

TEACHING-LEARNING AND ASSESSMENT PLAN FOR CHILDREN WITH AUTISM

Nutan PANDEY*

ABSTRACT

Spectrum is a beautiful word, and so are the abilities of children. Some children come under the continuum of gifted category, some are creative, and some are alike in IQ. Some can sing well; some can dance; some may not speak at all etc. So when there is a spectrum of abilities and disabilities so there should also be spectrum of methods of teaching-learning and assessments. The need is to visualise the process of teaching-learning and assessment as an on-going process that is instrumental how students think and absorb, and what they should pick up based on their thinking ability. In this paper how autistic students should be taught, what they should be presented with, and most importantly how they should be skilled and assessed is been mentioned. Autistic children come under the category of differently abled students; and are abled differently. So they should be treated, educated and assessed based on their specificity in terms of need, requirement, skills, limitations and abilities. Neither normal school curriculum can help them with similar teaching learning methods, or the same old assessment method. They need specific curriculum, teaching learning strategies based on their paucity and specific assessment method hitting to know whether are they able to run their lives, are they able to learn basic skills which may help them.

Keywords: Teaching-Learning, Assessment, Autistic, Disorder, Differently Abled, Special School.

Citation: PANDEY, N. (2022). "Teaching-Learning and Assessment Plan for Children with Autism", İMGELEM, 6 (11): 651-664.

Atf: PANDEY, N. (2022). "Otizmlı Çocuklar İin Öğretme-Öğrenme ve Değerlendirme Planı", İMGELEM, 6 (11): 651-664.

Received / Başvuru: 09 October 2022 / 09 Ekim 2022

Accepted / Kabul: 16 November 2022 / 16 Kasım 2022

Research Article / Araştırma Makalesi.

INTRODUCTION

Aahna is 7-year-old girl with Autism spectrum disorder; she never makes eye contact, lacks expressive language, remains isolated and shows a very prominent fixation with a corner in her classroom. Sometimes she sings in a very melodious voice and has good memorization power. She starts crying as soon as her teacher makes her write something in her notebook. Her teacher slaps her when she makes tantrum and her melodious voice turns into sobs. Why does teacher compel her to write in her note book? When she lacks many basic skills which are necessary for her survival. Why doesn't teacher promote her singing? Why would be she assessed on her writing abilities in her notebook. Why don't we asses her based on her improvement in basic skills and singing?

David, a 10-year-old boy, is autistic. He neither communicates on his own nor does he reciprocate, so basically he lacks social and communication skills. But at the same time he is good at operating computer and knows how to use many latest technologies. But his mother and teachers are after him; they want him to read and write chapters and learn it like any other

* Senior Researcher, University of Lucknow, Faculty of Education, Department of Education, Lucknow / India, E-mail: education@lkouniv.ac.in ORCID Number: 0000-0003-2444-0310

child. Why none of them is giving heed towards his potential? Why they want him to memorise book chapters? Why he is not being promoted to learn new things about technology.

To teach is to touch lives. We can't take it lightly; it is a task of great responsibility. It is a work through which we can bring change within us, and around us. Teaching in real sense makes an individual to carry forward his or her own life. A teaching method comprises of techniques which enable learner to learn new thing and bring forth changes in their behaviour. Learning brings adaptation, adaptation with one's own self, with the family and with the society. Adaptation is nothing but the act or process of changing to better suit a situation. So how so ever we are born with, education, teaching and learning makes us able to adapt in our lives, to move forward and to carry out necessary processes. Teaching and learning plays far different and much crucial role in the lives of differently abled children. They lack ordinary adaptive skills, which make their lives worse. So here the teaching and learning process plays role in making them learn basic and minute details which can make their life bit easy.

