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Didactics.

## **Fostering Social Competence in Children with Autism. Case Study: Autistic Centers of Saida**

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## **Declaration of Originality**

I hereby assert that this submission is my endeavor and that, it comprises no element previously publicized or composed by other individuals nor equipment that has been approved for the capability of any supplementary degree or certification of a university or other institution.

## **Didication**

For who struggled to open me to the path of life  
For whom waited and hoped to see this achievement  
For you Father.

To my soul, which I will never fulfill its right to, to the one who overwhelmed me  
with her compassion and enlightened my heart with her prayers.

For you Mother

In the past, I did not know the meaning of the Sindh of my life but I felt it when I  
have my second father.

For you khayti

For my supporter who shares with me my joys and sorrows my brother  
Moulay Ali

To those who I respect and appreciate my grandfather and my uncle, May God will  
extend your age and bless you

To my second mother my aunt my God protect you for us

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## **Abstract**

Autism Spectrum Disorders (ASD) present significant and debilitating circumstances during early childhood, primarily characterized by deficiencies in social interaction capabilities. These symptoms have become the cornerstone of recent diagnostic procedures, as they have a profound impact on crucial domains including academic achievement, interpersonal interaction, and behavior. This study aims to investigate the challenges faced by individuals with Autism Spectrum Disorders (ASD) in developing socio-communicative abilities and provide recommendations for effective intervention.

To address these challenges, a combined method approach that integrates both quantitative and qualitative research methods is employed. The quantitative method is based on observation in the classroom and questionnaire addressed to parents of autistic children however, the qualitative method is limited to the use of an interview hold with Teacher of ASD childre.The findings of the study reveal that there is unjustified absence of an educational ministry role in the construction and monitoring of pedagogical psychological centers, which are essential for supporting individuals with ASD. Additionally, there is a noticeable lack of trained teachers, training institutions, and educational courses specifically focused on equipping teachers with the necessary skills to effectively work with ASD children. Moreover, negative attitudes towards the methods and techniques employed to improve the social interaction of individuals with ASD are prevalent within society. Based on these findings, the study offers several important recommendations. The significance of the study lies in providing valuable insights to teachers, educational institutions, and professionals working with individuals with ASD.

**Key Words :**Autism Spectrum Disorder.social Interaction capacities,effective interavention.

## Table Of Content

|   |     |
|---|-----|
| Declaration of originality .....  | III |
| Didication .....  | IV  |
| Acknowledgements .....  | V   |
| Abstract.....   | VI  |
| Table Of Content .....  | VII |
| LISTE OF TABLE : .....  | X   |
| LISTE OF FIGURE:.....   | XII |
| List of Acronyms .....  | XIV |
| <b>1</b> General introduction.....  | 1   |
| CHAPTRÉ I : Review of Related Literature .....                              | 4   |
| <b>1.1</b> Introduction.....  | 4   |
| <b>1.2</b> Autism.....  | 4   |
| <b>1.3</b> Difficulties in diagnosing an autistic child .....               | 5   |
| 1.3.1    Difficulty determining the exact duration of ASD.....              | 5   |
| 1.3.2    The relationship between autism and other disorders.....           | 5   |
| 1.3.3    Variation in the severity of symptoms and their disappearance..... | 6   |
| 1.3.4    Delayed discovery and recognition of its existence .....           | 6   |
| 1.3.5    Other difficulties .....   | 6   |
| <b>1.4</b> Causes of autism .....   | 7   |
| <b>1.5</b> Symptoms of autism .....   | 7   |
| 1.5.1    Cognitive, perceptive .....  | 8   |
| 1.5.2    Pronunciation, language, and communication.....                    | 8   |
| 1.5.3    repetitive behaviors .....   | 9   |
| 1.5.4    Strict adherence to the routine.....                               | 9   |
| 1.5.5    growth decline .....   | 9   |
| <b>1.6</b> Social competencies .....  | 9   |
| <b>1.7</b> Language development in autistic children .....                  | 10  |
| <b>1.8</b> Characteristics of children with ASD .....                       | 12  |
| 1.8.1    Social characteristics of the autistic child .....                 | 12  |

|   |  |    |
|---|--|----|
| 1.8.2   | Socially Isolated .....                                    | 12 |
| 1.8.3   | Socially indifferent.....                                  | 13 |
| 1.8.4   | Socially clumsy .....                                      | 13 |
| <b>1.9</b>  | the theoretical framework .....                            | 14 |
| 1.10  | Educating Social Interaction for learners with Autism..... | 14 |
| 1.10.1  | Social and cultural learning theory.....                   | 15 |
| 1.10.2  | Theory of mind.....  | 16 |
| <b>1.11</b>   | Social competencies .....                                  | 16 |
| 1.11.1  | Social Diagnosis.....                                      | 17 |
| <b>1.12</b>   | Autism in Algeria.....                                     | 18 |
| <b>1.13</b>   | Limitation.....  | 19 |
| <b>1.14</b>   | Conclusion .....   | 21 |
| <b>CHAPTRE II :Data Analysis and Discussion .....</b> |  | 21 |
| <b>2</b>  | Introduction .....   | 21 |
| <b>2.1</b>  | Methodology .....  | 21 |
| 2.1.1   | Research Design .....                                      | 21 |
| 2.1.2   | Mix method research : .....                                | 21 |
| 2.1.3   | Qualitative method .....                                   | 21 |
| 2.1.4   | Quantitative research.....                                 | 22 |
| 2.1.5   | Participants.....  | 22 |
| 2.1.6   | Measures.....  | 22 |
| 2.1.7   | Questionnaire:.....  | 22 |
| <b>2.2</b>  | Interview: .....   | 23 |
| <b>2.3</b>  | Observation:.....  | 23 |
| 2.3.1   | Procedures .....   | 23 |
| <b>2.4</b>  | Data Analysis .....  | 24 |
| <b>2.5</b>  | Ethical Considerations .....                               | 24 |
| <b>2.6</b>  | Observation analyses .....                                 | 24 |
| 2.6.1   | Observation interpretation.....                            | 25 |

|   |   |           |
|---|---|-----------|
| <b>2.7</b>  | <b>Interview Analysis .....</b>   | <b>27</b> |
| 2.7.1   | Teachers' background information .....  | 27        |
| 2.7.2   | The role of the pedagogical psychological center .....                              | 28        |
| 2.7.3   | Social skills development.....  | 31        |
| 2.7.4   | The interpretation of the interview.....  | 32        |
| <b>2.8</b>  | <b>Questionnaires interpretation .....</b>  | <b>59</b> |
| 2.8.1   | ASD Children Profile.....   | 59        |
| 2.8.2   | Autism symptoms.....  | 59        |
| 2.8.3   | ASD children and isolation .....  | 60        |
| 2.8.4   | The development of their social abilities .....                                     | 61        |
| <b>2.9</b>  | <b>Conclusion .....</b>   | <b>62</b> |
| <b>CHAPTRÉ III: Suggestion and Recommendation .....</b> |   | <b>63</b> |
| <b>3</b>  | <b>The Introduction .....</b>   | <b>63</b> |
| <b>3.1</b>  | <b>suggestions for caring for an autistic child .....</b>                           | <b>63</b> |
| <b>3.2</b>  | <b>Helping the Child with ASD to Interact socially .....</b>                        | <b>64</b> |
| 3.2.1   | Using Social Stories .....  | 64        |
| 3.2.2   | Teaching Key Social Rules .....   | 65        |
| 3.2.3   | Using Cognitive.....  | 65        |
| 3.2.4   | Using Peer Support.....   | 65        |
| 3.2.5   | Teaching self-monitoring/managing skills.....                                       | 66        |
| 3.2.6   | Supporting the Development of Friendship .....                                      | 66        |
| <b>3.3</b>  | <b>Some other recommendation .....</b>  | <b>67</b> |
| <b>3.4</b>  | <b>The following requirements should exist to supervise an autistic child .....</b> | <b>68</b> |
| <b>3.5</b>  | <b>Conclusion .....</b>   | <b>70</b> |
| <b>General conclusion .....</b>                         |   | <b>71</b> |
| <b>4</b>  | <b>Bibliographie .....</b>  | <b>73</b> |
| <b>Appendixe.....</b>                                   |   | <b>73</b> |

## **LISTE OF TABLE :**

|  |    |
|--|----|
| TABLE 1 OBSERVATION SESSIONS .....   | 25 |
| TABLE 2 TEACHERS PROFILE .....   | 27 |
| TABLE 3 SOCIAL SKILLS DEVELOPMENT .....  | 28 |
| TABLE 4 SOLUTION FOR IMPROVING SKILLS OF ASD CHILDREN .....  | 31 |
| TABLE 5 SHOWS THE DISTRIBUTION OF SAMPLE MEMBERS ACCORDING TO AGE .....  | 33 |
| TABLE 6 :SHOWS THE DISTRITION OF THE SAMPLE MEMBERS ACCORDING TO AGE : .....   | 34 |
| TABLE 7 : SHOWS THE DISTRIBUTION OF THE SAMPLE MEMBERS ACCORDING TO THE AGE OF THE CHILD .....   | 35 |
| TABLE 8 : IT SHOWS THE SAMPLE ANSWERS ABOUT NOTICING A DIFFERENCE IN THEIR CHILD AT AN EARLY AGE .....   | 36 |
| TABLE 9:SHOWS THE DISTRIBUTION OF THE SAMPLE ACCORDING TO THE ACCEPTANCE OF THEIR CHILD'S UNIQUENESS EASILY .....                                    | 37 |
| TABLE 10 : SHOWS THE DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE INTERPRETATION OF THE CHILD'S CONDITION ON THE FINANCIAL SITUATION ...         | 38 |
| TABLE 11 : SHOWS THE DISTRIBUTION OF THE RESPONDENTS ACCORDING TO RECEIVING SUBSIDIES FROM THE GOVERNMENT .....                                      | 39 |
| TABLE 12: SHOWS THE DISTRIBUTION OF THE SAMPLE MEMBERS ACCORDING TO THE PRESENCE OF OBSTACLES THAT PREVENT THE CHILD FROM USING SOUND LANGUAGE ..... | 40 |
| TABLE 13: THE RESPONSES OF THE RESPONDENTS SHOW THAT THE CHILD ASKED A LOT OF QUESTIONS .....  | 41 |
| TABLE 14: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S ANSWER TO OTHERS' QUESTIONS .....  | 42 |
| TABLE 15: IT SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT THE ANSWER WHEN THEY HEARD HIS NAME .....  | 43 |
| TABLE 16: SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT EXPRESSING A REACTION WHEN THERE ARE DANGEROUS CONDITIONS.....                                | 45 |
| TABLE 17: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S HARMONY WITH HIS SIBLINGS.....   | 46 |
| TABLE 18: SHOWS THE RESPONDENTS' RESPONSES ABOUT EXCHANGING GAMES WITH THEIR SIBLINGS.....   | 47 |
| TABLE 19: EXPLAINS THE RESPONSES OF THE SAMPLE MEMBERS ABOUT POOR VISUAL COMMUNICATION OF THE CHILD.....   | 48 |
| TABLE 20: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT FORMING GOOD FRIENDSHIPS WITH THEIR PEERS.....   | 49 |
| TABLE 21:): SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT THE ATTEMPT TO SEND THE CHILD TO EDUCATIONAL INSTITUTIONS .....                             | 50 |

|  |    |
|--|----|
| TABLE 22: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT HAVING DIFFICULTY<br>TAKING THEIR CHILD TO PUBLIC PLACES.....  | 51 |
| TABLE 23: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S DIFFICULTY IN<br>PLAYING WITH OTHERS.....   | 52 |
| TABLE 24: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT CONTROLLING OR<br>SPOILING THE GAMING GALAXIES .....   | 53 |
| TABLE 25: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S PREFERENCE<br>TO PLAY ALONE INSTEAD OF PLAYING IN A GROUP .....   | 54 |
| TABLE 26: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S PREFERENCE<br>TO PLAY ALONE INSTEAD OF PLAYING IN A GROUP .....   | 55 |
| TABLE 27: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT THERAPISTS TO THE<br>CHILD'S SPECIAL NEEDS .....   | 56 |
| TABLE 28: IT SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT EVALUATING<br>THE SERVICES PROVIDED BY THERAPISTS CONCERNING DEVELOPING THE CHILD'S<br>SOCIAL SKILLS ..... | 57 |
| TABLE 29: IT SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT EVALUATING<br>THE METHODS USED BY THERAPISTS TO DEVELOP THE CHILD'S SOCIAL SKILLS.58                       |    |

## **LISTE OF FIGURE:**

|  |    |
|--|----|
| FIGURE 1: CHILDREN ATTITUDE .....  | 30 |
| FIGURE 2: SHOWS THE DISTRIBUTION OF SAMPLE MEMBERS ACCORDING TO AGE....  | 34 |
| FIGURE 3: IT SHOWS THE DISTRIBUTION OF THE SAMPLE MEMBERS ACCORDING TO THE SEX OF THE CHILD. .....   | 35 |
| FIGURE 4: IT SHOWS THE DISTRIBUTION OF RESPONDENTS ACCORDING TO THE AGE OF THE CHILD .....   | 36 |
| FIGURE 5: SHOWS THE DISTRIBUTION OF THE SAMPLE ACCORDING TO THE OBSERVATION OF A DIFFERENCE .....  | 37 |
| FIGURE 6: IT SHOWS THE DISTRIBUTION OF THE SAMPLE ACCORDING TO THE ACCEPTANCE OF THEIR CHILD'S UNIQUENESS EASILY .....                                   | 38 |
| FIGURE 7: IT SHOWS THE DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE EFFECT OF THE CHILD'S CONDITION ON THE FINANCIAL SITUATION .....                 | 39 |
| FIGURE 8: IT SHOWS THE DISTRIBUTION OF RESPONDENTS ACCORDING TO RECEIVING SUBSIDIES FROM THE GOVERNMENT.....   | 40 |
| FIGURE 9: IT SHOWS THE DISTRIBUTION OF THE SAMPLE MEMBERS ACCORDING TO THE PRESENCE OF OBSTACLES THAT PREVENT THE CHILD FROM USING PROPER LANGUAGE ..... | 41 |
| FIGURE 10 : INDIVIDUALS' RESPONSES TO THE CHILD'S ASKING MANY QUESTIONS..  | 42 |
| FIGURE 11: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S ANSWER TO THE OTHER QUESTIONS.....   | 43 |
| FIGURE 12: IT SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT THE ANSWER WHEN THEY HEAR HIS NAME .....  | 44 |
| FIGURE 13: SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT EXPRESSING A REACTION WHEN THERE ARE DANGEROUS CONDITIONS.....                                   | 45 |
| FIGURE 14: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S HARMONY WITH HIS SIBLINGS.....  | 46 |
| FIGURE 15: SHOWS THE RESPONDENTS' RESPONSES ABOUT EXCHANGING GAMES WITH THEIR BROTHERS.....  | 47 |
| FIGURE 16: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S POOR EYE CONTACT .....   | 48 |
| FIGURE 17: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT FORMING GOOD FRIENDSHIPS WITH THEIR PEERS.....  | 49 |
| FIGURE 18:SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT THE ATTEMPT TO SEND THE CHILD TO EDUCATIONAL INSTITUTIONS .....                                   | 50 |
| FIGURE 19: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT HAVING DIFFICULTY TAKING THEIR CHILD TO PUBLIC PLACES.....  | 51 |
| FIGURE 20: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S DIFFICULTY IN PLAYING WITH OTHERS .....  | 52 |

|  |    |
|--|----|
| FIGURE 21: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT CONTROLLING OR SPOILING THE GAMING GALAXIES .....   | 53 |
| FIGURE 22: SHOWS THE RESPONDENTS' RESPONSES ABOUT THE CHILD'S PREFERENCE TO PLAY ALONE INSTEAD OF PLAYING IN A GROUP .....   | 54 |
| FIGURE 23: SHOWS THE RESPONDENTS' RESPONSES ABOUT EVALUATING THE ROLE OF THE EDUCATIONAL INSTITUTIONS TO WHICH THE CHILD BELONGS IN THE DEVELOPMENT OF HIS SOCIAL SKILLS ..... | 55 |
| FIGURE 24: IT SHOWS THE RESPONDENTS' RESPONSES ABOUT THERAPISTS TO THE CHILD'S SPECIAL NEEDS .....   | 56 |
| FIGURE 25: IT SHOWS THE RESPONSES OF THE RESPONDENTS ABOUT EVALUATING THE SERVICES PROVIDED BY THERAPISTS FOR DEVELOPING THE CHILD'S SOCIAL SKILLS .....                       | 57 |
| FIGURE 26: IT DEPICTS THE RESPONSES OF THE RESPONDENTS ABOUT EVALUATING THEIR SOCIAL SKILLS.....   | 58 |

## **List of Acronyms**

**ASD** AUTISM SPECTRUM DISORDER

**WHO** THE WORLD HEALTH ORGANIZATION

**TOM** THEORY OF MIND

## **1 General Introduction**

Autism spectrum disorder is neuro developmental disorder that can arises considerable social, communication challenges, the word of spectrum cites a wide span of symptoms, abilities and degree of impairment that individuals with (ASD) can have .

Improving social communication is a crucial area of focus for children with Autism Spectrum Disorder (ASD). Despite their innate desire to be part of the social world and engage with others, autistic children often face distinctive challenges in their sociable interactions. One of the notable characteristics of ASD is the difficulty in understanding the unspoken social rules and expectations that govern social interactions.

According to the theoretical framework explaining the issue of ASD, it is essential to provide experiential learning opportunities within diverse social environments in order to guarantee the social integration for ASDs. However, it is important to note that simply enhancing social skills may not be sufficient. Individuals with ASD often require explicit pedagogy to cultivate social skills and develop an understanding of the broader social context.

In Algeria ,the amount of autistic children is between 400.00 and 500.000 children with (ASD), for every girl there are three to four boys when a child is born with a different capacities.

The purpose of this study is to describe the methods and tactics used to address social disparities in autistic children and identify the obstacles that hinder teachers from promoting their social capacities. The objective of this study is to examine the efficacy of educators' efforts in facilitating the integration of autistic children into educational institutions. Additionally, the study endeavors to assess the impact of socio-communicative development in autistic students on their academic achievements and lifelong learning outcomes.

## **Research Problem**

The current study seeks to investigate the impact of teacher involvement in the development of social skills for individuals with Autism Spectrum Disorder (ASD). Specifically, the study aims to determine whether the active participation of teachers in fostering socio-communicative skills leads to an improvement in the individuals' perception of their own social abilities. Additionally, the research explores the potential influence of teacher involvement on the lifelong learning outcomes of individuals with ASD. Accordingly the following questions are raised:

## **Questions**

- 1- What challenges do teachers face in helping children with ASD develop their social skills during the tutorial process?
- 2- How do teachers working with autistic children address the obstacles in improving social competence and reducing deficits?

## **Hypotheses**

- 1- The presence of mental and social delays in individuals with ASD leads to specific requirements and behaviors that necessitate specialized approaches and development from teachers.
- 2- Through successful intervention, autistic children can attain fundamental social skills that aid in addressing deficits and improving their social competence.

The current study consists of three chapters, each addressing different aspects of Autism Spectrum Disorder (ASD) and its impact on social interaction and educational settings.

The first chapter focuses on the hallmark symptoms of ASD, with particular emphasis on deficits in social interaction. It explores the significance of these challenges in diagnostic procedures and discusses their wide-ranging effects on academic achievement and behavior.

## ***General Introduction***

The second chapter presents a detailed analysis and discussion of the methodology and the research findings. The study employs a combination of quantitative and qualitative research methods, including observation, questionnaires, and interviews. Based on this, the chapter reveals significant findings, including the absence of an educational ministry role in establishing and monitoring pedagogical psychological centers. In addition to the negative attitudes towards methods and techniques aimed at improving social interaction are explored and discussed.

The third chapter concludes the study by providing a set of valuable suggestions and recommendations derived from the findings. These recommendations aim to foster the inclusion of ASD children in the social world by addressing critical issues identified in the research.

## **CHAPTRÉ I : Review of Related Literature**

### **1.1 Introduction**

The present chapter provides a comprehensive review of the existing literature on Autism Spectrum Disorder (ASD) and its impact on social interaction. This chapter serves as the foundation for understanding the hallmark symptoms of ASD, the challenges faced by individuals with ASD in developing social abilities. By examining the current body of knowledge, this chapter aims to establish a theoretical framework for issue of autism anf the development of socio-communicative skills.

### **1.2 Autism**

Autism Specturm Disorer (ASD) is lifelong nero developmental disorder distinguished by complication in social communication and interaction , in addition to the restricted behaviour and interst. (American Psychicrtic Association, 2013)

According to Ritvo and Freeman (1977,p146).

Autism is a severly incapacitating life-long developmental disability that typically appears during the first three years of life. It occurs in approximately five out of every 10,000 births and is four times more common in boys than girls .It has been found throughout the world in families of all racial, ethnic, and social backgrounds.

