

## **Educational Assessment Practices for Children with Autism Spectrum Disorder in Inclusive Primary Schools in Tanzania**

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### ***Abstract***

*This paper analyzes the practices used in assessing children with Autism Spectrum Disorder (ASD) in inclusive primary schools in Dar es Salaam. A qualitative approach was employed to obtain in-depth information on educational assessment practices regarding the children. Purposive and snowballing sampling techniques were used to obtain a sample of 81 participants. Data were collected from special needs education teachers, parents/guardians of children with ASD, head teachers and district education officers. Instruments for data collection consisted of open ended and in-depth interviews, observation, focus group discussion and documentary analysis. The data revealed that educational assessment services for children with ASD are provided at late stages leading to delayed interventions. Furthermore, there is stigma attached to ASD due to parents' unawareness on the condition and its characteristics.*

**Keywords:** *Autism Spectrum Disorder, Assessment Practices, Inclusive Primary Schools, Diagnosis, Identification.*

### **INTRODUCTION**

Autism Spectrum Disorder (ASD) is a lifelong disability condition that affects an individual's social, communication, and behavioral interactions. The abilities and needs of children with ASD vary and develop over time. Many children with mild ASD can live independently, while those with severe conditions require life-long care and support. It is reported by the American Psychiatric Association (2013) that ASD causes difficulties in educational development and skills acquisition. According to the current data, the global prevalence of ASD is estimated to be 1 in 100 people (Zeidan et al., 2022). The rise in the number of children with ASD, particularly in public schools is an indicator that additional support, including early educational assessment and intervention services, are

unavoidable (Athbah, 2023). Noteworthy is that the condition is frequently discovered later in life. In Africa, it is normally discovered when children or students are registered in schools. The symptoms should be detected in early years for early interventions. Late detection leads to late access to appropriate interventions (Lupando et al., 2022).

Children with ASD need early educational interventions and equal access to education through inclusion (Ydo, 2020). The equitable distribution of educational opportunities to children with disabilities can facilitate the inclusion of the latter. An inclusive approach to education for children with disabilities means educating such children in environments where they are included in general education settings with their peers so that they can learn together (Nilholm, 2021). One of the main goals of inclusion is to enable the children become self-independent (UNICEF, 2017). Studies reveal that early assessment services for children with ASD can improve their behaviour, social skills, and communication, all of which have a long-term positive effect on their well-being and standards of living as well as that of their parents or family members. According to Kocukgoz and Ozyaydin (2023), for children with ASD to gain from inclusive education services, educational assessment practices is necessary. This is aimed at enabling individuals with ASD to live independently and meet their needs and goals without much assistance from others.

Tanzania has made several initiatives in inclusive education which have led to inclusive schools in her educational system. The Education and Training Policy (URT, 2014) and The National Policy on Disability (URT, 2004) of Tanzania recognize the need for equal educational opportunities for learners with disabilities in inclusive settings. Koegel et al. (2012) affirm that one of the requirements for inclusive education is that identification of a child's problem should be done before his/her enrolment in an inclusive classroom. This can lead to prompt interventions and supports for the child and his/her family. Despite the efforts, the needs of children with ASD are not yet well fulfilled. According to Manji (2018), children with ASD in the country are not given attention and services to make them realize their education potentials. They are poorly managed and that many of them are discriminated against basic educational services and remain almost unidentified.

Since the Tanzanian education system aims at inclusion, it is important that children with ASD, like others in the country, get appropriate assessment and special intervention services at an early stage. According to Hallahan et al. (2018), learners who receive appropriate assessment tend to have improvement in their intellectual ability, better communication skills and improved social behaviour. The earlier a condition that may lead to disability is assessed and appropriate education or support services provided to the child, the better the outcomes leading the child's dignity and independence in his/her life.

