

Perspectives of School Educators in India on Inclusive Education of Children with Autism Spectrum Disorders

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Abstract

Inclusive education is an important as well as a challenging concept in a developing country like India. It is meant to strengthen the capacity of an education system to reach out to all learners ensuring a stable growth of the society. A developing society should ensure inclusive education irrespective of language, gender, and ethnicity/ cultural and disability. This philosophy is widely accepted around the globe and India is one among them. Though a reformation on education was initiated more than a century before, comprehensive steps for inclusive education in India were taken up only in the last few decades. However we are not sure whether the spirit of inclusive education has happened in the society and especially with teachers in its true sense. The paradigm shift from segregated to an inclusive education should be best implemented in the mind of the teachers rather than in documents. Autism spectrum disorder (ASD) would be one of the commonest disorder that would benefit from inclusive curriculum considering the figure in which the awareness created and incidents reported (Fombonne, 2002). This call for an understanding on the teacher's readiness for classroom management of children with ASD.

Keywords: Inclusive Education, Autism Spectrum Disorder, Special Educators

Introduction

Learning in an inclusive education system would mould children with special education needs (SEN) to have better social competence, communication skills, self-regulation, choice making and self-monitoring of social behaviour in comparison to segregated classrooms (Strain, McGee, & Kohler, 2001, p. 357). Children with special education needs would feel part of a peer group and the wider community and it would inspire confidence, happiness and reduce anxieties in them (Villa & Thousand, 1995). As a result these children can live more independently as adults and become more widely valued and recognized. Students with SEN are taught age-appropriate, functional components of academic content, which may never be part of the curriculum in segregated settings (e.g. sciences, social studies etc.) and thus attending inclusive schools increases the probability that these students will continue to participate in a variety of integrated settings throughout their lives. Inclusive education was reported to reduce the dropout rate in school

(Mizunoyaa, Mitra, & Yamasaki, 2016). On a national average, the number of children with disabilities in India are five times more vulnerable to dropout from schools (Reddy & Sinha 2010). A World Bank study in 2007 rated disability factor is more influential than gender or class for the non-enrollment. This exclusion marginalize children with disability from a better job, social and economic security and opportunities for full participation in the society. Thus it is imperative that a country like India forms well developed plans for inclusive education

Role of a teacher in an Inclusive education. The research on inclusive education is consistent about the fact that regardless of how phenomenal the educational infrastructure may be, how well explained educational policy may be, how well resourced a program may be, successful inclusion does not happen until regular classroom educators deliver relevant and meaningful instruction to students with disabilities (Mastropieri & Scruggs, 2010). A well trained classroom teacher is the single most important factor in the success of inclusive education programs (Sharma & Das, 2015). Research indicates that the quality of the teacher contributes more to learner achievement than any other factor, including class size, class composition, or background (Kupermintzz, 2003). An inclusive education teacher should be sensitive to the educational needs of children with disabilities. Avramidis, E., Bayliss, P., & Burden, R. (2000) studied and identified the significant factors for the efficient functioning of inclusive and special educational system and found that qualification and experience of school educator, classroom settings, teacher- student ratio, curriculum settings, and strategies of teaching and parental attitude as important markers for the success of the program. The educational needs of SEN are influenced by two different perceptions. There exist an individual view which believes that the problem is intrinsic to the child with disabilities and need special teaching to respond to their problem. This may lower the teacher's expectation on such children and would miss to make changes in their teaching style, class and school environment. Latter is the curriculum view to attribute the problem to the educational system instead of the child. Hence more focus will be given to the differential instruction and the ways in which teaching and learning can be improved for all children. Inclusive teachers believe in a child-centered pedagogy to meet the needs of all children. This has been achieved through facilitating multiple pathways to learning; encouraging cooperative learning; creating meaningful learning opportunities; developing attractive and flexible learning settings; and rethinking assessment strategies and changing roles of teachers (Ainscow, 1995). Here teacher will take the role of a facilitator to provide opportunities to all children to create their ideas, a manager by planning and ensuring the participation of all children, an observer who constantly monitor children and understand them better and a learner who reflect upon the lessons and ways to make them more meaningful to all children. The attitudes of inclusive teacher are equally important as knowing the educational needs of children with disabilities. Researchers studied the attitudes of teachers towards inclusive education found out that concept of inclusive education was not welcomed by teachers as they were ignorant of differentiated instruction or the kind of support to provide to the children with disabilities.