Autism spectrum disorderASD is a developmental dsability influenced by variations in the brain.some individuals with ASDmaintain differences such as a genetic facture .Further reasons are not yet recognized Scientists acknowledge multiple causes of ASD and act concurrently to alter the most popular manners people improve. Nonetheless, carry much to comprehend about these factors and how they influence people with ASD.

People with ASD may function ,communicate,interact, and understand in several ways from most other people.frequently there is nothing about how they look that

arranges them apart from other people .the capacities of individuals with ASD require an amount of support in their everyday life ,others can operate and live with limited to no assistance.

### **1.3 Difficulties in Diagnosing an Autistic Child**

The factor of (ASD) varies from one person to person at the level of mental deficiency from normal to severe and mentally impaired, and this is due to several factors, encompassing the degree of loneliness and isolation, the rate of violence, language and social skills, as well as cognitive and cognitive maturity. Children with nonverbal learning disorders, performativity language disorders, and social anxiety are often confused with autism, due to the similarities between these symptoms and autistic disorders. (Amer, 2008)

Out of Inadequacy of measurement instruments.

The scarcity of tools for measurement and diagnosis with a high degree of credibility, as well as the lack of dedicated tests. (Amer, 2008)

#### **1.3.1 Difficulty Determining the Exact Duration of ASD.**

The confusion regarding the period in which ASD persecutes its patients has been a source of concern for scientists and researchers. Does it occur at the beginning of pregnancy or during pregnancy, or is it a result of the interaction of several factors? There was also no agreement about the causes of this disorder, so is it psychological, biochemical, or related? Genetic nature or social measurement. (Amer, 2008)

#### **1.3.2 The Relationship Between Autism and Other Disorders**

A valid scale for diagnosing autism cases plays an effective role as it helps in differentiating between ASD or other diseases similar to it, such as epileptic seize Uses and mental disorders, as well as schizophrenia or symbiotic psychosis. Some psychiatrists suggest that adult schizophrenia is the result of childhood autism. (Amer, 2008)

### **1.3.3 Variation in the Severity of Symptoms and their Disappearance**

Progress in age makes a big difference in the transformation or total disappearance of some ASD symptoms, which increases the difficulty of recognizing it and requires the presence of a highly qualified, experienced, and knowledgeable doctor about this disease and its expressions and forms. The bond between the autistic child and his things and toys, the ability to form good social relationships and participate in playing and imitating movements and sounds, improving the linguistic trait through understanding and accepting others and not inverting pronouns in speech, and the disappearance of the phenomenon of avoiding eye contact. (Amer, 2008)

### **1.3.4 Delayed Discovery and Recognition of its Existence**

The diagnosis of this illness, its recognition, and its existence were delayed in the Statistical Diagnostic Manual in 1952, as well as the second in 1968 for mental disorders published by the American University. (Amer, 2008)

### **1.3.5 Other Difficulties**

- Scarcity and inability to use the means of measurement.
- Abundance development, which is affected by damage or defects (linguistic, communicative, cognitive, social, emotional, and cognitive).
- Low capacity to communicate and communicate with the autistic child.
- Many disabilities associated with autism (dyslexia, deafness, cerebral palsy, speech impediment, mental retardation).
- The differences in the size, severity, and location of brain injuries and the timing of their occurrence, which lead to functional disorders resulting from the multiplicity of causative factors (genetics and environmental). (Amer, 2008)

#### **1.4 Causes of Autism**

There has been a lot of investigation and exploration in the field of autism and its main causes of it, and despite that, the scene is still blurry. About, however, most of the research indicates that genetic factors and the environment occupied a major role in the improvement of this disorder. It was found that every [9] out of [10] cases if the twin was identical and was diagnosed with the autism spectrum, this reinforces the hypothesis of having a brother from The family with autism increases 35% of the possibility of developing am by, meaning that genes have an effective role in increasing the incidence of it. This is due to genetic reasons or exists without any specific reason. Despite that, scientists rely on their adherence to the interaction between genetics and environmental causes. To understand what the latter is in the field of medicine, it is all the factors outside human control and affecting health, such as (air, water, food, and medicine). Exposure to toxic substances) such factors have a proportion in increasing the incidence of the autism spectrum. (Jorden, 2009) .

#### **1.5 Symptoms of Autism**

Autism symptoms manifest differently in each individual, reflecting their unique behaviors and abilities. According to Quinn (2006), achieving a complete match between two individuals with autism is impossible due to these individual differences. This means that the severity of symptoms experienced by individuals with autism can vary greatly, encompassing a spectrum that spans from mild to severe. This wide range of symptom severity directly impacts the affected person's personality and behavior.

What a person uses to communicate with others in terms of cognitive and perceptual behaviors, whether simple non-verbal, such as eye contact or nodding the head, or complex verbal, such as meeting the needs of everyone. (Quinn, 2006)

### **1.5.1 Cognitive, Perceptive**

“Every process related to data from conversion, storage, or recovery takes place in the brain”. (Quinn, 2006). In the context, individuals with autism may demonstrate variations in cognitive processing. These can include differences in attention, with difficulties in shifting attention between tasks or being easily overwhelmed by sensory stimuli. They may exhibit strengths in specific areas, such as attention to detail or pattern recognition, while facing challenges with tasks that require flexible thinking, abstract reasoning, or multitasking.

### **Social Interaction Deficits**

The ways a person with autism interacts with others differ greatly from other people:

- A child with autism tends to be isolated and lonely.
- recognizing and understanding others' feelings such as aches or sorrow is a complicated process
- It is very rare that he establishes communication abilities with peers or is interested in games like them.
- The autistic child always shows disregard for the achievements or interests of

Others and does not participate in what is running around him. (Quinn, 2006)

### **1.5.2 Pronunciation, Language, and Communication**

Weak communication abilities are among the most important characteristics of autistic children, as children depend on limited words in their communication and speak on limited topics, while 40% of them do not speak at all. While others have, a strong tendency to repeat word or sentence that was stored hours, days, or even weeks ago. This redundancy may not be limited to the word or sentence. A child with verbal rust may repeat the words of a song or a television advertisement, taking into account the denominator or the pitch of the voice. There are also other

aunts where voice is under or lighter than they should be, and this is due to their inability to control the volume of their voices. (Quinn, 2006)

### **1.5.3 Repetitive Behaviors**

The autistic child shows great admiration for every repetitive action, such as turning on and off the light, turning the wheels in a circle, or watching a movie several times. Even in play, they prefer verbosity in movement, such as swinging or hitting the hands repeatedly. (Quinn, 2006)

### **1.5.4 Strict Adherence to the Routine**

Discipline and adherence to the daily routine for an autistic child is a source of safety, and its absence, even to a slight degree constitutes a barrier of fear and anxiety for them. Some of them prefer to be completely preoccupied with specific topics such as the weather, date, and calendars. (Quinn, 2006)

### **1.5.5 Growth Decline**

Signs of autism may appear as early as infancy, while in some cases it may begin to appear at the age of three. (Quinn, 2006)

## **1.6 Social Competencies**

Learning to coexist with the surrounding environment and social skills are the initial elements that parents give to their children from birth. Each child needs to alter to the setting in which he lives in many ways, including playing with their peers, as he effectively contributes to the exchange change social experiences and learning about their differences, especially in a new social environment such as school these rules are acquired primarily through family interaction and then within society(Dunn and Munn, 1985).

According to Korkmazlar (1998), adaptation to a society open to the world is one of the foundations that need to learn before reaching school age. It should also promote the so Nationalisation of social development of the individual and society,

and improving their balance with their environments is one of the goals of education. (14th Summit, 1993).

This social interaction enables individuals to obtain the desired results. Behind this behavior, which is social capacities (Spence, 1980; cited in Kamaraj, 2004).

Libet and Lewinsohn define Social skills as a mysterious talent to show behaviors rejected by others, or that reinforce them negatively or positively. (Cited in Bacanlı, 1999).

Pre-school social abilities, according to Grisham and Elliot (1987), are assertiveness, self-control, and responsibility. In addition, cooperation is cited in: (Kamaraj, 2004). Assertiveness revolves around organizing communication, such as asking for information or self-identification and interacting with others' behavior, including self-control, the correct response towards the behavior of others, dealing with the behavior of the annoying and with the behavior of the praiseworthy. Responsibility revolves around behaviors and attitudes such as the ability to communicate with adults and claim control over personal property and work. Cooperation includes attitudes such as sharing and respecting organizational rules and laws.

The social atmosphere and the relationship with family, peers, school, and the media are one of the most significant factors affecting the development of social skills for children, especially with the beginning of the early years, as the child begins to notice social skills through interaction between family members and his peers. However, the acquisition of these skills does not take place through observation only. They need to learn it systematically and practically (Avçooğlu, 2005).

## **1.7 Language Development in Autistic Children**

As we explained previously, social and personal relationships are designed based on communication, which plays a vital role and directly affects personal relationships. Autistic children face difficulties in verbal and non-verbal

## ***CHAPTRÉ I : Review of Related Literature***

communication, such as hand signals, gestures, facial expressions, and visual communication, all of which are forms of communication that many autistic children do not know and master.

The status of language improvement reflects the attitude of social and intellectual development, as is the case with verbal communication. They often have a poor dictionary and use limited language, or they may have a rich jungle dictionary and talk about some topics in precise detail only, also they face great difficulties in the rhythm of words with the correct meaning for them. In addition, They face many problems with body language and its meanings, and the effect of voice tones and their different tones that affect their interaction with the other party, especially with persons of the same age group (kasariet et all 2013).

Children with autism are distinguished from others in terms of speech patterns, as they have developed some of their characteristics, such as a rapid heartbeat when speaking or interacting using figurative language as well as reversing pronouns, moreover, a weak grammatical structure. Children with autism can talk at length about meaningless things or are far from the subject or for example, repeating certain words without meaning and repeating sentences and words over and over again. This condition is called Echolalia. It means the exact repetition of words and sounds. Changing this echo of words is an important symptom. It is a disorder associated with it, such as aphasia, brain injury, and dementia, as near echo occurs when a child repeats. A word or phrase he just said or heard, such as responding to the question with the same question. As for the delayed echo, the child repeats words he heard previously, and some of them tend to speak like robots, or repeat ready-made sentences known to family and friends, such as (my name is Muhammad, I am 13 years old). They can also have a one-on-one conversation And deliver deeper into the topics that interest them and they always seek to develop their vocabulary in it.

Ineffective pragmatism and a permanent change of speech are among the most important characteristics of autism, as autistic people tend to modify the

communication process through the expression of voice, accent, and tone according to each situation. Some children under the age of five can read words and sentences, but without understanding their meaning specifically, and they do not respond to a call of their names and are not adequate at dialogue using gestures or even eye contact (kasseri, 2013, Tagr-flushbrget et all 2005). ( Sidi Bel Abbes, 2021)

## **1.8 Characteristics of Children With ASD**

Involvement in sensory stimuli is a unique feature of children with autism spectrum disorder, and they are diagnosed before reaching school age until adulthood. An example of these sensory stimuli: licking or putting things that are not for consumption in their mouths and sometimes they smell them, clicking on things to hear their sounds, they focus on lights or bright objects for long periods (Tsiouri, 2008).

According to Christakis (2011), the characteristics mentioned above cannot classify children into homogenous groups according to these characteristics, as they may be present in one child and other children in a different way. They are unobserved in every child diagnosed with the autism spectrum. Each child is an individual and is considered according to his identity. (Amer, 2008)

### **1.8.1 Social Characteristics of the Autistic Child**

According to Dr Amer, T, (2008). The negativity in social attitude is one of the most important characteristics of children with autism, and it is split into three categories: socially isolated, socially indifferent, and socially clumsy. (Amer, 2008)

#### **1.8.2 Socially Isolated**

The theory formulated from interviewing autistic adults explains their reaction with hypersensitivity to certain sensory stimuli, therefore they avoid any form of social interaction, for example, some of them stated that their parents' voice hurts their ears, and they get hurt when they are touched or touched. (Amer, 2008)

### **1.8.3 Socially Indifferent**

One of the most significant characteristics of this category is that they accept interacting with others, but they interact when needed only, and they prefer loneliness and staying independently. Research conducted by Professor Jack Panksepp at Bowling Green University, Ohio, showed that beta-endorphin, which is similar to opium exists in the brain, and spread to the animal during social .

Behavior. There is also evidence that it is high in children with autism, and this justifies their lack of need for social interaction, as a study conducted on the drug naltrexone, which invalidates the action of beta-endorphin, has shown that it enhances social interaction. One of the theories says that they do not find happiness (biochemical) when mixing with other people. (Amer, 2008)

### **1.8.4 Socially Clumsy**

Dominating in communication when interacting with others is a common factor for this tape, which is the real intention behind the failure to maintain their social relationship, and the inadequate capacity to visualize and expect what others will say, and this was described by the "loss of immunity." In addition, the social awareness of this group may not be effective, as most of them do not realize that the other party has a point of view, ideas, and plans, in addition to that they do not understand the beliefs, moods, and feelings of others. Which is called «loss of immunity.» In addition, the social awareness of this group may not be effective, as most of them do not realize that the other party has a point of view, ideas, and plans, in addition to that they do not understand the beliefs, moods, and feelings of others. (Amer, 2008)

### **1.9 The Theoretical Framework**

Presents and suggests the existence of two theories that dealt with the research problem the first theory is called the social-cultural theory of learning, (TOM) the second theory explains and describes the deficiency of being an autistic child.

### **1.10 Educating Social Interaction for Learners with Autism**

Henning Rye showed that autistic children have innate abilities that enable them to improve their social capacities through communication learning and development while the weakness of these skills is rightful to a lack of social sensitivity, so they need support to develop those skills.

He also explains, through his theories, that the basis of the education system is the interaction between students themselves and their teacher, in addition to providing a suitable environment to support and compose their social abilities, and all these facilities should be offered by the school.

The educator has an effective role in removing barriers to children's positive interaction that helps them understand the significance of these social activities by distributing action to develop their skills, sharing this interaction with another person, and learning the basics of these skills to comprehend the social act. (Rye, 2001)

Considered key for learning social interaction. It ensures that the response occurs by teaching simply, slowly emphasizing, and helping the learner to stop or continue, or change. The optional approach works in cooperation with the child. The teaching curricula all seek to develop the child's social skills through continuous repetition to improve communication and listening and through play and games.

Music is a source of attraction for children's attention and their interaction with enjoyment, and this is what this program depends on by using it as a means to develop social interaction in a crowded child-to-child or child-to-adult. (1999)

## ***CHAPTRÉ I : Review of Related Literature***

Multi-level social skills education is a combination of different levels within the school either in the form of a small group or individual support that allows children to learn new skills and practice them within a small group or individual providing a framework for autistic students to learn with students of different levels.

The approach of these small groups is considered an effective approach to develop the social skills of autistic children through specific steps within a specific group that facilitate the assessment of the strengths and flaws of each student and the ease of controlling the group and selecting the appropriate activities to remedy the shortcomings (Louisville, 2011)

### **1.10.1 Social and Cultural Learning Theory**

According to Vygotsky's learning, the independence of a child from others when accomplishing something means the function of this activity. The capacities and levels have been organized and improved, and the level of assistance from others determines the development of this child (Vygotsky, 1978) Positive interaction is a stage that a child reaches through interaction with his peers and educators in addition, to the help of other tools. (Crawford, 1996). Vygotsky claimed that interacting with the environment and sharing experiences, causes development in several areas, as Vygotsky identified, there are two types, either real development or close development with people with greater ability than peers and adults, as the theory suggested that the perception of development for the individual is linked.

The teacher has a pivotal role in improving the development of an autistic child through activities, especially in the area of individual development, integrating students into group activities, simplifying them, helping them, and encouraging them permanently, do. It is easy for a student to acquire different individual skills and solve several problems under the supervision and control of adults or his cooperation with peers. (Hausfather, 1996).

Vygotsky confirmed, "Disability is what causes the child to differ in his level of development." Therefore, social interaction has an active role in developing the

developmental level by providing assistance and guidance to people with different disabilities. (Louisville, 2011)

### **1.10.2 Theory of Mind**

Leslie maintains delay in acquiring skills for an autistic child is due to the impact of the disability on him and on his ability to process presentations. His Theory of Mind Module (TOM) says that Metapresentation is a disabled characteristic of autistic children and is responsible for processing the mental state of others and understanding their manner (1999)

Loneliness, fear, and avoidance are all attitudes that the autistic child performs because he suffers from "mental blindness", which is the inability to understand and anticipate the thoughts and feelings of others. According to the TOM theory, the autistic child lacks a feature inside the brain that allows the human mind to anticipate and understand the feelings and aspects of others, similar to the child. The autistic does not have this feature and therefore cannot tolerate or perceive the demeanor of the surrounding environment.

The surrounding and familiar environment affects increasing the abilities of TOM in children with autism, as they appear to have weaknesses in these abilities when they are in new environments. Therefore, social interaction contributes to raising the capabilities of autistic youngsters. . (Louisville, 2011)

### **1.11 Social Competencies**

Learning to coexist with the surrounding environment and social skills are the initial elements that parents give to their children from birth. Each child needs to alter to the setting in which he lives in many ways, including playing with their peers, as he effectively contributes to the exchange change social experiences and learning about their differences, especially in a new social environment such as school these rules are acquired primarily through family interaction and then within society(Dunn and Munn, 1985).

## ***CHAPTRÉ I : Review of Related Literature***

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### **1.11.1 Social Diagnosis**

This social diagnosis aims to measure the level of social interaction of the autistic child and to identify his abilities such as engaging in group activities and joint interest with his peers.

Traditional psychological tests measure differences between people and competencies. Mental, social, and academic aspects through tools that measure differences between individuals Conventional Psychological Tests (1972:keogh)

Behavioral assessment depends on task analysis, observation lists, and behavioral observations. A comparison has been made between these levels and those taken from standard or normal groups (Qasim, 27: 2001).

### **1.12 Autism in Algeria**

Autism in Algeria signs a critical number regarding its spread in Algeria in particular and the world at wide, which prompted the United Nations World Assembly to issue a resolution in December 2007 to assign the second of April from every year as a global day to sensitize it, which is celebrated annually as of 2008. Where the Algerian government began two years ago to take the necessary measures. To take care of patients with autism in Algeria through the establishment of a national university center for autism in partnership with foreign centers with extensive experience and knowledge in this field, as well as the establishment of a national high school to train learners specializing in autism.

The World Health Organization (WHO) measures the proportion of autism as 1% of the world's community. Little in Algeria, which entered a public of 45.02 million on 1 July 2021 (Source: Population Directorate of the Ministry of Health) and a million birth per year, more than 450,000 people infected with autism.

Professor Majeed Thabet, head of the Department of Mental Diseases for Adolescent Children in Chicago and lead of the medical department at the Autism Center in Ben Aknoun, depicted the recent pictures as frightening, and asserted in a recording of Channel One, "The registration of one autistic kid among 55 newborns is extremely frightening.

In addition, the efforts of the Algerian state were not limited to sensitization and endeavors to provide for this category needed supervision only, furthermore pursue integrating them into the classes of teaching ordinary children and the integration of people with mild disorders in regular classes, and this is in cooperation with public educational institutions in the sector of national solidarity and civil society associations active in this field.

## ***CHAPTRÉ I : Review of Related Literature***

This initiative has also been strengthened and stimulated by adopting an exceptional procedure for the benefit of people with special needs, including children who notice that their transition to the next stage is limited by calculating the continuous evaluation rate only.

For its part, the Ministry of Health contributed to facilitating access to information that contributes to guiding the families of people with autism through the establishment of a website dedicated to the autism community . (Algerian radio)

In order to gain a comprehensive understanding of autism in Algeria and address the specific needs of individuals with autism within the local context, this study provides an overview of autism in Algeria. Chapter X explores the current state of awareness and diagnosis of autism, considering the level of understanding and recognition of the disorder within the country. By examining the cultural factors that influence the perception and acceptance of autism in Algeria, we aim to develop interventions and support systems that are culturally sensitive and appropriate for Algerian families and communities. Building upon this foundation, Chapter Y focuses on studying the socio-communicative deficits experienced by Algerian children with autism. Through an exploration of their language development, social communication skills, and challenges in understanding and using nonverbal cues, we seek to gain insights into the unique socio-communicative difficulties faced by these children. By addressing these deficits, we aim to promote social interaction, integration, and the provision of effective educational and support services. By delving into the socio-communicative aspects of autism in Algeria, this study aims to contribute to the development of a more inclusive and supportive environment for individuals with autism in the country.

### **1.13 Limitation**

During the course of this study, several challenges were encountered that posed limitations to the data collection process. One notable limitation was the difficulty in gaining access to a Pedagogical Psychological Center, despite prior explanations

## ***CHAPTRÉ I : Review of Related Literature***

of the study's purpose. Additionally, the researcher faced significant obstacles in scheduling interviews with educators, as multiple meetings had to be rescheduled or postponed due to their unavailability.

