15. What are the minimum needs related to daily routine work of your child?

COMMUNICATION

1. What is the usual mode of communication of your child? Verbal (Spoken/written)/ Non-Verbal/ Both/ No communication.
2. What is your usual mode of communication with your child? Verbal (Spoken/written)/ Non-Verbal/ Both/ Any other.
3. Describe the usual pattern of communication of your child.(eye contact, recognizing own name, things, command)
4. What is the major purpose of communication of your child? (getting food, attention, stimuli like swing, doll, ride)
5. How much do you understand what your child communicates to you?
6. How much does your child understand what you communicate to him/her?
7. How does your child express his/her feelings both good and bad?
8. How does your child communicate you and others for help?
9. Do you use any aid/medicine/ technology/expertise to improve the communication of your child? Yes/ No. If yes, please describe it.
10. What is the major problem in the communication of your child?
11. What are the minimum communication needs of your child considering his/her condition?

BEHAVIOUR OUTSIDE THE HOME

1. How does your child behave while walking on the road alone or along with someone?
2. What are the major problems your child face while walking on the road?
3. How does your child behave in some public places like, market, hotel, restaurant, theatre, bus station, garden etc.?
4. What are the major problems your child faces while in the public places?
5. How does your child behave while travelling by bus, train or plane?
6. What are the major problems your child face while travelling?
7. What are the places, events etc. outside home that your child like most and why?
8. Do you use any aid/medicine/ technology/expertise to improve the behaviour of your child outside the home? Yes/ No. If yes, please describe it.
9. What are the minimum needs related to the behaviour of your child outside your home?

SOCIALIZATION

1. Describe the social interaction of your child with the family members like, parents, siblings and elder members.
2. Tell the problems related to the social interaction of your child with the family members.
3. Describe the social interaction of your child with the neighbours.
4. Tell the problems related to the social interaction of your child with the neighbours.
5. Describe the social interaction of your child with his/her friends.
6. Tell the problems related to the social interaction of your child with his/her friends.
7. Describe the social interaction and problem of your child with the people at school like teachers and other staff.
8. Describe the social interaction and problem of your child with the people at others places apart from those described.
9. Do you use any aid/medicine/ technology/expertise/technique to improve the socialization of your child? Yes/No. If yes, please describe it.
10. What are the minimum needs related to socialization of your child?

COGNITIVE BEHAVIOUR

1. Describe the language ability and learning of your child along with problems related to it.
2. Describe the mathematical ability and learning of your child along with problems related to it.
3. Describe the co-curricular ability (Painting, drawing, music, dance,sports etc.) and learning of your child along with problems related to it.
4. Describe any other special ability and learning of your child along with problems related to it.
5. Describe the thinking pattern (behaviour) of your child along with problems related to it.
6. Do you use any aid/medicine/ technology/expertise to improve the cognitive behaviour of your child? Yes/No. If yes, please describe it.
7. What are the minimum needs related to the cognitive behaviour/learning of your child?

SENSORY MOTOR BEHAVIOUR

1. **How does your child** identify/react to people/ things by observing them?
2. How does your child identify like good or bad, edibles and non-edibles, harmful and non-harmful etc. by observing them?
3. Describe the problems related to the identification of your child by observing?
4. Describe the smelling ability of your child to identify/ locate things and people?
5. Describe the smell sensitivity (problems) of your child?
6. Describe the hearing ability of your child to identify sounds?
7. Describe the sound sensitivity (problems) of your child?
8. Describe the taste (tongue) ability of your child to identify and appreciate eatables.
9. Describe the taste sensitivity (problems) of your child?
10. Describe the touching ability of your child to identify different surface conditions, textures and temperature.
11. Describe the touching sensitivity (problems) of your child?
12. Describe the reaction of your child to punishment (verbal and physical) and appraisal (both verbal and physical).
13. Do you use any aid/medicine/ technology/expertise/technique to improve the sensory motor behaviour of your child? Yes/No. If yes, please describe it.
14. What are the minimum needs related to sensory motor behaviour of your child?

AFFECTIVE BEHAVIOUR

1. Name those persons/things/moments your child is attached and describe their degree of attachment.
2. Does your child share your feelings like, good, bad, happiness, sadness etc.? If yes, please share in details.
3. Describe any other affective behaviour related to the mood, feelings etc. of your child.
4. Describe the problems relate to the affective behaviour of your child.
5. Do you use any aid/medicine/ technology/expertise to improve the affective behaviour of your child? Yes /No. If yes, please describe it.

6. What are the minimum needs related to the affective behaviour/learning of your child?

RECREATION AND VOCATIONAL BEHAVIOUR

1. What does your child like to do for regular recreation at home?
2. What are the problems relate to his/her recreational behaviour?
3. Do you use any aid/medicine/ technology/expertise/technique to improve the recreational behaviour of your child? Yes/No. If yes, please describe it.
4. What are the minimum recreational behaviour needs of your child?
5. Have you seen anything in your child that will lead him/her towards any vocation? Yes/No. If yes, describe those.
6. Do you use any aid/medicine/ technology/expertise/technique to improve the vocational behaviour of your child? Yes/No. If yes, please describe it.
7. What are the minimum vocational needs of your child?

INDEPENDENT BEHAVIOUR FOR SURVIVAL

1. Describe the survival behaviour of your child related to arranging food and water for him/herself and problems related to it.
2. Describe the survival behaviour of your child related to minimum required daily routine work and problems related to it.
3. Describe the survival behaviour of your child related to his/her safety in and around the house and problems related to it.
4. Describe the survival behaviour of your child outside home and problems related to it.
5. Do you use any aid/medicine/ technology/expertise/technique to improve the survival behaviour of your child? Yes/No. If yes, please describe it.
6. What are the minimum survival needs of your child?

UNUSUAL BEHAVIOUR

1. Describe the regular unusual movement of body/body parts of your child and problems relate to it.
2. Describe the regular unusual behaviour of your child (i.e., rocking, clapping, flapping arms, running, and walking on toes) and problems relate to it.
3. Describe the regular unusual activities of your child (i.e., opening and closing doors, turning a light switch on and off, spinning objects) and problems relate to it.
4. Describe the hyperness related behaviour of your child and problems related to it.
5. Describe the destructive behaviour of your child (like, breaking glasses, tearing paper, clothes and throwing things outside etc.) And severeness of the problem.
6. Describe the hurting behaviour (to others) of your child and severeness of the problem.
7. Describe the self-hurting behaviour of your child and severeness of the problem.
8. Do you use any aid/medicine/ technology/expertise to improve the unusual behaviour of your child? Yes/No. If yes, please describe it.
9. What are the minimum needs related to the unusual behaviour of your child?