Inclusive Education System and Autism. Autism spectrum disorder is characterized by an uneven developmental profile and a pattern of qualitative impairments in social interaction,

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Language in India www.languageinindia.com ISSN 1930-2940 18:10 October 2018

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communication, and the presence of restricted repetitive, and/or stereotyped patterns of behaviour, interests, or activities (American Psychiatric Association, 2013). Segal (2008) studied the constructs of experience, knowledge, attitudes of 47 educators towards inclusion, and classroom practices through an Autism inclusion questionnaire. Though education professionals reported generally positive attitudes they demonstrated important misconceptions about autism. Further, a significant relationship was found between knowledge of autism and awareness of potential classroom strategies for inclusion, whereas attitudes and awareness of strategies were unrelated. General educators lack the abilities necessary to meet the educational needs of children with disabilities. (Campbell-Whatley, Obiakor & Algozzine, 1995). The most frequently reported educational practices were focused on the need for training in social skills development, and the least was on the training in individualization and support strategies. Hendricks (2007) evaluated special education teachers' knowledge and implementation of educational practices critical for the improvement of students with autism and determined areas of training. A total 498 special education teachers were surveyed and the results reported a low to intermediate level of knowledge as well as implementation of practices. Relationships between the level of knowledge, implementation, and needs for training and teachers occupational characteristics were explored. Numerous occupational characteristics were found to have a relationship with level of knowledge and implementation, including area of endorsement, educational level, educational setting, number of students with autism taught, and student learning characteristics.

Inclusive education in India. Education policies in India has always leaned towards inclusion from the constitution to the Kothari Commission in the early days of the republic, to the Action Plan for Children and Youth with Disabilities (2005) and National Policy for People with Disabilities (2006). This was strengthened with passing of UNCRPD (The United Nations Convention on the Rights of Persons with Disabilities) in March, 2007. In India, education is provided under public and private sector functioning, with control and funding coming from three levels: Central, State, and Local. Under Article 21A of the Indian Constitution, free and compulsory education is provided as a fundamental right to children between the ages of 6 and 14 (Right to Education Act; MLJ 2009). Annual Status of Education Report (ASERR) is an annual household survey to assess children's schooling status and basic learning levels. As per the Annual Status of Education Report ASERR (2014), 96.5% of all children between the ages of 6-14 were enrolled in school (Banerjee, Bhattacharjea, & Wadhwa, 2013). Segregation was reflected in the provisions that were existing in Indian educational system before 1970s. On grounds of charity, Christian missionaries started schools for the disabled in 1980s. This was followed by the government initiatives to establish separate workshops, model schools, central Braille presses and employment exchanges for the disabled population of the country. However, the changing approaches to disability from the charity model to the human rights model have resulted in diversity of policy and practice. As a result, an Integrated Education of Disabled Children (IEDCC) scheme was launched by the Union government for providing educational opportunities to learners with Special Education Needs (SEN) in regular schools.

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The inclusive education does not only mean the placement of students with SEN in regular classrooms. Inclusive education means all learners, young people- with or without disabilities being able to learn together in ordinary preschool provisions, schools, and community educational settings with appropriate network of support services (Draft of Inclusive Education Scheme, [MHRD], 2003). Despite various measures undertaken to promote universal education, children with disabilities are not guaranteed an education in India. Therefore, both public and private schools, particularly private schools, accept, reject, and expel children with autism as they please and this ended up in long waiting lists of students with SEN denying their rights and a group of desperate parents.