The earlier the educational assessment practices begin, the earlier the difficulties can be reduced and age-appropriate skills be introduced to facilitate a child's learning. Across the world, studies show that the ages at which children with ASD receive diagnostic assessment differ from one country to another. In the US and other highly-developed and resourced countries, ASD is usually diagnosed between 18 months and 3 years, which allow the children to get effective early intervention services (Hall, 2018). In poor and underdeveloped nations, there is limited research on the age of assessment of children with ASD. Data also indicate that in under-resourced countries assessment of the children ranges from 6-8 years, with some children not being diagnosed until when they get into their teenage years (Harrison, Zimak, Sheinkopf, Manji, and Morrow, 2016). According to Boyd et al. (2010), in the past, many professionals have had a "wait and see" attitude regarding the screening, assessment and detection of ASD due to lack of validated instruments. However, currently, in some countries the validated screening and detective tools are available for use by professionals in their day-to-day practices.

Shortage of reliable assessment tools, limited information about identification and assessment of individuals and knowledge on ASD have negative influences on assessment practices. The situation leads to limited access to educational services of the children as well as evidence-based treatments (Hall, 2018). Not only that but also, insufficient number of teachers trained in special needs education on handling children with ASD in their classrooms is also a problem affecting assessment and intervention as indicated by Manji (2018), Ndunguru and Kisanga (2023). Most assessment and intervention strategies are urban based despite the fact that many children with disabilities are from poor families in the rural

areas where many parents hide the children and deny them their rights of access to appropriate educational services. Teachers' low knowledge and perceived challenges of teaching children with autism in regular primary schools in Tanzania as well as low awareness about children with autism in schools hinder children with ASD from accessing early assessment services (Edward, 2015).

In Tanzania and other developing countries, not much has been done on practices used in identification and assessment of children with ASD, including the role of family members in supporting their children with ASD. Developed countries have advanced in identifying and assessing children with ASD. Duesenberg and Burns (2022) recommend that countries should give a lot of consideration to the identification, screening, as well as interventions services for children with autism.

This paper analyzes the educational assessment practices employed for children with ASD. It looks into the time when parents realize that their children have ASD, the age the child with ASD is assessed, the tools and techniques used in assessing the children as well as where the children with ASD are being assessed. It also looks into the challenges faced during the assessment practices of children with ASD.

## **METHODOLOGY**

A qualitative research approach was used to gather in-depth data on educational assessment practices used for children with autism through participants' insights, feelings, ideas, and experiences through narratives. The approach was purposely used to gather non-numerical data. Further, the approach enabled the researchers to get the holistic picture of the assessment process and detailed views of informants in natural settings (Creswell and Creswell, 2018). Interpretivism is the philosophical approach which was used in obtaining in-depth qualitative data for deeper understanding of the research problem (Thorne, 2016). The research objectives and questions were specifically set, focused, and aligned with the purpose of the study. They clearly articulated the research questions.

The study was conducted in Dar es Salaam Region which has relatively many inclusive primary schools enrolling pupils with ASD compared to other parts of the country. According to URT (2022), the region had

enrolled 272 (9.4%) pupils with ASD, followed by Morogoro with 254 (8%) and Pwani with 217 (8%) pupils. Consequently, seven schools were purposely selected from four districts of Dar es Salaam region. Purposive and snowball sampling techniques were used to obtain 81 (100%) respondents whereby 7 (8.6%) were head teachers, 21 (25.9%) special needs education teachers, 49 (60.4%) parents/guardians of children with ASD, and 4 (4.9%) district education officers. Through snowballing technique, which is a non-probability sampling method, research participants were recruited by their fellow participants who mentioned their names for recruitment (Creswell and Creswell, 2018).

The study used in-depth interviews, observations, focus group discussions and documentary reviews to obtain adequate and accurate data from the field. Creswell and Creswell (2018) emphasized on the use of one-on-one interviews to enable informants to come up with relevant responses to questions raised. In this context the interviews were used to obtain data on how children with ASD were assessed for interventions in inclusive schools. The technique was applied to gather accurate information about when and how children with ASD were diagnosed. It was also used to obtain data on challenges faced in assessing children with the ASD condition. The interviews were administered to Head Teachers, Special Needs Education teachers, and Ministry of Education Officials. The instruments enabled informants to respond to questions on how children with autism are assessed for intervention in schools, the teaching-learning strategies used by the teachers and availability of teaching and learning resources. The technique was expected to facilitate the process of getting in-depth information considered to be very sensitive on how people think and react to issues as indicated by Sarfo, Debrah, Afful and Obeng (2021). Confidentiality was maintained by researchers by not availing the information provided to them by the participants for tasks other than those of the current research.

