ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

DEPARTMENT OF SPECIAL NEEDS EDUCATION

AN ASSESSMENT OF THE INSTRUCTIONAL STRATEGIESOF TEACHERS USEDTO TEACH CHILDEREN WITH AUTISM: THE CASE OF SOMESCHOOLS IN ADDIS ABABA

BY

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An assessmentof theInstructional Strategies ofTeachers usedto teach ChildrenwithAutism; thecase ofsome SchoolsinAddis Ababa

By

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Declaration

I declared that this study is my original work towards the degree of masters of art in special needs education and has not been submitted for any degree in any university. To the best of my knowledge, all sources of materials used for the study have been appropriately acknowledged. I have undertaken the study independently with the guidance of the research advisor**.**

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Abbreviationand Acronyms

ASD-Autism Spectrum Disorder

CWA-Children with Autism

CDC-Centers for Disease Control

DT-Discrete Trial

EFA- Education for All

IDEA-Individual with Disabilities Education Act

SWSN-Students with Special Needs

LSEN-Learner Special Educational Needs

IEP -Individualized Educational Plan

TEACCH-Treatment and Education for Autistic and related Communication Children handicapped

LEAP-Learning Experiences an Alternative Program

NI-Naturalistic Intervention

PII -Parent Implemented Intervention

PECS-Picture Exchange Communication System

PP Prompting Provide

R+ -Reinforcement plus

AFTL- Assessment forTeaching Learning

MoE-Ministry of Education

TAI -Technology-Aided Instruction

Abstract

This study attempts to assess the instructional strategies ofteachers who teach children with autism in Addis Ababa. Recent years in Ethiopia, professionals most agree that the issue deserves attention, there are no clear consensuses reached around how to respond to the issue.This both qualitative and quantitative study focuses onthreeschools and one treatment center of autism and related disorders.Namely, LebawiAcademy, Champion Academy, Mekane-EyesusEvangelical Church mentally challenged school and AbrhotAutism and related disorders treatment center. This study is conducted to examine issues related to instructional strategies of teachers who teach children with autismthat aimed to assessthe criteria of screening and assessment, the preparation of individual educational plan, to explore locally introduced/adopted instructional strategy and successful practices, the qualification of teachers and the contribution of the school principals.Data was collected through fivesemi-structured interviewsadministered for nine administrators, who work with target population andclose-ended questionnaires were distributed to 32 teachers who teach children with autism.Secondary data was collected through document analysis inthree schools and one-center. In addition to this.Paradigm aligns with open coding were used to analyze codes in the data and recorded common five major themes from the collected data. Scrutinizes according to its specific nature through using multiple data collection methods to enrich the findingsof this studyanswered the research question the current practices of instructional strategies. The findings of this study showed that,the practical skills of instructional strategiesvary among teachers and schools. Most of instructional strategies practices were not an effective way and teachers practice poor instructional strategies and below the standard and alsothere is no helpful locally introduced or modified instructional strategies while teaching/trend to enhance the skills of children with autism spectrum disorder.The study concludes that engagingin this profession, which necessitates improvement at individual capacity, institutional and structural levels. The researcher recommend that further research should be conducted to realize quality education/intervention in the area related to the differentfeatures of instructional strategies/intervention of students with autism.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Autism is a neurodevelopmental disorder that has a profound effect on several areas of an individual's development. Leo Kanner first described the disorder in 1943(American Psychological Association, 2013). Children with Autism Spectrum Disorder(ASD) are generally characterize by impairment affects multiple domains of an individual's life. ASD refers to the DSM-IV-TR (American Psychiatric Association, 2000) diagnostic categories of Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified. Autism Spectrum disorders evident before age three that adversely affects a child's educational performance in three areas. These are social interaction, communication, and behavior. Included amongst each of these symptoms is impairment in the use of non-verbal behaviors and motor development, delayed cognitive development, a lack of desire to interact or share interests with others,difficulty forming or maintaining peer relationships, delayed language development including minimal receptive and expressive language, difficulty initiating or sustaining conversation(American Psychological Association, 2013).

ASD is characterized by qualitative impairments in socialization and communication, and the presence of a restricted range of interests and/or stereotype and repetitive behaviors. Many associated features are common in children with ASD that affects daily functioning. Many exhibit executive dysfunction, learning problems, health concerns, and deficits in adaptive skills. In addition, children with autism spectrum disorder (ASD) often have difficulty acquiring and generalizing new skills. Autism refers to as a spectrum disorder, which means that the symptoms can be present in a variety of combinations, and can range from mild to severe (American Psychological Association, 2013).

ASD symptoms cause impairment many areas of functioning and are present early in life. However, impairments may not be fully evident until environmental demands exceed children's capacity. They also may improve with intervention and over time; however, deficits typically remain throughout the lifespan. Lifelong management often using multiple treatment approaches may be required to maximize functional independence and quality of life of children with autism.

Theprevalence of ASD, we can take countries like the United States of America since they did extensive studies on autism. The epidemiological data shows that according to surveys conducted by the Centers for Disease Control and Prevention (2014), which is a federal agency that supports research in autism spectrum disorders, estimates the prevalence of ASD as 1 in 68 children, occurring in all racial, ethnic and socioeconomic groups in America (autism-society.org).Statistical evidence on the extent and prevalence of the problem is not sufficiently available in Ethiopia now, so it is hard to say with certainty how many children are not receiving the help they need. We can expect that in Ethiopia there will be roughly similar prevalence rate as in other regions of the world.

Instructional strategies / interventions for children with autism can be difficult to research. Most programs involve many different facets that target different deficits caused by the disorder (Schopler, Mesibov& Baker, 1982). It makes sense, then, that research evaluating the overall effectiveness of any particular program is scarce.

1.2. Statement of the Problem

This research focuses onthe instructional strategies of children with autism spectrum disorders. Different researches have been conductedon autism and educational services. According to Kinetal (2007), children with autism can improve their skills through effective early intervention and intensive educational programs.

Statistical evidence on the extent and prevalence of the problem is not sufficiently available in the developing countries including Ethiopia. In fact, most children with autism in Ethiopia are not even diagnos as autistic.According to the Centers for Disease Control (2014), the rate of children afflicted with autism may be as high as 1 in 68 children in other world.

Developing countries including EthiopiaThey are widely deprived of their basic rights, including the right to get an education, or the possibility of any treatment.Becausethese children are considered useless children with autism has no access to intervention, education, or life skills training due to the lack of awareness, many children with autism are not part of the educational services and societal activities.The overall state ofeducational services, treatment options and therapeutic services for autistic children in Ethiopia are far from adequate.

Currently a few schools and enters in Ethiopia that provides educational services, treatment options and therapeutic servicesto children with autism. This is one of the biggest challenges faced by children with autism.According to the data obtained from Autism Society (2011),The complex nature of autism spectrum disorder affects each child differently and the level of detrimental impacts along with the recovery varies from child to child. These complex natures of the disorder with the variety of symptoms require a combination of treatments and interventions.

current education system for special need faced with the challenges of limited understanding of the concept of disability (disorder), negative attitude towards persons with disabilities and a hardened resistance to change become the major barriers impeding special needs and inclusive education. The main barriers to learning are lack of knowledge about diversity, rigid and poor inconvenient learning environment, poor instructional (Teaching methods), lack of identification processes and inadequate assessment procedures (MoE& ESDP IV, 2010).

To this end, assessing whetherstudents with autism, benefit from instructional strategy is serving and applied to the benefits of the students, particularly in the selectedschools namely, inLebawiAcademy,ChampionAcademy,Mekane-Eyesus Evangelical Church School for Mentally Challenged Children andAbrehot Center for Children with Autism and Related Developmental Disorders in Addis Ababa.

1.3. Significance of the study

This study is to asssing, which instractional strategies practices found in schools to be effective and successful to providing education and treatment for children with autism. Since one of the basic deficits of children with autism is difficulty in educational services.Furthermore, the focus of this study is on the exploration of popular methods of instraction strategy used to teach that address the social, communicative, behavioral and academic needs of children with atism and overall implementation of instructional strategy practice by the schoolsand professionals. When we think about education of children with autism, we have to think about improving their educational benefit assessing the existing instructional strategy is very essentialto accomplish this, the instructional strategy given for children with autism need to designed and implemented scientifically.

Thus, the significance of the study provides information for schools and profssionalschildren with autism about the practices ofinstructional strategyand theform and its applicability in the schools.

- The study gives information to teachers/proffsionals and school administrators to support the ways of instructional strategy of children with autism.
- The study gives information to the governmental and non-governmental bodies to support the ways of instructional strategy of children with autism.
- The researche explore locally introduced/modified help to bring a change in the instructional strategy followed by the school, its professionals, and administration.
- These research papers give direction for further probing and might be of interest to other researchers who are interested to conduct similar study in this area.
- In addition, the conclusion and recommendation part of this either study highlight key points to be develop or strength for the proper implementation of enable the students with autism to benefits from instructional strategy.
- Itprovides information for policy makers as well as school administrators to think about the special support and intervention strategy needed for these students.

Since these children are those who have special needs, it may give insight for educational policy makers as well as school administrators and teachers about those people for taking the necessary measure of their teaching learning process.

In addition, to improve the instructional strategy teachers of who teach students with autism.Finally, it may inspire other researchers, GO and NGO‘s who are interested to undertake Further study and work in the area.

1.4. Objectives of the Study

1.4.1. General Objective

The general objective of this study is to assess the practice ofinstructional strategy of teachersisapplied to the benefits of the students with autism, particularly in the selected schools namely, inLebawi Academy, ChampionAcademy,and Mekane-Eyesus Evangelical Church School for Mentally Challenged Children andAbrehot PschologicalCenter Addis Ababa.

1.4.2. Specific Objectives

The specific objectives of the studyare to assess:

- The method of assessment criteriabeinggivento childrenwith autism in schools.
- The preparation of individual educational planfor students with autismin schools
- To explorelocally introduced/adopted instructional strategy and successful practices in teaching children with autism in schools.
- The qualification and traning of teachers who teach children and youth with autism in selected schools
- The contribution of the school principalto maintaining the instractional benefits of studentswith autism in the schools

1.5. **Research Questions**

The study focuses on the feedbacks given to the following research questions:

- What type of assessmenttechniques used by the professionals to identify students with autism in schools?
- What types of individual educational plan are available for the students with autism in school?
- Which type locally introduced/adopted instructional strategy and successful practices when teaching children with autism in schools?
- How qualification and traning of teachers who teach children with autism in selected schools?
- Which type instructional strategies used who teach children with autism in selected schools?
- Which type contribution of the school principalto maintaining the educational benefits of studentswithautism in the schools?

Operational definition: The operational definitions of major variabls used in the study are as follows:

Instructional strategies:the methods of teachingpractice by teachers to address the student's special needs.

Individual educational plan(IEP): provide detailed information an individualized educational program be developed for Special Education Process and appropriate decisions made about the student's educational placement and instructional strategy.

Screening: A process that schools use identifies those who may be experiencing delays/learning problems.

Assessment: A process that schools involves collecting information about the student for making decisions

Interventions: The stimulation or intervene ofteachers for provide effective services childrenwith autism continue to learn and interact with others.

1.6. **Limitations**

The specific limitations are as follows:

1) Literature: - The literature concerned with instructional strategies specifically for those with Autism Spectrum Disorders (ASD) is minimal. There is no enough Master's level or under graduate programs in Ethiopia that provide specific information about instructional strategies for students with autism and related disorder.
2) There is no written document in Ethiopia that provides specific information about theperivalenc of childern with autism and related disorder.

1.7. **Organization of the study**

This thesisorganized in to six chapters. In the first chapter, thesis introduction has been dealt, with its main content of background, statement of the problem, objectives, significance, and dare consisted in this part. Within the second, other pieces of information related the study is reviewed to the issue and schools are discusses. In third sections important methodology of the thesis research design, sampling, population, techniques, data collection instruments, procedures, validity and proceduressections four detail Findings and Analysis of Dataand of the research fives section result will present six section gives recommendation .

1.8. Scope of the study

The scope of the study is limited regarding its concept as well as geographical coverage. In special needs education, so many areas need to be studied. However, this studyconcerns only the

issue of autism because the study cannot cover all the issues. Even though various issuescan be studied in the area of autism. However, particular this study focused on only the instructional strategies of teachersused to teach children with autism. There are some autism centers and schools in Ethiopia but the researcher conduct the research on only three schools and one center that are in Addis Ababa Lebawi Academy, Abrehot pschologyical center, Champion Academy, andMekane Eyesus School for Mentally ChallengedChildren.

CHAPTER TWO

2. Review of related literature

The purpose of understanding the issue and referring to materials related to it has a big value for this study. It is primarily essential to understand a few key points about autism such as to definingautism. Developmental history of research on autism, the prevalence, how autism was first assessedand diagnosis, types and impact of instructional strategies andhow autism instructional strategies/treatment is understood by addressing the interventions that are used treating children with autism,etc.

2.2 Developmental History of research in Autism

Autism is a neuro-developmental disorder that despite having a history of spanning well over 100 yearsthe initial identification of autistic disorder was a period of significant diagnostic uncertainties, with some clinicians using autistic criteria too broadly and some too narrowly. As the term “autism” was borrowed from EugenBleuler(1857–1939), who, in 1911, used it to identify schizophrenic psychopathology, for some, autism remained synonymous with childhood schizophrenia.

The years following has only recently gained widespread recognition. The history of autism is not linear and marred with misconceptions on one side and scientific break troughs on the other. In 1943, Leo Kanner (1894–1981), an Austrian American psychiatrist, identified a cluster of symptoms in 11 children (eight boys and three girls) that he later identified as “autism.” He recounted 11 case studies in his seminal paper “Autistic Disturbances of Affective Contact” in which he described these children as having “autistic aloneness”. He described these children to be born without the ability to make social relationships and identified some characteristic features including limited ability to develop relationships, language delays, aloofness, lack of imagination, and persistence on sameness.

In 1944, a Vienna-born physician Hans Asperger (1906–1980) identified a similar symptom cluster during his work with 200 families and interestingly identified that cluster as “autistic psychopathy.” He occasionally called these children “little professors” and found them to have little empathy and inability to form relationships. Unfortunately, Asperger’s work remained un-

noticed until 1980 Lorna Wing (1988), a British psychiatrist, translated his work into English andpublished “Asperger’s Syndrome: A Clinical Account” in 1981.

Finally, in 1978, Sir Michael Rutter (1933) identified four core symptom clusters of autistic disorder: social impairment, language disturbances, insistence on sameness, and onset before 30 months of age. These criteria, with modifications and changes, were later incorporated into the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) systems of classification. . Today, despite the efforts of numerous researchers, autism remains a unique and perplexing disability.The Di-agnostic and Statistical Manual of Mental Disorders–Fourth Edition (DSM-IV; American Psychiatric Association, 1994) defines autism as a pervasive develop-mental disorder marked by social andcommunication impairments along witha restricted repertoire of activities and interests. Autism, however, is not a singlecondition; rather, it is a spectrum disorder.That results in individuals presentingwith a wide range of abilities and disabilities (Heflin & Simpson, 1998a).

Still, there iscontroversyamong researchers and theories about the cause of autism, including genetics, the environment, vaccines, and viral inflammations such as encephalitis. Although all have some validity, the major trauma is a gap or break-an infraction in part of the brain. This brake is responsible for incomplete transmission of thoughts from one section of the brain to another, through what are known as neuropath ways. Development of these pathways occurs in the first three months in the uterus, when the brain is being wired and may be contaminated by other factors that complicate research and treatment. For example, another theory is that the infraction may be the result of toxins in the mother‘s body that are transferred to the developing embryo. (Janet Tubbs p.25)

2.3.Characteristic Features of Children with Autism Spectrum Disorder

Furthermore, autism spectrum disorder (ASD) is a lifelong disorder, usually diagnosed before 3 years of age and persisting through adulthood, with no identified etiology or cure. The deficits dis-played by individuals having ASD affect the most vital aspects of quality of life, including interacting with other people, communicating ideas and feelings, and understanding what others feel or think (National Research Council, 2001).

2.4. Diagnoses criteria of individuals with autism spectrum disorders

At present, there is no definitive medical test to identify individuals with autism spectrum disorders. A pediatrician, child psychiatrist or clinical psychologist with expertise in the area of autism spectrum disorders typically makes the diagnosis. Ideally, assessment and diagnosis involve a multidisciplinary team that includes a pediatrician or psychiatrist, a psychologist and a speech-language pathologist. The psychologist often administers assessments to gather information about development and behavior, and the speech-language pathologist assesses speech, language and communicative behaviors. A medical assessment are conducted to rule out other possible causes for the symptoms, as many of the characteristics associated with autism spectrum disorders are also present in other disorders.

A medical and developmental history is taking through discussion with parents. This information is combined with the other assessments to provide an overall picture and rule out other contributing factors.

Professionals diagnose autism spectrum disorders through the presence or absence of certain behaviors, characteristic symptoms and developmental delays. The criteria are outlined in the DSM-IVand theInternational Classification of Diseases (World Health Organization, 1993).

TheDSM-IVclassifies autism spectrum disorders as a disorder within a broader group of Pervasive Developmental Disorders/(PDD). PDD is an umbrella terms for disorders that involveimpairments in reciprocal social interaction skills andcommunication skills, and the presence of stereotypical behaviors, interests and activities. Some of these diagnostic terms appear to be used interchangeably within the literature and by practitioners. The term Autism Spectrum Disorders (ASD) is sometimes use to refer to autism (Autistic)

2 4.1Diagnostic criteria for autistic disorder will be change as below:

The domains of social interaction and communication will be merged into social/communication deficits and restricted interests will be renamed fixedinterests/repetitive behaviors.

a) In the social/communication domain, DSM-V will require all of the following criteria to meet: deficits in non-verbal and verbal communication, lack of social reciprocity, and lack of peer relationships.

b) In the fixed interests/repetitive behavior domain, DSM-V requires any two of the following three criteria to meet: stereotypic behaviors or unusual sensory symptoms, adherence to routines, and restricted interests. With emerging knowledge, there continues to be a possibility of further changesin the proposed DSM-V criteria until its publication in 2013.

c) Not otherwise specified will be merged into a single diagnosis of autistic disorder.

2.5. Classificationpsychopathology of autistic disorders

The DSM system of classification has adapted to ongoing research and better understanding of the psychopathology of autistic disorders. DSM-IV TR (text revision) identifies five disorders under the broader category of autism spectrum disorder. That includes autistic disorder, Asperger's disorder, childhood disintegrative disorder, Rett's disorder, and pervasive developmental disorder NOS (not otherwise specified). DSM-V publication in 2013 the following changes in the categories of autism spectrumdisorder in theDSM-IVare:

A. Autistic Disorder

In order to qualify for diagnosis of autistic disorder, DSM-IV-TR requiresto take as a main consideration. Such impairment on social interactions (lack of social reciprocity), impairmentin eye contact failure to develop peer relationships, impairment in communication (delay in language acquisition, impairment in ability to initiate or sustain conversation, repetitive use of language), and stereotypic pattern of behavior (restricted pattern of interest, inflexible routines, and repetitive motor mannerisms), all with onset prior to 3 years of age.

B. Asperger's Disorder

Asperger's disorder is a part of autism spectrum disorder in which impairment in social interactions and stereotypic patterns of behavior are present with normal intelligence and relatively normal language development. Individuals with Asperger's disorder do not have any clinically significant delays in language or cognitive development.

C. Childhood Disintegrative Disorder (CDD)

CDD, also called Heller's syndrome, is a relatively rare disorder that presents with features of normal development until 2 years of age and then loss of social,intellectual, and language skills by 3–4 years of age (by 10 years of age as per DSM-IV-TR).

D. Rett's Syndrome

Rett's disorder presents with normal development until at least 6 months of age followed by deceleration in head growth, loss of social skills, mental retardation and characteristic hand-wringing movements. DSM-V is proposing to exclude this disorder from DSM system, as autistic symptoms are present for only a minimal period through the total course of this disorder.

E. Pervasive Developmental Disorder-Not Otherwise Specified(PDD-NOS)

DSM-IV-TR reserves this category for individuals who present with impairment in social interactions, communication skills, or stereotypic behaviors but do not meet the full diagnostic criteria of autistic disorder, Asperger's disorder, childhood is integrative disorder, and Rett's disorder.

2.6 Epidemiology/Causes of ASD

There are several theories about the cause or causes of ASD. Researchers are exploring various explanations but, to date, the cause or combination of causes of autism is not fully known. There is growing evidence that autism is a genetic condition, and that there are likely several different genes involved. The mode of genetic transmission appears complex, and scientists are focusing their work on finding which genes may be involved and how these genes are affected. So far, it appears that for at least a significant subgroup of persons with autism, there is a genetic susceptibility, which differs across families (that is, different genes may be responsible in different families).