The educational support provided to children with ASD ranges from segregated system to regular classrooms. At present around 15 school in India where specific Autism support services are available and a student enrollment ranging from fifteen to seventy. For the inclusion of children with ASD, a successful skill training for the teachers are needed (Swaim & Morgan, 2001). This can be implemented by providing an awareness on inclusive education, basic understanding of different groups of impairments and ways to make adjustments to ensure the full participation of children with disabilities in regular education and hands on experience in inclusive education during the teacher training program.

The variables like teacher self-efficacy, knowledge and effective teaching have an effect on the outcome. These variables are controlled by the awareness, attitude and experience of the school educators. In Indian literature, there exist a wide gap of knowledge on the inclusive education and curriculum planning of children with ASD. Therefore this study is the preliminary attempts to understand the educator's perspective on inclusive education in India.

Method

Participants

Participants were consisted of 40 general education teachers and 32 special education teachers. The teachers should have spent more than a year in an inclusive education classroom either as a general education teacher or a resource teacher. All the schools in the district where inclusive education were carried out was visited by third researcher. The schools were located in the semi urban locality and the students were of lower middle class families. Out of 21 schools visited, only 6 schools have permitted the study to be done. The rest of them rejected the proposal due to examinations, in availability of teachers or not being interested in research study. From the 6 schools that were selected, 40 teachers met the inclusion criteria for being in the general educator group. Thirty- two special education teachers were interviewed during a resource development program. Only those teachers with more than a year in an inclusive education classroom either as a general education teacher or a resource teacher were included in the study.

Materials and Procedure

The study has utilized a survey design. A survey questionnaire was developed in a multiple choice format and the data was collected through a semi structured interview. A multiple choice

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questionnaire was designed as teachers could easily identify the answers against the existing knowledge in less time as teachers were often constrained on time to respond for long in depth interview. The teachers could identify more than one answer which allowed them to freely respond in multiple dimensions on the same item. A semi structured interview gave freedom for the teachers to make clarifications and give opinions regarding the questions. Another feature of semi structured interview is that it allows the interviewer to be on the exact line of content but allows the interviewer to comment according to their experiences. Though the study utilized close-ended question a provision was provided for any additional experiences to be shared. The survey focused on three areas which had maximum relevancy to understand the teacher's perspective on children with ASD in an inclusive classroom. The areas identified after much literature review were a), general awareness on ASD b), aspects on inclusive education and curriculum design for children with ASD. The survey contained fourteen items out of which three focused on general awareness on ASD and seven questions focused on inclusive education and four question on curriculum methods. The items on awareness were knowledge based content and items on inclusion and curriculum design were skill based content specifically looking into strategies and practices inside the classroom. Less items on knowledge based content and more items on skill based content were provided under the presumption that school educators in India have received a good number of classes on general awareness of ASD with practically no resource about inclusive classroom and instructional modification. The items were arranged in the sequence so that a rough sketch on existing classroom practices can be reported. Table -1 Provide content areas and evidence based indicators.

Table 1
Content area and evidence based indicators

Content area	No	Evidence based indicators
Awareness	3	Cause, symptoms and signs, treatment
Inclusive education	7	Beneficial education system, disadvantages of inclusive education, need of a resource person, making the child with ASD acceptable, behaviours that would limit inclusion, benefits of inclusive education
Curriculum	4	Strategies for teaching, teacher-student ratio, preferential seating, complementary strategies

As the second step the questions that were generated based on the literature review were reviewed by a panel of experts to ensure validity. The relevance of the questionnaire was rated by three educators, two speech language pathologist, two psychologist on a 7-point Likert scale to ensure content validity. A team of various professionals were included to ensure the strength of the contents in various dimensions. The informal orientation time lasting for ten minutes was followed by a 30-minute formal interview. After obtaining the consent from the teachers, the

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educators were interviewed elaborately on each item which gave insights on details such as general awareness on ASD, perspective towards inclusion and experiences with curriculum transaction.