Focus group discussions were used in obtaining data for overview thoughts and feelings, specifically on how children with ASD were assessed and placed in schools, the challenges faced in the process and what should be done to address the challenges. During focus group discussions, participants are encouraged to discuss and contribute to the topic under discussion (December, 2014). According to Yin (2011), focus group discussion are designed to obtain in-depth understanding on

a defined area of interest in a conducive and non-threatening environment. The discussions were held in groups of teachers and parents with not more than 6 participants in each group. They were held in schools during the evening. The time spent in the discussions was approximately 90 minutes. To provide reliable and comparable qualitative data, the researcher used a voice recorder and interview schedule to guide the discussions. She allowed participants to hold discussions in free flowing, non-frightening environments and that there is freedom of discussion and degree of trust among students and researcher which is in line with Reeves et al. (2008).

On the other hand, document review method was used to find out the real situation of the assessment practices applied for pupils with ASD. Policies and strategic documents were collected from head teachers and education officers. They were reviewed in order to tap information on assessment procedures used for children with ASD for intervention purposes in schools.

The collected data were analyzed using narrative analysis of participants' information based on their experiences in relation to assessment practices. The analysis focused on thematic areas derived from research questions. Facts from participants were presented in quotations to represent their voices. Reviewed documents were in written texts which included books, articles and reports. They were in print and digital formats, some of which were also accessible through web pages, blogs etc., as well as visual source. The review was conducted to obtain valid and reliable data reflecting on assessment practices. Documents such as school reports, utilized books, school records, pupil's assessment, log books, images, and reports to the community etc. were also reviewed. This type of review is in line with what Scott (2006) who contended that document review has to adhere to data reliability and validity. The review was used to obtain background information on screening and determining the extent to which assessment practices assist in the implementation of educational programs as well as the needs of autistic learners.

## **FINDINGS AND DISCUSSION**

The findings from the obtained data which were subjected to qualitative content analysis are discussed according to major themes and critically interpreted in coherence with research objectives and questions. Data are presented in quotations to present the voices of the respondents.

## **The Time when Parents realize that their Children have ASD**

When parents were requested to discuss about when they realized that their children had ASD conditions, some parents, including those of children with severe and profound conditions, said that they noticed at early growth stages that their children had difficulties in communications. The diagnosis came up after the parents had compared their children's behaviors with those of the children of similar age cohorts during medical clinics. However, they could not tell that the behaviors were signs of ASD. Data in Table 1 show the time when parents realized that their children had communication problems,

**Table 1: The time when the sampled parents discovered that their children had communication problems**

<b>Time</b>	<b>Frequency of Responses</b>	<b>Total (%)</b>
Before school enrollment	15	62.5%
After school enrollment	9	37.5%
<b>Total</b>	<b>24</b>	<b>100%</b>

Data in Table 1 indicate that fifteen parents (62.5%) could tell that their children had communication problems before school enrollment. Parents of children with mild communication problems discovered their children's conditions later than those of children with severe conditions who took a short time to discover that their children had challenges related to ASD. Three parents of children with mild condition reiterated as follows:

The first parent said:

*It indeed took a long time for me to know that my child was autistic. After all, I was quite unaware about ASD despite the fact that I had noticed that my child had difficulties in interacting with others. He could not listen or pay attention to me or any other family members. He spent much of his time washing his hands and jumping repetitively.*

The second one said the following:

*I also noticed that my child delays in is development. He could neither talk nor play with other children. He was not happy and was crying throughout his infant stage. We had to send him to a clinic where a specialist advised us to send him to a centre where he could be assessed. We did so.*