Appendix III

INTERVIEW SCHEDULE FOR HELPERS AT SCHOOLS TO GET EDUCATIONAL NEEDS OF CHILDREN WITH ASD

Name of the Helper	
Name of the School	
Date of Interview	
Position of the Helper	
Gender of the Helper	
Qualification of Helper	
Experience of the Helper	

EDUCATIONAL NEEDS OF THE CHILD

BEHAVIOUR IN THE SCHOOL

1. What are the routine behaviours of the children with ASD at the school?
2. How do you help these children?
3. How is the toilet practice and related problems of these children?
4. How do these children take food& water and problems related to it?
5. How do these children behave with you and other members of the school?
6. What are the major problems in the routine work of these children?
7. What are the minimum needs related to routine works of these children?

COMMUNICATION

1. How do you communicate with these children?

2. What is the major purpose of your communication with the children? (for, food, attention, stimuli like swing, doll, ride)
3. How much do you understand what the children communicate to you?
4. How much the children do understand what you communicate to them?
5. How do the children express their feelings to you, both good and bad?
6. How do the children communicate to you and others for help?
7. What are the major problems in the communication of these children?
8. What are the minimum communication needs of these children?

BEHAVIOUR OUTSIDE SCHOOL

4. In which occasions, do you take these children outside the school?
5. How do you manage ²⁵ these children when they are outside the school?
6. What are the major problems of these children when they are taken to some places outside the school?
7. What are the minimum needs related to the behaviour of these child outside the school?

SOCIALIZATION

6. What are the social interactions of these children with their friends and other members of the school?
7. Which type of game these children like to play?
8. What are the happy movements of these children?
9. What are the problems related to the social interaction of these children?
10. What are the minimum needed socialization of these children?

AFFECTIVE BEHAVIOUR

5. How is the attachment of these children with the members of the school?
6. How is the attachment of these children with their friends?
7. What do you do to improve the affective behaviour of these children?

8. What are the minimum needed affective behaviour of these children?

INDEPENDENT BEHAVIOUR FOR SURVIVAL

1. What are the problems of these children related to the survival behaviour like arranging food and water for them, safety measures inside and outside school etc.?
2. What are the minimum survival needs of these children?

RECREATION AND VOCATIONAL BEHAVIOUR

1. What is the major recreational behaviour of these children?
2. What are the major problems related to the recreational behaviour of these children?
3. What is the major vocational behaviour of these children?
4. What are the major problems with the vocational behaviour of these children?
5. What are the minimum recreational and vocational needs of these children?

UNDESIRABLE BEHAVIOUR

5. What is the major undesirable behaviour of these children?
6. How do you manage with the undesired behaviour of these children?
7. How do you manage the self-hurting behaviour of these children?
8. What are the minimum training needs of these children to control their undesired behaviour?

Appendix IV

INTERVIEW SCHEDULE FOR THE EXPERT TO GET EDUCATIONAL NEEDS OF CHILDREN WITH ASD

NAME OF THE EXPERT	
SPECIFIC AREA OF EXPERTISE	
NAME OF THE INSTITUTION	
QUALIFICATION OF THE EXPERT	
DATE OF INTERVIEW	

DETAILS ABOUT THE CHILD

How do you diagnose ASD?

What is the Treatment of the Children with ASD?

What are the specific Treatments having positive impact on Children with ASD.

Do you like to relate anything that might have caused ASD?

Behaviour of children with ASD that makes you uncomfortable.

Behaviour of children with ASD that makes you nervous about the future of the child.

EDUCATIONAL NEEDS OF THE CHILD

BEHAVIOUR IN THE SCHOOL

9. What are the educational problems of the children with ASD?

10. How do you help these children to overcome their educational problems?

11. What are the major problems in the routine work of these children?

12. What are the methods, technology and strategies you suggest to teach these children?
13. What are the minimum needs related to routine works of these children?

COMMUNICATION

9. What are the major problems in the communication of these children?
10. What do you suggest to improve the communication of these children?
11. What are the minimum communication needs of these children?

SOCIALIZATION

11. What are the problems related to the social interaction of these children?
12. What are the major initiatives to improve the socialization of these children?
13. What are the minimum socialization needs of these children?

COGNITIVE BEHAVIOUR

1. What are the problems related to the cognitive behaviour (language, Mathematics) of these children?
2. What do you suggest to improve the cognitive behaviour of these children?
3. What do you suggest to improve the co-curricular ability (Painting, drawing, music, dance, sports etc.) of these children?
4. What do you suggest to improve the thinking pattern (Behaviour) of these children?
5. What are the minimum needs related to the cognitive behaviour/learning of these children?

SENSORY MOTOR BEHAVIOUR

5. What are the major sensory related problems (observation, touch, smell, hearing and test) of these children?
6. What do you suggest to improve the sensory motor behaviour of these children?
7. What are the minimum needs related to the sensory motor behaviour of these children?

AFFECTIVE BEHAVIOUR

1. What are the major problems related to the affective behaviour of these children ?
2. What are you suggest to improve the affective behaviour of these children?
3. What is the minimum needed affective behaviour/learning of these children?

INDEPENDENT BEHAVIOUR FOR SURVIVAL-

4. What are the problems of these children related to the survival behaviour like arranging food and water for them, safety measures inside and outside school/house etc.?
5. What do you suggest to improve the survival behaviour of these children?
6. What are the minimum survival needs of these children?

RECREATION AND VOCATIONAL BEHAVIOUR

6. What are the major problems relate to the recreational behaviour of these children?
7. What do you suggest to increase interest of these children towards recreational behaviour?
8. What are the major problems with the vocational behaviour of these children?
9. What do you suggest to enhance the vocational behaviour of these children?
10. What are the minimum vocational needs of these children?