Result

Table 2
Questions and responses on awareness of ASD

Questions and responses	Responses of general educators		Responses of special educators	
	N	% of cases	N	% of cases
1. What do you think is the cause of autism?				
Problems in pregnancy and delivery	3	7.5	6	18.75
Genetics	16	40	18	56.25
Poor parenting	2	5	0	0
Brain dysfunction/Brain size and structural difference.	29	72.5	19	59.3
Food allergies	1	2.5	2	6.25
Heavy metal poisoning	3	7.5	3	9.37
Not sure	5	12.5	0	0
2. What are the main symptoms and signs of a child with autism?				
Mental retardation and slow learning	10	25	3	9.37
Poor social communication, repetitive behaviours and sensory impairments	38	95	21	65.62
Inattention and hyperactivity	16	40	8	25
Difficulty in motor coordination and balance	9	22.5	2	6.25
3. In your opinion what is the appropriate treatment that would benefit a child with ASD?				
Medical treatment (drug interventions)	1	2.5	2	6.25
Specialist intervention (speech therapy, psycho-social behavioural approaches, occupational therapy...)	24	60	22	68.75

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	Combination of both medical and specialist intervention	31	77.5	17	53.12
	Educational interventions and parental training	23	57.5	7	21.87
	Not sure	1	2.5	0	0

Note: The N column indicates how many respondents chose each option. The Percent of Cases indicates what percentage of respondents who chose a particular option.

Results in Table 2 suggest that majority of participants nearly 72.5% of general educators and 59% of special educators thought that there is a strong biological reason for autism. Forty percent of general educators and 56.25% of special educators specifically supported genetical cause as a reason for ASD. Only less than 15% of participants in both the groups reported of causes like allergies, heavy metal poisoning and poor parenting. Around 95% of general educators and 66% of special educators were certain that children with ASD have poor social communication, repetitive behavioral and sensory impairments. Other related problems such as inattention and hyperactivity was reported by more than 20% of teachers in both the groups. Around 25% of teachers in the general education groups thought that children with ASD have associated mental retardation, slow learning and motor coordination problems, in contrast only less than 10% of special educators were agreed to this. A higher percentage of response, 77.5 % of general educators and 53% of special educators thought that a combined benefits of medical intervention and specific interventions would improve the various symptom behaviors in children with ASD. 60% of teachers in both groups also responded about the need of various rehabilitative interventions (speech therapy, psychosocial behavioral approaches, occupational therapy). The need for educational intervention and parental training was supported by 57.5% of general education teachers and 22% of special education teachers.

Table 3

Table-3

Questions and responses on inclusive education

		Responses of general educators		Responses of Special educators	
		N	% of cases	N	% of cases
4. Which of the following will be most beneficial education system for children with autism?					
	Segregated special education	20	50	2	6.25

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	Mainstream school with inclusive education	31	77.5	25	78.12
	Vocational training	11	27.5	10	31.25
	Home based training	5	12.5	7	21.87
	Partial segregation	10	25	1	3.12
	Not sure	1	2.5	5	15.62
5. What disadvantages do you foresee by including a child with autism into an inclusive classroom?					
	It affects the curriculum activities of other children	12	30	5	15.62
	The child with ASD will not able to follow the pace of teaching	13	32.5	11	34.37
	The teacher will not be able to care for all the students	8	20	7	21.87
	The child with ASD will remain unattended	12	30	15	46.87
	Not sure	0	0	0	0
6. In your opinion which of the following children are preferable in an inclusive education classroom?					
	All children with ASD	20	50	23	71.8
	All children with autism except those that are nonverbal and exhibit challenging behaviours	9	22.5	5	15.62
	Only children with mild autism	21	52.5	19	59.37

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	No children with autism	0	0	0	0
	Nonverbal child with autism	1	2.5	1	3.12
	Not sure	4	10	0	0
7. How important is it to have a resource person in an inclusive education classroom?					
	A resource person can help to improve reading writing skills	6	15	10	31.25
	Helping child with autism to communicate and interact with other peers	18	45	9	28.12
	Help reduce the behaviour problems	14	35	8	25
	Combination of all the above	23	57.5	17	53.12
	Not an indispensable person however can contribute in multiple ways	5	12.5	2	6.25
	Not sure	0	0	0	0
8. How would you deal with child with autism in your classroom to make them acceptable?					
	Making other students understand the problem	29	72.5	9	28.12
	Segregate the child from other children	0	0	0	0
	Make them engaged in peer group activities	29	72.5	22	68.75
	Not sure	2	5	1	3.12
9. Is there any specific behaviour that would really limit a child with autism being included?					

