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Special education among children with autism spectrum disorder

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Abstract* - For children with autism spectrum disorder (ASD), special education is essential to improving their development and learning. This study examines the most recent strategies and techniques used in individualized education plans (IEPs), applied behavior analysis (ABA), and sensory integration treatment for children with ASD in special education. A review of current research and case studies is used to assess how successful various methods are. The study also addresses the difficulties that educators and caregivers have when putting these ideas into practice, such as the lack of resources and the need for specialized training. The evaluation emphasizes the value of working together as a team with educators, parents, and healthcare providers to create and carry out successful education programs for kids with ASD.

Keywords: Autism, Autism Spectrum Disorder (ASD), education, chlidren

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INTRODUCTION

Autism is a developmental disease that has an impact on how a kid learns from experiences and how they perceive the environment. According to the Autism Society of America (*Autism-Society.org, 1965*), autism is a complicated developmental disability that usually manifests in the first three years of life. It is caused by a neurological condition that interferes with the brain's normal function, affecting the development of social interaction and communication skills.

Numerous biological reasons, such as genetics, a number of birth-related issues, and environmental variables that lead to abnormal brain development in the early stages of life, may cause autism. Autism is a complicated condition with a number of basic features that have different origins; it does not have a single etiology. A variety of deficiencies are present in children with autism, but the most common ones are in the areas of communication, reciprocal social engagement, and stereotypically repetitive behavior patterns. Numerous children diagnosed with autism also exhibit sensory problems, inflexible behavior patterns, hyperactivity, difficulty focusing, mood swings, anxiety, and seizures (*Autism Speaks, 2005*)

The incidence of autism has increased over time, in tandem with our growing knowledge of the disorder. Approximately 1 in 68 youngsters have been diagnosed with autism spectrum disorder (ASD), according to a recent survey. (Autism and Developmental Disabilities Monitoring Network Surveillance Year 2008 Principal Investigators, 2012) In the northwest Indian state of Himachal Pradesh, the incidence of ASD in children aged one to ten was found to be 0.9/1000 (Raina, et al., 2015).

A greater knowledge and comprehension of the disease, its evaluation, and its treatment among professionals engaged in providing care to these children has become necessary as a result of the concerning rise in the incidence of autism. The professionals who deal with children with disabilities (including autism) on a daily basis are known as special educators or special education instructors. Children diagnosed with autism have distinct learning traits that set them apart from both regular learning children and children with other kinds of disorders. Therefore, it is imperative that special educators stay current on their understanding of the identification and care of children with autism.

Behavior, social interaction, and communication are all impacted by autism spectrum condition. Estimates (autism statistics) state that one in every 68 American children is estimated to have autism, and that number is rising year. There is no one-size-fits-all method to treating autism since every kid has different requirements and capabilities. Early intervention and specialized education are critical for children with autism spectrum disorders to successfully navigate any obstacles presented by the condition. Therefore, the purpose of the current

research was to investigate special education among children who have autism spectrum disorder.

AUTISTIC CHILDREN THEMSELVES CAUSE

Distinct categories are used to describe children who exhibit traits associated with autism, such as limited interests, difficulties in social interaction and communication, and a tendency to repeat preconceived notions. Imitative speech (immediate or delayed), functional speech limitations, and inaudible articulation are common language problems in autistic children. They show tremendous callousness and disregard for other people on a regular basis. Sometimes autistic psychology and behavior may arise as a result of physical abnormalities. For example, autistic tendencies are higher in individuals with Down syndrome, a disorder characterized by intellectual and physical impairments, and in children with abnormal facial characteristics, such as a collapsed nasal bridge, missing nasal bones, or abnormally wide eye spacing. The prospects of social integration and general education for these youngsters are severely diminished due to these situations. Additionally, there is a correlation between the rising rates of autism and the fact that the disorder is more common among younger generations, according to data collected from special education programs in the United States (Ingersoll, & Dvortcsak, 2006).

Children on the autism spectrum often have difficulty adjusting to mainstream education because they lack the social skills necessary for successful classroom integration. Research has shown that compared to typically developing youngsters, those on the autism spectrum tend to make more mistakes (Rehfeldt, et al., 2007). Learning disabilities and autism have a common ancestor. The majority of autistic children will also have difficulties with learning since at least 30% of children with severe cognitive impairments (IQ<50) have autism or autistic characteristics.