In academic settings assessment means large no. of methods, tools and technique teacher device in order to figure out the progress of students in terms of knowledge acquired, skill honed, and changes in behavioural terms. Assessment plays various role like a student can be assessed in order to know the entering behaviour which plays crucial role in deciding the level of student, then a student is assessed throughout the course to gather the information about their knowledge formation i.e. formative assessment, summative evaluation which describes how much chunk of information is being transferred into students' brain, and many more types of assessments time to time have been done. But two major trepidations are being noticed 1. Assessment is losing its meaning, essence and beauty, 2. How every student can be assessed with the same scale when they are different from one another since the birth? Same assessment creates undue pressure on students as some are born with special talents, some are average, some are below average, some gets guidance throughout their life some never get it at all, some are good at learning English and some are good at baking cake, some have lost their parents at tender age and some are blessed with big support, some come to school by cycling for many hours, some are dropped by AC cars etc. Some are considered as normal and some comes under the continuum of being called as special. So, when they all are different why they are being assessed on the same scale. Why do we expect certain level of similar entering behaviour from them, and when they lack it, why they are treated as poor performance? Why they are arbitrated on relativeness? To be true, it is not the poor performance of the student rather it is the poor understanding of the assessors, policy makers, stakeholders that their vision is so narrow that

Teaching-Learning and Assessment Plan for Children with Autism

they are not able to bind every child in it. In this paper assessment issues which must be serving as hurdle in progress of children with autism have been discussed.

According to DSM-V (2013) Autism is a spectrum of disorder characterised by insufficiency in societal connections and social dealings. RPWD act 2016 defines autism as a neuro-developmental state typically appearing in the first three years of lifecycle that meaningfully affects a person's ability to communicate, understand association and relates to others and is frequently linked with unusual or stereotypical rituals or behaviours. As per Hourigan, R. and Hourigan (2009) Autism is a complex developmental disability that characteristically appears during the first three years of life and is the result of neurological disorder that affects the usual working of the brain. It is said by cognitive psychologist that autistic people lack 'theory of mind' any straight observation or idea of other minds or other situations of mind- and that this lies at the heart of their difference. Charls Hart, the author of "without reason"- a book about his autistic son and brother, sums up his son's thinking in one sentence: "Ted's statement isn't logical, they are associational". It has been found that autistic brain thinks in foremost three forms- Either they will be visual thinker or Music and maths thinkers or verbal logic thinkers.

Autism is relatively common neurodevelopmental spectrum of disorder, with the current prevalence estimate of 1 in 59, with the likelihood of more in male sex in comparison to female. Autistic child lacks social skills, is unable to communicate i.e. neither their expressive language develops nor the receptive language, restricted interests and a sort of repetitiveness is seen in the behaviour. They demonstrate difficulty in many areas such as adaptive behaviour, and academic achievement. As soon as parents get confirmation that their child has ASD, a great deal of tension hovers around. They at any cost want their child to start behaving normally immediately. So in that series they get their child admitted into a normal school, as soon as child land at the school a very rigid time table, syllabus and curriculum puts the curtain over the issues being faced by the child. Now the autistic child gets assessed in respect to their other classmates and results are obvious-poor academic performance. But parents and teacher should understand the visible grades on the progress report are not the real concern but the child's assessment with respect to other children is, which is not permitting the child to make a progress the way he can do it. By the time parents accepts their child's need and requirement is different it already gets too delayed. Somehow, child gets admitted to the special school, and but somewhere the parents do not change their mind-set, they want their child to become similar to the other children of his/her age. The real plight starts when instead of getting evidence based

and need according intervention program, autistic child is made to memorise and cram things which are anyway not going to help them in their lives. And the disaster is when they are assessed on the basis of the matter they have been compelled to memorize, as it turns up into a cyclic process, as the common practices are certainly not going to bring any change in the behaviour of the child so he/she will be forced to practice the same exercise time and again; this in turn will take the child to nowhere else but towards tantrums, anxiety and anger.

It has been observed in order to retain and control children with autism at the school, instructors generally engage them in similar kind of activities which is mere a formality. Such children already lack emotions; similar and monotonous syllabus, activities and work without knowing the need and requirement of the child impedes the likelihoods of any kind of development in their behaviour. So do not make them sit and compel to learn things which are anyway not going to help in their lives at least. A five point step could be followed in order to make their teaching-learning and assessment more effective:

- 1) Screening the Child,
- 2) Set the Objectives,
- 3) Build Personalized Plan
- 4) Implementation of Plan
- 5) Personalised Assessment

Screening The Child

No two individual are same, and it is way too difficult to find out some minimal level of similarities to form a cohesive group of autistic student. So there is no question of teaching them in group. After being medically labelled, teacher can do one more screening with a checklist in order to know the exact and comprehensive status of the child. This will help a teacher in deciding which intervention program to opt for-

Development of Checklist: As only few checklists are available for the screening of autistic children, researcher on her own observed the group of 27 autistic students, for six months and interviewed parents, teachers, siblings, caretakers in order to make the list of symptoms of Autism spectrum disorder.