UNDESIRABLE BEHAVIOUR

9. What are the major undesirable behaviours of these children?
10. What do you suggest to control the undesired behaviour of these children?
11. What do you suggest to control the self hurting behaviour of these children?
12. What are the minimum training needs of these children to control their undesired behaviour?

Appendix V

INTERVIEW SCHEDULE FOR THE DOCTOR TO GET EDUCATIONAL NEEDS OF CHILDREN WITH ASD

NAME OF THE DOCTOR	
SPECIALIZATION	
NAME OF THE HOSPITAL	
QUALIFICATION OF THE DOCTOR	
DATE OF INTERVIEW	

DETAILS ABOUT THE CHILDREN WITH ASD

How do you diagnose the children with ASD?

What is the Treatment you recommend for the Children with ASD?

What are the specific Treatments having positive impact on Children with ASD.

Do you like to relate anything that might have caused ASD?

Behaviour of children with ASD that makes you uncomfortable.

Behaviour of children with ASD that makes you nervous about the future of the child.

EDUCATIONAL NEEDS OF THE CHILD

BEHAVIOUR IN THE SCHOOL

1. What are the major problems in the routine work of these children with ASD?
2. What will you suggest to overcome problems in the routine work of these children with ASD?

COMMUNICATION

1. What are the major problems in the communication of these children?
2. What do you suggest to improve the communication of these children?
3. What are the minimum communications needs of these children?

SOCIALIZATION

1. What are the problems related to the social interaction of these children?
2. What do you suggest to improve the socialization of these children?
3. What are the minimum socialization needs of these children?

COGNITIVE BEHAVIOUR

1. What are the problems related to the cognitive behaviour (language, Mathematics) of these children?
2. What do you suggest to improve the cognitive behaviour of these children?
3. What do you suggest to improve the thinking pattern (Behaviour) of these children?
4. What are the minimum needs related to the cognitive behaviour/learning of these children?

SENSORY MOTOR BEHAVIOUR

1. What are the major sensory related problems (observation, touch, smell, hearing and test) of these children?
2. What do you suggest to improve the sensory motor behaviour of these children?
3. What is the minimum needed sensory motor behaviour of these children?

AFFECTIVE BEHAVIOUR

1. What are the major problems related to the affective behaviour of these children?
2. What do you suggest to improve the affective behaviour of these children?
3. What is the minimum needed affective behaviour/learning of these children?

INDEPENDENT BEHAVIOUR FOR SURVIVAL-

1. What are the problems of these children related to the survival behaviour like arranging food and water for them, safety measures in the society etc?
2. What do you suggest to improve the survival behaviour of these children?
3. What are the minimum survival needs of these children?

VOCATIONAL BEHAVIOUR

1. What are the major problems with the vocational behaviour of these children?
2. What do you suggest to enhance the vocational behaviour of these children?
3. What are the minimum vocational needs of these children?

UNDESIRABLE BEHAVIOUR

1. What is the major undesirable behaviour of these children?
2. What do you suggest to control the undesired behaviour of these children?
3. What do you suggest to control the self hurting behaviour of these children?
4. What are the minimum training needs of these children to control their undesired behaviour?

Appendix XI

***OBSERVATION SCHEDULE FOR THE CHILDREN WITH AUTISM
SPECTRUM DISORDER***

School Name : -----

Address of the school : -----

Grade of the learner : -----

Age of the Learner : -----

Learner level : Mild/Moderate/Severe

Sr.	<i>EVENT OBSERVATION</i>	NOTE DOWN
1	OBSERVATION AT THE TIME OF PRAYER	
	Removing his/her slipper and shoes	
	Good Morning wishes	
	Standing in row	
	Join his/her hand	
	Going in the class	
2	OBSERVATION AT THE TIME OF CLASS	
A	Early Intervention	
	Daily activity related training	
	Identification of Animals	
	Identification of colour	

	Counting reading and writing	
	Fine motor activity	
B	Transition I	
	Drawing	
	Paper cutting and arranging	
	Alphabet teaching	
	Communication Practice with communication chart	
	Counting teaching	
C	Transition II	
	Fine motor activity	
	Gross motor activity	
	Academic skill	
	Social skill	
D	Transition III (Vocational Work)	
	Rakhee Making	
	Stitching work	
	Computer work/ office work	
	Candle making	
	Jewellery making	
3	OBSERVATION DURING THERAPY	
	Psychological Assessment	
	Applied behaviour analysis	
A	Speech Therapy-	
	Specking practice with computer audio-video of letter	
B	Sensory Therapy-	
	Texture	
	Light	
	Smell	
	Hearing	

C	Physio Therapy-	
	Cycling	
	Weight bag	
	Joint exercise	
	Gripping exercise	
	Weight ball playing	
	Body pressure	
	Hand and feet acupuncture	
4	OSERVATION AT THE TIME OF LAUNCH	
	Taking plate and Spoon	
	Opening Tiffin	
	Taking food	
	Taking water	
	Closing Tiffin	
	Putting plate and spoon after launch in basket	
5	OBSERVATION DURING RECESS	
	Playing in the Garden	
	Sliding	
	Climbing	
	Running	
	Swinging	
6	OBSERVATION DURING GROUP SEATING	
	Catching hand to others	
	Seating with their classmate	
	Seating with teachers	
7	OBSERVATION DURING GO TO HOME	
	Going outside the class	
	Down stares	
	Taking his/her slipper/shoes	

	Wear his/her slipper/ shoes	
8	OBSERVATION DURING UP AND DOWN IN THE BUS/CAR	
	Climb into the Bus/ Car	
	Seating into the Bus/ Car	
	Down from the Bus/ Car	
	Behaviour of children into the Bus/ Car	
9	OSERVATION DURING USING TOILET AND BATHROOM	
	Opening the door	
	Entering in the toilet with the helper and without helper	
	Toilet seat exposure	
	Using flush	
	Using water	
	Using hand wash	
	Using hanky	
	Closing the door	
10	OBSERVATION DURING USING DRINKING WATER	
	Taking the glass	
	Opening the tap	
	Taking water	
	Closing the tap	
	Washing the glass	
	Putting the glass at proper place	
	Helper role	
11	OBSERVATION DURING PICNIC OUT SIDE THE CLASS	
	Climb into the Bus/ Car	
	Seating into the Bus/ Car	

	Down from the Bus/ Car	
	Behaviour of children at picnic place	
	Caring nature of Teacher picnic place	
12	OBSERVATION DURING CULTURAL PROGRAME	
	Ganesh puja	
	Diwali celebration	
	National event celebration	
	Birthday celebration	

Name of the Investigator:

Date :

Other Comment.....