The third one expressed the following:

*I came to realize that my child had ASD after she was diagnosed with*



*autistic related behaviors. I struggled with his condition for a period before the decision to send him to school was concluded. I tell you; it was not easy.*

The information from the three parents shows that the time when a parent realizes that his/her child is autistic depends on the parent's knowledge and awareness of the condition and its severity. It is further revealed that it takes time for parents of children with mild ASD to know that their children are autistic even after school enrolment. It was also indicated by some respondents that in ordinary schools there are many children, making it difficult for teachers to notice the conditions of autistic children easily. It is only during classroom teaching and learning when some teachers discover that there are some students with difficulties in learning and inform their parents about the situation. Despite the fact that parents are advised to send their children to hospitals for check-up, many parents do not accept their children's conditions easily and they react differently. The following reaction was recorded from one parent, after she had received medical check-up feedback of her child's condition:

*In fact, I cannot believe that my child has this problem. What I know is that, he does not want to interact with his fellows. He wants to be in the world of his own. I was surprised when his teacher kept on telling me to send him to another school where they offer tuition classes because it takes time for him to understand what is taught in class. I did so. However, while he was in class 2, a new teacher in the school diagnosed my child's challenges in the classroom. He informed me that there could be a challenge with the child and that I should send him to Primary School A. I was slightly worried but eventually decided to take my child to the school. He was interviewed by two teachers who informed me that he was autistic. They advised me to send him to Primary School B, which was the right placement for him. This is the reason why we are here today. In reality, it has taken a long time for me and the whole family to accept that our child is autistic. It hurts!*

The quotation indicates that many parents are unaware of their children's conditions in relation to autism and despite its symptoms. In most cases, the situation is due to lack of awareness on ASD. A similar situation has been noted by Manji (2018) who reported that ASD is diagnosed late, when children have already been enrolled in schools.

The study findings also reveal that it was easy for parents to understand and accept children with profound and severe autistic conditions and take early interventions because the problems could be easily noticed through



communication difficulties compared to those with mild conditions who took a long time to accept their children's condition's. The parents perceived their children as slow learners. Data have further indicated that the parents noticed some difficulties in communication and limited social interactions in their children at very early stages before school enrolment which drove them to send their children to hospitals for pre-diagnosis. One mother of a three-year-old child with autism lamented as follows:

*You know what? This is my third child. I knew that there was something wrong with her very early. Her development and behaviors were different from that of her siblings. She took time to develop speech. Further, during play for instance, she could not differentiate dolls according to colors. She also started walking very late than those of her age. The worst of it all is that, she had tantrums and at times she was banging doors and hitting her hands against the wall. She gets irritated and annoyed very easily. Neither can she control herself. She has a very low attention span. So many things! She is also moody. I mean, what can I say? Can you imagine that she also has seizures? We did not know anything about autism. This is something else! We had to take her to the hospital for consultation and medical intervention.*

Information obtained from the parent shows that the parents got information that their child was autistic after getting in contact with medical specialists. Thereafter, they were advised to follow the guided steps on rearing their children for them to accept their children's condition. Apart from the advice, they still perceived that their child's impairment was caused by witchcraft, which led them to take their child to spiritual healers in faith-based institutions, including churches, instead of sending her to specialists for educational assessment. The parents accepted very late that their child was autistic. From the aforementioned, it can be concluded that most parents, particularly those with mild conditions, cannot discover early enough that their children are autistic. One of the education officers in charge of special needs education supported the information by saying the following:

*Indeed, there are parents who are of the opinion that any disability is due to witchcraft. They therefore believe that their children with ASD have been bewitched. Others think that getting such children is a curse from ancestors. Consequently, some parents hide their children with ASD. They seclude and keep them indoors, a practice which makes it difficult for them to be seen or visited by medical and education professionals for assessment. It is noted that children with ASD are not only isolated but also stigmatized and kept in poor environment.*

It is obvious that some parents hide their children at home while others go to the extent of locking them inside due to stigma attached to their conditions. Further, the stigma of children with ASD is attached to low knowledge on the condition and poor guidance and assistance from care takers, teachers and members of the community. Such beliefs and attitudes hinder assessment of the condition and delay the enrollment of children in schools.