There is also evidence that there may be a higher prevalence among children with autism of problems very early in the mother's pregnancy, at birth, or even after birth than for children who do not have autism. Early life events and environmental factors may interact significantly with genetic susceptibility in the child.

Recently, various types of investigations, including imaging studies, electro-encephalographic studies, tissue studies on autopsy material, and neuro-chemical studies, have provided further evidence of a biological basis for autism. The brains of individuals with autism appear to have some structural and functional differences from the brains of other people. Anomalies in the brain stem and cranial nerves have been found. Ongoing research may one day pinpoint the exact genes and other conditions that combine to cause autismno definitive answers or specific causes have been link scientifically to the onset of ASD.

Research suggests that individuals with ASD experience biological or neurological differences in the brain. In many families, there appears to be a pattern of ASD-related disabilities, which suggests that ASD is an inherited genetic disorder. Current research studies show that certain classes of genes may be involved or work in combination to cause ASD. There appear to be many different forms of genetic susceptibility but to date; no single gene has been directly related to ASD (Autism Genome Project Consortium, 2007). Ongoing research is being done to further investigate the cause of ASD.

2.7 Prevalence of ASD

In terms of prevalence, SD was once view as a rare disorder, but recent studies suggest that the prevalence rate for all forms of ASD is much higher than previously thought. The most current estimates from studies in Canada and the United Kingdom are that ASD is diagnosed in 60 of every 10,000 children, or one in 165 (Fombonne et al., 2006).

ASD is now recognized as the most common neurological disorder (Geneva Centre for Autism, 2006) and has been found throughout the world in families of all racial, ethnic, and social backgrounds. It is diagnosed more frequently in males than females; worldwide, males are affected four times as often as females (Chakrabarti&Fombonne, 2005).

An increase in the numbers of individuals in whom ASD is diagnosed can be linked to a combination of factors. With the broader definition of PDD that was provided in DSM-IV (APA, 1994) and an improved recognition of the symptoms, changes in diagnostic practices have occurred (Chakrabarti&Fombonne, 2005). As a result, the diagnosis of PDD is being made more frequently and at an earlier age (Fombonne, 2003).

If we take countries like the United States of America since they did extensive studies on autism.The epidemiological data shows that according to surveys conducted by the Centers for Disease Control and Prevention (CDC), which is a federal agency that supports research in autism spectrum disorders, estimates the prevalence of ASD as 1 in 68 children, occurring in all racial, ethnic and socio-economic groups in America (autism-society.org).

In addition, in recent years, more methods that are rigorous are being use in surveys to find and gather data on cases of ASD. While other possible causes for the increasing rates of diagnosis and resulting identification continue to be investigated, there is no direct evidence to support an increased incidence, or epidemic, of ASD. The research cited above suggests that ASD appears to be more common now because the tools used for diagnosing ASD in children are better now than before.

ASDs are not rare. In fact, in 2009, the (CDC) determined that approximately 1 out of every 111 (0 .9%) 8-year-old children are clinically diagnosed with an ASD. The CDC also Determine that males are more likely than females to be diagnose with ASD.The CDC (2013) has recently called autism a nationwide public health crisis whose cause and cure remain unknown now.

In February 2007, the CDC issued a report based on a sample of 8-year-olds and concluded that the prevalence of autism had risen to 1 in 150. By 2009, based on a similar sample, the incidence had increased to 1 in 110. In 2012, using a similar sample, it was announced by the CDC that the incidence had climbed to 1 in 88 with 1 in 54 boys and 1 in 252 girls being diagnosed with an autism spectrum disorder (Pratt, 2012).

With the changes in diagnostic criteria over the last 10–15 years, recent reports have suggested that the prevalence of autistic disorders is on the rise. Fombonne in his review of 43 studies, published since 1966, identified the median prevalence for the autistic disorders to be 60–70/10,000. In the United States, the Center for Disease Control and Prevention's Autism and Developmental Disabilities.

According to Monitoring Network has reported an average prevalence of 1 in 110 children. No precise explanation of the recent rise in the prevalence is known but theories range from more awareness in medical and general populations to the broadening of diagnostic criteria. The mean male–to-female ratio among studies is 4:1. This difference in sex ratio diminishes in children

with moderate to severe mental challenged with a male-to-female ratio of 2:1.At this time there are no clear theories of etiology of autism spectrum disorders. Higher rates of seizures and mental retardation among these individuals point toward biological factors. The following is a brief summary of the etiological factors playing a role in the development of these disorders.

Finally, according to the latest 2013 estimates by the U.S. Department of Health and Human Services report, the prevalence of autism is significantly higher from the previous 2012 report of 1 in 88 to the new report that reveals 1in 50 children are now diagnose with autism (U.S. Department of Health and Human Services, 2013).

Statistics from the CDC (2012) identify a ten-fold increase in the prevalence in Autism over the past 40 years. The reasons for the increase are not understood completely; however, some of the increase may be due to the way children are identified, diagnosed, and served in their local communities, although exactly how much is due to these factors is unknown.

In addition, it is likely that the reported escalation isexplainedpartly by greater awareness by doctors, teachers, and parents (CDC, 2013). Many researchers believe that more children are being identified because the medical community along with other professionals having a better understanding of autism spectrum disorders, and because the definition of autism has been expanded to encompass more individuals (Autism Speaks, 2012). Still others believe that the increase is real and are advocating for research to investigate the potential causes of autism.

According to Autism speaks (2012) prevalence of students with autism growth in litigation concerning appropriate interventions. A massive amount of literature regarding treatments and lack of guidance in determining which treatments are appropriate for individual children with autism.Recent epidemiological studies have reported that the prevalence of ASD has increased from 4 to 5 cases per 10,000 individuals in the 1960s (Lotter, 1966)to 5 to 31 cases per 10,000 individuals inthe 1990s (Nordin&Gillberg, 1996; Webb, Lobo, Hervas, Scourfield, &Fraser, 1997).

Specific geographic regions have been the focus of prevalence investigations in developed countries. The Centers for Disease control and Prevention (CDC) recently reported that in Brick Township, New Jersey, 40 out of 10,000 children ages 3 to 10 years have autism (CDC, 2000). The California Department of Develop-mental Services reported that the number of individuals

receiving services for autism increased by 273% from 1987 to1998 (CDC, 2001). A recent population-based study of trends in autism prevalence of successive cohorts of children born between 1987 and 1994 in California reported a prevalence rate of 11.0 per10,000 (Croen, Grether, Hoogstrate, &Selvin, 2002).

Relatedly, state educational departments have reported a rise in the numbers of students with ASD demanding autism-specific services (Hurthet al., 1999; National Research Council,2001), with some states (e.g., California)

2.8 Educational Definitionof children with autism spectrum disorder (ASD)

Children with autism spectrum disorder (ASD) often have difficulty acquiring and generalizing new skills. Historically, much of the research literature has focused on developing strategies to facilitate learning and behavior change. Increasingly, however, recent research has focused on ways to enhance the likelihood of generalization and maintenance of these skills. If we are to more adequately, understand the nature of the disorders and how to teach this population. It is the (IDEA, 2004), that provides the federal educational definition of the disorder. This federal law uses the term “autism” to refer to all Autism Spectrum Disorders. Educators use this educational definition when determining whether a student is eligible for special education and should receive such services under the disability category of autism. Using the federal definition as a foundation, states may outline their own definition and establish specific criteria to determine whether a student has autism and should receive special education services under this category.

Below is the definition of autism provided by IDEA:

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a student’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a student’s educational performance is adversely affected primarily because the student has an emotional disturbance.

(iii) A student who manifests the characteristics of autism after age three could be identified as having autism if the criteria.

Historical Context with the passage in 2004 of the amendment to the Individuals with Disabilities Education Act (IDEA), there has been an increased emphasis with respect to educating our children in their Least Restrictive Environment {LRE} (IDEA, 2004).

For many children, especially those with higher functioning autism, the LRE is defined as the general education classroom environment, where neuro-typical children are placed. This legislation, based on the court decision of Daniel R. R. v State Board of Education (1989), has been instrumental in redefining how children with autism are included into the general education classroom.

Two significant criteria because of this ruling are raise. The first is whether the use of supplementary aids and services can be used to Autism: successfully achieve an appropriate education within the general education setting for children with autism. The second is whether a child who is placed into a more restrictive setting is integrated to the maximum time appropriate within the general education setting. As a result, more children with ASD are being serve in regular classrooms within our public-school system (California Department of Education, 2011).

2.9. Basis in Research Educational interventions and instructional methodologies

Educational interventions and instructional methodologies must be validating by "scientifically-based research. According to IDEA (2004) and federal and state regulations, scientifically-based research" The terms "scientifically-based research" and "evidence-based practices" are often used interchangeably to describe appropriately validated practices. .Although the last 20 years have seen an expansion in available educational practices for students with ASD, not all are validated and not all validated practices are appropriate for all students. Educators of students with ASD must be knowledgeable of the range of educational practices (including interventions, methodologies, and accommodations), and must be able to appropriately choose and implement such practices based on individual student need.

Although the last decade has seen an expansion in our knowledge of effective instructional practices for students with ASD, controversy exists among researchers, program developers, educators, parents, attorneys, advocates, and the media regarding the appropriateness of specific

strategies (e.g., Gresham,Beebe-Frankenberger, & MacMillan,1999; Heflin & Simpson, 1998b; Hurth, Shaw, Izeman, Whaley, & Rogers, 1999)

2.10. Instructional Strategies

Strategy use is a critical component of academic success and the purpose of strategies is to improve performance. A strategy is a series of ordered steps that will allow a student to perform a task evidence suggests that the most effective learners have a large repertoire of strategies that range from simple to complex, and that they can be combined to meet different task demands. Effectively use instruction strategy in the classroom teachers need specialized knowledge. Strategy instruction is a powerful tool. However, to gain any value from a tool you must know how to properly useit (Pressley &Woloshyn, 1995)

2.11. Instructional/Treatment Strategies of teachersfor Children with Autism

In reviewing different literature there are many different strategies suggested that teachers could use to assist students with autism in achieving successfully. It is key point of that the teacher starts first with the student and develops a relationship with them. This is imperative to discovering the strategies that will help that child most thoroughly. Several strategies have proven to be consistently helpful for the Strategies for children with autism. Relatively little is current known about the most effective way to teach new concepts to children with ASD. The general view is that interventions should begin at an early age, be sufficiently intensive, and address the core symptoms of ASD (National l Research Council, 2001).

According to Virginia Department of Education, Office of Special Education and Student Services all students with ASD are unique individuals. Using a Multimodal Approach is mandatory because the characteristics and challenges vary considerably across children. These variations within the disorder have significant implications on educational strategies. Current research supports the use of a multimodal approach to intervention (National Autism Center [NAC], 2009; National Research Council [NRC], 2001; Simpson, 2005).

There is no a single method that will be successful for all students with ASD. Further, the disorder affects many areas of functioning; therefore, multiple methods will be required to serve just one student effectively. The most successful programs incorporate a variety of objectively verified practices to address the multitude of needs of the students with ASD. Interventions

should vary considerably based on individual characteristics, strengths, needs, and learning styles.

According to Ethiopian Ministry of Education (MoE) In 2006 the released the Special Needs Education Program Strategy. The strategy is based on the Education and Training Policy (ETP, 1994).Curriculum Differentiation and formulation of Individual Education programmer wereseen as forms of support based on the Strategy, hence the development of this Guideline. The Education and Training Policy (ETP, 1994), states that all learners, including those with special needs, learn in accordance with their full potentials and needs.

Education is also supposed to increase the respect of democratic values of equality and human rights. As a fundamental human right in itself, educationist seen as one of the main factors of reducing poverty and improving socio-economic conditions (MoE, 2006).

Despite the effort Ethiopia has shown in the process of Education for All (EFA), it has been noted that there is still a gap in the provision of access to all learners and actualizing special needs education.

The major constraints experienced by learners with special educational needs (LSEN) are lack of awareness about diversity, poor pedagogical approaches, inconvenient learning environment, and lack of identification and assessment procedures. Rigidity of the school curriculum may be another factor that has hamstrung the students' learning progress. Teachers with LSEN in their classes find it difficult to modify the curriculum. As a result of this, it has become very challenging for schools and teachers to welcome and to accommodate LSEN in accordance with their learning potential and pace of learning.

This Guideline is the one hand meant to break curriculum-access barrier for the child and on the other hand motivate the teacher to develop teaching approaches that will help reduce his/burn-out level. LSEN are mainly left without any extra support which has led to the big numberof repeaters and drop-outs, and most of the learners with special educational needs have no access at all to the education system. In providing a suitable learning environment for learners with special educational needs, the school authorities should pay attention to relatively high rates in repetition and drop out (MoE, 2006).

In addition, there is no guideline for the implementation of curriculum adaptation and / or modification at the school level. This Guideline will introduce the teacher to simple and direct ways of making CD to the extent of using readily available local materials. The guideline gives practical advice on how CD can be done and how IEP can be designed, implemented and followed up. It is believed that the schoolteachers will find the Guideline helpful not only in making their instructional work easier but also in helping the child.

2.11.1. Methods of instructional strategies for children with autism

Every autism instructional strategies and treatment setting effective methods to simplify information and communication should be devising in order to make it easier for these children. According to the official autism 101 manual (2006)

these methods include using clear and concise language, breaking instructions and tasks into smaller steps, and using visual supports, such as written or picture schedules bearing in mind that information and materials should be organized in such a way that important or key components are highlighted and easily identified by students.

No single method for teaching students with autism is successful for all students. Also, students' needs change over time, making it necessary for teachers to try other approaches. This contains information about important areas of instruction and instructional approaches that have proved successful for teachers working with students with autism, including suggestions from the literature on autism divided into five sections:

• Instructional approaches

• Strategies for classroom management

• Strategies for communication development

• Strategies for teaching social skills

• Teaching functional skills

2.11.2.Systematic instructional strategies for children with autism

A systematic instructional strategy refers to instructions that is organized and follow a logical order. The sequence of instruction proceeds methodically from the easiest and most basic

elements to more difficult and complex. Material and instructional activities are adapted to the student's age, abilities, and learning style.

Through systematic instruction, the level of difficulty gradually increases while support is provided. Teachers and parents may need to break complex tasks down into subtasks and reinforce in small teachable steps. It is important to remember while the premise of instruction is to teach in a sequential order; students with ASD may have highly developed skills in one area and be delay in another. Further, as students age, their educational needs will change educators should be careful not to assume instruction should be provided according to standard developmental markers or in a conventional progression .It may be beneficial for many not to teach in a direct linear fashion but instead to teach based on the actual needs and strengths of the student intensive instruction.

2.11.3.Instructional Considerations for children with autism

There are important instructional considerations that must be take into account to ensure student learning. Given the difficulty individuals with ASD have with acquiring skills incidentally, it is crucial to provide carefully planned and predictable instruction. Students will benefit from direct teaching of skills and concepts as well as strategies to encourage active engagement. Instructional considerations that make teaching effective capitalize on learning strengths and interests to compensate for predictable learning problems (Heflin &Alaimo, 2007).

According to Virginia Department of Education, Office of Special Education and Student Services Systematic instruction is required to teach students with ASD to be more independent and capable.

2.11.4 Models of Best Practice in the Education of Students with Autism Spectrum Disorders:

There are a number of instructional strategies identified as evidence-based for this population. Prior to implementing instructional strategies, several important considerations must be taking into account by the team. First, teachers can feel confident implementing any evidence-based strategy provided they are able to implement the strategy with fidelity. In other words, knowledgeable and skilled individuals should implement instructional strategies chosen for students with ASD. Second, teachers must ensure they are using the strategy to teach an

appropriate skill or skill set. Individual strategies may be effective only used to teach identified skills and not when universally applied to any skill. Finally, it is important to verify the success of the strategy through data collection not all strategies will be effective with all students. Progress must be evaluated on an individual basis and changes made accordingly.Finally, according to reviewing literatures related to on instructional strategies children with autism identified as evidence-based for some actualand importantinstructional strategies are below:

2.15. Evidence-based instructional strategies for children with autism

Educating students with autism is usually an intensive undertaking, involving a team of professionals and many hours each week of different instruction and therapies to address a student is behavioral, developmental, social and/or academic needs. Students with autism often require explicit teaching across a variety of settings to generalize skills. Most school classrooms incorporate elements of several established approaches. It is important for schools to evaluate prospective interventions for a student on an individualized basis, as well as keep in mind the need to use evidence-based methods and strategies. No single intervention has been proven effective for every individual withautism. Some of the intensive interventions developed for autism and employed in home programs and special educationare listed below for more in- depth information and links related to therapeutic interventions, for children with Autism

2.15.1.Academics and Organizationcognitive strategy

Metacognitive strategies have been successfully using to improve academics.(Whitby, 2012) and writing (Asaro-Saddler &Bak, 2013) performances of individuals with ASD in general education classrooms considerations for Academic Instruction in General Education Classrooms the number of students with ASD who receive the majority of their academic instruction in general education settings and take standard state assessments has increased over recent years. Because many of these students demonstrate normal or above average intellectual abilities, it is possible for educators to overlook the special academic needs of adolescents with ASD in their classrooms as they may appear to understand more than they actually do (Myles &Simpson2001). Accordingly, educators should be aware of potential difficulties that students with ASD may encounter during academic instruction and be able to use instructional strategies that are appropriate given their students' unique learning styles if needed

2.15.2.Floor Time

This approach, developed by child psychiatrist Stanley Greenspan, is becoming increasingly popular among early interventionists working with two- and three-year-old who demonstrate difficulties with self-regulation and symptoms of autism. Floor time focuses on the interactive relationship between the caregiver and child, attempting to enhance and increase turn taking and responsive interaction cycles through open-ended play activities (Greenspan &Weider, 1998).

2.15.3. Applied Behavioral Analysis (ABA)

One study conducted by Conroy, Asmus, Boyd, Ladwig, and Sellers (2007), demonstrates that a teacher can be proactive by manipulating these variables in order to prevent problem behaviors before they arise. Additionally, interventions that consist of both the manipulation of antecedents along with a consistent schedule for reinforcement, most effective for treating behavior challenges in the classroom. Considering antecedent factors in combination with reinforcement system for guiding desired behavior, is rooted from the conceptual framework of Applied Behavioral Analysis (ABA) principles. Generalizations of thestudy by Conroy et al (2007)

The study also concludes that there are higher rates of disruptive behavior during child centered activities, than with adult directed activities. The availability of classroom materials was also a factor. Higher rates of disruption were correlated with availability of materials than when they were not readily available (Conroy et al., 2007). Additionally, this study concluded that there were no universal factors among all individual children. For this reason, the need for a Functional Analysis Assessment is crucial for understanding antecedents that influence the classroom behavior that are specific for individual students. Pivotal Response Training (PRT) is another behavioral approach based on B.F. Skinner’s Theory of Behaviorism.

2.15.4.Behavior management techniques

Behavior management techniques can be use in the home, school, and community settings. Functional Behavior Assessments/Behavior Intervention Plans can be create by examining a student's specific problem behavior, identifying antecedents, understanding consequences that maintain the behavior, and developing strategies to reduce the inappropriate behavior and increase desirable behavior. We have provided cards that might be use by parents, teachers or

friends to indicate to strangers what is happening. They are design to be folded in half to be business card size. They can be handed out or just laminated and shown as needed

2.15.5.Child's Parents intervention

Additionally, work closely with the Child's Parents. Typically, parents of children with autism are extremely well informed about the disorder as well as the specific characteristics of their children need to complete a High Preference Inventory. Interview the child's parents to determine those objects and activities that the child really likes and those that he most dislikes. Often these may be unusual fixations either positive or negative. It is important for the teacher to understand the child's fears and cravings.

