

**ASSESSMENT STRATEGIES TEACHERS USE TO PLACE LEARNERS WITH
AUTISM SPECTRUM DISODERS IN EDUCATIONAL PROGRAMMES IN
SPECIAL SCHOOLS: A CASE STUDY OF KAMPALA DISTRICT, UGANDA**

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October 2017

DECLARATION

I confirm that this thesis is my original work and has never been presented to any University or other institution of higher learning for a PhD or any other award. The thesis has been complemented by referenced works duly acknowledged. Where text, data, graphics, pictures or tables have been cited from other works– including the internet, the sources are specifically acknowledged through referencing in accordance with anti-plagiarism, practices/standards.

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DEDICATION

This thesis is dedicated to my husband Patrick and my children: Israel, Newton, Samuel, Daniel and Sylvia.

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TABLE OF CONTENTS

DECLARATION	<u>iii</u>
DEDICATION	<u>iiiii</u>
ACKNOWLEDGEMENTS	<u>iviii</u>
TABLE OF CONTENTS	<u>vvi</u>
LIST OF TABLES	<u>xxix</u>
LIST OF FIGURES	<u>xix</u>
ABBREVIATION AND ACRONYMS	<u>xixixi</u>
ABSTRACT	<u>xixixi</u>
CHAPTER ONE: INTRODUCTION TO BACKGROUND OF THE STUDY	1
1.0 Introduction.....	1
1.1 Background to the Study.....	1
1.2 Statement of the Research Problem.....	9
1.3 Purpose of the Study.....	10
1.4 Objectives	10
1.5 Specific Research Questions	11
1.6 Significance of the Study.....	11
1.7 Limitations and Delimitation	12
1.8 Assumptions of the Study	13
1.9 Theoretical Framework.....	13
1.10 Conceptual Framework.....	16
1.11 Operational Definitions of Terms	19

CHAPTER TWO: RELATED LITERATURE REVIEW	21
2.0 Introduction.....	21
2.1 Assessment Tools Teachers Use in Assessment of Learners with Autism for Educational Placement.....	21
2.2 Procedures Teachers Use during Assessment of Learners with Autism for Placement in Educational Programmes.	29
2.4 Challenges Experienced by Teachers in Assessing and Placement of Learners with Autism.....	40
2.5 Strategies for Improving Assessment and Placement of Learners with Autism. ...	43
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY	52
3.0 Introduction.....	52
3.1 Research Design.....	52
3.2 Variables	54
3.2.1 Independent.....	54
3.2.2 Dependent Variables	54
3.3 Location of the Study	55
3.4 Target Population	55
3.5 Sample Size and Sampling Techniques	56
3.5.1 Sample Size.....	56
3.5.2 Sampling Technique	56
3.6 Research instruments.....	57
3.6.1 In-depth Interview Guide.....	58

3.6.2	Observation Checklists	59
3.6.3	Focus Group Discussions (FGD)	60
3.6.4	Document analysis	60
3.7	Pilot Study.....	61
3.7.1	Document Study for the Pilot Study.....	61
3.8	Validity	62
3.8.1	Reliability of Instruments	62
3.8	Data Collection Procedures.....	62
3.8.1	Respondents Characteristics	63
3.8.2	Document Study	63
3.8.3	Individual Interviews	64
3.9	Data Analysis	64
3.10	Logistical and Ethical Consideration.....	66
3.13	Concluding Remarks	67
	CHAPTER FOUR: FINDINGS, INTERPRETATION AND DISCUSSIONS	68
4.0	Introduction.....	68
4.1.	Tools Class Teachers Use during Assessment of Learners with Autism	68
4.2.	Procedures Class Teachers Use during Assessment of Learners with Autism for Placement in Educational Programmes.	86
4.8	Challenges Experienced by Teachers in the Process of Assessing and Placement of Learners with Autism	95
4.9	Strategies for Improving the Assessment of Learners with Autism spectrum disorders	109

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION ...	121
5.1 Introductions	121
5.2 Summary of the Major Findings	121
5.2.1 Tools Teachers Use in the Classroom to Assess Learners with Autism	121
5.2.2 Procedures Teachers' Use during the Assessment of Learners with Autism.	123
5.2.3 Challenges Teachers Face during Assessment.....	124
5.2.4 Teachers' Plans for Improving Assessment.....	125
5.3 Conclusions of the study.....	125
5.4 Recommendations	126
5.4.1 Policy recommendations to the Government	127
5.4.2 Tools Used for Assessment of Learning Needs of Learners with Autism	127
5.4.3 Procedures to Follow during Assessment of Learning Needs of Learners with Autism.....	127
5.4.4 Handling Challenges Experienced by Teachers Involved in Assessing and Placement of Learners with Autism	128
5.4.5 Additional Strategies Teachers can Use to Improve the Assessment of Learners with Autism.....	128
5.5 Areas for Further Research	129
REFERENCES	133
APPENDIX A: Interview Guides for Teachers in Primary Schools and Special Schools with Learners with Autism.....	145
APPENDIX B: Interview Guide for Focus Group Discussion	147
APPENDIX C: Interview Guide for Head teachers	149

APPENDIX D: Observation Guide for Learners with Autism	151
APPENDIX G: Consent From Chief Education Officer	152
APPENDIX H: Consent From the Head Teacher	153
APPENDIX I: Authority Letter from Kenyatta University	154
APPENDIX J: Uganda National Council for Science And Technology	155
APPENDIX K1: Assessment Reports From Schools.....	155
APPENDIX K2: Assessment Reports from Schools.....	163
APPENDIX K3: Assessment Reports from Schools.....	166
APPENDIX L1: Assessment Cards.....	168
APPENDIX L2: Assessment Cards.....	169
APPENDIX M1: Acceptance Letter from Schools	170
APPENDIX M2: Acceptance Letter from Schools	171
APPENDIX N: Acceptance Letter KCCA	172

LIST OF TABLES

Table 1: How informants were selected	56
Table 2: Showing key responses, occurancy of responses and respondents codes presented	68
Table 3: Procedures teachers used in the assessment process of learners with autism	86
Table 4: Procedures teachers follow during assessment of learners with autism for placement in educational programs	88
Table 5:Represents the challenges teachers experience during the assessment process. ..	96
Table 6: Strategies for on improving the assessment of learners with ASD.....	110

LIST OF FIGURES

Figure 1: Conceptual framework for understanding the relationship between knowledge about assessment and placement. 17

Table 2: Illustration of research design 53

ABBREVIATION AND ACRONYMS

ABC	Autism Behaviour Checklist
ASD	Autism Spectrum Disorder
ADI-R	Autism Diagnostic Interview-Revised
APA	American Psychological Association
ASIEP-3	Autism Screening Instrument for Educational Planning – Third edition
CARS	Childhood Autism Rating Scale
CDCP	Centre for Disease Control and Prevention
CWD	Children with Disabilities
DSM-V	Diagnostic Statistical Manual -five
EARS	Educational Assessment and Recourses Services
GARS	Gilliam Autism Rating Scale
GP	Grade Point
GEI	
ICD-IO	International Classification of Disease-IO
IDEA	Individuals with Disabilities Education Act
LEA	Local Education Authority
MOeS	Ministry of Education and Sports

NAPC	National Autism Plan for Children
NGOS	Non Governmental Organisations
PL-ADOS	Pre-linguistic Autism Diagnostic Observation Schedule
PDD	Pervasive Developmental Disorder
SNE&IE	Special Needs Education and Inclusive Education
TEACCH	Treatment and Education of Autistic and Related Communication Handicapped Children
UNICEF	United Nations International Children's Fund
UPE	Universal Primary Education

ABSTRACT

This study sought to investigate the assessment strategies teachers use to place learners with autism spectrum Disorders in educational programmes in special schools in Kampala District, Uganda. The study specifically analyzed the tools teachers use to assess learning needs of learners with autism, analyze the procedures teachers use to assess learning needs of learners with autism, assess the challenges experienced by teachers in the process of assessing and placing learners with autism and to analyze strategies teachers use to improve the assessment and placement of learners with autism. A case study design was adopted to guide collection, presentation and analysis of data. The study sample comprised of twelve (N=12) participants from two schools which had children with autism. The selection of the sample followed a purposive sampling technique. The study used interviews for the teachers, participant observations for the children, focus group discussions with the teachers who participated in the interviews and document analysis which included medical forms, admission forms, agreement forms, assessment Progressive report and Assessment report card to collect data. Qualitative aspects of data were managed using simple analytical tools such as checklists for rating the observation, tables and percentages without compromising the in-depth descriptions. The findings revealed that there are no specific tools that teachers use in assessment of learners with ASD. The results showed that observation is the most used tool in assessment. However, the findings revealed inconsistencies in the procedures used to develop educational programmes. Additionally, the findings showed that, the major challenge is varying behaviours of learners with autism spectrum disorders where by many of the children do not talk except a few and others do not associate with others oftenly. The study concludes that teachers were using more than one approach to assess learners for placement. Lastly, the study recommends that teachers should sit together and come up with a harmonised tool and procedures to be used in assessment, country wide.

CHAPTER ONE

INTRODUCTION TO BACKGROUND OF THE STUDY

1.0 Introduction

The study is about assessment strategies teachers use to place learners with autism in Educational programmes. This chapter provides the background to the study, statement of the problem, purpose, objectives of the study, research questions, and significance of the study, limitations and delimitations. It also presents assumptions of the study, theoretical and conceptual framework as well as operational definitions of terms.

1.1 Background to the Study

Autism is one of the disabilities defined in the Federal Individuals with Disabilities Education Act (IDEA, 2004) and the Washington Administrative Code (WAC) 392-172A-01035 (2007).The IDEA(2004), defines autism as a developmental disability that significantly affects verbal and non-verbal communication, social interactions, a child's educational performance and is generally evident before age three.

Unfortunately, Uganda does not have enough professionals to diagnose the children earlier before three years which delays the placement process or leads to misplacement of children with the Autism Spectrum Disorders (ASD).

Sembatya,(2014), states that “communities such as those in Uganda with very few people knowing about autism are left with no choice but to rely on traditional or non-evidence based approaches to define, diagnose and manage it”.

ASD is now recognized as one 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 background yet it was once a rare disorder. It is diagnosed more frequently in males than in females worldwide; males are four times more affected than females (Chakrabarti & Fombonne, 2005).

In recent years, there has been increasing awareness about children on the autism spectrum worldwide and research shows that this increase is only partly explained by improved diagnosis and awareness, (Desforges & Lindsay, 2010). Autism Speaks (2016), Statistics from the US Centre for Disease Control and prevention (CDC&P) identify around one in 68 American children as being in the autism spectrum; a tenfold increase in prevalence over fifty years. This is confirmed by the estimates as suggested by Chakrabarti and Fombonne (2001), who say that Autistic spectrum disorders are much more common than previously suggested. The figures include among others, 60 (vs. 4 to 6) per 10,000 in the general population, a 600% increase in the numbers served under the autism IDEA eligibility classification (Brock, 2005), and 95% of school psychologists report an increase in the number of students with ASD being referred for assessment (Kohrt, 2004).

Assessment is a necessary step in the overall program planning for students with Autism Spectrum disorders. However, students with ASD are likely to present unique challenges and issues during formal evaluation which may impact the success of the evaluation process and the utility of the assessment data. (Klin, Saulnier, Tsatsanis & Volkmar 2005).

(Specialised Assessment in Uganda) – Kyaninga Child Development Centre (KCDC)(2015) estimated that 1 in 10 children in Uganda are born with the disability and many more develop disabilities early on in life due to poor diet, illness or injury. With very few resources and services available to children with disabilities, families must often bear the additional expense of travelling long distances to access specialized medical care. The same centre offers the much needed high quality specialised and affordable assessment, treatment, education and support to children with disabilities. In addition, KCDC (2015) has highly experienced physiotherapists who assess and treat babies, children and young adults with a wide range of injuries and disabilities including, but not limited to cerebral palsy, acquired brain injury, paralysis, down syndrome and autism spectrum disorders. Unfortunately, its one centre among the few and its location may be very far from all persons with autism, who may require such services

Other estimates reveal that out of 42 boys and one in 189 girls are diagnosed with autism in the United States and the most current estimates from studies in Canada and United Kingdom are that ASD is diagnosed in 60 out of every 10,000 children or one in 165 (Fambonne, Zakarian, Bennet, Meng, & McLean Hey Wood, 2006).

While there is much research on ASD in Europe and North America, there is not a single community based epidemiological study of ASD in sub Saharan Africa (Bakare & Munir, 2011) the authors believe that there are few studies examining the prevalence of ASD in children with intellectual disability in Northern and Sub-Saharan Africa but no studies of ASD in those without intellectual disability

Fombonne (2009), observes that epidemiological studies are difficult to compare with since they vary in the composition of the population surveyed, design, awareness, participation rates, diagnostic criteria, instruments used as well as whether impairment criteria are included. Nevertheless, using the same methodology over a period of eight years, the Centre for Disease control (CDC Autism and Developmental Disabilities Monitoring Network has found increasing rates of ASDs in the US.

Prevalence of autism spectrum disorders, is as per Autism and Developmental Disabilities Monitoring (ADDM) Network 2000-2008 (combining data from all sites)

Survey year	Year of birth	Prevalence per 1,000 children (range)	Frequency
2000	1992	6.7(4.5–9.9)	1/150
2002	1994	6.6(3.3–10.6)	1/150
2004	1996	8.0(4.6–9.8)	1/125
2006	1998	9.0(4.2–12.1)	1/110
2008	2000	11.3(4.8–21.2)	1/88

Wing & potter (2002).

Today, it is estimated that one in every 110 children is diagnosed with autism in the United States, making it more common than childhood cancer, juvenile diabetes and paediatric AIDS combined. An estimated 1.5 million individuals in the United States and tens of millions worldwide are affected by autism spectrum disorders. Government statistics suggest the prevalence rate of autism is increasing 10-17 percent annually (Autism Speaks 100 day kit, 2010).

More so, from the same day kit (2010), there is no established explanation for this increase, although improved diagnostic methods and environmental influences are two reasons often considered.

Baron-Cohen and Gillberg (1992), observed that professionals have a better understanding of autism spectrum disorders and its manifestations in early years and therefore diagnosis is being ascertained earlier than ever before. This view, however does not work for developing nations including Uganda. It remains a fact that ASD is a fairly new phenomenon in many developing countries. Accurate diagnosis, assessment and related services are still minimal making statistical data difficult to come by. This is supported by Sembatya, (2005), who says "that it is vitally important that more is done to educate communities about autism.

It should be noted that many children with autism continue to be confused with other intellectual disabilities as they display somewhat similar characteristics (Bakare & Munir, 2011), as well as limited research works relating to Autism Spectrum Disorders in Africa at present.

In Africa, cultural factors have recently been documented to influence characterization, diagnosis and treatment of Autism Spectrum Disorder worldwide (Bernier, Mao & Yen, 2010). A study by Lotter (1978), cited by Bakare & Munir, (2011), in an attempt to establish the prevalence of autism in Africa, screened children with intellectual disabilities in nine major cities and found out that those who met the eligibility criteria was one in 145. This implies that for any group of persons with autism picked at random; the likelihood of getting a person with autism is ratio 1:145 an estimate which is high.

The number of children on ASD may be unattainable and indeed unrealistic. To date, there has been no large scale epidemiological study on autism spectrum disorders in the African context. A literature review to date shows no school or community-based epidemiological studies of autism spectrum disorders in the African continent (Bakare &

Munir, 2011). There is lack of converging knowledge on the issue of prevalence disabling the harmonisation of statistics globally. The Government of Uganda, Ministry of Education and Sports (MOES) policy on Special Needs and Inclusive Education (2011), while presenting data on special needs and inclusive education stated that the current situation regarding data collection in Special Needs and Inclusive Education (SN&IE) is challenging. Current data seems to reflect only visible impairments/disabilities usually recorded on the impression of data collectors.

Bakare and Munir, (2011) observe that there is no study specifically addressing the epidemiology of ASD in Africa. This implies that there is a need to train professionals in assessment of children with Autism Spectrum Disorders who would identify them and give their exact figure.

In Uganda, it is estimated that there are approximately 130,000 children with autism spectrum disorders / aspergers syndrome children and one adult in every 235 (Kaleeba, 2011). Evidence from a Ugandan perspective indicates that children with autism are rarely recognised as a special group. According to the Universal Primary Education (UPE) policy, all children including those with disabilities are expected to access free education. However, to date, there appears to be a limited number of autistic children that have been successfully mainstreamed in Uganda and scant research on the specific impacts, effects, perceptions, advantages and disadvantages of this process. There are a number of special schools in Kampala that have autistic students but very few mainstream schools have such students. Ugandan researchers are relying on research primarily from the United Kingdom and the United States of America to inform about the mainstreaming of autistic students. There is an obvious urgent need for more studies on

this phenomenon in Uganda to theoretically and practically provide information in order to create greater awareness among different stake holders in a bid to facilitate inclusion of autistic students within Ugandan schools.

Sembatya, (2014) observes that autism is a new innovation in the education of children with disabilities in Uganda and reports that he devoted his time to raising awareness of autism in the East African region , where very little is known about the autism spectrum disorder. Autism in Ugandan is affected by lack of existing fully fledged programmes that train professionals working with this new phenomenon thus there are limited sources of information to be used by all autistic children. Consequently, assessment is minimal leading to a demand for the development of programmes that train personnel in autism education. Analysis of Kyambogo University academic programs indicates that there is currently no specific program that focuses on ASD. Instead trainers are only exposed to aspects of ASD as a component of special needs.

Despite the fact that many people are now coming up with views of assessing learners with autism and other disabilities, many other issues are hindering the take off process. Nangozi, (2015), in her chat with one of the key people doing assessment on children with autism in Uganda, reported “Assessing autism, we have one expert who does it at his screening centre in Kyambogo University. It costs 400,000 Uganda shillings to diagnose dyslexia and autism.” This implies that many children with autism have gone without assessment which limits the ways in which their needs would be addressed. In 1997, Uganda endorsed the Universal Primary Education policy and this is in line with the Education for All initiative. The projects expanded their target group from children with disabilities to include orphans, traumatised children, HIV positive children and

others with special needs (Danida/Jorgen & Schytte, 2003). Uganda has slowly begun addressing other categories of disabilities and schools for children with autism have also been put in place though few are government aided. The policy positions on assessment stands, “There is currently no functional assessment formally being carried out for early identification of learning needs upon school entry for appropriate placement and/or referral and no policy guidelines have existed to support schools to conduct assessment” (MoES, 2011: :15). In principle, Uganda has very good formulated policies regarding education of learners with disabilities as well as other vulnerable groups but there is no outstanding policy on assessing learners with autism in particular. Therefore, there is an urgent need to formulate a specific policy on assessment of learners with autism.

In addition, it is not easy to obtain data on Autism Spectrum Disorder (ASD) in Uganda due to numerous factors including lack of trained practitioners, prevailing cultural beliefs and practices that impact on identification and diagnosis of affected children (Bakare & Munir, 2011). Kaleeba (2012), adds that there is general confusion about the nature of autism among teachers who do not realise that some of the challenging behaviours of these children can be accompanied by high intelligence. This implies that there is an urgent need to develop training on signs and symptoms of autism Spectrum Disorder.

Assessment is considered the most basic support service for children with disabilities including those with autism (Government of Uganda, 1998). There are other documents which support the assessment of children with disabilities in Uganda and they include: The Children’s Statute (1996) which requires parents and the state to ensure that children with disabilities are assessed as early as possible so as to establish the extent and nature of their disability. The Educational Assessment Resource Services Act (EARS); since

1992, has a nationwide network with centres at District level which address and coordinate Special needs education locally.

Ministry of Education and Sports (1997), recommends that EARS/SNE staff members within the education department have the mandate to ensure that learners with special educational needs are enrolled and continue to attend school and that their educational needs are met. However, due to the changes in political organisations which resulted in decentralisation of most vital services, these services have been harmonised into regular education. The then assessment teachers were redeployed to the disadvantage of many children with special needs and those with autism. This situation has led to misdiagnosis and wrong school placements. Indeed, currently no specific assessment programmes exist in Uganda. It is highly likely that teachers of children with autism do not have proper guidance, tools and assessment procedures to enable them place their learners with autism appropriately in educational programmes. In other words, students with disabilities or suspected disabilities are evaluated by schools to determine whether they are eligible for special education services and if they are eligible, the schools determine what services should be provided.

1.2 Statement of the Research Problem

The study sought to find out about assessment strategies teachers use to place learners with autism spectrum disorders in educational programs. Schools have taken an effort to assess learners with autism so that they are placed appropriately following a theory that assessment is considered the most basic support service for children with disabilities including those with autism (Government of Uganda, 1998). There are EARS centres which were set up in most districts in Uganda to assist in identifying and assessing

learners with disabilities for placement in educational programs. Now the EARS offices have been converted into as general offices and most personnel who were previously in charge of assessments have since been deployed as general inspectors of schools. Persons with autism who would have benefited from the assessments are now made to look for assessment places with more expenses of which many may not afford or even failing to identify them. The prevailing scenario poses a potential disadvantage to all children with special needs and especially learners with autism spectrum disorders. Unless this scenario is addressed, these children will continue to receive an education which does not match their specific needs.

1.3 Purpose of the Study

To investigate the assessment strategies teachers use in placing learners with autism in educational programmes in Kampala District, Uganda.

1.4 Objectives

The study sought to:

1. Analyze the tools teachers use to assess learning needs of learners with autism in educational programs.
2. Find out procedures teachers use to assess learning needs of learners with autism in educational programs
3. Assess the challenges experienced by teachers in the process of assessing and placing learners with autism in educational programs
4. Analyze the strategies teachers use to improve the assessment and placement of learners with autism in educational programs.

1.5 Specific Research Questions

1. What assessment tools do classroom teachers use to assess the learning needs of learners with autism in educational programs?
2. What assessment procedures do classroom teachers use to assess the learning needs of learners with in educational programs?
3. What challenges do teachers face in the process of assessing and placing learners with autism in educational programs?
4. What strategies do teachers use to improve assessment and placement of learners with autism in educational programs?

1.6 Significance of the Study

The study findings could be applied in the following ways:

At the policy levels, the study may provide information which may help the policy makers and legislators make supportive policies to address the practice of assessment of learners with autism. The findings would be applied in impacting current practices of teachers involved in the study and those in similar situations in their knowledge of assessment and placement of learners with autism.

Contributing to the body of existing knowledge on assessment and placement of learners with autism in educational settings.

Universities too may benefit as they train special education teachers.

1.7 Limitations and Delimitation

The study was limited in various ways which included:

- The qualitative design of study consumed a lot of time in collecting data, transcription and cleaning.
- The sample size of 12 respondents was rather small. So the findings may not be generalisable. Nevertheless, the study made important revelations which are relevant to the understanding of autism. for example having standardised tools, providing true information about the children, appropriate identification and assessment and training enough professionals to do assessment of learners with autism.
- The teachers were busy on their work and getting time appropriate was through seeking permissions, scheduling and rescheduling until an appropriate time is fixed.
- Some teachers were not open enough to release honest information for fear of their bosses to reveal what they thought would be of importance.
- Seeking for documents was difficult in that the head teachers were not willing to release the files for fear that some of the confidential information might be exposed.