### **The Age at which Children with ASD were Assessed**

A good assessment practice is that after a child has been detected and diagnosed with ASD or any other kind of health condition, assessment should be conducted timely to prevent further development of the impairment. Uwumutabazi (2018) emphasized that early assessment is a necessary measure for quicker intervention services. The author indicated that in most cases children are diagnosed at the age of six followed by those at age seven, eight and nine years.

Data from the sampled schools indicate that children with autism were assessed in late stages. The detected and assessed children were between six and seven years and were diagnosed with mild and moderate conditions which is contrary to Uwumutabazi (2018). Those assessed between the ages of seven and eight had moderate and profound conditions. It can be inferred from the available data that the majority of children who were assessed early had mild conditions and that parents of children with mild condition had no idea that their children were autistic until when they were detected during their school age. Parents realized that their children had some learning difficulties after school enrollment. However, the reasons for late assessments for children with ASD were not clearly elaborated by most of the participants due to lack of knowledge in autism. One parent commented as follows:

*It was hard for me to tell that my child had ASD. We have varied experiences. For me, my child had a mild condition. It did not come to my mind that he had such a problem. I thought that my child was just a slow learner. It took time to observe him. I was buying time to find out if there would be improvements in the condition. I did not consider it seriously. I only realized that it was ASD after he was assessed by experts.*

On the other hand, one teacher commented during the discussion that most teachers in their school did not have specific answers during the discussion on the age the children with ASD are assessed. He extended

the following testimony:

*Some parents of children with ASD conditions are depressed and heartbroken because when they come to our school, they do not get clear answers about the condition of their children. We advise them to send their children to hospitals for assessment. But they have kind of denial and think that it is useless and waste of time to send their children for assessment. Others have lost hope and do not believe in assessment centres. Some of those who made pre-visits to the centres became disheartened after seeing the challenges in the areas.*

Further, some parents reported that they delayed sending the children to hospital from their assumptions that their children would develop daily social and life skills naturally before reaching the school age. Generally, the researchers learned from the insights that the delay was due to lack of parent education and awareness of children's educational assessments. The cultural aspects were also taken into consideration amongst the causes of delaying assessments of children with ASD. The findings are supported by the sociocultural theory of cognitive development as posited by Lev Vygotsky, a Russian psychologist, and elaborated by Kozulin et al. (2003), which states that culture has a major impact on social interactions as well as knowledge acquisition.

Professionally, education assessment should target on school age children as a strategy to enable early access to support services. The literature reveals that in developed countries, educational assessment for children with ASD is practiced at early stages compared to developing countries. Hall-Lande et al. (2018) reported that in some situations ASD can be detected at 18 months and becomes increasingly stable at 3 years. The findings further reveal that majority of children with ASD in developing nations are assessed at late ages, from six years and above, despite the fact that health care providers can often see developmental problems before the school age (Manji and Hogan, 2013). Late assessment of children with ASD leads to late intervention. Goldstein and Ozonoff (2018) have affirmed that an assessment delay can lead to dependent life of autistic children.

### **Tools and Techniques used for Screening and Assessment for ASD**

Assessment tools used for assessing various skills for children with ASD range from rating scales, observation and interview schedules as well as questionnaires (Barabaro and Dissanayake, 2009). The tools for screening

and assessment of ASD include but not limited to; The Child Autism Rating Scale (CARS), The Autism Diagnostic Observation Schedule (ADOS), Autism Detection in Early Childhood (ADEC). Research, as indicated by Manji (2018) and Heward (2013), shows that The Autism Diagnostic Interview-revised (ADI-R) as well as The Social Communication Questionnaire (SCQ) are mainly used in assessing and screening children with ASD in the United States of America and other developed nations.