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	Aggressive	8	20	8	25
	Restlessness	19	47.5	14	43.75
	Poor eye contact and attention	5	12.5	2	6.25
	Hyperactive behaviour	27	67.5	15	46.87
	Not sure	5	12.5	0	0
10. Inclusive education can bring significant improvement in?					
	To reduce the behavioural challenges	19	47.5	2	6.25
	To improve the communication skills and peer group interaction	26	65	2	6.25
	To achieve reading writing proficiency	4	10	7	21.87
	All of the above	30	75	23	71.8
	Not sure			0	0

Note: The N column indicates how many respondents chose each option. The Percent of Cases indicates what percentage of respondents who chose a particular option.

Table 3 suggests that the concept of inclusive education can be viewed as acceptance of children with disability into mainstream classroom and thereby enforce inclusion in all realms of society. There are various models of disability education. Until a few decades ago segregated education was prevalent but with changing times, models of education evolved towards inclusion rather than seclusion. More than 70% of the educators in both the groups suggested inclusive education as an effective model for disability education. Segregated educational setting was suggested by 50% of general educators against 6% of special educators. Vocational training was suggested by a few teachers in both the groups (less than 35%). Home based training was suggested by 22% of special educators as against 12% of general educators. Around 30% of general educators opined that inclusive education can affect the curriculum transaction of other

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children and that children with ASD would not follow the pace of teaching in an inclusive classroom. But the special educators were more concerned of children with ASD not being unattended in the inclusive classroom (48%). Yet few teachers from both group (less than 25 %) were more worried on the unequal distribution of attention & care. Though more than 50% of teachers in general education group and 72% of teachers in special education group wanted to include all children with ASD into the classroom, it was surprising that a large number of teachers in both group did not want to include students with severe ASD in the classroom. More than 50% of teachers wanted only mild children with ASD to be included.

Peer acceptance is a contributing factor for a successful inclusive classroom. More than 72% of teachers among the general education group and 69% of teachers in the special education group supported the view of having peer group activities for children with ASD for promoting better acceptance in the classroom. All the educators strongly encouraged the participation of students with ASD in various classroom activities. Group activities would encourage interaction and foster acceptance. Around 28% of special educators and 72% of general educators were of the opinion to conduct awareness class for promoting peer acceptance. Majority of the teachers were uncertain about deviant behavioral features that can negatively influence inclusion. These difficult behaviors would be thorns and rocks in their journey of inclusion. Most of the educators from both the group considered disturbances in compliance would severely limit the functioning of children with ASD in classroom. More than half (67.5%) of general educators and 47% of special educators were of the opinion that the hyperactivity of these children would disturb the classroom activities. Restlessness was considered as second major problem by more than 40% of teachers in both the groups. Around 20% of time teachers in both the groups responded that difficulty to control aggressiveness of these children would limit their chances of being included in classroom.

Government of India has taken major steps towards the educational requirements of children with disability. One such major step is the provision of resource person in mainstream schools. More than 50% of teachers in both the groups viewed resource person as an individual who would help in academics, manage behavioral problems, and encourage communication and interaction among children with ASD. Education involves a holistic development of cognitive, social, behavioral, communication and academic skills. More than 60% of teachers in both the groups considered that inclusive education can improve communication and help reduce behavioral problems. Around 20% of teachers from special education group thought inclusive education could bring significant changes in reading writing skills in contrast to the 10% of teachers from general education group.