Scope of the study

The study focused on strategies learners use to assess learners with autism for educational programs. The study was carried out in two schools catering for assessment of learners with autism for placement in educational programs in Kampala district. One school was specifically for learners with autism and the second one was catering for learners with different intellectual disabilities.

1.8 Assumptions of the Study

It was assumed that:

1. Teachers were using assessment tools and placement procedures that were not harmonised.
2. Unpredictable circumstances in sampled schools may influence the data collection process causing unnecessary delays.
3. Since there were no proper assessment tools and procedures, there was a high likelihood that autism may be confused with other intellectual disabilities.

1.9 Theoretical Framework

Autism is a new area of focus in terms of knowledge and classification as a disability and therefore there is very little knowledge and preparation for assessment of children with autism. The learners have also trouble in social interaction, communication and imagination. To minimize these difficulties, there may be need for collaboration and concerted efforts made by various experts. The theory to guide the study is Activity theory.

Activity Theory was developed by Russian psychologists: Vygotsk, Rubinshtein and Leontey in 1920s. Activity theory provides a language and a set of frameworks for making sense of what is discovered. Hassan & Kazlauskas (2013), state that the activity theory is all about who is doing, what, why and how?. By implication a learner should be assessed on an activity by observing what a person does on the activity, why she/he does the activity and how the activity is performed.

Activity theory provides a rich holistic understanding of how people collaborate that is carrying out purposeful collective activities with the assistance of sophisticated tools (information systems in the complex dynamic environments of modern organizations, Hassan, (1999). The main advantage that activity theory offers practioners and research is a holistic lens in understanding the patterns of activities of situation and problems in different industrial sectors and in different cultural context (Hassan, 1998).

According to Nardi (1996), Activity theory is a set of basic principles that constitute a general conceptual system, rather than highly predictive theory. The basic principles of activity theory include; the hierarchal structure of activity, object orientedness, internalization, externalization, tool medication and development. Nardi futher explain that a basic tenet of activity theory is that a notion of cousiousness is central to a description of activity.

In activity theory, the unit of analysis is an activity directed at an object which motivates the activity it self, giving it a specific direction. The activity theoryis applied to the current study in 3 main ways: tools used for assessment of ASD –objects, how tools are applied – process and how the information selected from tools is applied in placing learners with ASD in educational programs.

Education of a child with autism spectrum disorders requires a collaborative activity involving different stakeholders: Parents, care takers; regular/ordinary special needs education teachers/educators, teaching assistants, peers, specialized professionals/speech and language specialists, occupational specialists and social workers. All these stakeholders need networking services/working systems. They can be in institutional

homes, specialized agencies or in the school-home community, all geared towards providing a Holistic approach to a child and those surrounding it. Children with autism may need a strong structure. After formal analysis, they need independent living, structural goals and mediation.

In activity theory, development is not only an object of the study but also a general research methodology. The theory emphasizes on the importance of motive and consciousness for humans only and it sees people and things as fundamentally different. Nardi and Kari (1996), in the comparison of the theory with cognitive science, argue that activity theory is above all a social theory of consciousness. They believe that activity theory begins with the notion of activity, an activity is seen as a system of human doing where by a subject works on any object in order to obtain a desired out come Kaptelinin,& Nardi (2006).

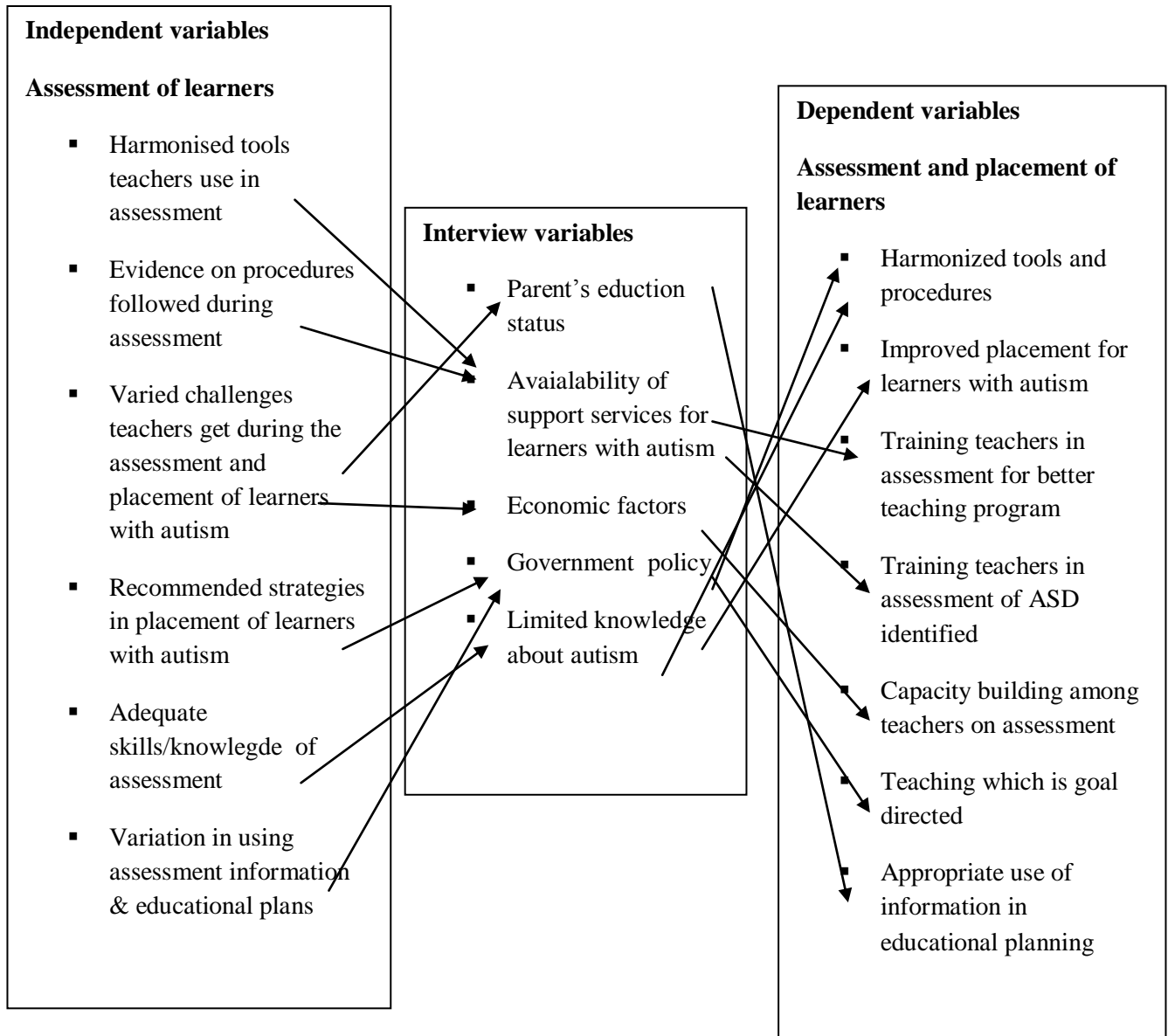
Therefore, it defines consciousness as the mental functioning including remembering, deciding, classifying, generalizing and abstracting as softly as a product of our social interactions with other people and of our use of tool. Nardi, (1996) assume that the objective of activity theory is to understand the unity of consciousness and activity. In the context of the study, the activity theory is important since it explores the extent to which teachers make conscious placement decisions through assessing the learners with autism in the classrooms, based on a variety of activities. The teachers can easily detect the interest and weakness of the learners and then come up with better decisions. The changes teachers make in the activity given to the learners with autism in the classroom depends on how conscious the teachers are in relation to the children they are handling.

1.10 Conceptual Framework

In this study, assessment of learners with autism was the dependent variable and tools and procedures, information got from the assessment, challenges teachers faced and recommended strategies in educational programmes, the independent variables. The dependent variable is the factor that is measured by the experimenter and influenced by the independent variable (Amin, 2005).

This study was conceptualised around four areas of implementation namely: tools and procedures, assessment information, challenges teachers faced and recommendations for strategies.

Figure 1: Conceptual framework for understanding the relationship between knowledge about assessment and placement.



Adapted from Psychology: The Science of Mind and Behaviour Michael Passer, 1996

University of Washington

In summary, experience has shown that the assessment of learners with autism in Uganda is done with no harmonized strategies, tools or procedure. This is a result of contextual factors such as nature of school (government aided or private), teacher training background (mainstream or specialized), school policy on assessment of learners with autism (mandatory or not) and mission of the school teachers' working experiences (years of services and type of learners taught), (purpose built or inclusive).

It is observed that the teachers experience many challenges while in the process of assessing learners with autism spectrum disorders. This results from the educational status of teachers (skills or Knowledge), materials to be used (local or manufactured) professionals (specialists or trained teachers).

Strategies teachers use for improvement in assessment and placement of learners are inadequate. This depends on use of the information got from assessment (training of teachers in assessment), lack of evidence of procedures followed during assessment (capacity building among teachers in assessment).

1.11 Operational Definitions of Terms

Assessment: Assessment is a comprehensive process used to determine the child's strengths and challenges in multiple areas or types of abilities. (Pierangelo & Guiliani, 2005). In this study, it implies finding out the strengths and weaknesses to give a basis on where the learner is to be placed appropriately.

Assessor: This is a judge or decision maker on the amount, value, quality or importance of something. (Cambridge Advanced Learners Dictionary, 2010). In this context of the study, it refers to a teacher.

Autism: Failure to develop social abilities, language and other communication skills to the usual level (Cambridge Advanced learner's dictionary, 2010). As used in this study, it is a mental condition, presented from early childhood, characterized by difficulty in communicating and forming relationships with other people and in using language in an abstract manner.

Educational Programmes: these would refer educational plans written by an institution or the ministry of education which determine the learning progress of each subject in all the stages of formal education. For this study, these are arrangements made to help an individual to benefit from activities offered in schools.

Placement: Is the action of putting someone or something in a particular place or the fact of being placed. (Merriam-websters learners' dictionary, 2005). It might take place in different settings for example home, school, rehabilitation centres and in a medical facility.

Teacher; is someone whose job is to teach in a school or college. (Cambridge advanced learners dictionary, 2010). In this study, these are special needs teachers who do assessment in order to admit learners with autism in schools.

Information: data at any stage of processing; input, output, storage and transmission) (dictionary.com. LLC, 2016)

Assessment strategies: these are methods /ways employed by teachers to find information about the children.

Tool: a testing device for measuring a given phenomenon, such as a piece of paper and pencil, test, questionnaire and an interview guide. A research tool or a set of guidelines for observation. (Mosby's Medical Dictionary 9th edition, 2009, Elsevier).

Procedures: these are steps taken by the teachers when assessing learners for placement in educational programmes.

TEACCH is Treatment and Education of Autistic and Related Communication Handicapped Children. This is a programme that combines behaviour techniques and cognitive social learning strategies (i.e. environmental modifications) within a developmental framework to address autism specific needs, (Schopler, Reichler, & Renner, 1988)

The next chapter addresses literature review from other scholars which are related to the topic under study.

CHAPTER TWO

RELATED LITERATURE REVIEW

2.0 Introduction

The previous chapter focused on the background to the study, purpose, objectives, research questions, significance of the study, limitations and delimitations and scope of the study. This chapter caters for the review of literature from other authors.

The review in this chapter is based on literature from secondary sources including articles from referred journals, books, e-materials, periodicals, conference papers and other authentic materials. The review is organised based on sub-themes derived from the objectives of the study as follows: tools teachers use to assess learning needs of learners with autism, procedures teachers use to assess learning needs of learners with autism, application of assessment information by teachers of learners with autism in educational programmes, challenges associated with assessment and placement of learners with autism and strategies for improving the assessment and placement of learners with Autism.

2.1 Assessment Tools Teachers Use in Assessment of Learners with Autism for Educational Placement.

According to the US Census 2015, there are more than 20 million children under the age of five in the United States. Using the Center for Disease Control and Prevention (CDC) prevalence estimates one in 68 children is being diagnosed with autism and nearly 300,000 of these children have autism spectrum disorders. The U.S. Preventive Task Force (USPSTF) report found evidence for valid screening tools to detect ASD. Autism

Spectrum Disorders in toddlers and evidence that early intervention has positive effects when children are diagnosed early has been established. They concluded that the lack of studies showing long-term outcomes from ASD screening means that there is insufficient evidence for universal toddler screening for ASD. Institutional Research, Assessment and Effectiveness (2000), suggests that an assessment tool which is a complete set of document need to assess one or more units. Each assessment tool must include instruments of which each supports different methods. For example, observation, checklist and questioning. It includes administration, recording and reporting requirements and describing the context and conditions of assessment. An assessment instrument is part of an assessment tool. When assessing students with autism spectrum disorders (ASD), an important goal of assessment is to move away from global neuropsychological descriptions to a more refined, precise documentation of an individual's functioning in various neuropsychological domains (Volkmar, 2005).

Riley (2003), argues that there are no medical tests that can be performed to indicate the presence of ASD. Instead the diagnosis is based on the presence or absence of certain behaviour. That is diagnosis based on the range of characteristics a child displays. Some learners with autism may be very intelligent and if one could follow the symptoms mentioned of a known autistic person, there might be confusion in labeling. Barroff (1986), adds that idiomatic expressions can be very confusing for even the brightest child and parents as well as teachers **to** learn from experience and choose their words with care.

The diagnosis of autism is a multifaceted process and cannot be accomplished in a single assessment or within one professional session (Lord & Risi, 2000). Basing on the DSM 5 criteria, test results do not diagnose alone. They incorporate a dimensional assessment approach, allowing clinicians to measure both the presence and the severity of ASD symptoms as: “very severe,” “severe, moderate”, or “mild” in the two symptom domains of ‘social communication’ ‘fixated interests’ and repetitive behaviours’ (APA, 2011). White (2016), says test results provide useful data, though the skills and experience of the examiner are the most important factor in the assessment process.

One method to increase the accuracy of assessment is to obtain information from multiple sources and consider multiple contextual factors when developing goals. Research suggests a four-step assessment process that consists of (a) reviewing student records, (b) interviewing caregivers (e.g., teachers and parents), (c) observation in a natural environment (e.g., homes and schools), and (d) testing via standardized test instruments (Barnhill,2002}

Careful analysis of behaviour during testing and data from interview and observations must be integrated with test result to form a complete assessment. Despite assessments records found in schools in Uganda for placement, test results from other professionals may not be understood by the school teachers to be incorporated in making a report.

Dietel, Herman and Knuth,(1990), observe that there are several Autism assessment tools available for medical doctors and other professionals, of which some are presented with explanations and discipline based on European countries. In addition, developing countries are struggling to do assessment since they do not have appropriate set tools to

use when assessing learners with autism and using the standardized tools on the international scene. It requires some training so that they could be adapted to the Ugandan situation. To come up with an accepted assessment tool is a process done over time (Namaganda, 2014). A number of tools such as CARS, ABC, and ASIEP-3 are currently available for use in the US and UK to identify and measure a wide range of behaviours (Lantz, 2003). In order to help identify a child's specific behavioural manifestations, diagnostic instruments of autism have been developed, (Gabriel & Dina 2002). These include standardized autism rating scales, behaviour checklists and direct observation of the child. The completion of standardized scales is particularly important because autistic behaviour looks different in different situations, with different people. Diagnosis must be based on information collected from the people closest to the child and the child as well.

One of the available assessment tools for ASD is the Gilliam Autism Rating Scale (GARS) which is designed for use by teachers, parents and professionals'. GARS helps to identify and diagnose autism in individuals aged three through to twenty-two years and to estimate the severity of the problem/disability. Items on the GARS as defined and adapted by the DSM-IV, grouped into four subtests namely stereotyped behaviours, communication, social interaction, and developmental disturbances. GARS was normed on a sample of 1,107 individuals from 48 states in the United States which makes it appropriate and free to be used globally. It can be completed by parents, teachers or other caregivers. There are 42 items which are rated based on frequency and can be completed within five to 10 minutes (Gilliam, 1995).

With all the efforts and advocacy done by developed countries, it is important to find out whether teachers are in need of using the already developed assessment tools to assess learners with autism before placing them in educational programmes. Another assessment tool to be used in the assessment of learners with autism is Childhood Autism Rating Scale (CARS) which was developed by TEACCH programme staff in North Carolina, USA, with the aim of formalising observations of the child's behaviour throughout the day. It is a 15-item behaviour-rating scale and it helps to identify children with autism and to distinguish them from developmentally disabled children who are not autistic. Schopler, Reichler and Renner (1988), and Lantz (2003), observe that the tool is brief, convenient and suitable for use with any child aged two years of age and above. The CARS makes it much easier for clinicians and educators to recognize and classify autistic children. The GARS and CARS were developed over a 15-year period, with more than 1,500 cases using a four-point scale. This indicates that the degree to which the child's behaviour deviates from that of a normal child of the same age is reached. A total score is computed by summing the individual ratings on each of the 15 items and those children who score above a given point are categorized as autistic (CARS; Schopler, et al. 1988). Using the standardized assessment tools like CARS for assessing autistic children is a new adventure on the Ugandan scene. However, it is important to acknowledge the fact that diagnosis done without competence will not yield accurate results. So, development of assessment tools to suit the assessment of children with autism in Uganda called for further research.

Autism Screening Instrument for Educational Planning-third Edition (ASIEP-3) is another tool which was developed to evaluate autism spectrum disorders and assist in developing and monitoring educational programmes for individuals on the spectrum. It is a major revision of one of the most popular individual assessment instruments available for evaluating and planning for subjects with autism behaviour characteristics in the US. The ASIEP-3 consists of the following five standardized subtests namely: Educational Assessment, remaining on a seat, receptive/expressive language, body concept and imitation of speech and Prognosis. The time for assessment varies depending on the needs of the person (Krug, Arick & Almond, 2009). This assessment tool tests deep understanding rather than surface knowledge. Because assessment is the tool by which teachers are held accountable, effective teachers relate new assessment tools with new approaches to teaching, including the aim of teaching to enable learners understand.

Autism Behaviour Checklist (ABC) is a tool which was developed as one of the five components of autism screening instruments for educational planning (Krug, Aric & Almond, 1980). This tool was intended to be reliable and a valid screening instrument that could be used in educational settings to easily and accurately determine appropriate classroom placement. It contains 57 items organized into five symptom groupings: sensory, relating, body and object use, language and social skills, self-help skills and individuals who are familiar with the child. Usually a parent or teacher completes the ABC. Raters indicate the presence or absence of each behaviour and each item is then weighted on a scale of one to four and compared with standardized groups arranged by chronological age. A total score of greater than 68 indicates a high probability of autism and scores between 54 and 67 indicates the presence of some behaviour characteristic of

autism. If the child receives a total score above 54, further assessment by a trained clinician is recommended.

Autism being a new area in categorization of learners with disability in Uganda, there is limited knowledge about the tools used in assessment despite many having been developed and used globally. Almost no tool is suitable to be used by the teachers in Uganda without thorough induction and training.

Dietel, Herman and Knuth (1990), consider assessment to be any method used to better understand the current knowledge that a student possesses while Hepburn, Kaiser and Graham, (2015), argue that at present time there is no medical test for ASD and the only available way to determine if the child has ASD is to look for certain patterns of gaps or unevenness in the development of social interaction, communication and restricted patterns of activities and interests relative to child's overall developmental level.

Health visitors as well as speech and language therapists use their own specific checklists or screening tools to monitor a children's progress. Mortimer, (2001), has devised the Play Ladders Checklists, originally created for use in early years' settings and using existing checklists as a foundation. They are designed to avoid the developmental checklist approach in favour of approaching observation and assessment from the realities of children's activities. Mortimer summarizes the process thus: Early years educators are encouraged to play alongside the child as part of the irregular activities within a group of children. By observing how a child is playing, it becomes easy to visualize and record the stage on the play ladder later, once the children have left.

Experience shows that the majority of the assessors do assess when they are isolated from the person being assessed mainly for fear that they may miss out some important information if they do not look intently. So there is need to train teachers/assessors on the skills and techniques of how to conduct an assessment. Play thus proceeds uninterrupted assessment and recording. Once the play behaviour is recorded on the checklist, the 'next step on the ladder' is suggested and this new skill can be encouraged or taught at a future play session (Mortimer, 2001). Based on assumption that many parents on realising some uniqueness in the child's development compared to other children of the same age, may be in denial and may not wish to take in the truth. There is need to create awareness to all mothers and caregivers on how to spot out behaviour differences in their children during early years.

Assessing autism is a great challenge as there is no tool that can be used alone to produce correct results. Johnson and Meyers (2007), state: First, the psychometric properties of these instruments are not perfect. Some, like M-CHAT, identifies a proportion of false positive cases that indeed do not have ASD. Health authorities may not consider this a problem since it detects children that require support for other conditions (e.g., developmental delays and speech problems). There are also false negatives: children having the condition but are not identified by the screening, meaning that there is no screening instrument with perfect sensitivity and specificity. By implication, the test results will continue to be false if the professionals have no experience using the instrument. This is an indication that most assessors lack skills in assessment of learners with autism, a case which points to the need of training professionals to do assessment.

Al-Qabandi, Gorter and Rosenbaum (2011), challenge the belief that screening should be done because there is an effective treatment (e.g., early behavioural intervention) although promising, treatments are not equally effective in all children with ASD since, people are beginning to understand who will be best served with what treatment. Desforges and Lindsay (2010), have another view that assessing ASD requires very different techniques. Educational psychologist provide psychological advice and support to individual children, parents, teachers, other professionals and the education system. In principle a multi disciplinary team is essential in determining the child's potentials and Educational placement decisions should be made based on different techniques used by different professionals though the reality remains abstract. It was therefore, important to establish the extent to which training of teachers and other professionals concur, in assessment.

2.2 Procedures Teachers Use during Assessment of Learners with Autism for Placement in Educational Programmes.

Dietel, Herman and Knuth, (1991), explain assessment as any method used to better understand the current knowledge that a student possesses and this implies that assessment can be as simple as a teacher's subjective judgment based on a single observation of student performance, or as complex as a five-hour standardized test. The idea of current knowledge implies that what a student knows is always changing and that we can make judgments about student achievement through comparisons over a period of time. This affects decisions about grades, advancement, placement, instructional needs and curriculum. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000), define assessment as a process that serves a variety of purposes and involves

a number of different procedures. The DSM-IV-TR manual outlines the procedures followed in the process of assessment and the first step in the process is to consider the purpose of the evaluation. It is noted that the purpose of the assessment depends on the referral question, source of referral for example parent, teacher, other professionals and setting for example school, clinic and residential placement.

Gabriel and Dina (2002), observe a different view about procedures of assessment. They note that the evaluative process must include specific activities to document the presence of such behaviour indicators associated with autism. Although there will be some variations, the evaluation will most likely involve many procedures for gathering information. The same authors note that the interviewer extracts information from the parents or a primary caregiver about the child's development which includes history, language and communication skills, play skills, social abilities and other exhibited behaviours. Additional information is collected about behaviours that may be useful in establishing an alternative, differential diagnosis and is done by a trained examiner who codes the examples given by the parents and the results are entered into an algorithm to establish the presence or absence of autism. The fact that Uganda currently does assessment using teachers who have a general qualification in assessing learners with disabilities and very few specialized professionals to carry out assessment of children with autism in particular, urgent attention in terms of ongoing empirical studies and re-thinking teacher education for students with autism was needed. The teachers usually follow the traditional way of looking at what a child is doing and comparing it to what other children of the same age would be doing and then see the deviation. The gap between child development procedures and the effect of the disabilities is wide. Since

developmental stages early in life for learners with autism do not vary much, a scientific study on child development was made a priority.

