

1. Ethical Approval Form

Date: _____

Student name: Aspita Majumdar

Title of Thesis Topic: Exploring the state of Educational & care giving services for autistic children in Shaka city: A case study of two schools.

1. Source of population
2. Does the study involve (yes, or no)
 1. physical risk to the subjects
 1. social risk
 2. psychological risk to subjects
 3. discomfort to subjects
 4. invasion of privacy
3. Will subjects be clearly informed about (yes or no)
 1. Nature and purpose of the study
 2. Procedures to be followed
 3. Physical risk
 4. Sensitive questions
 5. Benefits to be derived
 6. Right to refuse to participate or to withdraw from the study
 7. Confidential handling of data
 8. Compensation and/or treatment where there are risks or privacy is involved
4. Will Signed verbal consent for be required (yes or no)
 1. From study participants
 2. From parents or guardian
 3. Will precautions be taken to protect anonymity of subjects
5. Check documents being submitted herewith to Committee:
 1. Proposal
 2. Consent Form
 3. Questionnaire or interview schedule

2. ETHICAL REVIEW COMMITTEE

Research Authorization

Title: Exploring the state of educational & care giving services for autistic children in Shaka city: A case study of two schools.
The Research Checklist indicates:

- ☒ Approved without amendments
- ☐ Approved with advice to research
- ☐ Not Approved. Resubmission is required

Authorized by:

Name: Erum Mariam, Ph.D

Position in Ethical Review Committee:

✓
chair/co-chair/other

Signature:

Erum Mariam

Date:

30.07.11

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Expected Date of Graduation: July 2011

Thesis Topic: _____

Examiner's comments: _____

Date of Thesis Submission to the Committee:

☒ Excellent

☐ Good

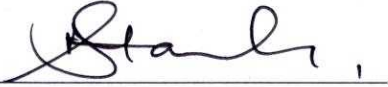
☐ Satisfactory

☐ Fail

Thesis Committee Signature: Erum Mausam

3. Approval from the supervisor

In my judgment the thesis and the candidate meet recognized scholarly standards for the degree and is therefore ready to submit his/her thesis to the Thesis Committee.



Signature of the Supervisor

Date: 10/04/2011

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4. Consent Form: Plagiarism

I have read the policy on Plagiarism. I understand the consequences of plagiarism including receiving a zero for my work to being dismissed from the program.

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Date: 10 - April - 2011

Student's Supervisor: [Signature]

Date: 10/04/2011

5. Title Page

**Writing a Thesis: Exploring the state of educational & care giving services for
autistic children in Dhaka city: A case study of two schools.**

A thesis presented to the
BRAC University, Institute of Educational Development.

Arpita Majumdar.
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In partial fulfilment of the requirements for the degree of
MASTER OF EARLY CHILDHOOD DEVELOPMENT

April 10, 2011

6. Approval Page

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7. Executive Summary

Autism is a neurobiological based developmental disability which is manifested during the first three years of life. Autism Spectrum Disorder or ASD is a collection of developmental disorders that affect the brain. Autism comes under one of the spectrum of Autism Spectrum Disorder (ASD), (Quinn, 2006). Children with ASD displays marked impairment in communication and social relationship, demonstrates restricted range of interests and behaviours, including significant deficits in language and socialization skills. Severe behaviour problems such as temper tantrums, aggression and self injury are common.

In the past children with autism were termed as mad, naughty, less attentive, careless, stubborn and aggressive. Not only parents were blamed for bad parenting but also socio-cultural taboos like unlucky child, black magic etc. was also related to autistic children. The teachers and parents had no idea or answer to the children's behaviour and due to lack of knowledge a lot of the children were treated badly for not being attentive to instructions and studies.

Autism as a disability was not identified for a long time. Children with autism were misdiagnosed as mentally retarded which hampered their growth. Due to social taboo, till today a lot of families hide these children from the society depriving them from treatment, intervention and education, which if provided early can help these children to become human resources of any country.

Mostly, Bangladesh has a high percentage of disabled children. According to the WHO, 10 percent of population of developing countries are disabled, and Bangladesh is one of them. (Priestly, 2001). Around, 0.28 million children are affected by autism in Bangladesh. This means 1 in every 500 children is affected in this country (Rahman, 2010). Most of the parents with autistic children are empathetic to their children's conditions, but finds it difficult to provide suitable care and education for them due to lack of knowledge and understanding among public about autism. There are very few institutions working for the same. These are mostly parents initiated. They do not come under government's concern in terms of funding, care, curriculum, evaluation, monitoring and training. However recently, government has acknowledged autism as

a type of disability and wants to spread public awareness and work on the provisions of care for autistic children, still very little is done and known (PEDP-II, 2005).

In Bangladesh, there has been practically nil research on autism. There has been a research on the Teacher's perception on the teaching challenges at autism schools (Akander, 2010), but there has been no research on exploring the educational and care giving facilities available for autistic children in Dhaka. The study attempted to fill in this knowledge gap through a case study investigation of autistic school's teachers' knowledge, perception and motivation for working with these children, parents' knowledge on autism and perception of the schools, school authority's perception, and expectation from their respective schools and through examination of physical resources of the schools. It used a convenient sample of teachers, parents and school authorities from two oldest schools for autistic children in Dhaka city.

Education is the backbone of a nation. It's one of the fundamental human rights for all children (Anam, D. & Zaman. M.2003).The same goes for autistic children or any children with disability. Though there is no cure for autism but, if the children get proper care and learning, they can lead a better life for themselves and the family.

This study was an attempt to explore the existing educational and care giving facilities in Dhaka city. The case study was exploratory in nature and used both qualitative and quantitative methods to get maximum information from the parents, teachers and school authorities to understand the overall situation of the educational and institutional care available for autistic children in Dhaka. The two schools were selected purposively for the study was:-

1. Society of Welfare for Autistic Children (SWAC) situated in Lalmatia and
2. Autism Welfare Foundation (AWF), located in Shamoly.

A Sub Sample from school management, 120 parents and 108 Teachers in total were included in the study from the two selected schools. Semi-structured interviews of parents and teachers, in-depth interviews of the school authorities, reviewing schools reports and documents, and classroom observations were done by using schedule for interviews, checklist for reviewing of documents, and guidelines for observation. Quantitative data was analyzed by calculating Frequency Distribution and Percentage whereas Grid Analysis and Thematic Coding were done to review the qualitative data.

The study had some very interesting findings.

Overall- Lack of awareness was found in all segments of Bangladesh on autism. Due to which the autistic children are still neglected in society. This gave rise to another finding from the study that there is lack of infrastructure in respect to training, schooling, awareness, diagnosis and care which creates a challenging life for children with autism and their immediate family.

Children- The autistic children attending these schools are not getting quality education and services and interventions, due to which they are not able to develop to their fullest potential. They are not able to come out of their disability status to differently abled status. Children are not getting individualistic age appropriate learning. Children have to compromise on time, learning materials, physical facilities like open space, classrooms etc. Due to scarcity of such schools, lot of children are even deprived of the existing services, especially children from outskirts of Dhaka and under privileged families.

Parents- Parents were found less motivated and knowledgeable on the disability creating a vacuum in the overall development of the children. Though they were found empathetic towards their children's conditions but due to lack of understanding and training they found difficulty in helping their children. They confirmed facing challenges from everywhere like their family and friends, transportation, renting house, schools, hospitals and the list is long. Most of the parents had to choose the special schools as regular schools did not admit their children. This shows that there is lack of awareness as well as infrastructure for autistic children in Bangladesh.

Teachers- Teacher's knowledge was limited and was not sufficient to move these children ahead of their disability. All the teachers were trained on the job and none had any specialization or recognised training, to work with autistic children. All their knowledge was based on practical experience and training while working with these children. Teachers lacked capability of moulding the teaching methodology as per the requirements of the children. Their understanding of the teaching methodology was also found limited.

School Authorities- The school authorities were found motivated and dedicated to uplift the conditions of autism in Bangladesh, were not able to match up with their intentions due to lack of funding. Due to lack of funding, the management is not able to provide spacious environment and infrastructure, enough teaching and learning materials, hire trained teachers and support staffs, provide effective training to teachers and parents as well as create awareness in the society. They expected help from the government in terms of funding and resources.

In *conclusion* the autistic schools in Dhaka city were found not apposite to the requirements of the autistic children and their families. Bangladesh as a country is yet to understand and acknowledge autism as a disability. It needs to learn, teach and train its people to accept this and prepare to support the children, the parents and the schools that are helping the autistic children.

It is *recommended* that, to deal with the present situation, steps should be taken in three phases

Short term (2 years) - All the existing autistic schools should take initiative to work jointly to help each other in creating awareness, training teachers and parents as well as monitoring and evaluating their progress. The schools together with the help of government should form link ups with local schools in and outskirts of Dhaka and provide training to the ensure education for all the autistic children. The schools can collaborately initiate training programs for teachers and parents by neighbouring countries.

Midterm (5 years) - An extensive, positive and effective awareness-building campaign on autism should be instituted in the country for change of attitude and behaviour towards people with features of autism with the co-operation of primary stake holders. Government should create a special curriculum with the help of the above mentioned experts for the autistic children ensuring their inclusion in the inclusive education plan.

Long Term (10 years) - Government should be pro-active in taking initiative to fund, open specialised schools, and monitor its activities under its general activities under the care of disabled people. Government should create professional training facilities on autism for teachers and specialists. A survey should be done exclusively to create a statistics on percentage of population suffering from autism in Bangladesh. Provisions for rehabilitation and vocational training should be developed for the social rehabilitation of the people with autism.

8. Acknowledgement

Department of Early Childhood development and Resource Centre, Institute of Educational Development, University of BRAC is one of the most esteemed departments around Bangladesh. I feel honored to be a student of this department.

I feel delighted to have found **Dr. Syed Masud Ahmed**, Senior Research coordinator, Research and Evaluation Division, BRAC as my supervisor. His experienced supervision and valuable guidance, and resilience have helped me to work out meticulously and enthusiastically throughout the duration of doing this dissertation. Without his persistence and patience, this thesis wouldn't have got here.

I sincerely applaud all the faculties and academic committee members specially **Dr. Nishat Fathima Rahman, Ms. Sakila Yesmin, Ms. Ferdousi Khanam, and Ms. Syeda Sazia Zaman** for their encouragement, persistence and continuous help which helped me to complete the thesis. Special thanks for their valuable guidance, which helped me to write the report.

My utmost gratitude to **Dr. P. C. Sarker**, Adjunct Professor & Sr. Policy Advisor BRAC University, **Dr. Atiqur Rahman**, Professor Institute of Social Welfare and Research, Dhaka University, **Dr. Najmul Haq**, Professor, Institute of Education and Research, Dhaka University, for their motivation and guidance and valuable inputs which gave me a better insight into the topic.

I wish to express my special gratitude to those who participated as informants, especially **Dr. Raunak Hafiz**, founder of AWF and **Mrs. Sabina Hossain**, founder member of SWAC, for their co-operation to collect information to prepare the report.

I am utmost thankful to **Mr. Golam Azam Khan** for giving me timely technical guidance, which allowed me to document the thesis.

Finally, I am greatly indebted to my **parents, husband and children** for their sacrifice and selfless help which motivated me to get here.

Arpita Majumdar

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12. Glossary

SES	:	Socio Economic Status
ASD	:	Autism Spectrum Disorder
PDD-NOS	:	Pervasive Developmental Disorder-Not Otherwise Specified
AS	:	Asperger's Syndrome
CDD	:	Childhood Disintegrative Disorder
IEP	:	Individual Education Plan
EFA	:	Education For All
MDG	:	Millennium Development Goal
WHO	:	World Health Organization
PTM	:	Parent Teacher's Meeting
CRP	:	Centre for Rehabilitation and Paralyzed
CDD	:	Centre for Disability in Development
AWF	:	Autism Welfare Foundation
SWAC	:	Society of Welfare for Autistic Children
BPF	:	Bangladesh Protibondhi Foundation
PEDP-II	:	Secondary Primary Education Development Program

Chapter -1 Introduction

1.1 Introduction

The word autism (pronounced as **aw - thi - zum**) and autistic (pronounced as **aw-tis-tic**) originated from the Greek word autos meaning self (Giordano, 2009). Autism is still an unknown world for many and it has lots of misconceptions among the general population. Sometimes children and adults with autism are termed mad or mentally retarded. Most of the parents, who have children with autism, came to know about this disease, only when their children were diagnosed with the same. Awareness about the disease is still negligible in contrast to other diseases, whereas recent research has shown that autism all over the world is more prevalent than diseases like mental retardation, schizophrenia, Down's syndrome and diabetes (Quinn, 2006).

1.2 Perception about autism

Autism was not known to people for a long time. Children with autism were termed as mad or naughty, less attentive, careless, stubborn and aggressive. Not only parents were blamed for bad parenting but also socio-cultural taboos like unlucky child, black magic etc. was also related to autistic children. The teachers and parents had no idea or answer to the children's behaviour which was found different from the rest. Due to lack of knowledge, lots of children were treated badly for not being attentive to instructions and studies. They were put under the normal curriculum and were forced to do what their mind couldn't. This ignited a lot of research in the western world and people started recognizing autism's existence and started accepting it as a disability (Feinstein, 2010). But the situation in developing countries like Bangladesh is different. Parents, Schools and Teachers have little knowledge about its causes and presentation including its management.

1.3 Autism Spectrum Disorders (ASD)

Autism comes under the spectrum of ASD, better known as Autism Spectrum Disorder (Quinn, 2006). Autism is known as a collection of developmental disorders that affect the brain. It affects a person's ability to communicate, form close bonding and relationships due to which they fail to respond and connect to the external world as well as with peers. A prevalence of repetitive behaviour is commonly found in them. They get obsessed with certain things and interest and often possess rigid patterns of thinking. Among people with autism the severity and function ability varies greatly. Some of them can function

at a high level, might possess speech and intelligence, whereas others might have stern cognitive impairment as well as language delay. Some of them can never speak (Pavlidis, 2008). Research by Wing 1996, shows that children with autism suffer from three impairments, known as Triad of impairment, where the main deficit is in social communication, social interaction and imagination (Hanbury, 2005).

1.4 Types of Autism Spectrum Disorders

Autism Spectrum Disorder (ASD) consists of five similar neurological and developmental disorders. It's also known as Pervasive Developmental Disorders (PDD). It includes:-

- a. Autism, which is a severe form of ASD.
- b. Asperger's Syndrome, which is a high functioning type and a milder form of ASD.
- c. Rett Syndrome, very uncommon and acute neurological disorder, more prevalent in girls.
- d. Pervasive developmental disorder-not otherwise specified (PDD-NOS), the symptoms are either of Autism or Aspergers's syndromes, but does not meet the specifics of either of them.
- e. Childhood disintegrative disorder (CDD), this is a severe and rarest disorder. (Quinn, 2006).

1.5 Causes of autism

The cause of autism is still unknown though much research is still going on in this area. It's a complex disability consisting of psychology, neurology, genetics, biology and impairment in brain development (Hanbury, 2005). Research has shown that autistic brains are comparatively smaller in size than normal human brains. An array of abnormalities was found like inflammation of the brain, abnormal patterns of brain growth, dysfunction of mirror neurons, abnormal cortical minicolumns and abnormalities of the limbic system. The structural and functional characteristics of the brains of the autistic people have been the subject of careful study and differences have been identified in some structures and variations in activating specific areas of the central nervous system (CNS), especially while facing different types of tasks (Giordano, 2009). The fact remains that the causality of autism is still an unknown area.

1.6 Autism in Bangladesh.

Bangladesh is one of the world's most densely populated countries. Poverty is one of the major issues in this developing nation. Unfortunately Bangladesh repeatedly faces floods, cyclones and climate changes (PEDP II, 2005). Bangladesh had high percentage of disabled children. World Health Organization (WHO) estimates that there are between 7-10 % disabled people in any population depending on the inclusiveness in the definitions and classifications of disabilities (e.g. malnutrition, learning disabilities etc). These figures include physical, visual, hearing, intellectual and speech disabilities. Mental and intellectual disabilities are reported to represent 1½ percent of the total population (PEDP II, 2005). This means 1 in every 500 children is affected in this country (Ministry of Social Affairs Welfare, 2007). There is very limited research done on autism in Bangladesh, restricting the knowledge and awareness among people due to which the general attitude towards autism is mostly negative and it is seen as a social barrier. Even today, autism is considered a god-given curse and children with ASDs are taken as possessed by the devil. Also bad parenting is accused: mothers going out to work still get the blame. Black magic is also perceived to be associated with autism.

The parents who have autistic children and are empathetic to their children's situation, finds it difficult in providing suitable care and education for their children due to lack of provision, knowledge and understanding among public and community on autism. Their own knowledge itself is limited due to financial and social barriers. There is a lack of knowledge about ASDs even among doctors. Very often, children are misdiagnosed and given antipsychotic drugs by psychiatrist (Prerona Project, 2007-2008). There are no government organizations under which parents can get knowledge and awareness building training and treatment facilities under one roof. Therefore they find themselves helpless as their life is a daily struggle trying to understand their children's problem, trying to make other people be empathetic towards their child, finding treatment and schools for them and many more. There are very few institutions, parent initiated, working for the same. They do not come under government in terms of funding, care, curriculum, evaluation, monitoring and training. Though currently government has acknowledged autism as a part of disability and wants to spread public awareness and work on the provisions of care of autistic children, still very little is done and known. One of the examples is the introduction of inclusive education by the government (PEDP II, 2005). Autism being a complex disability is a real task for the government to include autistic children in Inclusive Education and more so to successfully develop autistic children as they are very different and so is their needs.

Chapter 2 Review of Literature

2.1 History of autism

Historical records indicate that autism like symptoms was always there in human beings but it was not named as a different individual ailment. Autism was treated as mental retardation, schizophrenia, epilepsy etc as they all have some common symptoms. The well-known stories about “bear”, “wolf”, and “leopard” children who had exhibited restricted eating habits, sensory insensitivities and over sensitivities, lack of social skills and speech, and stereotype behaviours have been cited as far back as the mid-1300s. Cases of people having similar symptoms of Asperger’s a variant of ASD, was found in the mid 18th century. One of them, John Howard, who had written books on prison reform, was rigid, rule bound, impaired in social communication and enjoyed solitary (Giordano, 2009). J.M.G. Itard, the French physician, also known by many as the father of special education, studied a child named Victor, who was discovered in the wood around Aveyron (Giordano, 2009). He was non-verbal. In early 19th century, Itard provided the first methodical study of autism and presented an account of the attempts to educate the child, predominantly in respect to the development of language skills. In the late nineteenth century, Henry Maudsley projected that children with typically abnormal behaviour patterns might be suffering from childhood psychoses, which was a revolutionary idea at that time as it introduced the concept of the children as a complex psychological being (Hanbury, 2005). Again during the early part of the twentieth century, a range of other writers including De Sanctis, Potter and Earl, described many features that could be associated with autism though they used, terms such as ‘childhood schizophrenia’ and ‘catatonia’ (Hanbury, 2005). In 1943, Leo Kanner was the first to describe Autism. This was based on his study of 11 children, all 11 years old that time, possessed symptoms of autism like obsessed with routine, lacked communicative language, lacked inter-personnel skills and had excellent rote memory. This was followed by Hans Asperger in 1944 who also found similar symptoms in a group of adolescents while working in Austria in war time. But they had average or above average intelligence (Hanbury, 2005). But it remained primarily of interest to professionals working with these children and their families for the next four decades. Awareness of general people was still way behind until release of the film Rain Man in 1988. In this film, Dustin Hoffman’s remarkable portrayal of Raymond, a capable young man with autism, led the knowledge about autism spread all over the world. A lot of people found resemblance of the symptoms of Raymond to theirs and the people associated with them, which used to be a mystery to

them as they looked similar in certain behaviours, in fact better but were impaired in basic daily functioning. After watching this movie, a young man in mid -30's named Jerry Newport self diagnosed him with Autism (Mesibov et al., 2002).

2.2 Basic to varied symptoms of children with autism

The Basic symptoms found in almost all autistic children are impairment in social communication, social interaction and imagination. This is called Triad of Impairment. (Hanbury, 2005). This is also known by Wing's Model of Autism (Wing, 1996).

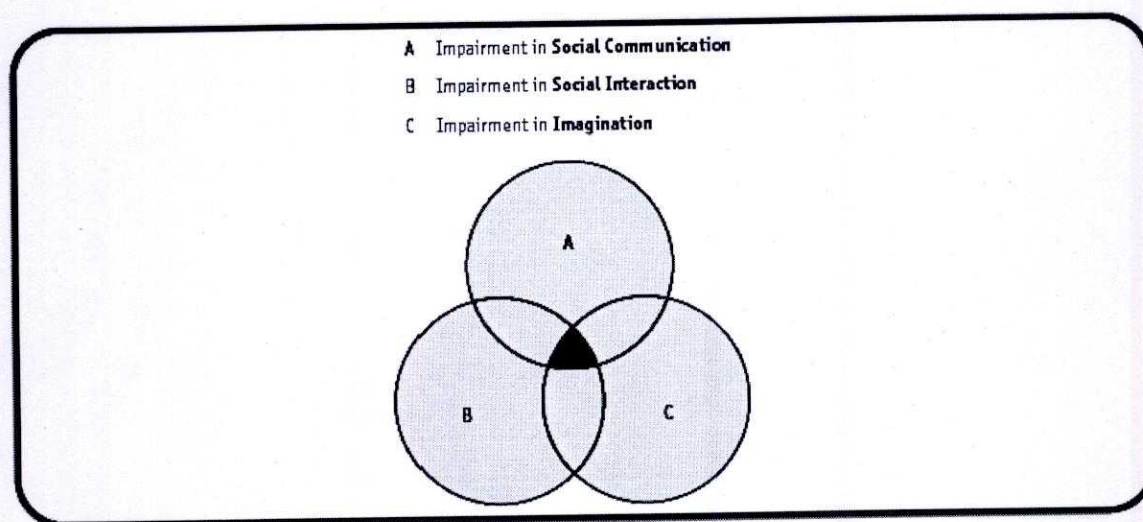


Figure 1 Triad of Impairment (Hanbury, 2005).

The Symptoms can be varied and complex, and ranges from subtle to severe. Most of the children with autism have multiple symptoms. Some lacks eye contact, seems deaf, languages range from non verbal to unresponsive to response to verbal commands to Non-functional language (Giordano, Lombardi, 2009), to minimal use of language (Quinn, 2006). Echolalia that is repetitive language or repeating phrases are also found in some children with autism. Restricted and repetitive behaviour is also one of the many symptoms (Pavlidis, 2008). Some are unaware of the surrounding. Autistic children sometimes are prone to physically attack and injure others, without provocation and even injures own self. They are found to be insensitive to bruises and burns as well. Most of the children are obsessed with an item or activity and remain fixated. Rocking and flapping of hands (Quinn, 2006) and tapping of fingers are also found among some of them. Even some children have restricted fine motor

skills, hypersensitive postures and clumsy social behaviour (Mesibov et al., 2002). Violent tantrums (Pavlidis, 2008), rhythmic lower order motor behaviour like head banging, and rhythmic sensory stimulation and screaming are also often observed with autistic children when they are not able to communicate or get bored (Giordano, Lombardi, 2009). Some children and adults with autism possess fear memories; they are withdrawn deeply in their own self (Pavlidis, 2008). They even look aloof of their own self and the surroundings. Most of the autistic children lack concept of time and therefore have affinity to routine, order, and sequencing. Some of them also possess affinity to as well as over sensitivity to smell, loud noise, smell, taste, touch, movement, colour and texture. The autistic individuals frequently appear isolated, and are unable to make sense of the world around them. They often are unable to predict and understand the behaviour of others, and perceptions of the world remain fragmented (Giordano, Lombardi, 2009). Autistic children also suffer from ear infections, intestinal problems and significant reactions from routine vaccinations. In some children signs of epilepsy are also found (Pavlidis, 2008). Thus, teaching and treating children with autism can be challenging to teachers as one method or a strategy might not work for all.