Face validity of the checklist: The face validity was established by giving the checklist to 9 professionals who have an adequate experience of working with children with Autism

Teaching-Learning and Assessment Plan for Children with Autism

Spectrum Disorder to rate on the five-point scale. Their responses were analysed. The face validity obtained from professional rating was found to be high.

<p>Social impairment</p> <ol style="list-style-type: none"> 1. lack of friends 2. lack of social interaction 3. Can't make friends 5. Do not share food with others 6. Do not understands instructions 7. Do not follows instruction 8. Do plays with other students 9. Do not participate in singing and dancing 10. Remains isolated 11. Lack of empathy or understanding for others 	
<p>Communication</p> <ol style="list-style-type: none"> 1.Lacks expressive language 2. Lacks receptive language 3. Unable to initiate talk 4. Unable to continue the talk 5. Unable to share any experience 6. Do not repeat words after teacher 7. Do not greet anyone 8. Do not make eye contact 9. Do not smile, or laugh. 	
<p>Repetitive behaviour</p> <ol style="list-style-type: none"> 1. Follows the same routine daily 2. Plays with the same toy 3. Affinity with particular corner 4. Keep on looking at the same place for the long 5.Repeats the same word again and again 6.Flapping of hands 	
Spends lots of time alone	
Self-injurious behaviour	
Limited tolerance with food, very picky	

Anxiety	
Tantrum and Anger	

Check list 1: Checklist For Screening Autism Spectrum Symptoms

Along with the symptoms of autism, following things should be kept into mind:

a) Not every but few of the autistic students are blessed with rare, extraordinary and unusual abilities in the area of hyper comprehensive drawing skill, proficiency in singing or musical instrument, visual thinking, and fast mathematical calculations, calendar calculations and high efficiency in recalling dates, events, facts etc.. Such prodigious condition is known as savant syndrome, an island of genius. Autistic savants generally show a great amount of obsession with particular field they will keep on doing the same thing. Despite being blessed with extraordinary talents, they lack in regular areas of life.

There is no screening tool developed yet, for recognising autistic savant. But in class room of autistic student any savant is present it could be recognized by observations and case profile of the child.

Does the child have any of this?	
1. Can calculate exceptionally difficult questions without even pencil and pen?	8. Can sing with perfect pitch; play an instrument with extreme talent?
2. Can memorize a song just from hearing it once??	Is able to calculate the day or week of the month or year at any given point or time?
3. Can recollect license plate no. and other information in one go?	9. Can solve a puzzle with lightning speed?
4. Shows extraordinary fascinations with the details of maps, globes?	10. Calculate distance or height without measurement?
5. Can visualise patterns and reach out a decisions?	
6. Have extraordinary minute details of something?	
7. Have ability to recreate a scene with perfect precision straight from memory?	

Checklist 2. Checklist for Autistic Savant Children

Teaching-Learning and Assessment Plan for Children with Autism

b) Comorbidity: Shinnny is a beautiful little girl aged 7 years. She is the most tantrums showing student of this particular special school. Sometimes, it difficult to calm her, so teachers just leave her at the corner doing whatever letting her silent. She develops rashes all over on her body and keeps on eating salts. It has been noticed that she has a habit of biting her vagina with nails, due to which wounds develops there and it makes her uneasy. Her teacher and parents do not understand the underlying condition of hypernatremia. Hypernatremia refers to sodium levels in the blood being too high. Sodium plays an essential role in functions such as muscle contraction, nerve impulse generation, and fluid balance. So if possible treatment could be taken for treating shinnny's hypernatremia, her behaviour could be controlled as no longer she will have to face problems arising due to the co-occurring condition which is largely being untreated.