Table 4
Questions and responses on curriculum

	% of responses of general educators		% of responses of special educators	
Questions and responses	<i>N</i>	No: of cases	<i>N</i>	No: of cases

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11. What are the most effective strategies for teaching a child with autism?					
	Using more visual aids such as pictures and video	31	77.5	6	3.12
	Help them listen to the learning material through audio recording	3	7.5	0	0
	Allowing them to do group activities with peer	13	32.5	24	75
	Encourage self-learning by allowing them to do experiments	6	15	6	3.12
	Multimodal presentation of the learning material according to child's interest	23	57.5	25	78.12
	Unsure	2	5	0	0
12. Is there any teacher- student ratio that is most appropriate for an inclusive classroom?					
	No specific ratio	0	0	1	3.12
	Less than 15	21	52.5	18	56.25
	More than 15	2	5	3	9.3
	Not sure	3	7.5	0	0
13. Is there any preferential seating for a child with autism in your class?					
	Seated separate in the teachers view	12	30	3	9.3
	Seated in front row of the class	28	70	5	15.6
	No preferential seating	11	27.5	2	6.25
	Seated with a friend who would help in classroom activities	21	52.5	21	65.6
14. What do you think are complementary strategies that can be provided in the classroom?					
	Extra tutoring on reading writing skills	22	55	5	15.62

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	Use of computers to promote learning	14	35	10	31.25
	Prompting strategies and reward system	6	15	5	15.62
	No modification is needed	1	2.5	1	3.12
	Not sure	2	5	0	0

Note: The N column indicates how many respondents chose each option. The number of Cases indicates respondents who chose a particular option.

Table 4 provides an analysis of awareness on various strategies that could be used in an inclusive education classroom. Answers were elicited on various strategies that could be used to enhance learning process. Multiple modes of curriculum transaction were supported by more than 70% teachers of special education and 58 % teachers from general educators. Special education teachers (75%) emphasized on the importance of peer interaction and group activities for classroom engagement of children with ASD. In contrast to this only 32.5% of general educators mentioned on the importance of peer engagement. More than 70% of general educators suggested the use of visual clues to be included in the form of pictures and videos however only 18% of special educators thought of providing visual cues for improve learning. Only very few teachers from both the groups relied on audio recorded teaching aids and self-learning strategies through experiments. General education teachers (55%) were more conventional & relied on extra tutoring on reading writing skills as complementary strategy than special education teachers (16%). Special education teachers (35%) found the use of computers to promote learning to be more promising than general education teachers (31.25%)

The distribution of student teacher ratio determined the effectiveness of teaching in the classroom. Many educators struggled hard to manage students in academic activities when the ratio is more than 15. The result of the study revealed that, more than 50% of teachers in both groups supported the ratio of less than 15 students in the inclusive education classroom. Only a few teachers in both groups supported the ratio of more than 15 students in the class. Around 70% of teachers in the general educator group suggested the student to be placed in the front row however only very few special education teachers (15.6%) thought that making the child to sit in the front row would help. It was interesting to note that 66% of special education teachers believed in the importance of a peer who would help the child with ASD in the classroom whereas only 29% of general educators thought about peer indulge in classroom. Thus the results provided some evidence on the awareness of school educators on various aspects of inclusion of children with ASD in Indian schools.

Discussion

The present study tried to explore the awareness of school educators towards inclusion of students with ASD. This study is particularly important in Indian context as systematic

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implementation of inclusive education is still at its infancy. Hence the study sheds light to the areas that require specific training for successful implementation of inclusive education system.

Awareness. Understanding theoretical underpinnings such as causes, signs/symptoms and treatment options are important as it would help the teacher to develop right perception about the disorder. The biological basis of ASD was known to majority of the educators and were well sound on the awareness of the various signs and symptoms of ASD. Most of the educators agreed that children with ASD have poor communication, lack interest in other people and have difficulty in understanding other people's feelings, reactions and nonverbal cues. Majority of the teachers have the option that children with ASD would benefit from medical and rehabilitation management. They also believed in the educational and parental intervention for effective rehabilitation of children with ASD.