2.15.6. Sensory Integration Therapy

This model first assesses the extent to which sensory processing and integration difficulties are interfering with normal development. Sensory integration therapy then implements specific therapeutic procedures to ameliorate abnormalities in sensory integration. This approach should be planned and carried out only by a trained sensory integration (SI) therapist, most often an occupational therapist (Williamson &Anzolone, 1997)

2.15.7.PECS (Picture Exchange Communication System)

Children with autism often handle visual/graphic information more easily than auditory/verbal information, although many children with autism may prefer use of peripheral vision to central vision. One successful approach to developing communication behaviors is the use of the picture exchange communication system (PECS)further described in Chapter 3. This simple approach requires the child to select a picture card, approach the adult, and hand the adult the card to make a request or comment. This approach has several advantages for children with autism:

2.15.8.Video modeling

One evidence-based strategy, video modeling, involves taping adults or children engaging in a targeted, desired behavior. This has proven to be an effective method of treatment to address social skills and communication deficits for children with autism. Since children with autism generally experience impairments with regards to adequate social skills such as maintaining reciprocity, perspective taking, ability to initiate interactions, as well as inferring the interests of others, they often suffer social consequences. Furthermore, implications of this often worsen

with age, following children into adulthood, affecting the social, emotional, and cognitive development of those with autism (Flynn & Healy, 2012). One of the most notable strengths of video modeling not only includes rapidly acquiring successfully new social skills, but also the ability to generalize this skill across different settings, peer groups, and time (Nikopoulos& Keenan, 2007).

Communicative / Social Skills children with autism are characterized as lacking skills with appropriate social responses and initiations with others. It is imperative that treatment options address and teach these valuable skills (Nikopoulos& Keenan, 2007). Combined with other interventions used jointly When, such as cue cards, task analysis and reinforcement, the effectiveness of this intervention increases (Nikopoulos& Keenan, 2007). Specific skills that have been taught using this method include reciprocal play engagement and social initiation skills. Flynn and Healy (2012) maintain that a child with autism, in order to successfully benefit from this treatment, must first develop imitative skills, the ability and desire to imitate others. However, according to Nikopoulos and Kennan (2007),

There is evidence that use of video medium will actually enhance children's imitative skills, by drawing on the visual strengths that so many children with autism tend to have conversation. Furthermore, two of the three children in this study generalized gains with social skills to the general education classroom (Delano & Snell, 2006)

A second study conducted by Hanley-Hochdorfer, Bray and Kehle (2010), also measuring the effectiveness of Social Stories to increase social engagement skills suggests that this strategy is most effective and prudent when used in combination with other interventions such as modeling.

2.15.9.Social Stories

While Social Stories was effective in decreasing disruptive behaviors, using it in isolation did not produce the same outcome as was seen the previous study by Delano and Snell (2006). It also appeared that Social Stories would be best suited to positively impact the social and communicative behavior in children with autism rather than Asperger's Syndrome (Hanley-Hochdorfer et al., 2010)

Recent advances in classroom technology have made this intervention more possible than ever before. It has also been found that this method is more cost efficient than producing booklets, and employing aides to teach communicative and social skills. Another evidenced based method of teaching communicative and social skills, developed by Carol Gray, is Social Stories. This is an individualized approach, described by Aspy and Grossman (2012) as a method of task analysis, whereby information is broken down into smaller, distinct parts. The implementation of this method consists of delivering a script to the learner, using specific types of sentences, from the learner's perspective. Delano and Snell (2006) found that Social Stories were effective both with and without the additional social skill interventions. In a study consisting of three children with autism, children increased social engagement with peers during play sessions, specifically with initiation and response to peers during playtime.Social Storiescan be used to teach social skills to children with autism. A situation, which may be difficult or confusing for the student, is described concretely. The story highlights social cues, events, and reactions that could occur in the situation, the actions and reactions that might be expected, and why. Social stories can be used to increase the student's understanding of a situation, make the student feel more comfortable, and provide appropriate responses for the situation. We recommend that you incorporate visuals into the stories as well. These visuals can be drawings created by the student, imported images from Google, picture symbols / icons, or photographs.

2.15.10.Fade prompts

Prompting should only use after less intrusive prompts have proven ineffective. As students experience success, prompts should be consciously faded. It is also important that student progress be carefully monitored and communicated to all staff in the classroom to ensure that prompting is consistent, and that prompt reliance and dependency are not inadvertently reinforce. A prompt hierarchy is often used to aid in the fading of prompts. Prompts can be:

.Verbal, i.e., giving instructions

• Visual, i.e., showing students what to do

• Physical, i.e., physically assisting students.

It is often helpful to incorporate visual aids to decrease reliance on physical and verbal prompts, e.g., providing students with visual schedules to follow rather than relying on adult prompting. Similarly, visual organizational aids, such as schedules, task outlines, check lists and charts, can facilitate the development of independence during specific classroom routines and transitions. Teaching staff should point out the environmental/contextual cues associated with certain tasks, e.g., the bell ringing before recess, and routines to increase student awareness of them.

2.15.11.Inclusive stating

Many variables exist within the classroom that may lead to challenging behavior. Teachers should consider all aspects of the environment as they work to successfully include children with autism into regular education settings.

Opposite children with autism are typically found to have a higher than normal occurrence of learning disabilities which makes functioning in a regular education classroom challenging (Aspy& Grossman, 2012).

According to Koegel, Koegel, Harrower and Carter (1999) which includes the application of PRT to teach self-management skills in students with autism provide an overview of this approach within inclusive classroom settings. PRT, a naturalistic approach, provides students with autism motivation and reinforcement while engaging in desired behaviors. PRT has found to be effective within a broad population of children with autism, with a wide variety of behaviors.

The structure defining target behaviors, identifying and distributing motivating reinforces fading of undesirable behaviors and validating appropriate behaviors within natural settings. By teaching students self-management techniques within the context of PRT, students are actively involved in their own intervention process, by learning to manage this process on their own behavior.

Ultimately, this has resulted in reduction of disruptive behaviors and autonomy. Furthermore, it was found that students generalized pivotal skills across settings and behaviors, making it ideal for inclusive classroom settings since it decreased the need for teacher vigilance (Koegel et al., 1999).

Favorable results continue as self-management practices have successfully carried over to job placements and other community settings (Koegel et al., 1999). A study by Southhall and Gast (2011) furthers the literature by Koegel et al., (1999) when considering the use of self-management as a procedure to modify one's behavior and generalize learned behavior across different environments with independence. Southhall and Gast (2011).

2.15.12.Address self-care

These kinds of instructional strategies used for communication and social skills can be applied to instruction in the areas of self-care. Students with autism spectrum disorders, particularly those with intellectual disabilities, often need direct instruction in personal hygiene, grooming and dressing. Toileting can be an area requiring significant planning and instruction.

Planning meals, food preparation and even eating may be an appropriate part of students' programs. Household skills required for living independently, e.g., doing laundry, caring for clothing and cleaning, may be taught or reinforced in the school program

2.15.13.Self- management

As a procedure to modify one's behavior and generalize learned behavior. Reviewed empirical studies that compare and contrast the use of self- management, finding that those interventions that include these tools are found to be a highly effective method when teaching social, vocational and communication skills, as well as reducing the occurrence of restrictive and repetitive patterns of behavior for children on the Autistic Spectrum disorder.

2.15.14 Instruction in vocational skills improvement

Students with autism spectrum disorders usually require instruction in the basic skills required for the world of work. These skills are broad and overlap with all other areas. 80/Teaching Students with Autism Spectrum Disorders 2003 © Alberta Learning, Alberta, Canada

Independent adults need to be able to be punctual and reliable in attendance at work, follow job routines and complete duties as assigned, understand task completion, follow safety procedures accept direction and correction, respond appropriately to persons in authority, complete a cleanup routine, dress in appropriate work attire and use appropriate grooming and use job site and leisure time appropriately.

Instruction in vocational skills should begin very early. Teaching young students to follow routines and complete activities independently facilitates the development of vocational skills later in life.

2.15.15. Structured teaching methods

Structured Teaching has proven to be an essential element of effective classroom instruction for children with autism. It includes the integration of visual supports, careful organization of the classroom environment, emphasizes social communication, and incorporates special interests in order to increase motivation and learning (Aspy& Grossman, 2012). Furthermore, this strategy is designed with consideration of strengths commonly found in children with autism. These strengths include visual spatial organization, and the need for structure and predictability (Hume &Odom, 2007).

Participants of the study outlined by Hume and Odom (2007) demonstrated higher levels of on task behavior, task participation and task completion in the general education classroom when Structured Teaching was used. It found that participants also improved with their ability to initiate academic tasks and generalize skills learned to different settings. Additionally, the frequency of teacher reprimand was reduced. It was found that all essential components of Structured Teaching methods should be in place, for this strategy to be most effective. Components include organization of the classroom to reduce distractions, visual schedules, and the use of a work system in class that consists of visual instructions, which provide both organization and clarity to the task (Hume & Odom, 2007).

Frederickson, Jones and Lang (2010) found that having a resource base at a school site can contribute to the academic success of children with autism. A resource base consists of a special education program run by learning specialists and offers services within a pull-out or push-in model. Resource bases offer a “well-graded progression of inclusive experiences matched to individual need” (Frederickson et al.,2010). Results from a qualitative study indicate that the presence of a resource base has many advantages when compared with schools that do not have such a program in place for children with autism.

2.15.16. Consider leisure skills

Education programs for students with autism spectrum disorders often include a recreational component, because they may need help developing positive use of their leisure time. For individuals whose disabilities preclude employment, leisure activities constitute a significant part of their daily routines as adults. Families and school staff need to identify and create opportunities for meaningful participation in daily life.

Developing activities that can be enjoy at home is also important. Some students need support and instruction for using a television, stereo and VCR, caring for pets, playing games, sewing, knitting or craftwork and exercise activities. (Supportive Skills for Students with Developmental Disabilities Alberta Learning1995, Book 2 of the)

2.15.17. TEACCH

Treatment and Education of Autistic and Related Communicatively Handicapped Children (TEACCH)Hume and Odom (2007) provide details of one evidence-based method, Structured Teaching, to help address this issue. Developed by Division), The Treatment and Education of Autistic and Communication Handicapped Children (TEACCH) model is a specially designed, highly structured, classroom program that specifically adapts the activities and environment of the classroom to mitigate those factors that interfere with learning. It supports the development of appropriate behavior and communication patterns and teaches basic academic skills (Mesibov, Schopler, &Hearsey, 1994).

2.15.18.Technology aided

The final review of literature supports the effectiveness of using technology-based interventions for children with autism. In a study outlined by Goldsmith and Lablanc(2004), eight Autistic children who used computer-aided instruction improved their recall of newly learned grammar and vocabulary by 85%, as demonstrated during a post- test, 30 days after instruction. Using a computer to create a video medium to present basic instruction is appealing and engaging to students, especially those on the Autistic Spectrum since they are predominately-visual learners (Aspy& Grossman, 2012).

Goldsmith and Lablanc (2004), further state that students with autism were observe as more attentive and motivated when using computer technology. Additionally, they were less resistant

with lesson engagement and spent more time on reading material when it was offered on the computer. One limitation of technology use as an intervention tool is that it requires a high level of technical expertise on the part of the behavioral clinician or teacher. Collaboration with an expert in technology is a necessity in order to help select and use the technology most efficiently (Goldsmith &Lablanc, 2004).

Students on the Autistic Spectrum experience deficits with social and communicative, behavioral and academic skills (Aspy& Grossman, 2012). Research has led us to evaluate evidence based practices. Those that have been reviewed include video modeling, Social Stories™, Pivotal Response Training, Applied Behavior Analysis, TEACCH, computer instruction, and the implementation of a resource base at a school site.

All of these treatment options have been effective addressing the skill deficits typically found in children with autism. Results indicate substantial improvement made by students within all studies. Improvement made in the areas of academic and behavioral, have been demonstrate by students' on-task behavior, ability to generalize learned skills, as well as application of self-management techniques. Gains made in the area of social skills include the development of imitation skills, reciprocity, and social engagement. Research supports that strategies introduced in a discrete manner, when methods of structured teaching are implemented, and consist of visual components, lead to the greatest amount of success. The following chapters will include investigating how these highlighted treatment strategies are producing the desired learning outcomes for students with autism within natural settings.

2.15.19. Peer-mediated approaches

Peer-mediated approaches work with many students with autism spectrum disorders. In some cases, a student may find the attention of a peer more motivating than that of an adult. In addition, the abundance of peers in the school environment creates natural opportunities for the student with autism spectrum disorders to learn from multiple examples. The natural variability displayed by peers creates a teaching situation that promotes generalization.

Peer-mediated approaches involve teaching peers to model specific desirable behaviors, e.g., appropriate attention seeking, and to use specific strategies during their interactions with students

with autism spectrum disorders, e.g., being persistent. This approach tends to be most effective when teachers reinforce peers for their efforts.

2.15.20.Explicit strategy Instruction

Explicitly taught specific strategies that can be used if they encounter difficulties completing academic tasks such as writing or math problems. These strategies involve both students' thinking (metacognitive) as well as their actions (cognitive). Students are taught memorable routines to follow during a specific task. Students are often taught to use a mnemonic to remember the steps of the routine.

The routine capitalizes on visual strengths and strong rote memory (supports everyday memory deficits).Whitby (2012): Cognitive and metacognitive strategies were taught to students using the Solve It! Problem-Solving curriculum resulting in improved percent of correct responses on math word problems

2.15.2.1 Graphic organizer

Visual chart that is used to organize a student's knowledge or ideas. Examples of graphic organizers include diagrams, flowcharts, and storyboards.Individuals with ASD tend to be "bottom-up" thinkers and focus on details. This strategy supports comprehension by helping the learner connect details across the text in a meaningful way to supports central coherence def

CHAPTER THREE

3. Research Disgn and Methods

The research approaches that help the researcher to investigate the topic in terms of research design, method, and subject of the study, sampling techniques, sample size and sampling framework, sources of data, collection instruments, data interpretation and analysis arediscussed in this chapter as follow.

3.1.Sources and types of data

This study assessed the instructional strategies of teachers used toteach children with autismin the case of three schools and one intervention center. While conducting this both qualitative and quanitative research, to obtain the required data primarysources were usedfromLebawi Academy, ChampionAcademy, Mekane-EyesusEvangelical Church School and Abrehot psychological Center.Datawas collected through interview and questionnaire from professionals engaged in teaching and providing intervention for children with autism. Secondary data was also collected from schools'and center'sformats, andmultiple publications like books and manuals.were used and they are acknowledged.

3.2. Research design

For this study, a mixed research design was used as this study constituted both qualitative and quantitative research methodseven though the study mostly rely on qualitative research design method.

According to Kit chin and Tate (2000) define methodology as a coherent set of rules and procedures, whichcanbe used to investigate a phenomenon or situation. Methodology focuses on how research should be conductedby using appropriate techniques and methods, in order to achieve the intended goals. The choice of methodology to carry out a given research largely depends on the purpose of the research, the research questions that will be asked and the type of information gathered.In this research, the researcher employed both qualitative & quantitative design to better for validity of the research. Because no single source of information can be trusted to provide a comprehensive perspective and the combination of data types increases validity as the strength of one approach.

3.3 Participants and sampling techniques

In this study, participants were recruited through purposive sampling method, which is a non-probability sampling strategy that allowed the researcher to found out participants that have similar experience and professional knowledge of teaching and working with the target groups. These participants were currently working withchildren with autism and proportionally selected from the three schools andthe center located in Addis Ababa city.

3.5 Target population

Participants who were included in this study were 41 individuals from the three schools and the center. Of those 41, 35 were females and 6 were males. From Lebawi Academy 8 professionals were selected and 3 of them were school administrators, 1department manager, 2 Special needs education teachers and 2 behavioral therapists. From Champion Academy 11 participants were selected they were 1 school director, 1caregiver, 1 school head and 8 school teachers. From Mekane-Eyesus, evangelical church school 16 participants were selected; 15 teachers and 1 school principal. From Abrehot Psycolgical center give services for children with autism and related disorders 6 participants were selected; 1center head/director and five professionals. Participants were all purposely selected from those schools. Purposive sampling as the logic and power of purposeful sampling lie in selecting information-rich cases for study in depth. Information-rich cases are those from which can learn a great deal about the issues central importance to the purpose of the inquiry. Therefore, the study encompasses small number of information-rich participants for in-depth study.

3.4 Study site

The site for the study is located in Addis Ababa city;Nifas Silk-Laftoand Lidetasub-cites. Theyare specifically located around Mexico,Lebu andJemo areas. They are two of the 10 sub-cites in Addis Ababa city.

3.6 Data collection instruments

For the purpose of this study, the researcher employed interview, questionnaire and document review as instruments of data collection thathelped the researcher to answer the research questions. These multiple sources of information were used because no single source of information can be trusted to provide a comprehensive perspective.

For an interview, the participants of this study that meet the selection criteria were asked to participate in an interview session that lasted approximately 30-45 minutes. The interviews were audio recorded on a tape recorder for transcription purposes. The interview questions were partially adopted from a study conducted by Stephanie (2012), on a related issue surrounding interventions for instructional strategies children with Autism spectrum disorder at St. Catherine University. The interview questions constitute open-ended questions and appropriate care was taken to reduce any concerns regarding confidentiality.

3.6.1 Interview

The researcher interviewed participants to find out from them things we cannot observe directly, such as people‘s experiences,, thought and intention.The structured interview guides prepare by the researcher for the professionals, based on the intention to investigate the instructional strategy in the schools setting.The interviews were audio recorded on a tape recorder owned by the researcher for transcription purposes. The interview questions were partially adopted from a study conducted by Stephanie (2012), on a related issue surrounding interventions for instructional strategies children with Autism spectrum disorder at St. Catherine University. The interview questions constitute open-ended questions and appropriate care was taken to reduce any concerns regarding confidentiality

3.6.2 Questionnaires

The researcherbefore developing the instruments, related literature was thoroughly examined and items were prepared in English. Considering the difficulty of the English language for the subjects, the items were translated into Amharic. The researcher did the translation. Then, an instructor from the Ethiopian languages Department of the Kidiste MariamUniversity translated the items to Amharic. A postgraduate student of literature translated the Amharic version back to English. The difference that appears in the forward and backward translations were corrected by the translators jointly and rewritten accordingly.

The questionnaire constitutes close-ended questions that were designed to address the research question and generate more data in exploring practitioners experience in terms of addressing instructional strategies/interventions in children with autism setting.The researcher use closed ended questions this help to the researcher to understand the respondents view and collected rich

informationform41 total particpant32 professionalswho teach students with autism participated on fuill qustionners in schools& center.

3.6.3 Document review

The researcheruses of documentary evidencebecause documentaryevidence has vital contribution particularly in the context of receiveexplicit information from different documents. The materials employed different types of information written andrecorded materials. The type of document such as:statistical materials which provide data on teachers the researcher review, such as student individual educational plan, screening and assessment format, portfolioInstructional Manuals etc. which statistical evidence can be collated. Moreover, the materials may be either relatively recent or historical in selected schools and center.

3.8 Method of Data Analysis

The researcher undertakes data analysis technique after the completion of collecting raw data. Tend to use a combination of both qualitative and quantitative data collect through interview, questioners and document analysis will analyze according to their specific natures of data and questioners, it is possible to find out exact numerical data. The basis of Grounded theory as a method provides us with guidelines on how to identify categories, how to make links between categories and how to establish relationships between them. Grounded theory as theory is this process as it provides us with an explanatory framework with which to understand the phenomenon. Under investigation and according to Bob (2000),

3.9 Qualitative Data Analysis

The qualitative parts of the data narrate and interpret using analytical interpretation qualitatively. Collecteddataobtained through the in-depth interview with the targeted key informants from school administration staff narrated in the research note-taking book. After completing the data gathering, the collected data were organized in line with the research questions, and objectives. Interviews will coded and transcribe in to texts analyze by using content analysis. A description will make to reflect the discussions by using the participant’s own words. The researcher also lists the key ideas, statements and attitude expressed for each topic of discussion and will arrange the data in relation to the implementation of instructional strategies such as IEP, Assessment and

screening tool. Data has been analyzed using qualitative data analysis procedure that requires breaking down the information in to different themes and categories.

3.10 Ethical Considerations

Research as a profession has its own certain ethics. Respecting these common ethics are important. The same thing will be done for this research. Thus, the following ethics will consider in the process of conducting this research.

1. The researcher respects the consent of the participant strictly, whether they are willing to participate in the research or not.
2. Insuring the subjects of the study, those are free to withdraw from participating in the study whenever they found it necessary.
3. The researcher has obtained permission from each sample schools to conduct this research.
4. Protectsamples of the study from possible dangers that will be encountered, confidentiality, like the actual names of participants in the study is kept secret while the sex or age of respondents will be used where it seems appropriate. Theresearcher applies all the above necessary ethical issues, norms and the rule and regulation of the sample schools this be done during data collection

CHAPTER FOUR

FINDINGS

This chapter deals with the presentation, analysis and interpretation of data gathered from different sources. Data utilized in this paper are collected from primary as well as secondary sources. The instruments used were questionnaire, interviewwith people at different position in schools and centers.Moreover, document analysis

The major objective of this study is to assess the instructional strategies/interventions. This part of the study deals with the analysis and discussions of the data obtained from who teach children with autism and the study assessed the three schools and one-center children with autism.Namely,LebawiAcademy,Champion Academy, Mekane-Eyesusevangelical church mentally challenged schoolAbrhot center for children with autism and related developmental disorders, insight about instructional strategies ofwho teach children with autism spectrum disorder in Addis Ababa.