2.3 Strength of children with autism

One common feature for all individuals of the spectrum is they often have skills they are good at and at other skills they are poor. Teachers need to work on building up the areas of strength. Children with autism possess excellent rote memory which helps them to remember songs, rhymes, and numbers and lists very easily. Some children can parrot back songs, addresses once heard or seen (Pavlidis, 2008). Some children have very high IQ, and sound visual processing skills (Hanbury, 2005) as well. In other words most of them are visual thinkers and learners. They see everything in form of pictures. Mathematical skills and fascination for numbers are strength of some of the children. Multiplication, division, roots of all sizes can be performed by some children even faster than a calculator. They also have long term memory (Mesibov, et al., 2002).

2.4. Success stories of people with autism

Once autism is detected, the path to success is rough. It's always not true that children with autism have to land up in asylums or homes or institutions. With persistent care and direction children with autism can walk the path to success and lead a normal life. Temple Grandin is one of them. She was diagnosed with classic autism during her early years. She was non-verbal until she was four years old, had regular tantrums and auditory sensory problems.

Doctors recommend her mother to put her in homes as they did not see what her mother could see in that four years old girl (Gradin and Barron, 2005). Today, Dr Temple Grandin is a success story. She is an author, lecturer on autism and a professor of animal sciences at Colorado State University and also a designer of livestock equipments (Pavrides, 2008). Another name to success is of Sean Barron. He was diagnosed with autism in 1965 when he was 4 years old. He had profound sense of isolation, deep rooted fear and anxiety. He also possessed repetitive behaviour and obsession with rules which could not be broken. Now he is a news reporter, lives by himself in Ohio and has varied interests and friends (Gradin and Barron, 2005).

2.5 Facts on autism

There is no cure for autism but can be treated with care and appropriate strategy (Hollander and Anagnostou, 2007). Autism is apparent in children by the age of three. Boys are three to four times more likely to have autism than girls. Girls when afflicted with autism tend to have more severe symptoms and severe cognitive impairment. "Family income, lifestyle, racial, ethnic, demography of the country and educational level does not influence the occurrence of autism" (Simpson, 2004). Autistic regression occurs in some children, in which the child appears to be normally developing, is responsive, interactive and possesses normal speech development initially but suddenly loose speech and becomes withdrawn and quiet, fails to interact and play (Quinn, 2006). Specific symptoms of any one individual might change or reduce due to medical or educational interventions. Every individual with autism have very unique and specific needs, which also change over time. Teaching method has to be flexible to cope up with each child's needs (Lovecky, 2004). Diagnosis of autism is definitely useful in accessing services but they do not represent the abilities and challenges of children. Still now the cause of autism is unknown and researches could not find one single cause responsible solely for its occurrence. Autism is a result of multiple causes (Bauman and Kemper, 2005). Planned diet helps children with autism to remain calm and healthy. Foods which are full of gluten and casein give a lot of energy boost to children. But in case of children with autism, it creates a big huddle as they find it difficult to put to work the extra energy boost they acquire from gluten and casein rich foods (Strickland and Mcloskey, 2009).

2.6 Screening/ diagnosis and assessment tools of autism

Autism cannot be diagnosed by a medical check up like blood test. It must be based on observation of the child's communication, behaviour and developmental levels. Autistic children's initial behaviour sometimes might be looked at by parents and clinicians as normal naughtiness and part of growing up. As many of the behaviour associated with autism is also shared by many disorders, medical tests can help to rule out the possibilities of having other disorders. But to diagnose autism, clinicians have to depend on observation over a period of time in various settings, such as at school, home, clinic as the spectrum of symptoms are varied. Mainly three areas should be observed: impairment in social functioning, impairment in communication and restricted repetitive patterns of behaviour and interest and activities.

Diagnosis of autism typically has got two stages. The first stage involves developmental screening by paediatrician during wellness check up of the child. The second stage consists of a comprehensive evaluation by multidisciplinary team, composed of a paediatrician, developmental neurologists, and speech, physical, and occupational therapists and a social worker (Quinn, 2006). Autism is defined in the DSM-IV-TR (Diagnostic and statistical manual of mental disorder). This is the most common diagnostic tool used by doctors and educationists. The diagnosis is based on three groups of symptoms related to social interaction, communication and behaviour (Giordano and Lombardi, 2009).

There are many more screening tools to diagnose autism like Checklist for Autism in Toddlers (CHAT), Modified Checklist for Autism in Toddlers (M-CHAT), Screening Tools for Autism in Two years old (STAT), The Autism Spectrum Screening Questionnaire (ASSQ), Gilliam Autism Rating Scale (GARS), Childhood Autism Rating Scale (CARS), Autism Diagnosis Interview-Revised (ADI-R) and Autistic Diagnostic Observation Schedule Generic (ADOS-G). At the same time, the multidisciplinary group of specialists might recommend to perform certain medical tests such as audiogram, tympanogram, leads screening, genetic screening, electroencephalogram (EEG) testing, brain imaging tests (CT or MRI scan) and family functioning evaluation to understand the minute issues of the child with autism (Quinn, 2006).

There are many assessment tools which help the educators, clinicians and researchers to access the deficit and progress of the children with autism like the Psycho educational Profile-Revised (PEP-R), Southern California Ordinal Scales of Development (SCOSD), Developmental Play Assessment Instrument, Brigance Inventory of Early Development, Vineland Adaptive Behaviour Scales (VABS), Non speech Test for Receptive/Expressive Language, Assessing Semantic Skills Through Everyday Themes (ASSET), Sequenced

Inventory of Communication Development (Rev. ed.) (SICD- R), Expressive One-Word Picture Vocabulary Test (Rev. ed.), Receptive One-Word Picture Vocabulary Test (Rev. ed.) Clinical Evaluation of Language Fundamentals – Preschool, ECOScales, Peabody Picture Vocabulary Test (III), Reynell Developmental Language Scales and many more (California Departments of Education and Developmental Services, 1997).

2.7 Myths and Misconceptions

There have been always misconceptions about the cause of autism. Leo Kanner was no exception. He in one of his article named “The Child is Father” in 1960, described parents’ behaviour responsible for causing autism. He mentioned parents mainly the mothers of autistic children as “refrigerator moms” (Pavlidis, 2008). This was followed by psychoanalyst Bruno Bettelheim who as well blamed the parents in his book “The Empty Fortress” in 1967. According to him the ineffectual parenting was the cause of autism in these children and its best to remove them from their homes and put them under institutional care (Feinstein, 2010).

Similarly myths about autism are many. Some of the common myths are- 1. Autism is very rare developmental disorder. 2. Only boys suffer from autism. 3. All autistic children have to be institutionalized. 4. It’s happens due to god’s curse. 5. Autism is the after effect of black magic (Rahman, 2010). 6. Autistic people never want to be touched. 7. Autistic people are often intellectually and musically gifted. 8. Autism is caused by cold, distant and abusive mothering. 9. All autistic children are insensitive to pain. 10. Children with autism cannot speak. 11. Autism is caused by vaccinations. 12. Autistic children show no emotion. 13. Children with autism never make eye contact. 14. Children with autism are completely cut off from the relationships. 15. Autism can be cured by special diets and nutritional supplements. 16. Autistic people are always helpless, dependent, are unable to live alone and cannot contribute to society. As the name says these all are definitely myths and misconceptions. There is no truth in them (Quinn 2006).

2.8 Interventions and Treatment

After the child is diagnosed with autism, early intervention and accurate treatment helps not only the child but also the parents and educators to understand the child and to some extent minimize the symptoms. A lot of parents have felt that after their child went for therapy and intervention, their conditions have improved. The earlier it starts the better for the child. There are a range of interventions available for treating children with autism. Some

are based on research and some are not but are still used by many. Regular therapies with an individual treatment or education plan are a must for children with autism and ASD's (Luiselli, et al., 2008). Therapies like occupational, physical and speech/ language therapies are essential for most of the children with autism.

Occupational therapist focuses on practical, self-help skills that will aid in daily living including dressing and eating. In addition, this therapist may work on **sensory integration (SI)**, coordination of movement, and fine motor skills. The **physical therapist (PT)** is an expert in rehabilitation. He or she helps to improve the use of bones, muscles, joints, and nerves to develop the child's muscle strength, coordination, and motor skills. **Speech/language therapist** helps to make diagnoses in speech. He or she is focused on the improvement of communication skills including speech and language. The speech therapist works with children who are unable to speak by utilizing alternate communication strategies such as sign language and picture-aided communication (Quinn, 2006).

The interventions can be divided into five major groups.

- a) **Interpersonal Relationship Interventions and Treatment-** This was based on the notion that children with ASD had emotional misbalance due to lack of parental caring and warmth. This treatment is designed to facilitate attachment, bonding and sense of relatedness. Though there is no scientific evidence to support the same, still many educators use this approach till today. *It consists of Holding therapy, Gentle Teaching, Son-rise program, Developmental Individual- Difference, Relation Based Model (Floor Time), Play Oriented strategies, Pet/ Animal Therapy, Relational Developmental Intervention (RDI).*
- b) **Skilled – Based Interventions-** This is the most common intervention used by schools and other educationally oriented institutions. This method works to improve the skills and intend to develop functional demonstrations of specific skills increasing individual's performance. *It consists of Picture Exchange Communication System (PECS), Incidental teaching, Facilitated Communication (FC), Augmentative Alternative communication (ACC), Assistive Technology (AT), Applied Behaviour Analysis(ABA), Fast forward, Structured teaching(TEACCH), Discrete Trail Teaching(DTT), Joined Action Routines (JARs)*

- c) **Cognitive Intervention-** This program is also used regularly. The focus of this program is in monitoring the autistic children's behaviour and performance and in finally reinforcing appropriate responses, and control to manage their own behaviours. *It consists of Cognitive Behavioural Modification (CBM), Cognitive learning strategies, Cognitive scripts, Social Stories, Power Cards, Cartooning and Social Decision Making Strategies.*
- d) **Physiological/Biological/ Neurological Interventions-** This treatment is designed to cater to neurological dysfunctions. This treatment attempts to alter the manner in which a person's neurological system processes information in the brain. As the name suggests this area is taken care by specialists from multidisciplinary group. *It consists of Sensory Integration (SI), Auditory Integration Training (AIT), Megavitamin Therapy.*
- e) **Related Other Agents-** This part definitely falls outside the major categories but are frequently used as an added element to the above mentioned approaches. *This Consists of Art Therapy, Music Therapy, Minimal speech approach and Gluten- Casein free diet (Simpson, 2005).*

2.9 Prognosis

Autism is not curable but treatable. It's a lifelong disorder. Without a full neurological assessment for a full year, it's very difficult even for experts to predict the future of children with autism as the symptoms range from subtle to severe. The future depends on their social abilities, scholastic achievement and vocational potential if they are guided through by empathetic, trained and knowledgeable parents and teachers. Those with mild behavioural symptoms and few autistic features may do remarkably well.

Once established, the neurologic deficits of autism neither improve nor worsen during a child's life. But with treatment, the disabilities of autism, such as speech impairment and social interaction, can be improved in many children. Early intervention can help to improve many symptoms which might not be possible in case of delay. Approximately 10% of the autistic individuals have savant abilities. They can learn social skills if they receive specialized training.

With appropriate treatment, almost 50% of individuals with autism will become indistinguishable from the mainstream population (Rahman, 2010). Autism Society of America reports that many autistic people enjoy their lives and even contributes to the

society. They are sometimes even indistinguishable from regular people (Lovacky, 2004). According to the **National Institutes of Health (NIH)**, people with autism have normal life expectancies. But unfortunately there are major cases of children with severe autism, who will need supervision and care as some of them might be epileptic. But still there is a lot of scope of treating and educating these children with timely intervention (Lovacky, 2004). But with government initiative and parent's thoughtful planning, life of these children can be secured.

Government in western countries provide Supplementary Security Income, Medical sanctions and Rehabilitation Facilities for children with ASD. Parents too plans and secures the future for their children by making a will, fixing a guardian who can take care of their child when they are no more there to take care of their special child. Parents in developed countries, forms a special needs trust in collaboration with government, who will take care of these children (Quinn, 2006). If similar steps are taken by the government and parents of Bangladesh, definitely children with autism can have a future.

2.10 Autism in Bangladesh.

With the emergence of disability rights movements in countries like UK and USA (Hunt, 1966, Driedger, 1989), idea about disability has changed since 1960s. The United Nations (UN) declaration on the "rights on Disabled Persons" (UN1975) acknowledges the need for equal rights for disabled people in all nations. Disability is no longer something to sympathize on, but it's something to have empathy on. Article 23 of UN convention on the rights of the child (1989) clearly states that children who have any kind of disability should have special care and support to lead full and independent lives. Article 28 states children have right to an education.

Autism also comes under the disability as it disables the children's communication, interaction and social skills. Therefore autistic children too have rights to education and care. Until recently prevalence of autism was thought to be very rare ranging from 2 to 4 children per 10,000 children. Currently in USA, the estimate is as high as 1 in 150 individuals. Based on this figure in Bangladesh nearly 10.5 lakhs individuals may have autism. Unfortunately there is no statistical data available in Bangladesh, as there has been no national epidemiological study on autism (Rahman, 2010).

In the west, people with disability are demanding independence and improved services, while disabled people in low resource country struggle to survive (Joshua Malinga cited in Beresford 1996: 553-567).

Bangladesh is no different. People with disability of any form are looked down and neglected. Society has tended to ignore and exclude people with impairments from its mainstream (Pritchard 1963; Scholl 1986; Walker 1986 in Kisanji 1995b:183). Same goes for autistic children. Autism in Bangladesh was not known for a long time. Still knowledge about autism is stipulated to mental retardation in many parts of Bangladesh. Majority of people have never even heard about autism. Misconceptions are many like its god's curse, caused due to black magic and even these children are termed as mad by many educated people due to lack of knowledge. Parent's upbringing and lack of breast feeding by mothers are some of the common myths in Bangladesh. The result is parents hide these children from the society making early detection and intervention impossible. This also gives rise to unknowns' of the problem, in turn makes their situation worse.

There is no statistical data on autism available in Bangladesh. No effort has been made to research on this subject. Though they fall under disability no information is available on the percentage of autistic children. According to the Bangladesh Bureau of statistics (BBS, 1998), proportional prevalence of disability /impairment of different categories at all ages are visual 31.3%, physical 35.8%, hearing and speech 28% and mental retardation 4.9%. Autism cannot come under any of these categories. But situation is changing now, as government have started acknowledging Autism as a disability though it's on a very miniscule level.

The department of Social Welfare which comes under the Ministry Of Social Welfare is responsible to provide services for the disabled in the country. It's estimated that 1,735,121 children is disabled out of 18 million children in the age range of 6-11. Among this 41.5% have Physical Handicap, 19.7% have Visual Impairment, 19.6% Speech/Hearing Impairments, 7.4% percent of children have Intellectual Disabilities, 7 % have Cerebral Palsy, 3.4% have Multiple Disabilities and lastly 1.4% got Mental Illness. Autism is grouped under intellectual disability. Government is planning to include these children under Inclusive Education (PEDP II, 2010).

Bangladesh is one of the signatories of MDG (2000) – Million development goals, EFA (1990) Education for all and Dakar-EFA Framework (2000), where primary education for all is emphasized. But the reality is different for the autistic children. It is stated clearly in the constitution of Bangladesh that no citizen of the country should be restricted access to any public place, entertainment or resort, and mainly in admission to educational institutions (PEDP II, 2010). But parents of children with autism face problems in every sphere of life. They even face difficulty in taking a public transportation, renting house and going for a holiday. People refuse to rent house to families if they have autistic children. Due to lack of

awareness, people show discomfort to sit with children with autism in public buses, and CNG's.

Most of the regular schools refuse to admit these children as teachers and other parents of regular children complain to them. Now the question is where will these children go? As there are very few schools which cater to these children and all of them are in Dhaka. So, autistic children who stay out of Dhaka is forced to come to Dhaka for treatment. Schools are few and children are much more. So there is always a waiting list. Children might have to wait for almost a year to get admission. That means they are losing a major precious time as we know that early intervention is most effective for these children.

There is no formal training available for the teachers willing to have a career in teaching these children. Therefore most of the teachers are trained on the job. Doctors and clinical staffs too have very superficial knowledge about autism. Though it's changing, but the rate is slow. In the centre for Child Development and Autism at Bangabandhu Sheikh Mujib Medical University, only 12 children attended with autism in the year 2001, which increased to 105 children in 2009 suggesting probable prevalence, awareness amongst parents and probably increased capability of the paediatricians to diagnose the problem (Rahman, 2010).

Parents of autistic children suffer a lot as they don't have any support group or counselling facility to help them to understand and move on with it. Parents of most of the children feels lost and some of them even want their child to pass on before they close their eyes. They have no idea that they can make a will and keep a guardian who will take care of their children when they leave this world. They don't have facilities like supplemental security income and special needs support group in collaboration with the government, which is a common feature in western countries. All these issues together make autism a challenge in Bangladesh.

Presently to the knowledge of the researcher, there are few schools for autistic children, like Society Welfare for Autistic Children (SWAC), Autistic Welfare Foundation (AWF), Autistic Children Welfare Foundation (ACWF), Tauri Foundation, Hope Autistic Centre, ABA Centre of Autism Bangladesh, Society for the Education of the Intellectually Disabled- Trust, Society for the Education of the Intellectually Disabled- Bangladesh, Schools for the gifted and Caring Glory. Jahangir Nagar University in Savar has recently taken an initiative as a school called Aanandashala to cater to autistic children and their families (Department of Social Service, Ministry of Social Welfare).

The Bangladesh Protibondhi Foundation (BPF) runs special schools for the intellectually disabled, cerebral palsy and autistic children. In Dhaka there are two special schools at which these children are screened and diagnosed and placed in different classes for education and training according to their age levels. At present there are about 332 children aged between 3-11 years. There is also a school in Dhanmondi known as Aananda Niketon which caters to normal children and autistic children with mild autism. Every classroom has one autistic child.

A Non-governmental Organization named CDD, Centre for disability in development in Saver which mainly works for advocacy for disability related issues have started training people on autism and is creating awareness among public. But the authorities them self admitted that their knowledge is limited and they are mainly making people aware of the condition through a printed handout on autism in Bangla.

Other than the schools, diagnosis and treatment of autism in terms of therapy is available in Centre for Rehabilitation and Paralyzed (CRP), Mirpur, Shishu Hospital and in Bangabandhu Sheikh Mujib Medical University and Hospital known to people as PG Hospital. As Autism is one of the spectrums of Autism Spectrum Disorder, question remains about the diagnosis of other spectrum like Asperser's Syndrome, Rett Syndrome, PDD-NOS and CDD. Though they have some similarity they are different and needs different treatment. Failure in diagnosing the other spectrum individually and project them all as autism is really dangerous which can threaten the capabilities of many children with ASD. These children can become human resource for the country if appropriate diagnosis, timely intervention and support are given.

Chapter 3 Significance of the study

Similar to many countries of the world, Bangladesh too have a population of autistic children and they should get their basic rights of education, treatment, job opportunities, care, love and respect. If support can be provided by parents, institutions, teachers, society, hospitals and government, definitely the life of these children can be better and beautiful.

The country has started to take initiative about children with autism, by including autism in inclusive education though it's still in the initial stages (PEDP II, 2010).

Bangladesh has very few special schools and schools for autistic children. Most of the existing schools are parents initiated. These schools came to existence as parents of autistic children did not find appropriate empathetic institutions for their special children. Most of them are privately owned. In Bangladesh the cases of autism though exist, knowledge and research is limited. Government does not have any provisions of monitoring these private setups. This is an untouched area. Therefore the question arises are these institutions making the children more able or their conditions are deteriorating further? Most of these schools claim to provide counselling and training to both, the parents as well as teachers. Now how effecting is the training is a big question as the future of the child depends on that.

The parents of autistic children, lack information on where to go for diagnosis, treatment, where to put their children for education and what to expect of these institutions. All together there are lots of factors playing a role in this situation like Schools, Parents, Teachers, Diagnosis, Funds, Awareness and Government.

There has been negligible research done on autism and its situation in Bangladesh. One of them was done by Akander (2010), under BRAC University. He mainly tried to understand the teachers' perception on teaching challenges in autistic schools.

But the researcher believes that it's very important to get an over-all picture of the present situation of autism in Bangladesh. To do that it's important to explore teachers, school authorities and parent's perception, knowledge, and expectations and challenges faced.

The research will help parents to understand the care and education available in autistic institutions in Dhaka. The teachers and school authorities will learn about parent's needs and perspective of their institutions. Government will get a picture of the situation and need of these Private Institutions, parent's and autistic children. This might help the government to understand the situation of autism in Bangladesh in terms of funding,

monitoring, training, diagnosis and awareness. This will help to generate awareness among public about the existence of autism in our society and their special needs.

This study is done to fill in the knowledge gap. It is expected to contribute towards developing a comprehensive programme for these children.

3.1 Researcher's involvement

The Researcher herself has been involved for eight years learning and teaching children with autism spectrum disorder in an inclusive education setup in Indonesia. This research was initiated to further elevate her knowledge in the same specifically, the issues faced by autistic children in Bangladesh. This research will help the researcher to understand and contribute her expertise for autistic children in Bangladesh.

The following figure attempts to explain the rational of the research, the researcher's goal and the objectives of the study.

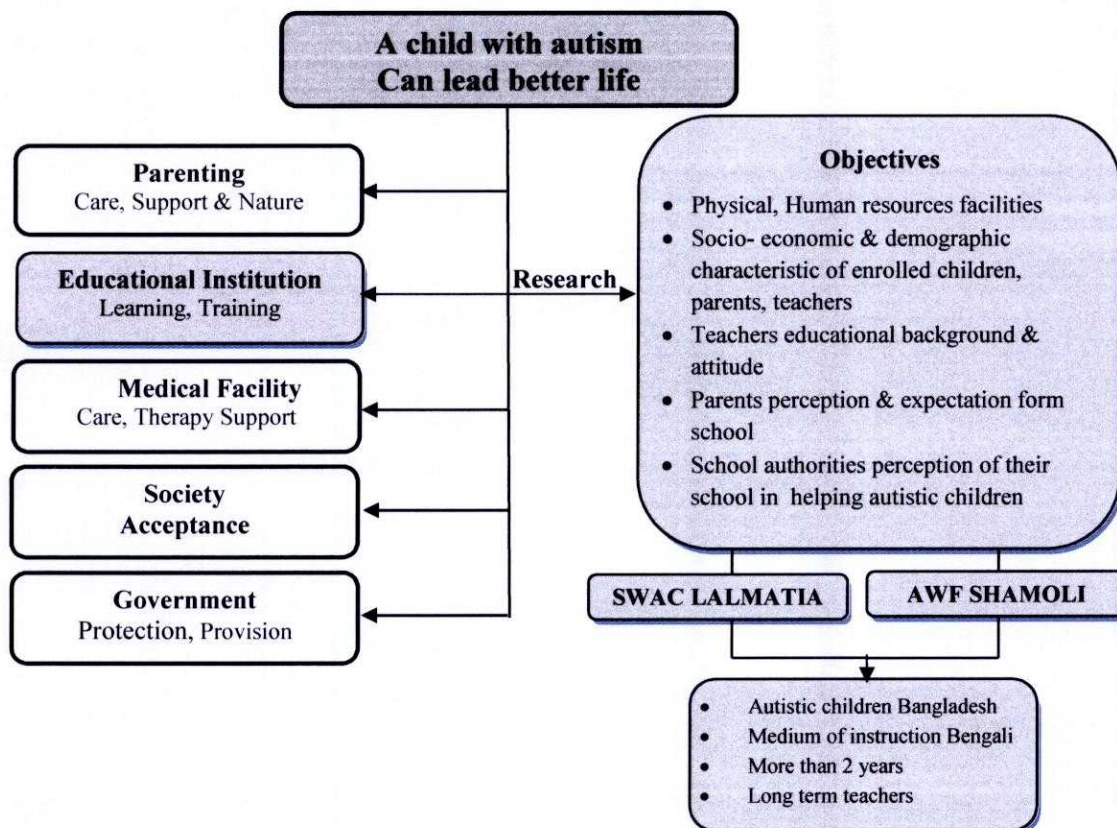


Figure 2. Conceptual Frame work.