Data from focus group discussions with teachers indicated that assessment tools and techniques used by professional teachers in identifying and assessing children with ASD in Tanzania were mostly interviews and observations. It was also observed that there was only one special form used as the main tool for assessing children with ASD in the sampled schools. The form contained interview and observation schedules. Despite the fact that the form was supposed to be used in schools, the sampled teachers and responsible officials admitted that it had not been used accordingly. During discussions with the sampled teachers, majority of them declared that they employed their own experiences in assessing children with ASD because the form seemed to be irrelevant to some children. It was also observed that there was shortage of other assessment tools. The researcher found a few car toys, dolls and puzzles, though some of them do not relate to the age of children. Noteworthy is that assessing children with ASD for preschool requires sufficient play materials focusing on psychomotor, affective and cognitive domains etc. During group discussion, one teacher elaborated on what other teachers were saying on acute shortage of assessment tools in the centre as follows:

*As you can see here, we are in a terrible situation. We do not have sufficient assessment tools. Can you imagine assessing children using a form, a few toys and puzzles only? Can such tools give us in-depth information and a true picture of the assessed child? The children need a variety of play materials which are age appropriate and compatible to the severity of the condition. Where and when shall we get them? We are in trouble! It is high time now that we care for such children, assessment needs serious investment.*

Diagnosing children with ASD in school can be difficult due to lack of professional tests such as special charts for detecting the disorders. Normally, children with moderate, severe, or profound disability are

assessed on their ability to recognize objects using toys, blocks, puzzles, pictures and real objects. The findings from discussions with head teachers showed that when a child was identified with autistic characteristics or any sort of reading and communication difficulties, she/he was subjected to thorough assessment to establish his/her ability to read, write and count. This approach was suitable for those with mild condition. Mensah and Badu-Shayar (2016) indicate that any assessment system should include a variety of instruments for various categories or purposes, clarifying the main purpose of the assessment in determining what should be measured.

### **Centres for Assessing Children with ASD**

Responses from research participants indicated that there were no government educational assessment centres for children with ASD in the sampled schools. Almost all educational officers who participated in the study contended that there was only one center in the country, which is also the main government hospital as stated in the following quotation:

*Apparently, there is only one center designated for children with autism. Children with signs of abnormal behaviors are normally sent to Muhimbili National Hospital (MNH) for diagnosis. Thereafter, parents are directed to send their children to Uhuru Mchanganyiko Primary School where the children are assessed for school placements. All parents of children with symptoms of abnormal behavior are directed to the school for educational assessments. Unfortunately, there are no sufficient doctors who have specialized in assessing children with the disability.*

A close follow up on the finding showed that there is an approach that has been initiated by the Local Government to save the situation. A discussion with one Education Officer elaborated as follows:

*Despite the fact that you have been informed that there is only one assessment center, I would like to tell you that the center is there for use. Please be informed that we have made a big step forward. We currently have a child find program where some doctors move from house to house to detect children with problems before they get enrolled for primary education. The program is supposed to be implemented in every District Council whereby special needs teachers and Special Needs Education Officers have to make home visits. However, the activity has been difficult to implement because of lack on teachers' commitments in the task.*

The researchers also observed that there was shortage of specialized staff in the centre. It was discovered that there were only two teachers trained in general special needs education and that there was no teacher in the centre who had specialized in ASD. This is in line with findings by Reed et al. (2012) which have revealed similar factors affecting placement of pupils with ASD in inclusive schools. The factors included lack of training, unrealistic teacher expectations, lack of confidence among parents and stress on their children's performance. Likewise, Edward (2015) found that regular class teachers had low knowledge regarding inclusive education than special needs education teachers.

### **Obstacles to Effective Assessment**

The difficulties encountered in the provision of assessment practices emerged out of the following four themes.