Another significant impediment was the reluctance of respondents to answer the questionnaire, which hindered the collection of data. Furthermore, the absence of credible and up-to-date references specifically documenting the status of Autism Spectrum Disorder (ASD) in Algeria presented a challenge in terms of obtaining relevant background information for the study. These limitations and challenges were carefully acknowledged and addressed throughout the research process.

### **1.14 Conclusion**

The present chapter planned to give the readers a general portrayal of ASD autism spectrum disorders and inform them about the composition of the current investigation. This chapter is a situational review committed to the discussion of autism sociable skills exhibition to enable provide the readers with a precise portrayal of the substantial context of the existing work, and through alleviating light on various connected characteristics and problems. After tackling social abilities in detail, this chapter studies the status causes of autism and the issues that it faces in diagnosing and differentiating between autism and other disorders presenting another characteristic of this disorder or overlooking the teaching the social interaction, especially speaking and interacting with others. Then, the investigator attempts to bring out a drawing of the theoretical framework and the previous studied.

## **CHAPTRÉ II :Data Analysis and Discussion**

### **2 Introduction**

This chapter provides an overview of the methodology employed in data collection. It includes a detailed discussion of the selected research methods, the procedure followed, the contextual framework, and the target population to studied both quantitatively and qualitatively.

#### **2.1 Methodology**

##### **2.1.1 Research Design**

The research employed a mixed methods approach to gather comprehensive data on the social skills development of individuals with Autism Spectrum Disorder (ASD). This involved integrating qualitative and quantitative research methods to explore the research questions from multiple perspectives.

##### **2.1.2 Mix Method Research :**

The mixed method research refers to a comprehensive approach where the researcher integrates both quantitative and qualitative research skills, methods, and approaches within a single investigation. Johnson Onwego (2004) defines mixed methods research as a process of collecting, analyzing, and drawing conclusions from both quantitative and qualitative data within a single study or a series of interconnected research stages. This allows for a more comprehensive exploration of the underlying phenomena or research topic, as it combines the strengths of both quantitative and qualitative research to provide a more holistic understanding.

##### **2.1.3 Qualitative Method**

In order to gain a deeper understanding of the topic and address the research questions, a qualitative method was employed. This approach allows for a comprehensive exploration of the phenomena, providing insights into the participants' attitudes, behaviors, perspectives, and interpretations (Conger, 1998; Bryman et al., 1988; Alvesson, 1996). Qualitative research offers flexibility in

## ***CHAPTRÉ II :Data Analysis and Discussion***

dealing with unplanned ideas, delving into the process in-depth, and capturing the contextual factors and social meaning dimensions.

### **2.1.4 Quantitative Research**

The quantitative methodology ,it is appropriate to provide a summation of what research is all about .thus ,the study dealswith the research for information.Since examination deals with education.

Quantitative research was utilized to obtain objective insights and enhance the overall knowledge of the subject matter. This approach ensures reliable and precise data, enabling compatibility and comparability in testing and verifying the results.

### **2.1.5 Participants**

The participants in this study were parents of children with ASD who attended the Psychological and Pedagogical Centers in Saida Mujahid Tawil Ben Freiha, Algeria. A total of 30 parents were recruited to participate in the study. Informed consent was obtained from all participants prior to their involvement.

### **2.1.6 Measures**

Two research instruments were utilized to collect data: a questionnaire and interview.

### **2.1.7 Questionnaire:**

A questionnaire is an extremely effective way of collecting knowledge from a huge quantity of people within a small period. Therefore, the design of the questionnaire is of absolute importance to assure valid data is obtained so that the outcomes are interpretable and generalizable. Questionnaires allow a variety of both personal and neutral data in an enormous category of the study community to collect statistically substantial findings, especially when reserves are limited. It is a decent tool for the safety of the secrecy of the participants. (what-is-a-questionnaire-and -how -is-used-in research) <https://cint.com/blog/what-is-a-questionnaire-and –how-is-it-used-in research>.

## ***CHAPTRÉ II :Data Analysis and Discussion***

The questionnaire used in this study consisted of a combination of closed-ended questions, open-ended questions, and Likert-scale surveys. It was designed to assess the degree of autism in the child, gather information about the child's social skills, and capture parents' opinions and views on the role of the centers.

### **2.2 Interview:**

It is the commonly known method in qualitative research for data collection is a sort of combination of information through conversation between two parts the interviewee and the interviewer. According to Kahn and Cannell (1957) the interview is a meaningful communication between two people or more as it enables collecting in-depth information and reduces errors and misunderstanding and ambiguity and opens the door for more clarification and transparency. In the current study, the interview was conducted with educators from the centers and focused on their experiences, challenges faced, and strategies employed in improving the social skills of children with ASD.

### **2.3 Observation:**

In addition to the questionnaire, classroom observations were conducted to gather firsthand insights into the social interactions and behaviors of the autistic children. The observations allowed for a more comprehensive understanding of the participants' social abilities within the educational setting. The researcher carefully observed and documented the interactions, behaviors, and responses of the children in various social situations.

#### **2.3.1 Procedures**

The data collection process involved several steps. Firstly, permission was obtained from the relevant authorities to conduct the study in the selected centers. The questionnaire was then distributed to the parents of children with ASD, who were asked to complete it. The interview with educators was scheduled and conducted in a convenient and private setting. All participants were assured of the confidentiality and anonymity of their responses.

## **2.4 Data Analysis**

For quantitative data collected through the questionnaire, descriptive statistics such as frequencies and percentages were computed using statistical software. Qualitative data obtained from the interview were transcribed and analyzed thematically, identifying common themes and patterns in the educators' responses. The integration of qualitative and quantitative data was achieved through a comparative analysis, allowing for a comprehensive understanding of the research topic.

## **2.5 Ethical Considerations**

This study obtained ethical approval from the relevant institutional review board. Informed consent was obtained from all participants, and their privacy and confidentiality were strictly maintained throughout the research process. Steps were taken to ensure that participants were not exposed to any harm or distress during their involvement in the study.

## **2.6 Observation Analyses**

Classroom observation revealed that there are 8 to 10 children in the classroom setting who suffer from autism disorder. The classroom observation was meant for social development skills. the teacher and his assistant were both dealing with 4 to 12 years old with special aptitudes each of them has his way of dealing with the kids

The teacher's method depends on instructing the kids using the pen and the blackboard, In addition to shoe games, animals game, shapes games, and drawing... which increases self-confidence and them to start expressing themselves. Indeed the majority (8) of the children took part. Moreover, those games showed interesting progress while the minority of them stood aside and preferred playing games individually. Furthermore, both teacher and his assistant received by aware of the responsibility to prepare the disordered children to cope with different social skills it was noticeable that both of them not rely only on those engaging children but also tried to create ways to help others engage.

**Table 1 observation sessions**

|                       | <b>The objective of the session</b>   | <b>The methods and the strategies</b>                              | <b>The tools</b>                   | <b>The allowed time</b> |
|-----------------------|---|--|------------------------------------|-------------------------|
| <b>First session</b>  | Recognizing the relation of things correctly to form a complete body  | Ask question<br>Interaction<br>Listing                             | Shapes game and animal game        | 45 min                  |
| <b>Second session</b> | Introduction<br>Self and respond to his name  | Ask question<br>Repeating<br>The correct pronunciation<br>Roleplay | The body<br>Personal clothes       | 45min                   |
| <b>Third session</b>  | Increases social interaction<br>The possibility of imaging and playing voluntarily increases conversational talents | Playing with Muppets   | Muppets                            | 45min                   |
| <b>Fourth session</b> | Independence<br>Focusing<br>Attention<br>Increasing conversational talents  | Playing, mimicking repeating                                       | Shoe game<br>personal<br>Shoe      | 45min                   |
| <b>Fifth session</b>  | Focusing<br>Attention<br>button   | Playing<br>Mimicking   | Shoe<br>Game<br>Handmade<br>carton | 45min                   |

### **2.6.1 Observation Interpretation**

The classroom observation took place at the Pedagogical Psychological Center of Saida, where 8 to 10 pupils with autism, ranging in age from 4 to 12 years old, were observed to assess their social development skills. The variability in their ages and the impact of autism on each child were apparent, highlighting the challenges of diagnosing autism due to the individual differences in cognitive abilities. Autism is characterized by social and communication difficulties, as well as repetitive and rigid behaviors that can vary in severity across individuals (Lord et al., 2018).

## ***CHAPTRÉ II :Data Analysis and Discussion***

During the observation, the teacher and the assistant employed different methods and techniques to enhance the interactions of the children with autism. The teacher focused on utilizing cognitive intelligence to introduce information and develop social skills, while the assistant prioritized building a strong relationship with the children to support and encourage their learning. Supporting the children with autism not only empowers their learning skills but also promotes interaction, play initiation, and language development. This holistic approach can be particularly effective in early childhood, allowing for the cultivation of essential capacities that have lifelong benefits (Brown, WHO, 2013a).

Both the teacher and the assistant employed strategies tailored to the individual needs of the children. The observation revealed that the majority of the children were active and engaged in the tasks assigned by the teacher, while 2 to 3 of them faced challenges in completing the activities. The teacher and assistant responded appropriately by seeking a deeper understanding of the problem and breaking down tasks into smaller, manageable parts. They provided encouragement and support, enabling the children to experience small achievements along the way.

This observation underscores the significance of adopting effective methods and strategies to facilitate the social development and learning of children with autism. The tailored approaches employed by the teacher and assistant, along with their adaptive and supportive responses to individual challenges, demonstrated promising outcomes. Further research and awareness about the importance of incorporating physical training for autistic children and youth can contribute to designing lifelong habits that enhance their overall well-being during this critical developmental stage.

## 2.7 Interview Analysis

*Table 2 TEACHERS PROFILE*

| Gender              | Category  | Frequency | Percent |
|---------------------|-----------|-----------|---------|
|                     | Male      | 0         | 0%      |
|                     | Female    | 3         | 100%    |
|                     | The total | 3         | 100%    |
| Age                 | Category  | Frequency | Percent |
|                     | 20-25     | 1         | 33.3%   |
|                     | 26-30     | 2         | 66.7%   |
|                     | The total | 3         | 100%    |
| Teaching Experience | Category  | Frequency | Percent |
|                     | 1-3       | 1         | 33.3%   |
|                     | 4-7       | 1         | 33.3%   |
|                     | 8-11      | 1         | 33.3%   |

### 2.7.1 Teachers' Background Information

The lecturer's sample community comprised three females (100%) and no males. As their generation varied between 20 and 30 years old, the primary age category (20-25) y.o encompassed one teacher, and the majority age category (26-30) y.o involved two educators. Interestingly the teaching experiences varied from one teacher to another, the first section (1-3) y includes one teacher (33, 3%), and the following section compromise one teacher (4-7), Meanwhile the remaining (33, 3 %) fell within the last section (8-11%). As it is worth mentioning, all the respondents were functional part now of holding the interview. Moreover, our respondents declared that they were an educator of children with special needs (Dawn's syndrome).

**Table 3 SOCIAL SKILLS DEVELOPMENT**

|  | <b>Possible answer</b>          | <b>Frequency</b> | <b>Percent</b> |
|--|---------------------------------|------------------|----------------|
| <b>Training institution</b>                                  | <b>University</b>               | <b>0</b>         | <b>0%</b>      |
|  | <b>Specialized school</b>       | <b>0</b>         | <b>0%</b>      |
|  | <b>Professional development</b> | <b>3</b>         | <b>100%</b>    |
| <b>Effectiveness of the pedagogical psychological center</b> | <b>Yes</b>                      | <b>2</b>         | <b>66.7%</b>   |
|  | <b>No</b>                       | <b>1</b>         | <b>33.3%</b>   |
| <b>Improvement of their social skills</b>                    | <b>Yes</b>                      | <b>3</b>         | <b>100%</b>    |
|  | <b>No</b>                       | <b>0</b>         | <b>0%</b>      |
| <b>The Role of the Teacher's Method</b>                      | <b>High</b>                     | <b>2</b>         | <b>66.7%</b>   |
|  | <b>Low</b>                      | <b>1</b>         | <b>33.3%</b>   |

### **2.7.2 The Role of the Pedagogical Psychological Center**

The informants were asked about their training before starting work as teachers, and all their responses indicated three common sequences of professional development. Interestingly, none of the informants mentioned receiving training at a university or specialized school specifically focused on preparing them to work with autism or autistic children. However, two of the respondents (66.7%) emphasized the effectiveness of placing children with Autism Spectrum Disorder (ASD) in the institution. On the other hand, one teacher expressed the belief that autistic children require a multidisciplinary team, including educators, assistants, dietitians, and psychologists, to address their unique needs, which were not available in that particular institution.

All of the informants unanimously agreed on the importance of developing social skills in children with ASD. Additionally, 66.7% of the respondents recognized the usefulness of the lecturer's methods and strategies for teaching children with ASD. However, one teacher disagreed, stating that these strategies were not effective based on their personal experience and perspective. It is worth noting that there was

## ***CHAPTRÉ II :Data Analysis and Discussion***

no formal instruction or guidance regarding the curriculum or specific methods and strategies provided by the center. Instead, the center relied on two programs, namely the Teach Educational Activities Program and the Lovas Program.

Overall, the responses from the informants highlighted the lack of formal training or education on autism for teachers in dealing with autistic children. While some teachers found the institution effective for accommodating children with ASD, there were differing opinions on the efficacy of the methods and strategies used. The need for comprehensive support and a multidisciplinary approach to cater to the unique needs of autistic children was also emphasized.

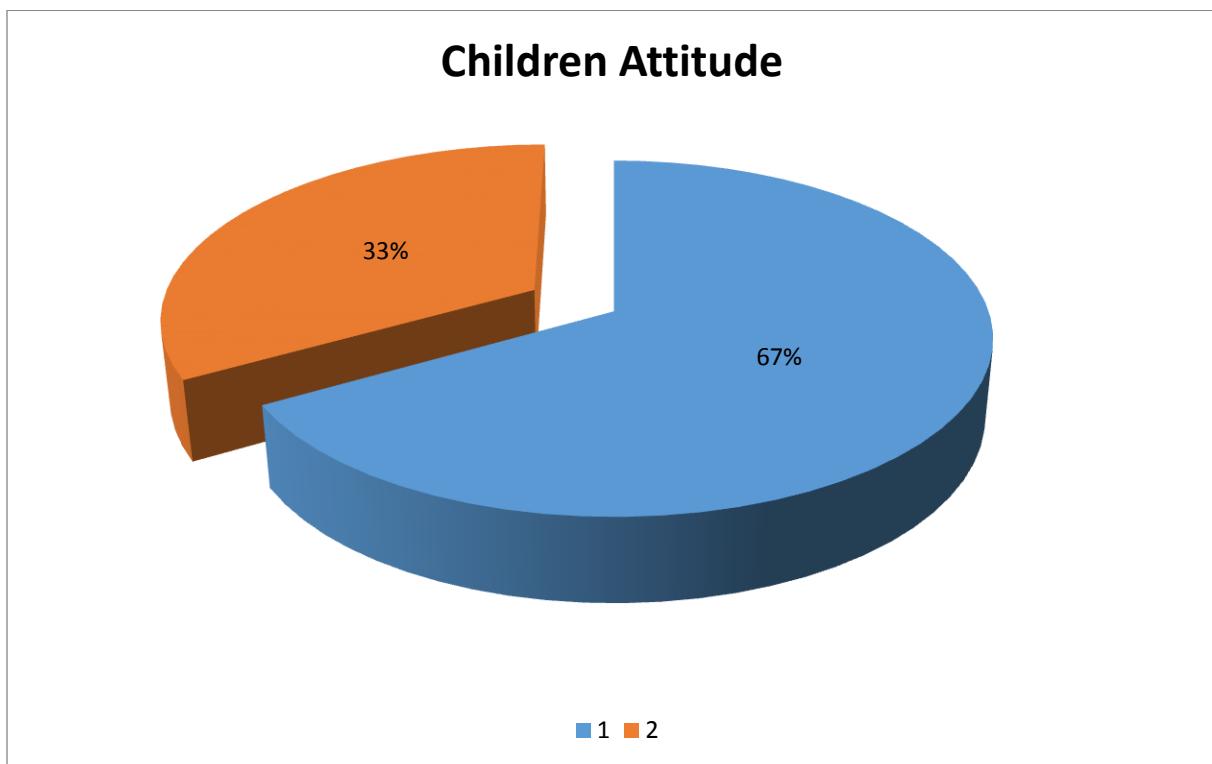
### **Interview Analyses**

The interview conducted with three educators proved to be crucial in addressing the primary concerns of the current investigation. Their responses shed light on various aspects related to teaching autistic children and provided valuable insights. The interview began by gathering information about the educators' profiles, including their age, gender, and teaching experience with children on the autism spectrum. It was found that there was a range of experience, spanning from 1 to 11 years. The investigation highlighted that educators seldom utilize evidence-based techniques, possibly due to the lack of training prior to teaching in these centers. Despite being inclusive spaces focused on child development, offering tailored learning methods, and specializing in supervision, therapy, teaching, advocacy, and ongoing support for children, the absence of pre-teaching training seems to hinder the implementation of evidence-based approaches (Hess, Morrier, & Ivey, 2008).

Regarding the social development of children with ASD, all three teachers agreed that practical methods and strategies played a vital role. Two educators highly evaluated these methods, while the third expressed acceptance without much enthusiasm. The majority of educators observed positive behavior in children in response to the implemented strategies, while a minority noted some difficulties in their application. The subsequent part of the interview focused on the challenges

faced by the teachers, which varied from verbal communication difficulties to managing strict behaviors and helping the child adapt to the center's environment.

In the final part of the interview, the discussion centered on suggested solutions. One emphasis was on building a strong personality and fostering positive interaction with the social world. Another educator emphasized the importance of establishing a good relationship with the child and creating a suitable connection. By addressing these challenges and adopting effective strategies, it is hoped that the educators can better support the social and overall development of children with ASD.



*Figure 1: children attitude*

Illustrates the findings of the seventh question where educators were interrogated about the student attitude concerning. The used methodology in teaching. Two teachers (66.7%) stated that learners showed good results and they were comfortable with the used method. Similarly teachers (33.3%) s/he claimed that

students with ASD were not able to understand the task effortlessly and they find difficulties in completing the at hand.

**Table 4 SOLUTION FOR IMPROVING SKILLS OF ASD CHILDREN**

|   | <b>The possible answer</b>   | <b>Frequency</b> | <b>Percent</b> |
|---|--|------------------|----------------|
| <b>The challenges that face teachers of children with ASD</b> | <b>Verbal communication skills</b>   | <b>1</b>         | <b>33.3%</b>   |
|   | <b>Restricted laws and regulation</b>  | <b>1</b>         | <b>33.3%</b>   |
|   | <b>Difficulties in adapting the child inside the center and being an active member</b> | <b>1</b>         | <b>33.3%</b>   |
| <b>The suggested solution to face those barriers</b>          | <b>Being close and friendly with the child</b>   | <b>1</b>         | <b>33.3%</b>   |
|   | <b>Building strength skills and personality and acquiring various skills</b>           | <b>2</b>         | <b>66.7%</b>   |

### **2.7.3 Social Skills Development**

Respondent was invited to list the barriers that encounter theme when dealing with autistic children the answers differ from one teacher to another, the first (33, 3%) educator declared that poor verbal c the second instructor (33, 3%) reckons that the restricted laws and regulations were a great obstacle facing him/her, the last teacher (33, 3%) see that the huge problem was in adapting the child inside the center and making him/her an active member in a class. Meanwhile, the suggested solution from our respondents varies (33, 3%) of the teacher think that being close and friendly with children helps in breaking the ice and being passions when dealing with them, Next the vision of the second teacher was more

practical s /he stated that the creating strong personality for the child and teaching him/her several skills among them the good interaction with society the child with ASD will live a normal life.

#### **2.7.4 The Interpretation Of the Interview**

The The interview conducted with three educators proved to be essential in addressing the primary concerns of the current investigation. Their responses provided valuable insights into various issues related to teaching autistic children. The initial part of the interview focused on the profiles of the educators, including their age, gender, and teaching experience with children on the autism spectrum. The interview revealed a range of experience, spanning from 1 to 11 years. It was found that educators rarely incorporate evidence-based techniques, potentially due to the lack of training before teaching in these centers. Despite being inclusive spaces that concentrate on child development and offer learning methods tailored to their needs, these centers lack specific training institutions or courses for educators. However, the educators expressed commitment to their professional development.

According to Vygotsky (1978), independent learning through engaging in activities is essential for the improvement of skills and capacities. Therefore, the absence of training institutions and the need for pedagogical support and instruction can significantly impact the performance and use of strategies and techniques, especially for novice teachers. The effectiveness of the pedagogical psychological center was acknowledged by two teachers, while one teacher expressed a different opinion due to the lack of support from the educational ministry. Henning Rye emphasizes the importance of interaction between instructors and learners in the educational system, highlighting the need for pedagogy, various strategies, and conducive environments to foster the development of social skills.