Appendix IX

ऑटिज़ के पंजीकरण की शैली की प्राप्ति हेतु के लिए सुझाव

विशेष	
विशेषज्ञ	
विशेषज्ञ	
विशेषज्ञ	
विशेषज्ञ का अनुरोध	
साक्षात्कार का दिनांक	

बच्चे के बारे में विवरण

आप ए एस डी से पंजीकरण का निदान कैसे करते/ करती हैं?

ए एस डी से पंजीकरण चों

ए एस डी से पंजीकरण विशिष्ट है।

क्या ए एस डी से पंजीकरण के संकेतों से संतुष्ट हैं?

ए एस डी से पंजीकरण चों का वृद्धि है।

ए एस डी से पंजीकरण का व्यवहार जो आपको बच्चे के बारे में चिंतित करता है।

बच्चे की शैली

विद्वानों बच्चे का वृद्धि

1. ए एस डी से पंजीकरण कौन सी हैं?

2. आप इन बच्चे में कैसे मदद करते/ करती हैं?

3. इन बच्चों के दैविक कौन सी हैं?

4. इन बच्चों को पढ़ने के लिए आपके पास कौन-कौन सी तकनीकी और रणनीतियाँ हैं?
5. इन बच्चों के दैनिकी से संतुष्ट होने के लिए कौन-कौन सी आवश्यकताएँ कौन सी हैं?

संक्षेप

1. इन बच्चों के संतुष्ट होने के लिए कौन-कौन सी हैं?
2. आप इन बच्चों के संतुष्ट होने के लिए क्या सुझाव देते हैं?
3. इन बच्चों के संतुष्ट होने के लिए क्या हैं?

समाजीकरण

1. इन बच्चों की सामाजिक सहभागिता से जुड़े सुझाव कौन सी हैं?
2. इन बच्चों के समाजीकरण में सुझाव कौन-कौन से हैं?
3. इन बच्चों के समाजीकरण की नकल कौन-कौन से हैं?

संक्षेप / बौद्धिक व

1. इन बच्चों के संतुष्ट होने के लिए जुड़े सुझाव कौन सी हैं?
2. इन बच्चों के संतुष्ट होने के लिए सुझाव कौन-कौन से हैं?
3. इन बच्चों की सह-पाठ्यकषमता (चित्र, गणित, अक्षर आदि) को बेहतर बनाने के लिए सुझाव कौन-कौन से हैं?
4. इन बच्चों के संतुष्ट होने के लिए कौन-कौन से सुझाव देते हैं?
5. इन बच्चों के संतुष्ट होने से संतुष्ट होने के लिए कौन-कौन से सुझाव देते हैं?

संक्षेप / व्यवहार

1. इन बच्चों की प्रतिक्रियाओं को सुझाव देते हैं (अवलोकन, सुझाव, प्रतिक्रिया) कौन-कौन से हैं?
2. इन बच्चों के संतुष्ट होने के लिए सुझाव देते हैं?
3. इन बच्चों के संतुष्ट होने से संतुष्ट होने के लिए सुझाव देते हैं?

पुष्पक वृक्ष

1. इन बच्चों के स्तरजीविता कौन-कौन सी हैं?
2. इन बच्चों के स्तरजीविता के लिए कौन-कौन सी सुझाव देते हैं?
3. इन बच्चों की स्तरजीविता की न्यूनतम जरूरतें क्या हैं?

उत्तर के लिए सवाल

1. इन बच्चों के स्तरजीविता कौन-कौन सी हैं? कि उनके लिए भोजन और पानी की व्यवस्था कौन-कौन सी सुझाव देते हैं?
2. आप इन बच्चों की स्तरजीविता के लिए कौन-कौन सी सुझाव देते हैं?
3. इन बच्चों की स्तरजीविता की न्यूनतम जरूरतें क्या हैं?

मनोविनोद और व्यवहार

1. इन बच्चों के मनोरंजन कौन-कौन सी हैं?
2. मनोरंजन के प्रति इन बच्चों की रुचि क्या है?
3. इन बच्चों के व्यावसायिक व्यवहार क्या हैं?
4. आप इन बच्चों के व्यावसायिक व्यवहार को सुझाव देते हैं?
5. इन बच्चों की न्यूनतम व्यावसायिक आवश्यकताएं क्या हैं?

असामान्य

1. इन बच्चों के पेशे क्या हैं?
2. आप इन बच्चों के पेशे के लिए कौन-कौन सी सुझाव देते हैं?
3. आप इन बच्चों के पेशे के लिए कौन-कौन सी सुझाव देते हैं?
4. इन बच्चों के पेशे के लिए कौन-कौन सी सुझाव देते हैं?
5. इन बच्चों के पेशे के लिए कौन-कौन सी सुझाव देते हैं?

Appendix VI

ऑटिज़ के लिए शैक्षिक आवश्यकताओं की प्राप्ति हेतु विशेष
कार्य के लिए

अध्यक्ष	
विद्यार्थी	
अध्यापक का लिंग	
अध्यापक की योग्यता	
अध्यापक / अध्यापिका का अनुभव	
साक्ष्य के लिए दिनांक	

बच्चों की शैक्षिक आवश्यकताएँ

विद्यार्थी के

1. विद्यार्थी के लिए शिक्षण की दिनचर्या क्या है?
2. आप इन बच्चों के अध्ययन में कैसे मदद करते हैं?
3. इन बच्चों की शौचालय अभ्युत्थान की समस्याएँ क्या हैं?
4. ये बच्चे भोजन और उससे जुड़ी समस्याएँ कैसे लेते हैं?
5. ये बच्चे विद्यालय के अनुभवों का उपयोग कैसे करते हैं?
6. इन बच्चों के दैनिक कार्य में मदद कैसे करते हैं?
7. इन बच्चों को पढ़ाने के लिए आपके पास किसे मदद है?
8. बच्चों के दैनिक कार्य से संबंधित इन बच्चों की समस्याएँ क्या हैं?