According to Mortimer (2001), observation and assessment are essential tools used for watching and learning. They act as procedures by which we can both establish the progress that has already been made and explore the future learning that is still embryonic and the role of the adult in paying careful and informed attention to children's learning and reflecting upon it.

Thus the purposes and values of observation and assessment can be summarized as: to develop our own understanding of children's current competence levels (to assist with individual planning), reflect on the appropriateness of provision (tasks securing failure for some children, mismatch of curriculum), inform planning (organization of room, session) inform others (parents/carers, outside professionals, staff), assess interactions (adult: child; child: child; adult: adult; child: adult), assess specific events (behaviour, speech and language, physical development, social interactions etc) and assess staff (performance, interactions with children, supporting children with activities etc).

Singel and Allinder (2005), claim that assessment procedures for students with moderate and severe disabilities represent a conundrum while Snell and Brown (2006), suggest that students must be assessed to be classified and placed into special education, yet these assessments rarely yield information useful to practitioners to enable in designing or evaluating effects of programming.

Sigafoos, Cole and McQuarter (1987), note a dilemma in investigating the current assessment practices of students with severe disabilities and note that analysis of

assessment practices indicated over 50 percent of students with severe disabilities had been administered standardized, norm-referenced tests (NRTs), which evidenced varying degrees of reliability and validity. The same authors point out that, use of NRTs, requires classification purposes and supplementation by other sources of data. Assessing students' learning is something that every teacher has to do, usually quite frequently using for example written tests, books, reports, research papers, homework, exercises, oral presentations, question and answer sessions, science projects and art work are supposed to be carried out in schools.

Singel and Allinder (2005), urge that the necessity of additional types of assessment becomes more apparent when the purposes of assessment are more than classification and identification. Two critical areas that require assessment procedures which are carefully chosen or created, administered and interpreted; are programme development procedures and instructional evaluation (Snell and Brown, 2006). For each of these, a range of assessment practices is promoted to meet best-practice standards.

It is no surprise then, that the typical teacher can spend one third and one half of her class time engaged in one or another type of measurement activity which might not be possible for classroom teachers in Uganda with very high teacher pupil ratio, (Stiggins, 1994). Despite the amount of time teachers spend assessing students' learning, it is a task that most of them dislike and very few do it well. One reason attributed to this is that many have little or no in-depth knowledge of assessment principles. Another reason is that the role of assessor is seen as being inconsistent with the role of the teachers since teachers with more training in assessment use more appropriate assessment practices than do those with less training.

Broadly speaking a convinced classroom assessment involves two major types of activities: collecting information about how much knowledge and skills students have learned (measurement) and making judgments about the adequacy or acceptability of each student's level of learning evaluation, Biebler & Snowman, (1997).

Despite the information got from the literature that there should be a professional employed purposely to assess learners with autism for special education services; unfortunately there are few professionals if any that to do the assessment. While assessment for educational placement is becoming internationally acceptable as a norm, this is still unattainable goal in most developing countries due to lack of expertise especially in the field of autism. By implication majority of the children with autism go unattended to, a case that is worrying considering the recognition of assessment in the schools.

Programme development in which an individual's education plan (IEP) for the student is developed, maybe grounded in the assessment done for classification and placement purposes (Alper, Ryndak, & Schloss, 2001). If data drawn from assessment for eligibility purposes are used to develop IEPs, several caveats must be issued. One relates to use of intelligence tests for these students. Autism Speaks (2010) claims that parents are usually the first to notice the early signs of autism and therefore need clear information about assessment: when it takes place by whom and how the information will be shared with them both formally and informally. Many parents in Uganda notice their children's early signs of disability but fail to give it a label.

During the comprehensive evaluation no one assessment method alone is sufficient to determine eligibility for Autism Spectrum Disorder (DFES, 2002). Autism Speaks (2010), states that presently there is no medical test for autism and diagnosis that is based on observed behaviour and educational and psychological testing. It further observes that multidisciplinary team will gather information through a variety of assessments, observation and data collection, which assessments and the amount of information collected, will be determined on a case-by-case basis, screening and assessment tools.

In addition, behavioural observations take place in natural settings by a person or persons with child development experience and knowledge of ASD, family/caregiver reports on the child's developmental history e.g. the first words/phrases, the first steps; medical history and current strengths and difficulties. The procedure goes that: a screening tool specific to ASD may be completed by family, teacher or both; Teacher-input with a focus on a child's social; communication and/or play skills in natural activities and routines; and the need for structure and modification to encourage child-participation in learning; review of existing educational records and reports regarding the child's achievement and behaviour; participation in educational opportunities; with a look at whether or not social-communication difficulties accompanied by behavioural inflexibility are impacting the child's educational performance.

Direct interaction with the child in either play-based or semi-structured interaction with opportunities to probe the child's social emotional understanding and observe his/her coordination of verbal and non-verbal communicative behaviours (e.g., does he easily coordinate his eyes, facial expressions, and/or gestures with his verbal communication) to mention but a few.

Administration of an assessment tool specific to autism, such as the Autism Diagnostic Observation Schedule (second edition) or the Autism Diagnostic Interview, or both, Reports by outside sources including the diagnostic report, if available, will be considered. Standardized assessment of cognitive functioning, adaptive skills, executive function, speech/language/communication, academic achievement, sensory profiles and motor foundation/motor planning may add valuable information but must be determined on a case-by-case situation (Autism Speaks, 2010).

Reschly (1996), believes that identification of students for special education placement serves multiple purposes that have direct and indirect benefits as well as risks. The two main purposes of identification and assessment of students with disabilities are to determine whether they are eligible for special education services and if they are eligible, to determine what those services will be.

Librera, Bryant, Gantwerk and Tkach (2004) observe that assessment of a student with autism must provide a broad based, multidisciplinary evaluation framework that includes: measures of current intellectual ability, academic performance, communicative, social, and adaptive functioning. The evaluator should present assessment results in a developmental framework detailing the student's abilities, strengths and needs. Student's behaviour should be observed across a variety of settings such as home, school and community. Behaviour will vary depending on the degree of novelty, structure and complexity in each of these settings. The evaluator should refrain from reporting one global score and using that score to form an impression. Using only one score or behaviour as an indicator of overall functioning may grossly misrepresent a student's more typical abilities and it is particularly important to thoroughly assess the student's

social skills with peers and adults as well as his/her ability to exhibit skills in real world settings.

Librera, et al. (2004) further explain what should be considered when developing and conducting an appropriate assessment of students with autism and observe that assessments are conducted by a multidisciplinary committee made up of qualified personnel who are knowledgeable regarding the characteristics of autism. In a country like Uganda and other developing countries this poses a challenge of conducting multidisciplinary team due to limited professionals and funding to enable it go on. Secondly the medical and developmental history are reviewed and incorporated and a variety of measures and sources of information are utilized to assess domains including but not limited to communication, social skills and adaptive behaviour which includes: appropriate standardized, developmental and observational methods; autism specific measures; parent and family input; and review of recent progress and functional level.

Librera (2004), and colleagues continue to explain the procedures and note that there is evaluation that includes a report describing the student's skills, strengths and needs. The report is written in a meaningful and clear manner and should reflect an integration of information from a multidisciplinary assessment and includes recommendations that guide the Individualized Education Plan (IEP). A copy of the evaluation reports, documentation and information that would be used to determine eligibility must be given to the parent not less than five calendar days prior to the meeting. Reports may be shared with other professionals who work collaboratively with the family if the parents provide their consent. The parents usually take their children for assessment when they are desperate and over optimistic to hear the results of assessment so that their child is

assisted. Worse still, they even want to take the results in one day and that at times forces the school administration to give them the results yet it would have been after a fortnight. In such a scenario, it's important to establish a measure to which the teachers would promote the performance of assessment supportive roles having realized its gravity.

Cyless and Marshners (2011), outline early identification and referral as the greatest challenges in working with special needs children in Kampala. Children are often not diagnosed until they reach school at age four. This might affect the placement processes in educational programmes and hence learners may land into an inappropriate placement. Church (2009), stipulates that parents should contact medical personnel for further testing if a child: does not smile or use other warm, joyful expression by six months, does not engage in a back-and-forth sharing of sounds, smiles or other facial expressions by nine months, does not bubble, point or make meaningful gestures (such as waving or reaching) by one year, does not speak one word by 16 months; does not combine two words by two years of age; loses previously gained language or social skills; has poor eye contact; does not seem to understand how to play with toys; is attached to one specific toy or object; excessively lines up toys or other objects or a combination of these; seems to have hearing impairment (e.g., a child may not respond to his name but may instead overreact to small inconsequential sounds).

It should be appreciated that in many developing countries such as Uganda, parents may be keen about their children's developmental profiles but a number of factors hinder them from seeking assistance. Some factors may be cultural, ignorance about autism, low level of education and lack of both services and service providers. To overcome this scenario, further research about autism services was needed.

Chung, woohyun, Ben-Hzchan, Zachor, Furniss, Heyes, Matson, Kozlowski and Barker, (2012), report that the presence and severity of challenging behaviours in individuals with ASD are similar across countries and hinder the way the assessment results can be accurate.

The impact of cultural influences on the presentation, development, interpretation and diagnosis of ASD is seldom investigated as Matson, Mahan, Hess, Fodstad, and Neal, (2010) report. This becomes a challenge in the way the results are presented. Research is suggestive that prevalence rates for children diagnosed with ASD and experience challenging behaviours, vary among cultures and countries as evidenced by Chung et al.'s study which report a prevalence rate of challenging behaviour of 3.8 percent in Norway, 64.3 percent in Ireland and 30 percent in South Korea. They conclude that it is possible for people from different cultures to view challenging behaviours differently and this affects ASD's incidence, prevalence, diagnosis and impact from country to country.

In Uganda there are limited studies on assessment of learners with autism. Schools include assessment schedules on the time table whenever a new learner comes to the school to be assessed before admission. Despite the effort they put in assessment of autistic learners, their instruction remains difficult. Initial and follow-up training are important for health care workers, psychologists and teachers to increase their expertise for diagnosis and treatment of ASD (Wallace, Fein, Rosanott, Dzwson, Hossain, Btenman, Como and Shih 2012). Professional training has begun in South Africa for the administration and interpretation of the Autism Diagnostic Observation Schedule (ADOS,) the international gold standard diagnostic tool (and translated for Zulu-speaking

families) and the Autism Diagnostic Interview-Revised (ADI-R, Smith, Hoogenhout, Ing, Thomas and de Vries, (2013). In Uganda, such arrangements are a bit far from being realized, major preparations are needed to train professionals in the administration and interpretation of already existing assessment tools.

The gap between what is urgently needed to diagnose and treat ASD and what is available to reduce the burden remains wide. In low income countries like Uganda, diagnosis and assessment are not done based on expert knowledge. This issue deserves action to bridge the gap.

Specifically, assessment tools and intervention services need to be effective in diverse and environments must be adapted to align with the local cultural and linguistic needs, socio-political environment, resources and barriers experienced by families and professionals in each LMIC (Wallace et al., 2012). For instance, in countries in which multi-generations typically reside together, practitioners are advised to use cultural and familial sensitivity and include extended family members in “parental” intervention training sessions to assist in implementing the interventions and providing support.

A second objective will be to gather preliminary data regarding the application of information gathered from the field to determine educational placement of learners with autism. This objective concerns the possibility that a technique identified as “best practice” when implemented in a well-staffed assessment centre may not be the most effective approach in settings with far fewer resources, such as public schools, which the majority of children must rely on for placement. With all this effort and advocacy, it was important to find out whether schools in Uganda ever facilitate the assessment centre so

that an equal educational opportunity for learners with autism is ensured. This study filled this gap by looking at challenges facing teachers during assessment of learners with autism for placement in educational programmes in Uganda.

2.4 Challenges Experienced by Teachers in Assessing and Placement of Learners with Autism.

Children with Autism Spectrum Disorders (ASD) present a unique challenge for educators since multiple evaluation instruments need to be administered in order to identify and assess a student with ASD (National Research Council, 2001). GES (2005), adds that assessment of students is further hindered by a lack of specialists, shortage of equipment and an absence of screening procedures.

As part of the referral process, a person with expertise in the characteristics of autism may want to do an initial observation and interview with the teacher. One of the challenges of observing students for behaviours associated with ASD is that the most important characteristic to look for actually requires observing absence of behaviours or skills that other students of the same developmental level naturally display (Hepburn and Graham, 2015)

Autism Society of America (2007) spells out that most people recognize students with ASD due to inability to develop typical expressive language, yet many students with ASD can develop solid functional language skills as well as other types of expressive symbolic communication skills through sign language, pictures, or an augmented communication device with picture symbols and voice output. Most importantly, it is a misconception to believe that students will outgrow ASD. However, there is a small

amount of literature that suggests promising results of ASD characteristics lessen as the student develops and receives instruction.

Matson, Mahan, Hess, Fodstad, and Neal, 2010 acknowledges the fact that Autism itself is manifested in students very differently and informs that there is a set of criteria called the DSM-IV that identifies individuals with autism when they demonstrate evidence of the indicators in varying degrees. He concludes that it's the wide spectrum of behaviours

It is believed that the major challenge facing students with autism is that they have difficulties communicating with others and may not be able to convey message especially when they do not understand a lesson nor ask for help when it is needed. This is in line with Klin, Volmar, & Sparrow, (2000) who report that the challenge a student with autism may face, is that of lacking empathy or the ability to self-reflect on how other's perceive them. They concluded that this can make it challenging for these students to read social clues and function appropriately in the social situations of a typical classroom, hence they risk being excluded by others.

Current trends in education are moving toward more inclusive educational practices for Children With Disabilities (CWDs), alternative learning styles and differentiated instructional practices to support all students to succeed including those with emphasis autism (Yell and Katsiyannis, 2003).

Global trends state that, while more and more special needs students are being mainstreamed into general education classrooms, teachers are faced with the difficult task of meeting their specialized needs. It should be acknowledged that, while positive outcomes are reported in well resourced countries, the opposite is seen in developing

countries such Uganda where findings from local studies indicate stigma and high school dropout rates for CWDs. Grandin (2002) states that although various professional development opportunities exist globally, many questions still remain, regarding how to best provision of effective services in inclusive classrooms can take place.

Autism Spectrum Disorders (ASD) affects each student's cognitive processing, sensory modalities, social interactions and communication differently and with varying degrees of severity (Autism Society of America, 2007). It is important to acknowledge the fact that while notable gains in awareness is recorded in Uganda about autism and its learning challenges, most people are still ignorant about ASD. This scenario severely affects generating reliable statistics.

Children with Autism Spectrum Disorders (ASD) are more likely to engage in challenging behaviour, such as aggression and self-injury, than those without it. If left untreated, these behaviours can increase in severity over time, causing significant stress to families.

Once in school, students with ASD typically have some difficulty adjusting to the demands of the school environment. Family members of school age children frequently report concerns over their child's lack of friendships, difficulties with daily living routines and problematic behaviour (Koegel, Schreibman, Loos, Dirlich-Wilhelm, Dunlap, Robbins, & Plienis, 1992).

According to Autism Speaks (2010), a challenge in assessing autism is that it's important to keep in mind that autism is not one disorder with one cause, rather it is a group of related disorders with many different causes. There is no known cause of autism but a

great deal of research is currently focused on identifying how both genetic and environmental risk factors contribute to autism.

By implication, its better to go deep in the understading of the related disorders of autism in order specify and not to mix up autism spectrum disorders with other developmental disabilities.

2.5 Strategies for Improving Assessment and Placement of Learners with Autism.

The reviewed literature establishes that there are very few studies on assessment of children with autism for placement in educational programmes in developing counties. Those that exist are from developed countries where autism has been given a lot of coverage and special needs education has been on the forefront.

Council of chief state school, (2011) argue that the teacher should understand and use multiple methods of assessment to engage learners in their own growth, monitor their progress and guide the teacher and learners in decision making. In addition, the teacher designs assessments that match learning objectives with assessment methods and minimizes sources of bias that can distort assessment results. The move from one time isolated assessment such as the final examinations is backed by the need to broaden the kind of information that is collected about students and the way the information is used in the evaluation of student learning (Kulieke,1990).

According to Rogers (1998) it is the responsibility of professionals who teach in the field of special needs education and autism to have knowledge regarding effective intervention and strategies so that they may provide families, caregivers and other service providers

with information to enable them to discriminate between effective and unsubstantiated strategies as well as work towards ensuring that effective services and teaching methodologies are available to all students identified with autism spectrum disorder.

More recently, the largest and most up-to-date study, published by Huerta, et al, in the October 2012 issue of American Journal of Psychiatry, provides the most comprehensive assessment of the DSM-5 criteria for ASD based on symptom extraction from previously collected data. The study found that DSM-5 criteria identified 91 percent of children with clinical DSM-IV PDD diagnoses, suggesting that DSM-5 Autism Spectrum Disorder using Fact Sheet show that most children with DSM-IV PDD diagnoses will retain their diagnosis of ASD using the new criteria.

Lord and Spence (2006), claim that while diagnosis of ASDs is possible by the age of two, most children are not identified until years later. This is occurring a lot in Uganda due to lack of awareness of autism and other assumptions of the cause of autism. Organizations and well wishers of children with autism have tried to sensitize the public through workshops, charity walks, musical galas and parents meetings but many people have remained indifferent. Unless this scenario is addressed, learners with autism will remain an attended to.

Aspy and Grossman (2008), state that there is extensive literature regarding the best instruments and techniques for identifying ASD. However, even the best instruments are meaningless when those interpreting them do not have the training and experience to make accurate judgments.

The schools in Uganda have started assessing their children before placing them in educational programmes. The majority of the schools use the instruments developed by the school itself. Although the literature revealed that the instruments should be used by trained and experienced persons, programmes to train them are not yet established in Uganda.

Grant Wiggins, president of Grant Wiggins and Associates and others have been developing new assessment strategies such as the portfolio and day to day assessment. Credit is given on the basis of what students can actually do in "showing off" their knowledge and know how. The exhibitions require reading, writing, questioning, speaking and listening (Wiggins, 1989).

Campbell (2009), argues that as different abilities and skills become increasingly valued in schools, new visions of assessment increasingly include assessment of the various abilities and skills by adding that moving to a concept of "multidimensional assessment" means that evaluation of students be based on a broader concept of intelligence, ability and learning. The same person explains that not only will logical and verbal abilities continue to be assessed, but also assessment will include visual, auditory, kinesthetic, intrapersonal and interpersonal abilities. This means that, assessing students would need assessing all areas of development as one area may affect another one.

Therefore there was need to establish how economic and policy issues influence the assessment strategies teachers use.

The literature on Autism Spectrum Disorder (ASD) indicates a critical need for paraprofessional training (Giangreco, Edelman, Broer & Doyle, 2001). As a result of this

lack of training, children with ASD typically are not receiving adequate social support in the school settings, resulting in limited responsiveness, limited or nonexistent social - initiations, minimal conversational reciprocity and an overall difficulty sustaining social engagement with typical peers (Knott, Dunlap, & Mackay, 2006; DiSalvo, & OsWald, 2002). Within the context of a multiple baseline experimental design across participants, plans are underway in the US on training paraprofessionals to use motivational components of Pivotal Response Treatment. It is also anticipated that training paraprofessionals will lead to: increased rate of paraprofessionals' engagement in facilitative behaviours and an increased overall positive effect from the paraprofessionals. It is also anticipated that training paraprofessionals will lead to gains for the target children evidenced by: increased responsiveness, increased social initiations, increased conversational reciprocity and sustaining social engagement with typical peers. While experiences in the USA have prospects for improving quality provisions for children with ASD, direct transfer into less developed economies like Uganda may be unrealistic. This is an indication that the government has not placed concern on training professionals in assessment, something worth noting its importance.

Kath and Liz (2010), carried out a study involving over 80 teachers conducted in the United States. The study demonstrated the beneficial effects of teacher training for improving teachers' knowledge and confidence about participation and accommodation decisions relating to large scale assessments. Following the seven training sessions, assessment participation and accommodation patterns were more closely linked to pupils, teaching and accommodations access to the curriculum than before training began. Lack

of training of teachers in assessment skills for autistic children in Uganda, may have a negative impact on how the learners are received in the schools.

Jordan and Powel (2002), argue that assessment should include a diagnosis history of the child's development in order to give a full picture. The authors observe that while this is said with good reason and while it is clear that parents are in ideal position to help, in this respect at least in the early stages of schooling there is also an inherent difficulty with retrospective interpretations of a child's development.

According to Dawson and Osterling (1997), early interventions assist in alleviation of symptoms, as well as potentially increase long term successful development of the student. They say that early intervention includes early identification, diagnosis and assessment and add that lack of knowledge as to where to start the educational programme may influence the aspects of learning and development of a child with autism.

Frequently, family members find they must navigate through the health care system and the educational system in obtaining evaluations and care for their children. Navigating through these systems may be confusing since each system has its own set of classification guidelines for diagnosing or identifying students with autism. Child psychologists, psychiatrists, developmental pediatricians and other clinicians within the medical field usually make a clinical diagnosis of autism based on the standards described in the DSM, V (APA, 2013). In Uganda it is very rare to find a child being assessed by more than two professionals with different backgrounds for educational

placement. Therefore, a study about assessment of learners with autism is needed involving use of multi-disciplinary approach.

The family members are valued members of a collaborative educational team; they have an active and shared voice in the evaluation, educational services and evaluation of instructional strategies (Gallagher, 1992). Parental involvement should be made a vital role in all assessment processes. Poor representations may have implications for opportunities for a good quality of life. In a sense it is true but for Ugandan parents to be part of the assessment team may sometimes retard the process because majority are illiterate and may need a lot of interpretation if at all they are to follow what the assessors are asking them. Secondly many do not want to hear the truth about the child's disability, while the literate ones may pretend to be very busy during the entire process.

When educators observe possible indicators of ASD, they should be prepared to share their concerns with family members. They should also offer resources, provide information about referrals and help family members interested in seeking information about a medical diagnosis. Possible referrals are still limited in most developing countries. This poses a threat to any initiative since there is a general lack of awareness about ASD.

Research indicates that genetics play a role in ASD therefore medical centres routinely request that genetic testing be undertaken (Bailey et al., 1995; Bailey, Palferman, Heavey, & LeCouteur, 1998; Cederlund & Gillberg, 2004; Hallmayer, et al.2002; 10 Rutter, 2005; Turner, Barnby & Bailey, 2000; Volkmar, Kin, & Pauls, 1998; Zafeiriou, Ververi, &Vargiami, 2007).

The child requirement applies to schools and children from birth to 21 years of age and it involves a screening process for children from birth through to five and general education interventions processes from Kindergarten through to 21 years (KSDE, 2011).

The screening involves a quick look at a child for whom there is concern about an area of development and the process should include observations, instruments, measures and techniques that ensure early identification of disabilities in children (K.A.R. 91-40-7(b)).

Parents with concerns about the development or behaviour of a child under the age of five may contact their local school district for screening information.

Baseline data collected by the GEI Team include; hearing and vision screenings; observations of the child on different days across settings (e.g., recess, lunch time, physical education, transitions, class time among others communication skills; assessments to identify instructional or behavioural strategies (e.g. reading inventory or functional behavioural assessment; parent interviews and review of existing records).