EDUCATION SYSTEM REASONS

Autism may have varying prevalence depending on factors such as the number of autistic students enrolled in special education programs and the different criteria for eligibility that each state has for such programs (Ingersoll & Dvortcsak, 2006). Some schools believe that kids with special needs should be kept aside from other students, while others educate children with Down syndrome apart from those with autism. This is in reference to the segregation of pupils into general education and special education classes. There is a dearth of knowledge in handling the day-to-day challenges and symptoms of autism, even though research shows that include autistic children in regular classrooms improves their condition and learning.This highlights the need of special education for autistic children's learning and the need for the school system to provide realistic accommodations for autistic kids so they can graduate. It is the shared duty of communities around autistic children and their families to assist bring the prevalence of autism spectrum disorder (ASD) down to a more manageable level, and special education is not just the job of schools and teachers. Schools and other educational institutions take action when they see that students with autism are victims of school violence or suffer racial discrimination. They react by either ignoring the issue or implementing harsh punishments when necessary. It is unfortunate that educational systems in many nations are regulated. In the United Kingdom, for instance, it was not illegal to discriminate against students with disabilities in higher education until 2001; thus, bias is more pervasive in one area than in others (Hopkins, 2011).

PARENTS WHO RECEIVE SPECIAL EDUCATION TRAINING

The special education services provided to children on the autism spectrum are not complete without the involvement of their parents. When children are young, particularly when they are exploring the world for the first time, they rely more on their parents for support. Professional training is especially important for parents, as they are the ones who spend most of their time interacting with their children. Autistic children, who often struggle with social interaction and lack self-sufficiency, are an exception to this rule. That being the case, parents might actively intervene in their children's schooling. An effective strategy for assisting autistic children in maintaining and developing their abilities is parent education, according to the literature (Ingersoll & Dvortcsak, 2006).

By increasing their knowledge of autism or by incorporating some of the abilities that autistic children bring to certain organizations, some parents have been able to lessen their children's suffering and help them return to a more typical life. Many public school programs' Early Childhood Special Education (ECSE) curricula do not incorporate parent education, even though it is recognized to have positive effects (Ingersoll & Dvortcsak, 2006).

Naturalistic teaching techniques have been made accessible to parents of autistic children as an alternative form of education. Initiation or direction of learning by the child is a typical feature of naturalistic teaching methodologies. By waiting for the kid to start a conversation before urging the other person to go on, this method of teaching aims to help the youngster acquire detailed language. It is crucial that children with autism get therapies and treatments as soon as possible since the disorder often manifests in early infancy (Siklos & Kerns, 2006). Less reliance on the environment, individual characteristics, and educational resources is one goal of naturalistic education, which helps parents achieve that goal. Therefore, it's a fantastic alternative for low-income parents who want to provide their autistic kid early assistance.

TEACHERS AND EDUCATIONAL INSTITUTIONS: SPECIAL EDUCATION

In the course of their regular work as educators, schools must be able to spot issues and difficulties, both genuine and imagined, and then supply the solutions that experts need.
Experts have found that three types of training—interpretive, practical, and rigorous—are useful in helping autistic children establish moral principles. In order to assist autistic youngsters focus and concentrate, activities are designed using the interpretative approach. Students on the autism spectrum learn social and emotional competencies by practical experience, which also improves their ability to understand and analyze complex ideas. Conversely, the goal of the intense tutoring approach is to assist autistic youngsters in enhancing their confidence and social abilities. According to Cahyo Adi Kistoro et al. (2021), character education for autistic students requires teachers to possess basic personal, social, and academic competencies.

In addition to providing invaluable support and information to families dealing with autism, school nurses may also serve as a liaison between the medical and academic communities, advising parents and teachers on the most effective treatment options for their children. According to Siklos and Kerns (2006), the school nurse plays an essential role in this therapeutic team. Additionally, providing individuals with heightened autism with the same expectations as typically developing pupils boosts their self-esteem.

School nurses and teachers may collaborate to help autistic students cope with the emotional and mental challenges they have in the classroom so that they can get an education that meets their needs.