While conducting the study, nine participants with varying professions working as a management staff representing three schools and one center gives educational services for children with autism were interviewed based on the inclusion criteria as they work with the target population.Among the participants four of them were females and the rest five were male.

In terms of profession among the nine respondents, twoparticipantsstudied business and administration, one studied special needs education, one studied art and design, one participant studied geography,one participant studied political sciences and the rest three participants studied educational plan and management.All participants that participated in this study have experienceworking as a manager with in school and center.

4.2 (Table 1) demonstrates the characteristics of participants

Characteristics		**Number**
Gender	Female	5
	Male	4
Profession	business and administration	2
	special needs education	1
	art and design	1
	educational plan and management	3
	Geography	1
	political sciences	1
Experiences	0-1 years	2
	1-5	2
	5-10	3
	10-20	2
	20+	

Depending on the qualitative research methodology chosen, this study used grounded theory to transcribe data from the interviews. Interviewswere carefully transcribed and exhaustively examined to find different codes and themes. After searching for different codes and themes were conducted and make sure that it was unable to identify any new codes, the collected data and identified. then similar topics that are related to each other were grouped into broader categories which were refined, integrated and analyzed so as to develop themes that helped in answering the research question were listed.Transcripts categorize four finding major themes.

Thematic area

The fivethemes that emerged from the data related to instructional strategies/ intervention of who teachchildren with autismfrom this target population. Identifyingfive keythemes those are.The type of screening and assessment techniques, individual educational plan is available, qualification of teachers who teach children with autism,locally introduce or modified and culturally contacted success full teaching strategy andthe contribution of the school principal to

maintaining the impacting of process and outcome of setting for instructional strategies intervention of children with autismin the schools and center.

4.3 FINDINGS

In this chapter, main findings of the study are presented under major themes and subthemes that were related to the issues raised in the research questions. In addition, those emerged during the date analysis.This study nine participants with varying professions representing three schools and one center teach studentswith autism were interviewed based on the inclusion criteria as they work with the target population directly by providing treatments. In terms of profession among the nine respondents, two participants studied business and administration, one studiedart and design, one studied special needs education, one studied Geograhpy, one studiedpolitical sciencesand the rest three participants studied educational plan and management. All of the nine participa nts stated that the y design intervention strategies for each autistic child individually recognizing the need to address unique problems due to the complex nature of autism spectrum disorder.All names mentioned have been changed for the research participant's privacy. The researcher has data from 9 administrators about the screening and assessment techniques used by the professionals to identify in school.

4.3.1. Screening and assessment techniques

The researcher has datafrom the administrators about the types ofscreening and assessment techniques used by the professionals to identify CWA in schools and center that were from the adminstratorsinterviews.Based on the result the practice of schools and center vary.The schools professionals making classroom screening & assessment through uses locally prepared cheek list that is one important area to the school. Some of the assessment areas checked by the professionals/teachers are establishing friendship, respecting and following classroom rules, behaving appropriately,the methods that the teachers use for assessments asking some questions and observing the child etc.The center used assesement techniques direct most related on foceed on behavioerscheek listand dailyrutioning that is one important area to the center.Examining these arguments raised by respondents of this study, they stated that recognizing

assessment techniques as a major area for providing services for children with autism.Nevertheless, the challenge of proffsionals towhether the methods are scientific or not as well as their view about the effectiveness of the assessment techniques. Regarding to the effectiveness of assessment, based on the assesments there is no giving well established and compransive assessments techniques used by the professionals to identify CWA in schools and center.

To this effect, these respondents stated based on our country because of scarcity of assessments institute, experiencedprofssionalsdirectly in the area and locally well-establishedassessment ducuments resources. However, that they were challenge toplan andmaintain the consistencyappropriate instructional strategy for each children with autism in terms of assesmentcriteriause at the schools and treatment setting.

The following response stated based on respondents own words

Research Participant #1 wasW/roEtaferahu is aprogram manager of one selected school she said*yes, we have intake assessments prepare criteria in the school and refer to abrhot psychological center for assessment.This experience's Bering to American be for coming here my child get services from American autistic center that help as to aware about the importance of assessments.*[INTTR-10/03/2018; 9:00 AM]

Research Participant #2wasAtoAbebe, the main dean of the school, regarding the about the screening and assessment techniques used by the professionals to identify CWA in the school.

AtoAbebesaid, *"I am not sure if they are use screening, assessment techniques or not there is no information about the issue because of the department has own professionals."*[INTTR-10/03/2018; 10:30 AM]

Research Participant #3was**s**AtoAbera, assistant dean of the school.He said,*I have no information about the screening and assessment techniques used by the professionals to identify CWA in school.*[INTTR-10/03/2018; 2:30 PM]

Research Participant #4 Atoketema, another *assistant* dean of the school, said *I have no information about the screening and assessment techniques used by the professionals to identify CWA in school.*Because I am a new staff member in this school.[INTTR-10/03/2018; 10:00 PM]

Research Participant #5wastheschool directorSaba explainthatas privet school before registration there is fee for assessment parent/relatives pay 500 birr to assessment than school founder/owner shemadeassessment for each child to identify need, gap and level of skill be for join our school. The researcher has got from the interview of administrators the school give assessment for children with autism how to see the effectiveness of assessment.

Saba said that based on my observation Wro Masresha is MA holders in special needs education. from Addis Ababa university and she used to asses a child by giving different materials that they like, she can make the child to do the target activity for example by giving a mobile phone, papers and colors and allowing to play game with it she asks the child to do something.

Saba side *that the school's Assessments is good; I saw for me specially.*[INTTR-11/03/2018; 10:00 AM]

Research Participant #6wasAto Zelalem is main school manger and owner the researcher asks the question about the assessmenttechniques there is no specific techniques to assessment. Because children are special so that we asses them in special way. The assessment made by my wife she is professional and well experienced she takes different trainings about autism and currently she is study clinicalpsychology inAddis Ababa University second yearin MA program before five years she gets her master's degree in special need education from Addis Ababa University.

How do you see the effectiveness of assessment as tell you earlier *children are special so that we asses them in special way* for example playing together is one of our assessment areas? Because our school is inclusive school playing together is one of social skills so that, social skill assessment methods are different. Thus there is no a specific material to asses social skill most of the time masresha is use observation.

Regarding the effectiveness of assessment, *most of the time the children interaction with her is amassing. She has a special interaction with child; she interacts with like a mother, like a friend, children play, works with her, and tells/shows her everything. The children are special and she is strong professional* [INTTR-11/03/2018; 11:30 AM]

Research Participant #7wasWro Masresha has given her own responses regarding to the types of screening and assessment whether the methods are scientific or not as well as their view about the effectiveness of the assessment techniques.

Wro Masresha said,*Yes, we have assessments prepare criteria based on our school. Assessment gives based on the child level of skill and assessment made by school professional making screening & assessment through uses modify cheek list that is one important area for as.*

Some of our assessment areassuch as establishing friendship, behaving appropriately, level of self-help skilletc. and the methods that am use for assessments asking some questions and observing the childand also asking a parent/family particular question's related to the child back ground.

When we are talking about the effectiveness of assessment, *I can say that the assessments were effective. Most of children pass through assessment after sometimes we can see radical change after some training a child this is show that the assessment was effective contribution to label a particular child.* Do you believe that the assessment criteria whether the methods are scientific?We have difficulty to get scientifically approved criteria locally. But as soon as possible our procedure tries to considers some skill component globally/theoretically and most of procedures local based through get experience and different training [INTTR-11/03/2018; 1:30 PM]

Research Participant #8wasWroAbebech is assistant coordinator of mentally challenged department explained about screening and assessment techniques in school. we have two children with autism getting help in our school that came from Reyan autism center were forced to change their treatment center because of center was closed and come to here in order to get treatment for autism in Ethiopia is hardly accessible.

Autistic children that came from Reyan we cannot identify before takes the children because of *our school there is no assessment criteria*. We have more experience's work with mentally challenge student.But most of our children with intellectual disability specifically children with down syndromes.

One centerthe researcher, has data from the administrators about the screening and assessment techniques used by the professionals to identify CWA in school from one-center directors, the participant explains that [INTTR-11/03/2018; 2:30 PM]

Research Participant #9wasAto Abnet, the center'sdirector, said,yes, *we have all rounded assessments criteria is basedon our scientific procedures. Assessment gives based on the child level of skill, age and assessment made by center professionals making screening & assessment through uses different cheek list that is one main area of services in our center.*

Regarding to the effectiveness of our assessment, based on our country there is no giving well-established assessments institute because of scarcity of resources. However, our service gives by seniors professional has experienced directly in the area some of founders lecturers in Addis Ababa University in psychology department. Our employees get on going capacity building training with in staff and outside professionalsand foreigners gave some training by who came to support voluntarily.

The assessment area within country and without country even the center gives chance training for the outsider professional. the training is about autism how to care and how to train them so that I believe that there is no ineffectiveness on assessment. In addition, of this our client come different area of our country based on the responses of our benefices the center services are effective through time our services expanded to adders that others institutions refer this show that our services effectiveness.

The center's assessment is excellent; the center's present status is good because my child brings a great change.[INTTR-11/03/2018; 10:00 PM]

4.3.2 Teachers traning and Qualification

The second themeTeachers traning and Qualificationfrom the transcribed data is and Respondents mentioned it as an affecting instructional strategies/intervention for children with autism. The teachers have explained about their educational level, the type of education that they learned; their work experience in the center and schools the training opportunity that they have got after joined the school and center and schools. According to administrators' response who participant on interview and questionnaires the availability-qualified teachers and how affectsthe instructional strategy.

researcher have got from thequestionnaires of teachers and interview fromexamining these arguments raised by respondents of this study, they stated that recognizing the teachers have got trainings related with addrsing challenging behaviouers children with autism after they have employed at the schools and center. All participant side that trainings were given by schools and center seionrs profssionals some training was given by foreigners by who came to support voluntarily.Regarding the qualification of the teachers has different educational backgrounds. There are12-degree holdersseven in psychology two in educational planning and management, three in SNE one in Master'sdegree holder in SNE, nine teachers have SNE diploma, other sevene also has teaching certificate,two of 10 th grade complited and one of the teachers is grade 8. One school and the center do not have special needs education experts.Some of administrator'sbelief that these experts cannot address the needs of children with autism. They want to do more of office based paper works and they want expensive payment that the schools and center cannot pay.

About in service training of teachers:trainings are more aime and focused to enable the teachers to address the challenging behaviours thanappropriate instructional strategy for each child with autismuse at the schools and center.Regarding the qualificationof the teachers has different educational backgrounds and the traning not well rounded/ comprhansivethat they were challenge to plan andmaintain the consistency appropriate instructional strategy for each child with autism

Research Participant #1regarding the qualification of the teachers, one of the administrators or Etaferahuexplained as the teachers our schoolteachers have different educational backgrounds. There are psychologists and special needs educators professionals. However, they have not specifically qualification on intervention area on autism I can see from my experience most of the time these experts cannot address the needs of children with autism. To do more of office-based paper works and they have no enough skills, interest and commitment in the area of work on children with autism. More over these SNE professionals want high payment. Because of theses, our student numbers are very limit.

Research Participant # 2 One of school participant was AtoAbera explainthat the qualification of the teachers one of our problem. To get qualified teachers very challenging process he said the before join in this institution had experience's participation on different meeting,

annuallyexperience sharing program and workshop in this area. The educational system still cannot train the professionals in a way to address the needs of students with autism.

I think it is a great gap as national level the effect of system, there areSNE professionals graduated from different universities at degree level but our educational system does not make them competent and skillful to teach children with autism the instructors are not ready; there are not practice sessions.

Thus, we prefer to employ who have readiness and commitment from other field of study for the job.

Research Participant #3 Other respondent/administrator was AtoAbeberegarding the qualification of the teachers explained as the teachers have different educational backgrounds.AtoAbebe said,as school dean sometimes I try to observe the interventions strategies caring and educating a child. There is a gap between professionals only one of our senior SNE teacher/coordinator more experienced the area and she has a commitment to assist students as well as junior teachers.

The junior teachers need more in-servicepractical training sessionsabout autism assessment and diagnosis, general methods of teaching children with autism.

Research Participant #4: Wro Saba explains that we have problem on to get qualified teachers; she said problem to get teachers who have competency, the readiness and commitment in this area. Most of our school employees from grade 10 and some of them certificate holders on caregivers/Nani training.

In my experience's Try to get a BA, graduate from recognized university in psychology and special needs education. The professionals want high payment and they do not have the interest stay for a long time on job It is highly travelers. There are works that seen as least; such as feeding/eating training, toilet training. Because of thiswe are prefer to employ the people who have lower than first degree and who have readiness and commitment for the job

Research Participant #5 AtoZelalem: in order to get qualified teachers for autism in Ethiopia is a difficultprocess. Due to lack of professionals, workers in the autism school saw other

alternatives along with lack of interested professionals work with children with autism. Most of our workers they have not professional background related to autism.

At Zelalem side that always am asking one question when recruiting new employ do you have to be ready at any moment. Teaching/coaching can happen ANYWHERE! autism child at this time mostof employeebe silent

Additionally, the respondent shared hisexperienceimpact on qualified teacher's practical instructional strategies involvement as mostdoes not encouraging in our school experience. Try to forcing them to take time to accept their job but the professionals the fact that considered as student with autistic more terrible and challenging. This had affected the process of school and outcome of teaching processes as being late for intervention result delays improvement on students.

Research Participant # 6: Wro Masresha has given her responses regarding to qualification of teachers explains that we have big challenge on to get qualified teachers; she said problem to get teachers who have competency. There are around seven universities in Ethiopia which train SNE professionals at degree level. However, our educational system does not make them competent and skillful to teach children with autism. Because of this,

Iprefer to employ the people who have lower than first degree and give practical in-service training. I tell you my experience I know most of service givers on autism and discusses related this issue most of them share my experiences. Children with autism remain one of the main groups being widely excluded from quality education. Autism is recognizing as one of the least visible in Ethiopia. The teachers' qualification to teach students with autism on job training makes me one of main tools in our school and has own excellent impact effected on student progress.

Research Participant #7: WroAbebech, given her responses regarding to qualification of teachers, explained most of the teachers 'educational backgrounds. They have certificate and diploma in special needs education and they have above 20-year experience work on children with intellectual challenged. Netting new for teachers because they take repetitive training about autism and children's behavior; the training was given by different professionals and the training is beneficial.

When we saw the effect of instructional strategies only the educational background and work experience has contributions on better instructional strategies there are a lot of related issue

When we come to our organization, most of teachers are aged and payment/salary of employees because of these and others reason they have no commitment on improving their skill and knowledge to support children with autism.

Onecentertheresearcher has got from the interview oneof administratorAtoAbnet. Qualification of therapist all of them BA graduated in psychology.They have got trainings related with teaching children with autism after they have employed at the center. The founders of the center gave the trainings and foreigners gave some training by who came to support.

Research Participant # 8: AtoAbnet Explain about the educationalqualification of therapist and the effectiveness to contribute of on instructional strategies' educational background is mandatory but on job, training has a lot of contribution on our work. I can say in Ethiopian context our employ is most competitive enough and their educationalqualification and training a vital contribution for our services.

4.3.1. Individual educational plans

The researcher has got from the interview of administrators andteacher has explained aboutthe avelablity and type ofindividual's educational plan that experience in the schools and center. The situation existing at the school reported by school administrates and document analysis particularly directed to the type individual educational plans of used by the professionals in schools from 4 schools 3 of them they have not producing anything eligible individual educational plans document. The rest of one they have allowed producing eligible for the children with autism. The report shows that the result all most among institutions IEP not available. Finally,few teachers and directors encourage and support us in classroom by preparing individual educational plan. However, it is not well organizedin schools.

Research Participant #1 WroEtaferahu explained that *Yes, we have IEP prepare criteria's in the department coordinator she has prepare based on gap and each child's need and level of skill* than gives for each teacher and parents. When the teachers teach, she is giving advice and continence support to use IEP performed. WroEtaferahu said also that: am try to share my

experiences when saw from American. As it is known, many things have not yet known about IEP and autism so that we use that we have.

Research Participant #2: Wro Saba explains that we have notprepared/written IEP; she said problemof teachers who have ability and commitment in this area.

Research Participant #3 AtoZelalem,try to force them to take time to their practical work/on teaching. The school belief that much paper work had effects on process of school and outcome of teaching processes as being late for intervention result delays improvement on students.

Research Participant #4 Wro Masresha have given her responses regarding to IEPexplains that we have challenge on to prepare IEP; she said problem to locally modified IEP in Ethiopia context train SNE professionals at degree level. However, our educational system does not make them competent and skillful in this area.

Research Participant #5: WroAbebech has given her responses regarding to IEP explained most of the teachers 'educational backgrounds. They have certificate and diploma in special needs education and they have above 20-year experience. However, we have not IEP because of our school services focused on group teaching not much individual

Research Participant #6: AtoAbnet we have some related to behaviors children with autism and related disorder. The founders of the center gave some formats there is no about the education or not holistic manner.

4.3.4.Contribution of school principalsto instructional strategies

The researcher has interviewed four administrators. The researcher has got from the interview of administrators the school the contribution of the school principal to maintaining the affecting of process and outcome of setting for instructional strategies.From the interview with teacher and school directors, they added that regarding the school, the director encouraged the students to come to school continuously. After starting their education, the students with autism were absent or may dropout from the school..But, there is a vast gap between the need of Contribution of school principal to instructional strategiesand support given from the schoolprincipals.

Research Participant #1 WroEtaferahu explained thatthe as a department manager always based on teacher's need and each child's need am any time supportive this program because my child

attend here. More over when the teacher gives training for each child I am here giving continence support and work together with a child. She said also that: am try to share my experiences when saw from American.

Etaferahu added about the effectiveness and contribution of on instructional strategies' *the type support as she strongly believesthat is effective because as her explanation, if the support waseffective the school get result of holistic better performance on student.*

One of school participant was AtoAbera explain that the contribution of the school principal to maintaining the affecting of process and outcome of setting for instructional strategies thisis challenging process Because I think needs to had experience's teaching in this area. Personally assistant as school dean I have not any contribution to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism.

Research Participant #2 AtoAbebe *is* main school dean *He said I have not direct contribution to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism. About the issue, there are concerned bodies in the department.*

Research Participant # 3 AtoKetema, assistant school deanI have not direct contribution to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism because the department have enough experienced teacher.

Research Participant #1 Wro Saba explains that yes am try to support butWro Masreshaways giving's continence support contribution to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism

Research Participant #2 AtoZelalem to support and provide different materials to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism.

Research Participant # 3 Wro. Masresha given her responses regarding to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism based on teacher's need and each child's need am any time supportive this program.

Research Participant #4 WroAbebech gave her responses regardingtocontribution to maintaining the affecting of process and outcome of setting for instructional strategies for

students with autism explained most of the teachers ‘educational backgrounds. They have certificate and diploma in special needs education and they have above 20-year experience. However, we need from me; am support at any timeI’m ready to provide any support.

Research Participant # 5 One centerAtoAbnet center director’scontribution to maintaining the affecting of process and outcome of setting for instructional strategies for students with autism explained *side that Yes, we have all rounded support based on our scientific.Needs gives based on the teachers’level, made by senior center professionals is one main area in our center.*

The researcher has got from the interview of administrators the school the contribution of the school principal the situation existing at the school reported by school administrates and document analysis particularly directed to the type contribution of the school principal to maintaining the educational benefits of students with autism in the schools from 4 institution. The report shows that the result from nine participants only two of them allowed eligible contribution of the school principal to maintaining the educational benefits of students with autism. Among administrates because of the understanding of the importance the contribution of the school principal to maintaining the educational benefits. Most principal of they are not considered as important in schools. Finally, it is not well-established practice that they are not engage in schools.

4.3.5Locally introduced or modified andsuccessfulteaching strategy

There is nolocally introduced or modified and successful teaching strategy for children with autism in the schools and center even it is difficult to gate in the country. It is not onlyteaching strategy but also the materials, game zonesand othersis not considered children with autism

According to theresearch Participants:

Research Participant # 1: WroEtaferaw, the teachers work in cooperation with familiesin a highly organized manner. In order to be successful in teaching children with autism. For this reason, the teachers mentioned that they have weekly program with parents in which they discuss about the condition of the children. Furthermore, the teachers reported the difficulty of teaching and strong side of a student if there is no effective parental involvement, we cannot effective achieve IEP goal and we have cultural modified sensory integration activities for example picking tiftire from the cotton, etc.