Children with ASD can often present with various behavioral challenges in the classroom. It is important that teachers are aware of these behaviors so that they could help the student cope by devising strategies for effective inclusion. Hart & Malian (2013) reported that having an understanding on the theoretical aspects of autism would help the teacher to manage the overt challenging behaviors in a more supportive way. This can avoid holding unrealistic expectations about the child's ability and creating frustration for both the parties. Meadows (2009) reports that when students with behavioral disorders are integrated into regular classrooms, teachers provide little academic support or modifications and almost no behavioral support and adaptation. Similarly it was reported that though teachers made physical accommodation, they were less favorable to behavioral and academic accommodations (Wilczenski, 1992). Some of the hypocrisies of having only awareness about the ASD was mentioned in a study (Bailey & Winton 1996) that having no or little understanding on the cognitive and emotional features of Autism, together with rudimentary knowledge on neurological theories of ASD may not be effective. Specific understanding on Autism would equip the teachers with more flexible and facilitative strategies in educational approaches (Powell & Jordan, 1992). Understanding the child's specific profile on strength and weakness would help the teacher to develop realistic expectations (Howlin, 1997). Compared to general education practices, special education instruction are more intense, relentless, precise, highly structured and direct with careful monitoring (Kauffmann, 1999).

Inclusive education: Educational support system opens to children with special needs mainly as inclusive, segregated, integrated and partly integrated models. Segregated education system hails from the extension of medical model of disability where children with special needs learn separately from their peers as in specialized school or separate classroom. Integrated education places students in a mainstream classroom with some adaptations and resources but without any ideological commitment to equity. Inclusive education stands out in empowering people with disabilities to be included in all spheres of the society. Causton-Theoharis (2009) defines inclusion as "a term which expresses commitment to educate a child, to the maximum extent appropriate, in the school and classroom he or she would otherwise attend. It involves bringing the support services to the child (rather than moving the child to the services)". Inclusive education believes in the social model of disability where rules of the society and the services

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Perspectives of School Educators in India on Inclusive Education of Children with Autism Spectrum Disorders

available; the attitudes of the community are modified to include rather than exclude. Inclusion in education means removing the barriers in the classroom and school so that students of all ability levels are receiving the same lesson.

Educational decision of any child with disability is the result of the combined efforts of parents, educators and other professionals working with the child. In the present study majority of the educator's preferred inclusion of children with ASD to the normal school. Even though the educators were positive about inclusion, majority of them held a pessimistic mind for children who were non-verbal with severe behavioral challenges. Most of the teachers were not ready to accept severe ASD or the ones who were nonverbal. This indicated the lack of experience and knowledge in handling inclusive classrooms in spite of the awareness about ASD and theoretical knowledge about differential instruction. In a study did by Subban and Sharma (2005) it was found that teachers generally held favorable attitude towards inclusion, but they were resistant to include students with more severe disabilities. The defining factor for inclusion was considered to be manageability in the classroom (Avramidis & Norwich, 2002). Teachers favor the inclusion of students whom they can manage over those students whom they perceive to be more disruptive in the classroom (Idol, 2006). Robertson, Chamberlain, & Kasari (2003) found that teachers had closer association and experience less problems with children who have fewer behavioral issues. In the present study it was clear that though general education teachers favored inclusive education they were ready to provide only physical accommodation and not equipped to provide behavioral and academic accommodations. This indicates the lack of confidence and expertise in handling children with varied behavioral symptoms. In such a case, inclusion gets reserved to the less severe children who do not necessarily require any curriculum modification. Majority of the teachers in the both groups were aware of the options such as training at specialized centers and making use of the resource rooms to facilitate inclusive education. On questioning about the disadvantages the teachers would considered for inclusion, the maximum respondents were of the opinion that children with ASD might not able to follow the pace of teaching along with other beliefs such as it would affect other children in the classroom. An equal number of teachers were also concerned about the differential educational strategies and its implementation.