Co-occurring conditions are common in children with autism. It is presence of other medical conditions with autism. Generally one of the two conditions is taken into account and other is neglected. Being neglected it starts interfering with whatever the treatment is given to the child. As a result none of the intervention programs, therapy shows optimal level of Progress In The Child.

The List Of Co-Occurring Conditions Along With Autism Is Long But To Mention A Few:

Anxiety, Attention deficit hyperactivity disorder (ADHD),Bipolar disorder, Clinical depression, Down syndrome, Eating disorders, Fragile X syndrome, Gastrointestinal symptoms, Intellectual disability and developmental delays, Language delay, speech disorder and developmental language disorder, Motor difficulties, Obsessive compulsive disorder (OCD), Seizures and epilepsy, Sleep problems, Tourette syndrome, Tuberous sclerosis, hypernatremia.

It is not possible for a teacher to diagnose a co-occurring medical condition. But it is required by the teacher to maintain a case history of every student. The case history of autistic student should contain following points-

Name of the child	
Age	
Sex	
Weight and height	

Level of Autism	
Allergy (if any)	
Details of Disease/ Disorder (other than autism)	
Date of last medical check-up	
Details of therapies being given	
Details of Family history of any disease in 1. father 2. mother 3 sibling	
Any other information	

Case Profile Sheet

Keeping above mentioned points in mind a teacher can move forward in order to decide the objectives of teaching learning plan for autistic students.

Set The Objectives

An objective is something you propose to accomplish. After chalking down comprehensively the level of symptoms, comorbidity, and any other talent, objectives can be decided. The teaching learning objectives of Autistic students are way different from normal students. We can't believe in following the syllabus and curriculum like that of normal school in order to bring behavioural changes in autistic student.

Here the teaching objectives of every autistic student would be different from other autistic student.

Teaching Objective for Ahana Who Is Good At Music But Shows Socially Impaired Behaviours Would Be:

- a) Identify the pattern, rhythm, pitch and style of music Ahana likes.
- b) Analyse which electronic gadget Ahana would prefer to learn music of her choice.
- c) Decide the volume, frequency of song, room and place where Ahana would be comfortable in hearing it.
- d) Demonstrate this activity along few normal students, and make them sing along with Ahana.

Teaching-Learning and Assessment Plan for Children with Autism

So set one objective for one child at a time unless he/she get proficient in it. Do not move to the next objective unless one is achieved.

Build Personalized Plan

When objectives of every child is different, so should be the plan. It should be personalised, different for each student.

Purpose

This program has been developed keeping in mind that autistic students lacks expressive and receptive language, in return they are not able to form social relations, neither they are able to communicate their day today needs . Also it has been seen that early interventions plays major roles. Through this communication based intervention program researcher is trying to enhance the social behaviour of autistic.

Assumptions

The underlying assumption of the program is that autistic students will show positive changes in their social behaviour, they will be able to connect as well as communicate after going through this programme.

Subject

This programme has been developed for medically proven autistic students aged between 5-8 years.

Duration

It is six month program; three classes of 60 minutes per week.

Language Used:

Spoken- English and Hindi

Written: English and Hindi

Dimensions

This programme is based on four dimensions:

Social Responsiveness: This dimension revolves around the fact whether the student is able to respond in different situation or not.

Social Participation: it included whether the student is able to take part in different activities of life socially.

Body Language: it includes whether there is coordination between their feelings, understanding and body language.

Academic Responsibility: it includes whether the student is able to show the academic achievement as per the age.

Types of Intervention Approaches Which Will Be Used

Name of the approach	Description	Other information
Behavioural approach	Derived from operant learning theory, where information is presented and reinforcement on exhibiting desired response in the form of sweets, toys stickers is been given.	behavioural interventions include Discrete 1.Trial Training (DTT), 2. Picture Exchange Communication System (PECS), and 3. Positive behavioural Supports (PBS). Together, these interventions are sometimes loosely described as Applied Behaviour Analysis (ABA) Therapy and now constitute the primary approach used in clinical practice, according to parent and provider reports (Green et al., 2006; Stahmer, Collings, & Palinka, 2005).
Developmental Approaches	Engrained in constructivist theory, which infers that progress is an outcome of	Meant for every day routine ,for social communication