When it is determined that a student needs GEI, the team works with the child's family members to identify the academic or behavioural concerns, collect baseline data, review existing data and collect new data to develop a hypothesis regarding possible causes of the problem.

Based on this information, research-based interventions are identified and implemented within the general education setting. On-going data-based documentation is gathered for continuous monitoring of interventions implemented. This process of designing and re-designing supports continues until a successful intervention is found or it is evident that resources beyond general education are needed.

It is important that GEI teams to promptly refer a student for an initial evaluation for special education services if they suspect the student is a child with a disability and the process should be continuous (KSDE, 2011).

A number of screening and diagnostic tools are available to assist in the early identification of ASD. These tools should not be used as sole diagnostic measures. If ASD is suspected in a child, the child should be referred for a special education evaluation and/or a medical evaluation (Centers for Disease Control, n.d.). Additionally, family members may request an initial evaluation at any time from the local education agency (LEA), (KSDE, 2011).

The National Research Council (2001) recommends that follow-up assessments occur within 1-2 years after the initial evaluation due to the variability in early diagnosis and test scores of young children with Autism Spectrum Disorders. The areas of assessment generally considered in monitoring the progress of students with autism include: intelligence, academics, adaptive behaviour/behaviour, social, communication, language, literacy and transition.

Summary of Literature Reviewed Gaps

The reviewed literature indicates that the field of autism is steadily widening in the international scene. Unfortunately, this is not the case in many countries particularly in less developed countries like Uganda. Secondly, available literature indicates that assessment of learners with autism remains a challenge.

In this chapter, a review has been made in the tools available for assessing ASD by teachers, and other professionals, procedures followed by teachers in assessing learners

with ASD, challenges experienced by teachers in assessing and placing learners with ASD, lastly strategies for improving assessment and placement of learners with ASD have been reviewed. The reviewer indicates that to date, research on provision of learners with ASD are still scanty in developing countries in general and Uganda in particular. The review has specifically contributed to a broader understanding of the different tools for assessing learners with ASD that may be adapted for use in developing countries like Uganda.

The next chapter, the methodology followed to conduct a practical investigation on strategies used to enhance assessment of learners with autism is presented.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

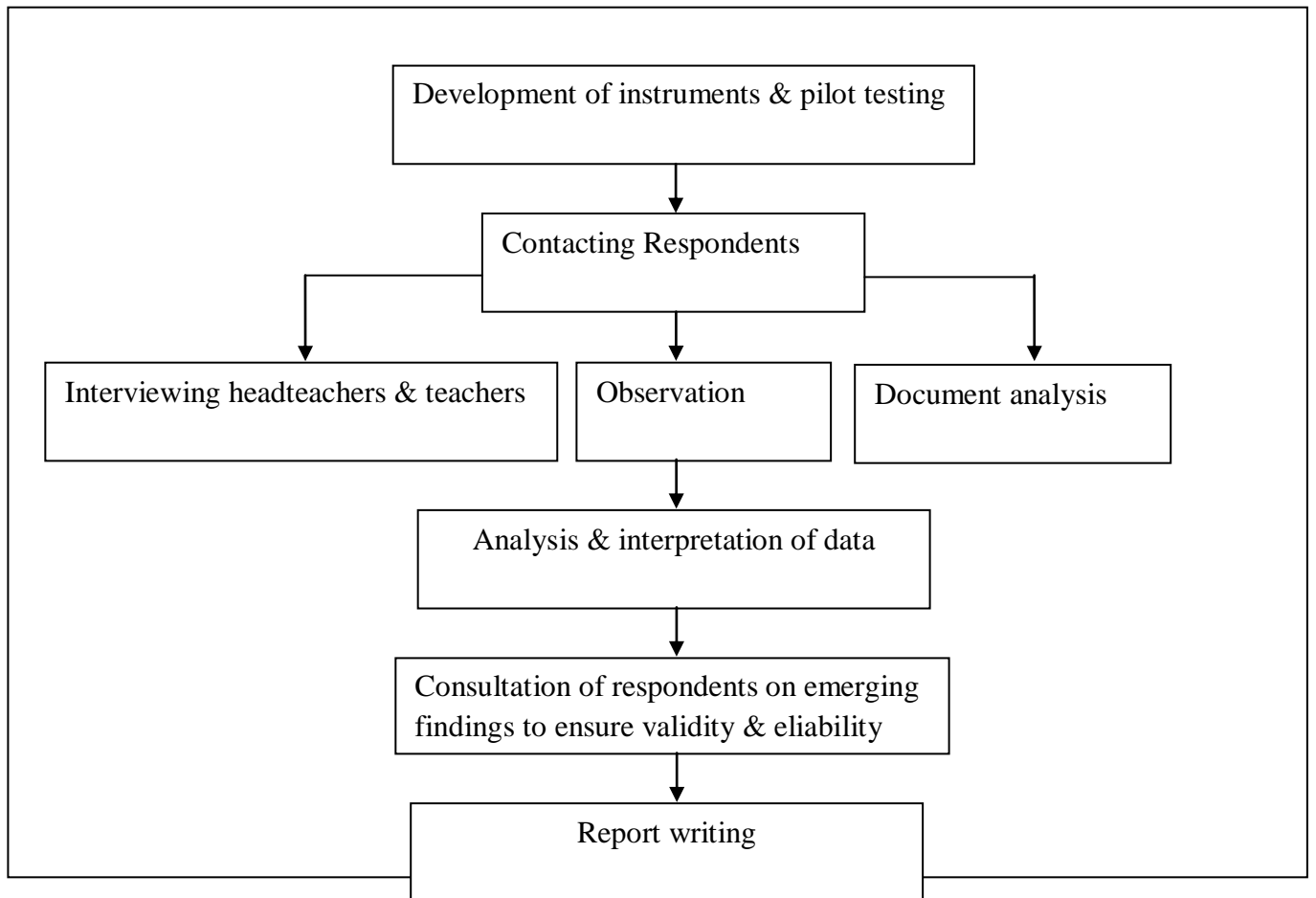
3.0 Introduction

The study thought to find out about the strategies teachers use for placing learners with autism in educational placement in special schools. The chapter discusses the research design, variables, location of the study, target population, sampling techniques, sample size, research instruments, validity and reliability issues, data collection procedures, data analysis and logistical as well as ethical considerations.

3.1 Research Design

This study followed the qualitative case study design. A case study design involves describing the situation under study as it is by bringing out all the details in totality. It also allows for an intensive or in-depth investigation of the problem at hand and brings out a deeper understanding of the situation (Kombo & Tromp, 2006). Hence the case study design involved a close scrutiny of the challenges that are experienced in the assessment of learners with autism for placement in educational programmes.

The use of case study approach entails the researcher using interview schedules, focused group discussions and observation schedules to give a detailed account where necessary for qualitative research. The case in the context of this study comprised of two schools for children with autism. Katrina (2012), observed that a descriptive design examines the current state of variables. For example, in the case of the present study the strategies employed by teachers in assessment and placement of learners with autism in educational programmes.



The illustration above shows how the process of data collection was carried out. Development of the process began with development of the instruments which included: interview guides, observation guides for the teachers, head teachers and focus group discussions. This was followed by contacting respondents through writing letters seeking permission and delivering them to the respondents physically. Interviews and observation were carried out interchangeably. Whenever the researcher was carrying out the interviews, some activities which were taking place and relevant to what was related to the study was noted as well. Then analysis and interpretation of data followed. Consultations where gaps remained were also made. Lastly the final report writing.

3.2 Variables

According to Suter (2006), a variable refers to any dimension that has two or more changing values. In this case the assessment variables included types of tests, (multiple choice versus essay), types of grading (pass versus fail), A-F letter grades and type of grading requirement (portfolio) versus standardized achievement tests.

3.2.1 Independent

This section covers the independent and dependent variables. The Independent variables, according to Passer (1996), refers to the factor that is manipulated by the experimenter. Creswell (2002) explains that the Independent variable is an attribute or characteristic that influences or affects an outcome. In this case the Independent variables are tools and procedures used and challenges teachers experience, teachers assessment skills, teachers perceptions of the tools they use for assessing learners with autism, procedures teachers follow to assess and place learners with ASD.

3.2.2 Dependent Variables

The dependent variable is an attribute that is dependent on or influenced by the dependent variable. In the context of the present study, dependent variables included; harmonised assessment tools and procedures, better coping strategies by teachers with ASD, use of improved procedures for learners with ASD in education programs. Therefore dependent variable is the assessment and placement of learners with autism.

3.3 Location of the Study

The study was carried out in two schools which were renamed for ethical reasons as school A for children with intellectual disabilities and school B, Centre for Autism in Kampala City, Uganda. School A is a Government aided school for children with intellectual disabilities where autism is inclusive while school B caters for children with autism specifically operated on private basis. Both schools are under Kampala City Council Authority. At the time of the study, School A had an enrollment of 85 learners out of which only 24 were suspected to have autism while school B had 6 students with autism. Both schools have 18 teachers in total with school A having 12 teachers and school B six teachers.

Uganda is divided into 112 districts and its capital city is Kampala with a population of 1,189,142 (UBOS, 2015). Kampala District was chosen because it had better facilities which enabled assessment to take place and it was assumed that in this location many people are more aware about autism. Also, many Non Governmental organizations (NGOs) have located their offices located in the city centre and accessibility to materials and information about assessment was easy.

3.4 Target Population

The researcher identified 8 schools which were catering for learners with autism. The target population for this study comprised of head-teachers and class teachers in schools teaching and participating in carrying out assessment for learners with autism. These were selected because of their full participation in school assessment processes, administration, teaching, rehabilitation, welfare, curriculum and policy making. School A had 12

teachers and the head teacher helped in selection of the 5 teachers following their capabilities and school B had 5 teachers and the Head teachers selected five of which she thought could give better information.

3.5 Sample Size and Sampling Techniques

3.5.1 Sample Size

Out of 8 schools, two schools were selected comprising of 10 teachers and 2 head teachers.

Table 1: How informants were selected

Category	Schools	No of teachers	Numbers of selected teachers	Head teachers	Head teachers selected
Special schools	Special school 1	12	5	1	1
	Special school 2	6	5	1	1
Total		18	10	2	2

Table 1 shows how informants were selected. The targeted sample included 18 teachers 12 of whom were selected for the study purposively. Five teachers were selected from each school and the two head teachers from the selected schools were used.

3.5.2 Sampling Technique

The sampling technique was a purposive sampling. Purposive sampling technique as observed by Cohen and Marion (1998) is where participants are sampled on the basis of

their typicality or because they are satisfactory to the research needs. In this case, the head teacher and the teachers were purposively sampled because they are directly concerned with assessment in the two schools.

A guiding principle was needed to identify the informants who would provide an opportunity for obtaining in-depth information about the research problem. All teachers in the two schools were listed down and only those with at least a minimum of two years and above teaching experience were selected. Hence a total of 12 teachers were selected.

3.6 Research instruments

The four instruments; namely observation guide, interview guide, document analysis and focus group discussion were used for data collection. All instruments were developed by the researcher based on the research questions generated. Each Interview guide comprised of 11 items. Item one and two focused on tools and procedures used in assessment, three and four focused on what the information results were used for, five to nine focused on the challenges encountered during assessment and 10 to 11 targeted the views and suggestions to improve the assessment, (see also Appendices A and B). Each teacher and head teacher had one face to face interview which totalled to 12 interviews which were spread over a period of one month.

Focus group discussion (FGD) schedules were developed for the teachers who participated in the study and observation schedules, on learners reactions inside and outside the classroom. (See also appendix C).

3.6.1 In-depth Interview Guide

It is preferred because it gives room for flexibility in the questioning and generates in depth information.

Interviews were conducted and guided by a common interview schedule. There was freedom to pursue interesting issues that emerged. The advantages of the semi-structured interviews is that they facilitate and build empathy as well as rapport between researcher and participant, allow a greater flexibility of coverage of topics and exploration of novel areas and have the potential to produce rich data (Smith, 1995).

An interview guide is an appropriate instrument because it is possible to obtain the data required to meet specific objectives of the study (Mugenda & Mugenda, 2003). Three schedules were developed; face-to-face interview with head teachers and teachers and focus group discussion (See appendices A,B and C).

Interviews were spread over a period of two months where the researcher would go and interview a few teachers, come and transcripts, interpretes then goes back in the following week and do the same. After analysis and interpreting the researcher would go again to clarify on the points which were not very clear. This enabled the researcher to carry out follow-up interviews with most of the informants. The informants for the interview included regular teachers, special teachers and head teachers dealing with children with autism. This strategy provided an opportunity to cross-check the consistency of the information presented by the informants. Each interview lasted approximately between 30 and 45 minutes.

All the data gathered from the field was cleaned for accuracy, transcribed, organized into themes and analyzed. Participants were prompted for clarification whenever there was need. At each interview session, the recorded interview was played to enable the interviewee add or modify the information provided.

3.6.2 Observation Checklists

According to Kothari (2004), the information was sought through investigation without consulting the respondents. Observation was chosen because it eliminates subjective bias. The information obtained under this method relates to what is currently happening. A method is independent of respondents and as such relatively less demanding of active cooperation on the part of respondents as it happens in the case in the interview or focus group discussion method. The researcher used participant observation approach where the researcher recorded information on behaviours and reactions from learners with autism inside the classroom and outside the classroom (see appendix D).

The observation guide for children with autism covered the observable behaviours of the child, care, and interactions related to the child. It had also some collaboration with the information obtained from different sources of data. Observations were carried out on learners with autism and the teachers who participated in the assessment sessions. A checklist with a set items was employed in the observation (Appendix D). Field notes were generated from observation when the researcher made on spot notes of the behaviour by using a diary.

3.6.3 Focus Group Discussions (FGD)

According to Gatara (2010), focus group discussion is a qualitative method of data collection that involves in-depth discussion with a small group led by a facilitator on a given subject of research and of practical significance. The researcher developed questions from the research objectives to guide the discussion. Teachers were grouped into five members and asked questions about the assessment of autism and the use of such information in determining educational placements (Appendix C). The decision to use this method was based on the view that an individual's attitude and beliefs do not form in a vacuum. "People often need to listen to other's opinions and understandings in order to form their own" (Marshall & Rossman, 1994: .84). Focus group discussions were used as a method of collecting data from regular and special needs teachers in groups of five for the two schools.

3.6.4 Document analysis

In order to make the data suitable for detailed analysis, reports were made after assessments were analysed, (assessment reports, end of term report card, consent forms, and medical reports which the school provided.). Schemes of work were scanned through. The process involved reading through each report provided, highlighting the significant statements or issues, which was the text segments that contained comprehensive piece of information which was relevant to the research problem/questions

3.7 Pilot Study

The pilot study consisted of two informants for the interviews and one session for observations. This was carried out in one school for learners with autism within Kampala district. Two teachers participated in the study: one with ordinary qualification and the other with special needs but both were working for learners with autism. All the instruments, including interview schedules, observational schedules, documentation analysis and focus group discussion guides were piloted with two teachers and one head teacher. This school was not included in the main study but the data which was relevant was incorporated. The purpose of the pilot study was to pre-test the instruments to ensure their compliance with the purpose for which they were designed and also ensure their reliability and validity.

3.7.1 Document Study for the Pilot Study

The documents were requested from the head teacher, who is the custodian of all documents upon promise of organizing them first. The information that was obtained from the document study was conducted within the school premises because the head teacher clarified that it was confidential. The main purpose of the document study was to gather information that helped in finding out how the teachers present the questions they give to the parents. Secondly, it was to find out how the teacher organized the information in order to come up with reports to give to parents as feedback. Thirdly, it was for comparison of the documents. Furthermore it helped the researcher to explore how the assessments are implemented and how they suit the needs of learners with autism. The pilot study helped the researcher to develop a better and harmonised tool to be used for the study.

3.8 Validity

Validity increases the generalisation of the findings. To achieve validity, several methods of data collection were employed such as triangulation. It helped in cross checking the data sources. Independent raters to verify the truth /correctness of the information were employed and all instruments were given to an inter-rater. There was minimum agreement between the researcher and the independent rater on the validity of the instruments regarding the extent to which the tools enhanced the objectives of the study.

3.8.1 Reliability of Instruments

Phelan and Wren (2005) observe that reliability is the degree to which an assessment tool produces stable and consistent results. For this study, reliability was ensured by testing and retesting the instruments immediately after the analysis. This happened in a way that, if an interview guide was used by one teacher and analyzed, questions were modified and retested.

. It involved interviewing the teachers and head teachers, observing learners' behaviours as teachers presented them and related them to what was shown in the books and documents which were analysed.

3.8 Data Collection Procedures

Observation schedules were administered by the researcher to check displayed characteristics of the learners eligible for autism labelling. An observation checklist was used for learners with autism to establish how teachers assessed them in the classroom. Document analysis was also used whereby the researcher went through the assessment tools used by the school and the reports made to show children's performance. This was

done side by side with the interviews. A set of questions for focus group discussions was administered to 10 teachers divided into groups of five per school. The selected school teachers were given time to answer the questions and the researcher acted as a facilitator. Data collection took approximately two months using the developed tools with an additional way of collecting data through ongoing note taking. A tape recorder was used to record the the process of interview process.

3.8.1 Respondents Characteristics

Twelve participants were used in the study from two schools catering for learners with autism. Ten teachers of learners with autism were used for the study when divided into two groups of five from each school and two head teachers for the two schools. There were 12 interviews: Each participant had one interview session and two sessions of focus group discussions, one from each school with six participants in each including the head teacher. The interviews were done in the schools where the participants looked comfortable in safer place with minimal distraction. For school one A, it was the sick bay, and fortunately there were no sick children that day while school two B, it was the head teacher's office. The interviews went on for two months where the researcher was visiting the schools on appointments made in collaboration with the headteacher

3.8.2 Document Study

Four documents were studied which included; Medical questionnaire and checkup form, assessment form, an agreement between the parent and home for children with autism and admission form.

All documents were analyzed and it was found out that they served different purposes. Medical questionnaire were to be filled by the medical personnel, admission form contained the required items for a child who is admitted to the school for the first time, pre-assessment form contained questions to the parents to prepare them for the real assessment, assessment form had a set of guiding questions which the assessor follows in order to assess the child and assessment reports were written after the assessment. They showed all that the teachers did with the children; the whole process and the recommendations made. These were finalized by both the teacher and the parent. Referral report was in form of a letter with items of the current level of operation for the child, the teacher's findings and recommendations. Terminal reports were a collection of what the child had done throughout the term. The teachers assessed all the areas of development for the child with the recommendations of continuity for the child during holidays.

3.8.3 Individual Interviews

Individual interviews are described as a kind of conversation, with a purpose, conversation between two persons about a theme of mutual interest (Robson, 1993; Kvale, 1996). In this study the interviews were prepared in a place within the school and each teacher was given between 20 to 30 minutes depending on the teacher's level of expression. Some needed a lot of prompting while others were giving the answer at first attempt. The data presentations were done following the set research objectives.

3.9 Data Analysis

According to Shamoo and Resnik (2003), data Analysis is the process of systematically applying statistical and/or logical techniques to describe and illustrate, condense, recap and evaluate data. They also refer to various analytical procedures to provide a way of

drawing inductive inferences from data and distinguishing the signal (the phenomenon of interest) from the noise (statistical fluctuations) present in the data.

In the current study, the data was edited and coded according to the themes which emanated from the research objectives and or/questions. The raw data from the field was transcribed, cleaned, organised, coded and categorized into themes. The themes were generated from the responses as given by the participants in form of raw data. All data gathered was organised into categories where they were felt to fit appropriately. The themes which emerged included: experience the teachers have in assessing learners with autism, use of results generated from the assessment, procedures they follow when carrying out assessment, challenges they face while carrying out assessment, the materials they use when assessing learners with autism, limitations of the challenges faced by the teachers and recommendations for harmonising assessment. Data was tabulated using simple tables and figures. Secondly, key statements were identified to back up the main findings. Before the analysis began, part of the data which was collected in English was uploaded into computer and one portion collected in the local language, Luganda, was translated into English by the researcher since she is a native language speaker before analysis began. The recorded data was listened to for the researcher to internalise it. Labels were attached to the specific themes followed by the process of note making which continued through the data analysis. There was also constant comparison of the concepts and the ones which were used to form the sub-themes. Large categories were formed from the sub-categories and made into themes.

Qualitative data was derived from open-ended questions in the interview guides, observation and focus group discussion while document analysis was narrative. The coded data was analyzed using qualitative techniques such as interviews, observations, and document analysis to mention but a few and presented in narrative form.

3.10 Logistical and Ethical Consideration

Logistics in research refers to the process, activities or actions to be addressed to ensure appropriate collection of data. The first step in data collection was obtaining clearance from the Graduate school Kenyatta University, then clearance from the National Council for Science and technology (Uganda) then clearance from the DEO KCCA, seeking audience with head teachers and teachers and briefing them about the study. Face-to-face interviews were held with the head-teacher and teachers of both the schools at their convenient time. Successful completion of the research project (Mugenda & Mugeda, 2003). Before embarking on the study, logistical work included requesting for funding for field work from Kyambogo University administration, undertaking a pilot study and improving the instruments for the data collection. The researcher ensured that all data was stored in a secure place where no person other than the supervisor had access to it until research was completed. Thereafter, all materials were disposed off. The researcher assured all the respondents of identity, anonymity and confidentiality of all the responses they gave. Given that the study was highly sensitive, the researcher sought permission from the schools to go through some of the confidential reports for the children. The group of children used in the study being highly disadvantaged thus, the researcher sought permission from the parents in order to observe and record them.

3.13 Concluding Remarks

The chapter has discussed research design, target population, research instruments, piloting, data collection and analysis procedures. The following chapter deals with data analysis, presentation and discussions.

CHAPTER FOUR

FINDINGS, INTERPRETATION AND DISCUSSIONS

4.0 Introduction

The study sought to investigate assessment strategies teachers use to place learners with autism in educational programmes. This chapter presents the raw data and analyses the key findings. The presentation is based on the four objectives of the study namely: i, tools teachers use in the classroom to assess learning needs of learners with autism, ii, procedures teachers use in the classroom to assess learning needs of learners with autism, iii, challenges experienced by teachers in the process of assessing and placing learners with autism and iv, recommended strategies for improving the assessment and placement of learners with autism. The responses were analyzed using qualitative methods and the findings presented in simple tables and narrative.

4.1. Tools Class Teachers Use during Assessment of Learners with Autism

Objective one to analyse key findings and a discussion of results. Interview based results are presented using simple tables and followed up by quotations followed by observational data. Finally merged results are discussed in a wider context.

Table 2: Showing key responses, occurrence of responses and respondents codes presented

RESPONSE	no of responses	CODES
Observation	14	Tr1,Ht1,Tr3,Hd2,Tr2,Tr4,Tr5,Tr6,Tr8,Tr9,Tr10,Tr5,Tr2,Tr6,
Interviews	7	Tr3,Tr7,Tr1, Tr2,Tr4,Tr6,Tr3,
Informal oral tests	6	Tr4,Ht1,Tr2,Tr3,Tr2
Document analysis	1	Ht2
Total	28	

Key: *Tr- teachers* *Ht-head teacher*

Table 4a above four tools teachers used when assessing learners with autism for placement in educational programmes. A further analysis indicates that observation is the most frequently used tool, followed by interviews, informal testing and document analysis being the least tool teachers use in the assessment of ASD. The above findings are supported by some direct quotations from respondents.