Assist kids with autistic symptoms by designing individualized lessons that focus on areas where they are most challenged, such as motor abilities, symbolic play, joint attention, and the ability to assist themselves. Children on the autistic spectrum may benefit from classroom layouts that incorporate transition objects, visual schedules, transition songs, or spoken cautions to help them generalize skills learned in a structured, controlled environment. In addition to more practical approaches, regular, predictable activities may be included into everyday routines. Despite the challenges, there are practical strategies that can be implemented to ensure that students with autism have predictable activities in the general education classroom. These strategies include prompting, delayed contingency, and self-management strategies (Ingersoll, & Dvortcsak, 2006). In order to help schools and other organizations that don't already provide special education for autistic students learn from one other's mistakes and successes, it may be helpful to organize workshops where experts in the field may share their insights and best practices.

COMMUNITY-BASED EDUCATIONAL ASSISTANCE FOR AUTISTIC YOUNGSTERS: THE FOCUS OF COMMUNITY ASSISTANCE MUST CHANGE FROM VOLUME TO QUALITY

The community's financial assistance to families with autistic children is the first thing that springs to mind when one thinks of community support. Through a qualifying review, the community decides on the distribution amount. This is analogous to how the questionnaire, which inquires about the child's preferences, personality characteristics, and family's wealth, allows the community to better assist families with autistic children.

Community support is ongoing.

It is likely that most neighbors are more of friendly acquaintances than reliable helpers, given that very few houses rely on them (Cahyo Adi Kistoro, et al., 2021). The community's withdrawal of support and help may put a family in danger if they are parenting an autistic kid without prioritizing the child's educational and psychological requirements or if one or both parents are jobless. In these and similar cases, the community's assistance is crucial for families with autistic children. Therefore, community support must be maintained.

Early intervention programs in the community.

It seems that children's intellectual functioning is one of the most significant outcome indicators, suggesting the need of early intervention programs. Stahmer, et al. (2005) mentioned music therapy, social storytelling, parent education, DDT, and TEACCH among other particular techniques in their trial. By using these tactics, they assist preschool-aged children with autism in receiving instruction or raise awareness among parents on the need of early intervention in their children's education via seminars and lectures. When a child is experiencing more severe cognitive delays, requires assistance learning compliance, or is not engaging in a less structured environment, community-aided professionals often choose more structured intervention programs like discrete trial techniques or one-on-one instruction (Howlin, et al., 2004).

SPECIAL EDUCATION IMPACT FOR CHILDREN WITH AUTISM

Higher education has far-reaching effects on many communities, not just the typical youth. Based on Wiorkowsk's research, a small percentage of autistic children who received early special education were able to enroll in college and earn bachelor's degrees, contradicting earlier findings that the majority of autistic children do not reach traditional educational levels and have to work harder than the general population.Special education programs for autistic children have various positive outcomes: Students on the autistic spectrum who have access to specialized education programs have a better chance of developing meaningful interests, which in

turn increase their likelihood of finding fulfilling careers. b) Early intervention and support, including mental health counseling and the transmission of autism awareness, may help children with autism feel less alienated and separated from society, which in turn may minimize their social isolation. c) Special education helps autistic children succeed socially as well as academically because it gives them a better understanding of the world and helps them see themselves as valuable members of society who can have a positive impact on others. Helping other persons with disabilities was cited as a means of giving back by participants in Wiorkowsk's research.

Most autistic persons still depend heavily on family or other support networks, however a tiny number of autistic people are now very independent. Nobody has a full-time work, lives alone, or has many close friends. Not only does the individual have trouble understanding what others are saying, but they also have trouble reading and spelling. O'Brien and Pearson (2004) found that stereotyped interests and behaviors persist throughout adulthood. Despite receiving specialized instruction and going on to college, many autistic youngsters still struggle greatly when compared to typically developing peers.In this instance, the impact of special education was overshadowed by the assistance of parents and the community. Municipal and state financing systems had a significant influence on special education program enrollment, but had little to no effect on autistic children's acceptance of school.

DISCUSSION

The symptoms of autism spectrum disorder (ASD) include limited and repetitive interests and activities, as well as difficulties with social interaction and communication (American Psychiatric Association (APA) 2013). Between 2008 and 2010, prevalence estimates showed a 29% rise in the number of children with ASD. Most of this increase was attributed to the increased proportion of children with ASD who did not have an intellectual impairment [ID; Center for Disease Control and Prevention (CDC) 2014, 2016]. For instance, according to data from the CDC (2016), in 2012, 43.9% of kids who were diagnosed with ASD had cognitive abilities that were average or above normal. Children with ASD without ID present a significant difficulty in the school context because of their clinical symptoms in addition to their relative strengths in language and cognition (Koegel et al. 2012).