Research Participant # 2 Wro Masresha we have criteria before takes student assessment program this is ours best practiceand our student get training on cultural dances intensively

Research Participant # 3 WroAbebechwe have well organized environment for teaching children with mentally challenged not only autistic child

Research Participant # 4 Ato Abinet we have well trend professional and try to develop culturally adopted assessment documents.

The situation existing at the school reported by school administrates and document analysis particularly directed to locally introduced/adopted instructional strategy and successful practices teaching children with autism used by the professionals in schools from 4 institution 4 all of them they have taken some mandatory issues as a success of teaching the children with autism in school. Only one school give an example on culturally modified activates rather than teaching strategy finally, schools it is not well-established practice that they are not visible success locally introduced/adopted instructional strategy and successful practices teaching children with autism in schools**.**

4.3.6. Findings from the questionnaire

The demographic data on the subjects and the data collected on the basic research questions are present. The major analysis focused on; the instructional strategies/ interventions and teaching methodologies applied by teachers/professionals to assist the students with autism in the schools and center.

The participantswere, 33 teachers 4 from Lebawi, 8 from champion, 6 from Abrhot autism center and 16 from Mekane Eyesus evangelical church mentally challenged school were asked to fill questioner with contents related to the interview questions in order to maximize the quality of data as the research was analyzed using coding method with grounded theory. 33 respondents out of the 32 were able to fill the questionnaire responsibly while one of them returned blank questioners claiming she were busy.

Table: 2 Distribution of respondentwho teach children with autism group of sex

Sex	Male	Female	Total
	3	29	32

In table 1 the majority of who teach children with autism respondents 33 (93.4%) are females, the second group is male 3 (9.67%), the two groups are respectively.

Table 3: Table 2: Distribution of respondents who teach children with autism by Level of Education

		N	%
Level of education	Certificate	7	21.8%
	Diploma	8	25%
	Bachelor's degree	12	37.5%
	Master's degree	1	3.1%
	Other specify	4	12.5%
	Total	32	99.9 %

Concerning the educational background, table 2 shows that, 12 (37.5 %) of the teachers who teach children with autism respondents, were with Bachelor's degree holders. 8 (25%) were with a college Diploma. About 7 (21.8%) were from certified 4 (9.6%) were Other specify 1 (3.1%) had Master's degree.

Table 4: Distribution of respondents who teach children with autism by field of specialization

		N	**%**
Filed of specialization	Special needs Education	12	37.5%
	Psychology	7	21.8%
	clinical psychology	-	-
	speech therapy	-	-
	Education planning & management	2	6.2%
	Other specify	11	34.3%
	Total	32	99.8%

Concerning the field of specialization, table 3 shows that, 12 (37.5 %) of the teacher who teach children with autism respondents, were special needs education. 7 (21.8%) were psychology. About 2 (6.2%) were education planning & management 11 (34.3%) were Other specify.

Table 5: Distribution of respondents who teach children with autism bycurrent teaching position

		N	%
current teaching position	Special needs Education teacher	26	81.25%
	School psychologist	4	12.5%
	General Education teacher	-	-
	school director	-	-
	Other specify	2	6.25%
	Total	32	100.0

Concerning current teaching position, table 4 shows that, 26 (81.25 %) of the teacher who teach children with autism respondents, were special needs education teachers. 4 (12.5%) were school psychology. About 2 (6.25%) were Other specify.

Table 6: Distribution of respondents who teach children with autism by current teaching Experiences

		N	%
teaching Experiences	0-1 year's	10	31.25%
	2-5 years	6	18.75%
	6-10 years	5	15.6%
	11-20 years	5	15.6%
	20+ years	6	18.75%
	Total	32	99.95%

Concerning current teaching position, table 5 shows that, 10 (31.25 %) of the teacher who teach children with autism respondents, had experience from 0-1 years. 6 (18.75%) were had

experiences from 2-5 years. 5 (15.6%) were had experiences from 6-10 years. 5 (15.6%) were had experiences from11-20. The rest of 6 (18.75%) had experiences above 20+ years.

Table 7: Distribution of respondents who teach children with autismby attend special training on autism

		N	%
Level of special training on autism	Yes	20	62.5
	No	12	37.5
	Total	32	100%

Concerning about attend special training on autism, table 6 shows that, 20 (62.5 %) of the teacher who teach children with autism respondents, they had special training on autism. The rest of 12 (37.5%) were hadn't any training on autism children.

While conducting these study thirty-two participants with varying professions currently engage on teaching children with autism. They representing three schools and one child with autism center were based on questioner response and the inclusion criteria as they work with the target population directly by providing instructional strategies/ treatments. The following tables show that Participantsresponses from the practice to measuring scales the Frequency and percentages of questioner items. The research question treated in this section is "How often do you practice instructional strategies for students with autism in you class room/school. Based on different instructional strategies the researcher in order to seek information to these basic strategies, through often, sometimes and never related questions are present as shown in tables.

Table 8: Distribution of respondents who teach children with autism the practice ofself-managementinstructional strategy in class room/school

Regarding self-management instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you practice daily living skill like eating, toileting for students with autism in your classroom?	often	15	46.8%
	Sometimes	4	12.5%
	Never	13	40.6%
	Total	32	99.7%
How often do you practice students with autism to performance giving independent task like panting, inserting beads, sorting beads in your classroom?	often	14	43.7%
	Sometimes	5	15.6%
	Never	13	40.6%
	Total	32	99.9%
How often do you practice students with autism to monitor their own behavior in your classroom?	often	12	37.5%
	Sometimes	8	25%
	Never	12	37.5%
	Total	32	100%

Concerning when asked about under the practice level of self-management instructional strategy; on daily living skill, giving independent task and to monitor their own behavior-teaching children with autism in classroom/ school

Table8: shows that, when asked about self-management instructional strategy with children with autism in classroom/ school the practice of daily living skill under self-management instructional strategy.

15 (46.8%) of the teacher who teach children with autism specify, they had practice often training on daily living skill for children with autism. were Other 4 respondent specify (12.5%) they had practice sometimes training on daily living skill for children with autism. The rest of 13 (40.6%) teachers who teach children with autism they had not practice never training on daily living skill.

When asked about self-management instructional strategy with children with autism in classroom/ school the practice of giving independent taskunder self-management instructional strategy.

Table 8 shows that, 14 (43.7%) of the teacher who teach children with autism respondents, had often practice giving independent task. 5 (15.6%) were had experiences sometimes practice giving independent task .The rest of 13 (40.6%) respondent specify they never experiences practicing gave independent task for children with autism.

When asked about self-management instructional strategy with children with autism in classroom monitors their own behavior under self-management instructional.

Table 8shows that, 14 (43.7%) of the teacher who teach children with autism respondents, had often practice giving independent task. 5 (15.6%) were had experiences sometimes practice giving independent task .The rest of 13 (40.6%) respondent specify they never experiences practicing gave independent task for children with autism.

Table 9:Distribution of respondents who teach children with autism the practice of video modeling instructional strategy in class room/school

Regarding video modeling instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you practice motor imitation activities like dancing, working & thought ball for students with autism in your school /classroom?	Often	5	15.6%
	Sometimes	8	25%
	Never	19	59.3%
	Total	32	99.9%
How often do you apply video games to teach about play rules for students with autism in your classroom	Often	3	9.3%
	Sometimes	12	37.5%
	Never	17	53.1%
	Total	32	99.9%
How often do you implement video modeling to teach art/drawing/ for students with autism in your classroom?	Often	2	6.5%
	Sometimes	10	31%
	Never	20	62.5%
	Total	32	100%

Concerning when asked about under the video modeling instructional strategy practice level; motor imitation activities, apply video games to teach about play rules and use to video modeling to teach art/drawing/ teaching children with autism in classroom/ school

Table 9shows that, when asked about video modeling instructional strategy children with autism in classroom/ school the application of video games to teach about play rules under video modeling instructional strategy.

5 (15.6%) of the teacher who teach children with autism specify, they had apply video modeling instructional strategy often to teach motor imitation activities for children with autism. were Other 8 respondent specify (25%) they had sometimes appliedvideo modeling instructional strategy to teach motor imitation activities for children with autism. The rest of 19 (40.6%) teachers who teach children with autism they specify never apply video modeling instructional strategy to teach motor imitation activities for children with autism.

When asked about in terms of working with children with autism in classroom/ school the practice of giving independent task under video modeling instructional strategy practice.

Table 9 also shows that, 3 (9.3%) of the teacher who teach children with autism specify. had often apply video modeling instructional strategy through video games to teach about play rules.

12 (37.5%) were had experiences sometimes apply video modeling instructional strategy through video games to teach about play rules. The rest of 17 (53.1%) respondent specify they never apply video modeling instructional strategy through video games to teach about play rules for children with autism. When asked about in terms of working with children with autism in classroom monitor their own behavior under self-management instructional.

Table 9 shows that, 2 (6.5%) of the teacher who teach children with autism specify, had often implemented video modeling to teach art/drawing/. 10 (31%) were had experiences sometimes implemented video modeling to teach art/drawing/. The rest of 20 (62.5%) respondent specify they never implemented video modeling to teach art/drawing/. for children with autism.

Table 10: Participants responses' the practice of peer mediated instructional strategy for students with autism in class room/school.

peer mediated instructional strategy for students with autism in class room/school	Scales	Number	Percent
How often do you practice different co-curricular activities like music, sport & art lesson students with autism learn with typical child in inclusive setting your school or classroom?	Often	5	15.6%
	Sometimes	13	40.6%
	Never	14	43.7 %
	Total	32	99.9%
How often do you teach children with autism to focus on important target?	Often	12	37.5%
	Sometimes	5	15.6%
	Never	15	46.8%
	Total	32	99.9%
How often do you teach children with autism to appreciate meaning of their experience?	Often	10	31.25%
	Sometimes	4	12.5%
	Never	18	56.25%
	Total	32	100%
Children with autism may find it difficult to understand social rules, other people's emotions and feelings and expressing their own emotions. How often do you facilitate playtime with their typical developed peers to teach social interactions in your school?	Often	10	31.25%
	Sometimes	6	18.75%
	Never	16	50 %
	Total	32	100%

Concerning when asked about the peer mediated instructional strategy practice engage different co-curricular activities facilitate to spent play time with typical child toteach socialautism.

Table 10 shows that, when asked about in terms of working with children with autism in classroom/ school. The applicationfoundered mediated instructional strategy.

5 (15.6%) of the teacher who teach children with autism specify, they had applied peer mediated instructional strategy often to teach to teach co-curricular activities for children with autism with typical-developed peers. were Other 13 respondent specify (40.6%) they had sometimes apply peer mediated instructional strategy. to teach-curricular activities for children with autism. The

rest of 14 (43.7%) teachers who teach children with autism they specify never apply peer mediated instructional strategy to teach co-curricular activities for children with autism.

When asked about peer mediated instructional strategy practice classroom/ schools the to teach focus on important target for children with autism.

Table 10 additionally shows that, 12 (37.5%) of the teacher who teach children with autism specify. had often apply peer mediated instructional strategy to teach focus on important target.

5 (15.6%) were had experiences sometimes apply peer mediated instructional strategy teach about focus on important target. The rest of 15 (46.8%) respondent specify they never apply peer mediated instructional strategy to teach about focus on important target for children with autism.

When asked about peer mediated instructional strategy to teach appreciates their own meaning of their experience for children with autism in classroom.

Table 10also shows that, 10 (31.25%) of the teacher who teach children with autism specify. had often apply peer mediated instructional strategy to teach appreciate meaning of their experience.4 (12.5%) were had experiences sometimes apply peer mediated instructional strategy teach appreciate meaning of their experience. The rest of 18 (56.25%) respondent specify they never apply peer mediated instructional strategy facilitate playtime with their typical developed peers to teach social interactions for children with autism in classroom/school.

When asked about peer mediated instructional strategy for children with autism in classroom.

Table 10 shows that, 10 (31.25%) of the teacher who teaches children with autism specify. had often applied peer mediated instructional strategy through facilitate playtime with their typical developed peers to teach social interactions.6 (18.75%) were had experiences sometimes apply peer mediated instructional strategy through facilitate playtime with their typical developed peers to teach social interactions. The rest of 16 (50%) respondent specify they never apply peer mediated instructional strategy through facilitate playtime with their typical developed peers to teach social interactions for children with autism in classroom/school

Table 11: Distribution of respondents who teach children with autism the practice of discrete trial instructional strategy in class room/school

Regardingdiscrete trial(DT)instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you practice use reward to ensure appropriate behavior is continuing by students with autism in your class?	Often	21	65.6%
	Sometimes	4	12.5%
	Never	7	21.8%
	Total	32	99.9%
How often do you practice use reward as motivators to trend new skill for students with autism in your class?	Often	13	40.6%
	Sometimes	6	18.75%
	Never	13	40.6%
	Total	32	99.9%
How often do you practice positive reinforcement to avoid un appropriate behavior for students with autism in your class?	Often	14	43.7 %
	Sometimes	5	15.6%
	Never	13	40.6%
	Total	32	99.9%

When asked about children discrete trial instructionalstrategy with autism in classroom/ school. The application of use reward to ensure appropriate behavior is continuing.

Table 11 shows that, 21 (65.6%) of the teacher who teach children with autism specify, they had applied discrete trial instructional strategy often to ensure appropriate behavior is continuing by children with autism. were other 4 respondent specify (12.5%) they had sometimes applied discrete trial instructionalstrategy. to ensure appropriate behavior is continuing by children with autism. The rest of 7 (21.8%) teachers who teach children with autism they specify never apply discrete trial instructional strategy to ensure appropriate behavior is continuing by children with autism.

When asked about discrete trial instructional strategy practice use reward as motivators to trend new skill for children with autism in classroom/ school.

Table 11 additionally shows that, 13 (40.6%) of the teacher who teach children with autism specify. had often apply discrete trial instructional strategy use reward as motivators to trend new skill.

6 (18.7%) were had experiences sometimes apply discrete trial instructional strategy use reward as motivators to trend new skill. The rest of 13 (40.6%) respondent specify they never apply discretetrial instructional strategy use reward as motivators to trend new skill for children with autism. When asked discrete trial instructionalstrategy use positive reinforcement to avoid inappropriate behavior for children with autism in classroom.

Table 11also shows that, 14 (43.7%) of the teacher who teach children with autism specify. had often apply discrete trial instructional strategy use positive reinforcement to avoid un appropriate behavior. 5 (16.5%) were had experiences sometimes apply discrete trial instructional strategy use positive reinforcement to avoid un appropriate behavior. The rest of 13 (40.6%) respondent specify they never apply discrete trial instructional strategy use positive reinforcement to avoid un appropriate behavior for children with autism in classroom/school

Table 12: Distribution of respondents who teach children with autism the practice of Learning Experiences an Alternative Program instructional strategy in class room/school

Regarding (LEAP) instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you implement vocational skill activities like cooking, making jewelry, nickels, mat, watering crops, for students with autism in your school/ classroom?	Often	6	18.75%
	Sometimes	7	21.8%
	Never	19	59.3%
	Total	32	99.9%
How often do you practice self-help skills activities like dressing& undressing tie shoe for students with autism in your classroom?	Often	12	37.5%
	Sometimes	9	28.1%
	Never	11	34.3%
	Total	32	99.9%
How often do you apply to trend music & art as alternative program in organized manner for students with autism in your classroom?	Often	9	28.1%
	Sometimes	12	37.5%
	Never	11	34.3%
	Total	32	99.9%

When asked about Experiences Alternative Program instructional strategies the implementation of vocational skill to teaching children with autism in classroom/ school.

Table 12 shows that, 6 (18.75%) of the teacher who teach children with autism specify, they had applied Experiences an Alternative Program instructional strategy often to implement of vocational skill children with autism. were other 7 respondent specify (21.8%) they had sometimes apply Experiences an Alternative Program instructional strategy. to implement of vocational skill children with autism. The rest of 19 (59.3%) teachers who teach children with autism they specify never apply Experiences an Alternative Program instructional strategy implement of vocational schoolchildren with autism.

When asked about Experiences an Alternative Program instructional strategy the practice of self-help skill to teach children with autism in classroom/ school.

Table 12additionally shows that, 12 (37.5%) of the teacher who teach children with autism specify. They had often applied Experiences an Alternative Program instructional strategy to practice self-help skills. 9 (28.1%) were had experiences sometimes apply Experiences an Alternative Program instructional strategy practice self-help skills. The rest of 11 (34.3%) respondent specify they never apply Experiences an Alternative Program instructional strategy to practice self-help skills for children with autism.

When asked about Experiences an Alternative Program instructional strategy the practice to trend music & art in organized manner children with autism in classroom/ school.

Table 12also shows that, 9(28.1%) of the teacher who teach children with autism specify. They had often applied Experiences an Alternative Program instructionalstrategy to trend music & art in organized manner. 12 (37.5%) were had experiences sometimes apply Experiences an Alternative Program instructional strategy to trend music & art in organized manner. The rest of 11 (34.3%) respondent specify they never apply Experiences an Alternative Program instructional to trend music & art in organized manner for children with autism in classroom/school

Table 13: Participants responsesof the practice of Treatment and Education for Autistic and related Communication Children handicapped instructional strategy to teach for children with autism in class room/school.

Regarding (TEACCH) instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you apply visual schedules to teach structures for students with autism in your class room/school?	Often	7	21.8%
	Sometimes	7	21.8%
	Never	18	56.25
	Total	32	99.9%
How often do you implement pictures to manage their own behavior children with autism in your class room/school?	Often	4	12.5%
	Sometimes	6	18.75%
	Never	18	56.25
	Total	32	99.9%
How often do you implement pictures to visual communication/day task board for students with autism in your class room/school?	Often	11	34.3%
	Sometimes	6	18.75%
	Never	13	40.6%
	Total	32	99.9%

When asked about teachers' instructional strategy the application ofvisual schedules for children with autism in classroom/ school.

Table 13 shows that, 7 (21.8%) of the teacher who teach children with autism specify. They had often applied TEACCH instructional strategy used to visual schedules to teach structures. 7 (21.8%) were had experiences sometimes apply TEACCH instructional strategy used to visual schedules to teach structures. The rest of 18 (56.25) respondent specify they never applyTEACCH instructional strategy used to visual schedules to teach structures for children with autism.

When asked about in terms of working with children with autism in classroom/ school the application ofvisual schedulesunderTEACCHinstructional strategy.

When asked about TEACCHinstructional strategy the implementation of pictures to manage their own behavior for children with autism in classroom/ school under.

Table 13also shows that, 4(12.5%) of the teacher who teach children with autism specify. They had often applied TEACCHinstructional strategy implementation of pictures to manage their own behavior.6 (18.75%) were had experiences sometimes apply TEACCH instructional the implementation of pictures to manage their own behavior. The rest of 18 (56.25) respondent specify they never applyTEACCH instructional the implementation of pictures to manage their own behavior for children with autism in classroom/school

When asked about TEACCHinstructional strategy implements pictures to visual communication/day task board for children with autism in classroom/ school.

Table 13also shows that,11 (34.3%) of the teacher who teach children with autism specify. They had often applied TEACCHinstructional strategy implement pictures to visual communication/day task board.6 (18.75%) were had experiences sometimes apply TEACCH instructional strategy implement pictures to visual communication/day task board. The rest of 13 (40.6%) respondent specify they never applyTEACCH instructional implement pictures to visual communication/day task board for children with autism in classroom/school

Table 14: Distribution of respondents who teach children with autism the practice of individual education plan (IEP)strategy in class room/school

Regarding practice of (IEP) for students with autism in your class room/school	Scales	Number	Percent
How often do you apply IEP achievable in one year designed to meet the students' needs that result from the students with autism individual gap analyses to enable in your classroom?	Often	4	12.5%
	Sometimes	-	-
	Never	28	87.5%
	Total	32	100 %
How often do you implement IEPdirect link between educational goals and the acquisition of knowledge and skills that support independence, social responsibility and community integration of students with autism?	Often	4	12.5%
	Sometimes	-	-
	Never	48	87.5%
	Total	32	100 %
How often do you implement measurable IEPgoals these goals represent the individual with autism skills and develop his/her talent areasduring the upcoming year?	Often	4	12.5%
	Sometimes	-	-
	Never	28	87.5%
	Total	32	100 %

When asked about the application IEP achievable in one year designed to meet the students' needs that result from the students with autism individual gap analyses.