सम्प्रेषण

1. ए एस डी से प... के साथ आपके सम्... या है?
2. ए एस डी से प... चो के सम्... षण का प... षण का प... उद्दीपन के लिए जै... झू... या, सवारी)
3. आप कितना समझ पात है... आप से क्या कह रहे... ?
4. बच्... कितना समझते ह... क्या बात कर रहे... ?
5. बच्... अच्... और बु... को क... है?
6. बच्... आपकी और दू... के... से बोलत... क... प... ?
... के... के लिए आप क्या करते हैं?
... की न... कौन सी है?

विद... बाहर का व

1. विद... बाहर कुछ स्... पर ले जाये जाने पर इन बच्... की प... कौन-कौन सी है?
2. आप इन बच्... को विद्यालय के बाहर इनको खु... प्रकार की शिक्... रदानकरतेहैं?
3. विद्यालय के बाहर इन बच्चों के व... सं... यकताएं कौन सी है?

समाजीकरण

1. विद्यालय के सदस्... के साथ इन बच्... की सामाजिक बात-चीत कैसी है?
2. इन बच्चों की अपने... तों के साथ सामाजिक बात-चीत कै... ?
3. इन बच्चों के सामाजिक संपर्क से जुडी समस्याएं कौन सी हैं?
4. इन बच्चों की समाजीकरण मे सुधार क लिए कौनसी प्रमुख पहल (कदम) हैं?
5. इन बच्चों की नयूनतम समाजीकरण की जरूरते कौन सी हैं?

संज्ञानात्मक/बौधिक व्यवहार

1. इससे संज्ञाओं के साथ-साथ इन बच्चों की भाषा कौशल का वर्णन करें।
2. इससे संज्ञाओं के साथ-साथ इन बच्चों की गणितीय कौशल का वर्णन करें।
3. सह-पाठ्य प्रक्रिया, ड्राइंग, सृजन, खेल आदि) और साथ-साथ इन बच्चों की सीखने से संज्ञाओं का वर्णन करें।
4. इन बच्चों के व्यवहार (व्यवहार) के साथ-साथ इससे संज्ञाओं का वर्णन करें।
5. इन बच्चों के संज्ञात्मक व्यवहार/ सीखने से संबंधित न्यूनतम कौशल हैं?

संज्ञा

1. संज्ञात्मक संबंधी प्रमुख समस्याएं (अवलोकन, स्पर्श, गंध, श्रवण और स्वाद) कौशल हैं?
2. संज्ञाओं के संवेदी गामक व्यवहार को बेहतर बनाने के लिए आप क्या अभ्यास (प्रयास) कर रहे/ कर रही हैं?
3. संज्ञाओं के दर्शन कौशल वर्णन करें।
4. संज्ञाओं के न्यूनतम कौशल कौशल हैं?

प

1. संज्ञाओं के साथ इन बच्चों का लगाव कैसा है?
2. संज्ञाओं के साथ कौशल हैं?
3. संज्ञाओं के सने कौशल व्यवहार को बेहतर बनाने के लिए क्या कर रहे/रही हैं?
4. संज्ञाओं के न्यूनतम संज्ञात्मक व्यवहार/ सीखने कौशल हैं?

उत्तर के लिए संज्ञात्मक व्यवहार

1. इन बच्चों की उत्तर कौशल संज्ञाओं के कौशल हैं कि उनके लिए भोजन और पानी की व्यवस्था अंशुल, सुस्थिति आदि।
2. आप इन बच्चों के संज्ञात्मक कौशल व कौशल कौशल क्या कर रहे/ रही हैं?
3. इन बच्चों की उत्तरजीविता से सम्बंधित कम से कम जरूरतें कौशल हैं?

मनोविनोद और व

1. इन बच्चों का प्रमु
2. इन बच्चों के मनोरं
3. मनोरंजन के प्रति इन बच्
4. इन बच्चों का प्रमुख व्यावसायिक व
5. इन बच्चों के व्यावसायिक व्यवहार क
6. आप इन बच् के व्यावसायिक व्यवहार को बढ़ के
7. इन बच्चों की न्यूनतम व्यावसायिक आवश्यकताएँ

असामान्

1. इन बच् का प
 2. आप इन बच् के
 3. इन बच्चों के
 4. इन बच्चों
- कौन सी हैं?

***** Appendix VII

ऑटिज् के प की शै की प्राप्ति हेतु माता-
लिये साक्

माता - पिता / अभिभावक का नाम	
साक्षात्कार का दिनांक	
विद्यालय का नाम	

बच्चे से सम्बन्ध	
माता – पिता/ अभिभावक की योग्यता	
माता – पिता/ अभिभावक का व्यवसाय	

बच्चे के बारे में विवरण-

बच्चे का नाम: ----- आयु

कु की संख्या:

- के बीच ए एस डी के साथ बचच का क
- परभावित होने के समय बच् की उम
- रूप में उसकी पहचान किसने किया?
- के ए एस डी का स्तर:

गंभीर

आपके बच् के वाले उपचार:

आपके बच् ने में भाग लिया उस समय बच् का संक्षिप्त शैक्षिक इतिहास:

आपके बच् रभाव डालने वाली शिक्षा:

अपके बचच के कारण कौन सी है?

के कारण कौन सी है?

आपके बच् के कारण कौन सी है?

आपके बच् का व के कारण कौन सी है?

आपके बचच का व के कारण कौन सी है?

आपका बच् से क के कारण कौन सी है?

आपके बच् के कारणों में दूसरे से मदद की आवश्यकता होती क्या है?

बच्चों की शैक्षिक आवश्यकताएँ-

द्वैत

1. आपके बच्चे के दैत के वर्णन करें।
2. आपके बच्चे के दैत के वर्णन करें?
3. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?
4. आपके बच्चे के दैत के वर्णन करें?
5. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?
6. आपके बच्चे के दैत के वर्णन करें? जु. . .
7. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?
8. आपके बच्चे के दैत के वर्णन करें? जु. . .
9. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?
10. आपके बच्चे के दैत के वर्णन करें? जु. . .
11. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?
12. आपके बच्चे के दैत के वर्णन करें? जु. . .
13. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?
14. आपके बच्चे के दैत के वर्णन करें? जु. . .
15. आपके बच्चे के दैत से संतुष्ट हैं/ नहीं? कौन-कौन सी हैं?