For observation the head teacher reported;

“Majority here it is observation and also apply elementally academics to assess a child for example we would draw a picture, give the child a crayon and see how the child goes about shading; whether the child is able to shade the boundaries of the pictures. The observations vary, because we begin from personality, how the child socializes with others and how the child interacts with the materials (Ht1)”

Similarly, one teacher argued thus;

“We observe the kids and we give them some materials and attractive colours and see what they are doing” tr3.

Another teacher said;

“We use question and answer, we also observe the kids, we give them some material to play with attractive colour, we interview the parents, we do it as a group; one is asking questions, one is writing, another one is with the kid (Ht6)”.

The results show that observation cannot be done in isolation from other things within the environment. Teachers use materials in the classroom while assessing learners with autism for appropriate placement in the educational programmes. By implication, any material found in the environment could be used to assess a learner with autism within the

classroom through observation to establish the child's strength and weakness. This is in line with what Njuki (2013), said "assessment tools could be anything within the environment".

During informal talks, a teacher narrated that they observe the children mainly in the classroom on daily basis because the parents conceal some information concerning the child when they first bring them to school. And the teachers added that, after staying with the child for a longer period, they discovered some habits which they were not told upon receiving the child.

In many instances teachers tell the strength and weakness of the learners through watching them during an activity. Teachers may decide to promote or demote the learner depending on what they have observed from the activity performed by the child. Later observation assists in placement or referrals to educational programmes.

Observation usually reveals the real behaviours of the child which the parents or the caregivers might not have noticed. Parents sometimes give the teacher information which they feel will not bring them shame. They think that if they say the truth, the teachers would refuse to admit their children. When the parents lie about their children, they think the teachers will not find out. Hence, if the teachers had known the child's problem, they would have planned appropriate interventions for the child. Teachers mainly use observation when assessing the learners with autism as a supplement to what the learners' parents had said. The majority of teachers believed that children with autism do not speak and using other methods to assess them may confuse them. So the teachers' resorts to providing materials to the children to enable them to observe the

children interact with the materials. The quotations to support the findings, interpretations and discussions are presented as one teacher confirmed;

“In observation we begin with the personality, how does the child socialize with others, how does the child interact with the play materials, how does the child respond to certain stimuli.”Ht 1.

While another one said

:“We use observation method, since children with autism do not have speech and they don't face you directly” tr4.

And another one echoed

“We have no specific tool to use when we are assessing learners with autism, you can learn and observe, you can see and learn that a child with autism may behave like this” tr10.

The results show that learners with autism have a problem with communication, which prevents them from being engaged in in-depth interviews. Teachers, during the assessment process, use observation to gather information about the learners.

The researchers intended to observe how teachers assess the weakness and strength of the children's personal hygiene. The skill chosen was to brush the teeth. While in the classroom, the researcher observed that the teachers used materials found in the classroom. The materials included: building blocks, colours, balls, toy cars, tooth brush, tooth paste and basins to mention but a few to do the assessment. Using observation, as a method of gathering information, the researcher watched a lesson where teachers were

conducting brushing of teeth. The lesson was conducted after break as it was indicated on the timetable. The teachers brought water, tooth brush, basins and tooth paste as teaching aids. The lesson was conducted by two teachers and it had seven learners. The lesson was conducted in class though it would have been more appropriate outside the classroom. When the researcher asked why the teachers conducted the lesson in classroom, the teachers said the children are unruly and would run away if they are outside.

Both teachers participated in brushing the childrens teeth, some children were able to brush themselves with minimal assistance while others needed assistance. Teachers used the time of instructions to observe the children and get to know their likes and dislikes, capabilities and inabilities. The teachers then grouped the children based on their capabilities. One teacher was dealing with the more capable group while another one was dealing with the less able group. The level of capability was based on ability to brush teeth without teacher's assistance. When the activity was over, teachers collected the materials which were used and washed them, packed them and put them away. Thereafter, the teachers allowed the children to proceed for a break and remained behind to note down the level of each child while consulting with each other. Many children with autism do not talk so the teachers employed demonstration. The researcher also observed that some of the tooth brushes which the children used were factory made, while other tooth used were improvised from trees as sticks. This indicated that, any material within the environment can serve as an assessment tool and no specific material is for assessment. In the absence of harmonized assessment tools for schools, teachers devise other means of gathering information. This implies that learners with autism where being assessed need flexibility in their instructions. The schools claimed to have developed

their own tools. This is in relation to what Njuki (2013) states: “ assessment tools are the way we collect information about a person with a particular condition”. He mentions some example of the tools to include tests, checklists, rating scale and examinations or special equipment. This implies that teachers had a clue on using special tools.

The study observed that if one fails to observe what the children with autism do daily, they would fail to place them appropriately, but when one observes critically, one would be able to identify what interventions are appropriate.

Other children with intellectual disabilities are mistaken to have similar characteristics to those with autistic children in schools. This meant that teachers need to know the best way of assessing learners with autism so that they are identified from those with other intellectual disabilities. One of the effective ways of carrying out effective assessment of children with autism is to study the child’s characteristics. This is in line with what Kaleeba (2007) said; awareness of autism has increased globally, but developing countries like Uganda still lag behind in being able to fully understand the nature of Autism Spectrum Disorder (ASD), its etiology and providing appropriate interventions including assessment and placement. Teachers use different ways of assessing learners with autism though without a harmonized tool. One of the teachers expressed concern that there are no specific tools used when assessing learners with autism and she added that in most of the schools, the head teachers are final decision makers. Sometimes when an assessment is done at school, it is the head teachers who give the final word. While other teachers lack skills in assessment, there should be someone in the school at least who is at least familiar with them. A teacher commented:

“It is the head teacher who does the assessment, we look at the ways of behaviour, how they treat each other and see how he does things. The background is got from the head teacher.” tr 2

The study found out that head teachers manage the placement of learners with autism in educational programmes. When the children are brought for assessment, parents first interact with the head teacher in the office. By the time the child faces the assessment committee, the head teachers have decided whether to take on the child or not. When the teachers look at a few things that may indicate autism tendencies, the head teacher already has the background information to base on while admitting the child. Teachers reported that many parents come for assessment with the view that their children are autistic even before the children are assessed. Riley (2003) concurs with the statement by noting that there are no medical tests that can be performed to indicate the presence of ASD. Instead the diagnosis is based upon the presence or absence of behaviour that is diagnosed based on the range of features a child displays. Mainly in societies children are labeled before they are assessed. Some people who have seen children deviating from expectations of the society may associate the children's behaviour with those of the autistic ones and label autism automatically yet some may not be autistic. Parents do not wait for assessment, rather they just label the child autistic. The study further revealed that no specific assessment tools are available for use in assessment in the schools. The only used materials are those within the classroom and observation to gather information. Observation according to Njuki (2013) is the process of watching and recording what a person does and it has two ways namely; participant and non-participant. He adds that participant observation means the activities that a person is engaged while non-

participant observation is when the observer watches and records what the person being assessed is doing without participating. The study revealed that teachers of children with autism continuously observe them. One teacher said:

“we use observation method, since children with autism do not have speech and they don’t face you directly. Others are continuous assessment and discussion.Tr 4.while another one said: “We involve them in activities, looking at their behaviours”tr 6

This is in line with CARS an assessment tool and TEACCH approach which aims at formalizing observations of the child's behaviour throughout the day (Schopler, Reichler, & Renner, 1988). Although there are already existing tools such as CARS used in assessment, teachers still claim that they do not know how to assess the children more especially those who do not have speech. This may hinder the teacher from assessing or from knowing what the child is communicating and forces the assessor to be more watchful if she /he may get the results which are fruitful and useful. The view of one of the teachers was:

“Most of our children lack speech as you will see, in most cases teachers try to relate to guess what the child is trying to communicate” Ht1. Therefore, there is need for the teachers to be introduced to the existing tools so as to do assessment efficiently.

The head teacher expressed concern that the autistic children are not easy to assess because even if you want to understand what their strength and needs are, they cannot express it verbally. This makes the teachers resort to guess work in order to come up with what the child’s needs are. This implies that the teachers at times may label the children autistic even when they have a different kind of intellectual disability. Although, there

has been training of teachers in assessing learners with special needs as a component for a diploma and degree for the Universities, there is a great need in training teachers on how to use the existing tools in assessment such as ABC, GARs, and CARs.

The teachers used in the study claim to have knowledge of almost all categories of learners with special needs including visual impairment, hearing impairment and intellectual disabilities. From the informal talks, the researcher had with the teachers; it was found out that most of children they have in their classrooms have had intellectual disabilities but are out sported. A few who were more difficult in their classes were not settling, holding things in their hands all the time and other characteristics which were not said. One or two were autistic in the class but as the teachers had problems of sporting the child with autism from other categories of children with intellectual disabilities they thought that all the others had autism. The learners with autism had some differences and many similarities as other children with intellectual disabilities. This brings confusion in the way of labeling the autistic learners appropriately. The teachers were not certain in their identification. They requested the researcher to do the assessment so that they would use it as a base to make better interventions. This is in support of what The Ministry of education and family development (2013) of Ghana says: that Autism Spectrum Disorders is a complex neurobiological condition that impacts brain development and affects a person's social relationships, communication, interests and behaviour. This brings confusion in the way learners with autism are differentiated and labeled from those with other forms of intellectual disabilities hence misplacement.

The majority of the teachers lack the skills of assessment though the schools have developed a checklist to use during assessment. They feel that there is need to have a harmonized one. In one of the group discussions one teacher said,

“Why don’t we together with all other teachers from other schools for children with autism, sit down and look for things we have in common, and those which we have and they are different, compile them. Then we sit down and look at them one by one deleting what is not relevant and adding what we think is relevant so that we come up with one which will act as a harmonized tool. ”ht 2

The results revealed that teachers have tools they use during the assessment process though they are not harmonized. Each school has developed its own assessment tool. This concurs with what Hepburn, Kaiser and Graham (2015) said that “at present time there is no medical test for ASD and the only available way to determine if the child has ASD is to look for patterns or gaps or unevenness in the development of social interaction, communication and restricted patterns of activities and interests relative to a child’s overall development”. Therefore, the teachers should collaborate with other teachers, come up with what they have and compare the two to develop a harmonized tool for assessment.

In conclusion, the views contributed by the teachers show that there is need to develop a tool which may be used by the teachers when assessing specific learners with autism and separate them from other learners having developmental disabilities. The researcher noted that majority of the teachers used observation but with no stipulated procedures. Secondly, it should be made known to the teachers that there are already available

standardized tools used to assess learners with autism in other countries. It should also be noted that the standardized tools used in other countries were developed, tested and retested and now the teachers are conversant in using them. So in Uganda, there is need to develop our tools which are applicable to our environment and to the needs of the children. Despite ASD being a medical condition and therefore a scientific condition whose assessment may not differ much internationally, Ugandans need to look at what other countries are using and adapt them to Ugandan situation.

Interviews

Institutional Research, Assessment and Effectiveness (2000) state that an assessment tool is a complete set of documents needed to assess one or more units and the assessment tool must include instruments which support different methods, for example, observation, checklist and questioning. Interview is one of the tools teachers use when assessing learners with autism and has been represented by a frequency of seven out of 28. On many occasions, teachers use interviews to screen the learners for placement at particular level.

Some schools organize interviews where they set questions which would help to place the learners at the correct educational programme. The arrangement is either oral or written. Since, majority of the learners with autism are not able to speak or write, mostly the parents are the ones to do the interviews on their behalf. Internationally, there are tools used to supplement the interviews and one of them is ASIEP-3 it consists of the following five standardized subtests: namely: Educational assessment, remaining in a seat, receptive/expressive language, body concept, and imitation of speech and

Prognosis. The time for assessment varies depending on the needs of the person (Krug, Arick, & Almond, 2009). This instrument is used on parents who answer the questions and stand in for their children with autism who would not be in position to do it due to lack of speech and other problems that accompany them.

The quotations, analysis and discussions to accompany the findings include:

“We ask the parents and caretakers mainly because they know their children better. We discuss with the parents everything, especially the mother. We start asking how the child was conceived, the pregnancy and delivery. During the discussion, we ask when the baby was conceived, signs before delivery, if there was any uniqueness in the process, after birth, how were the milestones: sitting at what age, crawling at what age, and walking at what age?.” Tr1

Another teacher quoted

“We use question and answer and observation where we look at the child and discuss with the parents”Ht2.

Again Tr 1 reported,

“I also get background of the child from the head teacher; the parents begin in the office and the head teacher gets the background after bringing the child to us for further observation; the head teacher gives us some information about the child.”

The results show that both interviews and observations are used concurrently during assessment of learners with autism. The parents are used as co assessors as they give the information concerning the child as part of the assessment. This is in line with what Gallagher (1992), who says: “the family members are valued members of a collaborative educational team; they have an active and shared voice in the evaluation, educational services and evaluation of instructional strategies”. The parents should be members of the multi disciplinary team because they know their children better. They are asked the questions and the teachers add on observation to come up with a comprehensive evaluation of the child’s potentials. The implication is that nobody other than a parent would be in position to logically inform about the developmental processes of the child. This triangulation which the teachers used in gathering information helped in gathering a lot of information which would serve better in the placement of the learners with autism in educational programmes.

One of the international assessment tool which would be incorporated in assessing children with autism to suit a Ugandan situation would be the Childhood Autism Rating Scale (CARS). CARS helps the child with behavior problems. This assessment tool would be very essential because it would help in determining the presence or absence of autism, enabling the teachers to place the children appropriately. Despite all that, teachers in Uganda catering for children with autism lack knowlwdge and skills in using internationally developed assessment tools.

Based on Lantz- Johanna (2002) teachers use other means apart from observation. They can get information by using question and answer approach. The head teachers sometimes know the children more than the teachers because whenever the parents come to the school they go to the head teacher first. Secondly, some information could be got from the head teacher, because he/she received the parents and they talk at length before teaching the teachers, indicating that they get more information from them. One teacher said:

“During assessment, the parents begin with the office, they tell what the learner’s developmental stages were, they inform the head teacherTr 7”.

And that is what the head teacher would base on to plan with the teacher the educational programme of the child. Here it shows that the head teacher or other people can as well provide the information about the child and act as a tool for gathering information agent. Some teachers also need to be involved in accessing the information about the child because if the head teacher is not around they may handle the assessment. From the interview, one participant attested:

“We use one on one with the child, identification, interviewing, daily interviews and daily checklists for the children” Tr7.

To gather information about the child, as an assessor/teacher needs to employ almost all these tools as these children are hyperactive and whenever one gets a chance of getting information in a different way one does it. Another thing is that the parents are the ones who come with the children for assessment and are the ones concerned about the child’s problem, so there is no way of avoiding them. This is in line with what Centre for

Disease Control Prevention (CDC, 2008) presents: Autism Spectrum Disorders (ASD) refers to individuals who demonstrate certain behavioral characteristics that vary in degrees of severity. For example, two children, both with the same diagnosis, can demonstrate behaviours that are completely different from one another and have varying abilities and educational needs. As a matter of procedure, parents should be asked the reasons why they have brought their child to the school. The children should be occupied so that the parents are not distracted when giving the back ground. They themselves cannot come on their own but those parents who bring them have to be asked the reasons why they have brought their children. So when the parents are being asked the questions, the child is engaged in some activities. One teacher reported:

“We interview the parents while giving the children attractive colours so that we can gather in-depth information from the parents and the child within the shortest possible time.”Tr 7

The above statement highlights that the child should be made busy if you are to get quality information from the parents. If the children, depending on their nature and behaviour, are not catered for, both them and their parents would not settle. Each one would be caring for the other which would hinder yielding of good results.

Interviewing the parent is accompanied by some activities given to the child by the teachers. As questions are given to the parent, the child is also observed by the teacher and when it comes to the major assessment the teacher would have known the materials to prepare for use. Children with autism are difficult to assess and need thorough preparations. Desforges and Lindsay (2010), emphasise that assessment needs a multi

disciplinary team which include educational psychologist to provide psychological advice and support to individual children, parents as well teachers, other professional and the education system.

Informal Oral Testing

Informal oral testing refers to gathering information about the child through talking to him/or her and as well as assessing the strength and needs.

Informal talks are important tools presented by a frequency of six over 37. This tool was mentioned by the teachers as one of those used during assessment where they did not need to make major preparation for the assessment but they did it with the child on receipt without exposing the child to unnecessary stress. Kaleeba (2006), notes that a parent of a child with autism always informs other stake holders on how best to handle his/her child.. She further argues that, since the word “spectrum” is used with people with autism because they share three main areas of difficulty, their condition will affect them in very different ways. While some are able to solve their problems, others require a life time of specialist support. This helps the teachers to understand that besides their support, a child also requires a specialist to look into other problems to enable proper placement in the educational programmes. The information gathered is very important because the informants are neither stressed nor on tension which enables them to yield true information.

The informal oral testing as a tool was highlighted by the following quotations:

“We start by asking the parents how the child was during gestation period”.Tr1.

This helps the teacher to predict some of the possible causes of the present problems and to assist in guidance and counselling.

In summary, the informal oral testing is not written anywhere for the teacher to consult when assessing. It is initiated by the teacher when gathering information. The teacher interacts with the child by asking the child some questions and looking at what the child is doing. This quickens the process and gives real results as there is no distortion of the information from any other source.

Document Analysis

Another tool which was least mentioned was document analysis. In the process of doing assessment, teachers use a medical form which reveals some information concerning the child.

By going through the medical documents, it was observed that there was written information which the teachers had not been able to find. This implies that the teachers would miss out some important information about the child if they were the only ones conducting doing assessment. This is in line with what Jordan and Powel (2002) say; that there are difficulties in defining Autism Spectrum Disorder as a syndrome as it is accompanied by other developmental problems.

The information gathered from the documents studied were: from document one, Admission Forms which included assessment questions and the results; document two, Medical Form which is given to parents to take to hospital for re-assessment; document three, Agreement Form signed by the parents showing that, they will comply with all the child's requirements; document four, Admission Form with all basic information together

with assessment form; document five Educational Needs Assessment Progressive Report showing a child progress throughout the term and document six Assessment Report Card showing the progress of the child. Appendice I-M. There was no form developed purposely for assessing learners with autism. However, the teachers had developed questions which they referred to when assessing or rating the learners. Some documents like document one and documents two are filled by the medical personnel. The teachers gather forms from the parents of children with autism and by going through them they establish the concerns of the children.

This is supported by the Institutional Research, Assessment and Effectiveness (2000), which claims that an assessment tool is a complete set of documents needed to assess at one or more units. Each assessment tool must include instruments each of which supports different methods for example, observation, checklist and questioning. It also includes: administration, recording and reporting requirements and describes the context and conditions of assessment.

Document four had a part where the medical problem is presented meaning that the child had been assessed by the medical doctor. However, the medical assessment cannot complete all the needs of the child for placement in educational programmes. One teacher said:

“The children come when they are already diagnosed,I read through the forms and gauge whether to take on the child or not.”Ht 2

Usually the teachers of children with disabilities fear that the children are sick and normally ask for a medical form to see if any administering of medication is required.

In summary, teachers do not have specific tools to use during assessment but they use observations, interviews, informal talks and document analysis. Document analysis revealed that the teachers were using a lot of observation as a method of data collection.

4.2. Procedures Class Teachers Use during Assessment of Learners with Autism for Placement in Educational Programmes.

Objective two sought to present the procedures teachers follow when assessing learners with autism in order to place them in educational programmes. This entire section presents information on how teachers gather information from the parents.

Table 3: Procedures teachers used in the assessment process of learners with autism

RESPONSE	peoples responses	CODES
Begin with the history of the child	1	Ht 2
The parents come here and the head teacher gets the history of the child from them	1	Tr6
We ask parents some questions and make appointments with them	1	Tr8
We begin by interacting with the person who has brought the child: parent or caregiver	1	Ht 1
We start by asking the parents how the child was during gestation	1	Tr1
Total	5	

Each school has different procedures it follows when gathering information from the parents during assessment of learners with autism. Table 3 shows five different ways: First, they may begin by telling the parent/caregiver to begin with the history of the child Ht 2. The headteacher may get the history of the child from the parents, Tr6; parents are asked some questions and the teachers may make appointments with them Tr8; teachers begin interacting with the person who has brought the child, parent or caregiver Ht1; and lastly, the teachers may ask the parents how the child was during gestation Tr1.

The results show that most teachers start by asking the parents some questions before they begin the main assessment.

The interaction involves how the child behaves with and without other people around him or her. One teacher said:

“We begin by interacting with the person who has brought the child and with the parent and let the person tell the reason for coming for assessment.” Ht1.

This interaction helps the teachers to have a baseline for the extension of the assessment and better preparation. It helps in understanding whether the child is for placement or should be referred.

The results show that in the procedures used in assessment, parents are key players and it involves use of educational materials. This is supported by Autism Speaks (2010), who states that parents are usually the first to notice the early signs of autism. Therefore, they should not be left out whenever there are preparations for assessment.

Procedures Teachers Use when Assessing Learners with Autism for Assessment and Placement in Educational Programmes.

This section presents the procedures teachers use when assessing learners with autism for educational placement.

Table 4: Procedures teachers follow during assessment of learners with autism for placement in educational programs

Response	On of responses	Codes
Start by asking the parents the background of the child	6	Tr1,tr3,Ht2,Tr8 Tr10.Tr9
Give some tasks to the children	2	Tr1,Ht1
Make appointments.	2	Tr8,Tr10
Have a series of observations	1	Tr8
Forming Assessment groups	6	Tr1,Tr3,Tr2,Tr4,Tr5, Tr9
Ask the child's parent why he/she has brought the child for assessment.	2	Ht1,Tr10
Interact with the person who has brought the child.	2	Tr7 Ht1
Inform the parents of the legal fee	4	td1,tr3,hd2,tr10
Parents given medical form	4	hd1,tr3,hd2,tr10
Jot down the main points.	2	tr3,tr8
Form given to parents to fill.	1	td2
A checklist we use on daily basis	1	tr10
Total	33	

As Table 4 indicates, the procedures presented including the following: asking parents questions on how the process of prenatal was, indicating all happenings before birth; six out of 33, giving tasks to the children on coming to school for assessment; two out of 33, forming groups for assessment; six out of 33, interacting with the person who brought the child for assessment; two out of 33, making appointments; two out of 33, making a series of observations; one out of 33, informing the parents of the legal fee; four out of 33, parents given a medical form to take to hospital; four out of 33, jotting down the main points; two out of 33, parents given a form to fill; one out of 33 and a checklist used on daily basis; one out of 33.

Starting by asking the parents the background information about the child and doing it as groups were the major procedures teachers followed during assessment process with the frequency of (six out of 33) respectively. Teachers had to prepare parents for assessment because they have information concerning the child. Parents had to take off sometime getting involved in the assessment and understanding that assessment is not for free. Assessment needed more than one day and this needed preparation. However, some parents do not open up very easily, which might have hindered the results from the assessment from being accurate. **One teacher said** “*We ask the parents and have to make appointments for them*”.tr10.

It is not very easy to carry the assessment once they have received the child because the teacher may not know the child yet. There are some questions and few observations made to assist the assessor and other people who assist in the process to prepare the materials. One teacher reported:

“Before we make that last appointment a parent comes, we fix the appointment, when she comes here we ask her some few questions.” tr 8.