The agreement among the educators regarding the social development of children with ASD was notable. Practical methods and strategies were highly evaluated by two teachers, while the third teacher expressed acceptance without much enthusiasm. According to Hausfather (1996), the role of the teacher is to empower

## ***CHAPTRÉ II :Data Analysis and Discussion***

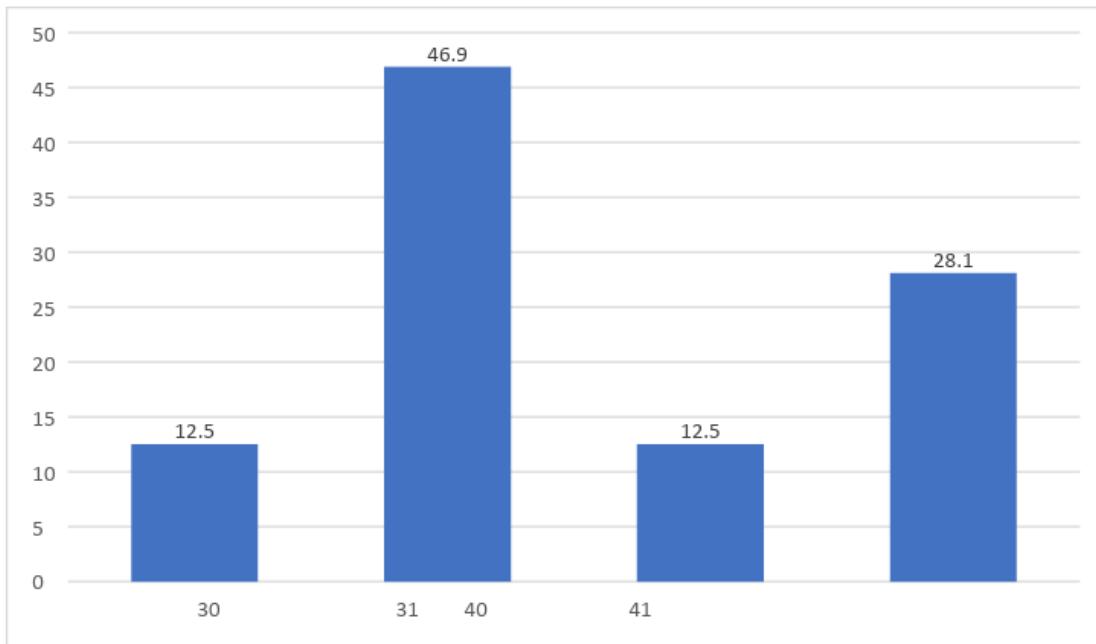
fundamental skills in autistic children through activities and integrate them into group activities to develop problem-solving abilities. The majority of educators observed positive behavior in children in response to the implemented strategies, while a minority noted some challenges in their application. The interview also addressed the specific challenges encountered by the teachers, which varied from verbal communication difficulties to strict adherence to routines. Pronunciation, language comprehension, and non-verbal communication posed obstacles for some children, making it difficult for them to be understood.

In the final part of the interview, suggested solutions focused on building a strong personality and promoting positive interactions with the social world. Another teacher emphasized the importance of establishing a good relationship and creating appropriate connections with autistic children, considering their adherence to routines as a safety zone. Abrupt changes to their routine can often induce anxiety. By addressing these challenges and implementing effective strategies, it is hoped that educators can support the social development and overall well-being of children with ASD.

***Table 5 SHOWS THE DISTRIBUTION OF SAMPLE MEMBERS ACCORDING TO AGE***

| <b>AGE</b>          | <b>REPETITION</b> | <b>PERCENTAGE</b> |
|---------------------|-------------------|-------------------|
| LESS THAN 30 YEARS  | 4                 | 12.5%             |
| FROM 31 TO 40 YEARS | 15                | 46.9%             |
| 41 YEARS AND ABOVE  | 4                 | 12.5%             |
| UNKNOWN VALUES      | 9                 | 28.1%             |
| THE TOTAL           | 32                | 100%              |

The results of the table discuss that most of the study sample's ages ranged from 31 to 40 years, at a rate of 46.9%, while an equal percentage of individuals whose ages are less than 30 years and 41 years and over, at a rate of 12.5%. The results of the table also indicate that there are unknown values at a rate of 28.1%.

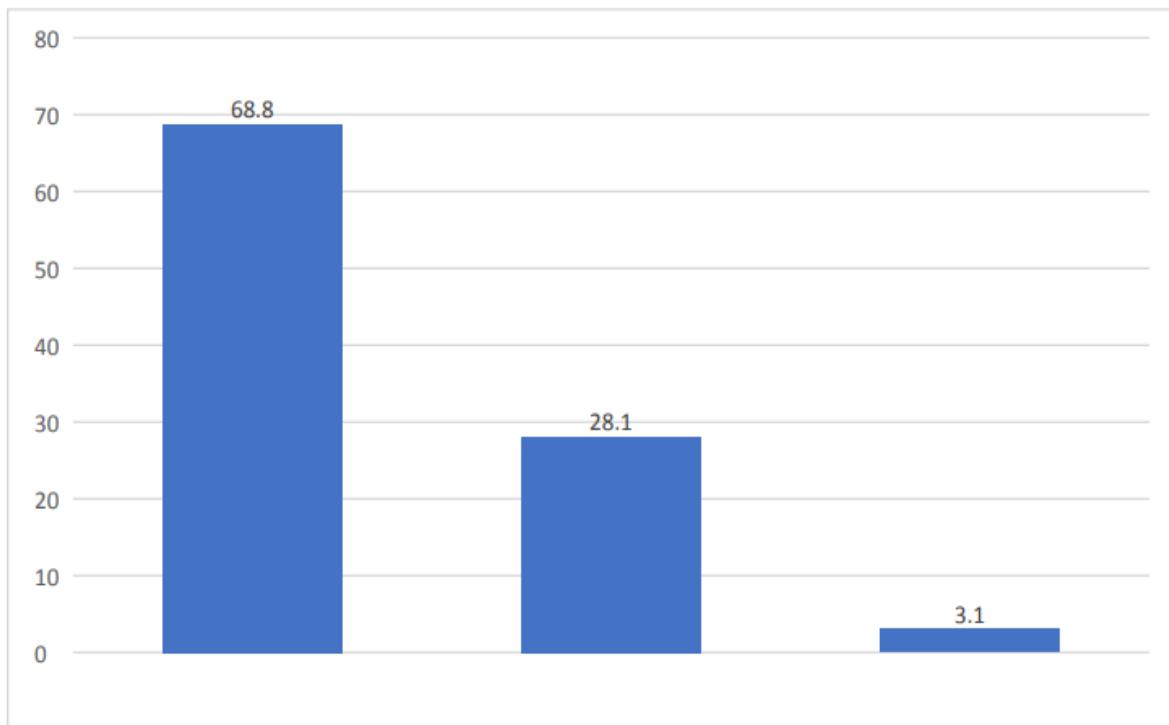


*Figure 2: shows the distribution of sample members according to age*

Table 6 :SHOWS THE DISTRUTION OF THE SAMPLE MEMBERS ACCORDING TO AGE :

| THE SEX OF THE CHILD | REPETITION | PERCENTAGE |
|----------------------|------------|------------|
| MALE                 | 22         | 68.8%      |
| FEMALE               | 9          | 28.1%      |
| UNKNOWN VALUES       | 1          | 3.1%       |
| THE TOTAL            | 32         | 100%       |

According to what appeared from the above table, most of the sample, with a rate of (68.8%), have male children, followed by (28.11%) who have female children. The results of the table also indicate that there is an unknown value of (3.1%), which refers to the individual who did not, specified the sex of their child.

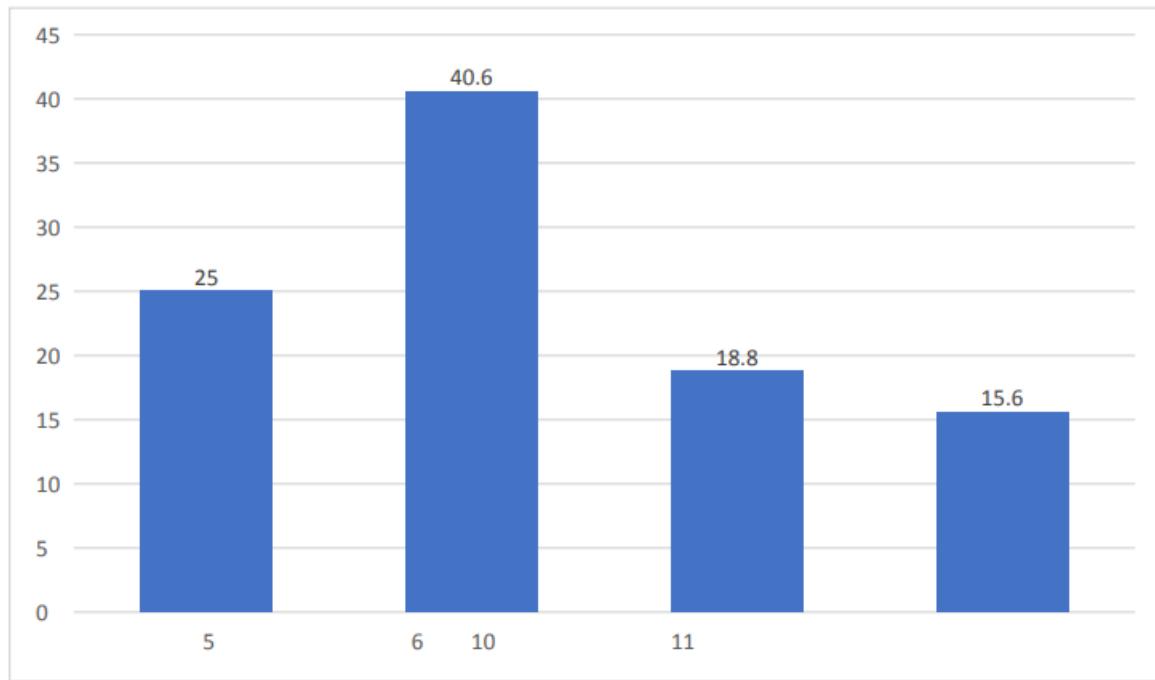


*Figure 3: It shows the distribution of the sample members according to the sex of the child.*

*Table 7 : SHOWS THE DISTRIBUTION OF THE SAMPLE MEMBERS ACCORDING TO THE AGE OF THE CHILD*

| AGE OF THE CHILD   | REPETITION | PERCENTAGE |
|--------------------|------------|------------|
| LESS THAN 5 YEARS  | 8          | 25%        |
| FROM 6 TO 10 YEARS | 13         | 40.6%      |
| 11 YEARS ABOVE     | 6          | 18.8%      |
| UNKNOWN VALUES     | 5          | 15.6%      |
| THE TOTAL          | 32         | 100%       |

The results of the table indicate that most of the children were from six to 10 years old with a rate of (40.6%), followed by children under 5 years old with a rate of (25%), and the lowest percentage we find for children over 11 years old with a rate of (18.8%). The results of the table also indicate that there are unknown values at a rate of (15.6%), which refers to individuals who did not specify the ages of their children.

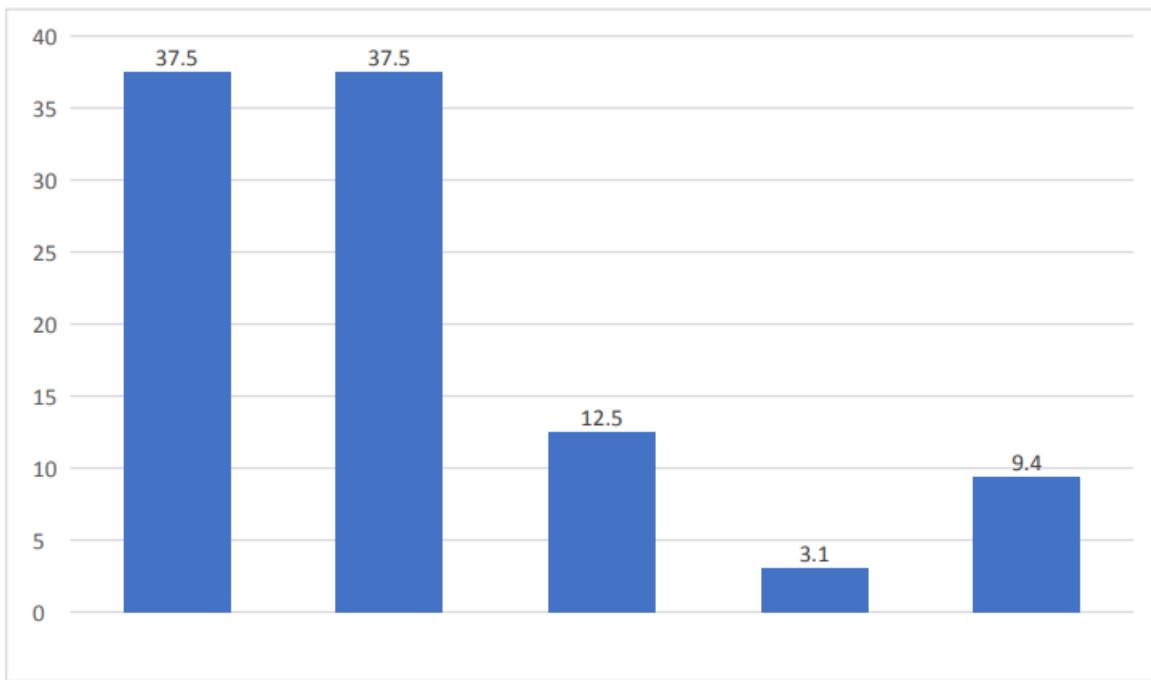


*Figure 4: It shows the distribution of respondents according to the age of the Child*

*Table 8 : It shows the sample answers about noticing a difference in their child at an early age*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 12         | 37.5%      |
| AGREE             | 12         | 37.5%      |
| NOT SURE          | 4          | 12.5%      |
| DISAGREE          | 1          | 3.1%       |
| STRONGLY DISAGREE | 3          | 9.4%       |
| THE TOTAL         | 32         | 100%       |

The table shows that most of the respondents indicate that they agree very much and agree with their observation of a difference in their child at an early age with a percentage of (37.5%), followed by individuals who indicated that they are not sure with a percentage of (12.5%), then they strongly disagree with a percentage of (9.4%). The lowest percentage we find refers to opponents (3.1%).

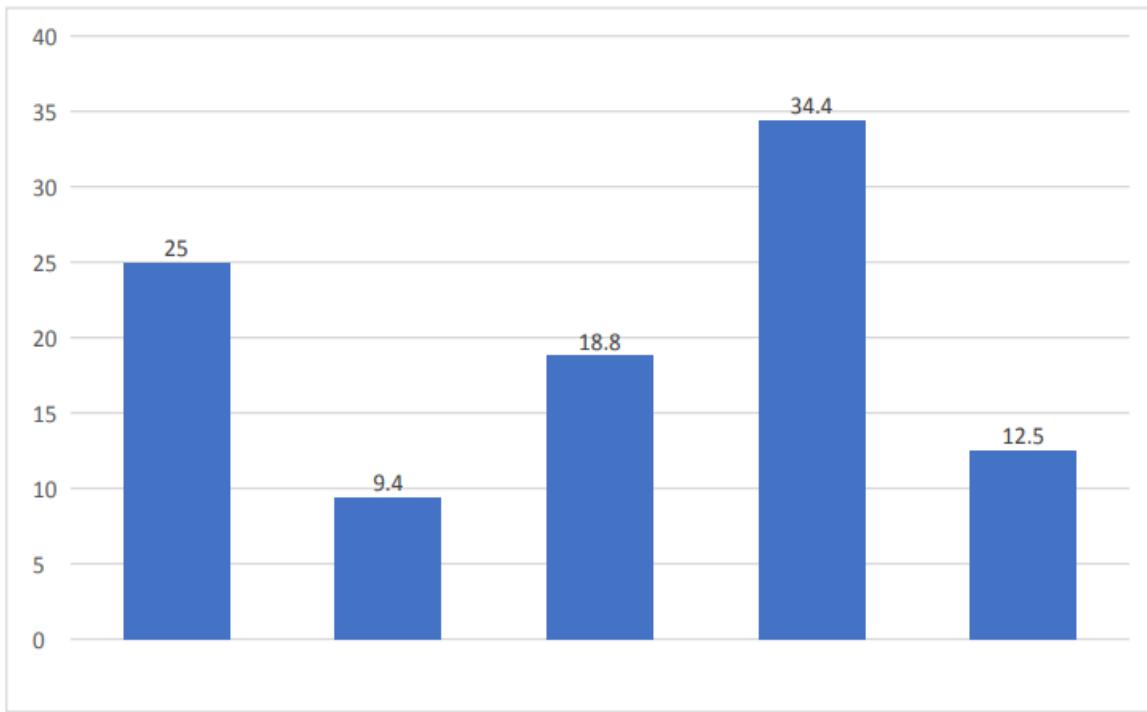


*Figure 5: shows the distribution of the sample according to the observation of a difference*

*Table 9:shows the distribution of the sample according to the acceptance of their child's uniqueness easily*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 8          | 25%        |
| AGREE             | 3          | 9.4%       |
| NOT SURE          | 6          | 18.8%      |
| DISAGREE          | 11         | 34.4%      |
| STRONGLY DISAGREE | 4          | 12.5%      |
| THE TOTAL         | 32         | 100%       |

The table interprets the result that most respondents answer(34.4%) did not accept their child's uniqueness easily, followed by individuals who accepted their child percentage of (25%), then uncertain people with a percentage of (18.8%), and strongly disagree, with a rate of (12.5%), and the lowest percentage indicates an agreement, with a rate of (9.4%).

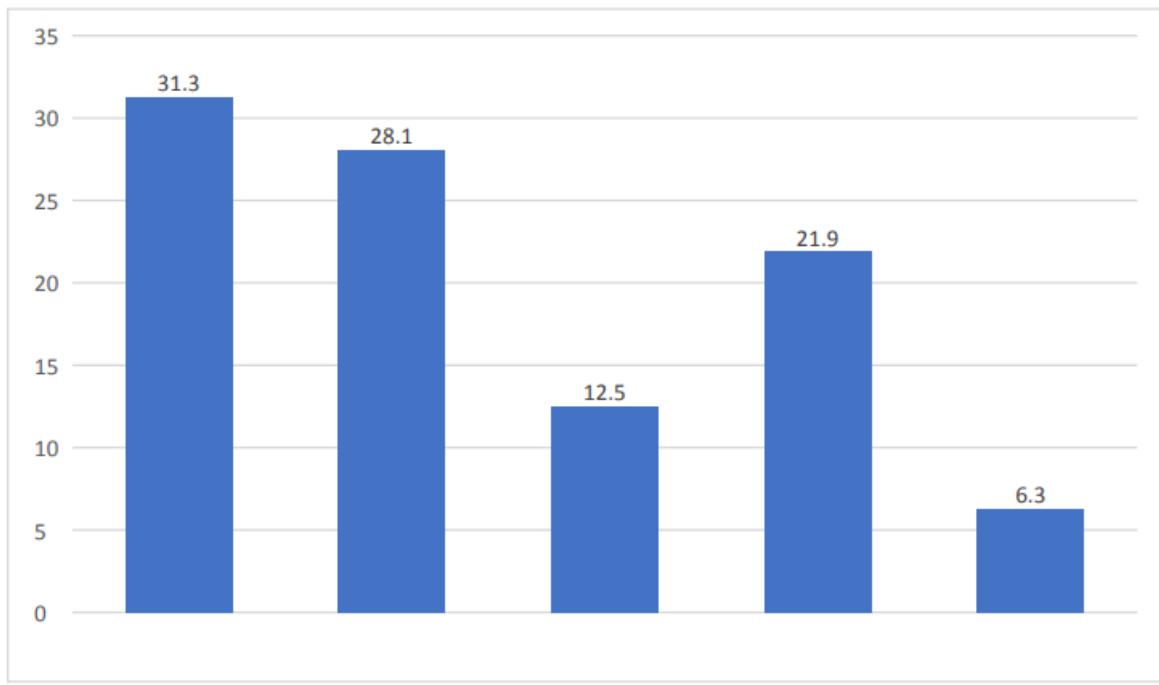


*Figure 6: It shows the distribution of the sample according to the acceptance of their child's uniqueness easily*

*Table 10 : shows the distribution of the respondents according to the interpretation of the child's condition on the financial situation*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 10         | 31.3%      |
| AGREE             | 9          | 28.1%      |
| NOT SURE          | 4          | 12.5%      |
| DISAGREE          | 7          | 21.9%      |
| STRONGLY DISAGREE | 2          | 6.3%       |
| THE TOTAL         | 32         | 100%       |

The table defines that most of the respondents indicate that their child's condition has affected their financial condition (31.3%), followed by individuals who agree with a percentage of (28.1%), then do not agree with the percentage of (21.9%), and the uncertain percentage(12.5%), and the lowest percentage refer disagreement choice at (6.3%).