Research has shown that kids with ASD who have lower levels of symptoms and higher IQs are probably going to be in full-inclusion classes. Numerous research on the inclusion of students with ASD have shown that it has a favorable impact on their social participation (Sansosti and Sansosti 2012).

According to Chamberlain et al. (2007), many exhibit improved social contact in the mainstream classroom, have bigger social networks, or participate in peer activities at the same rate as their peers of the same age who do not have impairments. Others, however, contend that even with the current trend toward complete inclusion of kids with ASD without ID, an inclusive placement would not be enough to help kids with ASD without ID develop their social skills. It is noteworthy that the number of children with ASD served in public schools doubled between 2004 and 2010, and from 1992 to 2006, the number of these students in full-inclusion (i.e., placement in a mainstream, general education setting for the duration of the school day) classrooms increased by 244%. These statistics are supported by data from the United States Department of Education. For children with ASD, however, who are unable to benefit from or emulate the conduct of their typically-developing peers, placing them in a full-inclusion classroom may actually be detrimental (White et al. 2007). Children with ASD who do not have identification may find it difficult to recognize or understand social signals in the classroom, making it difficult for them to meet the social interaction expectations of the school setting. Due to their incapacity to read social signs, the kids may act improperly toward classmates or peers, or they may look indifferent to others (Thomeer et al. 2017). Bullying is a problem in normal school settings as well; children with ASD who do not have identification disorders often report feeling alone and/or bullied.

Furthermore, according to Thomeer et al. (2017), some kids with ASD who do not have ID may display problematic conduct that causes issues in the classroom. Regular and/or severe disruptive conduct may lead to the placement of the ASD kid in a more restricted environment and limit their opportunities to connect with peers who are usually developing (Sansosti and Sansosti 2012). While there are arguments in favor of and against restricted and inclusive settings for children with ASD (Sansosti and Sansosti 2012), it is unclear what data is taken into account when placing children (White et al. 2007).

Regardless of their skills, the majority of these kids will need special education assistance, notwithstanding a recent trend toward full-inclusion of children with ASD without ID (Sansosti and Sansosti 2012). Administrators should not assume that these students only need minimum educational help to succeed, even when they have strengths in linguistic and cognitive skills (Sansosti and Sansosti 2012). According to the most recent USDOE (2017) Annual Report, 9.1% of the students in special education, aged 6 to 21, were classified as having autism. Nevertheless, the number of students served in special education under the classification of autism may be inaccurate and underestimate the number of students treated with a clinical diagnosis of ASD. Various classifications, including Other Health Impaired (OHI), Specific Learning Disability (SLD), Speech and Language Impairment (SLI), Emotional Disturbance (ED), and Multiply Disabled, may qualify many students with ASD for special

education services. Between 30 and 69% of functionally diverse kids with ASD diagnoses were getting special education assistance under the autism classification, according to a 2014 CDC research. Only 17.6% of children with ASD who did not have identification were classified as having autism, according to a 2009 study by Toomey et al. The majority of the kids (41.2%) were classified as OHI, then 17.6% as MD, 11.8% as SLD, and 11.8% as SLI. ‘

According to Tomey et al. (2009), the distribution of special education classifications suggests that educators should consider the distinctive characteristics of each student falling under the special education category rather than depending only on the special education category to choose the best course of action for social and behavioral interventions. Information on special education services obtained by ASD kids with varied functional levels is presently lacking, as is information on how these services may vary depending on the student's age, degree of symptomology, and other demographic factors (Wei et al. 2014).

Wei et al. (2014) looked at three national datasets of functionally diverse kids with ASD and found that occupational therapy (50.0%) and speech and language therapy (84.6%) were the two most prevalent treatments for elementary school pupils. On the other hand, only a smaller proportion of pupils (34.6–44.6%) were given a behavior management program. Wei et al. (2014) highlighted the pervasive social and behavioral deficits encountered by kids with ASD and the dearth of social/behavioral supports provided in schools, even if these findings are in line with earlier studies (White et al. 2007). Additionally, they discovered that 3.4% of elementary and middle school-aged ASD children did not get any of the three services—behavior management programs, occupational therapy, or speech and language therapy—that are believed to directly treat the symptoms of ASD. Lastly, Wei et al. (2014) discovered that service utilization usually decreased with age and that kids with ASD and greater levels of ASD symptoms were more likely to obtain more special education services.