After the parents are given questions and answers given, there might be some signs which could be displayed by the child. The teacher might have some interaction with the parent and little observation by the teacher helps. This tips the teacher/ assessor on what materials to be prepared during the main assessment. The study indicates that the parents are the ones to give the background information about the child which guides the assessment. Therefore, they should be included in the preparation. One teacher had this to say regarding how the information is gathered from the parents:

“We start by asking the parents how the child was during pre-natal stage, including the signs of problems realized, the process of the child during birth and at the time of delivery. If there were some complications during birth, ask about milestones, including time taken before walking, sitting and crawling. We also ask about the mental capacity of the child. Does he/she associate with others? How is she/he growing physically while using gross motor?” Tr1

By implication, asking the parents about the child sometimes makes the parent to give inaccurate information. Nonetheless, there is no way they can be left out because they have information that facilitates the assessment. In Uganda, assessment is not compulsory though many schools do it upon receipt of the children. There is an assessment programme under EARS which is meant to assess learners with disabilities for intervention but no longer functions. Currently, the schools organize their own panels to do the assessment and aid in screening the kind of children they want in their schools. The study revealed that the teachers have developed a kind of protocol they follow during

assessment of learners with autism for placement in the educational programmes. One teacher gave the procedure of preparation for assessment as follows;

“Fixing appointment, talking to the assessors for preparation and requirements, consulting the concerned group, observing documents, reports, medical forms, the person who knows the history of the child, preparing the materials and gather the relevant people 10.

The results show that there are many things to be done in order to complete the assessment process. This is supported by Gabriel and Dina (2002), who said that the evaluative process must include specific activities to document the presence of such behavioural indicators associated with autism. Although there can be some variations, the evaluation most likely involves many procedures for gathering information: They may include: Interviewing parents, receiving medical records for evidence of autism during early development, observing the child in different settings and if possible on different days, interviewing the teacher if the child is in an educational programme, conducting a speech and language assessment and collecting a language sample if the child is verbal.

According to the procedures presented, there is need to ensure that assessment is given enough time if one is to follow the steps properly. The assessor cannot go through all the procedures and perfect them within a day. Another Teacher said

“ The assessment usually follow a series of observations for about a week so that we ask parents some questions pertaining the child’s problem, make appointment with parents and observe the child for a number of days.” tr 5.

The results show that the majority of the teachers include parents and ask them questions concerning the child's background. This is in line with Gabriel and Dina (2002), who state that parents play an important role in describing the abilities and limitations of their children and can provide vital information that can assist in the process of diagnosis. Church (2009) advises that parents ought to contact medical personnel for further testing if a child: does not smile or use other warm joyful expressions by six months, does not engage in a back-and-forth sharing of sounds, smiles or other facial expressions by nine months, does not babble, point or make meaningful gestures (such as waving or reaching) by one year, does not speak one word by 16 months, does not combine two words by two years of age, loses previously gained language or social skills, has poor eye contact, does not seem to understand how to play with toys, is attached to one specific toy or object, excessively lines up toys or other objects or a combination of these and seems to be having hearing impairment(e.g., a child may not respond to his name but may instead overreact to small inconsequential sounds).

Church (2009), continues to say that in order to maximize the value of the evaluation results, professionals should obtain information from parents and teachers (if available) about the following. One participant said;

,"Before we make that last report, a parent comes to school, fixes an appointment, at least there are some few questions we ask as she may have experience or at least can recognize that this child has signs of such disability because the parent has told me." tr 10.

The result revealed that the first parental visit can help the assessor to suspect the problem and plan what to use during the assessment process. Jordan and Powel (2002) note that there are difficulties in defining autism as a syndrome because of other developmental problems that often accompany it.

Another teacher gave a different view about the procedure and emphasized:

*“I take on the child, observe him/her for a period of three months then produce an assessment report and provide an admission form to parents.”*Hd2.

On the other hand, Tr 4 gave a procedure which began;

When we receive the child from home, we first observe and assess him together with the parents, look at his needs, interests, likes, and dislikes; give him the exercise; observe and assess while jotting down some notes and make a report to help us at the end of the term. Lastly we make a final report, which is shared with other teachers so that they contribute on what they have observed in the child. We make sure we have assessed the child so that before we place him, we know which programme is suitable for him/her.

Other teachers like Tr6 had different views: *Parents come and give background of the child, the head teacher inform us of the problem of the child, tell us to observe the child and later report our findings to him/her”*

With this information, the researcher got an insight that the process is sometimes organized by the head teacher and this leads to a situation where the teachers miss out on some information from the parent which would have been of importance to the assessment process. Hence, lose the validity and reliability of the learners' information..

Diagnosis of autism is a multifaceted process and cannot be accomplished in a single assessment or within one professional discipline. As Gabriel and Dina (2002) further states; the interviewer extracts information from the parents or a primary caregiver about the child's development: history, language and communication skills, play skills, social abilities and behaviours. Additional information is collected from observed behaviours that may be useful in establishing an alternative, differential diagnosis. A trained examiner then codes the examples given by the parents and the results are entered into an algorithm to establish the presence or absence of autism. In Uganda, currently, assessment is done by teachers who have general qualifications in assessing learners with disabilities. The country lacks specialists to carry out assessment on children with autism.

Teachers when discussing as in focus group discussion presented the procedures for assessment as follows:

“To find out the learners background, interests and learners ability, ask their parents questions, develop tools for assessment, suggest procedures; prepare questionnaires and supply them to parents, fix an appointment, talk to assessors for preparation and requirements, consult the concerned group, make reports; study previous medical form: talk to a person who knows a history of the child, prepare materials and the relevant people, write a report for parents, take the information and apply it to parents and teacher .

Therefore, “when preparing for assessment, teachers should consult each other on what would be an area where one would be conversant with and participate in that”. There are some authors who have commented on the importance of assessment and they observe that; assessment can play an important role in the life of your child by periodically

evaluating his/her strength and challenges and providing information on how to address these areas. It is a complex and multi faced process conducted by many individuals with expertise on ASDs and other areas of functioning that impact oneschild at school, home and their world (Gerhardt & Michael, 2008). In addition, Gargiulo (2009) affirms that assessment as a process for determining student's strength, involves screening, classification, diagnosis, placement and monitoring.

In summary, the assessment procedures should flow logically. The results revealed that the procedures teachers follow have many things in common but the only thing lacking is to harmonize the floor. Also a sample of the procedure according to the results should look like: asking parents questions regarding the prenatal process, indicating all happenings before birth, giving tasks to the children on coming to school for assessment, organizing the assessment committee, interacting with the person who brought the child for assessment, making appointments, making a series of observations, informing the parents of the legal fee, giving the parents a medical form to take to hospital, jotting down the main points, parents being given a form to fill and a checklist used on daily a basis. There is need for teachers from different schools to sit together and harmonize the procedures.

4.8 Challenges Experienced by Teachers in the Process of Assessing and Placement of Learners with Autism

The previous section focused on the procedures teachers follow during assessment of learners with autism for placement in the educational programs. This current one is about the challenges teachers face when carrying out assessment of learners with autism for placement in educational programmes.

Table 5: Represents the challenges teachers experience during the assessment process.

Response	No of responses	Codes
Rarely associate with others	4	Tr1,tr2,tr4,tr5,tr10
Many children with autism don't talk except a few/lack speech	8	Tr1,Ht1,tr2,ht2,tr5,tr6, tr7,tr10
Assessment done in hurriedly	3	Tr1,Tr10,Tr7
Parents giving false information	3	Tr2Tr3,Tr4
Lack of knowledge about autism	2	Tr2Tr3
Parents don't accept the outcome of assessment that the child has autism	2	Tr3,Ht2
Teachers are not competent about assessment skills	1	Ht2
No appropriate tools/ machine to do assessment of autism in Uganda	2	Ht2,Tr5
Parents don't want to pay for assessment		Ht2,Tr6
Medical doctors are few and expensive	1	Ht2
Children take long to respond to instructions	1	Ht2
Teachers don't have a background for sign language	2	Tr4,Tr7
Lack of financial support to buy equipment	3	Tr5,Tr6,Tr9
Information from the parents not rich enough to guide the process of for planning the educational programme	2	Tr5,Tr6
Have things they treasure over others	3	Tr5,Tr6,Tr7
Can't change easily	3	Tr6,Tr10,Tr1
Parents do not follow the appointments	1	Tr6,
Total	41	

The results show that during assessment there are challenges. These are as outlined by the participants: lack of cooperation among fellow teachers, failure to get correct information, insufficient tools, lack of knowledge of assessment skills, lack of

cooperation with the respondents and administration, incomplete assessment and inadequate results, lack of skills, inconsistent behaviours displayed by autistic children and parents who release false information. The process of doing assessment with the intentions of helping learners with autism may not be fully effective due to challenges that hinder it. Results reveal that the challenges teachers face during assessment among others are: that four out of 41 children with autism rarely associate with others, many don't talk except a few/lack speech; eight out of 41 , assessment is done hurriedly; three out of 41, parents give false information; three 4 out of 41, lack of knowledge about autism; two out of 41, parents don't accept the outcome of assessment that the child has autism; two out of 41, teachers are not competent about assessment skills; one out of 41, no appropriate tools/ machine to do assessment of autism; two out of 41, medical doctors are few and expensive; one; out of 41 , parents don't want to pay for assessment; two out of 41, children take long to respond to instructions; one out of 41, teachers don't have a background to sign language; two out of 41, lack of financial support to buy equipment; three out of 41, information from the parents not sufficient enough to guide the process of planning the educational programme; two out of 41, children have things they treasure over others; three out of 41, can't change easily; three out of 41 and parents do not follow the appointments; one out of 41. The results revealed that the major challenge teachers face during assessment include among others: the lack of speech among children with autism with the frequency of eight out of 41) responses. If a child has no speech, it is not easy to tell whether what you tell them is understood or not. When assessment is done and the children do not respond verbally this may hinder the teacher from understanding what the capabilities of the child are. This is because the teachers lack skills in

interpreting observation data. Actually one teacher said "*Majority of the children with autism cannot communicate except one*". Tr9. Therefore, teachers may be limited in the ways they interact and hence little achievement in instruction.

The teachers felt that they could do assessment in a better way than only using observation. If the children assessed were to respond to what they are asked, better results would be generated. In most cases if one does not respond verbally, one may not tell whether he/she has understood what was said.

This is in line with what Jordan and Powel (2002), who note that there are difficulties in defining autism as a syndrome because of other developmental problems that often accompany it. They add "in fact the more severe the general learning difficulties, the more likely that the individual has autism, although it becomes increasingly difficult to separate the effects of autism from those of severe retardation. Reschly (1996), believes that identification of students for special education placement serves multiple purposes that have direct and indirect benefits and risks. The two main purposes of identification and assessment of students with disabilities are to determine whether they are eligible for special education services and to determine what those services would be.

Another challenge is that parents begin at the office and when they go to the teachers, the parents are going home thus denying the teachers the opportunity to interact with them. When it comes to the preparation for the child's assessment, it becomes difficult for teachers because there was limited interaction between the teacher and the parent. One teacher commented:

“We get very little time to chat with the parents. They start with the office of the head teacher by the time they come to us they are leaving” Tr 2.

The teachers being the ones who to do assessment, need to be given ample time in interacting with parents and their children for appropriate planning of assessment. On the other hand, the parents do not consider the advice given by teachers. This is represented by 1 / 41 frequencies table. A teacher who was concerned that the parents do not take the assessment seriously said:

“you give an instruction but someone seems not to have heard it” Tr 10.

The parents may not get what exactly they would have heard from the instruction, so:

Several times the parents on coming for assessment for the first time are briefed about what is required for assessment. However, when they come back for the assessment, they sometimes deny saying that they did not hear what they were supposed to come with. This may hinder the teachers from coming up with the correct results and sometimes the teachers may fail to do assessment effectively or fail to do it at all, Tr10.

On the same topic, one teacher ranked what they follow when assessing learners with autism as follows:

“There is an inadequate grading system, incomplete diagnosis, no proper skills of grading children’s behaviours which are unique, work preparation not focusing on academic, parents defending their children and not speak the truth and limited information on assessing learners with autism Tr 5”.

Following the ranking of the challenges above, one gets an insight that some of the results made during assessment may not be valid. Usually, if there are no assessment facilities and inaccurate assessment, the programme for children with autism will be difficult and a sensitization programme is needed to educate the teachers about the characteristics of autistic children and how they differ from other children with intellectual challenges. One teacher was of the view that lack of facilities makes it difficult for the teachers to prepare the educational programmes appropriately because parent input and intervention is lacking. Teachers reported that the parents fail to follow the dates of assessment and this distorts the way programmes of the school are run. Sometimes parents fail to report on the first day and come on different days. The advantage is that some schools are flexible and accept the alternative. Another teacher noted *“Other challenges include the following, not keeping appointments, having a problem of comparing the program, to mention but a few Tr 3.*

Parents play a vital role in the education of their children. As partners in the process, they can provide perspectives and information that will broaden educators understanding of the student, their participation will enhance programme planning and assist in the determination of educational goals, methods and motivational strategies that are most appropriate and effective for a student.

Many parents, when they want their children to be placed in an educational programme resort to telling lies. They assume that if they speak the truth, their children may be denied admission. One participant noted the many challenges which hinder the smooth running of assessment:

Some parents are not open; the ones who are open do not give the honest

information. The assessment is done in only one day and that is not really enough. No appropriate tools for assessment. Many people would have brought learners with autism but they lack transport. There are no boarding facilities to accommodate the children for a week, which is spent on assessmentTr4.

Another one commented;

“The children with autism always switch off from what is going on and rarely associate with other children. Many children with autism are mistaken to be deaf since they don’t speak.”(Tr 1)

Another added:

The children are difficult to handle, even in teaching there are no teaching equipments, when it comes to instruction, there are no skilled people to carry out the assessment and who knows about the disease. Here the children with autism are associated with sickness which needs medical treatment. Tr5. Therefore, the teachers have a challenge of not having skills to assess the learners fully.

This is in line with what Ghana’s Ministry of Education and Family Development(2013) says. That Individuals with ASD tend to have difficulties communicating. Their communication challenges range from being non-verbal to responding appropriately to conversations, to failure to understand non-verbal clues or having difficulty building friendships appropriate to their age.

In addition, individuals with ASD may be overly dependent on routines, highly sensitive to changes in their environment, or intensely focused on inappropriate items. The

symptoms and characteristics of ASD can present themselves in a wide variety of combinations from mild to severe. Therefore, there is no standard type or typical person with ASD. This statement may not give the correct results so one should not judge assessment results of autistics in one day.

One of the teachers reported:

Most autistic children are not friendly, while those with intellectual disabilities are friendly to others. The major challenge is communication with parents. Some parents do not give correct information about the child and do not want to come back to visit the child Tr 2.

A consultative partnership between home and school is developed through regular/frequent visits for discussion about the student with unique learning needs. These provide evidence of progress and any adjustments to the educational programme that may need to be considered. Indeed, parents and teachers should hold consultative meetings before the final of placement is reached yet some parents do not want to say the truth about their children with autism for fear that they would be despised Ht 2 revealed:

"Some parents are in denial and when their child is assessed, autistic, they insist that their child has no problems and should be taken to a regular school".

Hence some families fail to accept the outcome of the assessment and refuse to place the children where they fit. They insist that their child should go to study in regular schools but the teachers should assist them to understand the condition of their children. Actually, learners with autism at times do not differ much from the normal children.

It should be noted that having a child with ASD is a challenge for any family and it has emotional, physical and financial impact on the family. Higgins, Bailey and Pearce (2005), state that the impact on the family can vary considerably across situations. Though some families are able to cope with the additional stress, for others it may be more difficult. A participant said,

“You only do placement of the child where the parents prefer for the sake making them happy.” This was echoed by some parents are in denial and when their child is assessed, autistic, they insist that their child has no problem, and should be taken to a regular school. You only do it for the sake of making the parents happy. Another challenge is, not all teachers are competent in assessment and normally the head teacher does it, while griding the other teachers. Some children have problems eating, toilet habits and lack speech and concentration”Tr3, Hr2.

It is important to bear in mind that many parents are on a journey of acceptance of the diagnosis and its significant implications for both their own lives and the life of their child. Effective Educational Practice for Students with Autism Spectrum Disorder (2007), notes that those children who are taken to regular schools are returned later when nothing much can be done. The assessor therefore has a responsibility to educate and counsel the parents and also help to look for better placement for those learners with autism. Through experience most of special schools in Uganda admitt children of all categories, but sometimes their parents withdraw them due to dissatisfaction. In Uganda, another challenge is lack of competent assessors for children with autism with a frequency of one out of 41. One teacher who was not contented with what was done during assessment of learners with autism said:

"Doctors to do the assessment are few, assessment is expensive, and parents are overwhelmed by the children's behaviour. "Ht 2.

Ht 2 further explained that there is a gadget not locally available which would help the child to talk but it is very expensive for a school to buy. It cost around 700,000/= Uganda shilling (US \$200) but if the government would come in to assist in buying such equipments, it would be good. Though this is a threat to the teachers, incidentally this is not expensive. The government should make a survey of what is needed in all special schools bearing in mind that each school category need a different approach and facilities.

Another challenge revealed by Tr 4,

"The children cannot do something as requested on spot and If he/she is listening to you, he/she does not want others to listen to you."

Guidelines for Educating Students with Autism Spectrum Disorder (ASD) (2010), observes that ASD is a group of complex, neurological, developmental disabilities with core features which include significant social and communication challenges and restricted repetitive and stereotyped patterns of behavior. In addition, individuals may experience unusual responses to sensory stimulation such as certain sounds or the way objects look. ASD is believed to be a chronic lifelong disorder with no definitive etiology or cure. Sometimes it is called pervasive developmental disorders (PDD). ASD is often reliably detected by the age of three years and in some cases as early as possible. Unfortunately, in Uganda, many children by three have not gone to schools for assessment.

Gary and Rubin (2015), DSMS describe ASD as having a tendency to have communication deficit, such as responding inappropriately to conversations, in reading non-verbal interactions or having difficulties building friendships appropriate to their age. In addition, people with ASD may be overly dependent on routines highly sensitive to changes in their environment or intensely focused on inappropriate items. Again, the symptoms of people with ASD will fall on a continuum, with some individuals showing mild symptoms and others having severe ones.

The use of appropriately assessment tools assists educational personnel in determining individualized goals and outcomes for developing and appropriate IEP. Experience has shown that children with autism have a tendency Of being attached to one thing and abandoning another one.

Helping students to achieve their highest potential requires an understanding of both ASD and its characteristics. Planning is required to address them. As Tr 10 reported;

“The behaviours of these children are unpredictable and intolerable for example hitting ones self.”

Assessment is meant to assist in helping the child with autism to be placed appropriately in an educational programme. But the fact is that the people concerned with the care of the children do not know the major causes of the behaviours displayed by those children.

Actually, one participant revealed other characteristics which were also displayed by Ht

1:

“Failure to tell the correct information, lack of information about in autism, doctors specialised in learners with autism are very few, assessment is expensive to carry out

and parents are fed up with taking care of the children who are disturbing and destructive” All these challenges are vital.

Another teacher Tr 3 pointed out that the challenges teachers faced are:

“Children with autism work at their own pace and cannot be rushed into activities. They injure themselves, always putting teachers on tension. The facilities used in assessment are also very few, the autistic children who stay in boarding school easily get tired and have sleepless nights.”

When Ht 1 was asked about the challenges faced during assessment, she said:

“Actually, sometimes we guess the findings and just base them on guess work.”

The best practices in the assessment of ASD specify that an adequate assessment must lead to an appropriate intervention plan (Perry, et al., 2002). Therefore, it important to use guidelines forward priority areas for intervention in ASD as a basis for the evaluation, in order to ensure that all important areas are assessed. According to recommendations put forward by the National Research Council (2001), areas that should be prioritized in intervention programmes for students with ASD include: language and communication development, social and play skills, fine and gross motor development, development of cognitive and functional academic skills and skills needed for success in a regular classroom, including flexibility, organization and engagement in the learning process.

The teachers need to be updated on the ways of doing assessment but the problem in Uganda is that there is no institution which offers specialization to its students in autism education.

Klin, Saulnier., Tsatsanis, & Volkmar, (2005). argue that there is no way assessment of autistic children will be done effectively when the assessors themselves are not conversant with autism as a disability but also the characteristics displayed. Much as the schools claimed that the assessment of children with autism is carried out before the placement making the assessment invalid. In addition, the number of days it takes to be done and procedures followed are not appropriate. One teacher Tr 1 expressed a challenge they have during assessment thus:

“we rush through the assessment, we don’t give it ample time. The assessment is done in one, two, three, four children on a day which is not really applicable.”

This may be because it is very expensive since some parents come from very far and lodging in the city for many days may be unaffordable. The best practices for assessment could be obtaining information about students from the parents so that teachers, other school professionals make an informed decision about the students' education. This would not be achieved if the time given is too short yet a comprehensive and valued assessment is key to ensuring a students' access appropriate educational opportunities.

The head teacher of one of the schools Ht 1 stated,

“There are always challenges, more so in communication. Most of our children do not have speech as you will in most cases try to guess what the child is communicating”

Hence, failing to get the real problem and misplacing him/her in educational programmes.

At one time the researcher went for data collection and found that the children together with their teachers were carrying out an activity on art and craft, but outside there was a boy who was screaming but the teachers were not paying any attention to him. When the researcher asked why the boy was not engaged, one teacher said that he was like that and nothing much could be done to help him. Another one said that, that was one of the characteristics of children with autism. They react like that if they want attention. It is possible that persons dealing with autistic children are less knowledgeable about autism.

On another visit, the researcher found the same child calm and attentive in class. When the teachers were asked what made him settle, they narrated that they had tried many things until they realized that he was fond of drumming so they made an object in form of a drum which he hits while in the classroom. One teacher said,

“That child is self-stimulated and wants to do most of the activities on his own. He always wants to hold something in the hands.”

When the researcher asked why the child was no longer aggressive, the teachers said that they improvised two plastic bottles and put water with some colours inside. Whenever he shakes them, he becomes very excited.

In summary, the challenges are still there as the topic about autism is still new in the ears of the teachers. One thing we should think about is what limits the smooth running of the assessment when the characteristics are not mastered. The challenges outlined in this chapter are: the children with autism rarely associate with others, many don't talk except a few (lack speech), assessment is done hurriedly, parents give false information, there is lack of knowledge about autism, parents do not accept the outcome of assessment that

the child has autism, teachers are not competent about assessment skills, there are no appropriate tools/machines to do assessment of autism, medical doctors are few and expensive, parents do not want to pay for assessment, children take long to respond to instructions, teachers don't have a background on sign language, lack of financial support to buy equipments, information from the parents is not sufficient enough to guide the process of planning the educational programme, children have one thing they treasure over others, the children cannot easily change and parents do not follow the appointments. Urgent measures need to be taken in order to address the major challenges teachers face during assesement of learners with autism.

4.9 Strategies for Improving the Assessment of Learners with Autism spectrum disorders

The last section presented the challenges teachers face during the assessment of learners with autism. The current section presents the strategies, recommendations to improve assessment of learners with autism.

Table 6: Strategies for on improving the assessment of learners with ASD.