Chapter 4 Operational Definitions

- **Autism-** - Autism is a neurobiological based developmental disability.
- **Autism Spectrum Disorder-** It consists of five similar neurobiological based developmental disabilities such as Autism, Asperger's Syndrome, Rett Syndrome, Pervasive Developmental Disorder not otherwise specified and Childhood Disintegrative Disorder.
- **Psychology** – is related to an individual's cognition, perception and understanding.
- **Neurology** – is related to the dysfunction of particular structures of the brain and the neurochemicals which transmit information within the brain.
- **Genetics** – is related to the inherent characteristics which make up an individual.
- **IEP-** is Individual Education Plan used, commonly used by most autistic schools to plan the education program for each autistic child as per their capabilities.
- **Visual Processing-**is a capability of children with autism where they can learn better by seeing. They form a pictorial view of everything that want to do and that's how they understand the world.
- **Rote Memory-** means be able to remember something by repeating it many times. Autistic children have a very good rote memory.
- **Multidisciplinary Team-** A team whose members come from multiple disciplines they interact and rely on the others for information and suggestions. The team consists of multiple therapists like speech, physical and occupational therapist.
- **Echolalia-**Repetitive words or phrases that autistics may say sometimes hours after the event.
- **Disability** -A personal limitation or challenge that represents a substantial disadvantage when attempting to function in daily life.
- **Prognosis-**The possible outcomes of a condition or a disease and the likelihood that each one will occur.
- **Diagnosis-** Identification of a disease, disorder, or syndrome through a method of consistent analysis.
- **Interventions-** Type of treatment in the form of medicine, therapy or education which can help the autistic children by minimizing the difficulties to lead a near to normal life.

Chapter 5 Objective

5.1. Hypothesis

The state of educational facilities and care giving services available for autistic children in Dhaka is not apposite to the requirements of the autistic children and their families.

5.2 General Objective

The general objective of the study is, to explore the state of educational facilities and care giving services available for autistic children in Dhaka City.

5.3 Specific Objectives:

- To identify the physical and human resource facilities available in the schools for autistic children in Dhaka.
- To study the socio-economic and demographic characteristics of enrolled autistic children, their parents and teachers.
- To study the educational and training characteristics of the teachers; their perception and self-motivation to work with the autistic children; and their interaction with autistic children and teaching methods followed.
- To explore parents' perceptions of the school including their expectations, their knowledge on autism and challenges face.
- To examine the school authorities perspective of their institutions in improving the quality of the life of autistic children.

Chapter 6 Methodology

6.1 Introduction

This study was exploratory in nature and researcher used a case study to understand the overall situation of the educational and care giving facilities available for autistic children in Dhaka. Both qualitative and quantitative data was collected to get maximum information from the parents, teachers and school authorities. Due to constraints of time and resources, only two renowned and oldest schools which caters to children with autism, were selected by the researcher. The research followed an inductive process in developing hypothesis and theory. All the data was collected by the researcher herself.

The technique of the data collection was structured and semi-structured interviews, in-depth interviews, observation and document's review. A quantitative survey was done to explore the teachers and parents demographic characteristics, SES, educational background, training and knowledge on autism and related issues. The qualitative component explored parent's concept on autism, awareness about their own children as well as their perception about the future of their children, challenges faced by teachers in managing and bringing the students up in their daily lives, their perception about the school and expectations. This also included reviewing school documents and an in-depth interview of school authorities to understand their intention, perception and expectations from the school.

The researcher involved parents, teachers and the school authority in drawing out their views and observations. This was complemented by observation of the classes and review of school documents. Reliability of collected data was ensured through triangulation.

The following figure illustrates the research approach employed in this study as described above.

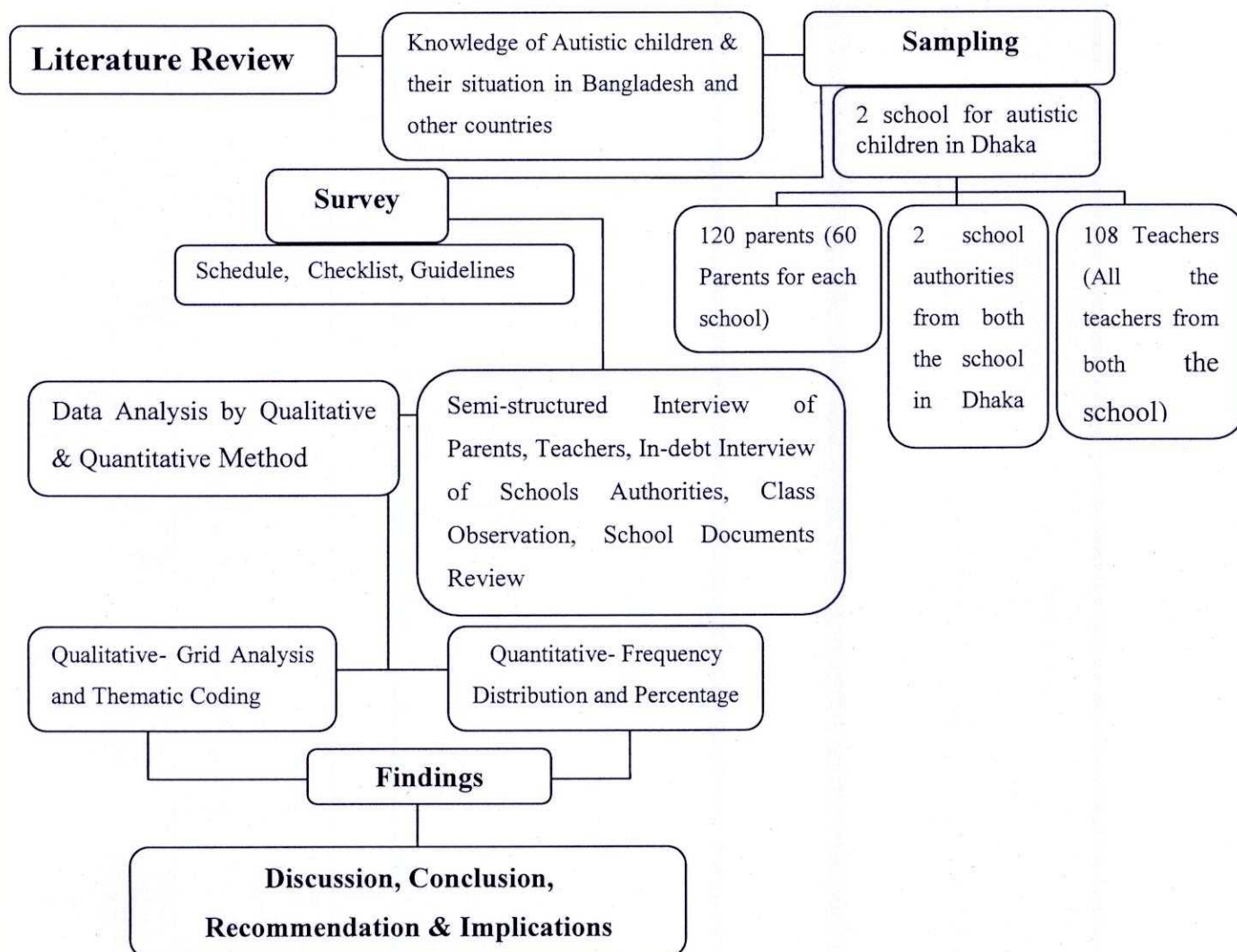


Figure: 3 Methodological approach and research design flow chart

6.2 Study Design

A case study method was used to describe and document the various facilities, available in the schools for autistic children including educational facilities, the teaching staffs and the school authority's perception and knowledge on teaching children with autism and parents challenges in bring up their autistic children, their point of view of the schools. The reason for choosing this method was to do an in-depth, descriptive analysis of all aspects of the school to be able to analyse the overall situation of autism in terms of education and care-giving facilities in Dhaka city.

6.3 Sampling

The Researcher selected two schools for her research as they both are the oldest schools for autistic children in Dhaka City. They are 1. Society of Welfare for Autistic Children (SWAC) situated in Lalmatia and 2. Autism Welfare Foundation (AWF), located in Shamoly.

One of them was the first and the second was the second school in Dhaka city. These two schools appealed to the researcher as they both have some similarities and some distinct differences in the way they function.

The following table explains in detail the similarities and the differences of both the sample schools clearly.

Table 1.1 The Similarities between both the schools

1. Both Schools started by parents of Autistic children.
2. Both are very renowned schools in Dhaka.
3. Both schools are very old, more than 6 years serving the autistic children in Bangladesh.
4. The schools are well connected to major Hospitals, Doctors and Ministry of Social Affairs.
5. Both schools have Institutional care like outreach programs, parenting programs and concession for under privileged children.
6. Both have a consistent waiting list of 100 children per year.
7. Both Schools have vocational training for older children.
8. The school gives opportunities for practical training for students specializing in multidisciplinary therapy.
9. Most of the teachers are working for more than 2 years in the school.
10. Both the schools run in two shifts.

Table 1.2 The Difference	
School A (SWAC)	School B (AWF)
1. The owner of the school is a mother of an autistic child.	The owner of the school is a doctor and a mother of an autistic child.
2. Started on February 2000	Started on April 2005
3. Total number of Teachers is 50	Total number of Teachers is 58
4. Total number of students is 78	Total number of students is 150
5. The school have a full time occupational therapist (5 days)	The school have a part time occupational therapist visiting once a week
1. Students have less extra-curricular activities and are less exposed	Students participate in lots of extra-curricular activities in and outside the school and are more exposed.
2. Does not have a regular school curriculum	Does have a regular school curriculum
3. Does have International collaborations and trainings	Does not have International collaborations and trainings.
4. Children's work is less displayed in the school.	Children's work is displayed throughout the school.
5. Job distribution among staffs is not precise and overlapping.	Job distribution among staffs is precise and clear.

6.4 Sub-sample/Respondents

Two school authority personnel, 120 parents and 108 teachers in total from both the sample schools.

Two school authorities each from one of the sample school. They both are the owners as well as principal of their respective schools. Both were female and their age is above 50 years. One of them is a Doctor. Both have autistic children aged above 20 years. Both of their children were diagnosed with autism abroad. Both of them were choose by the researcher based on the above criterion. Both of them participated willingly in the research process.

All the school teachers from both the schools were selected as sample for the study. All of them participated wishfully and co-operated with the researcher. The researcher decided to select all the teachers from both the schools as she felt that to get a clear picture of the situation it was important to cover all the teachers view. And in teaching children with autism even new teachers should have basic knowledge of autism and a positive aptitude for working with these children. There is very less scope of error with these children as even a small unintentional in appropriate action, can be damaging for a life time for these children.

Researcher wanted to search for the same. *Total of 108 teachers* were taken as sample. Among this, fifty teachers were from one school and fifty eight from the other. This included Supervisors, In-charge, Associate Teachers, Assistant Teachers, therapists, Specialist teachers like Music teachers and Sports teacher. The teachers were from both the sex, male as well as female, varied age groups with from diverse educational background.

The researcher targeted to select all the parents as sample for the study. But as this is a sensitive issue, researcher found many parents uncomfortable and not willing to participate in the research. Researchers respected their privacy and only choose the parents who were available and willing to participate. There was a sample bias in this case, but researcher was forced to do so to get maximum information possible from the parents. But researcher did not choose parents based on personnel likings or targeting a particular criterion but on availability and willingness. And around 50% of the parents were taken as samples. All the parents were from the two schools and their issues were similar. Care was taken to include mothers, relatives like grandmothers as well as fathers for the study. Most of the parents stay in Dhaka and some of them are from outskirts, came to Dhaka for treatment of their children and schooling due to lack of such facilities outside Dhaka. Therefore *total 120 parents* from both the sample school were selected as sub-sample. Sixty parents from each school.

6.5 Sampling method

The method is definitely purposive sampling based on the research topic. Two schools are chosen. Effort was made to interview all the interested parents and teachers. All accessible documents were reviewed. Three classrooms from each school were observed based on age range, one class consisting of children from 2-6 years, 7-11 years and lastly 15-20 years old. Researcher's reason of selecting three classrooms of three age range was to be able to get information if the teaching is age appropriate and individualistic. Data was collected to analyze the socio-economic and demographic characteristics of the sample children, parents and teachers.

6.6 Ethical Considerations

Research started after the approval of the research proposal by the research committee. An application with attached letter from BRAC University was submitted to the sample schools for permission for data collection with enough evidence of the purpose of the study. Once permission granted researcher proceeded for data collection from the selected sample. Researcher informed each participant about the purpose of the study and took

individual consent through signed consent forms. Researcher never forced or disturbed any participant to participate in the study. She informed the participants that they were free to decline participation or show discomfort answering questions and even can withdraw their participation at in point of time. Confidentiality and anonymity of data was maintained and no name either of the children, parents or teachers were mentioned to protect their dignity and safety. During the observation of classrooms, school's protocol was maintained and no child was disturbed. Reviewing of school documents was done in the presence of office staffs and no documents were taken home by the researcher.

6.7 Consent

Researcher presented an application (see appendix) to both the school authorities seeking permission for data collection with clear mention of the purpose of the study, prior data collection. A letter from the BRAC University authenticating the same was also presented to them. Researcher took permission for observing classrooms, reviewing documents and interviewing the authorities, their teachers & parents. A typed consent form (see appendix) which was to be signed by the participants was also shown to the school authorities to erase out any confusions in future. Then the consent paper was signed by each participant and explained in detail, the intention of the study.

The researcher found the school authority cordial and took the initiative in informing the teachers, parents as well as office staffs to be helpful. The researcher did not face any constraint from the school authorities.

6.8 Pilot study

After the schedule, guidelines and checklist was made by the researcher; a pre-testing was done, in schools other than those chosen as sample for the study. For the pilot study also consent was taken from the participants. Total of 10 teachers, 10 parents and 1 school authority participated in the pilot study. Two classroom observations were also done. Based on the learning, researcher modified the final set of tools by incorporating the changes. Significant one was the schedule of the parents. It was found that most of the parents were uncomfortable answering open-ended questions and portrayed worries of the after effects from the school authorities. Noting that the researcher reframed more structured questions and parents showed comfort.

6.9 Techniques

Semi-structured interview of parents and teachers, in-depth semi- structured interview of the school authorities, reviewing schools reports and documents, and classroom observations. This is the qualitative part. In the quantitative part, Frequency Distribution and percentage was calculated from data obtained through structured interview of parents and teachers, to find out the socio-economic and demographic characteristics of teachers, children and their parents.

6.10 Tools

Schedule for interviews, checklist for reviewing of documents, and guidelines for observation were used.

a) Reviewing School records and documents- A **checklist** was used to review documents of the school, based on availability and permission from the authorities. The researcher reviewed all the documents at the respective schools premises during school hours. Researcher reviewed documents related to school records of total number of children enrolled and teachers recruited in last 1 year, drop outs rate of children and teachers, general record of attendance of teachers and students, teacher's assessment, IEP for individual child, records on safety training like fire-drill and earthquake drill, record of awareness programs and related issues. This was done to understand the school's organization skills, popularity, safety issues as well as how informed and updated they are? Reviewing the documents also gave the researcher, an insight to the appropriateness of the teaching methodologies used, as well as if it matches up with the children's assessment records. Researcher took two working days in each school to review the same. This also helped researcher to scrutinize if the data collected through classroom observation and interview of parents, teachers and school authorities were reliable or not through triangulation.

b) Interviewing of the teachers- was done by a pre-tested **schedule** (see appendix). The schedule was divided into two parts. First part was structured which was used for eliciting relevant information on socio-economic and demographic characteristics, their educational background, training and experience in teaching children with autism. Whereas the second part of the schedule was semi-structured, drawing out information on their knowledge on autism and aptitude for teaching autistic children, their command over the method used in teaching autistic children, their perception of the school and the relationship with the school authorities as well as parents. It was completed by the researcher through a face to face interview which took approximately 30 to 45 minutes each. Researcher could

complete the same within 5 working days in each of the schools. Teachers were never disturbed and no interview was conducted hampering the class routine. A fixed time was given to all the teachers by the school authorities and interview was taken during that time only.

c) Interviewing of the parents- similarly was done by a pre-tested **schedule** (see appendix). The schedule contained semi-structured as well as structured questions. Semi-structured questions helped to bring out their awareness and concept on autism, expectations from the teachers as well as school authorities and government. The structured part drew out information on the demographic characteristics of the parents and their autistic children, socio-economic status, general education, training in autism, challenges faced due their child's impairment as well as from the society and last but not the least their perception of the school authorities and teachers. The above mentioned part was modified to a structured part as researcher could sense that the parents were uncomfortable with open ended questions and felt concerned about the reactions of the school authorities in case it comes to their knowledge as there are very few schools available for autistic children and especially there is a big waiting list. As structured interview can be done faster and even without speaking, just by pointing the chosen answer on the interview sheet, the parents were more co-operative. The interview was done by the researcher in a face to face session and over the phone on request of some parents. Each interview took 25 to 30 minute's time. Researcher took approximately four working days in each school to complete the same.

d) In-depth Interviewing of the School Authorities – An in-depth **schedule** was decorated with open end questions, where respondent have the freedom to describe everything from the history of the establishment of the school, challenges faced on a daily basis, in terms of resources, information, training, teachers, parents, government laws, rules. The interview also helped to understand the perception of the school authority of their school in changing the situation of autism in Bangladesh. Researcher was also able to research the motive and the motivation of the institution. It was also a face to face interview conducted by the researcher herself which took approximately 60 minutes for each interview.

e) Observation of the classroom- Six classrooms practices were observed by anecdotal records, which is one way of qualitative observation method. Three classrooms in each school under three age range from 2- 6 years, 7-11 years to 15 to 20 years was observed with the help of a **guideline** to comprehend the physical facilities of the school, characteristics of the classrooms, like if they are well ventilated or stuffy, small or large etc, teacher-child ratio, safety considerations, material base, teacher's preparedness and

interaction with the children. Researcher was keen on observing the same to be sure that all the data collected from the school authorities, parents as well as teachers are reliable. And this is also important to understand the teacher's attitude, capability, resilience and challenges faced in teaching children with autism. Physical facilities play a key role for any school and more so for children with disability. Therefore researcher wanted to examine the same to see the effect of it on the children. The observation was done by a non-participatory approach, in which the researcher observed the children, teachers and classroom with talking with either of the participants. This gave the researcher more time to observe. The research observed the classroom for the full school day. It took six days in total to do all the six observations. Observation was divided into five parts based on literature review, keeping the objective in mind and researcher's own knowledge and experience on working with autistic children.

The process is described in the following diagram.

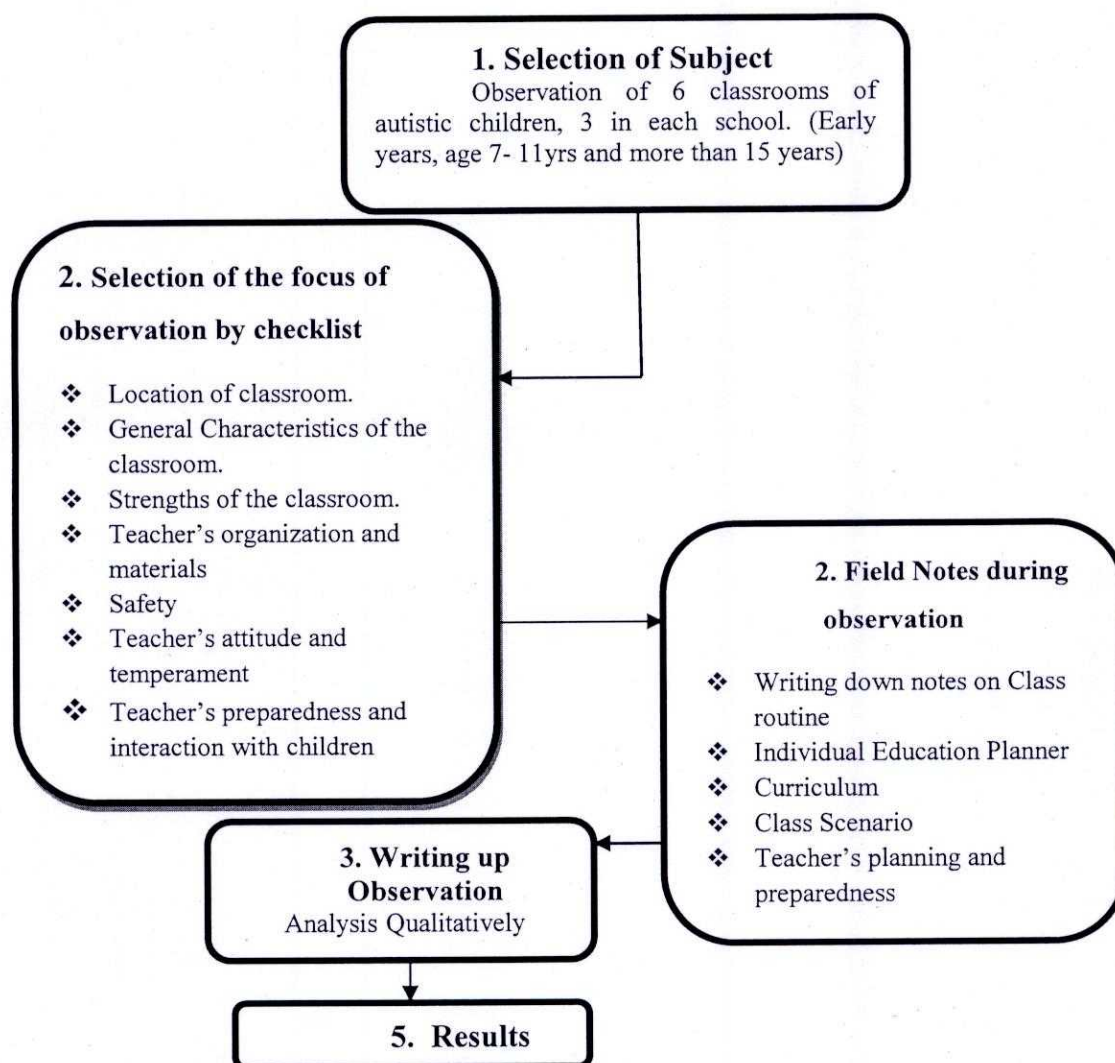


Figure 4 Observation Method Flow Chart.

6.11 Measures

As stated earlier that there has been negligible research on autism in Bangladesh. Therefore researcher failed to find satisfactory appropriate well known instrument to be used in her research which could target the objectives of the research as well as be culturally sensitive. Based on that, researcher developed all her tools for the research. Before developing the tools for the research, the researcher visited five autistic schools as well as spoke to few active people who are actively working for advocacy and care of children with autism to get an image of their experiences with these schools. The tools are schedule for semi-structured and structured interview of parents, teachers and school authorities, guidelines for classroom observation, and checklist for reviewing school documents. Researcher incorporated suggestions from professionals who possess practical knowledge on the topic, to make it culturally acceptable.

A face validity check was done after formulating the guidelines and Schedule for the observation and interviews by rechecking them with the professionals from this field before actually going for the observation and interview. Modifications were done, according to their judgment to make it valid for the research. Further validation was ensured by a pilot study and modifications were incorporated. Schedule for interviewing teachers and school authorities was made more in-depth to obtain maximum information regarding their motive, challenges, aptitude, education and training on teaching autistic children. Whereas the schedule for parents were modified as researcher found discomfort of the parents in answering open ended questions. The guidelines for class observation and checklist were totally based on the researcher's knowledge of working with autistic children and review of resources in form of literature. The tools were translated in Bangla with the help of an expert and researcher trained herself to ask the questions in Bangla. But as the researcher took the entire interview, she filled in the inputs in English. As researcher understands the local language, there was no huddle.