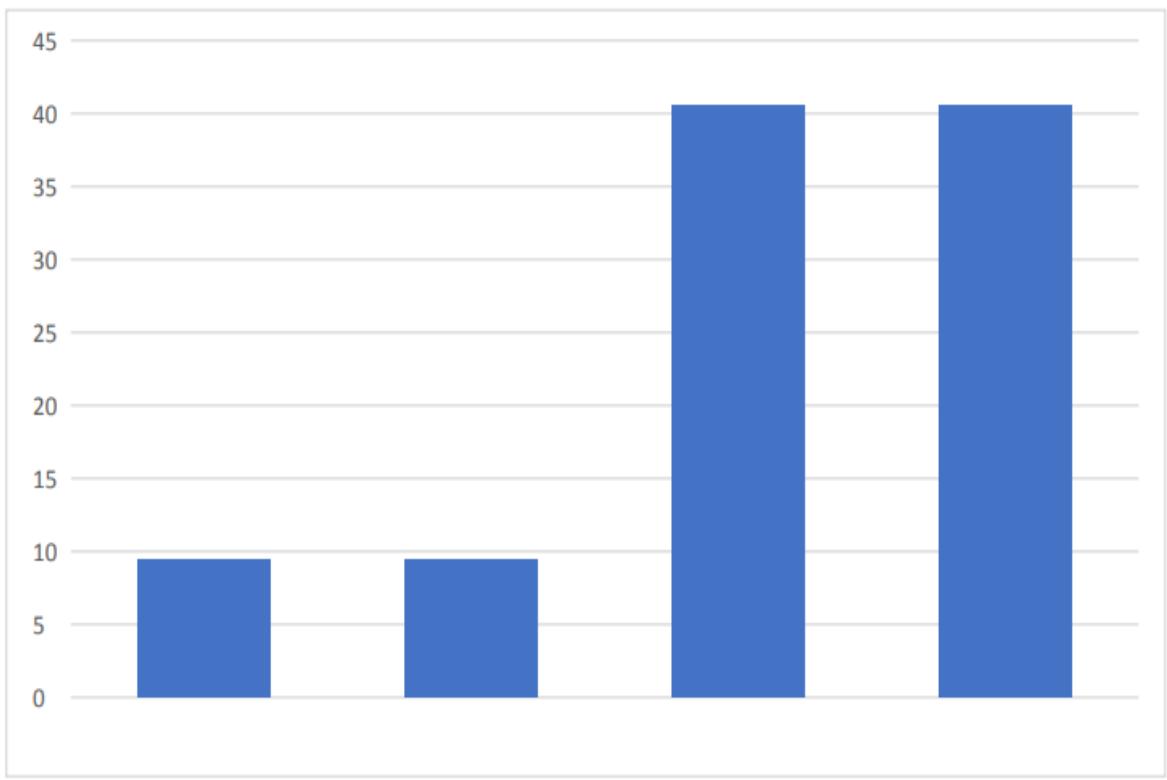


*Figure 7: It shows the distribution of the respondents according to the effect of the child's condition on the financial situation*

*Table 11 : shows the distribution of the respondents according to receiving subsidies from the government*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | /          | /          |
| AGREE             | 3          | 9.4%       |
| NOT SURE          | 3          | 9.4%       |
| DISAGREE          | 13         | 40.6%      |
| STRONGLY DISAGREE | 13         | 40.6%      |
| THE TOTAL         | 32         | 100%       |

The results of the table indicate that most of the respondents indicate that they did not receive any subsidies from the government, as most of their answers were opposed (40.6%), followed by individuals who indicated they agreed or were not sure (9.4%).



*Figure 8: It shows the distribution of respondents according to receiving subsidies from the government*

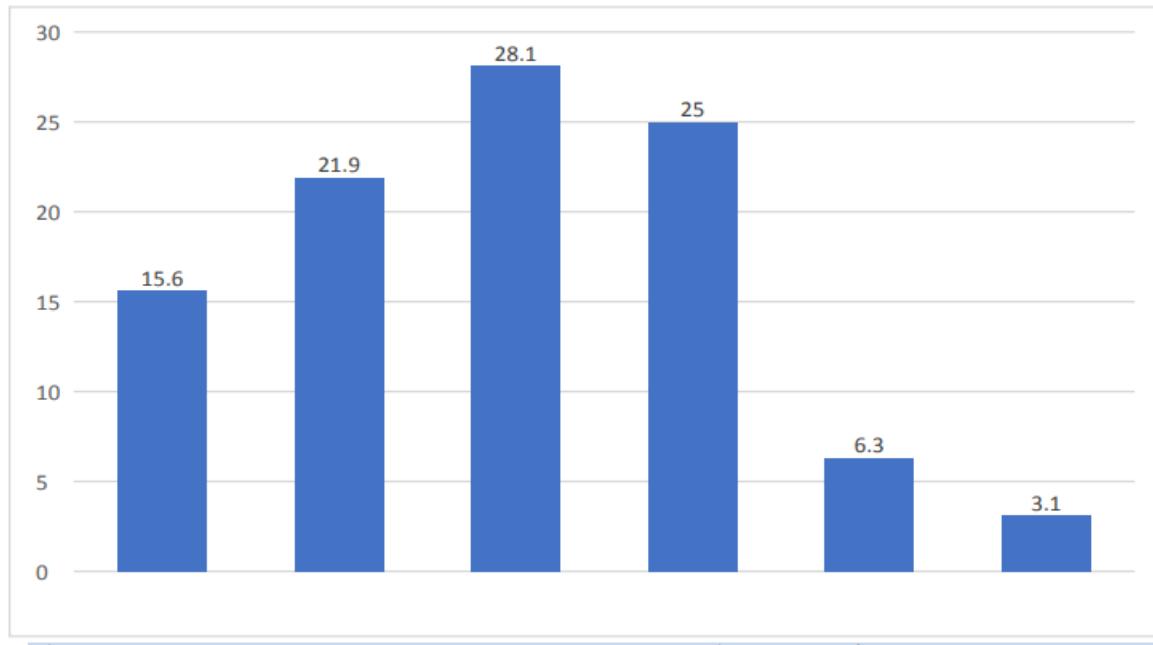
*Table 12: shows the distribution of the sample members according to the presence of obstacles that prevent the child from using sound language*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 5          | 15.6%      |
| AGREE             | 7          | 21.9%      |
| NOT SURE          | 9          | 28.1%      |
| DISAGREE          | 8          | 25%        |
| STRONGLY DISAGREE | 2          | 6.3%       |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The table clarifies the obstacles that prevent the child from using proper language, as most of the respondents' answers indicated that they were not sure (28.1%), followed by the individuals who advert opposition (25%), then they disagreed (% (21.9) and strongly agree (15.6%), and the lowest percentage we find

## CHAPTRÉ II :Data Analysis and Discussion

indicates strongly disagree with a rate of (6.3%). The results of the table also show the unknown value (3.1%), which refers to the individual who did not answer this question.



*Figure 9: It shows the distribution of the sample members according to the presence of obstacles that prevent the child from using proper language*

*Table 13: The responses of the respondents show that the child asked a lot of questions*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 3          | 9.4%       |
| AGREE             | 7          | 21.9%      |
| NOT SURE          | 5          | 15.6%      |
| DISAGREE          | 11         | 34.4%      |
| STRONGLY DISAGREE | 5          | 15.6%      |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The results of the table describe the responses of the respondents about the child asking a lot of questions, as most of the respondents' answers indicated opposition

## CHAPTRÉ II :Data Analysis and Discussion

at a rate of (34.4%), followed by individuals who indicated agreement at a rate of (21.9%), then unsure and very opposed, their percentages were equal, reaching (15.6%), and very much agree (9.4%). The results of the table also show the unknown value (3.1%), which refers to the individual who did not answer this question.

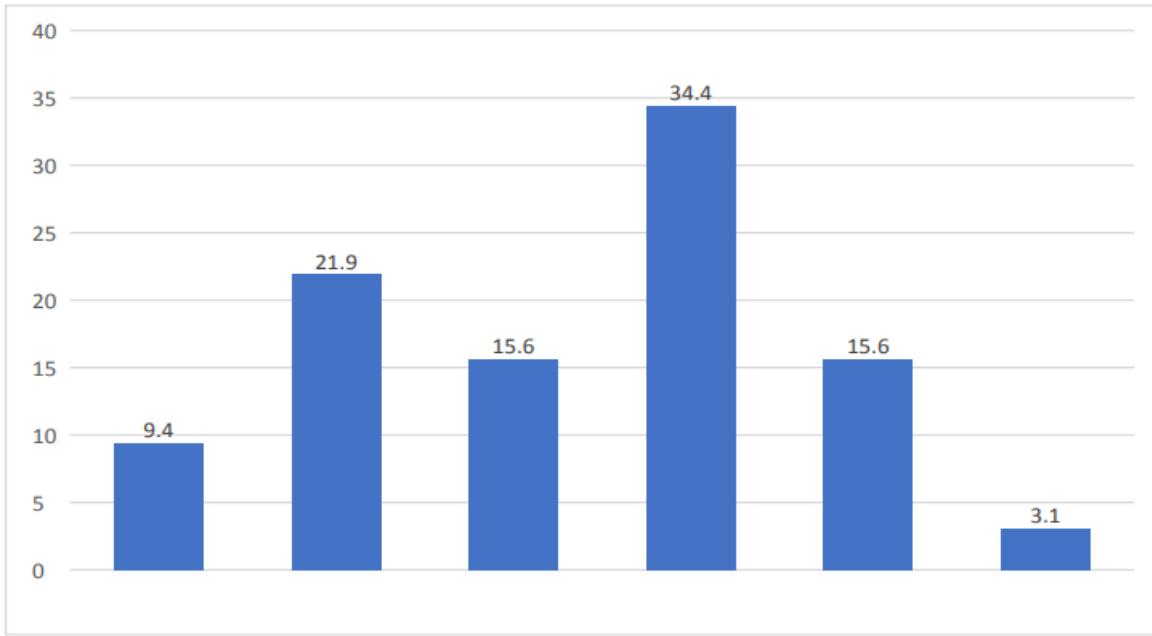


Figure 10 : Individuals' responses to the child's asking many questions

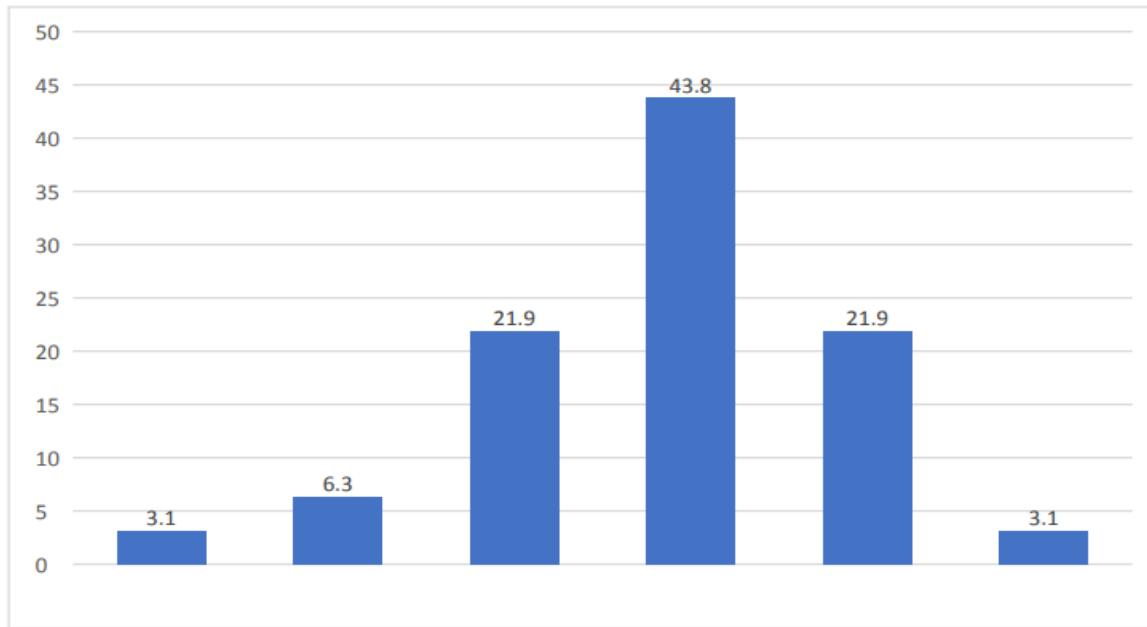
Table 14: It shows the respondents' responses about the child's answer to others' questions

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 1          | 3.1%       |
| AGREE             | 2          | 6.3%       |
| NOT SURE          | 7          | 21.9%      |
| DISAGREE          | 14         | 43.8%      |
| STRONGLY DISAGREE | 8          | 21.9%      |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The table portrays the reaction of the child towards other questions of others, the vast majority of the answers mention opposition with a percentage of (43.8%),

## CHAPTRÉ II :Data Analysis and Discussion

followed by individuals who point out that they were not sure and very opposed with an equal percentage of (21.9%), and then they agreed with a percentage. (6.3%), and the lowest rate we find indicates a very agreeable rate (3.1%). The results of the table also show an unknown value (3.1%), which refers to the individual who did not answer this question.



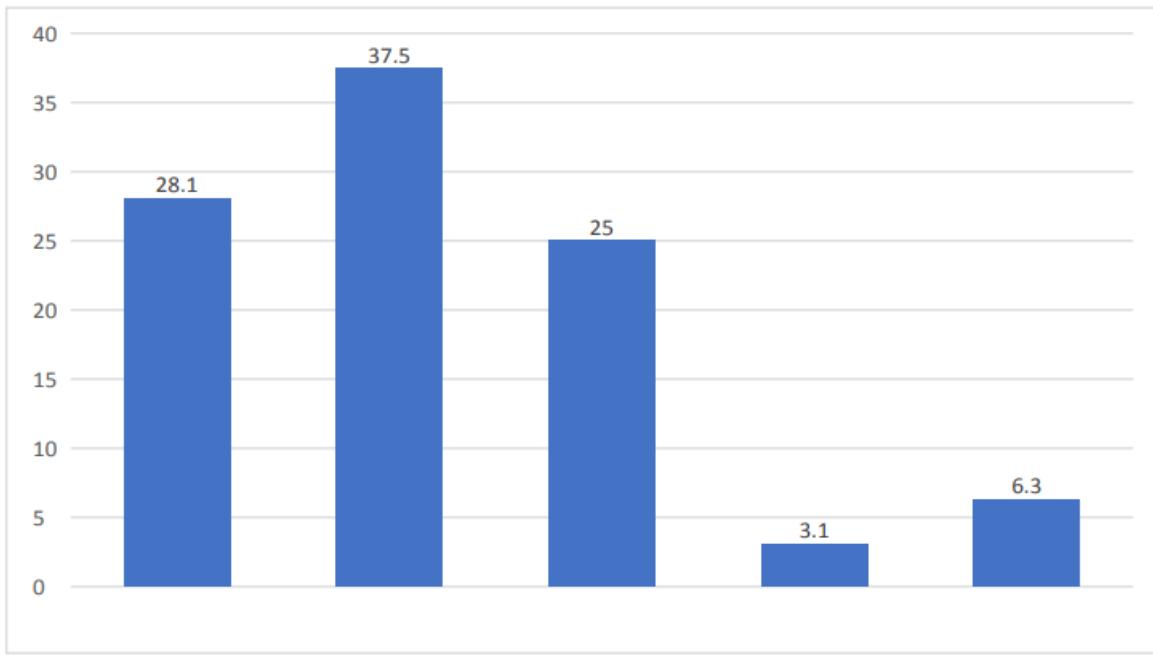
*Figure 11: Shows the respondents' responses about the child's answer to the other questions*

*Table 15: It shows the responses of the respondents about the answer when they heard his name*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 9          | 28.1%      |
| AGREE             | 12         | 37.5%      |
| NOT SURE          | /          | /          |
| DISAGREE          | 8          | 25%        |
| STRONGLY DISAGREE | 1          | 3.1%       |
| UNKNOWN VALUES    | 2          | 6.3%       |
| THE TOTAL         | 32         | 100%       |

## ***CHAPTRÉ II :Data Analysis and Discussion***

The table illustrates the reaction of the child when hearing his name, as we find that most of the answers of respondents indicated that they agree with a percentage of (37.5%), followed by individuals who accepted (28.1%), then they disagree with a percentage of (25%). The lowest percentage we find indicates a very opposed rate (3.1%). The results of the table also show an unknown value (3.1%), which refers to the individual who did not answer this question.



*Figure 12: It shows the responses of the respondents about the answer when they hear his name*

## CHAPTRÉ II :Data Analysis and Discussion

Table 16: shows the responses of the respondents about expressing a reaction when there are dangerous conditions

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 4          | 12.5%      |
| AGREE             | 6          | 18.8%      |
| NOT SURE          | 6          | 18.8%      |
| DISAGREE          | 11         | 34.4%      |
| STRONGLY DISAGREE | 4          | 12.5%      |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The results of the table depict the answers of the respondents about expressing a reaction when there are serious circumstances, as we find that most of the responses of the respondents point out the opposition at a rate of (34.4%), followed by individuals who indicated very agree and opposition at an equal rate also estimated at (12.5%). The results of the table show that there is an unknown value (3.1%).

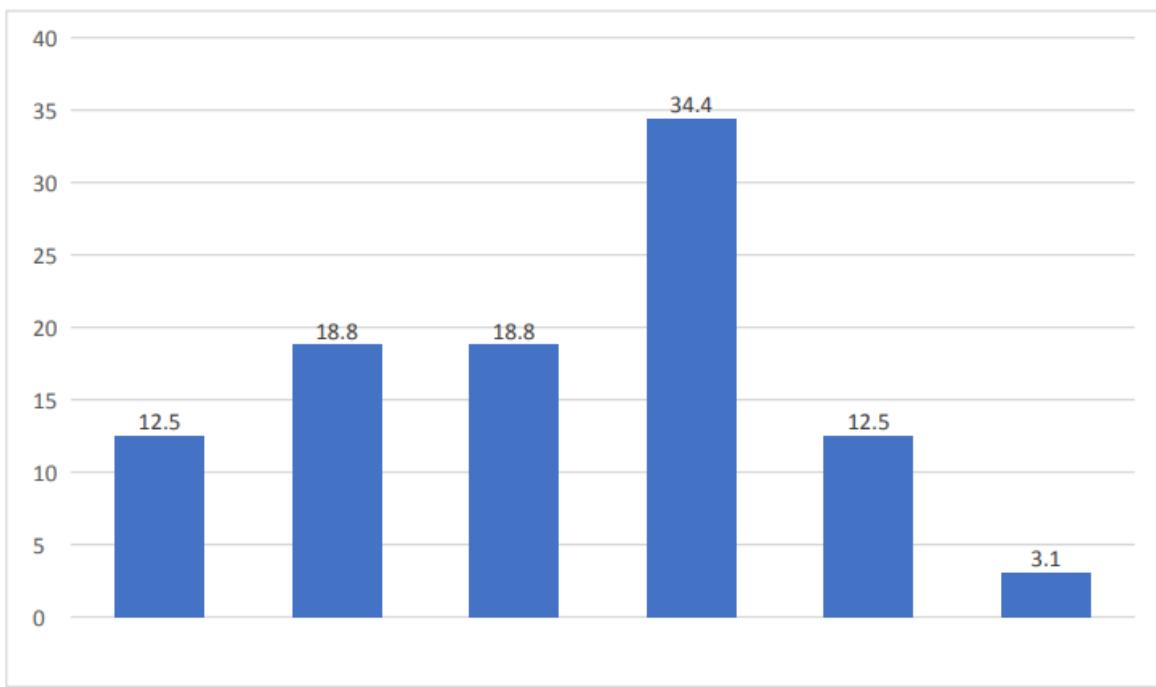


Figure 13: Shows the responses of the respondents about expressing a reaction when there are dangerous conditions

## CHAPTRÉ II :Data Analysis and Discussion

Table 17: It shows the respondents' responses about the child's harmony with his siblings

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 3          | 9.4%       |
| AGREE             | 9          | 28.1%      |
| NOT SURE          | 4          | 12.5%      |
| DISAGREE          | 12         | 37.5%      |
| STRONGLY DISAGREE | 3          | 9.4%       |
| THE TOTAL         | 32         | 100%       |

The results of the table demonstrate the answers of the respondents about the harmony of the child with his siblings, most of the responses indicated opposition at a rate of (37.5%) followed by individuals who indicated agreement at a rate of (28.1%), then unsure at a rate of (12.5%). The lowest percentage refers to acceptable and disagreement with an equal percentage of (9.4%).