Response	No of responses	Codes
Involve medical personnel as stake holders.	3	Tr1, Tr7 Tr3
During assessment, children be recorded and parents to answer simple questions.	1	Hd1
Training teachers on autism education and assessment	6	Tr2, Ht2,Tr4,Tr8,Tr10,Tr6
Government to be involved fully by providing the materials.	1	Tr3
Getting a machine to diagnose autism.	2	Ht2,tr4
Guiding other teachers on how to handle children with autism.	1	Tr4
Calling more professionals to join hands.	1	Tr4
Teachers to come up with a checklist.	1	Ht2
Teachers to report the problems of the children have to head teacher.	4	Ht2, tr2 Tr5,tr8
Facilitate assessment rooms.	4	Tr6, tr10, hd2,tr8
Assessment processes to always be scheduled in the mornings.	2	Tr10,tr6
Assessment to be done in more than a day.	2	Tr4,tr10
Total	28	

Table 6 shows the responses from participants as got from the teachers and head teachers. They are: involve medical personnel as stakeholder (3/28), assessing, observation, children recordings and answering simple questions to parents (1/28). Need refresher courses for workshops, training teachers in autism education and assessment(6/28), government to be involved fully by providing the materials(1/28), getting a machine to diagnose the autism (2/28, guiding other teachers on how handle children with autism(1/28), calling more professionals to join hands1/28), teachers to come up with a checklist common for all schools (1/28), teachers to report the problems of the child to head teacher (4/28), facilitate assessment rooms (4/28) and assessment to be done in more than one day (2/28). A participant suggested:

“There is need for experts to come like one day and assess the children through observation and find out the truth. We need more teachers so that we may handle one on one and two on one. The parents and teachers should sit together, share the experiences and come up with a way forward after assessment because at times when you meet the parents and discuss your findings, they say, “We forgot to tell you about that feature as well. They open up late.”(Hdt2)

Conclusion

Assessing autism is a great challenge as there is no tool that can be used alone so as to produce valid results. For instance, Johnson and Meyers (2007), explain that first, the psychometric properties of these instruments are not perfect. Some, like M-CHAT identify a proportion of false positive cases that indeed do not have ASD. Health authorities may not consider this a problem since it detects children who require support

for other conditions such as developmental delays and speech problems. There are also false negatives: children having the condition but are not identified by the screening – there is no screening instrument with perfect sensitivity and specificity.

In contrast to the more positive findings in the placement area, showed that assessments was conducted for programme planning and programme evaluation. It was observed that majority of teachers were not trained in autism education and lacked consistency in assessment. Absence of information on this type is perplexing. It is not possible to determine if this was due to lack of trained teachers, regency of students placed on these teachers' caseloads, or difficulties because of more logistical reasons such as lack of time to conduct assessments. Assessment for programme evaluation, however, appears to be even more mixed. Not surprising, observation was the most common tool among the sampled teachers.

The less common were assessments that were tied directly to IEP objectives and which would yield data informing instructional decision making. This was from our viewpoint, given research stating that students with more severe disabilities make progress less easily and thus need their growth to be monitored more closely. It was reported:

Networking as teachers so that each teacher has a tool to use when assessing, learn to appreciate that learners with autism are different and take long to understand like other children and be patient to teach them, and if a child develops attachment to one, one should bear the burden (Tr 5).

It was further recommended: *“that for teachers to be able to cope well with the learners with autism, they should always be patient with them and also to inform the head teacher whenever there is a problem ”Tr 6.*

Most individuals with ASD face one or more additional challenges, including learning disabilities, psychiatric conditions, difficulties with sleeping, eating, regulating behaviors and attending to an activity or conversation in an appropriate way. Researchers are also investigating co-occurring medical conditions which have been observed in some individuals with this complex condition, such as immune system irregularities, endocrine disorders, neurological conditions (such as seizures) and gastrointestinal disorders (Coury, 2010). This discourages the teachers because they have to administer the medical therapy yet the majority of them are ignorant.

A respondent Tr 1 remarked that: *“The school administration should write/make a proposal to the government about materials for assessment”. tr 1*

While another one Tr 8 suggested:

More training in autism is needed, exposure to assessment tools would be of importance, the tools should be used by the person who is familiar with them while others who don't know how to use them observe and learn in order to start using them. They should be used frequently so that they are mastered. Need to work together as a team and information should be provided by the real parent.”

Therefore, parents should always be part of the assessment team and the assessment should have an appropriate time when it should be done. The school should have a schedule when assessments should be done.

Other contributions that support the findings include: *“The assessment should be based run in the morning because that’s when the children’s brain is still fresh. There should be room for assessing learners with autism.”(tr10)*

“if we had a tool to use for rating the child’s way of performing it would be good. We would also need to use more people with experience to carry out assessment.”(Tr2) .

“(Tr4) the people to make the assessment should be the teachers with a guideline and assessment should be done in groups.” while another teacher added:

Tr 3 said that there is need for teachers “ note the behaviours, be keen on them, jot and write them down” This implies that there is need to have proper programmes for improving assessment.

Librera, et al. (2004) outline what should be considered when developing and conducting an appropriate assessment on students with autism. They note that assessments are conducted by a multidisciplinary team made up of qualified personnel who are knowledgeable regarding the characteristics of autism.

One teacher suggested that we should record the parents using something like a tape recorder and make them also respond to questions in form of a questionnaire (Tr1)

Tr 1 continued to say that there is also need to use medical personnel as one of the stakeholders in assessment and further suggested that there should be an equipment put on the child’s head to scrutinize it and tell the results; and *almost all teachers are engaged in the assessment and assessment needs a multidisciplinary approach.* Other teachers had views such as; *involving parents in assessment to help the teachers*

understand how parents perceive their children's abilities and how to guide and counsel parents appropriately."Tr2 noted *"If the teachers and parents could work together using multidisciplinary approach and a harmonized tool, it could help". (Tr 5)*. However, in Uganda it does not apply as professionals are few and parents themselves have many reasons why they may not participate.

The findings reveal that assessing a child with autism takes more than one day and the child may change moods and need to be given sometime in order to cope with the situation, bearing in mind that those learners with autism have other problems. In addition, it is not easy to establish their problems in just one day before they open up. This concurs with Kaleeba's (2014) view that there is also a general confusion about the nature of autism, among teachers who do not realize that some of the challenging behaviours of these children can be accompanied by high intelligence.

Also noted was the fact that, there was no assessment centre specifically for autistic children. The respondents noted some little money thirty thousand shillings Ugandan currency, for stationery and secretarial services was requested which is equivalent 8.21 \$., so that processing of assessment report goes on smoothly. But for those who may not afford at least during consultation there is advice which is given but if the worst comes to the worst we render, voluntary services. This reveals that assessment is done on a small scale since it's paid for and not all Ugandans are capable of paying same amount for the services (Ht 2).

This agrees with what Council of Chief State Schools (2011) states "The teacher should understand and use multiple methods of assessment to engage learners in their own

growth; monitor their progress and guide the teacher and learners in decision making”. The decisions teachers make can help the child to acquire appropriate educational instruction. Those who may be difficult to admit are referred to other schools. The results reveal that the teachers are the final determinants of the placement and the results mentioned are referred to Kampala school for the physically handicapped.

However, some of the autistic children can be very intelligent. That’s why they are sent to schools which can address academic skills. For example, those autistic above 18 years and capable of joining institutions such as Kireka Rehabilitation Center and Katalemwa for vocational training in Uganda are referred there. At Kireka home, the majority of learners are below 18 years.

“There is need to give us refresher courses so that we can gain skills of assessment from those workshops, visit other schools to see what they do so that we can come back and apply those skills we found from there on the kids. We need refresher courses so that we may change the methods. The ones we are using are not up to date. (Tr 7)

So if workshops are put in place, facilitation of assessment and proper placement would be improved.

Other suggestions for improvement, among others, as made by Ht 2, were to call on more professionals to come and see how hands can be joined and help the children. Unfortunately as the situation about the development of autism education in Uganda stands, there are very few professionals to assess learners with autism and the few who are there are very expensive. A participant said that when parents are asked to take their

children for medical assessment, they say, *“Because you cannot go to a doctor, as the doctor would say, my consultation is sh100,000/=(\$37). Following up my child is something like Oh my God, I can’t afford that. You keep home.”*(Ht2).

One teacher explained how children with autism would be fitted into educational programme, if you have an autistic person and not aware of the child’s condition, try doing some assessment even for a month. There is need to have an autism awareness month so that most of the child’s problems can be addressed by professional assessment and guided accordingly. The teacher further advised that we as teachers should get together and make a form or checklist that would provide the basic help so that even a person with the lowest level of education can get the service.

Jordan, et al. (1998), argue that when young children with autism reach school age, appropriate school placement is priority for parents and for early childhood service providers. The type of school placement to choose is an issue because children with autism face particular challenges in the school environment. Where there is no doubt that education remains the treatment approach, a school with the best track record for dealing with difficulties associated with autism is the best option. They continue to say that such students often show preoccupation with one narrow interest and following routines. Abnormalities in the development of cognitive skills, posture and body movements may be present. These impairments are accompanied by a delay or abnormal functioning in social interaction, language used in social communication, or symbolic or imaginative play that was recognized prior to three years of age.

One participant was of the view that in order to harmonize the tool for assessing learners with autism in Uganda, there is need to teach skills in assessment, equip the assessment centre with tools and equipment, standardize the tool through the use of available research and integrate rules and regulations in assessment. It should also be understood that assessment should be a multi-disciplinary approach but not a one-man thing (Ht2). So joining hands and coming up with a harmonized tool would reduce the intervention costs.

The needs of families who have children with ASD can depend on the particular characteristics of such a child such as: age, level of functioning, the parents own interpersonal relations and the availability and effectiveness of support and services. When interacting with families it is important to be sensitive to these issues (Perry & Condilac, 2002).

Parents are able to provide valuable information about many key aspects that affect how a student participates at school. For example; developmental history or health issues, the range of professionals who are or have been involved with the student and the services provided, the child's likes, dislikes, special interests, sensory sensitive issues, effective positive reinforces and motivation, how the student has learned a skill at home, the behaviour and communication strategies that have been successful at home and in other environment, student's performance across setting and over different periods of time and perspectives on the student's personality. Teachers should secure appointment consents from parents regarding the personal information about students because they are the advocates for their child's best interest. They should be involved as partners in the ongoing planning and review of educational programmes for students with ASD.

Comprehensive assessments are necessary to recognize and understand the various strengths and needs of individual students with autism.

Assessment data and results were gathered across a diversity range of skills by a variety of professionals providing comprehensive information that was useful in making accurate decisions about programmes for students.

Assessment of student progress by a classroom teacher is a continuous complex process that is an integral part of the teaching and learning process every day. Teachers use a variety of methods to gather information about a student's achievements, the level of the student understands and teaching techniques. Examples of classroom based assessment methods that teachers use on regular basis to assess student learning include; observation, teacher designed task, interviews with the student, criterion-referenced academic test and functional assessment.

During a school day, there are ongoing opportunities for teachers to assess students across a variety of settings and situations. The information and data collected by teachers are primarily used for planning programmes that are appropriate to each student's strength, interests, needs and level of functions. The choice of assessment instruction is a complex one and depends on the students. For example, verbal skills, ability to respond to complex instructions and social expectations, ability to work rapidly and to cope with transition in test activities (National Research Council, 2001: 28). The responsiveness of a student with ASD to an assessment task may be affected by novelty and structure of the assessment situation.

When a child is diagnosed with ASD it may be difficult and stressful for the family since it has its own questions and concerns (A Parent's Handbook, 2015). Durocher (1999), indicates that assessment is necessary step in the overall programme planning for students with ASD. Its more than the administration and interpretation of test results. In contrast to testing, assessment is much broader, conceptualized as a systematic process for gathering information (or data) for use in making diagnostic legal and /or educational relevant decisions.

In summary, the strategies teachers use as generated from the findings are: to use medical personnel as one of the stakeholders, observation, children recordings, and asking simple questions to parents. Teachers need refresher courses, workshops for training them in autism education and assessment. Governments also need to get fully involved by providing the materials, getting a an equiupment to diagnose the autism, guiding other teachers on how to handle children with autism and calling more professionals to join hands. Teachers ought to come up with a checklist, sit together to pave a harmonized way forward, report the problems of the child to the head teacher, facilitate assessment rooms and ensure that assessment is done in than one day.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introductions

The previous chapter presented the findings in raw data, analysis and interpretation. This chapter presents the summary, conclusions and recommendations. It should be recalled that the major objectives of the study were: to find out tools teachers use in assessment for placement, the procedures teachers use during the assessment of learners with autism spectrum disorders, challenges teachers face during assessment and recommendations on strategies which can be used to improve assessment process.

5.2 Summary of the Major Findings

This section covers the research themes which were developed from the objectives of the study. The themes included; the tools teachers use when assessing learners with autism for educational placement, procedures teachers use in assessing learners with autism for educational placement, challenges teachers face during the assessment process and teachers recommendations so as to have an improved assessment of learners with autism.

5.2.1 Tools Teachers Use in the Classroom to Assess Learners with Autism

The results reveal that teachers have no specific tools to use during the classroom assessment of learners with autism. The major tools teachers use are observation and interviews for which sometimes they do not have observation and interview guide when interacting with the parents.

Teachers also go through some documents for example medical forms and reports from other schools where the child came from or referral centers to supplement the information from the other two sources.

Informal talks also to be included in the assessment process for the teachers with both learners and parents.

Also, schools have developed some guides in form of checklists to use during assessment of children in the schools. These guidelines differ from school to school. Literature show that there are standardized tools for assessing the learners with autism in other countries for example in The US and UK. The teachers in Uganda are still using teacher made tools because they lack enough knowledge on administration and usage of standardized tools from other countries. There is need for teachers in Uganda to sit down and come up with a harmonised assessment tool which could be used in all schools while the teachers are assessing and placing the learners with autism spectrum disorders in educational programs. These should be simplified to enable all teachers to use them with minimal problems. They will bring change in the instruction since all children will be assessed in a proper way.

The purposes and values of effective observations as part of an ongoing assessment process have been highlighted, indicating that all practitioners have a duty and responsibility to monitor the progress of each child in a way that is accessible to parents, children and other professionals. A range of observational methods have been offered for consideration, with clear guidelines as to the practical and ethical issues that must be taken into account before embarking upon any such process. Effective observation will

also greatly inform practice and could ultimately benefit the child, ensuring that the plans and interventions that follow have been informed through an examination of a range of information relating to the child's current levels of performance and considering all factors that may compound or enhance future progress.

5.2.2 Procedures Teachers' Use during the Assessment of Learners with Autism.

The results reveal that in the selected schools, teachers had procedures they followed in the assessment process. Despite the identified procedures that teachers followed during assessment, there is no programme in place to harmonize the steps to follow. The procedures teachers use in assessment have many things in common but are not the same. Some begin with the child while others begin with documents or informal talks with the parents. The sample of the procedures, according to the results are: asking parents questions on how the process of prenatal was, indicating all happenings before birth, giving tasks to the children on coming to school for assessment, organizing the assessment committee, interacting with the person who brought the child for assessment, making appointments, making a series of observations, informing the parents of the legal fee, giving the parents a medical form to take to a hospital, jotting down the main points, parents being given a form to fill and a checklist used on daily basis, parents returning the form for admission of the child and placement the child in an appropriate place. This relates to what Gabriel and Dina (2002) note that the interviewer extracts information from the parents or a primary caregiver about the child's development. This includes history, language and communication skills, play skills, social abilities and behaviour. Additional information that may be useful in establishing an alternative way to collect information about behaviors, differential diagnosis, is done by a trained examiner who

codes the examples given by the parents and the results are entered into an algorithm to establish the presence or absence of autism.

5.2.3 Challenges Teachers Face during Assessment

The results reveal that during assessment there is a multitude of challenges resulting from the new concept of autism. The challenges teachers face include: limited knowledge about the characteristics displayed by learners with autism and the challenging behaviour of such children. For example, learners with autism do not talk except a few/lack speech, lacking skills for assessment, limited time given to assessment, parents being rigid in accepting the outcome of assessment, assessment being expensive for many parents and providing false information as well as parents failing to observe days for assessment.

If the parents refuse to accept the outcome of the assessment, it implies that their child may not be helped appropriately, if teachers are not competent in the assessment skills, it may lead to mis-diagnosis. Other challenges like lack of appropriate tools/equipment to do assessment of autism, medical doctors are few and expensive yet the majority of autistic people experience medical problems, parents don't want to pay for assessment, children taking long to respond to instructions, teachers lack background knowledge about sign language, not many children who are autistic can use sign language effectively, little financial support to buy equipment to use in assessment, the information from the parents is not adequate enough to guide the process of planning the educational programme, children with autism having things they treasure over others and so fail to change easily. This implies that if the challenges are not addressed appropriately, learners with autism will continue getting inappropriate assessment.

5.2.4 Teachers' Plans for Improving Assessment

The results revealed that teachers knew that the assessment done lacked harmonization. The study generated a lot of information about what should be done. It includes: use medical personnel as stakeholders because the majority of the children with autism have other problems which require medical attention, assessments and observations be part of assessment, in addition, children recordings to replay and answers from parents to be taken seriously, teachers need refresher courses for widening knowledge on autism, training teachers in autism education to help mastering characteristics which would be based on when assessing, government to be involved fully by providing the materials like getting a equipment to diagnose the autism as equipment may generate accurate information, guiding other teachers on how to handle children with autism since autism is a new area which needs more sensitization, calling more professionals to join hands so as to come up with better methods and tools in assessment, teachers to come up to find a way on the assessment, teachers to report the problems of the child to the head teacher and carrying out the assessment as a team.

5.3 Conclusions of the study

Most of the teachers claimed to have carried out assessment before admitting learners in educational programmes without standardized tools.

Most of them confirmed that they follow certain procedures when assessing learners with autism for placement into educational programmes. Teachers also described that they experienced problems in assessing children with autism.

Current knowledge on autism education is derived from experience gained by teaching children with autism combined with other sources of information (theoretical) from books and internet. Also, less than 30% of teaching staff claimed they had received training on identification and assessment of learner's with autism.

Descriptions given by teachers do indicate that they experience problems while assessing children with autism.

There are limited resources available for teachers to use during assessment of learners with autism and majority of the information got from assessment focused on how to improve the instruction and proper placement of learners with autism in educational programmes. And lastly, teachers should a plan to have training on autism education and assessment skills

Most of the information got from assessment focused on how to improve the instruction and proper placement of learners with autism in educational programmes.

5.4 Recommendations

Drawing from the findings of the study, some of the issues which are recommended for further research are outlined below. The summary of the findings in this section was used to suggest the recommendations that guide policy and further research on autism spectrum disorder, educational placement and assessment strategies. The presentation follows the objectives of the study though some of the themes generated were also included.

5.4.1 Policy recommendations to the Government

The researcher recommends that the government through the Ministry of Education and Sports (MoES) to construct a policy on assessment of learners with autism.

Government should review the ways in which assessment is done in schools for learners with autism to come up with appropriate strategies.

There should be a policy on assessing all learners suspected to be having autism before placement in educational programs.

Government should take full responsibility to pay for assessment and assessors also felt they should be empowered in assessment skills.

5.4.2 Tools Used for Assessment of Learning Needs of Learners with Autism

The government should organize seminars on how to use assessment tools and how to help teachers develop a harmonized assessment tools to be used in the country. There are no specific tools to use during assessment of learners with autism in Uganda.

Establishing a team of professionals to evaluate the assessment tools appropriate for all levels of learners with autism spectrum disorders in all sectors, schools inclusive.

5.4.3 Procedures to Follow during Assessment of Learning Needs of Learners with Autism

The government should collect together all information about procedures teachers use from different schools so that they are outlined and be put on web or supplied to schools to follow whenever there is an assessment.

The results got from assessment should be formulated in a data base so that whenever there is need one would visit the website and pick it and this should be at sub county level.

5.4.4 Handling Challenges Experienced by Teachers Involved in Assessing and Placement of Learners with Autism

There are numerous challenges experienced by teachers when assessing learners with autism. When policies are made they should be implemented. Government should assist in the payments for the assessments carried out in schools. Moreover, it should employ teachers in the schools to purposely carry out the assessment and train teachers in assessment of learning needs to all autistic learners.

5.4.5 Additional Strategies Teachers can Use to Improve the Assessment of Learners with Autism

Observations done should be recorded and kept as a teaching reference and to act as a basis for continuous assessment. Yearly review on the skills teachers have through training and portfolios when assessing the learners with autism.

The government should include a module on assessment in the training of all teachers so that they all know what to do.

The MOES should through its programs of providing instructional materials particularly those which capture learners' attention, emotions, and sensory, text books and teachers "guides specifically include assessment guides for assessment".

5.5 Areas for Further Research

The challenges identified indicate that teachers are not competent enough in autism education in Uganda. In order to achieve this, further research needs to be taken to bridge the gap between the competencies in autism education and assessment strategies.

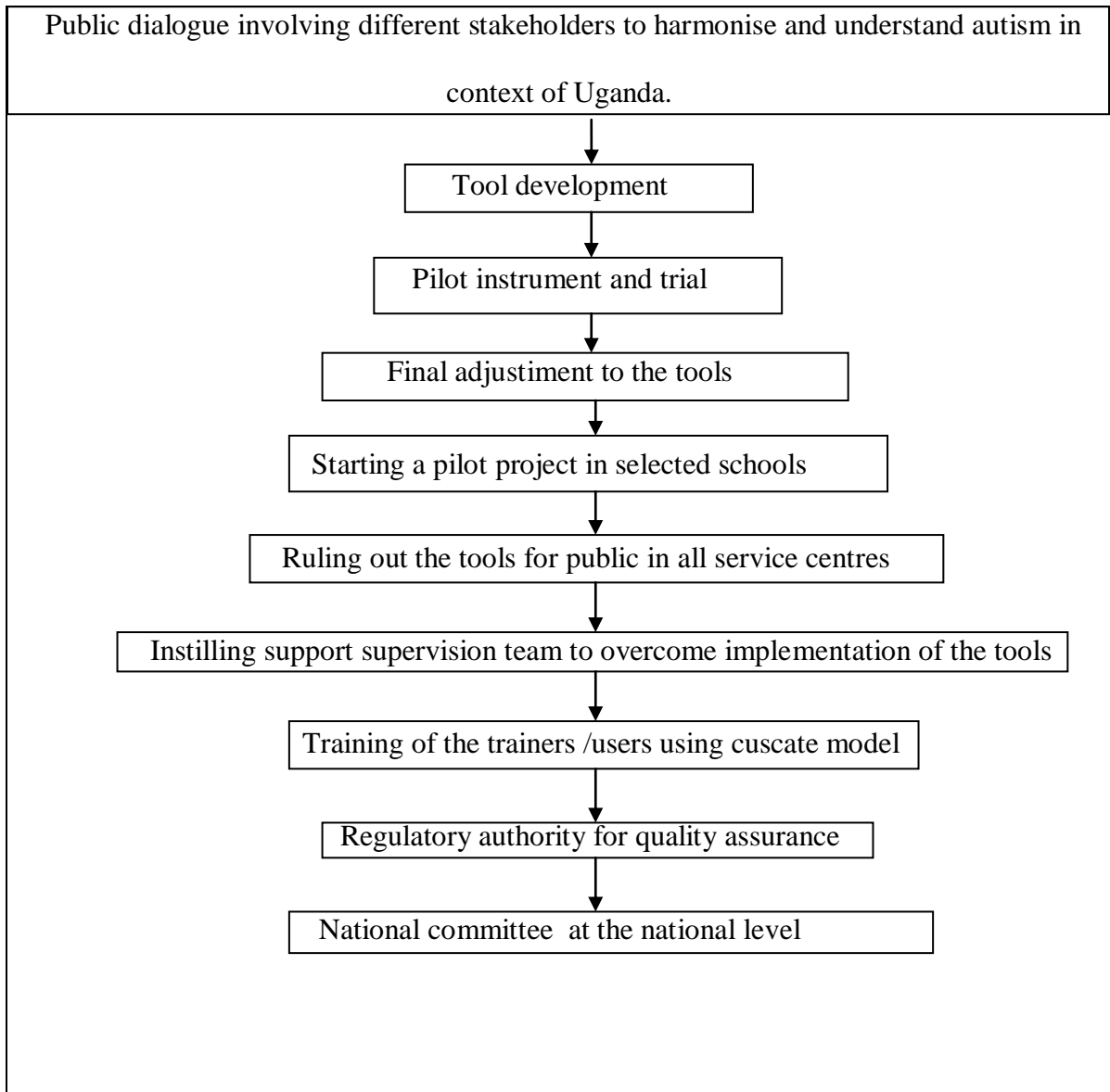
- Extensive research into Materials to be used when assessing learners with Autism Spectrum disorders.
- As a reality, majority of teachers lack specific skills for assessment, therefore it is suggested that more studies be conducted on tools to be used in assessment.
- Though the findings show that teachers have procedures they follow during assessment they are not harmonized. Therefore more investigation into effective procedures to be used in assessment can be considered.
- The effectiveness of using assessment methods is not fixed. A study on using appropriate methods is needed.
- Majority of learners with autism have Medical related problems. Therefore, a study on related disorders to autism spectrum disorders should be conducted. Assessment has proved to be a complex adventure to parents and teachers. Therefore there is need for a study on Parents teacher patternships in assessment and intervention of learners with autism.