To make sure that **reliable** information was taken **Triangulation** technique was used to compare the correctness and evenness of information gathered. By using five methods – observing the classroom at work, interviewing the teachers, interviewing the parents, interviewing the school authorities and reviewing the school reports and documents, information collected was cross-checked to see how reliable the same was. The researcher wishfully kept some similar questions for all to judge the reliability.

6.12 Data Analysis

Survey data was entered into SPSS v11.5 software and univariate analysis was done in this study. The univariate analysis looked at the means of the variables while analysis explored the individual situation of participants socioeconomic, demographic, training on autism etc. and autism related knowledge and practices were discussed according to their opinion. Frequency Distribution and percentage was calculated. Qualitative data were analyzed manually.

Grid analysis was done, in which the participant's inputs were put in series of tables that allowed an analysis of the data, question by question, which helped to discover the totality of response of the participants.

Thematic coding was done by applying codes to selected themes based on the questions asked and response received. For example parents, teachers and school authorities were asked to describe their "expectations" from the school as well as government. Therefore **expectations** were the theme which was further divided into sub-themes which were coded under each main theme and analysis was done to bring out the participants views.

Results are presented comparing both the schools and the relationship between knowledge and practice of the teachers' and parents' opinions have been explored. Triangulation of data sources (teacher's knowledge, school authority's motivation and challenges, actual practices, and parent's opinions and organization of records and documents) has been done to reach a conclusion on the overall situation of autism in terms of educational and institutional care in Bangladesh.

6.13 Limitations of the research

Due to time constraint, only two schools were taken. It would have much better representation, in case more schools could have been added. As the researcher was dealing with a sensitive issue, the entire parent's view of both the school was not possible to be incorporated due to their unwillingness to participate in the research. Researcher therefore had to target parents based on willingness and availability. If otherwise, it would have added more value to the research. There was a sample bias which was unintentional and unavoidable for the researcher. Due to less research in this field and no appropriate solid statistics on percentage of autistic children in Bangladesh, researcher faced scarcity of resource literature from Bangladesh which would have enriched the research.

Chapter 7 Findings

7.1 Result of Parent's Interview

a) The demographic characteristics of the children whose parents were interviewed are presented in table 2.1. Majority of the children were found to be in the age group of 10-15 years old comprising 38% of children from school A and 53% from school B. This is a very sensitive period for children as puberty hits them during this age. For girls puberty starts around 10-13 years of age and for boys around 12-15 years. This is a difficult stage for all children as body goes through a lot of changes. And more so for autistic children as most of them cannot express themselves as well as understand their own feelings. Majority of the sample children were male contributing to 70% in school A and 77% in school B compared to 30 % and 23% female. This supports that fact that autism is found more in boys than girls. But this also, is a possibility of parent's paying more attention to boys than girls as in Asian countries preference for boys over girls is a common phenomenon.

2.1 DEMOGRAPHIC CHARACTERISTICS OF THE CHILDREN WHO'S PARENTS WERE INTERVIEWED				
Variables and Category	School A(N=60)		School B(N=60)	
Age	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
2-6	5	8.33	13	21.67
6-10	18	30	9	15
10-15	23	38.33	32	53.33
15-20	4	6.67	5	8.33
More Than 20	10	16.67	1	1.67
Gender				
Male	42	70	46	76.67
Female	18	30	14	23.33
Marital Status				
Unmarried	60	100	60	100
Religion				
Muslims	60	100	57	95
Hindu			3	5

b) The demographic characteristics of the sampled parents are presented in table 2.2. Among it only 7% were male from school A and 25 % in school B compared to 93% and 75% female respondents. This was because most of the mothers came to school to drop their children and less of fathers escorted their children to school daily. Over the phone also most fathers projected fewer interests in talking and passed the phone to their wife. But school B

showed an increase in the same compared to school A. This is an indication that fathers of school B to some extent are more actively involved in sharing the responsibility.

2.2 DEMOGRAPHIC CHARACTERISTICS OF SAMPLE PARENTS

Variables and Category	School A(N=60)		School B(N=60)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Age				
20-30	8	13.33	10	16.67
31-40	42	70	30	50
40 +	10	16.67	20	33.33
Gender				
Male	4	6.67	15	25
Female	56	93.33	45	75
Household Composition				
Nuclear	41	68.33	45	75
Sub-Nuclear	8	13.33	5	8.33
Joint Family	11	18.33	10	16.67
Members of the Family				
Two	9	15	5	8.33
Three	25	41.67	26	43.33
Four	16	26.67	13	21.67
More	10	16.66	16	26.67
Religion				
Muslims	60	100	57	95
Hindu			3	5
Number of children You have				
One	28	46.67	31	51.67
Two	25	41.67	23	38.33
Three	2	3.33	4	6.67
More	5	8.33	2	3.33
Number Of children with disability				
One	56	93.33	55	91.67
Two	4	6.67	5	8.33
History of Special Needs In Family				
Yes	3	5	9	15
No	57	95	51	85

Most of the sample confirmed nuclear household composition compared to joint family setup, 68% in school A and 75% in school B. Even there is sub nuclear set up accounting to 13% in school A and 8 % in school B due to unavailability of school, treatment and care for autistic children in outskirts of Dhaka. Mostly mothers came with their autistic

child and are staying in Dhaka school and treatment. Joined family showed decrease in both the schools stating only 18% in school A and 17% in school B. This is in fact a disability by itself as care of these children should have been much easier in case of existence of empathetic joint family. Future security would have been also better which is difficult in nuclear set up. Most of the parents had one child with disability, 93% and 92% in school A and B and showed very fewer cases of special needs in family history, only 5% in school A and 15% in school B. This might confirm that genes are always not responsible for the occurrence of autism.

2.3 SOCIO ECONOMIC STATUS OF SAMPLE SCHOOL PARENTS				
Variables and Category	School A(N=60)		School B(N=60)	
Monthly Income of the Family	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
31,000-50,000	9	15	7	11.66
More Than 50,000	51	85	53	88.33
Only Earning Member of Family				
Yes	42	70	45	75
No	18	30	15	25
Another Source of Income				
Yes	3	5	15	25
No	57	95	45	75
Characteristics of Family Occupation				
Teaching	4	6.67	5	8.33
Business	2	3.33	7	11.67
Government Jobs	6	10	9	15
Service	35	58.33	30	50
Lawyer			1	1.67
Doctor	4	6.67	5	8.33
Engineer	7	11.67	2	3.33
Others	2	3.33	1	1.67

c) Most of the parents had a family income of more than Tk- 50,000 per month which is apparent from the socio-economic status presented in table 2.3. 85% of the parents of school A and 88% of school B had monthly family income of more than Tk- 50,000. This is also an indication that only middle and higher income parent's children are getting the opportunity of education and care whereas a large section of the poor children might be deprived of such care. Most of the families have one earning member, 70% in school A and 75% in school B, which is a proof that autism does not occur in case mothers are working.

d) The General education of the sample parents is presented in table 2.4. Most of the parents were highly qualified constituting 40% and 52% having Master's degree in school A and school B compared to undergraduates constituting only 5% in school A and 7 % in school B. Maximum did not have any training on autism during their education. Only 7% and 8% from school A and B, did have very little training during their M.B.B.S course. This was very superficial and only theoretical.

2.4 GENERAL EDUCATION, TRAINING IN AUTISM OF SAMPLE SCHOOL PARENTS				
Variables and Category	School A (N=60)		School B (N=60)	
Educational Qualification	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Undergraduate	3	5	4	6.67
Graduate	20	33.33	15	25
Masters	24	40	31	51.67
PhD			1	1.66
Others(Law, MBBS, Engineering etc)	13	21.67	9	15
Training in Autism while studying				
Yes	4	6.67	5	8.33
No	56	93.33	55	91.67
Origin of training	(N=4)		(N=5)	
M.B.B.S	4	6.67	5	8.33

i. Origin of Birth

When the parents were inquired about which of part of Bangladesh they come from, response was varied. They come from all parts of Bangladesh, ranging from Dhaka, Jessor, Chittagong, Rampur, Camilla etc. All the above tables support the fact about autism that "Family income, lifestyle, racial, ethnic, demography of the country and educational level does not influence the occurrence of autism." (Simpson, 2004).

2.5 PARENT'S CONCEPT ON AUTISM

Variables and Category	School A(N=60)		School B(N=60)	
Causes Of Autism	Frequency(n)	Percentage (%)	Frequency (n)	Percentage (%)
Psychology	1	1.67	4	6.67
Neurology	4	6.67	5	8.33
Genetics	3	5	10	16.67
Vaccinations	8	13.33	12	20
Unknown	14	23.33	19	31.66
Mix Of All	5	8.33	9	15
Birth Process	1	1.67		
Hospital's Negligence	2	3.33		
School's Negligence	1	1.67	1	1.67
Black Magic	2	3.33		
God's Curse	2	3.33		
Don't Know	17	28.34		
Reason Behind Increase In Prevalence Of Autism				
Advance In Diagnostic Criteria	16	26.67	22	36.67
Increased Awareness among Public	30	50	32	53.33
Environmental causes	6	10	6	10
Availability of multidisciplinary Staffs				
Don't Know	8	13.33		
Do Autistic Children Have Strength	Frequency(n)	Percentage (%)	Frequency (n)	Percentage (%)
Yes	58	96.67	60	100
No	2	3.33		
Strengths Of Autistic Children	N=58			
Special Interests	28	48.27	21	35
Rote Memory Skills	15	25.86	16	26.67
Visual Processing	7	12.07	10	16.67
Attention to Details				
Affinity for Routine				
High IQ	8	13.80	13	21.66
Is Autism Curable	N= 60			
Yes	1	1.67	2	3.33
No	59	98.33	58	96.67
Can Autistic Children lead a normal Life?				
Totally Agree	1	1.67	3	5
Totally disagree	2	3.33	2	3.33
Possible with help	57	95	55	91.67
Right time to start teaching Autistic children				
Less Than 3 years	2	3.33	6	10
3-6 years	6	10	4	6.67
As soon as detected	52	86.67	50	83.33
Can Autistic children be a part of normal school in Bangladesh				
Yes	1	1.67	2	3.33
No	59	98.33	58	96.67
Knowledge about methods available in teaching Autistic children				
Yes	11	18.33	42	70
No	49	81.67	18	30

e) Parents are the primary teachers for all children, more so for children with autism as it's a disability for life not curable but treatable. Therefore parents definitely require a strong knowledge about the disorder. Parent's concept on autism is presented in table 2.5. 23% parents from school A and 32% from school B knew that the cause of autism is still unknown. About 13% and 20 % from school A and B believes that vaccination might be a cause of autism, where as it's actually a myth not based on evidence. 13% of parents from school A and 1% from school B, felt that, birth process, hospitals and school's negligence, black magic and God's curse are responsible for the occurrence of autism. This is shocking as, though the education level was found higher among most of the parents, still their concept was so unscientific. The figure shows that parents of school A possess much more misconception compared to school B. 28% of parents from school A even did not have any idea about the cause of autism. Most of the parents agreed that children with autism have strengths, 97% from School A and 100% from school B. Majority of parents said that autistic children are good in something they like to do, like learning music, drawing etc (48% in school A and 35 % from school B) but no parents responded for "attention to detail and affinity to routine". These two are the uniqueness of autistic children, though might not look like strength unless enough understanding is there about how they learn. Most of the teaching methodology like ABA and TEACCH is based on this strength. 98% and 97% of the parents from school A and B feels that autistic children can lead a normal life if help is given to them. Majority of them also knows that autism is not curable and teaching of the children should start as soon as possible.

18% parents from school A and 70% from school B said they knew about the methods available in teaching autistic children.

ii. Concept on autism

Though 70% parents from school B confirmed that they knew about the teaching methods for autistic children, when asked to explain the same, they were not able to do so. They only knew that pictures are used for their teaching and work needs to be divided into smaller parts. But how to do that was not in their knowledge. Similar response was obtained from parents of school B. Almost 82% parents from school A and 30% parents from School B, did not know about any methods at all. This is a very shocking situation as autistic children's development cannot be limited to school only as they spend a major time at home. Learning should happen at home as well. Maximum parents from both the school could not say the full form of ASD. Only 5% from school A and 20% of the parents from school B knew the full form. Rest all said that it's Autism. They all referred to the symptoms they see

in their child as autistic symptoms. They all had an overall idea, not an in-depth one, which is damaging as without having a clear idea it's really difficult to understand autistic children's needs. Most of the parents of both the schools (School A- 98% and School B-97%) said that autistic children cannot be a part of normal school as there is lack of empathy and understanding among the parents of normal children, lack of training among teachers, lack of apparatus and attitude of understanding among school authorities. They all felt that people in Bangladesh is still not ready for accepting children with disability in a normal set-up.

2.6 PARENT'S AWARENESS ON AUTISM				
Variables and Category	School A(N=60)		School B(N=60)	
Knowledge Of Autism before child was detected with Autism	Frequency(n)	Percentage (%)	Frequency (n)	Percentage (%)
Yes	4	6.67	12	20
No	56	93.33	48	80
Source Of Information	N=4		N=12	
Articles			7	58.33
Others (M.B.B.S.)	4	100	5	41.67
Took Training on Autism After child Diagnosed with Autism	N=60		N=60	
Yes	11	18.33	42	70
No	49	81.67	18	30

f) Parent's awareness on autism is presented in table 2.6. About 93% of parents from school A and 80% from school B did not knew about Autism before their own child were diagnosed with the same. Once diagnosed only 18% of the parents of school A took training on autism whereas 70% of the parents of school B took training which is comparatively much higher than school A. When asked about the source of training, all the parents from both the schools, confirmed to get the training from AWF workshops. Therefore its evident from this that School B is more active in giving training not only to the parents of enrolled children but also to others outside their school.

g) *First heard about Autism-* In table 2.7, Parent's awareness about their child is presented. Majority of the parents (school A 52% and school B 63%), first heard about autism when their children were detected with the same which was around 3-6 years of their child's age. This supports that fact that autism is mostly diagnosed around this age as well as general awareness about autism is less.

2.7 PARENT'S AWARENESS ABOUT THEIR CHILD				
Variables and Category	School A(N=60)		School B(N=60)	
Age Of Detection	Frequency(n)	Percentage (%)	Frequency (n)	Percentage (%)
1-3 Years	22	36.67	19	31.67
3-6 Years	31	51.67	38	63.33
6-9 Years	5	8.33	2	3.33
9-15 Years	2	3.33	1	1.67
Diagnosis Destination				
Local Hospital	21	35	18	30
AWF	9	15	12	20
CRP	2	3.33		
Bangladesh Prothibondhi Foundation	8	13.33	22	36.67
Private Doctors	17	28.33	6	10
Abroad	3	5	2	3.33

h) Challenges faced by the parents are presented in table 2.8. When asked about the kind of challenges they face, response were overwhelming. 83% and 65% parents from school A and B felt that everything is a challenge for them. This includes neglect from the family, spouse, and friends, schooling, misconceptions, lack of provision, acceptance and understanding of people, transportation, holidaying, and last not the least hospitals as well. Majority of the parents tried regular school constituting 85% and 80% from school A and B. Another factor is majority of parents said that they fail to teach their children in the same methodology used at school. Now this raises questions towards the attitude of parents as well as the quality of the training programs. When enquired if the organization which diagnosed their children with autism informed them about the screening tools used in diagnosing their children with autism, only 5% and 3% from school A and B confirmed the same. These are the parents who went abroad for the diagnosis.

2.8 PARENT'S CHALLENGES WITH THEIR CHILD AND SOCIETY				
Variables and Category	School A(N=60)		School B(N=60)	
Challenges faced from Society	Frequency(n)	Percentage (%)	Frequency (n)	Percentage (%)
Lack Of People's Understanding	3	5	11	18.33
Regular Schooling	7	11.67	10	16.67
All	50	83.33	39	65
Tried a regular school for your child				
Yes	51	85	48	80
No	9	15	12	20
Ability to follow same methodology at home				
Yes	7	11.67	21	35
No	53	88.33	39	65

iii. Experience of Regular school

Parents from both the schools had very unfortunate experiences of putting their children in regular school. They had to face lots of criticism from the parents of normal children. Teacher's too used to complain often. Some of the school authorities refused to even listen to them. This is really sad as awareness is so poor among people.

iv. Reason of not being able to teach children with school's teaching methodology

The response was varied. Parents of school A mostly said that are not very well versed with the method and children does not even want to listen to them, they had pressure of taking care of home and family. Most of the parents of school B said that it's difficult to follow the same at home always as the environment is different and they are not teachers as well as children does not always want to sit with them. This is alarming as parents should be confident to provide an environment which is autistic friendly as home.

2.9 PARENT'S AWARENESS/PERCEPTION ABOUT THE SCHOOL

Variables and Category	School A(N=60)		School B(N=60)	
Reason of choosing sample school for their child	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Best School in Bangladesh	25	41.67	28	46.67
No other school available	21	35	9	15
Recommended by hospitals/friends/doctors	14	23.33	23	38.33
Like most about the school				
School Authorities	1	1.67	21	35
Teachers	42	70	18	30
Environment	3	5	1	1.67
Curriculum and Methodology	1	1.67	2	3.33
Vocational Training	13	21.66	2	3.33
Parenting Programs			6	10
Extra-curricular activities			10	16.67
Satisfaction with school and child's progress				
Very Happy	2	3.33	12	20
Moderate	53	88.33	42	70
Not Happy	5	8.33	6	10
Tenure of enrolment				
Less than a year			4	6.67
1-2 yrs	2	3.33	12	20
2-4 yrs	9	15	9	15
4-6 yrs	23	38.33	11	18.33
More than 6 yrs	26	43.34	24	40
Is child happy to come to school				
Yes	60	100	60	100
No				
Child likes most in the school				
Friends	3	5	2	3.34
Teachers	9	15	15	25
Extra-curricular activities			9	15
Daily activities	17	28.33	18	30
Vocational Trainings			8	13.33
Don't Know	31	51.67	8	13.33
Child dislikes the most in the school				
Force to do something	11	18.33	9	15
Noise	7	11.67	15	25
Don't Know	30	50	26	43.33
Nothing	12	20	10	16.67

i) Parent's perception about their school is presented in table 2.9. Parent's satisfaction about a school tells a lot about the quality of the school. 42% of parents from school A and 47% from school B said that the reason of choosing the school is that their school is the best in Bangladesh. Whereas 35% of parents from school A choose this school as no other schools are available nearby, whereas only 15% of school B parents feel the same. Satisfaction level is moderate for both the school's parents. Parents of school B like the school authorities most in the school accounting to 35% compared to school A's only 1%. 70% of parents of school A like the teachers most compared to school B's 15%. No parents from school A mentioned parenting program in the liking list whereas 10% parents of school B mentioned it. It's an indication of lack of parenting program in school A and quality of the parenting program is a question for school B as only 10% mentioned the same. Parents should know about their child's likings as well as disliking. In case of children with autism, as they lack expression, it's much more important to know the same to protect them and enhance their qualities. When asked what their children like and dislike most in the school, almost 50% of the parents of school A said that they don't know about it. 13% parents of school B did not know what their children like at school and 43% did not know what they dislike most in the school. Parent's capability and attitude is a big question in this matter. Do the parents are less capable due to lack of training or they don't take enough initiative to know is the question. Schools in Dhaka are cramped and have very less play space. More than 40% of parent's feel that the school should have a play area for the children.

v. Information on screening and assessment tools

All the parents from both the school confirmed that the school never informed or discussed about the screening and assessment tools used to assess their children's problems and progress. They had no knowledge about any such tools and their functions.

2.10 PARENT'S PERCEPTION OF THE TEACHERS AND SCHOOL AUTHORITIES

Variables and Category	School A(N=60)		School B(N=60)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Relationship with Teachers				
Friendly	41	68.34	54	90
Formal	11	18.33	6	10
Distant	8	13.33		
Relationship with School Authorities				
Friendly	5	8.33	57	95
Formal	51	85	3	5
Distant	4	6.67		
Are Teacher's co-operative and helpful for your child				
Yes	41	68.33	55	91.67
Moderate	14	23.33	4	6.67
No	5	8.34	1	1.66
Does Teachers have enough knowledge/experience/training in handling autistic children				
Yes	6	10	11	18.33
Moderate	49	81.67	47	78.34
No	5	8.33	2	3.33
Is School Authorities co-operative and Helpful				
Yes	42	70	57	95
Moderate	16	26.67	3	5
No	2	3.33		
Does School authorities gives enough information/update of child				
Yes	15	25	56	93.33
Moderate	43	71.67	4	6.67
No	2	3.33		
Does School allow to participate in planning/evaluation of the child				
Always	40	66.67	57	95
Sometimes	18	30	3	5
Never	2	3.33		
Are concerns dealt with empathy and recommendations incorporated				
Yes	52	86.67	57	95
No				
Sometimes	8	13.33	3	5
Can participate in school activities and child's learning				
Always			48	80
Sometimes	42	70	12	20
Never	18	30		

j) An autistic child can develop to the fullest only when three pillars are well connected and supportive of each other. They are obviously the parents, teachers and the school authorities. Table 2.10 states the parent's perception of the teachers and school authorities. Over most of the parents from both the school, share a good relationship with the teachers and school authorities and feel that they are well- informed about their children and enough help is given to their children. 95% of the parents of school B share a friendly relationship with school authorities compared to 8% parents of school A. This shows that school authority of School B must be more available for the parents than school A. 80% of parents of School B confirms that they can participate in children learning which was not present in case of school A. This is an evidence of school B's authorities understanding of the importance of working in collaboration with parents.

vi. Expectations from the teachers and school authorities.

Parents of both the school felt that training and knowledge of the teachers are moderate and they need to update the same. More material base should be created. About 47% and 42% of parents from school A and B felt that school authority should arrange a play area for the children. 70% of the parents from school A suggested taking them out to a play area outside, where they will willingly volunteer. 50% of parents from school A and 54% from school B urged the authority to move the school to a bigger spacious set up.

2.11 PARENT'S EXPECTATION FROM THE GOVERNMENT AND PERCEPTION OF THEIR CHILD'S FUTURE

Variables and Category	School A(N=60)		School B(N=60)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Expectations of the Government				
Others (Rehabilitation)	9	15	39	65
All	51	85	21	35
Future of Their children				
Secure	1	1.67	2	3.33
Insecure	52	86.67	49	81.67
Uncertain	7	11.66	9	15

k) Parents of autistic children have a lot of expectations from the government which is evident from table 2.11. 85% of the parents of school A mentioned all (provisions, facilities, training, awareness, diagnosis, funding, and rehabilitation) as their expectation from the government. Whereas 35% of school B's parents expected the same. 65% of them expected Rehabilitation programs and homes for their children. This is much clearer in the graph below:-

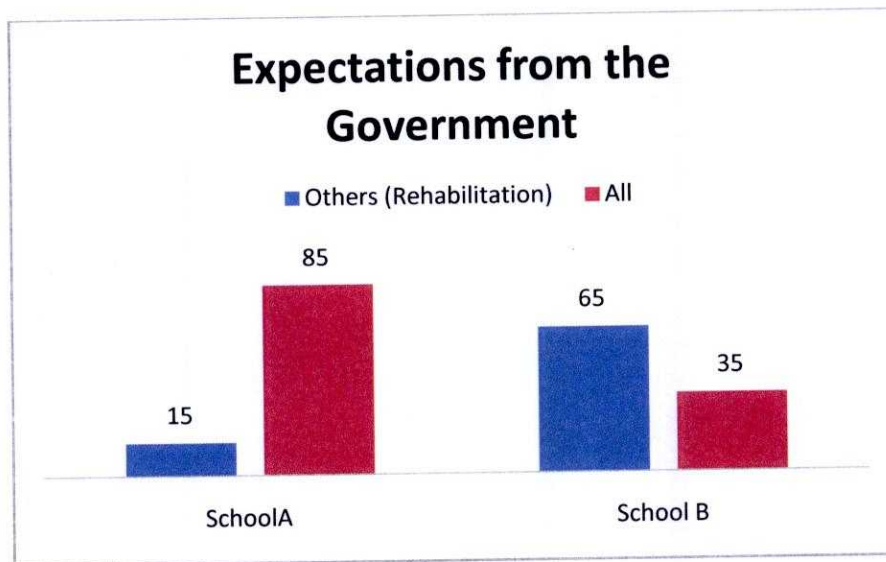


Figure 5 Parent's Expectation from the government

Most of the parents of both the schools found their future insecure in present situation of Bangladesh. They all agreed that due to lack of understanding, empathy and provision the future of their child is uncertain. This is shown clearly in the following graph.