कैसे?
10. आपका बच्चा हानिकारक और गैर-हानिकारक चीजों के बीच अंतर कर सकता है या नहीं यदि हाँ तो कैसे?

11. आपके बच्चे के दैत की सहनशीलता कितनी है?
12. आपके बच्चे के दैत के वर्णन करें? जु. . . समस् . . . क . . . ?
13. क्या आप अपने बच्चे के दैत के वर्णन बनाने में प्रयत्न करेंगे/ नहीं? यदि हाँ तो कैसे?
14. आपके बच्चे के दैत के वर्णन करें? जु. . . कौन सी हैं?
15. आपके बच्चे के दैत के वर्णन करें? जु. . . ?

सम्प्रे

1. अपने बच्चे के दैत के सामान्य पैटर्न/ स्वरूप का वर्णन करें। (आंखों से संपर्क करें, स्वयं के नाम, चीजों, . . . हुए)
2. आपके बच्चे के दैत के वर्णन करें? जु. . . य तरीका क्या है?
गैर-मौखिक/ दोनों/ कोई संचार नहीं

3. आप अपने बच्चे के साथ कैसे बात-चित/ सम्प्रेषण करते हैं?
मौखिक (जबानी/ लिखित)/ गैर-मौखिक (शारीरिक) / गैर-शारीरिक
4. आपके बच्चे के सम्पूर्ण दिन के प्रमुख उद्देश्य क्या हैं? (भोजन, धुलाई, सोना, खेल, पढ़ाई, गुड़िया, सवारी)
5. आपको आपको अपने बच्चे के व्यवहार आपको कब-कब समझने में परेशानी होती है ?
6. आपका बच्चा आपके दृष्टिकोण से कैसा है?
7. आपका बच्चा कैसे अपनी अच्छाई को व्यक्त करता है?
8. आपका बच्चा आपको और दूसरों को कैसे सम्बोधित करता है?
9. क्या आप अपने बच्चे के सम्प्रेषण में सुविधा/ विशेषज्ञता का उपयोग करते हैं? हां/ नहीं
10. आपके बच्चे की समग्र प्रतिक्रिया कौन सी है?
11. उसकी हालात/ परिस्थिति को देखते हुए आपके बच्चे की कम से कम सम्प्रेषण की कौन सी जरूरतें हैं?

घर से बाहर का बच्चा

1. अकेले या किसी के साथ बाहर निकलने का व्यवहार करता है?
2. सड़क पर चलते समय आपके बच्चे का व्यवहार कैसा होता है?
3. आपका बच्चा कुछ सार्वजनिक स्थानों जैसे स्कूल, मॉल, स्टेशन, बगीचे आदि में कैसा व्यवहार करता है?
4. सार्वजनिक स्थानों पर आपके बच्चे को किन समस्याओं का सामना करना पड़ता है?
5. बस, ट्रेन या विमान से यात्रा करते समय आपका बच्चा कैसा व्यवहार करता है?
6. यात्रा करते समय आपके बच्चे को किन मुख्य समस्याओं का सामना करना पड़ता है?
7. घर के बाहर ऐसे कौन से स्थान, कार्यालय, पार्क, खेल मैदान हैं और क्यों?
8. कौन से बाहर अपने बच्चे के व्यवहार को सुधारने के लिए किसी प्रशिक्षण तकनीक/ विशेषज्ञता का उपयोग करते हैं? हां/ नहीं
9. आपके घर के बाहर निकलने के व्यवहार को सुधारने के लिए कौन से व्यक्ति/ संस्थाएं कौन सी हैं?

6. कच्चे बच्चे के संज्ञानात्मक व्यवहार/ सीखने के लिए किसी प्रकार की सहायता/ दवा/ पदार्थों का उपयोग है या नहीं? वर्यणन करें।

7. आपके बच्चे की संज्ञानात्मक व्यवहार/ सीखने से संबंधित कम से जरूरते कौन सी हैं?

संज्ञानात्मक व्यवहार

1. बच्चे के लोडों की पहचान/ करने के लिए किसी प्रकार की सहायता/ दवा/ पदार्थों का उपयोग है या नहीं? र-हानिकारक यदि हा तो कैसे?

2. बच्चे के लोडों से संज्ञानात्मक व्यवहार का वर्णन करें?

4. अपने बच्चे और लोडों की पहचान/ करने के लिए किसी प्रकार की सहायता/ दवा/ पदार्थों का उपयोग है या नहीं?

5. अपने बच्चे के लोडों याओं का वर्णन करें?

6. ध्वनि की पहचान करने के लिए अपने बच्चे का वर्णन करें?

7. अपने बच्चे की ध्वनि संज्ञानात्मक व्यवहार का वर्णन करें?

8. खाने की पहचान और सराहना करने के लिए बच्चे का वर्णन करें।

9. अपने बच्चे की स्पर्श संज्ञानात्मक व्यवहार का वर्णन करें?

10. अपने बच्चे की भिन्न स्पर्श संज्ञानात्मक व्यवहार का वर्णन करें।

11. अपने बच्चे की स्पर्श संज्ञानात्मक व्यवहार का वर्णन करें?

12. अपने बच्चे की सजा (मौखिक और शारीरिक) तथा मलमल संज्ञानात्मक व्यवहार का वर्णन करें।

13. क्या आप अपने बच्चे से दी गामक व्यवहार सुझावों के लिए किसी प्रकार की सहायता/ दवा/ पदार्थों का उपयोग करते हैं? तो कृपया इसका वर्णन करें।

14. आपके बच्चे के सजा दी चालक व्यवहार से संबंधित संज्ञानात्मक व्यवहार का वर्णन करें।

प्रभावात्मक व्यवहार

1. आपका बच्चा जुड़ा हुआ है, उन व्यक्तियों/ चीजों/ कषणों का नाम बताइए और उसके लगाव के स्तर का वर्णन है।
2. क्या आपका बच्चा को साझा करता/ करती है जैसे- अच्छा, बुरा, खुशी, दुःख आदि। यदि हां, तो कृपया बिस्तर, खाना, कपड़े, आदि का वर्णन करें।
3. अपने बच्चे की मनोदशा भावनाओं को संतुष्ट करने के लिए रूढ़ि व्यवहार का वर्णन करें।
4. अपने बच्चे के स्वतंत्रता के लिए संतुष्ट करने का वर्णन करें।
5. कच्चे बच्चे के स्वतंत्रता के लिए दवा/ तकनीकी/ विशेषज्ञता का उपयोग करते हैं या नहीं।
6. आपका बच्चा सकारात्मक/ पेशेवर से संबंधित कौन सी है