### **Stigma Attached to Children with ASD**

Stigma on ASD was mentioned as one of the challenges affecting the identification and assessment of children with the condition. Some parents did not want to send their children for assessment because they did not want to be associated with them. On the other hand, they did not want to be asked questions about their children's autistic conditions during interviews on their children's conditions because they perceived it as stigmatization. One parent said:

*We, parents of children with ASD feel embarrassed when teachers ask us many questions during assessment. We do not want to be asked questions on when we realized that our children had problems. We know they have problems, period. That is why we bring them for assessment. Why ask us such questions? It retrieves some sad memories. The same with doctors! A doctor asks you the following questions, "Do you have any member of the family with such a condition? Why ask me such a question?"*

Another parent said:

*I feel stigmatized as if I am the root cause of my child's condition. No! I do not like to be questioned about my child. I just found myself there. It hurts. What I need is services for my child. I do not like stories and question.*

It is also reflected in Bakare (2014) that causes of ASD are being related to supernatural beliefs. Further, Babik and Gardner (2021) agreed that the beliefs have led to late diagnosis in most situations.

### **Withholding Information**

During interviews as well as focus group discussions, some parents withheld important background information regarding their children. When they were told that their children had signs of ASD and were consequently required to give more information for assessment, they did not do so. On the other hand, those who accepted the condition of their children took time to listen, but refused to give detailed information. Similarly, some parents said that they felt ashamed of the situation of their children. In one of the focus group discussions, female parents claimed that they went through divorce and separations due to their children's condition and did not want to think of what happened in the past, it was nostalgic to them. The finding affirms that parents do not understand the importance of the questions that they are being asked during assessment. This concurs with the findings from Morris et al. (2021), which showed that the parents had fear of being stigmatized because of having children with ASD. They are stuck to the society's negative perceptions on condition, its causes and stigma attached to it. The stigma may significantly affect the families and individuals with ASD. It may also lead to isolation in some families. This situation may happen when some parents keep their children indoors due to stigma attached to the condition and denying them their right to education opportunities.

### **Irrelevant Assessment Tools**

Children with ASD in Tanzania are amongst the most disadvantaged in terms of access to relevant instruments. It is noted that very little attention has been paid for assessment tools. It is reported by special needs education teachers that there was lack of relevant assessment tools. Most of the traditional materials used for assessment through pictorial formats were irrelevant to the children and society at large hence excluding the children from classroom interactions. The findings are consistent with McCarty and Frye (2020) who stated that irrelevant assessment tools do not provide conclusive evidence of developmental delays and cannot provide in-depth information about an area of development. This can be argued that the absence of proper equipment will not lead to good evidence on the level of the child's impairment. Therefore, there is need for the government, through relevant ministries, to prepare and use relevant assessment tools for the children in order to reduce unnecessary challenges.



**iv. Shortage of Staff Members Specialized in Assessment Practices for ASD Condition.** Findings showed that there were only two members of staff with knowledge on assessment practices on ASD; one with a Bachelor Degree in special needs education and another with a Diploma in Education.

### **Summary, Conclusion and Recommendations**

This paper has analyzed the educational assessment practices for children with Autism Spectrum Disorder in Inclusive Primary Schools in Tanzania. It has been found out that many parents are unfamiliar with their children's autistic conditions due to lack of basic knowledge and techniques on early detection. The situation leads to denying the children their rights to assessment and intervention services. Parents are also unaware of the age of assessing children with ASD. Further, most teachers and parents are unknowledgeable on assessment instruments to be used in assessing children with ASD. Additionally, there are no specific centres for assessing children with ASD leading to some parents sending their children to hospitals for consultation and behaviour modification. At the same time, some parents refuse to send their children for appropriate services due to stigma attached to autism and superstitious beliefs. From the findings it can be concluded assessment practices for children with autism in the country need to be improved so that the condition can be detected early for timely intervention,

It is recommended that concerted efforts be exerted on the provision of assessment and intervention services for children with autism. Further, non-special needs teachers should be trained on basic knowledge of ASD, for them to be able to identify the children with the condition early enough for intervention. A replication of the current study should be conducted in other regions to find about learners with ASD enrolled in schools. This will strengthen the reliability of the findings.

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