Teaching-Learning and Assessment Plan for Children with Autism

	<p>consideration of immediate environment, the physical and social. This approach believes that development is not a solitary rather it reaches to its maximum in the presence of more qualified caregiver, and peer group as they support in social and language development.</p>	<p>e.g are DIR/Floor-time and Hanen model</p>
<p>Naturalistic developmental behavioural interventions</p>	<p>It involves the use of behavioural principal of learning to teach skills chosen from a developmental sequences in naturalistic environments and using natural rewards</p>	<p>Skills selected are those which allow child to participate in reciprocal interaction.</p>
<p>TEACCH(treatment and education of autistic and related communication-handicapped children)</p>	<p>it is characterised by highly structured work routines and a heavy reliance on visual presentation of information</p>	<p>This activity includes</p> <ol style="list-style-type: none"> 1. what activity the student will complete 2. how many items need to be completed 3. how to identify when the work is finished 4 what will happen after task completion.
<p>sensory based intervention</p>	<p>It believes sensory functions are foundation in nature and any kind of disruption in it disrupt the development</p>	<p>E.g. are sensory integration therapy, music training, auditory integration, brushing</p>

Animal based intervention program	Believes in the fact that interaction with animal is highly motivating and calming which helps in establishing good social relations.	e.g. horse riding, horse care , Labrador playing
Technology based intervention programs	Many students carry interest in technology, so many video games, apps, computer, robots are helpful	E.g. computer assisted instruction ⁴

Implementation of Plan

- a) Time- 60 min /daily
- b) Set-up- Room, with proper ventilation and light, soundproof, with proper sitting space and equipment required for the activity.
- c) Do not keep any bright coloured thing, open window or any other distractor inside the room.
- d) Classroom Procedure: The session will be taken on the everyday basis. Only medically proven Autistic students will remain present in the classroom along with the different teaching and learning aids. Only one activity keeping in mind all the four dimensions will be conducted in every session.

Steps Followed in Different Sessions

1. Take Autistic students to the desired place.
2. Remove anything or any object which can create distraction.
3. Exchange greetings before starting any activity every day.
4. Carry out the warm up session.
5. Now present the activity in very small steps, and one step at a time.
6. keep on repeating the above procedure by the time student gets proficiency in it.

Teaching-Learning and Assessment Plan for Children with Autism

Personalised Assessment

Assessment is very important part as it is going to tell us by how far we have achieved the desired objectives. We can't assess autistic student with mere copy pencil exam instead we need to do it with proper observation sheet. On the basis of activity a teacher can make a observation sheet, and on the basis of observation, scaling of the student can be done. This scaling result could be compared with the scaled assessment before the activity was presented. If student shows changes in behavioural terms next activity could be planted with the similar procedure, but if there isn't any change the activity or the time period may need to be reviewed again and with proper rectification it can be presented in front of the child.

CONCLUSION

Every autistic child needs a plan which can help in enhancing his/her latent potential. It is up to us, on our understanding of their, which will help in developing a specific plan as per the need of the child. We can't change the disorder but we can bring few orderly changes in the lives of autistic children.

Note: The names of Autistic children being used in this research paper are imaginary.

REFERENCES

- Auluck. (2003, December). Autism: A puzzle with missing pieces. The Times of India. <http://uolelibrary.informaticsglobal.com/> (Retrieved: 25.02.2020).
- Dilnaz. (2000, April). Autism is still little understood, The Times of India. <http://uolelibrary.informaticsglobal.com/> (Retrieved: 26.02.2020).
- Horvath, K., Permam, A. (2002). Autism and Gastrointestinal Symptoms, Current Science.
- Jordan, R., Srinivas, S. (2003, September). Talking autism. The Times of India. <http://uolelibrary.informaticsglobal.com/> (Retrieved: 26.02.2020).
- Rodier, P. (2000). The Early Origins Of Autism, *Scientific American*, 282, 56-63.
- Sharma, U., Rangarajan, R. (2019). Teaching Students With Autism Spectrum Disorder In South Asia: A Scoping Study And Recommendations For Future, *International Journal of Development Disabilities*, 65(5), 347-358.
- Understanding Autism. (2008, April). The Times of India. <http://uolelibrary.informaticsglobal.com/> (Retrieved: 25.02.2020).