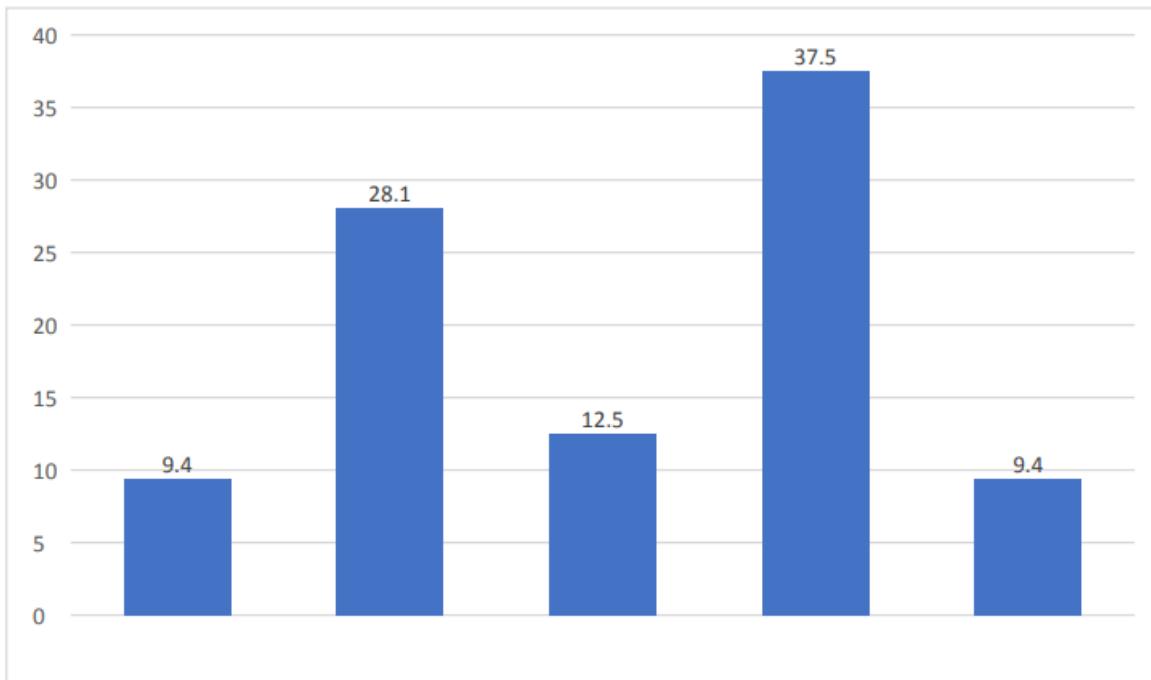


Figure 14: It shows the respondents' responses about the child's harmony with his siblings

## CHAPTRÉ II :Data Analysis and Discussion

Table 18: Shows the respondents' responses about exchanging games with their siblings

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 2          | 6.3%       |
| AGREE             | 3          | 9.4%       |
| NOT SURE          | 6          | 18.8%      |
| DISAGREE          | 14         | 43.8%      |
| STRONGLY DISAGREE | 6          | 18.8%      |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The results of the table offer the answers of the respondents about exchanging games with their siblings, the majority of the answers of the respondents indicated opposition at a rate of (43.8%), followed by individuals who are not sure and very opposed at a rate of (18.8%), then agreed at a rate of (18.8%). (9.4%), and we find that the percentage of those who indicated that they agree very much has reached (6.3%), which is the lowest percentage. The results of the table also show that there is an unknown value (3.1%).

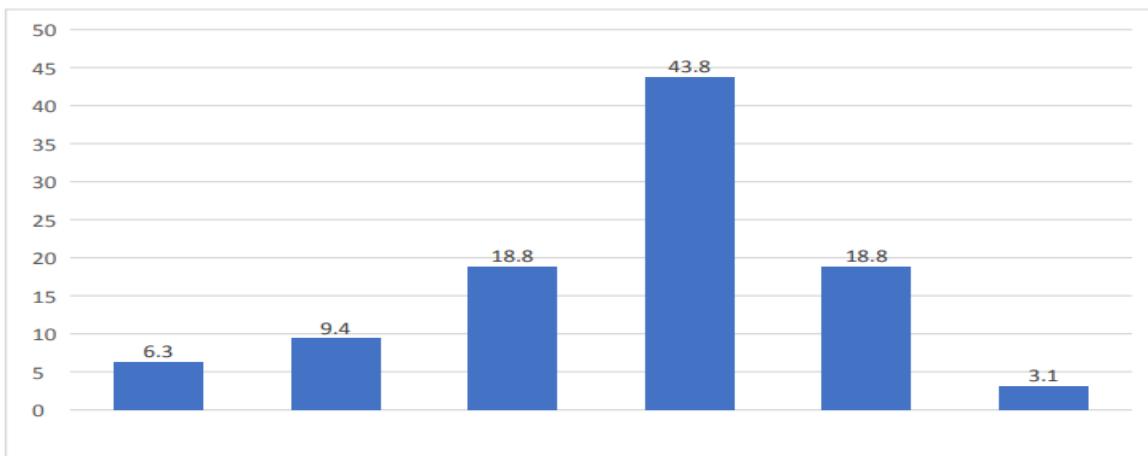


Figure 15: Shows the respondents' responses about exchanging games with their brothers.

## CHAPTRÉ II :Data Analysis and Discussion

Table 19: explains the responses of the sample members about poor visual communication of the child.

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 7          | 21.9%      |
| AGREE             | 9          | 28.1%      |
| NOT SURE          | 8          | 25%        |
| DISAGREE          | 4          | 12.5%      |
| STRONGLY DISAGREE | 2          | 6.3%       |
| UNKNOWN VALUES    | 2          | 6.3%       |
| THE TOTAL         | 32         | 100%       |

The table presents poor eye contact, most of the respondents' answers indicated agreement with a percentage of (28.1%), followed by an estimated rate of (25%), then the agreement with a rate of (21.9%), and The percentage of those who referred to the opposition was (12.5%), and the lowest percentage was for strongly disagree people, as it amounted to (6.3%). Finally, there is an unknown value (3.1%).

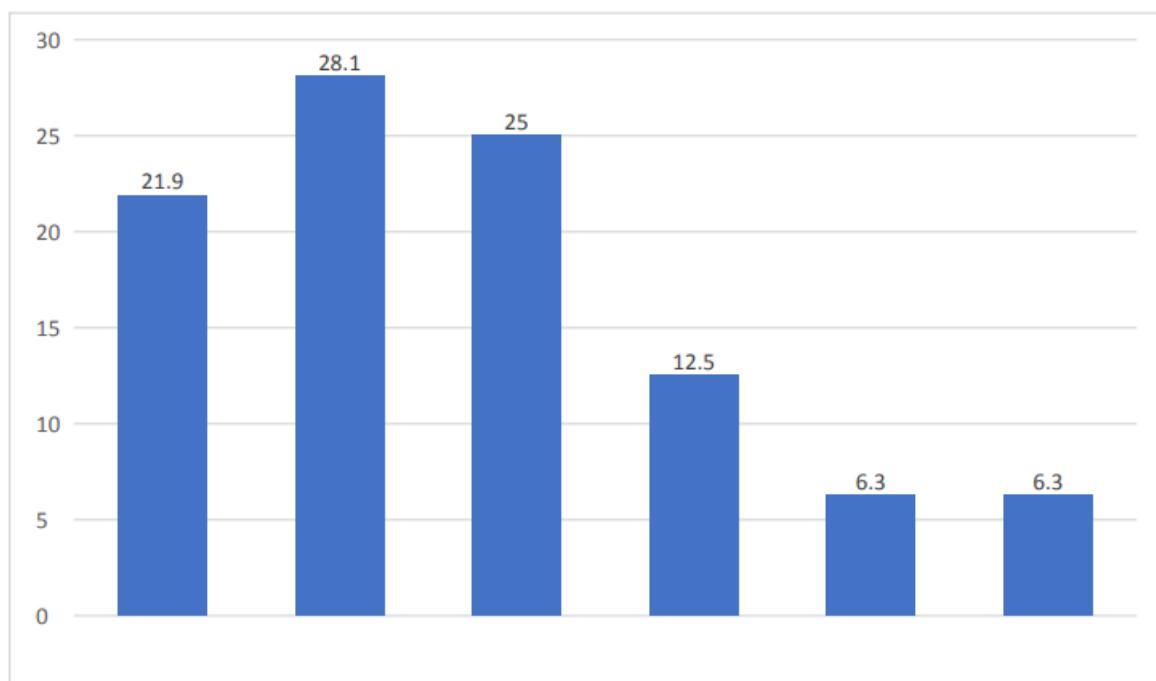


Figure 16: shows the respondents' responses about the child's poor eye contact

## CHAPTRÉ II :Data Analysis and Discussion

Table 20: It shows the respondents' responses about forming good friendships with their peers.

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 1          | 3.1%       |
| AGREE             | 3          | 9.4%       |
| NOT SURE          | 3          | 9.4%       |
| DISAGREE          | 18         | 56.3%      |
| STRONGLY DISAGREE | 6          | 18.8%      |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The results of the table mention the explication of the respondents about forming good friendships with their peers, most answers indicated opposition at a rate of (56.3%), followed by individuals who indicated very opposition at a rate of (18.8%), then agreed and unsure at an equal rate. It reached (4.9%), and the percentage of those who indicated that they agree very much amounted to (3.1%), which is the lowest percentage. The results of the table also show that there is an unknown value (3.1%).

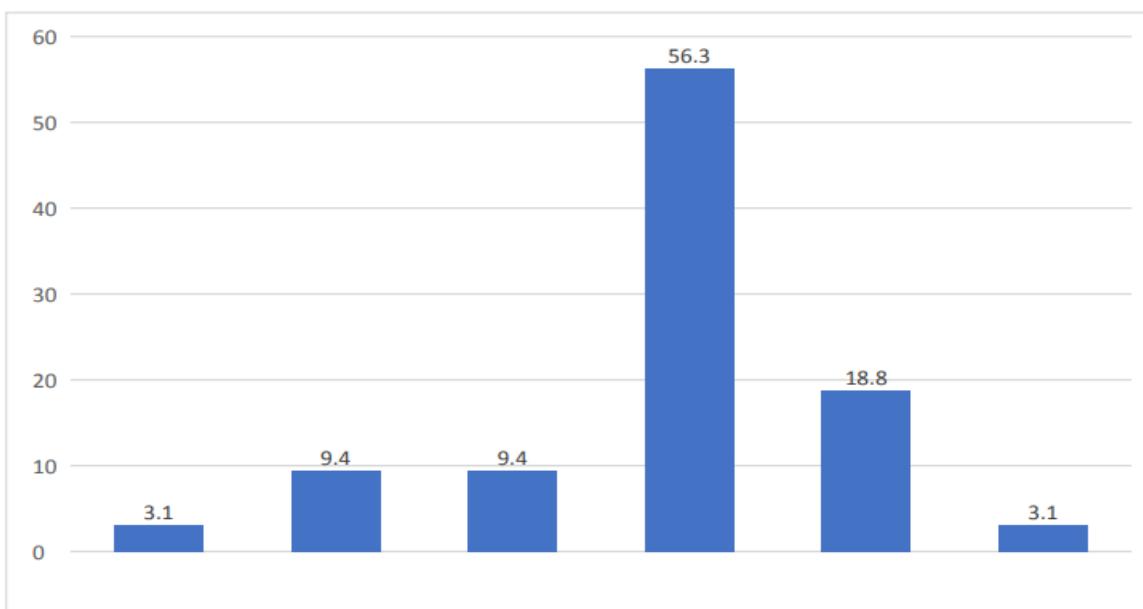


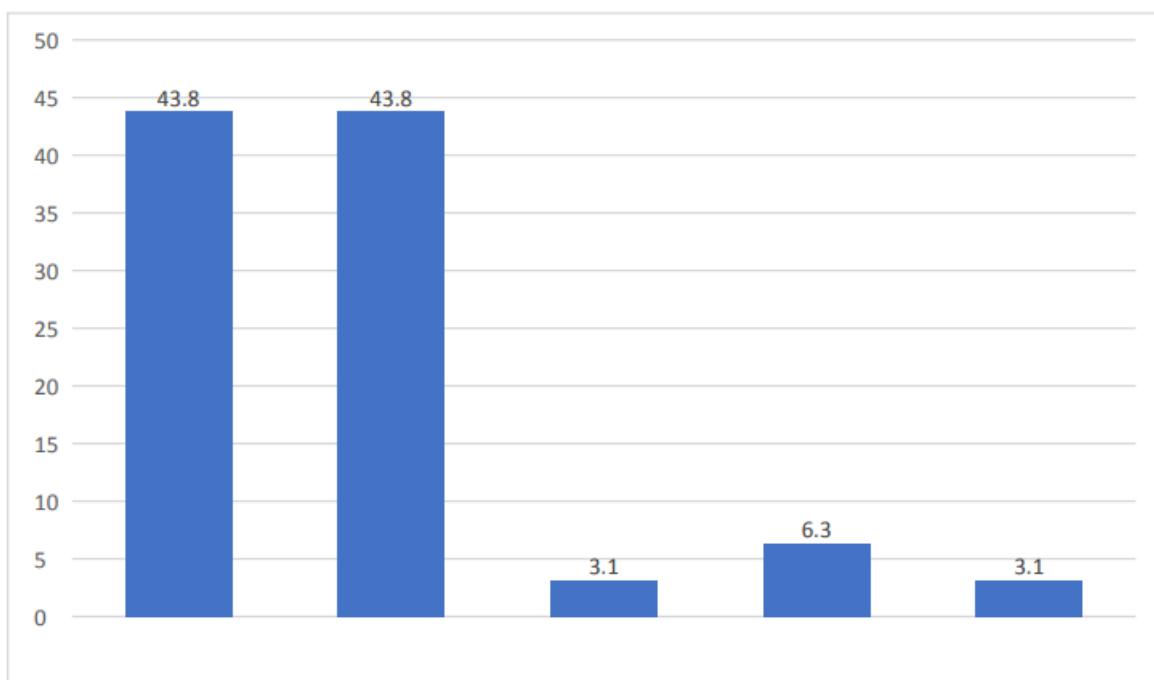
Figure 17: It shows the respondents' responses about forming good friendships with their peers

## CHAPTRÉ II :Data Analysis and Discussion

*Table 21:): Shows the responses of the respondents about the attempt to send the child to educational institutions*

|                   | REPETITION | PERCENTAGE |
|-------------------|------------|------------|
| STRONGLY AGREE    | 14         | 43.8%      |
| AGREE             | 14         | 43.8%      |
| NOT SURE          | /          | /          |
| DISAGREE          | 1          | 3.1%       |
| STRONGLY DISAGREE | 2          | 6.3%       |
| UNKNOWN VALUES    | 1          | 3.1%       |
| THE TOTAL         | 32         | 100%       |

The results of the table point out the answers concerning educational institutions, most of the respondents strongly acceptances and agreed with an equal percentage estimated at (43.8%), followed by rejection with a rate of (6.3%), and less than A percentage that referred to those who referred to exhibitions as it reached (3.1%). The results of the table also show that there is an unknown value (3.1%).



*Figure 18:Shows the responses of the respondents about the attempt to send the child to educational institutions*

## CHAPTRÉ II :Data Analysis and Discussion

Table 22: It shows the respondents' responses about having difficulty taking their child to public places

|                | REPETITION | PERCENTAGE |
|----------------|------------|------------|
| YES            | 28         | 87.5%      |
| NO             | 3          | 9.4%       |
| UNKNOWN VALUES | 1          | 3.1%       |
| THE TOTAL      | 32         | 100%       |

The table depicts the obstacles of taking the child to public places, their answer yes, estimated at a rate of (87.5%), followed by those who answered “no,” with a rate of (9.4), which means that they do face difficulty, as the results of the table show that there is a value Unknown (3.1%).

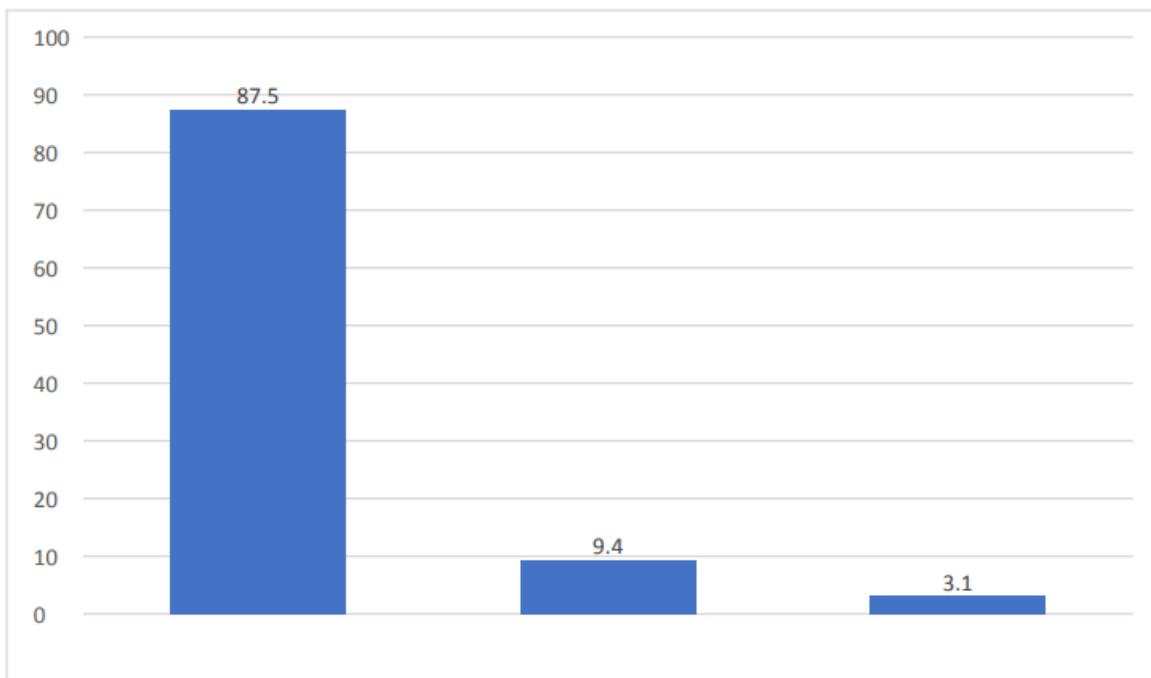


Figure 19: It shows the respondents' responses about having difficulty taking their child to public places

## CHAPTRÉ II :Data Analysis and Discussion

Table 23:Shows the respondents' responses about the child's difficulty in playing with others

|                | REPETITION | PERCENTAGE |
|----------------|------------|------------|
| YES            | 26         | 81.3%      |
| NO             | 5          | 15.6%      |
| UNKNOWN VALUES | 1          | 3.1%       |
| THE TOTAL      | 32         | 100%       |

The results of the table refer to the answers of the respondents indicating that their child is having difficulty playing with others, and this is indicated by their answer with yes, estimated at a rate of (81.3%), followed by those who answered no at a rate of (3.1%), which refers to the individual who did not answer this question.