Even less is known about the correlates of special education service usage with children with ASD who do not have ID, despite the paucity of information on special education services for children with ASD and varied functional levels (White et al. 2007).

White et al. (2007) investigated the relationships between child demographic factors and special education in a study involving 101 children with ASD without ID. They discovered that children with ASD without ID who had lower cognitive and language abilities (in comparison to the group) were more likely to receive special education services. The Vineland Adaptive Behavior Scales, developed by Sparrow et al. in 1984, were used by White et al. (2007) to test the children's average level of social ability. They found no correlation between this ability and the usage of special education. This is troubling since children with ASD who do not have ID often conceal their social skills (White et al., 2007), and their social deficits negatively impact their performance in the classroom (Thomeer et al., 2017). Last but not least, the majority of ASD adolescents without ID got special services. Speech therapy was the most common treatment, followed by physical and occupational therapy (White et al. 2007). Parents of older children (grades 7 and 8) did not indicate that their children got social skills teaching, which was significantly less common. Despite the potential advantages of social skills education in schools (Thomeer et al. 2017), there is still a demand in this area that has not been satisfied (White et al. 2007). Special supports and interventions are required in schools for kids with ASD without ID, regardless of their abilities, if they are to effectively integrate with their classmates who are normally developing (White et al. 2007).

This requirement is particularly evident since, According to McDonald et al. (2016), children with ASD who do not have ID usually do not follow the same developmental trajectory as their peers of the same age across time. Little is currently known about the kinds and quantities of special education services these kids get, as well as how these services relate to their demographic characteristics (such age, IQ, degree of ASD symptoms, and adaptive behavior). Recording the usage of services is crucial because it may help determine what kind of training school staff members need to get when interacting with children who have ASD and can also tell families about the kind of special education services that a kid with ASD who does not have identification usually receives (Wei et al. 2014).

CONCLUSION

The review's conclusions highlight the value of specialized teaching methods in meeting the special requirements of kids with autism spectrum disorder. ASD children's academic outcomes and general development have been improved by individualized education programs (IEPs), applied behavior analysis (ABA), and sensory integration treatment, all of which have had encouraging effects. However, in order for these tactics to be implemented successfully, obstacles including scarce resources, the need for specialized training for educators, and the significance of a team approach comprising parents, educators, and healthcare professionals must be overcome. To further enhance the educational experiences and prospects of children with ASD in the future and to make sure they get the assistance they need to succeed, it is imperative that research and funding for special education be sustained.

FUTURE RECOMMENDATIONS

Specialized educational services for children with special needs, including those with autism, have not developed in a timely way, despite the fact that the expansion of specialized education for children with

autism has led to a diversity of educational institutions and approaches. Even with early educational treatments, adults with autism still struggle to find work. In light of the aforementioned, future studies should concentrate on the development of a solid educational system, the availability of professional educational services and job programs for autistic children to continue their education, and educational equality for autistic children. To guarantee further advancement in the area of special education going forward and to provide special education for unique groups, such as children with autism.

REFERENCES

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington: American Psychiatric Association.

2. Autism and Developmental Disabilities Monitoring Network Surveillance Year 2008 Principal Investigators. (2012). Prevalence of autism spectrum disorders—autism and developmental disabilities monitoring network, 14 sites, United States, 2008. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, *61*(3), 1-19.

3. *Autism Speaks.* New York: Autism Speaks Inc.; (2005) [Last accessed on 2017 Mar 20]. Available from: https://www.autismspeaks.org/what-autism/symptoms/

4. *Autism-Society.org.* Maryland: The Autism Society; (1965). [Last accessed on 2017 Mar 20]. Available from: http://www.autism-society.org/

5. Cahyo Adi Kistoro, H., Setiawan, C., Latipah, E., & Putranta, H. (2021). Teachers' Experiences in Character Education for Autistic Children. *International Journal of Evaluation and Research in Education*, *10*(1), 65-77.