Table 14also shows that, 4(12.5%) of the teacher who teach children with autism specify. They had often applied IEP achievable in one year designed to meet the students' needs that result from the students with autism individual gap analyses. Were any one had not experiences sometimes apply IEP achievable in one year designed to meet the students' needs that result from the students with autism individual gap analyses. The rest of 28 (87.5%) respondent specify they never applyIEP achievable in one year designed to meet the students' needs that result from the students with autism individual gap analyses in classroom/school.

When asked about the application IEP direct link between educational goals and the acquisition of knowledge and skills that support independence, social responsibility and community integration children with autism in classroom/ school

Table 14 shows that, 4 (12.5%) of the teacher who teach children with autism specify. They had often applied IEPdirect link between educational goals and the acquisition of knowledge and skills that support independence, social responsibility and community integration children with autism. Were any one had not experienced sometimes apply IEPdirect link between educational goals and the acquisition of knowledge and skills that support independence, social responsibility and community integration children with autism. The rest of 28 (87.5%) respondent specify they never apply IEPdirect link between educational goals and the acquisition of knowledge and skills that support independence, social responsibility and community integration children with autism.

When asked about in terms of working with children with autism in classroom/ school underTEACCHinstructional strategy implement pictures to visual communication/day task board.

When asked about application measurable IEP the goals these goals represent the individual with autism skills and develop his/her talent areasduring the upcoming year in classroom/ school

Table 14also shows that, 4 (12.5%) of the teacher who teach children with autism specify. They had often applied application measurable IEPgoals these goals represent the individual with autism skills and develop his/her talent areasduring the upcoming year. Were any one had not experienced sometimes apply application measurable IEPgoals these goals represent the individual with autism skills and develop his/her talent areasduring the upcoming year. The rest of 28 (87.5%) respondent specify they never apply application measurable IEPgoals these goals

represent the individual with autism skills and develop his/her talent areas during the upcoming year for children with autism in classroom/school

Table 15: Distribution practice ofNaturalistic intervention (NI) instructional strategy who teaches children with autismin class room/school.

Regarding (NI) instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you implement to identifying each child interest to develop his/her talent areas of students with autism in your class/ school?	Often	8	25%
	Sometimes	7	21.8%
	Never	17	53.1%
	Total	32	99.9%
How often do you apply each child motivators to enhancing acquisition of knowledge and skills that support independence of students with autism in your class/ school?	Often	9	28.1%
	Sometimes	4	12.5%
	Never	19	59.3%
	Total	32	99.9%
How often do you apply child-directed to teach functional skills of students with autism?	Often	9	28.1%
	Sometimes	3	9.3%
	Never	20	62.5%
	Total	32	99.9%

When asked about naturalistic intervention (NI) instructional strategythe implementation of identifying each child with autism interest to develop his/her talent areas in classroom.

Table 15 shows that, 8 (25%) of the teacher who teach children with autism specify. They had often applied (NI) instructional strategy to implement identifying each child interest to develop his/her talent areas. 7 (21.8%) were had experiences sometimes apply (NI) instructional strategy to implement identifying each child interest to develop his/her talent areas. The rest of 17 (53.1) respondent specify they never apply (NI)instructional strategy to implement identifying each child interest to develop his/her talent areas for children with autism. When asked about (NI) instructional strategy the application of visual schedules for children with autism in classroom.

Table 15 also shows that, 9 (28.1%) of the teacher who teach children with autism specify. They had often applied (NI) instructional strategy implementation as a motivator to enhancing acquisition of knowledge and skills that support independence.4 (12.5%) were had experiences sometimes apply (NI) instructional strategy as a motivator to enhancing acquisition of knowledge and skills that support independence. The rest of 19 (59.3) respondent specify they never apply (NI) instructional strategies as a motivator to enhancing acquisition of knowledge and skills that support independence for children with autism in classroom/school.

When asked about intervention (NI) instructional strategy implement pictures to visual communication/day task board for children with autism in classroom.

Table 15also shows that, 9 (21.8%) of the teacher who teach children with autism specify. They had often applied (NI) instructional strategy to enhance child-directed functional skills.3 (9.3%) were had experiences sometimes apply (NI) instructional strategy to enhance child-directed functional skills. The rest of 20 (62.5%) respondent specify they never apply (NI) instructional strategy to enhance child-directed functional skills for children with autism in classroom/school.

Table 16: Participants responses' the practice of parentimplemented intervention (PII) instructional strategy for children with autism in class room/school.

Regarding (PII) instructional strategy in your classroom /school	Scales	Number	Percent
How often do you apply task share information through home schoolbooks for parent's student with autism in your classroom?	Often	9	28.1%
	Sometimes	3	9.3%
	Never	20	62.5%
	Total	32	99.9%
How often do you apply parent visiting and expertise experiences sharing time in your school?	Often	8	25%
	Sometimes	3	9.3%
	Never	21	65.6%
	Total	32	99.9%
How often do you facilitate parent-implemented intervention session in your classroom for their children with autism?	Often	8	25%
	Sometimes	4	12.5
	Never	20	62.5%
	Total	32	99.9%

When asked about parent-implemented intervention (PII)instructionalstrategy children with autism in classroom/ school used to task share information through home schoolbooks for parents.

Table 16 shows that, 9 (28.1%) of the teacher who teach children with autism specify. They had often applied (PII)instructional strategy used to task share information through home schoolbooks for parents. 3 (9.3%) were had experiences sometimes apply (PII) instructional strategy used to task share information through home schoolbooks for parents. The rest of 20 (62.5%) respondent specify they never apply (PII)instructional strategy to use task share information through home schoolbooks for parents for children with autism.

When asked about (PII) instructional strategy the implementation of parent visiting and expertise experiences sharing time for children with autism in classroom.

Table 16also shows that, 8 (25%) of the teacher who teach children with autism specify. They had often applied (PII) instructional strategythe practices of parent visiting and expertise experiences sharing time.3 (9.3%) were had experiences sometimes apply (PII) instructional strategy the practices of parent visiting and expertise experiences sharing time. The rest of 21 (65.6%) respondent specify they never apply (PII) instructional strategy is the practices of parent visiting and expertise experiences sharing time children with autism in classroom/school.

When asked about (PII) instructional strategy to facilitate parent-implemented intervention session for children with autism in classroom/school.

Table 16also shows that,8 (25%) of the teacher who teach children with autism specify. They had often applied (PII) instructional strategy to facilitate parent-implemented intervention session.3 (12.5%) were had experiences sometimes apply (PII) instructional strategy to facilitate parent-implemented intervention session. The rest of 20 (62.5%) respondent specify they never apply (PII) instructional strategy to facilitate parent-implemented intervention session for children with autism in classroom/school.

Table 17: Participants responses' the practice of picture exchange communication system (PECS) instructional strategy for children with autism in class room/school.

Regarding (PECS) Instructional strategy in your classroom /school	Scales	Number	Percent
How often do you apply PECS use to for children with autism who are nonverbal initiating requests ability in your classroom?	Often	6	18.75%
	Sometimes	4	12.5%
	Never	22	68.75
	Total	32	100 %
How often do you apply PECS be used children with autism who are nonverbal initiating receptive ability in your classroom?	Often	4	12.5%
	Sometimes	6	18.75%
	Never	22	68.75
	Total	32	100 %
How often do you apply PECS be used children with autism who are nonverbal initiating answering/giving comments ability in your classroom?	Often	5	15.6
	Sometimes	6	18.75%
	Never	21	65.6%
	Total	32	99.9%

When asked about the Picture Exchange Communication System (PECS)use to for children with autism who are nonverbal initiating requests ability

Table 17 shows that, 6 (18.75%) of the teacher who teach children with autism specify. They had often. (PECS) instructional strategy use to for children with autism who are nonverbal initiating requests ability .4 (12.5%) were had experiences sometimes apply (PECS) instructional strategy use to for children with autism who are nonverbal initiating requests ability. The rest of 22 (68.75%) respondent specify they never apply (PECS) instructional strategy use to for children with autism who are nonverbal initiating requests ability in classroom.

When asked about the (PECS) instructional strategy used children with autism who are nonverbal initiating receptive ability in classroom.

Table 17also shows that, 6 (18.75%) of the teacher who teach children with autism specify. They had often applied (PECS) instructional strategy used to for children with autism who are nonverbal initiating receptive ability (PECS) instructional strategy.4 (12.5%) were had experiences sometimes apply (PECS) instructional strategy used to for children with autism who

are nonverbal initiating receptive ability. The rest of 22 (65.6%) respondent specify they never apply (PECS) instructional strategy used to for children with autism who are nonverbal initiating receptive ability in classroom/school.

When asked about the (PECS) instructional for children with autism who are nonverbal initiating answering/giving comments ability in classroom.

Table 17also shows that,5 (15.6%) of the teacher who teach children with autism specify. They had often applied (PECS) instructional strategy used to for children with autism who are nonverbal initiating answering/giving comments ability.6 (18.75%) were had experiences sometimes apply(PECS) instructional strategy used to for children with autism who are nonverbal initiating answering/giving comments ability. The rest of 21 (65.6%) respondent specify they never apply(PECS) instructional strategy used to for children with autism who are nonverbal initiating answering/giving comments ability in classroom.

Table 18: Participants responses' the practice of prompt provides (PP) instructional strategy for children with autism in class room/school.

Regarding Prompting provide (PP) instructional strategy in your classroom /school	Scales	Number	Percent
How often do you practice physical prompting, like teaching bodies, posing or polling that provide a sequence of steps from start to finish his/her task for students with autism in your classroom	Often	23	71.8%
	Sometimes	7	21.8%
	Never	2	6.25%
	Total	32	99.8%
How often do you practice verbal prompting, like direct "Put your books on the shelf in the locker" or indirect "Where do books need to go?" for students with autism that provide to follow sequence of steps from start to finish his/her tasking your classroom?	Often	10	31.25
	Sometimes	15	46.8%
	Never	7	21.8%
	Total	32	99.9%
How often do you implement visual prompting, like (gestures or pictures) for students with autism that provide to follow sequence of steps from start to finish his/her task in your classroom?	Often	2	6.25%
	Sometimes	2	6.25%
	Never	28	87.5%
	Total	32	100%

When asked about Prompting Provide (PP) instructional strategy the application of physical prompting, like teaching bodies,posing or polling that provide a sequence of steps from start to finish his/her task children with autism in classroom/ school.

Table 18shows that, 23 (71.8%) of the teacher who teach children with autism specify. They had often applied (PP) instructional strategy with physical prompting, like teaching bodies, posing or polling that follow a sequence of steps from start to finish his/her task. 7 (21.8%) were had experiences sometimes apply (PP) instructional strategy with physical prompting, like teaching bodies,posing or polling that follow a sequence of steps from start to finish his/her task. The rest of 2 (6.25) respondent specify they never apply(PP) instructional strategy with physical prompting, like teaching bodies,posing or polling that follow a sequence of steps from start to finish his/her task for children with autism.

When asked about (PP) instructional strategy the practice verbal prompting for children with autism in classroom/ school.

Table 18 also shows that, 10 (31.25) of the teacher who teach children with autism specify. They had often applied (PP) instructional strategy providing physical prompting, like teaching bodies.15 (46.8%) were had experiences sometimes apply (PP) instructional the implementation providing physical prompting, like teaching bodies. The rest of 7 (21.8%) respondent specify they never apply (PP) instructional the implementation providing physical prompting, like teaching bodies for children with autism in classroom/school.

When asked about **(PP)** instructional strategy implements visual prompting, like (gestures or pictures) that provide to follow sequence of steps from start to finish his/her task for children with autism in classroom/school.

Table 18also shows that, 2 (6.25%) of the teacher who teach children with autism specify. They had often applied (PP) instructional strategyimplements visual prompting, like (gestures or pictures).2 (6.25%) had experiences sometimes apply (PP) instructional strategy implements visual prompting, like (gestures or pictures). The rest of 28 (87.4%) respondent specify they never apply (PP) instructional implement pictures implements visual prompting, like (gestures or pictures) for children with autism in classroom/school.

Table 19: Participants responses of practice Reinforcement plus (R+) instructional strategy for children with autism in class room/school.

Regarding Reinforcement (R+) instructional strategy in your classroom /school	Scales	Number	Percent
How often do you encourage the target behavior through tangible reinforcement (such as stickers); is provided after the target behavior to increase the likelihood that behavior will reoccur from start to finish his/her task in your classroom.	Often	10	31.25
	Sometimes	9	28.12
	Never	13	40.6
	Total	32	99.9%
How often do you encourage the target behavior through activity-based thumbs up for student with autism is able to participate in preferred activity finish his/her task in your classroom?	Often	10	31.25
	Sometimes	15	46.8%
	Never	7	21.8%
	Total	32	99.9%
How often do you practice to encourage the target behavior perform by student with autism through social praise in your classroom?	Often	18	56.25
	Sometimes	7	21.8%
	Never	7	21.8%
	Total	32	99.8%

When asked about Reinforcement (R+) instructional strategy the provision tangible reinforcement (such as stickers); is provided after the target behavior children with autism in classroom/ school.

Table 19 shows that, 10 (31.25%) of the teacher who teach children with autism specify. They had often applied (R+) instructional strategy with tangible reinforcement (such as stickers); is provide after the target behavior. 9 (28.12%) were had experiences sometimes apply (R+) instructional strategy tangible reinforcement (such as stickers); is provided after the target behavior. The rest of 13 (40.6) respondent specify they never apply(R+) instructional strategy with tangible reinforcement (such as stickers); is provided after the target behavior for children with autism.

When asked about(R+) instructional strategy the practice encourage the target behavior through activity-based thumbs up under children with autism in classroom/ school.

Table 19also shows that, 10 (31.25) of the teacher who teach children with autism specify. They had often applied(R+) instructional strategy practice encourage the target behavior through activity-based thumbs up. 15(46.8%) were had experiences sometimes apply (R+) instructional the practice encourages the target behavior through activity-based thumbs up. The rest of 7 (21.8%) respondent specify they never apply(R+) instructional the implementation practice encourage the target behavior through activity-based thumbs up for children with autism in classroom/school.

When asked about (R+) instructional strategy implements practice to encourage the target behavior performs through social praise for children with autism in classroom/school.

Table 19also shows that, 18 (56.25%) of the teacher who teach children with autism specify. They had often applied (R+) instructional strategy practice to encourage the target behavior perform through social praise.7 (21.8%) were had experiences sometimes apply (R+) instructional strategy implements practice to encourage the target behavior perform through social praise. The rest of 7 (21.8%) respondent specify they never apply (R+) instructional practice to encourage the target behavior perform through social praise for children with autism in classroom/school.

Table 20: Participants responsesof the practice of assessment for learning (AFL) for children with autism in class room/school.

Regarding assessment for learning (AFL) strategies in your classroom /school	Scales	Number	Percent
How often do implement periodically recording students with autism progress and achievement for purpose reporting to parent and other relevant persons in your classroom /school?	Often	14	43.75%
	Sometimes	6	18.75%
	Never	12	37.5%
	Total	32	100%
How often do use evidence on a progressive assessment to inform your teaching and learning process enrich and children with autism across all curriculum areas in your classroom?	Often	4	12.5%
	Sometimes	-	-
	Never	28	87.5%
	Total	32	100%
How often do use evidence from an ongoing daily basis assessment to following behavioral progress of students with autism in your classroom?	Often	4	12.5%
	Sometimes	-	-
	Never	28	87.5%
	Total	32	100%

When asked about the assessment of teaching learning **(AFTL)**strategy the implement periodically recording children with autism in classroom.

Table 20 shows that, 14 (43.75%) of the teacher who teach children with autism specify. They had often applied (**AFTL**) strategy with periodically recording. 6 (18.75%) were had experiences sometimes apply (**AFTL**) instructional strategy periodically recording. The rest of 12 (37.5%) respondent specify they never apply (**AFTL** strategy with periodically recording for children with autism.

When asked about (**AFTL**) strategy practice evidence on a progressive assessment to inform your teaching and learning process enrich across all curriculum areas children with autism in classroom/ school.

Table 20also shows that, 4 (12.5%) of the teacher who teach children with autism specify. They had often applied (**AFTL**) strategy practice evidence on a progressive assessment to inform your teaching and learning process enrich across all curriculum areas. any one were had not

experiences sometimes apply (**AFTL**) the practice evidence on a progressive assessment to inform your teaching and learning process enrich across all curriculum areas. The rest of 28 (87.5%) respondent specify they never apply (**AFTL)** evidence on a progressive assessment to inform your teaching and learning process enrich across all curriculum areas for children with autism in classroom/school.

When asked about **(AFTL)** strategy practices the implements evidence from an ongoing daily basis assessment to following behavioral progress for children with autism in classroom/ school.

Table 20also shows that, 4 (12.5%) of the teacher who teach children with autism specify. They had often applied (**AFTL**) strategy implements evidence from an ongoing daily basis assessment to following behavioral progress. Any one were had not experiences sometimes apply (**AFTL**) strategy implements evidence from an ongoing daily basis assessment to following behavioral progress. The rest of 28 (87.5%) respondent specify they never apply (**AFTL**) strategy implements evidence from an ongoing daily basis assessment to following behavioral progress for children with autism in classroom/school.

Table 21: Participants responses of technology-aided instruction/intervention for children with autism in class room/school.

Regarding technology-aided instruction/intervention (TAI) instructional strategy in your classroom /school	Scales	Number	Percent
How often you implement high-tech" computerized devices such as speech-generating software that can use by students with autism to provide alternative methods to access information in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%
How often you implement to one-step vocal imitation activities to give speech training for students with autism prerecorded speech device like I-pad or tablet in your classroom/school.	Often	-	-
	Sometimes	6	18.75%
	Never	26	81.25%
	Total	32	100%
How often do you apply computer software to allow for typing of expressive communication children with autism in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%

When asked about implementation of technology-aided instruction/intervention (TAI) strategy high-tech" computerized devices such as speech-generating software that can use by students with autism to provide alternative methods to access information in classroom/ school.

Table 21 shows that, any one of the teacher who teach children with autism specify. They had not often applied (TAI) strategy high-techcomputerized devices such as speech-generating software to provide alternative methods to access information. And also were had not experiences sometimes apply (TAI) instructional strategy high-tech" computerized devices such as speech-generating software to provide alternative methods to access information. The rest of 32 (100%) respondent specify they never apply (TAI) strategy high-tech" computerized devices such as speech-generating software to provide alternative methods to access information for children with autism.

When asked about (TAI) strategy implements to one-step vocal imitation activities to give speech training for children with autism in classroom/ school.

Table 21 also shows that, any one of the teacher who teach children with autism specify. They had not often applied (TAI) strategy implements to one-step vocal imitation activities to give speech training.6 (18.75%) were had experiences sometimes apply (TAI strategy implements to one-step vocal imitation activities to give speech training. The rest of 26 (81.25%) respondent specify they never apply (TAI**)**strategy implements to one-step vocal imitation activities to give speech training for children with autism in classroom/school.

When asked about **(**TAI**)** for children with autism in classroom/ school.

Table 21shows that, any one of the teacher who teach children with autism specify. They had not often applied (TAI) strategy use to computer software to allow for typing of expressive communication. Moreover, were had not experiences sometimes apply (TAI) instructional strategy use to computer software to allow for typing of expressive communication. The rest of 32 (100%) respondent specify they never apply(TAI) strategy use to computer software to allow for typing of expressive communication for children with autism.

Table 22: Participants responses on the practice of explicitfor children with autismin class room/school.

Regarding explicit strategy instruction for students with autism in your class room/school	Scales	Number	Percent
How often do you apply classroom routines breaking into its component parts during a specific task like washing hands & face series of pictures to demonstrate steps in your classroom?	Often	14	43.75%
	Sometimes	6	18.75%
	Never	12	37.5%
	Total	32	100%
How often do you apply to teaching one-step at a time to follow& remember the steps of the daily routine like nocking the door, put in bag back & lunch box permanent place in your classroom?	Often	4	12.5%
	Sometimes	6	18.75%
	Never	22	68.75%
	Total	32	100%
How often do you apply to teaching one-step at a time to follow& remember the steps of daily living skill like shoe tie in your classroom?	Often	4	12.5%
	Sometimes	4	12.5%
	Never	24	75%
	Total	32	100%

When asked about explicit instructional strategy applies to teach classroom routines breaking into its component parts during a specific task for children with autism in classroom/ school.

Table 22 shows that, 14 (43.75%) of the teacher who teach children with autism specify. They had often applied explicit instructional strategy to teach classroom routines breaking into its component parts during a specific task. 6 (18.75%) were had experiences sometimes apply explicit instructional strategy to teach classroom routines breaking into its component parts during a specific task. The rest of 12 (37.5) respondent specify they never apply explicit instructional to teach classroom routines breaking into its component parts during a specific task for children with autism.