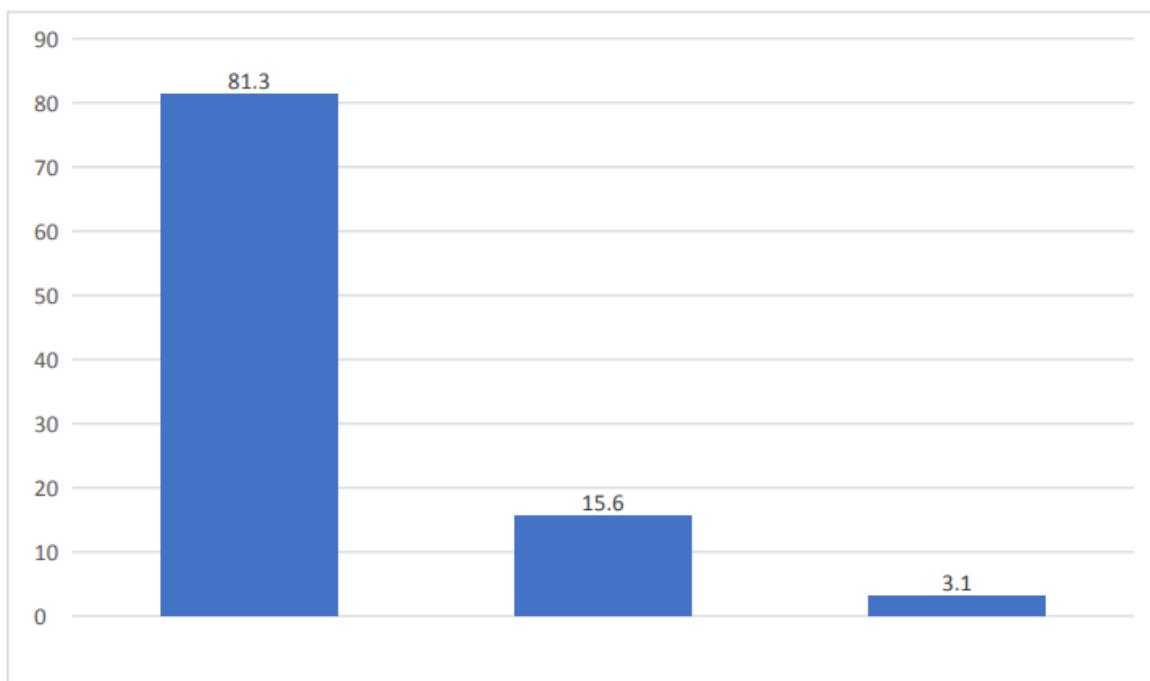
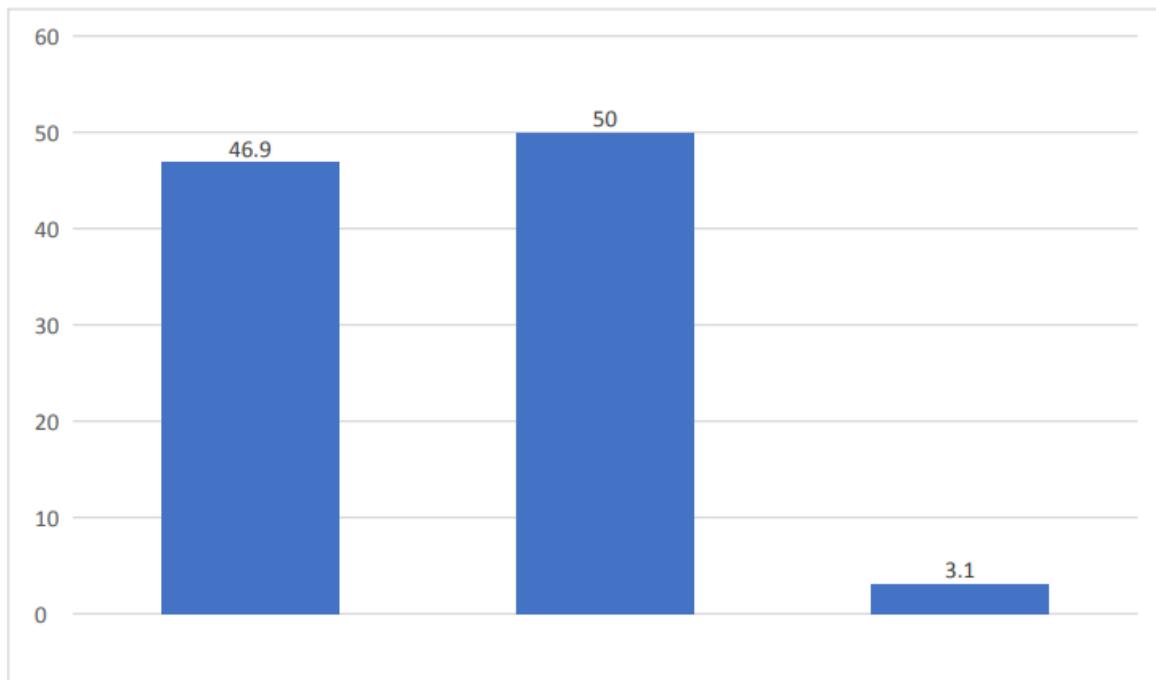


Figure 20: Shows the respondents' responses about the child's difficulty in playing with others

*Table 24: It shows the respondents' responses about controlling or spoiling the gaming galaxies*

|                | REPETITION | PERCENTAGE |
|----------------|------------|------------|
| YES            | 15         | 46.9%      |
| NO             | 16         | 50%        |
| UNKNOWN VALUES | 1          | 3.1%       |
| THE TOTAL      | 32         | 100%       |

The table shows the respondents indicating that their child does not tend to control the course of the game or spoil it (50%), which represents half of the respondents, followed by (46.6%) that opted yes which means that the child tends to manage the game, as the results of the table show that there is an unknown value (3.1%).



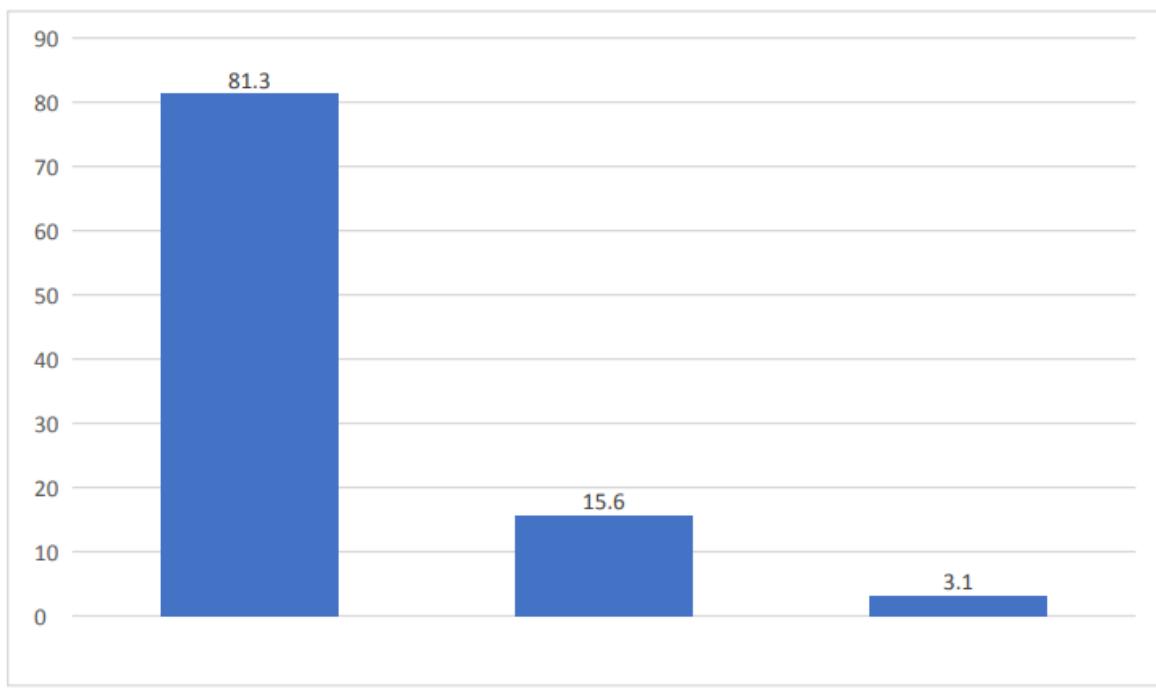
*Figure 21: It shows the respondents' responses about controlling or spoiling the gaming galaxies*

## **CHAPTRÉ II :Data Analysis and Discussion**

*Table 25:Shows the respondents' responses about the child's preference to play alone instead of playing in a group*

|                | <b>REPETITION</b> | <b>PERCENTAGE</b> |
|----------------|-------------------|-------------------|
| YES            | 26                | 81.3%             |
| NO             | 5                 | 15.6%             |
| UNKNOWN VALUES | 1                 | 3.1%              |
| THE TOTAL      | 32                | 100%              |

The table depicts the answers of the respondents indicating that their child prefers to play alone rather than in groups, the agreement was (81.3%), followed by those who answered no at a rate of (15.6%), which means that their child does not like to play alone but rather prefers the group, as it was found. The results of the table indicate that there is an unknown value (3.1%).



*Figure 22: Shows the respondents' responses about the child's preference to play alone instead of playing in a group*

## CHAPTRÉ II :Data Analysis and Discussion

Table 26: Shows the respondents' responses about the child's preference to play alone instead of playing in a group

|                  | REPETITION | PERCENTAGE |
|------------------|------------|------------|
| NO EFFECTIVE     | 5          | 15.6%      |
| LITTLE EFFECTIVE | 17         | 53.1%      |
| EFFECTIVE        | 7          | 21.9%      |
| MORE EFFECTIVE   | 2          | 6.3%       |
| UNKNOWN VALUES   | 1          | 3.1%       |
| THE TOTAL        | 32         | 100%       |

The results of the table exhibit the sample's evaluation of the role of the educational institutions to which the child belongs in developing his/her social skills most of them believe that it is ineffective at a rate of (53.1%), followed by those who indicate that it is effective at an estimated rate of (15.6%). It is ineffective (15.6%), and the lowest percentage was for those who indicated a lot of effectiveness, as it reached (3.1%). The results of the table also show that there is an unknown value (3.1%).

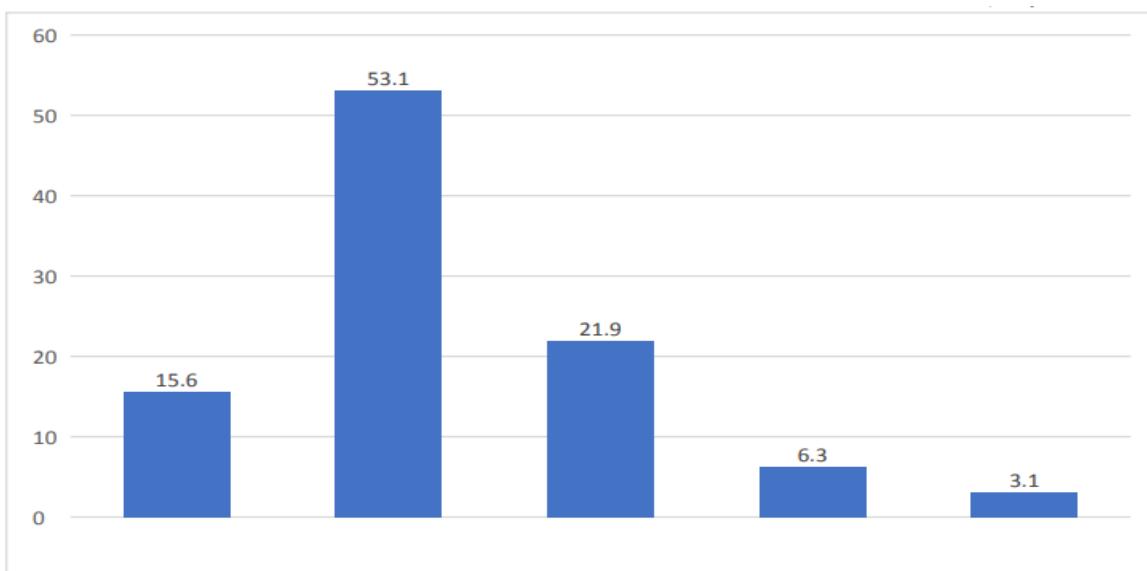


Figure 23: Shows the respondents' responses about evaluating the role of the educational institutions to which the child belongs in the development of his social skills

## CHAPTRÉ II :Data Analysis and Discussion

Table 27: It shows the respondents' responses about therapists to the child's special needs

|                  | REPETITION | PERCENTAGE |
|------------------|------------|------------|
| NO EFFECTIVE     | 5          | 15.6%      |
| LITTLE EFFECTIVE | 15         | 46.9%      |
| EFFECTIVE        | 10         | 31.3%      |
| MORE EFFECTIVE   | 1          | 3.1%       |
| UNKNOWN VALUES   | 1          | 3.1%       |
| THE TOTAL        | 32         | 100%       |

The table displays the therapist's strategy's effectiveness according to the special needs of the child, the uncertain percentage was (46.9%), followed by those who indicate significant (31.3%), and the rejection percentage was (15.6%). %), and lastly the lowest percentage was for efficiency reaching (3.1%), as the results of the table show that there is an unknown value (3.1%).

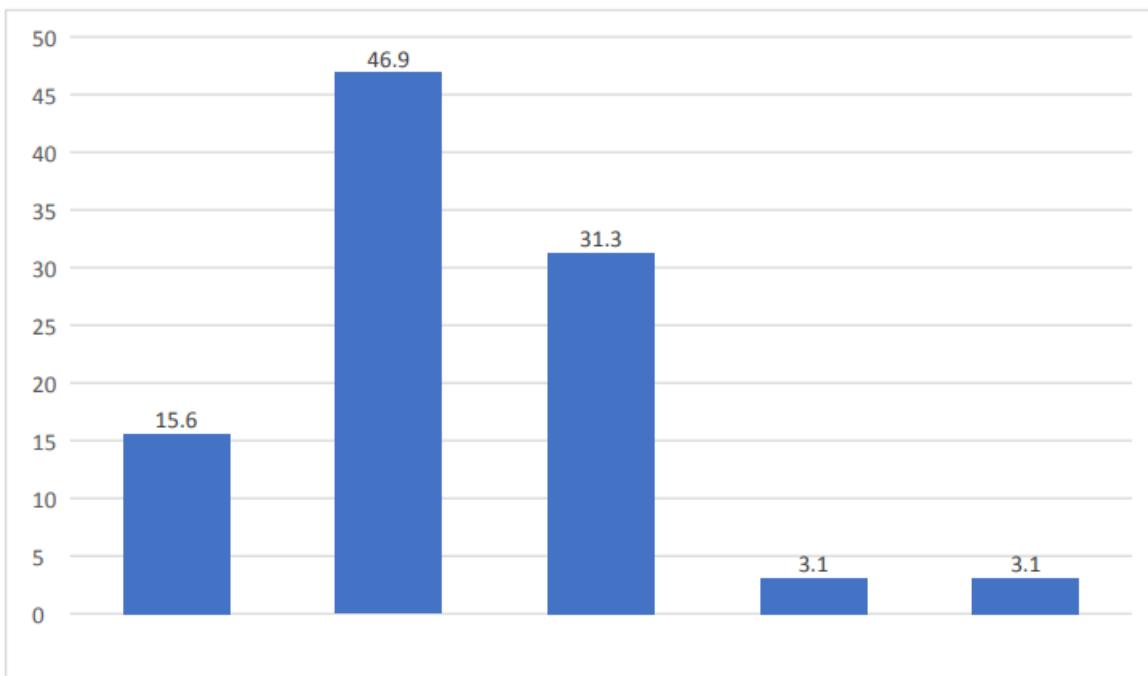


Figure 24: It shows the respondents' responses about therapists to the child's special needs

## CHAPTRÉ II :Data Analysis and Discussion

Table 28: It shows the responses of the respondents about evaluating the services provided by therapists concerning developing the child's social skills

|                  | REPETITION | PERCENTAGE |
|------------------|------------|------------|
| NO EFFECTIVE     | 5          | 15.6%      |
| LITTLE EFFECTIVE | 15         | 46.9%      |
| EFFECTIVE        | 10         | 31.3%      |
| MORE EFFECTIVE   | 1          | 3.1%       |
| UNKNOWN VALUES   | 1          | 3.1%       |
| THE TOTAL        | 32         | 100%       |

The table concert the evaluation of the services provided by therapists to develop the social skills of the child, the most show ineffectiveness (46.9%), followed by those who indicate that they are effective at an estimated rate of (31.3%), and the percentage of those who indicate that they are ineffective is (15.6%). %), indicated a lot of effectiveness, reaching (3.1%). The results of the table also show the presence of an unknown value (3.1%).

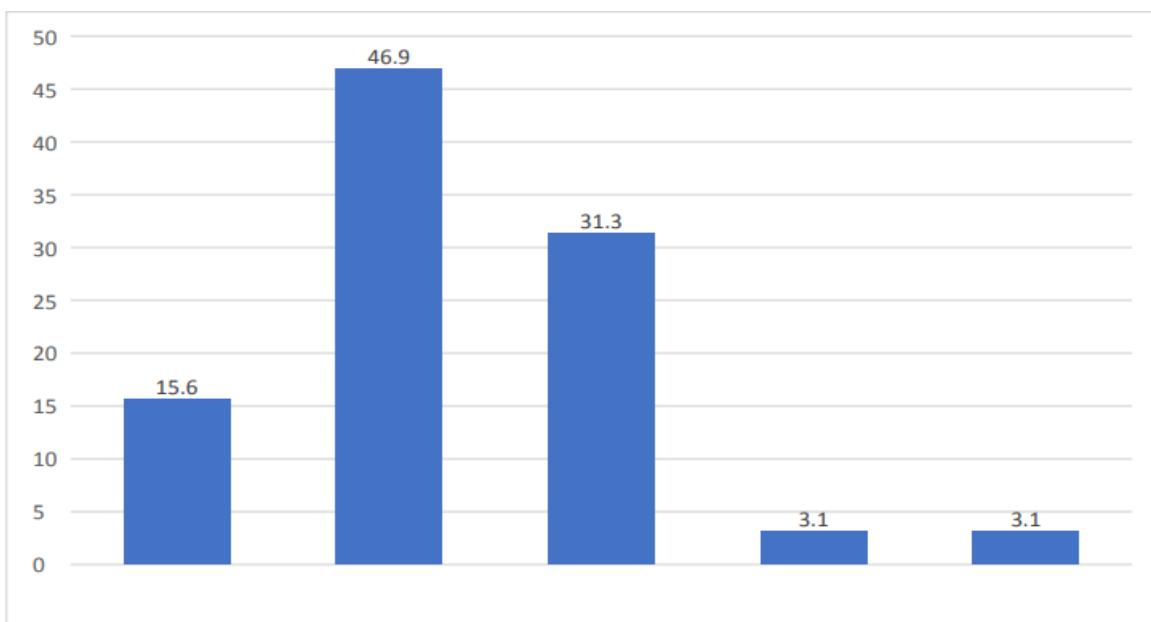


Figure 25: It shows the responses of the respondents about evaluating the services provided by therapists for developing the child's social skills

## CHAPTRÉ II :Data Analysis and Discussion

Table 29: It shows the responses of the respondents about evaluating the methods used by therapists to develop the child's social skills.

|                  | REPETITION | PERCENTAGE |
|------------------|------------|------------|
| NO EFFECTIVE     | 3          | 9.4%       |
| LITTLE EFFECTIVE | 17         | 53.1%      |
| EFFECTIVE        | 9          | 28.1%      |
| MORE EFFECTIVE   | 2          | 6.3%       |
| UNKNOWN VALUES   | 1          | 3.1%       |
| THE TOTAL        | 32         | 100%       |

The results of the table exhibit the evaluation of the methods used by therapists to develop the child's social skills, great number of them consider it ineffective at a rate of 53.1%, followed by those who see effectiveness at an estimated rate of 28.1%. The percentage of those who indicated that it was ineffective was 9.4%, and the lowest percentage was that of those who indicated a lot of effectiveness, as it reached 6.3%. The results of the table also show that there is an unknown value of 3.1%.

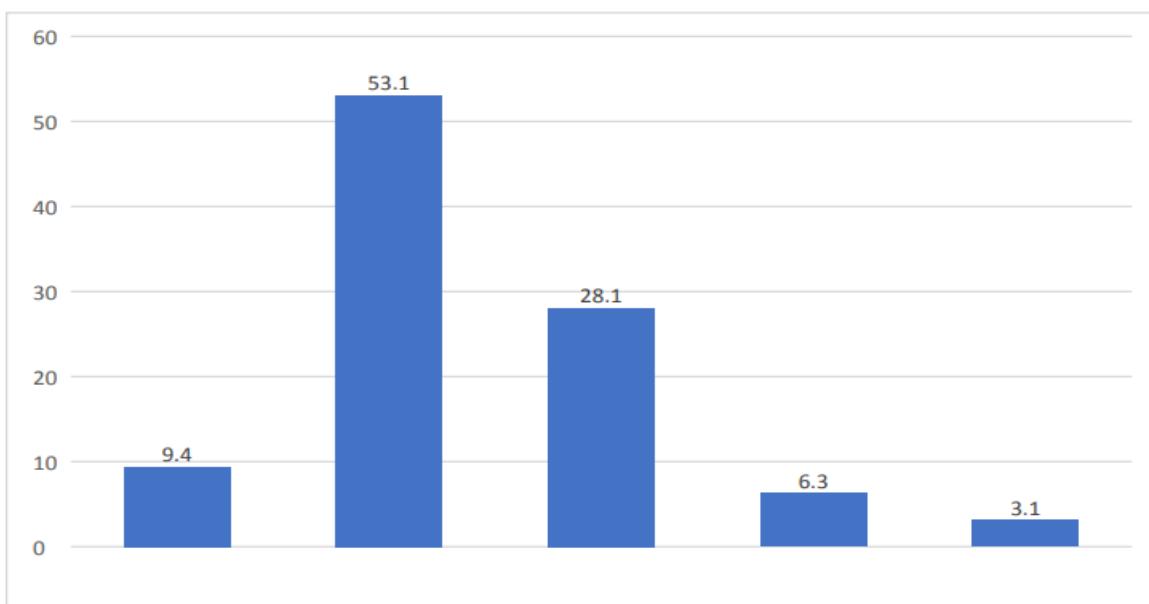


Figure 26: It depicts the responses of the respondents about evaluating their social skills.