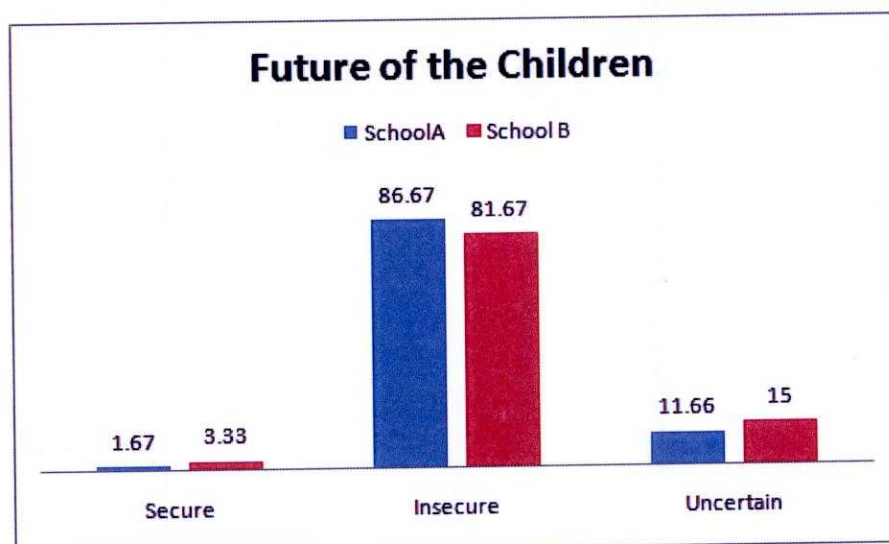


Figure 6. Parent's perception on future of autistic children

More than 80% of the parent's feel that their child's future is insecure. Sadly some of the parent's even wished death of their children before them as they felt that nobody will take care of their children except they themselves.

7.2 Result of Teacher's Interview

The demographic characteristics of the sample school teachers are presented in Table 3.1. Majority of the teachers are female. (85% in school A and 78% in school B). This is a shortfall as children with autism do need role models as they are visual learners. Existence of male teachers can fulfil that.

3.1 DEMOGRAPHIC CHARACTERISTICS OF SAMPLE SCHOOL TEACHERS.				
Variables and Category	School A(N=50)		School B(N=58)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Age				
20-30	26	52	16	27.59
31-40	14	28	34	58.62
40 +	10	20	8	13.79
Gender				
Male	8	16	13	22.41
Female	42	84	45	77.59
Marital Status				
Married	35	70	41	70.69
Unmarried	15	30	17	29.31
Members of the Family				
Two	6	12	12	20.69
Three	14	28	10	17.24
Four	12	24	16	27.59
More	18	36	20	34.48
Religion				
Muslims	46	92	54	93.11
Hindu	2	4	3	5.17
Buddhist	2	4	1	1.72
Number of children You have				
	N=35		N=41	
No	5	14.29	12	29.27
One	20	57.14	10	24.39
Two	10	28.57	16	39.02
Three			3	7.32

Most of the teachers are married (70% in school A and 71 % in school B). 14% of the teachers from school A and 29% from school B did not have any offspring.

3.2 SOCIO ECONOMIC STATUS OF SAMPLE SCHOOL TEACHERS				
Variables and Category	School A(N=50)		School B(N=58)	
Monthly Income of yours	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Below 5000	7	14	16	27.59
5000- 10,000	36	72	27	46.55
Above 10,000	7	14	15	25.86
Only Earning Member of Family				
Yes	10	20	12	20.69
No	40	80	46	79.31
Monthly Income Of Family				
5000-10000	2	4	8	13.79
Above 10000	48	96	50	86.21
Another Source Of Income				
Yes	40	80	28	48.28
No	10	20	30	51.72
Characteristics Of Other Source Of Income	N= 40		N=28	
Tuition	30	75	17	60.72
Par Time Job	5	12.5	3	10.72
Business	4	10	4	14.28
Others	1	2.5	4	14.28
Relationship Between Income And Expenditure	N=50		N=58	
Yes	35	70	15	25.86
No	15	30	43	74.14
Special Needs Including Autism In Family				
Yes	5	10	4	6.90
No	45	90	54	93.10

b) Though, the teachers were not the sole earner in the family mostly (Table 3.2), most of the teachers contributed about Tk 5000- Tk10000 per month (School A-72% and School B- 46%) towards the family income which was more than Tk 10000 per month. (96% in school A and 86% in school B). 80% of the teachers of school A have other source of income compared to 48% of the teachers of school B. The other source of income mainly comes from tuitions. 70% of the teachers of school A reported that they could manage family expenditure from the income earned compared to only 26% of teachers from school B able to do that most probably as 52% of them does not have any other source of income. This can be a cause of less motivation among teachers which can be damaging for the children.

3.3 EDUCATION, TRAININGS & EXPERIENCE OF SAMPLE SCHOOL TEACHERS

Variables and Category	School A(N=50)		School B(N=58)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Educational Qualification				
Undergraduate	5	10	13	22.41
Graduate	12	24	17	29.31
Masters	33	66	28	48.28
Training & Specialization				
Yes	8	16	7	12.07
No	42	84	51	87.93
Had training before service				
Yes	5	10	8	10.79
No	45	90	50	86.21
Had Training on Job				
Yes	50	100	58	100
Training Arranged by school administration				
Yes	50	100	58	100
Current Job relation to training				
Moderate	5	10	4	6.90
No so related	5	10	2	3.45
Everything is related	40	80	52	89.65
Total Experience in teaching autistic children (Years)				
<1	11	22		
1-3	13	26	7	12.07
3-6	15	30	17	29.31
6-9	6	12	30	51.72
9>	5	10	4	6.90
Working Experience in Sample school (Years)				
<1	11	22		
1-3	13	26	7	12.07
3-6	15	30	17	29.31
6-9	6	12	34	58.62
9>	5	10		
Position in school				
Supervisor	2	4		
In charge	11	2	7	12.07
Associate	18	36	25	43.10
Assistant	13	26	20	34.48
Therapist	1	2	1	1.72
Specialist teacher	5	10	5	8.62
Training & Specialization Characteristics				
	N=8		N=7	
ECD	2	25		
B. Ed	1	13	3	42.86
M.Ed	1	13	2	28.58
B.S. Ed	3	38	1	14.28
Occupational Therapy	1	13	1	14.28
Training Duration				
Above 12 months	8	100	7	100
Autism Concept in Training				
Yes	1	12.5	1	14.28
No	2	25		
Some	5	62.5	6	85.72

c) Teaching children with autism is a challenge and needs training and experience (Table 3.3). People working with autistic children for years also, find the need to update themselves often with new teaching methods as well as strategies. Education is must for teaching profession because that's what to be delivered to the students. Most of the teacher's in the study were found to hold master degree. School A had 18% teachers with master degree than school B. But the question of teaching capability arises as 10% and 22% of the teachers from school A and B were undergraduates. More than 80% of teachers from both the schools neither had any specialization in teaching nor had any training before joining service. All the teachers had training on the job. Only 16% of the teachers from school A and 13% from school B had specialization in teaching but majority confirmed presence of some concept of autism in their course. That is definitely not enough to teach children with autism. 30% of the teachers of school A had 3-6 years experience of teaching autistic children, whereas 52% of the teachers of school B had 6-9 years of experience. School B teachers definitely have more experience. 22% of the teachers from school A have less than one year of experience. This raises big questions on the capability of these teachers in handling children with autism as little error can be damaging for these children. In both the schools only one occupational therapist is there, which is again an issue as one therapist cannot be supportive for 78 to 108 children. There was no speech therapist and physical therapist in both the schools. It's again a big query, how can the schools work without the same as most of the autistic children do have language problem and fine motor issues.

3.4 TEACHER'S KNOWLEDGE ON AUTISM

Variables and Category	School A(N=50)		School B(N=58)	
Causes of Autism	Frequency(n)	Percentage (%)	Frequency (n)	Percentage (%)
Psychology	3	6	4	6.90
Neurology	7	14	9	15.52
Genetics	2	4	5	8.62
Vaccinations	3	6	3	5.17
Unknown	25	50	23	39.65
Mix Of All	10	20	14	24.14
Autism is found more in				
Boys	45	90	58	100
Girls				
Same	5	10		
Reason Behind Increase In Prevalence of Autism				
Advance In Diagnostic Criteria	15	30	20	34.48
Awareness among people.	25	50	32	55.17
Environmental causes	4	8	2	3.45
Availability of multidisciplinary Staffs	6	12	4	6.90
Do Autistic Children Have Strength				
Yes	45	90	54	93.10
No	5	10	4	6.9
Strengths of Autistic Children	N=45		N= 54	
Special Interests	10	22.22	11	20.37
Rote Memory Skills	10	22.22	12	22.22
Visual Processing	11	24.44	14	25.92
Attention to Details	2	4.45	5	9.26
Affinity for Routine	7	15.56	9	16.67
High IQ	5	11.11	3	5.56
Is Autism Curable	N=50		N=58	
Yes	3	6	1	1.72
No	47	94	57	98.28
How Early Can Autism Be detected				
1 to 3 years	48	96	57	98.28
3 to 6 years	2	4	1	1.72
Can Autistic Children lead a normal Life?				
Totally Agree	3	6	2	3.45
Totally disagree	5	10	4	6.90
Possible with help	42	84	52	89.65
Right time to start teaching Autistic children				
Less Than 3 years	11	22	35	60.34
3-6 years	9	18	2	3.45
As soon as detected	30	60	21	36.21
Can Autistic children be a part of normal school in Bangladesh				
Yes	15	30	21	36.21
No	35	70	37	63.79

d) Definitely teachers are expected to have strong knowledge on autism (Table 3.4) as without that it's impossible for them to be able to unlock the world of the autistic children. All the teachers from Head teacher to assistant should possess good knowledge to cater to the needs of these children. Though all learn by trial and error but it can be damaging in case of autistic children and it cannot be noticed as the children itself have multiple issues. The teachers of both the school possess a basic knowledge on autism. Around 50% teachers from school A and 40% from school B said that cause of autism is unknown which is a fact. Whereas 44% and 55% from school A and B supposed causes as such psychology, neurology, genetics and mix of all, which can be reason as per the recent scientific research. But 6% and 5% teachers from school A and B even felt that the cause of autism was vaccination which is a myth. Majority of the teachers knew that autism is found more in boys compared to girls, is not curable, autism is detected within 1-3 years, children with autism do have strengths etc. But the question of aptitude and attitude occurs as about 10% and 7 % teachers from school A and B, who said that autistic children don't have strengths and totally disagreed that they can lead a normal life if help is given. The teachers when asked about the strengths, commented special interests, rote memory skills, visual processing skills, high IQ and affinity to routine as strengths. Astonishingly, only 4% and 9% teachers from school A and B said "attention to detail" as a strength. All the teachers should know this as the methods like ABA and TEACCH which these schools follow are based on this fact only. Unless teachers know this, how will they be able to design the lesson plan according to the children's requirements?

3.5 THE MOST CHALLENGING BEHAVIOUR FACED BY TEACHERS WORKING WITH AUTISTIC CHILDREN

Variables and Category	School A(N=50)		School B(N=58)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Behaviour				
Language Problems	5	10	11	18.97
Emotional Immaturity	1	2	2	3.45
High Anxiety	3	6	1	1.72
Lack of Self Control	6	12	3	5.17
Screaming	3	6	5	8.62
Violent Behaviour-aggression, hitting, spitting,	12	24	15	25.86
Depression	1	2	3	5.17
Sexual Behaviour	9	18	6	10.35
Lack of Toilet Training	10	20	12	20.69
Coping Characteristics				
Always	17	34	19	32.76
Most Of the times	15	30	17	29.31
Sometimes	11	22	13	22.41
Never	7	14	9	15.52

e) There are ample challenges in teaching autistic children and needs specialized knowledge to deal with the same. Table 3.5 presented the most challenging behaviour faced by teachers as well as their coping capability. The same is explained by the graphs in figure 7 and figure 8.

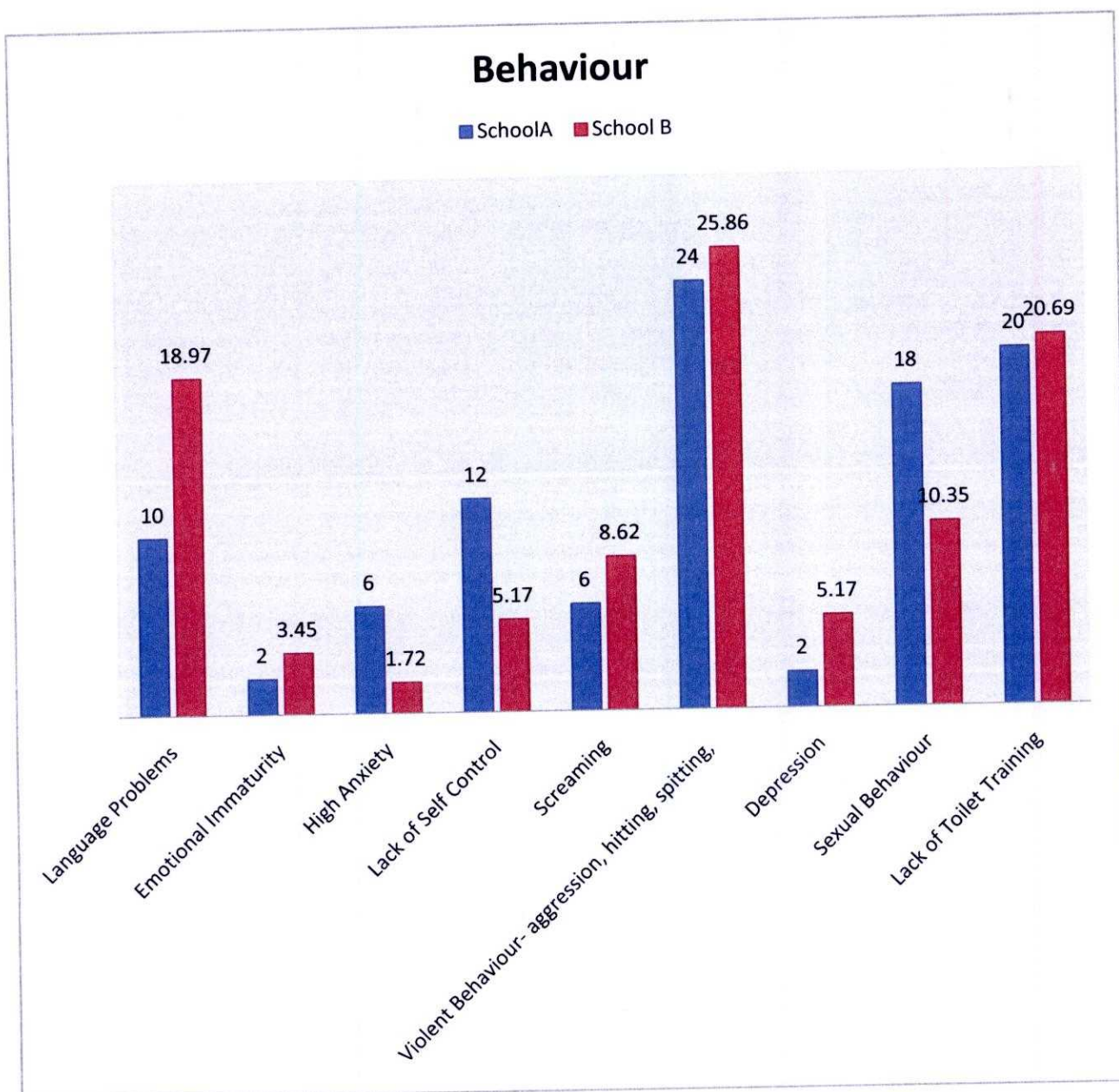


Figure 7: Most Challenging Behaviour faced by Teachers of Autistic children

The above graph shows that 24% teachers of school A find violent behaviour to be most challenging followed by lack of toilet training (20%) and sexual behaviour 18%. Teachers of school B also found violent behaviour 26% to be the most challenging followed by lack of toilet training (21%) and language problem, 19%. Both the school teachers share similar problems.

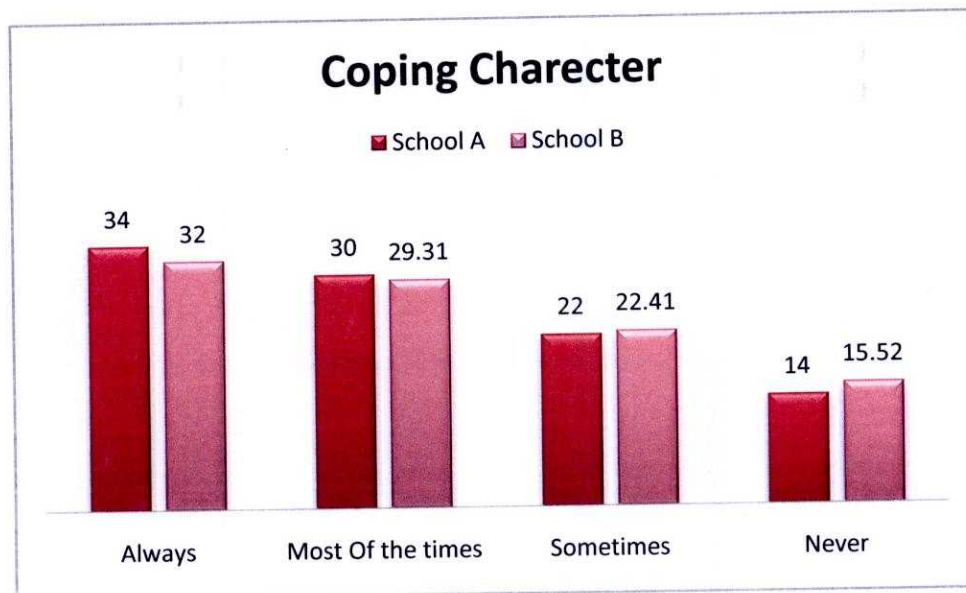


Figure 8: Teachers Coping Characteristics of Challenging Behaviours.

34% and 33% of teachers of school A and B, feel they can cope with challenging behaviours always and 14% and 16% of them from school A and B feel they can never cope up with the challenging behaviours which a disturbing finding as that can be a hindrance in learning and development of these autistic children. And the time lost will be difficult to recoup.

3.6 TEACHER'S PERCEPTION ABOUT THE SCHOOL				
Variables and Category	School A(N=50)		School B(N=58)	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
School Position				
Best In Bangladesh	45	90	53	91.37
Moderate	3	6	4	6.9
Poor	2	4	1	1.73
Shortcomings/constraints of the School				
Training and Knowledge	6	12	9	15.52
Materials and Resources	15	30	10	17.24
Play Area	12	24	16	27.59
Space	16	32	20	34.48
None	1	2	3	5.17

f) Teachers view about their school is equally important (Table 3.6) as this not only projects the school's credentials but also the teacher's motivation of working in the setup. If teachers feel good about their schools they surly will work to the fullest. Teachers are practically present in the school and they know the shortcomings of their school like no one.

Approximately 90% of the teachers from both the schools feel that their schools are the best in Bangladesh. The big question is why the rest of them approximately 10% feels otherwise? This can raise eyebrows about the relationship, perks and motivation of these 10% teachers. More than 50% of the teachers of both the schools feel that space and play area is the shortfalls of the school whereas 30% and 17% of teachers from school A and B feels they lack materials and resources. This is also speculative as without ample materials, it's a big challenge to cope with the requirements of these children.

3.7 CURRENT PRACTICES OF THE TEACHERS				
Variables and Category	School A(N=50)		School B(N=58)	
Use of Training at Work	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
All	27	54	31	53.45
Most of them	15	30	19	32.76
Some	6	12	7	12.07
Little Bit	2	4	1	1.72
Can Follow All Training Rules In Class				
Yes	37	74	46	79.31
No	13	26	12	20.69
Most Important Matter In Classroom Facilitation				
Children's Needs	19	38	25	43.10
Teacher's opinion	5	10	10	17.24
Parent's opinion	8	16	7	12.07
Administrative process	3	6	4	6.90
Teaching methodology	15	30	12	20.69

g) Table 3.7 presents the current practices of the sample teachers. 54% of the teachers of both the schools feel they can use all of the training in teaching whereas around 16% and 13% teachers from school A and B said they can use some or little bit of the training. Around 20% of the teachers said that they can never follow all the training rules in class. This raises a question on the practicality and cultural appropriateness of the trainings the teachers go through. 38% and 43% of the teachers from school A and B, said that children's needs are of most important to them in class room facilitation, whereas 30% and 21% of them from school A and B, stressed on the teaching methodology. About 32% (school A) and 36% (school B) teachers said that their own opinion, parents and school authority's opinion were most important. Now, the big question is how can the teaching methodology, teachers, parents and school authority's opinion become bigger than children's needs? Isn't all should be targeting the needs of the children?

i. Knowledge on autism

Most of the teachers from both the school could say the full form of ASD. School A had 22% teachers with less than a year's experience and they were unable to say the full form and said that its "autism". This surly shows that they did not have any training at all, therefore what kind of help will they be able to give the children is doubtful. When asked what ASD means, all spelled out the symptoms of autism and 75% from school A said that it's a neurological disability and 82 % of the teachers from school B said that it's a developmental disability. No one did mention why it is called "Autism **spectrum** Disability", as the main information is in the word "spectrum". This is understood as not a single teacher could name all diagnostic groups which come under the spectrum of autism. 3% of teachers from school A and 5% from school B mentioned Asperger's only.

78% (School A) and 92% (School B) of the teachers knew about Leo Kanner, who first described Autism. Most of the teachers from both the schools were able to say the symptoms as well as obstacles of autistic children like lack of eye contact, lack of communication, socialization, repetitive behaviour, tantrums, hand flapping, life skills etc but they all missed out the minute details like lack of seeing the big picture, making connections, cause and effect, understanding own selves etc which is why pictures are used to teach them and big tasks are broken down to smaller ones.

ii. Perception on autism

30% and 36% of the teachers from school A and B feels that children with autism can be a part of normal school as they have the capability and time is changing and awareness is more than before whereas 70% and 64% of teachers from school A and B feels otherwise as schools are not ready to accept them, and they keep coming back to their schools.

iii. Teaching Methods, Screening and Assessment Tools Known

81% and 91% of the teachers from school A and B said that they knew the following methods of teaching and they use all of them at their respective schools. They are PECS, ABA, TEACCH and Social stories. 5% and 4% of the teachers from school A and B knew about Art therapy, Music therapy, Play orientation and Sensory Integration as they were specialist teachers and Occupational therapists. Rest 14 % and 5 % teachers from school A and B couldn't mention any methods which questions their efficiency. When asked to describe the methods a very different picture came out. Both the schools teachers had very similar knowledge on the methods.

Regarding ABA, most said that a work is broken down into smaller tasks in ABA method. According to Simpson, "ABA emphasizes proactive antecedent approach while also providing effective strategies for intervening after behaviour has occurred. Basically the method involves an ongoing and comprehensive analysis of the child's environment, appropriate curriculum and instructional activities, appropriate motivation, control, and positive classroom structure, which will increase the student's desired behaviour". (Simpson, 2005). ABA is actually all about analysing behaviour and applying a strategy in terms of changing the environment or the activities to get the desired behaviour. That is why it's called Applied Behaviour Analysis which is definitely not what the teachers defined.