Curriculum aspects. It has been a long standing practice to view educational difficulties of a child arising from the child's learning capacity. This view otherwise called as "individual learner view" is based on the nature of educational difficulties faced by the child due to disability or any other factors. In contrast to this "curriculum centered view" considers deficiencies in curriculum transaction as a major factor resulting in poor school performance. The latter view encourages multiple methods of classroom engagement and inclusion and it considers curriculum as all planned experiences, opportunities and activities provided to help any kind of learners to attain the desired learning outcomes and desired change in a behavior (Ainscow, et.al, 1995). In the present study majority of the educators in both the groups believed in the multimodal learning styles and differentiated instruction. However the educators shared their limited experience in practically applying these strategies in their classroom scenario. Though the educators were aware about the different effective strategies for classroom management both the group preferred to

Language in India www.languageinindia.com ISSN 1930-2940 18:10 October 2018

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accommodate only the children with milder difficulties in the classroom. The inclusion of children with mild impairment in the classroom do not necessarily require any curriculum modification. Differential instruction would be considered as the key factor for successful inclusion. In the present study special education teachers were more aware of differential instruction strategies compared to general education teachers. Majority of the general education teachers responded primarily about using visual cues as an effective strategy for teaching ASD. Multimodal strategies of instruction was more recognized by special educators compared to general educators. Effective classroom strategies of ASD such as promoting and reinforcements were not highlighted by both the groups. Nind and Wearmouth (2006) found that some of the successful pedagogical approaches reported in literature were adaptation of instruction, materials, assessment, classroom environment as well as behavioral and programmatic interventions, computer-based pedagogy, peer tutoring, peer group interactive and team teaching for children with ASD.

Larger proportions of teachers in both group responded that 1:15 as an ideal teacher student ratio. Majority of the general education teachers thought that having children with ASD sit in the first row of the classroom would help in giving them better attention. In contrast special education teachers responded that peer group engagement benefit children with ASD. The teachers responded a friend who would help and monitor the classroom functions provide a great help to the student with ASD. Acceptance by peers become an important factor in inclusive education. Children learn to cooperate, regulate and monitor their behavior and communication skills through peer indulgence. Majority of the teachers were aware of the need for peer acceptance and suggested participation in the group activities as a powerful method to improve acceptance. A few teachers reported of the need to use extracurricular activities as an avenue to build peer acceptance. Importance of peer engagement have been extensively studied and benefits from peer mediated learning on the academic and cognitive progress of children have been reported (Ladd, Herald-Brown & Kochel, 2009). A well-designed and well-coordinated peer mediated learning teaching process can benefit the students with special needs and the peer tutors through the process of repeating and improving their skills. Peer tutoring can improve academic performance, reduce disruptive behaviors and promote relations between classmates, whether these are typically developing children or children with special needs (Maheady & Gard, 2010; Mitchell, 2008; Fuchs et.al 2001).

School is considered to be an important platform for skill set development in all children. In the case of children with disabilities its importance is given much more weightage. The parents/caretakers rely on the school educators' opinion in the curricular as well as co-curricular aspects of their children. The provision of effective classroom accommodations and stimulating environment can bring about great wonders in these children and will subsequently reduce the stress level in their parents. If the school is not able to provide effective academic coaching the concept of inclusive education cannot be obtained and the students would drop out with no specific skill acquisition.

Conclusion

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Inclusive education requires a paradigm shift in general education structure which needs to be supported with the adequate resources and training. The present study concludes with some concerns and suggestions raised by educators on the present inclusive educational system of India. Government of India is taking several steps to promote inclusive education through educational reformation, fund allocation, modifications in infrastructure and specialized training. Most of the educators were aware of the causes, signs and symptoms and treatment options of ASD. However the crucial concepts of inclusive education such as curriculum modifications, differential instruction, and other academic accommodation were not clear to the for majority of educators. Strategies such as multimodal presentation were discussed by both group of educators but other successful methods such as prompting, reinforcement strategies and technological assistance for classroom management specific for ASD were not mentioned and highlighted. Formulation of new educational policies by the state and central government should take into account the aforementioned perspectives for ensuring equalization of educational opportunities.

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