## **2.8 Questionnaires Interpretation**

### **2.8.1 ASD Children Profile**

In terms of the profile of the children involved in the study, the majority of the ASD children were males, which aligns with the findings of Kanner (1943) who reported a higher prevalence of autism in males compared to females, with a ratio of up to 4 to 1. The age range of the children in the study was from 5 to 11 years old, with a higher percentage falling within the 6 to 10 years old category. It is worth noting that indications of autism can sometimes be observed as early as infancy, while in other cases, symptoms may start to emerge around the age of three.

The parent's attitude toward the autism disorder

The fourth question revealed that a majority of parents recognized the differences in their children at an early age, indicating an increased awareness compared to previous years. Early diagnosis is crucial as it enables children with ASD to benefit from appropriate treatments, support, and accommodations in their educational journey from an early developmental phase. However, accepting their child's uniqueness was not always an easy process for the parents. Approximately 46.9% of parents initially denied the actual situation of their child for various reasons, such as the financial impact of the disorder on their income. Similarly, 59.4% of parents reported a significant financial burden. Furthermore, 80% of parents stated that they did not receive any assistance from the government to facilitate their child's requirements.

### **2.8.2 Autism Symptoms**

The questionnaire revealed several symptoms related to autism, one of which was poor language skills. Approximately 37.5% of parents reported that their children were unable to use language correctly. These children exhibited distinct differences in their language structure, such as difficulties in speaking or interacting using symbolic language, as well as an unstable grammatical structure. This observation was further confirmed by responses to the question about the child's

interaction, with 50% of parents expressing that their children showed a rejection of interacting through questioning.

Additionally, 65.7% of children with autism were reported to have a lack of interest in others' questions, despite being responsive to their own names. Another significant symptom reported by parents was that 46.9% of children did not respond to or showed fear of dangerous situations, which is a well-known characteristic of autism. Furthermore, this particular group of children exhibited a tendency towards verbosity, along with challenges in their behavior, attention, and rigid cognitive patterns. Some autistic children may find it difficult to pay attention to or focus on elements that do not align with their specific interests, which affects the development of joint attention.

Disruption in the development of joint attention is a unique characteristic of autism, which can be observed early on in toddlers. When compared to groups with typical development, developmental delay, or language delay, children with autism face difficulties in coordinating their attention, which cannot be solely explained by general cognitive or language differences (McArthur & Adamson, 1996; Mundy, Sigman, Ungerer, & Sherman, 1986).

### **2.8.3 ASD Children and Isolation**

The questionnaire aimed to explore the child's relationships with their family, and the results indicated that 46.9% of children with autism did not exhibit harmony with their siblings. This lack of harmony often led to a sense of privacy and exclusivity in terms of sharing things or playing games with their siblings. Additionally, the questionnaire examined the child's interactions with peers, and 75.1% of parents reported ineffective relationships between their child and their peers. According to Dr. Amer (2008), the presence of negative social behaviors is a significant aspect of children with autism, which can be categorized into three types: socially isolated, socially indifferent, and socially clumsy.

#### **2.8.4 The Development of their Social Abilities**

The According to the questionnaire, parents expressed their perspective on the methods used to improve their child's interaction, with the majority (46.9%) reporting only a slight improvement. Similarly, when it came to the strategies implemented to address their child's needs, the results showed a similar outcome. Furthermore, the vast majority of parents evaluated the role of therapists as having a slight effectiveness in the development of their child's social interaction.

It is important to note that teachers play an active role in overcoming barriers to constructive interaction in children, helping them understand the significance of engaging in these shared activities. This is achieved through the distribution of activities aimed at enhancing their abilities, providing opportunities for experiencing interaction with others, and acquiring the foundational skills necessary for assimilating social activities (Henning Rye, as cited in Johnson B., 2001).

## **2.9 Conclusion**

The The second chapter of this study initiates by examining the chosen research methodology, which employs both quantitative and qualitative approaches. This combination allows for a comprehensive understanding of the topic at hand. To gather reliable and valid data, three research tools were employed: observation, questionnaires, and interviews. These methods were utilized to collect data from diverse sample populations.

Following the introduction of the research methodology, the chapter delves into the analysis and discussion of the collected data. The perspectives of educators and students are considered, revealing that instructors generally hold a more positive attitude towards interventions aimed at enhancing the social abilities of children with ASD. Conversely, parents and caregivers express concerns due to their limited training and experience in this area. Additionally, the chapter addresses various challenges and issues related to the development of social competence among autistic children at the Tawil bin Freiha Pedagogical Psychological Center in Saida.

By examining the data analysis and engaging in discussion, the chapter strives to answer the research questions posed. Furthermore, it sets the stage for the subsequent chapter, where recommendations and solutions based on the findings will be provided.

## **CHAPTRÉ III: Suggestion and Recommendation**

### **3 The Introduction**

This chapter highlights the importance of taking conscious actions to tackle the identified issues. It emphasizes the need for specialized training programs for teachers working with ASD children and suggests the establishment of specialized schools and courses to meet this requirement. Additionally, the chapter proposes the organization of conferences and meetings with parents of autistic children to promote effective communication and collaboration between all stakeholders. By presenting these recommendations, the chapter aims to offer practical solutions that can positively impact the social competence development of ASD children in the given context.

#### **3.1 Suggestions for Caring for an Autistic Child**

The interest in the autistic child is still in the beginning, despite the endeavors brought late to care theme, although the road ahead is still long and complicated until we reach our aspiration in optimal care before us is yet lengthened moreover that we required reinforcement with notions, suggestion, and recommendation which participate to the supervision of the autistic child, and we hope that the educators in the psychological pedagogical center know about this disorder and, in the most cases, are pertained a by the school, and these propositions for the suitable care of the child with ASD include the following.

**1**Attaching parents with beneficial resources, whether on the academic or scholastic status or what is arising from the investigation, or providing them with psychological assistance, or with some practical suggestions in the field of autism.

**2** Supporting and consolidating the role of the family in creating decisions about the future of its child and the participation of organizations and schools in composing social procedures and programs assigned to their children and committing to several activities that show the competence of people with different needs

## ***CHAPTRÉ III: Suggestion and Recommendation***

programs assigned to their children and committing to several activities that show the competence of people with different needs.

### **3.2 Helping the Child with ASD to Interact Socially**

#### **3.2.1 Using Social Stories**

It is a strategy developed by Carol Gray. It depicts a description of a social situation, social cues, and appropriate responses. It is one of the most effective ways to develop social skills.

- It allows Integration of students into educated students
- Contribute to the teaching of new academic skills
- Explain the behavior of others
- Teach social skills about each case

The implication of the stories lies in the embodiment of correct behavior in a different situation, so the child imagines himself within this story.

Bring the child to the stage of comprehending the intended response in a situation, as a first step observing and evaluating the child's behavior, and next anticipating what this child will see, feel, and hear. After Understanding his point of view, the author begins to create his story with positive descriptive and guiding terms that indicate to the child the correct behavior.

There are three basic ways to tell this story:

- A)** Capturing it in a video and modeling it by reading a page and seeing it on the screen at the same time.
- B)** Heard on tape with a bell set for a child to turn a page when it is finished and use pictures and symbols to make the meaning clear.
- C)** Those who can read adults read the text twice, and then the child reads it and continues to read it customary. (Mwakalinga & J, 2012). Teachers influence the development I social influence the development of social interaction for learners with autism.

### **3.2.2 Teaching Key Social Rules**

Some social skills can be taught directly to increase reliance on appropriate coping behaviors and reduce anxiety:

- 1) Incorporating photographs into useful realistic stories that teach the child how to start a conversation and How to ask for permission to play
- 2) Visual support to keep them calm.
- 3)Flexibility and using visualization by using timelines or picture
- 4 ) Observing and following the behavior of others using environmental cues and evaluating each work individually
- 5) Exchanging roles by providing some instructions and prior rehearsals or through a diagram and social stories.
- 6) Waiting for his turn this idea can be realized through pictures or written words such as the word [stop]. (Mwakalinga & J, 2012) (2012). Teachers influence the development I social influence the development of social interaction for learners with autism.

### **3.2.3 Using Cognitive**

The appropriate behaviors in the form of pictures or graphics with text is an easy and effective strategy that visually introduces information and develops the social skills of the autistic child. (Mwakalinga & J, 2012)

### **3.2.4 Using Peer Support**

The process of pre-educating the peer individuals with autism is a smart step to understand his behavior and to use them in explaining a specific activity, which regularly expands social skills. The use of peers for an autistic child is a successful strategy to enhance interactions, play initiation, and language use, especially if typical peers are already taught with the aim of:

- Encouragement in starting.

## ***CHAPTRÉ III: Suggestion and Recommendation***

- a conversation expanding.
- Taking a role in the conversation.
- Telling a story.
- Getting attention.
- Acting out social behavior.
- Diversifying options to keep his enjoyment.

To enrich these endeavors, it is more meaningful that there be constant contact between peers of autistic children and their parents, to remedy any deficiency, to participate in their conversation, and to establish friendship relationships with their students.

### **3.2.5 Teaching Self-Monitoring/Managing Skills**

To reach the stage of self-monitoring and self-evaluation of the ASD student's behavior he must increase his independence and reduce his dependence on others in choosing the appropriate behavior for a given situation. This is by teaching self-management procedures through the following:

- 1) Identify the behaviors in which a child monitors himself.
- 2) Identify and reinforces the work effectively in each individual.
- 3) Create a method for self-monitoring to collect the information.
- 4) Teaching the desired behavior of the child and the way the students perform.

(Mwakalinga & J, 2012)

### **3.2.6 Supporting the Development of Friendship**

Establishing and maintaining relationships with peers and teachers is the primary goal of developing the skills of every autistic child by:

- encouraging his friends to play with him at home.
- prompting the child to get involved in school clubs
- teaching a child to follow the correct behavior of his peers by following their example and stimulating him to create new friendships

### ***CHAPTRÉ III: Suggestion and Recommendation***

- training a child to understand the language of the body and faces and to respond to signals.
- explain the qualities that should be available in a good friend to give him rest time to enjoy the rest of the activities
- motivate him to play in large groups. (Mwakalinga & J, 2012).

Teachers influence the development I social influence the development of social interaction for learners with autism.

#### **3.3 Some other Recommendation**

1. The desire to preserve the continuity of the child's existence in the school, and work to enhance the behaviors towards administrators and technicians to follow up the agendas
2. Reconsidering behavioral dilemmas by the school and helping as much as possible to decrease the possibility of their appearance in the future.
3. Combining accomplishments between the school, the clinic, and the home to conserve the status obtained by the child
4. Making some adjustments in the curriculum elements by working on formulating lessons in a way that enables the child to comprehend and develop them based on his professional level, and this is immediately connected to the individual educational program and function on it through the school
5. Electing a particular delegation for the child to instruct and regulate exams for the sake of reaching a substantial assessment of the child's capacities and what has been earned from the curriculum, as well as the presence of a different examination committee that assists the child in providing him with a great opportunity to reply the questions better
6. Working through uncommon trials to encourage ministers and monitores who bring out the educational program and the ideology founded on it To take into account the quality of the problems that distinguish children with autism when adopting them into formal schools, and to concentrate the

### ***CHAPTRÉ III: Suggestion and Recommendation***

mandatory efforts to attain the child to the general educational objectives wished from education within the family of education of normal children

#### **3.4 The Following Requirements Should Exist to Supervise an Autistic Child**

- Furnishing the learner's family with the essential data about his disability and the quality of his requirement .
- Enabling the family to investigate while he is in the program.
- Family participation in equipping, formulating, enforcing, and assessing the particular educational program for the student.
- Providing coaching programs for the learner's family.
- Holding meetings between parents of students with ASD creating and Establishing a phone line to help parents and those supporting a person with a large variety of autism.
- Organizing committees and training classes.
- Providing specialized inspection and diagnosis services .
- Encouraging study into the reason for autism.
- Providing advising services for employees and organizations working in the field of autism.
- Extending an accredited role in instruction and care assistance related to children with autism .
- The desire to ascertain Offices for evaluating those wishing to marry, backed by several expertise and areas, particularly professionals in human genetics .
- The necessity to organize a center specialized in autism disorder that can deliver advice and data to the parents of these children and empower children with valid diagnoses and applicable therapy programs .
- Conducting coaching lessons on autism for doctors Personal instructor educator experts Psychologists, and language and speech professionals in clinics, schools, and kid supervision divisions on how to observe this child and how to deal with it.

### ***CHAPTRÉ III: Suggestion and Recommendation***

Consultants should not overstate in depicting an idealistic future portrait of the future of the disorder and the enormous improvement that will occur to the child instantly after some behavioral coaching, because this oversees to serious dissatisfaction for parents and a huge sense of frustration, which results in a loss of intention to carry out any exercise program for a child, so it is crucial to illustrate a logical resemblance and assist parents To realize the kid's situations and overcome the misunderstandings that impede their parental suspicions, and thus confirm their cooperation in enforcing any therapy program for the child ASD.

### **3.5 Conclusion**

The current chapter aims to bridge the gap between the theoretical framework discussed in the literature review and the findings derived from the data analysis chapter. Its primary objective is to propose a set of informed solutions through effective interventions to enhance the social skills of children with ASD.

To begin, the researcher addresses the existing disconnect between teachers and parents, highlighting the negative attitudes expressed by parents. These attitudes are influenced by various factors, including the lack of training for teachers and the absence of institutions or specialized schools that provide guidance to new educators.

In light of these challenges, the present chapter puts forth a suggestion to establish an organization that fosters collaboration between teachers and parents. This organization would aim to facilitate successful communication between the two parties and involve parents in the tutorial process. By promoting such collaboration, the chapter aims to provide a framework for more effective interventions and support for children with ASD.

*CHAPTRÉ III: Suggestion and Recommendation*

## **General Conclusion**

Autism spectrum disorder (ASD) is a complex neurodevelopmental condition that affects individuals in unique ways, particularly in their social interactions. This study aims to explore how teachers strive to enhance social interaction skills in autistic children. The initial chapter provides an overview of autism spectrum disorder and social abilities, as well as the barriers that impede autistic students from developing healthy interactions with society.

The second chapter presents the theoretical framework and methodology used in this study, employing qualitative and quantitative methods such as observation, questionnaire, and interviews. It also includes the analysis and discussion of the collected data.

In light of the findings, the final chapter offers a set of suggestions and recommendations to address the identified issues. The study reveals that verbal communication and the distinctive behavioral patterns of ASD children pose significant challenges for educators in fostering their social skills. Teachers of ASD children believe that effective interventions aimed at building strong personalities and skills can promote social competence.

Interestingly, the research findings diverge from the hypotheses presented in the general introduction. The first hypothesis, which stated that effective interventions would enhance social skills, was not supported by the interview responses from teachers and the results of the parent questionnaire. However, the second hypothesis, suggesting that social competence improvement is correlated with academic achievement, was confirmed by the results obtained from the research instruments.

It is important to acknowledge the limitations of this study, such as the constraints encountered during data collection and the absence of recent and credible references specific to the status of ASD in the research context.

### ***General Conclusion:***

These findings have significant implications for educators, highlighting the need for targeted interventions and training programs to enhance social interaction skills in autistic children. By addressing these challenges, it is possible to improve the overall well-being and quality of life for individuals with autism spectrum disorder.

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# **Appendixe**

## **Parent Questionnaire**

### **Dear Parents,**

Please complete the following questionnaire when possible, select the correct response, and provides justification. We are grateful for your cooperation.

### **Section one**

Age ...

Gender                    male                    female

Your child's age...

| Items   | Strongly agree | Agree | Not sure | Disagree | Strongly Disagree |
|---|----------------|-------|----------|----------|-------------------|
| Have you noticed your child's differences at an early age?                      |                |       |          |          |                   |
| Did you readily accept your child's uniqueness?                                 |                |       |          |          |                   |
| Does the status of your Child have an impact on your finances?                  |                |       |          |          |                   |
| Have you received any aid from the government?                                  |                |       |          |          |                   |
| Are there any issues preventing your youngster from using the correct language? |                |       |          |          |                   |
| Does your child ask too many questions?   |                |       |          |          |                   |
| Does s/he reply to others' questions?   |                |       |          |          |                   |
| Your child responds when you call his/her name                                  |                |       |          |          |                   |
| Your child responds in a perilous circumstance (traffic, electricity)           |                |       |          |          |                   |
| Does your youngster get along with his or her siblings?                         |                |       |          |          |                   |
| Your child exchanges, toys with their siblings                                  |                |       |          |          |                   |
| Have poor eye contact   |                |       |          |          |                   |
| Does your child establish a good friendship with other children?                |                |       |          |          |                   |
| Did you try to send him /her to an educational institution?                     |                |       |          |          |                   |

### **Section tow**

**1** Describe your child's behavior and activity in public places?

.....  
.....  
.....

**2** Is it difficult taking your child out in public places?

yes                    no

If yes, justify, please

.....  
.....  
.....

**3** Does your child have difficulties in playing with other children?                    yes                    no

**4** Does your child tend to control the activity being played or disrupted?                    yes                    no

**5** Does your child struggle to follow directions regarding how to carry on a normal conversation?

yes                    no

**6** Does your child find it difficult to understand jokes or sarcasm?                    Yes                    no

**7** Does your Child prefer playing alone, to engaging in team play?

yes                    no

### **Section three**

| Items   | No effectiveness | Little effective | Effective | Much effectiveness |
|---|------------------|------------------|-----------|--------------------|
| How do you evaluate the role of the institutions your child belongs to in his or her social competence development? |                  |                  |           |                    |
| What is your perspective concerning the teacher's diagnosis of the unique needs of your child?                      |                  |                  |           |                    |
| How do you assess the teacher's function in developing the social competence of your child?                         |                  |                  |           |                    |
| How can you evaluate the methods and tactics that the teacher has used to improve your child's social skills?       |                  |                  |           |                    |

## الإباء الأعزاء

يرجى اكمال الاستبيان الاتي إذا كان ذلك ممكنا، و اختيار الإجابة الصحيحة مع تقديم المبرر.

نشكركم لتعاونكم

الجزء الأول

العمر .....  
.....

الصنف  ذكر  أنثى

عمر طفلك .....  
.....

| معارض<br>جدا | معارض | غير<br>متاكد | موافق | موافق<br>جدا | العنصر   |
|--------------|-------|--------------|-------|--------------|--|
|              |       |              |       |              | هل لاحظت اختلاف طفلك في سن مبكر؟   |
|              |       |              |       |              | هل تقبلت بسهولة تفرد طفلك؟   |
|              |       |              |       |              | هل اثرت حالة طفلك على وضعك المادي؟   |
|              |       |              |       |              | هل تلقيت أي اعانت من الحكومة؟  |
|              |       |              |       |              | هل توجد أي معيقات تمنع طفلك من استعمال لغة سليمة؟                          |
|              |       |              |       |              | هل يطرح ابنك الكثير من الأسئلة؟  |
|              |       |              |       |              | هل يجيب على أسئلة الآخرين؟   |
|              |       |              |       |              | يستجيب عند سماع اسمه؟  |
|              |       |              |       |              | ييدي ابنك ردة فعل عند وجود ظروف محفوفة بالخطر (حركة المرور ، كهرباء ....)؟ |
|              |       |              |       |              | هل ينسجم ابنك مع اخوته؟  |
|              |       |              |       |              | هل يتبادل الألعاب مع اشقاءه؟   |
|              |       |              |       |              | تواصله البصري ضعيف؟  |
|              |       |              |       |              | هل يكون صدقات جيدة مع اقرانه؟  |
|              |       |              |       |              | هل حاولت ارسال ابنك / ابنته الى مؤسسات تعليمية؟                            |

## الجزء الثاني:

قم بوصف سلوك ونشاط طفلك في الأماكن العامة

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هل يتواجه صعوبة في اصطحاب ابنك الى الأماكن العامة؟

لا  نعم

-إذا كان الجواب نعم فما هو المبرر

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هل يصعب على ابنك اللعب مع أطفال آخرين؟

لا  نعم

هل يميل الى التحكم في مجريات اللعب او افساده؟

لا  نعم

هل يفضل ابنك اللعب وحده بدل من اللعب في مجموعة؟

لا  نعم

**Teacher Interview Questions**

- 1) What do we mean by an autistic child according to you?
- 2) How often do you deal with autistic children?
- 3) Have you received any training on how to deal with these different children?
  - 3.1 If yes what kind of training have you attained?
  - 3.2 Where did you receive it?
- 4) What do you reckon about the study of an autistic child in such an institution?
- 5) Do you see any improvement concerning the social skills of those autistic children?
- 6) What do you think about the methods and strategies that teachers use to foster their pupil's social abilities?
- 7) What are the children's attitudes toward those strategies?
- 8) What are the obstacles that prevent teachers from boosting the social skills of their autistic children?
- 9) How do teachers fight those difficulties and stimulate their pupil's social aptitudes?
- 10) What is some advice that you offer to other teachers when dealing with autistic children?