6. Center for Disease Control and Prevention (CDC). (2014). Prevalence of autism spectrum disorder among children aged 8 years—Autism and Developmental Disabilities Monitoring Network, 11 states, United States, 2010. *MMWR*, 63 (SS-2), 1–21.

7. Center for Disease Control and Prevention (CDC). (2016). Prevalence and characteristics of autism spectrum disorder among children aged 8 years—Autism and Developmental Disabilities Monitoring Network, 11 states, United States, 2012. *MMWR*, 65 (SS-3), 1–23.

8. Chamberlain, B., Kasari, C., & Rotherman-Fuller, E. (2007). Involvement or Isolation? The social networks of children with autism in regular classrooms. *Journal of Autism and Developmental Disorders*, 37, 230–242.

9. Hopkins, L. (2011). The path of least resistance: A voice-relational analysis of disabled students' experiences of discrimination in English universities. *International journal of inclusive education*, *15*(7), 711-727.

10. Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcome for children with autism. *Journal of child psychology and psychiatry*, *45*(2), 212-229.

11. Ingersoll, B., & Dvortcsak, A. (2006). Including parent training in the early childhood special education curriculum for children with autism spectrum disorders. *Topics in Early Childhood Special Education*, *26*(3), 179-187.

12. Koegel, L., Matos-Freeden, R., Lang, R., & Koegel, R. (2012). Interventions for children with autism spectrum disorders in inclusive school settings. *Cognitive and Behavioral Practice*., 19(3), 401–412.

13. McDonald, C. A., Lopata, C., Nasca, B. C., Donnelly, J. P., Thomeer, M. L., & Rodgers, J. D. (2016). ABAS-II adaptive profles and correlates in samples of children with HFASD or LFASD. *Journal of Developmental and Physical Disabilities*, 28(5), 769–783.

14. O'Brien, G., & Pearson, J. (2004). Autism and learning disability. *Autism*, *8*(2), 125-140.

15. Raina, S. K., Kashyap, V., Bhardwaj, A. K., Kumar, D., & Chander, V. (2015). Prevalence of autism spectrum disorders among children (1-10 years of age)-findings of a mid-term report from Northwest India. *Journal of postgraduate medicine*, *61*(4), 243-246.

16. Rehfeldt, R. A., Dillen, J. E., Ziomek, M. M., & Kowalchuk, R. K. (2007). Assessing relational learning deficits in perspective-taking in children with high-functioning autism spectrum disorder. *The Psychological Record*, *57*, 23-47.

17. Sansosti, J. M., & Sansosti, F. J. (2012). Inclusion for students with highfunctioning Autism Spectrum Disorders: Defnitions and decision making. *Psychology in the Schools*, 49(10), 917–931

18. Siklos, S., & Kerns, K. A. (2006). Assessing need for social support in parents of children with autism and Down syndrome. *Journal of autism and developmental disorders*, *36*,

921-933.

19. Stahmer, A. C., Collings, N. M., & Palinkas, L. A. (2005). Early intervention practices for children with autism: Descriptions from community providers. *Focus on autism and other developmental disabilities*, *20*(2), 66-79.

20. Thomeer, M. L., McDonald, C. A., Rodgers, J. D., & Lopata, C. (2017). High-functioning autism spectrum disorder: A framework for evidence-based practice. *School Mental Health*..

21. Toomey, J. A., Lopata, C., Volker, M. A., & Thomeer, M. L. (2009). Comprehensive intervention for high-functioning autism spectrum disorders: An in-depth case study. In M. T. Burton (Ed.), *Special education in the 21st century* (pp. 95–118). Hauppauge, NY: Nova Science.

22. Wei, W., Wagner, M., Christiano, E. R. A., Shattuck, P., & Yu, J. W. (2014). Special education services received by students with autism spectrum disorders from preschool through high school. *The Journal of Special Education*, 48(3), 167–179.

23. White, S. W., Scahill, L., Klin, A., Koenig, K., & Volkmar, F. R. (2007). Educational placements and service use patterns of individuals with autism spectrum disorders. *Journal of Autism and Developmental Disabilities*, 37, 1403–1412

24. Wiorkowski, F. (2015). The experiences of students with autism spectrum disorders in college: A heuristic exploration. *The Qualitative Report*, *20*(6), 847-863.

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