Regarding PECS also, most of the teachers had very similar idea that is learning with the help of pictures. This is actually an augmentative communication program for autistic children who have communication problems. This helps to communicate with the help of exchanging pictures. And this also have many stages, starting from basic exchange of wide range of pictures, getting adult and peer attention, discrimination of pictures, forming sentences and answering question with pictures and expansion of all. (Simpson, 2005). None of the teachers knew about them.

Regarding TEACCH, similar results were found; all said that it's teaching with a structure, which is correct but what kind of structure is create and how is it created was not explained. The main principal behind this method is to modify the environment to accommodate the needs of the autistic children with the help of four components- physical organization, Visual schedule, Work systems and task organisations. (Simpson, 2005).

Regarding Art therapy, music therapy and play orientation too, teachers lacked in-depth knowledge. Their answer was stipulated to drawing, singing as well as playing games. However many children can be very sensitive to colours and noise, therefore the idea of understanding and analysing individual needs were missing, which gives an idea that the knowledge is limited and repetitive in nature as they use same method for all the children, which is not appropriate. All these methods were addressed as best methods for teaching autistic children in Bangladesh by all the teachers as they feel that the children really learn through these. Now as the teachers were found to have very superficial knowledge on the methodologies, their capability on analysing the children's learning is a big question.

When asked about the screening tools and assessment tools used by them to access the children's problem and progress, 99% of the teachers from both the school couldn't mention any particular name of any tools used by them. All of them confirmed that they use certain formats but were not able to explain how they used them. Only 1 supervisor from each school

mentioned DSM-IV-TR but couldn't explain how they used it. This shows lack of training and the quality of the problem as well as progress assessment of each children studying in these schools needs to be questioned.

iv. School Curriculum and Assessment

The teachers of both the school confirmed that they follow set formats to track the child's progress. They keep the profile of the child, assessment and evaluation form, communication checklist, Individual Education plan, daily routine & daily log. According to the teachers of school A the curriculum is limited to Communication, Bengali, English, and Mathematics and Life skills without fire and earthquake drills. School B teachers said that they follow a regular school curriculum with all the subjects and life skills expect fire and earthquake drills. Now in a country like Bangladesh which is prone to calamities, won't fire and earthquake drill be a must, more so that the school is situated in an overly crowded place and not to forget, they are autistic children. Both the school teachers said that the IEP, assessment and evaluation is done by the supervisors and then shared with the parents. Multidisciplinary staff input is less as both the schools only have one occupational therapist and school B's therapist only sits once week.

v. Teaching aptitude

Reason of working in autistic school

94% and 93% of the teachers from school A and B said that they joined the school just for a job without any knowledge of autism. They never even heard the name autism. The reason of continuing to work with these children was varied from love for the children, good working environment, co-operative co-workers and school authorities and most of them felt that it's a noble job.

vi. Future plans

45% and 28% of the teachers from school A and B wanted to change their profession in future if better opportunity comes in terms of perks. This questions the motivation of these teachers and their contribution in teaching autistic children. Teaching children with autism needs a lot of motivation and empathy, in case of lacking of the same, can be damaging for the children. 38% and 12% teachers from school A and B said that they would like to move to another school for autistic children in case better position and salary is given rest believe not to change to other school as they are happy working in this school.

vii. Level of Patience

Around 80% of the teachers of both the school said that they can be patient until the school timings. 5% and 2 % of the teachers from school A and B said that they find it difficult to be patient sometimes. 15% and 18% teachers from both the schools said that they have lot of patience. As the job is emotionally demanding, teacher's frustration is obvious, which can be mitigated with counselling and trainings. In fact all the teachers said that they do get depressed an angry on times and the reason was varied from getting drained, not being able to understand the needs of the children, lack of parents co-operation and due to excessive work load at home and school. When asked how they mitigate it, 60% and 49% of the teachers said that divert their attention to something else. Now as teachers are less and children are more, how are the teachers able to do that during working hours is a question. The rest of the teachers accounting to 40% and 51% have diverse ways of regulation themselves from crying, not thinking about it , trying to understand the children, and reminding about the children's handicap situation. Teacher's mental health has a serious connection to the wellbeing of the children's. And from the above it's clear that they do get stressed out and need help to recoup.

viii. Handling aggressive behaviours

24% and 26% of the teachers from school A and B found violent behaviour to be most challenging and 34% (school A) and 33% (school B) teachers said that they can handle the behaviour always. When asked how they mitigate the behaviour, around 70 % of the teachers from both the schools said that by using the teaching methodology. Now, it was evident that their knowledge on the teaching methodology was restricted therefore the question remains how efficiently are they able to mitigate violent behaviour with their restricted understanding of the methodology.

ix. Handling parents concerns

Teachers of school A commented that parents are less co-operative and it's a challenge to make them understand. They said that they try and communicate to the parents regularly and keep them informed about their child's progress whereas teachers of school B said that the parents are very co-operative and participative in nature and they are do regular counselling by telling them what they should do with their child at home. Keeping parents informed is actually a good way to get trust from the parents.

x. Teacher's perception & relationship with the school authorities and parents

a. Working environment

89% and 92% of the teachers from both the school said that they enjoy working in the present setup as they like the friendly environment of the school and also the relationship they share with the authorities and co-workers. 11% and 8% of teachers from school A and B feel otherwise as they feel their salary is relatively lower than the amount of work they have to do. They expected a better salary. These are most of the teachers who are relatively newer and have completed less than or near about a year of work in the school and definitely their salary is low due to less experience. This can cause drop outs.

b. Relationship with parents

All the teachers of both the school feel that they have a good relationship with the parents. Teacher's of school A, feels that parents are less co-operative whereas teachers of school B find parents to be very cooperative. The relationship between teachers and parents need to be co-operative as both need to trust each other for the betterment of their children which is a concern for school A.

c. Relationship with School Authorities

Working with autistic children requires motivation, co-operation and resilience. Teacher's relationship with the school authorities is the key to achieve them. Drop outs of teachers can be reduced as well. All the teachers of school B said that they share a warm relationship with the authorities and find them to be empathetic to the needs of the teachers which are a positive thing. 92% of the teachers from the school A feel the same but 8% feel their relationship is moderate and the authorities help sometimes.

d. Facilities from school

Both the teachers of school A and B gets bonus twice a year on Eid festival. 3% of the teachers of the school A confirmed that they got the opportunity to go to Netherlands for training under their international collaboration project Prerona whereas 4% of the teachers of school B confirmed that the school gave monetarily for higher studies. These all definitely motivates the teachers.

e. Suggestion to making the school an ideal institution for autistic children

According to both the school teachers, school resources are not enough and needs a lot of face lift. Together they all felt that a big building with open space and play are is required and more books for teacher's knowledge as well as hands on materials is needed to make the school an ideal set up. This is definitely lacking in the present set up.

xi. School Activities

a. Programs

Teachers are expected to know about their school and activities in detail. It projects their knowledge & devotedness. Around 10% of the teachers of school A and 2% of the teachers of school B couldn't say how many sections are there in the school and their timings. These teachers are relatively new and this raises a question only on their interests as well as orientation programs during probation period. Teachers from school A confirmed that 14 sections in total, 10 in the morning shift and 3 in the day shift where as school B has 15 sections in the morning and 15 in the day shift.

b. Services of the school

Both the school's teachers said that other than teaching for autistic children, they have parenting programs, practical training for specialists and teachers, vocational trainings, therapy, publications of articles on autism and awareness programs. Though the teachers mentioned therapy as a service, how efficient it is a question mark as there is only one occupational therapist for each school and there is no physical and speech therapist involved.

c. Meetings

Meeting are an important part of any school as the parents can know in detail about their child and teachers can also get feedback from the parents. Similarity teachers and school authorities should have formal meetings so that the school authorities can know about the progress of the children, teachers as well as understand the problems of the children and the teachers. And the teachers are able to share their thoughts with the authorities. School A and B both had parent's teachers meeting three times in a year. School A does not have any fixed time for internal staff meetings, it s done on requirements whereas School B has the same two times in a year.

d. Celebrations and extracurricular activities

All the major functions are celebrated by both the schools. There are no extra-curricular activities for the parents in both the schools. Computer class, music lesson, vocational training and gymnasium time is there in both the schools.

7.3 Results of School Authorities Interview

Both the Principal who are the founder of both the schools were interviewed separately to understand their motivation on running the school, challenges they face as well as their expectations from the schools.

a. Education and Training- Both the school authorities did not have any specialized formal training on autism. The school authority from School A had a bachelor's degree in science whereas the founder of school B completed her M.B.B.S. They both got trained on autism when their child got detected with autism, abroad and the specialized schools trained them. Later they self trained themselves through books and by attending seminar.

b. Motivation for the school's establishment- School A was the first school and was established by 5 mothers of autistic children as there were no school available for the same. The principal of school B was also one of the mothers and co-founder of the school A. She moved out and made her own school due to disputes with the remaining founder members. That's the reason both the school have a similar kind of set-up and teaching methodology. School A faced a lot of challenges to establish the schools due to lack of funding, expertise, training, awareness, and parents' co-operation and did not get any kind of support, where as School B had a lot of support from the parents and teachers of School A. A lot of teachers moved with her from the previous school.

c. Idea about Autism and school's role in uplifting the quality of life for the children and their families- Both the school authorities had a clear understanding on autism and felt said that it's the most challenging disability but with proper intervention there is hope for autistic children. Both the school authorities feel that they were are pioneers in bringing awareness among people and they feel the schools plays a big role as they offer education, training, home package program , counselling for parents, vocational training for autistic children, publications and workshops in and outside Dhaka. Though there is lots of programs but as parents and teachers knowledge was found less and restricted, efficiency and quality of such programs is a big question.

d. Admission criterion and concessions- Children are normally admitted in both the schools in January based on availability of seats as there is always a waiting list of children. Fee structure was found very similar in both the setup. School A and B both have under privileged children studying with full scholarship in their schools. From this it's clear that, there are many more autistic children in Bangladesh who are not getting care as the schools have limited capacity and waiting list is long. Now what is happening to these children is a question.

e. Government and International help- Both the schools get negligible help from the government and whatever they get is a struggle as a lot of work goes behind getting that petit amount. School A gets logistic and Training support from Finnish Government under the Prerona project. School B gets help mainly from the parents and private organisations in Bangladesh. Both gets very limited help and funding is really a challenge for them. This is also the reason that though they want to do a lot of things they are unable to proceed.

f. Challenges- Both the school authorities felt that their main challenge is funding related issues. Due to lack of funding, they cannot hire therapists as they are very expensive. They are unable to move to a spacious setup though they understand the need to do so. They fail to get trained teachers as they cannot pay high salaries, they find it difficult to ensure teachers motivation and dedication as most of the teachers relies on tuition for extra income. Teachers leave often as the salary is low.

g. Selection of teachers- Both the school authorities admitted that as they cannot pay well, their selection procedure is not very strict, though they give preference to teachers with experience but that is not the main criteria always. Mainly they are explained about the disorder and nature of work and they are put under a probation period of 6 months.

h. Monitoring and evaluation of teachers- Evaluation of the teachers is done in both the schools based on their attendance record and performance. School A has regular examinations for teachers but school B yearly evaluation based on observation.

i. Motivation strategies for teachers and parents- Both the school follow certain attendance criterion based on which the teachers attendance, certain awards are given. They share a cordial relationship with the teachers and information exchange. Parents are motivated through parenting programs and cordial relationships. Though School A finds difficult to involve parents as they are less co-operative. Both the schools have home visiting programs, but how effective is that is a question as parents knowledge was found very limited.

j. Methodology- Both the school authorities follow a mixed method consisting of ABA, TEACCH, PECS. They both feel that as the problems of the children with autism are universal, the mixed method is the best suitable for all the children. Now as the knowledge of the teachers as well as parents were found limited, the perfectibility of the methods used is a question.

k. Why teachers and parents should choose the sample schools- Both the school authorities said that they are the best school and provide best teaching methodology and a good working environment for the children as well as teachers.

l. Future of the autistic children studying in the sample schools- The school authorities feel that the children do have a future as they are training them in vocational so that they can earn a living for themselves and they have future plans of making a home for these children. But both the principals did not mention about children being able to move to normal schools as some autistic children who are high function can move to a regular school. And there is always a possibility of normalization of some children.

m. Expectation from the government- Support in funding is the biggest expectation which came out. Making provisions for teachers training, awareness programs as well as creating a statistics for autistic children and future rehabilitations are some of the other expectations.

n. Expectations from the sample schools- Both the school authorities want to see their school as an organisation where all the care from diagnosis to awareness programs can be given under one roof. They want to spread autism awareness to every nook and corner of Bangladesh and wish to see their institution as an exemplary one. This definitely needs funding and appropriate training.

7.4 Result of Classroom Observation

6 classrooms were observed, three in each school. The classroom for observation was selected based on 3 age groups, Early Years, 7-11 Years, and more than 15 years old. Three different age groups were selected to observe if the care and needs of the age group is met and if the teachers can mould the methodology according to the individual requirements of the children. As there are lot of older children in both the schools, it's interesting to know, what kind of challenges the teachers face and how do they mitigate them. The teacher –child ratio is presented in table 4.1

Table 4.1 Teacher children ratio in the classrooms observed.

School A		School B	
Early Years	1:2	Early Years	1:3
7-11 Years	1:3	7-11 Years	1:2
> 15 Years	1:2	> 15 Years	1:3

a. Physical characteristics of the classroom- Both the school's classrooms were small to medium sized, not very well-lighted and well-ventilated. They were some are pretty dark and even teachers need to put on the light during day time. Both the school's classrooms were moderately clean. In School A most of the classrooms were overly decorated as the same classrooms are used by two shift students. In school B classes were not at all decorated and most of the walls were bare with some labels which were almost falling off and faded and torn out. Classrooms were found to be noisy in both the schools due to proximity to the road.

And school A had classrooms with partition, which also makes the classrooms noisy. In school B, though all of the classrooms do not have any partition, still they are small and close to each other. Teachers always close the door to reduce distraction, which creates suffocation. In both the schools, same classrooms were used by two shifts children. As children with autism cannot see a big picture and needs clarity for understanding, overly decorated smaller rooms can be distracting and discomforting as some of the children with autism are overly sensitive to colours. Again bare walls can be a hindrance in their learning as autistic children are very visual and needs stimulation.

b. Strengths of the Classrooms- In School A, in early years and older group classrooms, there was three teachers and six children, in the 7-11 years group there were three teachers and nine children, whereas in school B in early years and older group classrooms, there was three teachers and nine children, in the 7-11 years group there were three teachers and six children. There were no parents present in any of the classrooms in both the schools. In both the schools, in all six classrooms there was no occupational therapist found which is natural as both the schools had only one occupational therapist each. Definitely he cannot cater to all the children's needs. Now the big question is what will happen to all these children's needs and are the teachers able to do so in place of the specialists. But none of the teachers had any qualification or training in speech therapy, physiotherapy and occupational therapy.

c. Safety Issues- Autistic children can be aggressive at times and they can hurt themselves as well as their peers. Classroom needs to be autistic proof, to avoid accidents. All the classrooms were not carpeted which can avoid such behavioural accidents. The staircase was steep and narrow, but in good condition in both the setups. In both the schools some classrooms had toilets inside the classrooms, whereas some had it outside and was used by two or more classrooms. In School A toilets were not very clean and water was spilled all over making it slippery and accident prone. School B's toilets were moderately clean. Both

the school's toilets had label but were not appropriate for both sex groups of children as pictures were showing only one sex group which can be confusing. Toilets were also not child sized and age appropriate. Labels were confusing, though labels showed use of soap and tissue to wash hands and wipe hands after toilet use, there was no tissue and some classrooms no soap as well in the toilets. Lack of monitoring is evident. The chairs, tables and doors were relatively safer in both the classrooms. Bangladesh is a calamity prone country and had history of disasters. Therefore it should be necessary to have fire-drills and earth quake drills. No signs were found in the classrooms. There was no first-aid box in any of the classrooms. Nurse station was also not there.

d. Teacher's Organization and Materials- Children with autism need help in different spheres of actions. To help them, it's important to understand their needs and give immediate solutions right then. This can happen only when the teachers are organized and have enough materials to support the same. To prepare children, teachers too need preparation. Class rooms did not show any preparedness of teachers. There was no sign of preparedness in any of the classrooms. Materials were scarce and there was no separate area for reading or separate play area. All the children had very similar programs, while needs were different. Teachers were not able to attend to the needs of the moment and modify the methodology and the lesson plan according to the needs. For instance, there is a system of rewarding children after completion of work, so one of the teachers gave a car to one of the child to play and went to attend other children. Now the child kept rubbing the car on the table and had no eye contact. Now the question is what kind of reward is that and what learning is happening out of that. Instead, if a cut out paper would have been given with a road drawn on it, asks the child to move the car on the paper, then on the drawn road, at least, the child could have stimulated his senses. These kinds of many instances were observed in all the classrooms and the efficiency of the teachers is a question. Over all the classrooms are not pleasant and well organised and very less of children's work is displayed in the classes. No material is kept for the children to choose independently.

e. Teacher's attitude and temperament- Children with autism have different kinds of needs and it takes a lot to understand them which is only possible when they have a good temperament and positive attitude. This was fortunately evident among all the teachers. They smiled and greeted the children and their parents. They mostly were attentive and helpful. They were found, informing the parents about their child and listening to them patiently. Over all teachers possessed a good and apt attitude and temperament.

f. Teacher's preparedness and interaction with the children- Interaction of the teachers with the children were noticed in most instances, but as the ratio between teachers and student was 1:2, and 1:3 and some children needed more attention and some children were withdrawn, teacher's couldn't give uniform attention to all and some children were seen bored and even in the older classes sexual behaviour and tantrum was noticed, teachers lacked techniques to tackle them, and all the classroom sounded troubled. Teachers were found struggling in handling the aggressiveness of the children as they were physically stronger. Teachers were not found taking notes about the children or observing them. No tools were used to access their progress in the classroom. But otherwise the teachers were found in control of the class and looked happy. Over all though the teachers had initiative but the environment was not prepared enough to handle the diverse needs and teachers were not seen always able to tackle aggressive situations.

g. Physical Facilities of the school- Both the schools had limited physical facilities interims of space, and apparatus. Play ground was not there and children in both the setup plays indoor in a small area, which is also used for other purposes, Music apparatus is restricted to a harmonium and no small apparatus like maracas, bells or triangles were found. Audio- visual aid, nurse station and first aid box were not found in any of the classrooms. There was computer lab, therapy room, vocational training room, gymnasium and therapy room in both the schools but all had limited space. Over all the physical facilities is definitely a constraint for both the schools.

h. Quality of services in the Centres- The quality of the services in the centre was not found appropriate. Both the schools other than educational program also confirmed on running parenting programs, awareness programs, practical training for multidisciplinary staffs , outreach programs, home visits and confirmed use of therapy, vocational programs for older children. The schools lacked materials, physical space as well as trained teachers and staffs. Both are over stuffed with children more than its capacity. By interviewing the parents it was clear that their knowledge regarding autism was not appropriate to take care of their children. Most of them were still found demoralized. This shows that the parenting and awareness programs are not up to its standards. The training program given to the multidisciplinary staff was really confusing as they were not taught, but left in the classroom to observe and learn by themselves and no evaluation was done by the school. Outreach programs were like package programs parents use, which either is still on the waiting list or stay too far to put their child in the particular school. But no home visit or evaluation is done to check the progress of these children. Though the school authority wants to do the same but

is not able to, due to lack of staff as well as funds. Materials for vocational training are scarce and due to lack of enough staff, children are not used to their fullest potential. Appropriate provision for multiple therapies is not available in the schools. Over all though intentions are good but due to lack of funds and expertise, services of the centres are not able to match up to their own intentions.

7.5 Results of documents review

Any organised setup should have documents of daily activities and programs and records of staff, attendant, meetings, drop outs etc, as that helps as a proof for future situations and helps to self evaluate the organisation. Both the school did not have records of internal school meetings, parenting programs, awareness programs, government funds and help, drop out of teachers and students, teacher's trainings, teachers assessment, safety drills etc. whereas both the schools had child' profile with very limited information, IEP and attendance records of the students as well as parents. Around 80% of the children were found to be having moderate to good attendance in both the schools. 95% of the School B teachers had cent percent attendance compared to 83% of teachers of school A. This might be a challenge as both the schools have a scarcity of teachers. The reason might be as a lot of teacher's do tuition after school hours which might be mentally and physically tiring. Both the schools have a waiting list of children of more than 150 students at present. Schools are not capable to accommodate them due to space and resource constraints.

The researcher attempted to capture how a child with autism spends his day in the school. This can give an idea of the child's condition over-all. The boy is six years old and lacks eye contact and even possesses poor fine motor skills.

Table 5.1 One day spend observing one autistic child's activities in school.

Activity and Time	Child	Teacher	Comments
Reached school with father. 8.45 a.m	He was sitting on the swing and looking at the ceiling.	Teacher also reached the school and rushed upstairs. She greeted the child.	Security Guard greeted the father but not the child. He helped to put his bag near the swing. It would have been nice if he greeted the child too.
Assembly 9.00 a.m. to 9.15a.m. National Anthem Physical education with drum beats.	<p>a. The child lined and is standing in the front of the line.</p> <p>b. He was shutting his eyes with the drum beats and even covering his ears with his hands often.</p> <p>c. The child was trying to restrict his teacher and free his hands from her.</p>	<p>a. Teacher stood behind the child. She was talking to co-teachers sometimes. She was sometimes restricting him to move from his place.</p> <p>b. The teacher was trying to restrict him from coving his ears and was holding his hands.</p> <p>c. Teacher moved his hands up and down and side to side with the beat of the drums.</p>	<p>The child looks like was sensitive to loud noise like drums. As he was standing in the front, the sound of the drum was irritating his much more.</p> <p>Teacher did not pay attention to the problem he was facing instead forced him to follow the exercise routine.</p> <p>If she would have paid attention to his problem, she would have put the child far from the drums or tried some other activity with him.</p>
Grouping Class 9.15-9.30a.m Sharing and playing with other children.	a. The child started playing with a toy car and was continuously moving the car on his work station. He was not sharing the toy with anybody and making no eye contact.	<p>b. Teacher called his name and asked him to share his toy with another child.</p> <p>b. Teacher politely but with a little force took the car and gave it to the other child.</p>	a. Though teacher was paying attention to the child but she did not have a plan to encourage sharing the toys like making them sit in front of each other and playing games by holding hands or passing the car to each other.