मनोविनोद और व्यवसायिक वृद्धि

1. आपका बच्चा घर पर नियमित मनोरंजन के लिए कच्चे द करता/ करती है?
2. उसकी/ उसके मनोरंजक व्यवहार से संतुष्ट करने के लिए?
3. क्या आप अपने बच्चे के मनोरंजक व्यवहार के लिए किसी प्रकार की सहायता/ दवा तकनीकी/ विशेषज्ञता/ वृद्धि का उपयोग करते हैं या नहीं।
4. आपके बच्चे के मनोरंजन के लिए कम से कम किस चीजों की जरूरतें हैं?
5. क्या आप अपने बच्चे को रुचिकर कषणों है या नहीं की उसे किसी वृद्धि कर सकते? हां/ नहीं। यदि हाँ, तो उनका वर्णन करें।
6. क्या आप अपने बच्चे को व्यवसायिक व्यवहार में सुतुष्ट करने के लिए किसी पेशेवर तकनीकी/ विशेषज्ञता/ वृद्धि का उपयोग करते हैं? हां/ नहीं।
7. आपके बच्चे की न्यूनतम व्यावसायिक आवश्यकताएं कौन सी हैं

आत्मनिर्भरता के लिए स्वतंत्रता का व्यवहार

1. अपने बच्चे को स्वतंत्रता के लिए कि खुद के लिए भोजन और पानी की व्यवस्था करना और इससे संतुष्ट करने के लिए।

2. अपने बच्चे के न्यूनतम निर्भरता व्यवहार से सम्बंधित आवश्यक दिनचर्या के कार्य और इससे संबंधित समस्याओं को पहचानें।
3. अपने बच्चे के शारीरिक सुरक्षा तथा इससे जुड़ी समस्याओं से संबंधित आत्मनिर्भरता के विकास करें।
4. घर के बाहर अपने बच्चे को सुरक्षित रूप से खेलने का अवसर दें।
5. क्या आप अपने बच्चे के शारीरिक विकास के सहायता/ दवा/ तकनीकी/ विशेषज्ञ से परामर्श ले रहे हैं? यदि नहीं तो वर्णन करें।
6. आपके बच्चे के शारीरिक विकास का वर्णन करें।

असामान्य गति

1. अपने बच्चे के शारीरिक गति की नियमित असामान्य गति का वर्णन करें और इससे संबंधित समस्याएं।
2. अपने बच्चे के नियमित असामान्य गति का वर्णन करें, जैसे- (रॉकिंग, झुंझना, भुजाओं को फड़फड़ाना, दौड़ना, और पैरों को खींचना)।
3. अपने बच्चे की नियमित असामान्य गतिविधियों का वर्णन करें, जैसे- (दौड़ना, कूदना, लाइट के स्विच को चालू करना और बंद करना, वस्तुओं को खींचना) संबंधित समस्याएं।
4. आपके बच्चे का उत्थान करने का वर्णन करें।
5. अपने बच्चे के विध्वंसक गतिविधियों का वर्णन करें और घर की वस्तुओं को बाहर फेंकने का वर्णन करें।
6. अपने बच्चे के कष्टदायक गतिविधियों का वर्णन करें।
7. अपने बच्चे के आत्म-कषतिगतिविधियों का वर्णन करें।
8. कौन से बच्चे के असामान्य गतिविधियों के लिए किसी प्रकार की तकनीकी/ विशेषज्ञ से परामर्श ले रहे हैं? तो कृपया इसका वर्णन करें।
9. आपके बच्चे के शारीरिक विकास का वर्णन करें।

Appendix VIII

ऑटिज़् ेप् , की शै , की प् , े
विद् , लिये साक् , े

सहयोगकर्ता का नाम	
विद्यालय का नाम	
सहयोगकर्ता का पद	

सहयोगकर्ता का नाम	
सहयोगकर्ता का पता	
सहयोगकर्ता का फ़ोन नंबर	
सहयोगकर्ता का ईमेल पता	

बच्चों की शैक्षिक आवश्यकताएं:

विद्यार्थियों के बच्चों का वृत्त

1. विद्यार्थियों को ए एस डी से पढ़ाने के दैनिक कार्यक्रम तैयार करने हैं?
2. आप इन बच्चों की मदद कैसे कर सकते हैं?
3. इन बच्चों की शौचालय अभ्यास करने में मदद करने हैं?
4. ये बच्चे भोजन और पानी तथा इससे जुड़े अन्य आवश्यकताएं हैं?
5. ये बच्चे आपके साथ और विद्यालय के अन्य बच्चों के साथ कैसे काम कर सकते हैं?
6. इन बच्चों के दैनिक कार्यक्रम तैयार करने में मदद करने हैं?
7. इन बच्चों के दैनिक कार्यों को सफल बनाने में मदद करने हैं?

संयोजक

1. विद्यार्थियों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
2. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
3. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
4. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
5. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
6. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
7. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
8. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
9. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?
10. विद्यार्थियों के बच्चों के साथ कैसे सम्पर्क कर सकते हैं/ करती हैं?

7. इन बच्चों के सम्बन्ध में पढ़ाई में कौन सी हैं?
8. इन बच्चों की कम से कम आवश्यकताएँ क्या हैं?

विद्यार्थियों के बाहर का वर्तमान

1. आप किन अवसरों में इन बच्चों को विद्यालय के बाहर लेकर जाते हैं?
2. जब आप विद्यालय के बाहर होते हैं, तो आप इन बच्चों को कैसे संलग्न करते हैं?
3. विद्यालय के बाहर कुछ प्रमुख स्थानों पर लजाए जाने पर इन बच्चों को क्या प्रभाव पड़ता है?
4. विद्यालय के बाहर इन बच्चों के वर्तमान संलग्नता में न्यूनतम आवश्यकताएँ क्या हैं?