When asked about explicit instructional strategy apply to teaching one-step at a time to follow& remember the steps of the daily routine like nocking the door, put in bag back & lunch box permanent place for children with autism in your classroom.

Table 22also shows that, 4(12.5%) of the teacher who teach children with autism specify. They had often applied explicit instructional strategy to teaching one-step at a time to follow& remember the steps of the daily routine. 6 (18.75%) were had experiences sometimes apply explicit instructional to teaching one-step at a time to follow& remember the steps of the daily routine. The rest of 22 (68.75%) respondent specify they never apply explicit instructional to teaching one-step at a time to follow& remember the steps of the daily routine for children with autism in classroom/school.

When asked about explicit instructional strategy practice to teaching one-step at a time to follow& remember the steps of daily living skill like shoe tie for children with autism in classroom/school.

Table22also shows that, 4 (12.5%) of the teacher who teach children with autism specify. They had often applied explicit instructional strategy practice to teaching one-step at a time to follow& remember the steps of daily living skill like shoe tie. 4 (12.5%) were had experiences sometimes apply explicit instructional strategy implements practice to teaching one-step at a time to follow& remember the steps of daily living skill like shoe tie. The rest of 24 (75%) respondent specify they never applyexplicitinstructional practice to teaching one-step at a time to follow& remember the steps of daily living skill like shoe tie for children with autism in classroom/school.

Table 23: Participants responses of the practice of graphic organizer instructional strategy for children with autism in class room/school.

Regarding graphic organizer instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you apply visual chart that is use to organize a student's knowledge or ideas in diagram form to instruct students with autism in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%
How often do you prepare a flow chart that used to organize a student's with autism skill or ideas in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%
How often do you prepare predictable a too aware structured, classroom environment forstudents with autism in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%

When asked about implementation of graphic organizer instructional strategy visual chart that is use to organize a student's knowledge or ideas in diagram form to instruct for students with autism in classroom/ school.

Table 23 shows that, any one of the teacher who teach children with autism specify. They had not often applied graphic organizer instructional strategy visual chart that is use to organize a student's knowledge or ideas in diagram form to instruct. And also were had not experiences sometimes apply graphic organizer instructional strategy visual chart that is use to organize a student's knowledge or ideas in diagram form to instruct. The rest of 32 (100%) respondent specify they never apply graphic organizer instructional strategy visual chart that is use to organize a student's knowledge or ideas in diagram form to instruct for children with autism.

When asked about graphic organizer instructional strategy implements prepare a flow chart that used to organize a student's with autism skill or ideas for children with autism in classroom/ school.

Table 23shows that, any one of the teachers who teach children with autism specify. They had not often applied graphic organizer instructional strategy implements prepare a flow chart that used to organize a student's with autism skill or ideas. And were had not experiences sometimes apply graphic organizer instructional strategy implements prepare a flow chart that used to organize a student's with autism skill or ideas. The rest of 32 (100%) respondent specify they never apply graphic organizer instructional strategy implements prepare a flow chart that used to organize a student's with autism skill or ideas for children with autism.

When asked about graphic organizer instructional strategy implements predictable a too aware structured, classroom environment for children with autism in classroom/ school.

Table 23shows that, any one of the teachers who teach children with autism specify. They had not often applied graphic organizer instructional strategy implements predictable a too aware structured, classroom environment. In addition, were had not experiences sometimes apply graphic organizer instructional strategy implements to pepper a predictable aware structured, classroom environment. The rest of 32 (100%) respondent specify they never apply graphic organizer instructional strategy implements prepare a predictable a too aware structured, classroom environment for children with autism.

Table 24: Participants responses of the practice ofSocial Stories instructional strategy for children with autism in class room/school.

Regarding Social Stories instructional strategy for students with autism in your class room/school	Scales	Number	Percent
How often do you implement storyboards instruction to enhancing comprehension ability of students with autism in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%
How often do you implement story-telling session to improve paying attention ability of students with autism in your classroom?	Often	10	31.25
	Sometimes	15	46.8%
	Never	7	21.8%
	Total	32	99.9%
How often do you apply reading social storybooks to aware of norm of society for students with autism in your classroom?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%

When asked about implementation of Social Stories instructional strategy to prepare storyboards instruction to enhancing comprehension ability for students with autism in your classroom?

Table 24shows that, any one of the teachers who teach children with autism specify. They had not often applied Social Stories instructional strategy to prepare storyboards instruction to enhancing comprehension ability. Moreover, were had not experiences sometimes apply Social Stories instructional strategy to prepare storyboards instruction to enhancing comprehension ability. The rest of 32 (100%) respondent specify they never apply Social Stories instructional strategy toprepare storyboards instruction to enhancing comprehension ability for children with autism

When asked about implementation of Social Stories instructional strategy prepares to story-telling session to improve paying attention ability for students with autism in your classroom.

Table 24also shows that, 10 (31.25) of the teacher who teach children with autism specify. They had often applied Social Stories instructional strategy to prepare storyboards instruction to

enhancing comprehension ability for children with autism. 15(46.8%)were had experiences sometimes apply Social Stories instructional thetwoprepare storyboards instruction to enhancing comprehension ability for children with autism. The rest of 7 (21.8%) respondent specify they never apply Social Stories instructional the implementation to prepare storyboards instruction to enhancing comprehension ability for children with autism for children with autism in classroom/school.

When asked about implementation of Social Stories instructional strategy prepares to apply reading social storybooks to aware norm of society for students with autism in your classroom.

Table 24shows that, any one of the teachers who teach children with autism specify. They had not often applied Social Stories instructional strategy prepares to apply reading social storybooks to aware norm of society. Moreover, were had not experiences sometimes apply Social Stories instructional strategy prepares to apply reading social storybooks to aware norm of society. The rest of 32 (100%) respondent specify they never apply Social Stories instructional strategy to prepare apply reading social storybooks to aware norm of society for children with autism in classroom/school.

Table 25: Participants responses of the practice of effective to manage sensory issues instructional strategy for children with autism in class room/school.

Regarding effective to manage sensory issues strategies that are sensory considerations or accommodations in your classroom/ school	Scales	Number	Percent
How often do you provide headphones for listening to music, access to musical instruments, environmental sound recorded sounds for student with autism that motivate different sound adaption abilities?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%
How often do you provide a tactile (touch) provide items with a variety of tactile qualities, e.g., kibosh ball, sand water, velvet, satin for student with autism that enhance sensory abilities?	Often	-	-
	Sometimes	-	-
	Never	32	100%
	Total	32	100%
How often do you provide opportunities for gross motor activity and access to equipment small ball, jumping rocking, etc. for student with autism that improve motor coordination difficulties?	Often	18	56.25
	Sometimes	7	21.8%
	Never	7	21.8%
	Total	32	99.8%

When asked about implementation of effective to manage sensory issuesinstructionalstrategy provide headphones for listening to music, access to musical instruments, environmental sound and recorded sounds for student with autism that motivate different sound adaption abilities for students with autism in classroom/ school.

Table 25 shows that, any one of the teacher who teach children with autism specify. They had not often applied effective to manage sensory issues instructional strategy provide headphones for listening to music, access to musical instruments, environmental sound and recorded sounds for student with autism that motivate different sound adaption abilities. In addition, were had not experiences sometimes apply effective to manage sensory issues instructional strategy provide headphones for listening to music, access to musical instruments, environmental sound and recorded sounds for student with autism that motivate different sound adaption abilities. The

rest of 32 (100%) respondent specify they never apply effective to manage sensory issues instructional strategy provide headphones for listening to music, access to musical instruments, environmental sound and recorded sounds for student with autism that motivate different sound adaption abilities for children with autism.

When asked about application of effective to manage sensory issues instructional strategy provide a tactile (touch) provide items with a variety of tactile qualities, e.g., kibosh ball, sand water, velvet, satin for children with autism in classroom/ school.

Table 25shows that, any one of the teachers who teach children with autism specify. They had not often applied effective to manage sensory issues instructional strategy provide a tactile (touch) provide items with a variety of tactile qualities. And were had not experiences sometimes apply effective to manage sensory issues instructional strategy provide a tactile (touch) provide items with a variety of tactile qualities. The rest of 32 (100%) respondent specify they never apply effective to manage sensory issues instructional strategy provide a tactile (touch) provide items with a variety of tactile qualities for children with autism.

When asked about the implementation of effective to manage sensory issues instructional strategy provide opportunities for gross motor activity and access to equipment small ball, jumping rocking, etc. that improve motor coordination difficulties for children with autism in classroom/ school.

Table 25also shows that, 24 (56.25%) of the teacher who teach children with autism specify. They had often applied effective to manage sensory issues instructional strategy provide opportunities for gross motor activity and access to equipment that improve motor coordination difficulties.7 (21.8%) were had experiences sometimes apply effective to manage sensory issues instructional strategy provide opportunities for gross motor activity and access to equipment that improve motor coordination difficulties. The rest of 7 (21.8%) respondent specify they never apply effective to manage sensory issues instructionalprovide opportunities for gross motor activity and access to equipment that improve motor coordination difficulties for children with autism in classroom/school.

CHAPTER FIVE

Discussionand Summary

5.1 Discussion

There is no doubt that the complicated, controversial subject of children with autism instructional strategies/intervention currently has increased in public concern. Autism is the fastest growing developmental disorder in the world.According to the latest 2012, estimates by the U.S. Department of Health and Human Services report, the prevalence of autism is significantly higher from the previous 2012 report of 1 in 88 to the new report that reveals 1in 50 children are now diagnose with autism (U.S. Department of Health and Human Services, 2013).And in our country, awareness of the teachers to this disorder specifically related to the instructional strategies/intervention for children with autism is very limited. Our rudimentary knowledge of this subject has led to inaccurate instructional strategies.

In the previous section, an attempt was made to present the findings of the study under major themes. Therefore, this chapter focused on discussing the major research themes through the figuring out discussed findings related with relevant literature and theories where necessary. These are majors: Scerning and assessment techniques,qualifications of teachers,Contribution of the school principal,Individual educational plans andLocally introduced or adopted instructional strategy.Locally introduced or adopted instructional strategy

5.2.1. Screening and assessment techniques

The researcher has data from exhibited in the above report of participants; each of them had their own unique situation existing at the school.Based on report and document analysis. Particularly directed to the type of screening and assessment techniques used by the professionals in schools from 3 schools and one center, 2 of them have screening and assessment techniques used by the professionals to identify students with autism. The rest of two they have not allowed anything-eligible document for the children with autism screening and assessment techniques. Additional finding regarding to the effectiveness of both institution assessment, ststed that based, on our country there is no localy giving well-established assessments techniques and institute because of scarcity of resources.

The field of special education, it is always necessary to fullyunderstand the assessment process and to be able to clearly communicate vital information about the assessment to professionals, parents, and students (Pierangelo & Giuliani, 2006b).

According to (Pierangelo& Giuliani, 2006b): Assessment in educational settings serves five purposes

1. Screening and Identification.To screen students and identifythose who may be experiencing delays or learning problems

2. Eligibility and Diagnosis.To determine whether a student has adisability and is eligible for special education services, and, if so, to diagnose the specific nature of the student's problems ordisability

3. IEP Development and Placement.To provide detailed information so that an individualized educational program(IEP) may be developed

4. Instructional Planning.To develop and plan instruction appro-priate to the student's special needs

5. Evaluation.To evaluate student progress

5.2.2. Teachers traning and Qualification

The situation existing at the school reported by school administrates particularly directed to the teacher's qualification of who teach children with autism in schools as result**.** Most of them has educationally qualified teachers from 4 institution 3 of them they have SNE& psychology graduated/professionals. The rest of one school they have not teachers qualified in the area. The reasons why mentioned by administrators

"The effect of system, there areSNE professionals graduated from different universities at degree level but our educational system does not make them competent and skillful to teach children with autism the instructors are not ready; there are not practice sessions. In addition, the SNE & psychology graduated/professionals theyask high payment.

researcher have got from thequestionnaires of teachers and interview fromexamining these arguments raised by respondents of this study, they stated that recognizing the teachers have got trainings related with addrsing challenging behaviouers children with autism after they have

employed at the schools and center. All participant side that trainings were given by schools and center seionrs profssionals some training was given by foreigners by who came to support voluntarily.Regarding the qualification of the teachers has different educational backgrounds. There are12-degree holdersseven in psychology two in educational planning and management, three in SNE one in Master'sdegree holder in SNE, nine teachers have SNE diploma, other sevene also has teaching certificate,two of 10 th grade complited and one of the teachers is grade 8. One school and the center do not have special needs education experts. Some of administrator'sbelief that these experts cannot address the needs of children with autism. They want to do more of office based paper works and they want expensive payment that the schools and center cannot pay.

About in service training of teachers: trainings are more aime and focused to enable the teachers to address the challenging behaviours thanappropriate instructional strategy for each child with autism use at the schools and center.Regarding the qualificationof the teachers has different educational backgrounds and the traning not well rounded/ comprhansivethat they were challenge to plan andmaintain the consistency appropriate instructional strategy for each child with autism

Almost all administrators'agreed by eveneducationally qualified teachers has skills gapand interest additional commitment in the area of work on children with autism. The studies that focus onteachers qualified in the area work mostlyindicated high relations with quality services with qualification of teachers.

(Taylor & Francis 2010)Teacher training in special education has contribution on quality instraction in inclusive and special needs education, which can deliver appropriate programs. Only a few teacher training colleges and universities provide special training programsup skillingteacher/ educators for teachingspecial education program.

5.2.3.Contribution of the school principal

The situation existing at the school reported by school administrates and document analysis particularly directed to the type contribution of the school principal to maintaining the educational benefits of students with autism in the schools from 4 institution. The report shows that the result from nine participants only two of them allowed eligible contribution of the school

principal to maintaining the educational benefits of students with autism. Among administrates because of the understanding of the importance the contribution of the school principal to maintaining the educational benefits. Most principal of they are not considered as important in schools. Finally, it is not well-established practice that they are not engage in schools.

Joan Dean(1996) A headteacher and governing body in school who are committed to share ideas andmaterials and help each other with problems, are sensitive to children'sneeds and properly encouraging of progressoffering ideas about problems and resources and keeping up-to-date with newdevelopments and to whom teachers can turn readily for advice and guidance. An overall policy coordinating provision which ensures that childrenwith special needs are identified, that their progress is monitored andrecorded, that resources are available, that teachers are aware of theschool programme

5.2.4Individual educational plans

The situation existing at the school reported by school administrates and document analysis particularly directed to the type individual educational plans of used by the professionals in schools from 4 institution 3 of them they have not producing anything eligible individual educational plans document. The rest of one they have allowed producing eligible for the children with autism. The report shows that the result all most among institutions IEP not available.Finally, it is not well-established practice that they are not engage in schools.

Acorrding to (Laurie DuBos and Jana Fromer 2006) every child who receives special education services must have a cur-rent IEP by the beginning of each school year.An IEP is updated annually, and a triennial.A triennial evaluation is intended to explore, in greater depth, each child program and services. The IEP is the sum of many parts, beginning with an initial evaluation needed to identify relevant information regarding the cognitive, physical, language, developmental, and social-emotional abilities of a child. It determines whether a child is eligible for special education and/or related services, and identifies his/her classification. Projected goals and objectives in each area of need, as well as program modifica-tions and placement, are also written in an IEP.The IEP will address a child current level of performance in the following areas: academics and learning, social and emotional skills, and health and physical abilities

5.2.5 Locally introduced or adopted instructional strategy

The situation existing at the school reported by school administrates and document analysis particularly directed to locally introduced/adopted instructional strategy and successful practices teaching children with autism used by the professionals in schools from 4 institution 4 all of them they have taken some mandatory issues as a success of teaching the children with autism in school. Only one school give an example on culturally modified activates rather than teaching strategy finally, schools it is not well-established practice that they are not visible success locally introduced/adopted instructional strategy and successful practices teaching children with autism in schools**.**

Teaching methods: If the teachers do not locally modified and work closely together and have not agreed on their concepts, educational plans, etc. Since there isa lack of curricula, teaching materials and forms of evaluation for pupils with SEN or integrative instructionomplicates the organisation of support instruction and has as its negative consequence.(Leuthard, 1995; Müller-Stump/Rossi Marti, 1994; Riedo, 1999).

5.2.6 Use of instructional strategies

Findings of regarding the issue the use of verity of instructional/intervention strategies in schools and treatment center, respondent data show that. In terms, of the level of practices between the professionals and schools' inconsistency that affects the process and outcome of interventions.

From the basicquestionnaire, responses show that the participants reported the needs of repetition when teaching skills finally, even though the level of practices among the professionals concerning multiple instructional strategies of treatment is showing need progress. However, there are practices of more all less teachers who teach children with autism in the selected institution try to apply most instructional strategies. the respondent all of them reported that the application of multiple instructional strategies level listed chapter four show that there is a practical difference between schools and treatment center not only that but also even if within one institution the practices of teachers who teach children with autism differ from one another so they work on each of them differently. Nevertheless, there is similarity practices on among 18 instructional strategies two of such as graphic organizer, technology aided 100% do not practices

with in four institutions. Moreover, the research finding show all the participants confirmed that rewarding is the main approach of teaching. They reported that when the children perform appropriate behaviors or do things in a desirable way they are rewarded with things or activities they like most.

- The situation existing at the school reported by teachersshows that, from 18type of instructional strategies that used by teachers 8 type of instructional strategies above (50%) were had practices by the teachers who teach children with autism in schools and center.

- The finding show that from 18 type of instructional strategies that help CWA . 6 type of instructional strategies below (50%) were had practices by the teachers who teach children with autism in schools and center

- The finding also show that, 4 (12.5%) of the teacher who teach children with autism specify. They had practices measurable IEP goals these goals represent the individual with autism skills and develop his/her talent areas during the upcoming year.

- The rest of 3 instructional strategies all of respondent specify, They never had practices by the teachers who teach children with autism in schools and center. Such instructional strategies are :

  1 graphic organizer
  2 social stories and
  3 technology-aided

Graphic organizer instructional strategy

Partof structured teaching method includes the use of visual schedules (Van Bourgondien & Schopler, 1996). In a study conducted by Pierce and Schreibman (1994), it was found that lower functioning children withautism could use pictures to manage their own behavior, generalize those behaviors to different environments and tasks, and maintain their behaviors over time.

Inaddtion to Pierce and Schreibman,(1994). This study was specifically aimed at using pictures to teach independent daily living skills to children with autism. The authors stated that before the idea of using pictures to manage behaviors, parents were responsible for tasks such as setting the table, making lunch, doing laundry, getting dressed,and making the bed (Pierce & Schreibman, 1994).

Social stories as instructional strategies

Another evidenced based method of teaching communicative and social skills, developed by Carol Gray, is Social Stories. This is an individualized approach, described by Aspy and Grossman (2012) as a method of task analysis, whereby information is broken down into smaller, distinct parts. The implementation of this method consists of delivering a script to the learner, using specific types of sentences, from the learner's perspective. Delano and Snell (2006) found that Social Stories were effective both with and without the additional social skill interventions. However, in the case of three schools and center, social stories do not used as instructional method.

Technologies aid as instructional strategies: Literatures show that using different levels of technologies for asinstructional strategies are advantageous.the effectiveness of using technology based interventions for children with autism. In a study outlined by Goldsmith and Lablanc (2004), eight Autistic children who used computer-aided instruction improved their recall of newly learned grammar and vocabulary by 85%, as demonstrated during a post- test, 30 days after instruction. Using a computer to create a video medium to present basic instruction is appealing and engaging to students, especially those on the Autistic Spectrum since they are predominately-visual learners (Aspy & Grossman, 2012).Goldsmith and Lablanc (2004), further state that students with autism were observed as more attentive and motivated when using computer technology. Additionally, they were less resistant with lesson engagement and spent more time on reading material when it was offered on the computer. One limitation of technology use as an intervention tool is that it requires a high level of technical expertise on the part of the behavioral clinician or teacher. Collaboration with an expert in technology is a necessity in order to help select and use the technology most efficiently (Goldsmith & Lablanc, 2004).

5.2. Summary

The main aim of this study was to Assesthe instructional strategies of teachers used to teach children with autism.Particularly in the selected schools namely, in Lebawi Academy, Champion Academy and Mekane-Eyesus Evangelical Church School for Mentally Challenged Children and Abrehot Pschological Center Addis Ababa. To this end, the following leading question formulated;

- What type of assessment techniques used by the professionals to identify students with autism in schools?
- What types of individual educational plan are available for the students with autism in school?
- Which type locally introduced/adopted instructional strategy and successful practices when teaching children with autism in schools?
- How qualification and traning of teachers who teach children with autism in selected schools?
- Which type instructional strategies used who teach children with autism in selected schools?
- Which type contribution of the school principal to maintaining the educational benefits of students with autism in the schools?