	<p>b. The child couldn't follow the teacher's instructions.</p> <p>c. He was standing and near the bathroom and looking at the sky.</p> <p>d. He got his turn and was again rubbing the car on the work station.</p>	<p>c. The teacher brought him back and made him sit on his chair.</p> <p>d. Teacher asked him to pass the car to her.</p>	<p>b. Though she knew that the boy lacks eye contact, no plan was noticed to develop that area. Like instead of just allowing the child to move/rub the car on the work station, if she would have made a cut out of a road and encouraged the child to move the car on the road instead of the work station, there would have been a better chance of developing eye contact in the child over the time.</p>
Snacks Time 9.30 to 10.00. a.m.	The child was sitting on his desk and eating his lunch. He was making some sounds from his mouth and often standing up. Food was falling on the desk from his hands.	The teacher was sitting next to him and helping to put the food inside his snack box. She was often reminding him to sit down and eat.	There was no table mat given to the children. This could be easily made by the children as a part of art work and then laminated. The food was falling all over the desk and even on the floor. Teacher did not teach or helped the child to put the fallen food back in the box, instead did everything by herself This is definitely hampering learning life skills. Though the teacher looks very helpful.
Academic Class 10.00-10.30am. Learning English alphabets and its sounds.	<p>a. Child was looking at the ceiling of the classroom. He was just following his teacher without looking at the book.</p> <p>b. He was looking at the fan and sounding some of the alphabets</p>	<p>a. Teacher was making the child join the dots made by her on the book and making alphabets by holding his hands and moving to make the shapes.</p> <p>b. She was showing the alphabets to him and the sounding it. Like "a".</p>	<p>a. As the child lacks eye contact, instead of giving him an activity to join the dots to make alphabets, if alphabet cut outs from materials he can feel like sand paper or silk cloth, would have been provided, learning would have been more.</p>

<p>Play time 10.30 a.m- 11.00 a.m.</p> <p>Running and rolling the ball.</p>	<p>a. The child was spinning very fast.</p> <p>b. Child throws the ball down and starts screaming. He refuses to run. He wanted to sit down.</p>	<p>a. The teacher stopped the child and spoke to him.</p> <p>b. Teacher rolled the ball to the boy and another teacher picked the ball and gave it to the child and told him to run.</p>	<p>All the children came down to play. But the place was small and closed. So Children were getting tired and wanted to sit down.</p>
<p>Music Time 11.00 a.m to 11.15 a.m.</p> <p>Singing Bengali rhymes with the teacher in groups.</p>	<p>The child was again closing his ears and eyes and standing up often. He was not singing</p>	<p>The teacher was trying to control all the children and sing at the same time. She was forcing this boy to sit down and sing.</p>	<p>Two sections children were sitting together in a small corridor area. It was crowded and noisy.</p> <p>The teacher failed to understand and help the child as he was finding the music and noise of the instruments had to bare.</p> <p>The teacher did not have any alternative work plan, like any other activity, for the boy, which could have helped him to learn and not suffer.</p>
<p>Going Home 11.45 a.m. to 12.00 noon.</p>	<p>The child was waiting in the classroom and walked down with the teacher to go home. He saw his Mom and smiled and responded to the teacher by waving his hand.</p>	<p>The teacher handed the child to his mother. She greeted her, told her he was fine and waved at the child.</p>	

Chapter 8 Discussions

Autism is a neurobiological lifelong disability. Bangladesh like any other country too has a large number of autistic children. There is lack of care giving and educational facilities for these children, it is imperative to know about these children, their parents, teachers, and the existing facilities and their experiences in dealing with these children.

The study attempted to fill in this knowledge gap through case study of the two oldest schools in Dhaka city initiated by parents of the autistic children. Findings reveal that there is poor knowledge about autism among the parents, that there is poor care and educational facilities in these schools that teachers lack professional training to deal with these children and finally, lack of appropriate initiatives from the government. These are discussed below with implications for program development.

Reconfirmed Facts: By analyzing the demographic and SES characteristics of parents and children certain facts about autism were reconfirmed and found similar for Bangladesh. The fact that autism is more prevalent amongst boys than girls was found to be true in the study as data showed 70% boys had autism as compared to 30% girls. Males account for more than 80 percent of the million-plus Americans with autistic disorders (Cowley, 2003).

Majority of the parents were found to be highly qualified with good earnings and a good lifestyle. The parents were found to be from various demographic zones, which proves the fact that, family income, lifestyle, racial ethnic, demography of a country and education levels does not influence the occurrence of autism. Majority of the families had single earning member which defies the myth that lack of care due to working mothers is a probable cause of autism in children. Most of the families had less history of disability in the family which points to the fact that autism is not solely genetic in nature.

Lack of awareness: By interviewing the parents, teachers and school authorities the study found that, there is a substantial lack of awareness on autism among primary stake holders. Majority of the participant parents in the study never heard about autism prior to the child being diagnosed of it. Most of the teachers as well did not know anything about autism other than the fact that it is a disability, before joining the school. Parents of these children face lots of challenges due to lack of awareness in the society. Parents, teachers and school authorities of the sample schools shared that due to lack of awareness and understanding, the

children face non acceptance in normal schools, and due to discomfort of the teachers and parents alike, these children are send back to special schools despite many having normal abilities. Parents confirmed facing all sorts of challenges in hospitals during diagnosis process. Some of the parents being doctors themselves confirmed that they themselves had very limited knowledge of autism in their own studies, while autism covered only one chapter of the complete medical course.

Parents confirmed facing neglect from family, friends, society due to misconceptions such as autism being “gods curse”, resulted from neglect from mother during pregnancy etc.

Lack of infrastructure: Parents, teachers and school authorities confirmed that there is a serious lack of infrastructure for autistic children in Bangladesh. Starting with lack of basic courses in autism and its care, even the established courses such as M. Ed, B. Ed, Bs. Ed which are supposed to be teaching courses do not cover autism to a practical level. Trained teachers are hence a challenge to find. Considering most cases of autism are found in boys, it is surprising that there are very few male teachers found, as confirmed in the study. This makes it challenging for female teachers in handling boys as well as adults children as they cannot role model male counterparts. And as it's known that most of the autistic children are visual learners, it's very important for them to see teachers from both sexes to find relationships. In the absence of well trained teachers the basic requirements of infrastructure also lack seriously. Also, due to lack of information and specialized training on autism, the accuracy and level of diagnosis is questionable. Due to lack of general awareness and empathy even the basic medical procedures, like a blood test, or attending to regular check-ups, become a challenge for the parents as well as the paediatricians. There is no centre for a combined check up for autism and its related issues.

The study shows that parents are coming from multiple demographic zones, showing that autism is not localized in a particular area in Bangladesh. Schools are limited in the capital due to which parents are forced to break their families further into a sub nuclear form to avail even this limited facility. This further breaks down of the family which is detrimental to the autistic child's care. While the government is trying to attend to some special requirements of people with other disabilities, the parents, teachers and school authorities confirmed that they did not even understand the different needs of an autistic child and what they should be doing in supporting these schools, teachers and organizations.

Lack of quality school services- Both the schools are no doubt helping a lot of parents who have no place to go with their children. But the schools are not able to provide

quality services neither to the parents nor to the children. The schools are crowded as more children are admitted than its capacity, compared to the fewer teachers. Same classroom are used by two shift children which does not allow the classroom to have any characteristics and therefore children does not feel warmth and a sense of belonging to their classroom. It causes difficulty even for the teachers as well. Both the schools due to lack of space is not able to provide a warm environment to the children, teachers and parents. Condition of teaching materials was found very poor.

Due to lack of training in teachers, age appropriate individualistic teaching aids and therapy, children are not able to reach their fullest potentials. Therefore the basic objectives of the educational programmes are not reached by the schools. Though both the school had Individual Education Plan for individual children, but none of the schools confirmed using any of the well known assessment tools to assess the child's progress. It's based simply on teacher's observation which should have been fine if the teachers are trained to do observation. Unfortunately that's not the case. Both the schools used certain formats to assess the child's progress, created by them.

Though the schools claimed to have parenting programs, awareness programs, outreach programs, vocational training an extra-curricular programs but they are not monitored and evaluated well as awareness among parents and even some teachers were found poor. In occasion like sports day, some parents confirmed that only better children are chosen and their children are deprived which shouldn't be the motive. Regarding vocational training also, some teachers confirmed doing the main work and the finishing of the products made and children was doing the basic works, which definitely will not help the children in the long run. The reason given for such action was that these products are sold and should look good; otherwise nobody will be willing to buy them. This is evident that a lot of training and counselling is required for the teaching staffs.

Most of the parents were found not too happy with the services of the school and always preferred a regular school for their children. They felt that the children are getting some benefits from the school as they don't have any other place to go. But wish for a better set-up.

Lack of knowledge and motivation among parents: A significant number of the parents were found not to be involved in any kind of training post diagnosis of their child's autism. Most of the fathers were reluctant to even discuss the subject and found it easier to neglect the issue. The parents confirmed not being able to spend sufficient quality time in

home training the children though it is a must for all autistic children. Many of the parents were found to be ignorant about the likes and dislikes of their autistic child, which can be the root cause of aggravating the child's autism levels. Parents had limited knowledge on the teaching methodology for autistic children in general, and specifically on what are being followed by the school. This typically questions the capability, knowledge, motivation of the parents as well as the parenting program's efficiency.

Lack of In-depth knowledge in teachers on autism: Most of the teachers did not have organized training on autism prior to joining the schools. Almost all of the teachers had only hands on training in their respective schools. On interviewing the teachers, it was found that their knowledge on the teaching methodology was limited and similar which can be challenging in handling children with autism where the needs are not similar. It was found that the teachers were not able to modify the methodology as per individual child's requirements, which was also confirmed during classroom observations. The teachers were found to lack in organizational skills as teaching materials were scarce and not individualistic.

Lack of monitoring and funds in schools: It was evident that both parent and teachers had limited knowledge on autism, despite having gone through training programs in schools. This is indicative of poor monitoring systems and the effectiveness of training. Documentation was scarce and not enough to do any kind of data analysis of the performance of the school, teachers and the children's progress. On interviewing the school authorities, it was clear that their intentions were positive but due to lack of funding, schools were not able to reach their own expectations. Schools lack infrastructure and resources and is constantly challenged in getting trained teachers, materials and basic amenities required for the special care of autistic children. Parents and teachers both strongly felt that the school is trying their best but is handicapped due to lack of funds and resources.

Lack of government initiative: Both, the school authorities and the teachers had expectations from the government in terms on facilities, provisions, awareness, funding, rehabilitation and vocational training for the autistic children. They also felt that the government was also lacking in ensuring that their own policy of having free access to normal schools for all children also applies in the case of the autistic children. The school organization felt strongly that government should device special programs to support such

schools and have more schools opened up in other areas as well to increase accessibility to all.

Unlike other developed countries where the general awareness in society and government supported programs and infrastructure helps secure the future of these children much easier than in developing countries. The parents of autistic children in these countries have support by means of Supplemental Security Income, from the government, the possibility of securing the future care of the child in case of death of parent by creating a Will, fixing a guardian or special needs trust. These options are only possible because there is awareness and the infrastructure to support.

Chapter 9 Conclusions

In conclusion, it can be said that the educational facilities and the care available for autistic children is very limited in metropolitan Dhaka. There are very limited provisions for services of autistic children even in Dhaka. Mostly better off families and parents with comparatively higher level of awareness are able to avail these services, whereas large majority of the population of lower socio-economic groups are deprived of these services.

The existing services are not of high quality due to lack of funds, awareness and training. Though they are of help to the society and the autistic children as no regular schools admit these children, but they are not able to use the child's potential to its fullest.

Major reason being lack of awareness among the primary stakeholders, such as the parents, teachers and school authorities. The infrastructure that has developed from mainly private initiative is too meagre to address this large and complicated problem. The country's ignorance and lack of study on the subject is seriously hampering the care and wellbeing of these autistic children who could otherwise be groomed as productive citizens of the country.

A very strong drive from the government is required to understand autism and its problem, sensitize the population through extensive positive awareness-building campaigns and develop and facilitate required infrastructure in supporting the autistic child, the parent, the teacher and the these schools.

9.1-Recommendations

As understood that the problem is vast and needs multiple attentions. But in existing situations certain immediate changes or modifications should be brought in, so that children with autism studying in these schools can also benefit from the programs. Considering the state of funds, training and infrastructure initiatives should be in three phases, short-term, mid-term and long term.

Short Term (2years)

Existing autistic schools should work together and plan a program to evaluate their teaching aids; teacher's training programs, therapy programs, parenting programs, awareness programs, outreach programs as well as vocational training programs. By understanding the flaws and strengths of each school, joint actions should be taken to use the strengths of each school to rectify the flaws in the other schools.

Jointly efforts should be made by the autistic schools with the help of the government to get training from established autistic schools and experts from neighbouring countries as well as western countries. Government should participate in funding the same.

As funds is a big huddle, crash courses like age appropriate material making, teaching methodology, individualism, academic lesson plans, handling challenged behaviours, use of therapies, monitoring, evaluation and assessment methods and programs, building self regulation among teachers, etc, should be arranged through video conferencing with international experts.

Videos from various autistic schools from neighbouring countries should be used to train the parents and the teachers.

Joined awareness programs, outreach programs, training programs and parenting programs should be arranged, which will not only reduce cost and time but also help in effective and uniform knowledge flow to the all.

Schools should celebrate functions like Annual day, sports day and festivals together to have a feeling of community which the parents and children get deprived off.

Collaborative programs should be organised by the schools, involving parents in material making, donation of books and other useful goods which will be used by all the schools. This will ensure community feelings in parents as well as help in reducing the cost of the schools in providing the same.

To ensure involvement of the parents in school's activities and their children's learning, schools should encourage parents to build a parenting group/forum. This group will voluntarily participate in daily school activities. Each one of the parents can be a representative of one of the classroom, normally known as Class Mothers, who can help the new enrolled children's parents with information as well as pass the grievances of the parents to the school authorities. The school will be benefitted as their work pressure will reduce and it will create a healthy relationship among parents and school.

Schools with experience and commitment should be supported by the government to expand these services outskirts of Dhaka and overall Bangladesh. Schools should link up with regular schools in the outskirts of Dhaka and provide training to the teachers, parents as well as general public in that locality which will ensure identification, acceptance and education of autistic children staying there.

Mid-term (5 years)

An extensive, positive and effective awareness-building campaign on autism should be instituted in the country for change of attitude and behaviour towards people with features of autism; the co-operation of parents, teachers, and educational specialists will be essential for this.

Innovative methods such as folk songs, popular theatre, case studies etc. should be used to reach the largely illiterate population of the country.

Government with the help of the existing autistic schools, Ngo's as well as doctors and multidisciplinary staffs like therapist should train the people, local doctors and teachers of local schools in and outside Dhaka city, so children from lower socio-economic group gets access to education and treatment.

Government should create a special curriculum with the help of the above mentioned experts for the autistic children ensuring their inclusion in the inclusive education plan.

Government should arrange for supplementary income and facilities for parents with autistic children as well as support in funding and monitoring the existing autistic schools.

Long Term (10 years)

Government should form strict norms, which all the upcoming autistic schools will have to pass to register their schools. Strict action should be taken against schools which are not registered by in operation. This will ensure quality schools and services.

Government should pass a law, that every autistic school, have to admit certain percentage of under privileged children and provide free education.

Government should be pro-active in taking initiative to fund, open specialised schools, and monitor its activities under its general activities under the care of disabled people.

Any disability survey in the country should explicitly include people suffering from autism and a national data base should be developed for designing program intervention, its implications and monitoring of activities.

Government should create professional training facilities on autism for teachers, specialists; a critical mass should be developed fast to take leadership in the country.

Provisions for rehabilitation and vocational training of the people with autism are necessary for their social rehabilitation. Government should reserve positions to be filled up by autistic children in government services.

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11 Appendix

11.1 Approval letter from BRAC University

Date: December 12, 2010

To

Subject: Approval for the access of program field for the research of Masters' in Early Childhood Development.

Dear Sir/Madam,

This is to inform you that Ms/Mr..... is a students of MSc. in the Early Childhood Development, IED-BRAC University need your support to conduct a research for his/her Masters program.

I would therefore request you to allow this student to use the field under your authority for the purpose of the research of Masters Thesis. I am ensuring you that, information, documents, data, manuals, materials, as well as the research findings shall remain confidential by the students and will not be used or disclosed without your consent.

With Regards



.....
Mahmuda Akhter

Head of Early Childhood Development Resource Centre

IED-BRAC University

11.2 Application letter for Data Collection

Date: 9th January 2011

To,

The Principal/ Head of School Authority,

Subject: Application for using your school for data collection for Research.

Dear Mam/Sir,

Greetings! I Arpita Majumdar, am a Montessori Teacher & Trainer and presently doing a research in Institute of Educational Development (IED) BRAC University under the supervision of Dr Syed Masud Ahmed, Senior Research Co-ordinator, BRAC Research and Evaluation Division, to fulfil my Master's course In Early Childhood Development.

The Title of my study is "Exploring the state of institutional care and educational facilities available for autistic children in Dhaka city." To complete my study, I am required to collect data from two schools caring for autistic children and their families, running more than two years and is situated in Dhaka. Therefore, I choose your school as a sample for my study. In the data collection process, there will be interview of parents, teachers including therapists and school authorities. There will be class observation and review of some school documents as well.

The time required will be from 9th of January till 13th January.

I assure you that that the sole reason of this study is for completing my masters as well as to bring in a global change in the care for Autistic children and families through awareness and information. I assure you that the data collected will be solely used for research and no harm will be caused to the school's reputation. Full confidentiality and anonymity will be maintained throughout and even after the research. No one will be able to link the data collected to specific individual and the school. While collecting the data, care will be taken not to influence the participants as well as disrupt the school routine. Every body's rights and thoughts will be dealt with respect.

I am sure that this research will bring a major change in the field of autism care and for that I will need your support and permission to do the data collection.

Warm Regards

Arpita Majumdar

11.3 Consent form for parents and teachers

Consent form (Parents/Teachers/School authorities)

I _____ am a _____ has been agreed and enthusiastic about participating in the research title “Exploring the state of institutional care and educational facilities available for autistic children in Dhaka city”, with the condition that the researcher will not deceive me in any form, will maintain confidentiality and anonymity of the information collected from me. No physical or emotional harm will be caused to me and my family and dignity will be maintained throughout. I understand the purpose of the research and willingly agreed to contribute.

Signature of the participants

11.4 Schedule for parent's interview

**MASTERS PROGRAM ON ECD
BRAC UNIVERSITY
BUIED, DHAKA**

SCHEDULE FOR INTERVIEWING SAMPLE SCHOOL'S PARENTS

1.2 Survey Name: Exploring the state of Institutional Care and Educational facilities for Autistic children available in Dhaka city.

3. A. Demographic characteristics of the child

a) Name

b) Age

☐ Below 2

☐ 2-4

☐ 4-6

☐ 6-8

☐ 8-10

☐ 10-12

☐ 12-15

☐ 15-20

☐ More than 20

c) Gender

☐ Male

☐ Female

d) Marital status

☐ Married

☐ unmarried

e) Religion

☐ Muslim

☐ Hindu

☐ Christian

☐ Buddha

☐ Others

f) Present address:

g) Which part of Bangladesh they come from:

h) How long they have been staying in Dhaka:

1. B. Demographic characteristics of Parents :

a) Name:

b) Age

☐ Below 20

☐ 20-30

☐ 31-40

☐ Above 41

c) Gender

☐ Male

☐ Female

d) Household Composition

☐ Nuclear

☐ Sub- Nuclear

☐ Joined Family

☐

e) Number of child you have?

☐ 01

☐ 02

☐ 03

☐ More

f) Number of children with disability including the child with autism

☐ 01

☐ 02

☐ 03

☐ More

g) Do you have any history of members with special needs including autism in your family?

☐ Yes

☐ No

h) How many members do you have in your family?

☐ 02 persons

☐ 03 persons

☐ 04 persons

☐ More

i) Religion

☐ Muslim

☐ Hindu

☐ Christian

☐ Buddha

☐ Others

2. Socio economic status

- a) Monthly income of family
- ☐ Below 5000
 - ☐ 5,000-15,000
 - ☐ 16,000-30,000
 - ☐ 31000-50,000
 - ☐ More than 50,000
- b) Only earning member of the family
- ☐ Yes
 - ☐ No
- c) Any other source of income?
- ☐ Yes
 - ☐ No
- d) Characteristics of Family Occupation
- ☐ Teaching
 - ☐ Business
 - ☐ Government Jobs
 - ☐ Service
 - ☐ Ngo
 - ☐ Lawyer
 - ☐ Doctor
 - ☐ Engineer
 - ☐ Others

3. General Education, training in Autism

- a) Your educational qualification
- ☐ Under S.S.C
 - ☐ S.S.C
 - ☐ H.S.C.
 - ☐ B.A/B.S.C/BSS
 - ☐ Honors
 - ☐ Masters
 - ☐ PhD
 - ☐ Others (M.B.B.S, Engineering, Law etc)
- b) Do you have any Training in autism?
- ☐ Yes
 - ☐ No

c) If yes, from where did you get the training?

☐ Abroad

☐ Bangladesh

☐ CRP

☐ Bangladesh Prothibondi Foundation

☐ AWF

☐ SWAC

☐ CDD

☐ Banga Bandhu Sheik Mujib Hospital (Centre for autism and Neurodevelopment disorder)

☐ Shishu Bikash Kendra

☐ Teacher's Development Institute (TDI)

☐ Other

4. Concept on Autism

a) What is ASD?

b) What are the causes of Autism?

☐ Psychology

☐ Neurology

☐ Genetics

☐ Vaccinations

☐ Mix of all

☐ Birth process

☐ Hospitals' negligence

☐ Schools' negligence

☐ Black magic

☐ God's curse

☐ Unknown

☐ Don't Know

c) What is the reason of marked increase in prevalence of Autism?

☐ Advance in Diagnosis Criteria

☐ Increased awareness among public

☐ Possible environmental causes

☐ More specialized multidisciplinary staff.

☐ Others

☐ Don't know

d) What are the main obstacles to learning faced by children with autism?

- ☐ Social skills
- ☐ Emotional problems
- ☐ Self regulation and control
- ☐ Language/ communication difficulties
- ☐ Life skills
- ☐ Inflexible thinking
- ☐ Behavioral issues
- ☐ Physical skills
- ☐ Motor skills
- ☐ Cognitive skills
- ☐ Inter-personal skills
- ☐ Intra personal skills
- ☐ All

e) Do Autistic children have any strength/ positive strength?

- ☐ Yes
- ☐ No

f) If yes, what are the strengths of autistic children?

- ☐ Special Interests
- ☐ Rote memory skills
- ☐ Visual processing
- ☐ Attention to details
- ☐ Affinity for routine
- ☐ High IQ
- ☐ Others

g) Is autism curable?

- ☐ Yes
- ☐ No

h) Can Autistic children lead a normal life?

- ☐ Totally agree
- ☐ Totally disagree
- ☐ Possible with help

i) What is the right time to start teaching autistic children?

- ☐ Less than 3 years
- ☐ 3-6 years
- ☐ After 6 years

☐ As soon as detected

☐ Don't know

j) Do you think children with autism can be a part of normal school in Bangladesh?

☐ Yes why _____

No why _____

k) Do you know about the methods/ treatment available in teaching Autistic children?

☐ Yes Describe _____

☐ No _____

5. Awareness on autism

a) How and when you did first heard/ learned about autism?

b) Did you knew about autism before you child was diagnosed with autism?

☐ Yes

☐ No

c) If yes, who was your source of information?

☐ Hospital, Name

☐ Regular School Name

☐ AWF

☐ SWAC

☐ CDD

☐ CRP

☐ Bangladesh Prothibondhi foundation

- ☐ Private Doctors
- ☐ Internet
- ☐ Article
- ☐ Books
- ☐ Trainings
- ☐ Conference
- ☐ Seminars
- ☐ Others

d) Did you take some training on autism after your child was detected with autism?

☐ Yes, From where?

☐ No

6. Awareness about their child

a) At what age your child was detected that he/she has got autism?

- ☐ Less than a year
- ☐ 1- 3 years
- ☐ 3-6 years
- ☐ 6-9 years
- ☐ 9-15 years
- ☐ After 15 yrs

b) Who diagnosed your child?

- ☐ Hospital, Name
- ☐ AWF
- ☐ SWAC
- ☐ CDD
- ☐ CRP
- ☐ Bangladesh Prothibondhi foundation
- ☐ Private Doctors
- ☐ Abroad
- ☐ Others

c) Do you know about the diagnostic tools used to diagnose your child by the above mentioned source?

☐ Yes , Name the tool

☐ No

7. Challenges faced with the child

a) What are the areas of impairment in your child?

- ☐ Social skills
- ☐ Emotional problems
- ☐ Self regulation and control
- ☐ Language/ communication difficulties
- ☐ Life skills
- ☐ Inflexible thinking
- ☐ Behavioral issues
- ☐ Physical skills
- ☐ Motor skills

b) What kind of challenges do you face from relatives and society? Describe?