समाजीकरण

1. इन बच्चों के अपने दोस्तों और विद्यार्थियों के साथ सामाजिक अंतर्क्रिया कैसा है?
2. ये बच्चे किस तरह का खेल खेलते हैं?
3. इन बच्चों के लिये आनंद के स्रोत क्या हैं?
4. इन बच्चों के वर्तमान संलग्नता में कौन सी हैं?
5. इन बच्चों के वर्तमान संलग्नता में कौन सी हैं?

पुस्तक

1. इन बच्चों के साथ इन बच्चों का लगाव कैसा है?
2. इन बच्चों के साथ कैसे संलग्नता है?
3. इन बच्चों के स्वरूप व्यवहार को बेहतर बनाने के लिए आप क्या करते/करती हैं?
4. इन बच्चों के न्यूनतम आवश्यक प्रभावात्, न्यूनतम आवश्यकताएँ क्या हैं?

उत्तरजीविता के लिए स्वतंत्रता

1. इन बच्चों के उत्तरजीविता के वर्तमान संलग्नता में कौन सी हैं कि उनके लिए भोजन और पानी की व्यवस्था करना विद्यार्थियों के लिए आवश्यक है?
2. इन बच्चों की कम से कम उत्तरजीविता की आवश्यकताएँ क्या हैं?

मनोरं

1. इन बच्चों में से कौन-कौन सी हैं?
2. इन बच्चों में से कौन-कौन सी हैं?
3. इन बच्चों में से कौन-कौन सी हैं?
4. इन बच्चों में से कौन-कौन सी हैं?
5. इन बच्चों में से कौन-कौन सी हैं?

अवां

1. इन बच्चों में से कौन-कौन सी हैं?
2. आप इन बच्चों में से कौन-कौन सी हैं?
3. आप इन बच्चों में से कौन-कौन सी हैं?
4. इन बच्चों में से कौन-कौन सी हैं?

Appendix X

ऑटिज़्म के लक्षणों की शुरुआत की प्राप्ति हेतु
लिये साक्ष्य जुटाने

चिकित्सक का नाम	
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चिकित्सक के विशेषज्ञता का क्षेत्र	
चिकित्सालय का नाम	
चिकित्सक की योग्यता	
चिकित्सक का अनुभव	
साक्षात्कार का दिनांक	

बच्चों के बारे में विवरण-

आप ए एस डी से प [redacted] का निदान कैसे करते हैं?
 ए एस डी से प [redacted] उपचार लिए आपके सुझाव क्या है?
 ए एस डी से प [redacted] मक परभाव डालने वाले विशिष्ट उपचार कौन सी हैं?
 क [redacted] के कारण को किसी चीज से सं [redacted]
 ए एस डी से प [redacted] का कोई ऐसा व्यवहार जो आपको असहज बनाता है।
 ए एस डी से प [redacted] का व्यवहार जो आपको, बच् के भविष्य के बारे में परे
 है।

बच् की शैक्षिक आवश्यकताये -

दै [redacted] य
 [redacted] प [redacted] चों के दै [redacted] सम् [redacted] [redacted] कौन-कौन सी हैं?
 [redacted] प [redacted] के दै [redacted] आन [redacted] [redacted] के
 सु [redacted] [redacted] गे?

सम्प्रे

1. इन बच् के सम् [redacted] [redacted] प [redacted] [redacted] कौन सी हैं?
2. आप इन बच् के सम् [redacted] [redacted] के लिए क्या सुझाव देते हैं?
3. इन बच्चों की कम से [redacted] [redacted] रते कौन सी हैं?

समाजीकरण

1. इन बच्चों की सामाजिक सहभागिता से जुड़े कौन-कौन सी हैं?
2. इन बच्चों के समाजीकरण में सुधार के लिए क्या सुझाव देते हैं?
3. इन बच्चों की कम से कम समाजीकरण की जरूरत क्यों है?

सं

1. इन बच्चों के संज्ञानात्मक विकास से जुड़े कौन-कौन सी हैं?
2. इन बच्चों के संज्ञानात्मक विकास के लिए क्या सुझाव देते हैं?
3. इन बच्चों के पैरों के विकास के लिए क्या सुझाव देते हैं?
4. इन बच्चों के संज्ञानात्मक विकास से संबंधित एकताएं कौन-कौन सी हैं?

सं

1. इन बच्चों के संज्ञानात्मक विकास से जुड़े कौन-कौन सी हैं? - दे
2. इन बच्चों के संज्ञानात्मक विकास से संबंधित समस्याएं क्या हैं?
3. इन बच्चों के संज्ञानात्मक विकास के लिए कौन-कौन सी सुझाव देते हैं?
4. इन बच्चों के संज्ञानात्मक विकास से संबंधित एकताएं कौन-कौन सी हैं?

पुस्तक व्यवहार

1. इन बच्चों के स्नायु विकास से जुड़े कौन-कौन सी हैं?
2. इन बच्चों के स्नायु विकास के लिए क्या सुझाव देते हैं?
3. इन बच्चों के स्नायु विकास से संबंधित एकताएं कौन-कौन सी हैं?

उत्तरजीविता के लिए सुझाव

1. इन बच्चों की उत्तरजीविता से जुड़े कौन-कौन सी हैं? - दे
पानी की व्यवस्था करना, समाज में सुझाव देना, उपाय आदि।

2. आप इन बच्चों के उतरजीविता के वृद्धतर बनाने के लिए क्या सुझाव देते हैं?
3. इन बच्चों के लिए क्या सुझाव देते हैं?

वृद्ध

1. इन बच्चों के वृद्धों के लिए क्या सुझाव देते हैं?
2. आप इन बच्चों के वृद्धों के लिए क्या सुझाव देते हैं?
3. इन बच्चों की नृद्धों के लिए क्या सुझाव देते हैं?

असामान्य

1. इन बच्चों का पृद्धों के लिए क्या सुझाव देते हैं?
 2. आप इन बच्चों के पृद्धों के लिए क्या सुझाव देते हैं?
 3. आप इन बच्चों के पृद्धों के लिए क्या सुझाव देते हैं?
 4. अपने इन बच्चों के पृद्धों के लिए क्या सुझाव देते हैं?
- आवश्यकताएं क्या हैं?