In order to achieve the objectives this study, the researcher had employed Both qualitative quantative study research mthods. This study was carried out three schools and one center at Addis Abeba.The three schools were and one center selected purposefully. 32 teachers,from three school and one center participated in qustionners , 9 directors, participated in interview.were information rich participants of this study. A qualitative data was obtained through the in depth interview andquantitatve through qustionners and analyzed through the thematic data analysis. To this effect, the following results were summarized:

- Due to the minimal and poor use of scerining and assessment tehqnices, those groups are still vivid acdamicaly and socially discrimination. Apart from the of scerining and assessment tehqncesi these teachers, they use not well-organized poor acdamic and social support from their students. These madefor unpleasant and worthlessness instructional strategies in schools and center.

- In addition to the above, teachers traning and qualification and lack of principal spport to instructional strategiesother factor for poorinstructional strategies were hovering around school.
- The instructional strategy situation of these schools and center was aggravated more, in this study, were neglected and forgotten from provision of any form of intervention hence, their problems without IEP and localy adpted/introduced instructional strateges. This in turn made the problems more complex.

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CHAPTER SIX

Recommendation and conclusion

6.1. Conclusion

The major objective of this study was toAsses the instructional strateges of teacher use to teach CWA. At lebawi academy, championacadamy, Abrhot psychological center and Mecaneyesuse evangelican schools. To this end the following specific objectives were raised;

The kind of scerining and assessment mthods,the teachers instructional strateges in classrooms,qualification of teachers and short term trainings,prpartion of IEP in schools and center,localy introduce or adopteted instractional strategs and support of instructional strateges by schoolsprincpals.In order to achieve the above objectives, the researcher had employed a both qualitativeand quantitative research approach namely Qualitative data was obtained via semi-structured interview; For this, nine,schoolsprincpalsand, qustionners for treety two teachers and document review were conducted. To this effect, the following conclusions and recommendations were obtained

Based on the findings of this study indicated above, the following conclusion can be drawn:

In this study,show thatthe teachers instructional strateges in classrooms there is difference use of between and among teachers‟ stages of concern and levels of use along the variables, such as qualification, , short term trainings or no short term training at all,IEP, and the kind of scrining and assessment mthods. In addition, teachers are at the schoolsnon-adopteted instractional strategs of concern. As a result they are not well practicing instructional strateges to their actual classroom settings. In the end, some princpals disclose their support to the instructional strategys of teachers believing that it is, irrelevant to current needs of teahers.Another valuable issue neglected by schools andprofessionals prepare IEP to perovding knowledge bases instructional approch and coping skills to supports that work in a specific classroom and the selected one instructional strategy used during instructions time is primarily used organized manner, then the child will show progress in therapy and will have noticeable improvements with targeted area. When deciding instructional options, teachers must consider the individual needs of the child

(including sensory, physical, social and communicative issues) partner characteristics and needs, and the environmental demands."

6.2. Recommendations

Possible recommendations for teachers

By reviewing multiple literatures conducted on related topics, this study concluded by calling teachers and professionals working with children to think and act different instructional strategies for each child rather than instructional strategies similar and to develop IEP regarding tithe content.

1. Applyassessment help to student

A) **In take Assessment:**teachers/ professionalswho teach children with autism/SWSNs critical in providing appropriate assessment to placed and preparing support and what represents perfect support for a first and help to development of age appropriate interests and raise expectations as much as possible.

B) **Ongoing assessment:**teache**r**s who teach children with autism/SWSNs ongoing assessment reassess the effectiveness of interventions, collecting and analyzing data. it is important to future plan and support towards independence and peer-level behavior. Develop an understanding of the individual's current ability, and build from that level. This approach applies to understand develop the teachable, scaffolding steps that will help him move forward

C) **Finalassessmen:** teache**r**s who teach children with autismprepa**r** reports should be more individualised with detailed information about pupil progress and educational targets.

2. Preparing and usingIndividual Education Plan (IEP)based on assessment result need document that it is mandatory spells out the student's needs and how they will be met is the Individualized Education Program (IEP). The IEP describes a student's strengths and weaknesses, sets measurable goals and objectives for the student, and provides details about the supports and accommodations that will be used to meet them. Planning the instructional program for students with autism is complex, because these students have significant differences from most other students in learning style, communication, and social skill development, and often have challenging behaviors. There is considerable individual variability in how these

characteristics affect a particular person. Programs must be individualized and based on the unique needs and abilities of each student.

3. Regarding Instructional strategies

A) Need to practices structured teaching

Previse study investigate is in the area of structured teaching. The program places an emphasis on the use of structure in its teaching methods .Included in structured teaching are the use of physical organization of the learning environment, visual schedules, work systems and task organization

B) Team work

Teamwork when working with children with autism needs focused on teamwork to maintain good better instructional strategies among team members. Pay attention for correspond with the team's mentor and contact resource people inside and outside of the team. Teams succeed when members have commitment to common objectives and defined roles and responsibilities; effective decision systems, communication and work procedures; and, good personal relationships.

C) Practices reading stories as method

Participants of this study indicated that story reading is not used as a means of teaching. However,current study also reveals that, the teachers use reading stories as method of teaching help to grasp/ paying attention for students with autism. on how to establish communication with people. Literatures suggest that, social stories are used to provide information for the child about social cues or rules that we want the child to learn. They can also be used to teach various targeted skills such as conversation, play skills and pivotal behaviors (Plimley.et.al, 2007, Alberta learning, 2003, Wilczynski.et.al, 2008).

D) Apple /practices Graphic organizer

Participants of this study indicated also graphic organizer that is not used the tool that, generalize thosetargeted goals in different environments and tasks, and maintain their behaviors over time (Pierce and Schreibman, 1994). Using pictures to teach independent daily living skills to children with autism.

Motivation is critical to attention and learning: Know what motivates a particular student, being aware that this may be very different from what motivates a typical child. Use his interests to focus attention to a less interesting or non-preferred activity.

Possible recommendations for school/Administrators

Facilitate training for teacher:

Schools should facilitate continuous training programs related to instructional strategiesand sufficient knowledge and training, for educating children with autism.

Work collaboration

- School management staff should regularly involveteaching learning Support and ssistants in educational planning for pupils with autism.
- Encourage and maintain open communication.Help the team develops and follow team norms.
- Help the team focus on the task and school management staff needs to work in collaborationwith teachersto meet the same goal that is to improve the specific limitation of the child.
- Work in collaboration not only the teachers but alsoworeda education bureau, local governmental and non-governmental organization and other stakeholders.
- The school has to create a strong network with in working some area and crate exchanging information experience sharing programs.

Developed standard instructional strategies

- Ministry of Education and universities need to give more attention to how to implemented different instructional strategies for students with autism when trained teachers/professionals.
- Ministry of Education gives more attention to develops instructional materials for students with autism.Ministry of Education gives more attention to further research should be conducted in the area to understand the different features of instructional strategies of students with autism to the recurrent focus on the quality educational aspect

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Appendix I

Informed consent for study participants

My name is Alem Assefa. I am a third year special needs & inclusive education master's student at Addis Ababa University; I am required to work on a thesis as partial fulfillment of master's degree in special needs & inclusive education. I am conducting a study on instructional strategies who teach children with autism. This information sheet and the consent form is prepared by the investigator whose main aim is to study the current practice on instructional strategies who teach children with autism in Addis Ababa, Ethiopia.

Purpose

The purpose of this research is to assess current practice on instructional strategies teachers who teach children with autism in schools and treatment center. In addition, understand the practice. Therefore, the finding of this study will give insight on the issue, which programmers help to suggest evidence based instructional strategies and intervention mechanisms.

Procedure

In order to gather information about the practice of instructional strategies teachers who teach children with autism in schools and treatment center in Addis Ababa, the researcher invite you to take part in the study. Your selection to participation in this study was based on your willingness. I want to assure you that all the responses given by the participants and results obtained will be kept anonymous and confidential using coding system whereby no one will have access to your responses. I will not keep a record of your name or address. There are no right and wrong answers. Your participation is voluntary but your experiences of instructional strategies could be very helpful to other teachers in the country.

If you are willing to participate in this study, you need to understand and sign the consent form. For this structured questionnaire or interview-based study, participants are teachers for children with autism who have been current practice on instructional strategies one year more times or administrators. I want you to be honest and truthful in answering our questions. Your questionnaire results will be combined with other and will be reported in aggregate.

Risk and /or Discomfort

By participating in the research, you may feel that it has some discomfort especially on wasting your time (45-60 minutes) but this may not be too much as you are going to contributing much for your profession as well to the larger professionals comparing to the time you will waste for

the full questionnaire or participating in interview. The most significant risk is breach of confidentiality; if people find out the information you share about your experience of ground based instructional strategies, this could lead to possible risks from your work.

To protect you from a breach of confidentiality, I will keep all personal information about you in a locked cabinet. I will never link your response to your name. After collecting the data in a private place so others cannot see. At the end of the data collection, I will permanently destroy any data that could identify you, including the audiotapes.

Benefits

If you participate in this research project, you may not get direct benefit; however, the information you give will contribute will help in assessing the gaps and to improve the instructional strategies of teachers who teach students with autism in Addis Ababa, Ethiopia. Incentives you will not be provided any incentives to in kind take part in this project.

Rights of the Informant

Some of the questions I will ask you may feel too personal. but your participation is completely voluntary, so you have the full right to refuse from participating in this research (you may choose not to respond some or all of the questionnaires or question's in interview) if you do not wish to participate, you have the right to withdraw from this study at any time you wish.

Confidentiality

The information that we will collect from this research will be kept confidential. Information about you that will be collected from the study will be stored in a file, which will not have your name on it, but a code number assigned to it. No one will have access to this information except the principal investigator. If you face any problem in relation to the information, you provided during your participation in the study, you can contact me through my address below and I promise to take the responsibility.

Researcher:	Informant:
Name: ----------	Name ----------
Signature: ----------	Signature: ----------
Date: ----------	Date ----------

Telephone: +251-911-97 8179/ E-mail: alem21.nani@gmail.com

Appendix II

Addis Ababa University

College of education and behavioral studies

Department of special needs education

Questionnaire for teachers

Dear respondent, this questionnaire is a part of an assessment on recently proposed and executed ventures on instructional strategies of teachers of students with autism. It is clear that your response is vital for the success of the study. Therefore, you are kindly requested to respond to the following questions.

Thank you for your participation in advance for your cooperation. Please answer the following questions.

1 Background information

1.1. Sex a. male b. Female

1.2. Age ……

1.3. Select your education level.

a. certificate

b. diploma

c. Bachelor's degree

d. Master's degree

e. Other specify ----------

1.4.Please indicate yours filed of specialization

a. Education planning & management

b. Special needs Education

c. psychology

d. clinical psychology

e. speech therapy

f. Other specify ----------

1.5. Please indicate your current teaching position:

a. General Education Teacher B. Special Education Teacher

c. school psychologist d. school director

e. Other specify ----------

1.6. How many years have you been teaching?

a. 0-1 year's b. 2-5 years

c. 6-10 years d. 11-20 years

e. 20+ years

1.7. Do you attend any special training on autism?

a. Yes b. No

II. Read each item carefully put (✓) mark in the box against the item and under the scale number that exactly expresses your level of agreement.

Key: - 3 = often 2 =sometimes, 1 = never

No_	**Regarding to the implementation of instructional strategies in your classroom/ school**	**3**	**2**	**1**
1	**Regarding self-management instructional strategy for students with autism in your class room/school**			
1.1	How often do you practice daily living skill like eating, toileting for students with autism in your classroom?			
1.2	How often do you practice students with autism to performance giving independent task like panting, inserting beads, sorting beads in your classroom?			
1.3	How often do you practice students with autism to monitor their own behavior in your classroom?			
2.	**Regarding video modeling instructional strategy for students with autismin your class room/school**			
2.1	How often do you practice motor imitation activities like dancing, working & thought ball for students with autism in your school /classroom?			
2.2	How often do you apply video games to teach about play rules for students with autism in your classroom?			
2.3	How often do you implement video modelingto teach art/drawing/ for students with autism in your classroom?			
3	**Regarding peer mediated instructional strategy for students with autism in your class room/school**			
3.1	How often do you facilitate playtime students with autism typically developing peers			

	child with in your school?			
3.2	How often do you practice different subject like music, sport & art lesson students with autism learn with typical child in your school or classroom?			
3.3	Children with autism may find it difficult to understand social rules, other people's emotions and feelings and expressing their own emotions. How often do you facilitate social interactions with their typical developed peers in your school?			
3.4	How often do you teach children with autism to focus on important target?			
3.5	How often do you teach children with autism to appreciate meaning of their experience?			
4.	**Regarding discrete trial (DT) training to teach young children with autism in your class room/school?**			
4.1	How often do you practice use reward strategies to ensure appropriate behavior is continuing by students with autism in your class?			
4.2	How often do you practice use reward as motivators to trend new skill for students with autism in your class?			
4.3	How often do you practice to recognize the power of positive reinforcement to trend new skill for students with autism in your class?			
5	**Regarding Learning Experiences an Alternative Program (LEAP) in your class room/school**			
5.1	How often do you implement vocational skill activities like cooking, making jewelry, nickels, mat, watering crops, for students with autism in your school/ classroom?			
5.2	How often do you practice self-help skills activities like dressing& undressing tie shoe for students with autism in your classroom?			
5.3	How often do you apply to trend music & art as alternative program in organized			

	manner for students with autism in your classroom?			
6	**Regarding Treatment and Education for Autistic and related Communication Children handicapped (TEACCH) techniques in your class room/school.**			
6.1	How often do you apply visual schedules to teach structures for students with autism in your class room/school?			
6.2	How often do you implement pictures to manage their own behavior children with autism in your class room/school?			
6.3	How often do you implement pictures to visual communication/day task board for students with autism in your class room/school?			
7	**Regarding individualized educational plan(IEP) for students with autism in your school/ class room**			
7.1	How often do you apply IEP achievable in one year designed to meet the students' needs that result from the students with autism individual gap analyses to enable in your classroom?			
7.2	How often do you implement IEPdirect link between educational goals and the acquisition of knowledge and skills that support independence, social responsibility and community integration of students with autism?			
7.3	How often do you implement measurable IEPgoals these goals represent the individual with autism skills and develop his/her talent areasduring the upcoming year?			
8.	**Regarding Naturalistic intervention (NI) instructional strategy in your classroom /school**			
8.1	How often do you implement identifying each child interest to develop his/her talent areas ofstudents with autism in your class/ school?			
8.2	How often do you apply each child motivators to enhancing acquisition of knowledge			

	and skills that support independence **of** students with autism in your class/ school?			
8.3	How often do you apply child-directed to teach functional skills of students with autism?			
9.	**Regarding Parent Implemented Intervention (PII) instructional strategy in your classroom /school**			
9.1	How often do you apply task share information through home schoolbooks for parent's student with autism in your classroom?			
9.2	How often do you apply parent visiting and expertise experiences sharing time in your school?			
9.3	How often do you facilitate parent-implemented intervention session in your classroom for their children with autism?			
10.	**Regarding Picture Exchange Communication System (PECS) Instructional strategy in your classroom /school**			
10.1	How often do you apply PECS be used children with autism who are nonverbal initiating requests ability in your classroom?			
10.2	How often do you apply PECS be used children with autism who are nonverbal initiating receptive ability in your classroom?			
10.3	How often do you apply PECS be used children with autism who are nonverbal initiating answering/giving comments ability in your classroom?			
11.	**Regarding Prompting (PP) instructional strategy in your classroom /school**			
11.1	How often do you practice physical prompting, like teaching bodies ,posing or polling for students with autism that provide a sequence of steps from start to finish his/her taskin your classroom			
11.2	How often do you practice verbal prompting, like direct "Put your books on the shelf in the locker" or indirect "Where do books need to go?" for students with autism that			

	provide a sequence of steps from start to finish his/her taskin your classroom?			
11.3	How often do you implement visual prompting, like (gestures or pictures) for students with autism that provide a sequence of steps from start to finish his/her task in your classroom.			
12.	**Regarding Reinforcement (R+) instructional strategy in your classroom /school**			
12.1	How often do youencourage the target behavior through tangible reinforcement (such as stickers); is provided after the target behavior to increase the likelihood that behavior will reoccur from start to finish his/her task in your classroom.			
12.2	How often do you encourage the target behavior through activity-based thumbs up sign for student with autism is able to participate in preferred activity finish his/her task in your classroom?			
12.3	How often you dois encourage the target behavior through social praise?			
13.	**Regarding assessment for learning (AFL) as part of instructional strategies in your classroom /school**			
13.1	How often do implement periodically recording students with autism progress and achievement for purpose reporting to parent and other relevant persons in your classroom /school?			
13.2	How often do use evidence on an ongoing continuous assessment to inform your teaching and learning process enrich and children with autism across all curriculum areas in your classroom?			
13.3	How often do use evidence from an ongoing daily basis assessment to following behavioral progress of students with autism in your classroom?			
14	**Regarding to technology-aided instruction and intervention (TAI) instructional strategy in your classroom /school**			
14.1	How often you implement high-tech” computerized devices such as speech-			

	generating software that can used by students with autism to provide alternative methods to access information in your classroom?			
14.2	How often you implement to one-step vocal imitation activities to give speech training for students with autism prerecorded speech device like I-pad or tablet in your classroom/school.			
14.3	How often do you applycomputer software to allow for typing of expressive communication children with autism in your classroom?			
15.	**Regarding explicit strategy instruction for students with autism in your class room/school**			
15.1	How often do you apply classroom routines breaking into its component parts during a specific task like washing hands & face series of pictures to demonstrate steps in your classroom?			
15.2	How often do you applyto teaching one-step at a time to follow& remember the steps of the daily routine like nocking the door, put in bag back & lunch box permanent place in your classroom?			
15.3	How often do you applyto teaching one-step at a time to follow& remember the steps of shoe tie in your classroom?			
16.	**Regarding graphic organizer instructional strategy for students with autism in your class room/school**			
16.1	How often do you apply visual chart that is use to organize a student's knowledge or ideas in diagram form to instruct students with autism in your classroom?			
16.2	How often do you prepare a flow chart that used to organize a student's with autism skill or ideas in your classroom?			
16.3	How often do you prepare **predictable a too aware structured, classroom environment for** student's with autism in your classroom?			

17.	**Regarding Social Stories instructional strategy for students with autism in your class room/school**			
17.1	How often do you implement storyboards instruction to enhancing comprehension ability of students with autism in your classroom?			
17.2	How often do you implement story-telling session to improve paying attention ability of students with autism in your classroom?			
17.3	How often do you apply reading social storybooks to aware norm of society norm of society for students with autism in your classroom?			
18.	**Regarding effective to manage sensory issues strategies that are sensory considerations or accommodations in your classroom/ school**			
18.1	How often do you provide headphones for listening to music, access to musical instruments, environmental sound CD for student with autism that motivate different sound adaption sensory abilities?			
18.2	How often do you provide a tactile (touch) provide items with a variety of tactile qualities, e.g., kibosh ball, sand water, velvet, satin for student with autism that enhance sensory abilities?			
18. 3	How often do you provide opportunities for gross motor activity and access to equipment small ball, jumping rocking, etc. for student with autism that improve motor coordination difficulties?			

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Appendix III

Interview, guide for administrators

This interview was intended to gather data from administrators in selected schools&center. I am a graduate student in college of education &behavioral study department of special needs at Addis Ababa University. I am conducting this research as a fulfillment for master's degree in special needs and inclusive education. The data, which is going to be collected through the interview, will be used for the purpose of this research only. I hereby kindly request you to be open and honest while responding to my questions so that the study could achieve the intended goal.

Part one: Background Information

Educational level ------------

Field of study …………..

Position ………………………

Work experiences -------------------

Date of interview ………………….

Place of interview ………………….

Duration of interview…………………………

Part `2: Interview Questions

1. What types of screening and assessment criteria are used and by whom assesse to enrolling children with autism in your school?
2. How is the qualification of the teachers who are involving to instruct children with autism
3. What looks like the effectiveness of locally introducing or modification instructional strategies that being given CWA?
4. Which type contribution of the school principal to maintaining the educational benefits of students with autism in the schools
5. Does the school preparing and using Individual Education Plan (IEP)for students with autism

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