- ☐ Neglect from the family
- ☐ Spouse's neglect
- ☐ Friends
- ☐ Misconceptions like myths, curse
- ☐ Lack of people understands
- ☐ Lack of acceptance
- ☐ Lack of provision
- ☐ Transportation
- ☐ Residential like hotels
- ☐ Schooling
- ☐ Hospitals
- ☐ All
- ☐ Others

c) Did you ever try a normal school with your child?

☐ Yes, what was the experience like? _____

☐ No,
Why? _____

d) Are you able to teach your child at home using the same methodology used at school?

☐ Yes, _____

☐ No,
Why? _____

8. Awareness/perception about the school

a) Why did you choose the sample school for your child?

- ☐ This is the best school in Bangladesh
- ☐ This is affordable
- ☐ No other school is available
- ☐ Near to your home/ easy transportation
- ☐ Other schools are expensive
- ☐ Recommended by hospitals s/Doctors/ Friends
- ☐ Others

b) What do you like the most about the school?

- ☐ School authorities
- ☐ Teachers
- ☐ Environment
- ☐ Facilities Physical
- ☐ Curriculum and methodology
- ☐ Teacher child ratio
- ☐ Vocational Training
- ☐ Parenting programs
- ☐ Extracurricular activities for children
- ☐ Awareness programs
- ☐ Life skills
- ☐ All
- ☐ Nothing

c) What do you dislike the most in the school?

d) How long is your child studying in this school?

- ☐ Less than a year
- ☐ 1-2 yrs
- ☐ 2-4 yrs
- ☐ 4-6 yrs
- ☐ More than 6 yrs

e) Is your child happy to come to school?

- ☐ Yes
- ☐ No

f) What do your child like most in the school?

- ☐ Environment/classroom
- ☐ Friends
- ☐ Teachers
- ☐ Food
- ☐ Extracurricular activities
- ☐ Play
- ☐ Daily activities
- ☐ Vocational Training
- ☐ Studies
- ☐ Life skills
- ☐ Others
- ☐ Don't know

g) What does your child dislike the most in the school?

.....

.....

h) Are you happy with the school's overall setup and your child's progress?
Why?

- ☐ Very Happy.....
- ☐ Moderate.....
- ☐ Not Happy,

i) Do you Plan to change to another setup/school for your children?

- ☐ Yes where and why?
- ☐ No. why?

j) Are you familiar with the methodology used to teach your child by the school?

- ☐ Yes. What's the method.....
- ☐ No

k) How much time are you able to contribute everyday for your child?

l) What are the shortcomings/constraints of the school?

- ☐ Training and knowledge
- ☐ Materials and resources
- ☐ Play area
- ☐ Space
- ☐ Others

m) Did the school informed you and described about the assessment tools being used by them to evaluate your child's progress?

- ☐ Yes. Name and explain.....
- ☐ No.

9. Perception of the teacher/school Authorities

a) What kind of relationship do you have with the teachers?

- ☐ Friendly
- ☐ Formal
- ☐ Distant

b) What kind of relationship do you have with the school authorities?

- ☐ Friendly
- ☐ Formal
- ☐ Distant

c) Are the teachers co-operative, empathetic and helpful for your child?

- ☐ Yes
- ☐ Moderate
- ☐ No

d) Do you feel they have enough knowledge/experience/training to work with children with autism? Why?

- ☐ Yes.....
- ☐ Moderate.....
- ☐ No.....

e) Is the school authority co-operative and helpful?

- ☐ Yes
- ☐ No
- ☐ Moderate

- f) Do the school authority/teachers give enough information/updates on your child?
- ☐ Yes
☐ Moderate
☐ No
- g) Does the school allow you to participate in planning Individual Education plan, assessment, and evaluation of your child? Do you get hard copy of assessment and evaluation?
- ☐ Always
☐ Sometimes
☐ Never
- h) Do you get to participate about discussing about your child's problem? Are your concerns dealt with empathy and your recommendations incorporated?
- ☐ Yes
☐ No
☐ Sometimes
- i) Do you get to participate in the school activities and your child's learning? Like observing your child in the classroom. If yes, what are them?
- ☐ Always
☐ Sometimes
☐ Never

10. Expectations and suggestions from Teachers/School authorities

- 1) What are your expectation and suggestions for the school authorities and teachers?

11. Expectations for the government?

- ☐ Provisions
☐ Facilities
☐ Training
☐ Awareness
☐ Diagnosis
☐ Funding
☐ Rehabilitation
☐ All

12.Future

a) What is your thinking about your future of your child?

☐ Insecure

☐ Secure

☐ Uncertain

13.Comments-

11.5 Schedule for teacher's interview

**MASTERS PROGRAM ON ECD
BRAC UNIVERSITY
BUIED, DHAKA**

SCHEDULE FOR INTERVIEWING SAMPLE SCHOOL'S TEACHERS

**1.1 SURVEY NAME: EXPLORING THE STATE OF INSTITUTIONAL CARE
AND EDUCATIONAL FACILITIES FOR AUTISTIC CHILDREN AVAILABLE IN
DHAKA CITY.**

4. A. Demographic characteristics :

a) Name: _____

b) Age

☐ Below 20

☐ 20-30

☐ 31-40

☐ Above 41

c) Gender

☐ Male

☐ Female

d) Marital status

☐ Married

☐ Unmarried

e) Number of child you have

☐ No

☐ 01

☐ 02

☐ 03

☐ More

f) Member of family

☐ 02 persons

☐ 03 persons

☐ 04 persons

☐ More

g) Religion

- ☐ Muslim
- ☐ Hindu
- ☐ Christian
- ☐ Buddha
- ☐ Others

h) Name of the school:

i) Present address

B. Socio economic status:

a) Monthly income of yours

- ☐ Below 5000
- ☐ 5,000-10,000
- ☐ above 10,000

b) Only earning member of the family

- ☐ Yes
- ☐ No

c) Monthly income of family

- ☐ Below 5000
- ☐ 5,000-10,000
- ☐ above 10,000

d) Another source of income

- ☐ Yes
- ☐ No

e) Characteristics of other source of income

- ☐ Tuition
- ☐ Other par time jobs
- ☐ Business
- ☐ Others

f) Relationship between Income and Expenditure

- ☐ Yes
- ☐ No

g) Does anybody in your family have special needs including autism?

☐ Yes

☐ No

5. Education ,training and Experience

a) Your educational qualification

☐ Under S.S.C

☐ S.S.C

☐ H.S.C.

☐ B.A/B.S.C/BSS

☐ Honors

☐ Masters

☐ PhD

☐ Others

b) Any other Training/Specialization

☐ Yes

☐ No

c) If “yes” then what kind of training it was

☐ P.T.T

☐ ECD

☐ B.Ed

☐ M.Ed

☐ Training in special needs like B.Sed

☐ Training Course in Autism

☐ Training in Speech Therapy

☐ Language Specialist

☐ Occupational Therapist

☐ Physiotherapist

☐ Others

d) Duration of training period

☐ Bellow 1 month

☐ 1 month

☐ 3 month

☐ 6 month

☐ 12 month

☐ above 12 month

- e) Was the training included Autism concept?
- ☐ Yes
 - ☐ No
 - ☐ Some
- f) Did you take training before service?
- ☐ Yes
 - ☐ No
- g) Did the training take place on the job?
- ☐ Yes
 - ☐ No
- h) Did school administration arrange this training?
- ☐ Yes
 - ☐ No
- i) Did the Training happen in school?
- ☐ Yes
 - ☐ No
- j) How much your current job is related to the training?
- ☐ Everything is related
 - ☐ Moderately related
 - ☐ Not so related
- k) How many times in a year does the school provide Training?
- ☐ Every Month
 - ☐ Every two Months
 - ☐ Quarterly
 - ☐ Thrice a year
 - ☐ Twice a year
 - ☐ Once a year
 - ☐ More than a year
- l) How many years of experience do you have in teaching children with autism?
- ☐ <than 1 year
 - ☐ 1-3 years
 - ☐ 3-6 years
 - ☐ 6-9 years
 - ☐ > than 9 years

m) How many years are you working in the sample school?

- ☐ <than 1 year
- ☐ 1-3 years
- ☐ 3-6 years
- ☐ 6-9 years
- ☐ > than 9 years

n) What is your current position in the school?

- ☐ Supervisor
- ☐ In charge/Teacher
- ☐ Associate Teacher
- ☐ Assistant Teacher
- ☐ Therapist
- ☐ Specialist Teacher

6. Knowledge/Perception on autism and aptitude for teaching autistic children in sample school

a) What do you think is the full form of ASD? And what does it mean? Do you know about the specific diagnostic groups which come under the spectrum? What are those?

b) What do you think are the possible causes of Autism?

- ☐ Psychology
- ☐ Neurology
- ☐ Genetics
- ☐ Vaccinations
- ☐ Mix of all
- ☐ Unknown
- ☐ Others
- ☐ Parent's negligence
- ☐ Black magic
- ☐ God's curse

c) Do you know who first described about Autism?

- ☐ Yes
- ☐ No

d) If yes, who was it?

- ☐ Leo Kanner
- ☐ J.M.G. Itard
- ☐ Hans Asperger
- ☐ Others

e) What are the symptoms of Autism?

f) Autism is found more in

- ☐ Boys
- ☐ Girls
- ☐ Same

g) What is the reason of marked increase in prevalence of Autism?

- ☐ Advance in Diagnosis Criteria
- ☐ Increased awareness among public
- ☐ Possible environmental causes
- ☐ More specialized multidisciplinary staff.
- ☐ Others

h) What are the main obstacles to learning faced by children with autism?

- ☐ Social skills
- ☐ Emotional problems
- ☐ Self regulation and control
- ☐ Language/ communication difficulties
- ☐ Life skills
- ☐ Inflexible thinking
- ☐ Behavioral issues
- ☐ Physical skills
- ☐ Motor skills
- ☐ Cognitive skills
- ☐ Inter-personal skills
- ☐ Intra personal skills
- ☐ All
- ☐ Others

i) Do Autistic children have any strength/ positive strength?

- ☐ Yes
- ☐ No

j) If yes, what are the strengths of autistic children?

- ☐ Special Interests
- ☐ Rote memory skills
- ☐ Visual processing
- ☐ Attention to details
- ☐ Affinity for routine
- ☐ High IQ
- ☐ Others

k) Is autism curable?

- ☐ Yes
- ☐ No

l) How early can autism be detected?

- ☐ Less than a year
- ☐ 1 year to 3 yrs
- ☐ 3 yrs to 6 years
- ☐ 6 years n more

m) Can Autistic children lead a normal life?

- ☐ Totally agree
- ☐ Totally disagree
- ☐ Possible with help

n) What is the right time to start teaching autistic children?

- ☐ Less than 3 years
- ☐ 3-6 years
- ☐ After 6 years
- ☐ As soon as detected

o) Do you think children with autism can be a part of normal school in Bangladesh?

- ☐ Yes why _____
- ☐ No why _____

p) What are the methods available in teaching Autistic children? Describe.

q) Are you familiar with any of the mentioned methods?

➤ **Interpersonal Relationship Intervention**

- ☐ Holding therapy
- ☐ Gentle Teaching
- ☐ Option Method (Son- Rise- Program)
- ☐ Developmental Individual –Difference, Relation-Based Model (Floor Time)
- ☐ Play Oriented Strategies
- ☐ Pet/Animal Therapy
- ☐ Relationship Developmental Intervention (RDI)

➤ **Skilled – Based Interventions**

- ☐ Picture Exchange Communication System (PECS)
- ☐ Incidental teaching
- ☐ Facilitated Communication (FC)
- ☐ Augmentative Alternative communication (AAC)
- ☐ Assistive Technology (AT)
- ☐ Applied Behavior Analysis (ABA)
- ☐ Fast Forward
- ☐ Structured Teaching (TEACCH)
- ☐ Discrete Trial Teaching (DTT)
- ☐ Joined Action Routines (JARs)

➤ **Cognitive Intervention**

- ☐ Cognitive Behavioral Modification (CBM)
- ☐ Cognitive learning strategies
- ☐ Cognitive Scripts
- ☐ Social Stories
- ☐ Power cards
- ☐ Cartooning
- ☐ Social Decision Making Strategies

➤ **Physiological /Biological/ Neurological Interventions**

- ☐ Sensory Integration (SI)
- ☐ Auditory Integration Training (AIT)
- ☐ Megavitamin Therapy

➤ **Others**

- ☐ Art Therapy
- ☐ Music Therapy
- ☐ Minimal Speech Approach

r) If yes, can you describe them in short?

7. Methods and formats used in the sample school by the teacher

a) What Method do you follow in school to teach the autistic children? Describe.

b) According to you is this the best method for teaching autistic children in Bangladesh and why?

c) Do you used any kind of formats to track child's progress

☐ Yes

☐ No

d) Name and describe the assessment tools used by the school to assess children's progress?

e) If yes what are those?

- ☐ Profile of the Child
- ☐ Assessment of the child
- ☐ Evaluation form
- ☐ Sensory overload checklist
- ☐ Communication checklists
- ☐ Individual education Plan
- ☐ Daily routine/ Time Table
- ☐ Daily Individual log
- ☐ Speech checklists
- ☐ Transition form
- ☐ Challenges observed checklist
- ☐ Others

f) Do you work in the class always with multidisciplinary specialists?

☐ Yes, who are they? _____

☐ No

g) What areas does your curriculum cover?

☐ Communication

☐ English

☐ Bengali

☐ Mathematics

☐ Science

☐ Geography

☐ Physical education

☐ History

☐ Music

☐ Life skills, fire drill, earthquake drill

☐ Others

h) How do you do Assessment, Individual Education plan and Evaluation for each child? Do you do it all by yourself or with the help of multidisciplinary specialist and parents?

5. The most challenging behavior you face in working with children with autism in sample school

☐ Language problems

☐ Vulnerability

☐ Emotional Immaturity

☐ Motivation

☐ High anxiety

☐ Lack of self control

☐ Screaming

☐ Violent behavior/aggression/hitting/spitting

☐ Depression

☐ Lack of toilet Training/Habits

☐ Sexual Behavior

☐ Others

5.1. How Often can you cope/ mitigate them?

- ☐ Always
- ☐ Sometimes
- ☐ Most of the times
- ☐ Never

6. Aptitude of the Teacher

a) Why do you choose to be a teacher in an autistic school?

b) How do you feel about working with autistic children? Why good? Why not good?

How much you can be patience in teaching them?

c) How do you handle/mitigate aggressive/violent behaviours like tantrums?

d) How do you handle parent's complaints and concerns?

e) In future would you like to change your profession? Reason

f) Would you like to move to another autistic school? Reason

g) Do you get depressed on times? If yes, why and how do you regulate/motivate yourself?

h) Do you get angry on times? How do you regulate yourself?

7. Teachers' Perception and relationship with the school authorities and parents

a) What is your thinking of the sample school in teaching children with autism in Bangladesh?

- ☐ Best in Bangladesh
☐ Moderate
☐ Poor

b) Do you like working in the present setup?

☐ Yes why?

No why?

c) What kind of relationship you have with Parents? Do you get parent's co-operation in teaching their children?

What facilities do you get from the school? What kind of relationship do you have with the school authorities? Do the school authorities show co-operation with you?

Do you feel the school resources and premise is sufficient for the children with autism?

What are the shortcomings/constraints of the school?

- ☐ Training and knowledge
- ☐ Materials and resources
- ☐ Play area
- ☐ Space
- ☐ Others
- ☐ None

d) What is your suggestion to make this school an ideal Institution for Children with autism and their family?

8. Current practices:

1) How much you can use your training?

- ☐ All
- ☐ Most of them
- ☐ Some
- ☐ Little bit
- ☐ None
- ☐

2) Do you follow training rules in class?

- ☐ Yes
- ☐ No

3) In class room facilitations which matter is important to you?

- ☐ Children's needs
- ☐ Your opinion
- ☐ Parent's opinion
- ☐ Administrative process
- ☐ Teaching methodology

9. Facilities and activities of the school

e) How many classrooms are there in the school? What are the programs and what are their timings?

What are the services of the school?

- ☐ Parenting Programs
- ☐ Practical training for specialists/ teachers
- ☐ Training and awareness of public
- ☐ Awareness of government
- ☐ Vocational Training
- ☐ Therapy
- ☐ Diagnosis
- ☐ Publishing of articles on autism
- ☐ Home for older children
- ☐ Others
- ☐ Specialized courses on autism
- ☐ others

f) How many times in a year do you have Parents – teachers meetings?

g) How many times in a year do you have meetings with school authorities?

What occasions are celebrated by the school? Like sports day, Annual days and how often?

h) Do you have any extra- curricular activities for children and parents? If yes, what are those?

**MASTERS PROGRAM ON ECD
BRAC UNIVERSITY
BUIED, DHAKA**

SCHEDULE FOR INTERVIEWING SAMPLE SCHOOL'S AUTHORITIES

**1.3 SURVEY NAME: EXPLORING THE STATE OF INSTITUTIONAL CARE
AND EDUCATIONAL FACILITIES FOR AUTISTIC CHILDREN AVAILABLE IN
DHAKA CITY.**

1. Name: _____

2. Position in the school: _____

3. Educational Background:

Do you have any specialisation/training/Degree in Autism? If yes, from where did you get the training?

What's the history behind the establishment of this school? Which year was it established?

Did you face any kind of challenges in establishing the school? If yes, what were those challenges?

Did you get any kind of support in establishing the school? If yes, from where and in what kinds?

4. What is your idea about Autism and children with autism?

How do you see your school in improving the quality of life of children with autism and their families in Bangladesh?

What facilities does the school provide for autistic children and their parents? Is there any parenting program, training course on autism available?

Does the school admit students throughout the year or you have a time fixed?

5. What is the fee structure of the school?

6. Is there any scholarship available for the children? If yes, what's the basis of it?

7. Does the school target any particular strata of the society?

8. Does the school receive any help from government of Bangladesh or International organisations in terms of fund, supervision, evaluation and monitoring, training and materials? If yes, in what ways?

What kind of challenge do you think the school face on a daily basis? For example in funding, finding teachers, therapists, materials, parents understanding, local society, Government etc.

9. How do you get teachers/specialists for the school?

What's the selection procedure? What all qualities do you see in selecting the teachers?

Do they undergo any training and do they have a probation period? How long is the probation and training period?

10. Do you have evaluation for teachers? If yes, what's the procedure?

11. How do you motivate the teachers? Like rewards etc.

How do you involve parents in their children's learning, difficulties and achievements? Like celebrating sports day, inviting parents, in evaluation of their children etc.

12. Do you feel the teaching methods used by the school are appropriate for autistic children in Bangladesh in cultural context? How?

13. What's the role of the school in raising awareness about autism in public?

Why should parents choose your school compare to other school in Bangladesh?

14. What do you think, why should teachers choose to work in your school compare to other school in Bangladesh?

What do you think is the future of the children studying in your school?

15. What's your expectation from the school? What will make it an ideal setup in Bangladesh?

What's your expectation from the government of Bangladesh in respect to autism?

11.7 Guideline for Observation

1.5 Guidelines For Class Observation			
	Clear Evidence	Some Evidence	No evidence
Location of Classroom;			
Separate			
Integrated-mixed in w/general use of school rooms			
General characteristics of Classroom;			
Large or small			
Well lighted/gloomy/sunny/well ventilated			
Clean/dirty/so some extend clean/			
Well-kept or decorated			
Quiet or noisy(too close to distracting noise, cafeteria, Road)			
Strength of the classroom;			
Location of teacher's desk (students visible)			
Location of student's desks (indiv.,circle, rows, cluster)			
Areas set aside for indiv. Instruct.,quiet reading,tasks			
Location of materials and equipment(easily available)			
Condition of the learning materials (good condition, bad condition)			
Is the rm. gen. pleasant and well organized			
Is all areas in the classroom have lebel/signs?			
Is children's work displayed in the classroom, corridors?			
Separate cubbies for all children			
Book corner			
Floor time			
Eisle for drawing with different paints/colors			
Safety;			
Is the classroom gen. safe to the children?			
Is the floor carpeted?			
Is the tables and chairs child proof?			
Is the stairs safe for the children			
Location of the toilet(safe, clean, have picture cards/signs)			
Does the doors /windows have signs and are in safe condition for the children?			
Is there fire exit route signs/fire extinguisher/ Earthquake safety rules?			
Is there a first-aid box in the classroom?			
Teachers' attitude and temperament;			
Are the teacher's appropriately dressed?			
Are the teachers supportive, friendly? Teacher/student			
Teacher's tone, voice, smiles, attention, touches, caring			
Did the teachers greet the students, parents, and teachers?			
Did the teacher listen the students/parents patiently?			
Did the teacher update the parent with the child's progress?			

Teacher's preparedness and interacting with the children;			
Is teacher in control of the classroom?			
Does she have a schedule? With flexibility?			
Are the teacher's able to motivate the children to work/follow rules?			
Do students respond to their teachers?			
Does the student look happy with the teachers?			
Does the teacher understand the needs of the children?			
Does the teacher talks softly, harshly to the children?			
Does the teacher looks happy, angry, frustrated with the children?			
Does teacher deal w/disruptions in an appropriate manner?			
Are the teacher's directions clear?			
Does the teacher go to students to offer help?			
Does the teacher circulate, praise and correct?			
Does the teacher reward the children in anyways?			
Are the sessions planned and clear to help student's needs?			
Is the teacher generally skillful in teaching the students?			
Is teacher organized & consistent & flexible?			
Are the entire teacher's following the adapted method of teaching?			
In their uniformity in the teaching style of the teachers?			
Can teacher provide on-the-spot prompts, cues & assistance?			
In group sessions are all children called upon to participate?			
Do the children look angry/bored/happy?			
Physical Facilities of the school;			
Sensorial room			
Therapy room			
computer Room			
Play ground			
Art/music room and apparatus			
Nurse station			
Vocational Training Room			
Audio-visual Facilities			
Cafeteria			
Others			

11.8 Checklist for reviewing Autistic sample school's documents

**MASTERS PROGRAM ON ECD
BRAC UNIVERSITY
BUIED, DHAKA**

**CHECKLIST FOR REVIEWING AUTISTIC SAMPLE SCHOOL'S
DOCUMENTS**

**1.4 SURVEY NAME: EXPLORING THE STATE OF INSTITUTIONAL CARE
AND EDUCATIONAL FACILITIES FOR AUTISTIC CHILDREN AVAILABLE IN
DHAKA CITY.**

- 1. Number of students enrolled in last 1 year.**
- 2. Number of teachers/specialist staffs joined in last 1 year.**
- 3. Number of drop outs of children in last 2 years and reasons-**
 - a. Moved to another school
 - b. Moved to another country
 - c. Was not satisfied of the service
 - d. Preferred a regular school.
 - e. The child developed to go to a regular school. (Which school)
 - f. others
- 4. Attendance record students.**
- 5. Attendance record of teachers.**
- 6. Number of teachers left the school in last 2 years and reasons-**
 - a. Marriage
 - b. Left the country/city
 - c. Moved to another school
 - d. Shifted his/her profession
 - e. Conflict with the school
 - f. School's dissatisfaction with the teacher
 - g. Teacher couldn't cope with the pressure
 - h. Others.

7. Number of International Training held in last 1 year for teachers and staffs?
8. Number of In-school trainings held in last 1 year for teachers and staffs?
9. Records on number of times teacher's assessment/evaluation is done.
10. Records of teacher's assessment/evaluation (written documents).
11. Records on student's assessment and evaluation.
 - a. Individual Learning plan
 - b. Individual assessment/Evaluation plan
 - c. Therapy plan
 - d. Integrated logbook
12. Records of Parents- teachers meetings (written documents).
13. Records on number of trainings held for parents in last 2 years.
 - a. In-school
 - b. International
14. Records on awareness workshops for general public in last 1 year.
15. Records on government help in terms of funding, awareness and participation.
16. International/ National collaborations in last 1 year.
17. Records on in-school meetings.
18. Records on Parent Teacher meetings.
19. Records on Fire drills.
20. Records on Earthquake drills.