Recommendations for Improvement in Assessment

- There is need for the teachers to develop a harmonized tool to be used in schools for placement.

- As assessment autism is a new phenomena to many people who work with children with autism, there is need to form and facilitate a national assessment centre to act as a referral centre for the country.
- Assessment should be done continuously and should not be a one day activity.
- There should be a developed system of recording assessment results to those who would come later topick from.
- The people concerned need to sit down and develop systematic procedures of doing assessment.
- Training curriculum should he developed and implemented in the faculty of special Needs and rehabilitation in for a diploma and degree programmes in education and assessment of learners with autism.
- An urgent need to establish an Assessment Centre facilitated to assess learners with autism and act as a role model where other teachers would come and learn assessment.
- Formulate a specific of legislations and policies on assessment of learners with autism

An assessment model



In summary, the procedures used in assessment should follow a particular order for all schools and the tools should be uniform. The assessor should prepare well in advance so that if a parent comes, she/he should be systematic in the procedures to be used during assessment. And the child should be given time to interact with the materials so that the assessor observe the child when active. This will involve play materials with bright

colors. Teachers should encourage and prompt the parents always to speak the truth about their children so that the child is helped in an appropriate way.

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APPENDIX A:

Interview Guides for Teachers in Primary Schools and Special Schools with Learners with Autism.

I am a student at Kenyatta University pursuing a PhD in special education. I am carrying out a study on strategies teachers use to enhance assessment of learners with autism for placement in educational programmes. I kindly request you to participate in the interview and you are free to answer the questions at will. The information you will give me will be treated confidential. I wish to request you to allow for tape recording so that the information is captured in its totality.

Time

Date.....

Place

Introduction: This will include the, purpose of the study, purpose of the interview, how the information will be used, and getting information to record the interview

Interview questions

1. What tools do you use in assessing learners with autism?
2. What procedures do you follow during assessment of learners with autism?
3. In which ways do you use the information you collect during the assessment process for learners with autism?

4. How does the information you collect help you in placement of autistic children in different programmes?
5. According to your experience, how should teachers utilize the information collected during the assessment of learners with autism?
6. What do you think teachers should do to overcome the challenges they experience during assessment?
7. What do you think teachers should do to overcome the challenges they experience during placement?
8. What specific challenges do you meet in the process of placing learners with autism?
9. What suggestions do you have towards the improvement of assessment tools for learners with autism?
10. What suggestions do you have towards the procedures that teachers use to assess learners with autism?
11. What views do you have towards assessing learners' with autism?

Thank you

APPENDIX B:

Interview Guide for Focus Group Discussion

I am a student at Kenyatta University perusing a PhD in special education. I am carrying out a study on strategies teachers use to enhance assessment of learners with autism for placement in educational programmes. I kindly request you to participate in the interview and you are free to answer the questions at will. The information you will give me will be treated confidential. I wish to request to allow for tape recording so that the information is captured in its totality.

Time

Date

Place

Introduction: purpose of the study, the purpose of the interview, how the information will be used and getting information to record the interview

Interview Questions

1. What tools do you use in assessing learners with autism?
2. What procedures do you follow during assessment of learners with autism?
3. In which ways do you use the information you collect during the process of assessing learners with autism?
4. How does the information you collect help you in placement of autistic children in different programmes?

5. According to your experience, how should teachers utilize the information collected during the assessment of learners with autism?
6. What do you think teachers should do to overcome the challenges they experience during assessment?
7. What do you think teachers should do to overcome the challenges they experience during placement?
8. What specific challenges do you meet in the process of placing learners with autism?
9. What suggestions do you have towards the improvement of assessment tools for learners with autism?
10. What suggestions do you have towards the procedures that teachers use to assess learners with autism?
11. What views do you have towards assessing learners' with autism?

Thank you

APPENDIX C:**Interview Guide for Head teachers**

I am a student at Kenyatta University perusing a PhD in special education. I am carrying out a study on strategies teachers use to enhance assessment of learners with autism for placement in educational programmes. I kindly request you to participate in the interview and you are free to answer the questions at will. The information you will give me will be treated confidential. I wish to request you to allow for tape recording so that the information is captured in its totality.

Time

Date

Place

Introduction: purpose of the study, the purpose of the interview, how the information will be used and getting information to record the interview

Interview questions

1. What tools do you use in assessing learners with autism?
2. What procedures do you follow during assessment of learners with autism?
3. In which ways do you use the information you collect during the process assessing learners with autism?
4. How does the information you collect help you in placement of autistic in different programs?

5. What specific challenges do you meet in the process of placing learners with autism?
6. What specific challenges do you meet in the process of assessing learners with autism?
7. To the best of your knowledge, how should teachers utilize the information they collect during the assessment of learners with autism?
8. How do you think teachers should do to overcome the challenges they experience during assessment?
9. What do you think teachers should do to overcome the challenges they experience during placement?

10. What suggestions do you have towards the improvement of assessment tools for learners with autism?
11. What suggestions do you have towards the procedures that teachers use to assess learners with autism?
12. What views do you have towards assessing learners' with autism?
13. According to your experience, how should teachers utilize the information they collect during the assessment of learners with autism?

Thank you

APPENDIX D:**Observation Guide for Learners with Autism**

Name	Age	Defect	Location

Observation Schedule for Class Teachers

1. Availability of the tool(s)	YES	NO
2. <u>Components of the tool</u>	✓	✓
<ul style="list-style-type: none"> Learner activities clearly stated 	✓	
<ul style="list-style-type: none"> Tool takes into consideration the learners' assessed needs 	✓	✓
<ul style="list-style-type: none"> Teacher teaches first then he/she assigns tasks 		
<ul style="list-style-type: none"> Teacher teaches and assesses at the same time 		
<ul style="list-style-type: none"> Nature of challenges experienced by the teachers during the process of assessing learners with autism. 		

APPENDIX G



DEPARTMENT OF SPECIAL NEEDS STUDIES

Tel: 0414286237/8 / 285001 Fax: 0414220464

Email: arkyu @ Kyambogo. ac.ug, www.kyambogo.as.ug

Chief Education Officer,

Dear Sir/ Madam

RE: CONSENT TO DO RESEARCH IN KAMPALA DISTRICT

I Wamala Juliet Nakalule a student at Kenyatta University registration no E83EA/21339/2010 pursuing a PhD, I hereby seek consent to carry out a research in your district/ division to enable me collect data for my PhD thesis. The current topic is “Assessment strategies teachers use for placement of learners with autism in educational programsme. A case of Kampala district in Uganda,”. Means of collecting data will include interviewing head teachers and teachers as well as observing children with autism. The information got will be treated with confidentiality unless permission is sought from you to release it.

I will be grateful if my request is considered.

Yours faithfully

WAMALA JULIET NAKALULE
Tel: 0772820154

APPENDIX H:

COSENT FROM THE HEAD TEACHER



KYAMBOGO UNIVERSITY

DEPARTMENT OF SPECIAL NEEDS STUDIES

Tel: 0414286237/8 / 285001 Fax: 0414220464

Email: arkyu @ Kyambogo. ac.ug, www.kyambogo.as.ug

The head teacher

Dear Sir/ Madam

RE: SEEKING CONSENT TO DO RESEARCH IN YOUR SCHOOL

I Wamala Juliet Nakalule a student at Kenyatta University perusing a PhD, I hereby seek consent from you to carry out research in your school to enable me collect data for my PhD thesis. The current topic is “Assessment strategies teachers use for placement of learners with autism in educational programmes. A case of Kampala district in Uganda,”. Means of collecting data will include interviewing teachers and the head teachers as well as observing children with autism. The information got will be treated with confidentiality unless permission is sought from you for to release it.

I will be grateful if my request is considered.

Yours faithfully

WAMALA JULIET NAKALULE

Tel: 0772820154

APPENDIX I: AUTHORITY LETTER FROM KENYATTA UNIVERSITY**KENYATTA UNIVERSITY
GRADUATE SCHOOL**E-mail: dean-graduate@ku.ac.keWebsite: www.ku.ac.keP.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: E83EA/21339/2010

DATE: 1st August 2015

Director General,
National Commission for Science, Technology
& Innovation
P.O Box 30623-00100
NAIROBI

Dear Sir/Madam,

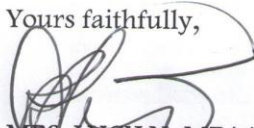
**RE: RESEARCH AUTHORIZATION FOR WAMALA JULIET NAKALULE- REG. NO.
E83EA/21339/2010**

I write to introduce Ms. Wamala Juliet Nakalule who is a Postgraduate Student of this University. She is registered for Ph.D degree programme in the Department of Special Needs Education.

Ms. Wamala intends to conduct research for a Ph.D Proposal entitled, "Assessment Strategies Teachers use For Placement of Learners with Autism in Educational Programs: A Case Study of Kampala District in Uganda".

Any assistance given will be highly appreciated.

Yours faithfully,



**MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL**

RMm

APPENDIX J: UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY



Uganda National Council for Science and Technology
(Established by Act of Parliament of the Republic of Uganda)

Our Ref: SS 4028

26th July 2016

Wamala Juliet Nakalule
C/o Kyambogo University
Kampala

Re: Research Approval: **Assessment Strategies Teachers Use for Placement of Learners with Autism in Educational Programs: A Case Study of Kampala District in Uganda**

I am pleased to inform you that on **25/07/2016**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period **25/07/2016 to 25/07/2020**.

Your research registration number with the UNCST is **SS 4028**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project.

As Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the research protocol or the consent form (where applicable) must be submitted to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local REC for review with copies to the National Drug Authority.
4. Unexpected events involving risks to research subjects/participants must be reported promptly to the UNCST. New information that becomes available which alters the risk/benefit ratio must be submitted promptly for UNCST review.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.
6. A progress report must be submitted electronically to UNCST within four weeks after every 12 months. Failure to do so may result in termination of the research project.

Below is a list of documents approved with this application:

	Document Title	Language	Version	Version Date
1.	Research proposal	English	2.0	April 2015
2.	Interview Guides for Teachers	English	2.0	April 2015
3.	Interview Guide for Focus Group Discussions	English	2.0	April 2015
4.	Interview Guide for the head Teacher	English	2.0	April 2015
5.	Observation Guide for Learners with Autism	English	2.0	April 2015
6.	Consent to do Research	English	2.0	April 2015

Yours sincerely,


Hellen N. Opolot
for: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

cc. Chair, Mildmay Uganda, Research Ethics Committee

LOCATION/CORRESPONDENCE

Plot 6 Kimera Road, Ninda
P. O. Box 6884
KAMPALA, UGANDA

COMMUNICATION

TEL: (256) 414 705500
FAX: (256) 414-234579
EMAIL: info@uncst.go.ug
WEBSITE: <http://www.uncst.go.ug>

**APPENDIX K1: ASSESSMENT REPORTS FROM
SCHOOLS**

SCHOOL A FOR THE MENTALLY HANDICAPPED

P.O.BOX 11627, Kampala.Tel:0392828806

Email:kirekassne@yahoo.com

Date of assessment...../...../.....

1. GENERAL BACKGROUND INFORMATION

Child's name:.....

Sex..... Date of Birth..... Age.....

Parent's/Guardian's nameIn case of a guardian,
what is the relationship

Family language known
.....Tel:.....Email.....

Other languages known

Permanent Address

Tel contact..... Referral
centre.....

Father's name..... Mother's
name.....

Tel:..... Tel:.....

Permanent address..... Permanent address.....

Permanent address..... Permanent address.....

Parish..... Parish.....

District..... District.....

Name of LC1 Chairman Name of LC1 Chairman

Name of Lc1 Zone Name of Lc1 Zone

Family language

Other language known/used by family.....

Next of Kin's nameTel:.....

What is the relationship to the child?.....

Permanent address.....

Name of LC 1 zone /Division.....

Name of LC 1 Chairperson.....

Village

Parish.....

District.....

Name of LC 1 Chairperson.....

Name of LC1 zone.....

Family language.....

Other languages known.....

Child's present/previous school address

2. INFORMATION ABOUT FAMILY

Both parents alive Father alive Mother alive

Does the child stay with both parents? Stay with father /mother

Others.....

What is the child's position in the family paternal (father)? Maternal (mother)

Number of children living in the family

Is there any child who died in the family and if any at what age(s)?.....

Any other family member with disability?.....

If yes; what kind of disability?.....

PRE-NATAL DETAILS (HISTORY OF PREGNANCY)

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PERI-NATAL DETAILS (HISTORY OF BIRTH)

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POST-NATAL DEVELOPMENT MILESTONE DETAILS

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Sensory details

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Cognitive details

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Social abilities

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Motor skills

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Self help Skills (SHS)

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Activities of Daily Living (ADL)

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Current Health Condition

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Child's home/current school/community environment

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Current parent/guardian's involvement towards the child

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Parent's /guardian's/Sponsor's expectations

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Summary & Conclusion of findings

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Advice to parent /guardian

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General Recommendations

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Parent's /guardian's/Sponsor's

Name

Signature;

Assessment team;

1.
2.
3.

Remarks by Administration

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.....
.....

**APPENDIX K2: ASSESSMENT REPORTS FROM
SCHOOLS**

**SCHOOL A FOR THE MENTALLY HANDICAPPED
P.O.BOX 11627, KAMPALA.TEL.0392828806
Email:kirekassne@yahoo.com**

ASSESSMENT REPORT CARD

CHILD'S NAME AGE.....

CLASS.....TERM..... YEAR.....

HOUSE PARENT'S NAME

LEARNING AREA	ACHIEVEMENT	COMMENT
Pre-number		
Language & Communication skills		
Life skills and values		
News		

Literacy I		
Literacy II		
Religious Education		
Physical Education		
Free activity		
ADL and self help skills		

Pre-vocational/Vocational skills		
Music		
Art		
Child's health		

Requirements for a particular child on addition to the attached requirements

Pupil's conduct

.....

Class teacher's comment

.....

.....

.....

APPENDIX K3: ASSESSMENT REPORTS FROM SCHOOLS



SCHOOL B FOR AUTISM

For: Autism, Conselling, Therapy, Research and Vocational Education
Minister's Village off Martyrs Way - Ntinda, Kampala, Uganda
Tel: +256 752 596887 / +256 788 726032
Email: info@dornahomeforautism.org | www.dornahomeforautism.org

YOUR REF.....

DATE 4/12/2015

OUR REF. Oct/04/12/2015

EDUCATIONAL NEEDS ASSESSMENT PROGRESSIVE REPORT

NAME:..... TERM.....

INTRODUCTION:

special educational needs relate to a combination of learning, communication, social and emotional difficulties. She has a diagnosis of Autistic disorder.

LANGUAGE AND COMMUNICATION SKILLS

has grown although words haven't come out she has gestures for certain things. More time awaited for Luiz.

SOCIAL AND EMOTIONAL DEVELOPMENT

Socially Luiz is quiet fair she loves playing with peers and demonstrates emotional feelings in times of pain.

PHYSICAL, SENSORY AND MEDICAL NEEDS

is physically okay and has some sensory issues that need to be worked upon. Some healthy issues are realised like tens-lites. More support needed

GROSS AND FINE DEVELOPMENT SKILLS

FOOD TIME AND TOILET HABBITS

habbits -----

INDEPENDENT LIFE SKILLS

More trainings and help is
still needed to help her out

VOCATIONAL SKILLS

----- materials

DIRECTORS REPORT

Linn has grown up, some
changes are experienced in her
and more support is needed

SIGNATURE.....

NAME.....

NEXT TERM BEGINS ON

HAVE A BLESSED HOLIDAY

APPENDIX L1: ASSESSMENT CARDS



SCHOOL B FOR AUTISM

For: Autism, Conselling, Therapy, Research and Vocational Education.
Minister's Village off Martyrs way
Ntinda, Kampala - Uganda.
Tel: +256 752 596887 / 0788-726032
Email: ndorothy2013@gmail.com, Website: www.domacentre.org

7TH/DEC/2013

DEAR PARENT/ GUARDIAN,

**AN AGREEMENT BETWEEN PARENT /GUARDIAN AND DORNA CENTRE
HOME FOR CHILDREN LIVING WITH AUTISM**

NAME OF THE CHILD

.....

NAME OF THE PARENT / GUARDIAN (MOBILE NO.)

.....

I have come in agreement with the home to let my daughter /son to be staying in the home as a resident for the weekly days.

My daughter /son will always be taken home for weekends.

I will abide with the rules and regulations of the home.

Signature PARENT:

DIRECTOR: 

APPENDIX L2: ASSESSMENTCARDS

SCHOOL B FOR THE MENTALLY HAND CAPPED

P.O.Box 11627, Kampala

Kirekassne@yahoo.com Tel: 0392828806

MEDICAL QUESTIONNAIRE AND CHECK UP FORM:

Name of the child.....

Sex.....

Age.....

Child special Needs

MEDICAL ASSESSMENT

Medical history:

EXAMINATION FINDINGS:

Respiratory system.....

Abdomen:.....

Ears:.....

Eyes:.....

Throat:.....

Skin:.....

CVS:.....

Nervous system:.....

Summary of findings:

Recommendations/ necessary medication:

Epilepsy:..... Medication..... Frequency

Doctor's advice

Medical doctor's name:.....

Signature

Stamp

**APPENDIX M1: ACCEPTANCE LETTER FROM
SCHOOLS**

APPENDIX H: COSENT FROM THE HEAD TEACHER



Tel: 0414286237/8 / 285001 Fax: 0414220464

Email: arkyu @ Kyambogo. ac.ug, www.kyambogo.as.ug

22/10/2015

The head teacher

Dear Sir/ Madam

*Recommended by
Ms. Dorothy Nambi
School B
for Autism*

RE: SEEKING CONSENT TO DO RESEARCH IN YOUR SCHOOL

I Wamala Juliet Nakalule a student at Kenyatta University perusing a PhD, I hereby seek consent from you to carry out research in your school to enable me collect data for my PhD thesis. The current topic is "Assessment strategies teachers use for placement of learners with autism in educational programs. A case of Kampala district in Uganda," Means of collecting data will include interviewing teachers and the head teachers as well as observing children with autism. The information got will be treated with confidentiality unless permission is sought from you for to release it.

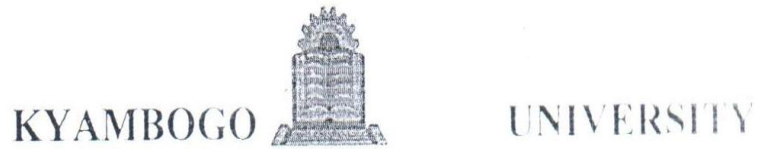
I will be grateful if my request is considered.

Yours faithfully

WAMALA JULIET NAKALULE (Lecturer)

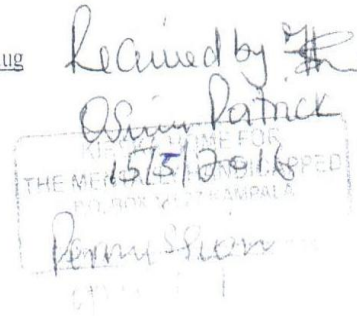
PhD student

Tel: 0772820154

APPENDIX M2: ACCEPTANCE LETTER FROM SCHOOLS

DEPARTMENT OF SPECIAL NEEDS STUDIES

Tel: 0414286237/8 / 285001 Fax: 0414220464

Email: arkyu @ Kyambogo. ac.ug, www.kyambogo.as.ug

28/04/2016

The head teacher SCHOOL A

Dear Sir/ Madam

RE: SEEKING CONSENT TO DO RESEARCH IN YOUR SCHOOL

I Wamala Juliet Nakalule a student at Kenyatta University perusing a PhD, I hereby seek consent from you to carry out research in your school to enable me collect data for my PhD thesis. The current topic is "Assessment strategies teachers use for placement of learners with autism in educational programs. A case of Kampala district in Uganda," Means of collecting data will include interviewing teachers and the head teachers as well as observing children with autism. The information got will be treated with confidentiality unless permission is sought from you for to release it.

I will be grateful if my request is considered.

Yours faithfully

WAMALA JULIET NAKALULE (Lecturer)

PhD student

Tel: 0772820154

APPENDIX N: ACCEPTANCE LETTER KCCA**DIRECTORATE OF EDUCATION
AND SOCIAL SERVICES****REF: DES/KCCA/201/17**23rd November, 2016

Ms. Wamala Juliet Nakalule
 Kyambogo University
KAMPALA

**RE: CONSENT TO DO RESEARCH
IN KAMPALA DISTRICT**

The above subject refers.

Permission is hereby granted for you to collect data for a study entitled **“Assessment strategies teachers use for placement of learners with autism in educational programmes. A case of Kampala District in Uganda”**

You are expected to exercise utmost ethical treatment of study subjects, consented participation and that the results of the study will be used for academic purposes only. You will also be expected to share your research report with KCCA.

For a better City

Namuddu Juliet Nambi
DIRECTOR EDUCATION AND SOCIAL SERVICES

Copy: Supervisors Education Services, KCCA

P.O Box 7010 Kampala - Uganda
 Plot 1-3 Apollo Kagwa Road
 Tel: 0414 581 294 / 0204 660 000
 Web: www.kcca.go.ug. Email: info@kcca.go.ug
 f: [facebook.com/kccaug](https://www.facebook.com/kccaug). t: @KCCAUG

