ROLE OF SPECIAL EDUCATION INSTITUTE IN THE REHABILITATION OF STUDENTS WITH AUTISM SPECTRUM DISORDER (ASD) AS PERCEIVED BY PARENTS

By

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Research presented to the

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[January, 2026]

APPROVAL

We, the undersigned, certify that we carefully read and recommendation to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled- "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as perceived by Parents"

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DECLARATION

I am Md Rejoyanul Haque Vasany, want to declare that this research project is my orginal work and is not harmful to participants or others. Any mistakes or inaccuracies are my own. All the sources used have been cited appropriately.

Signature & Date

…….

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DEDICATION

Dedicated to My Family……

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List of Acronyms

Abbreviation	Elaboration
ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
ASD	Autism Spectrum Disorder
BHPI	Bangladesh Health Professions Institute
CRP	Centre for the Rehabilitation of the Paralysed
IEP	Individualized Education Plan
MDT	Multidisciplinary Team
NGO	Non-Governmental Organization
SCEMRC	Society for the Care and Education of Mentally Retarded Children
SEI	Special Education Institute
SLT	Speech & Language Therapy
SLTs	Speech & Language Therapists
SPSS	Statistical Packages for the Social Sciences
WHO	World Health Organization

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Abstract

ASD is a neurodevelopmental disorder of communicative, social, and behavioral skills and needs multidisciplinary and comprehensive rehabilitation interventions. Special Education Institutes (SEIs) serve a crucial role in delivering early intervention, therapeutic, and academic support for ASD children. This paper set out to investigate the opinions that parents had on the importance of special education institutes as far as the rehabilitation of students with ASD in Bangladesh was concerned.

Concurrent research design in the form of a mixed-method research was adopted. The quantitative section involved 130 parents of ASD children who were attending special education institutes within Dhaka and this was determined by purposive sampling. The data were gathered using a structured questionnaire and processed with the descriptive statistics of SPSS version 27. The qualitative segment comprised 12 parental participants; a thematic analysis was employed for understanding parents' experiences, challenges, and expectations.

Quantitative data indicated extensive agreement among parents concerning the efficacy of the early intervention services (overall mean = 4.36), speech & language therapy services (overall mean = 4.12), and educational support services (overall mean = 4.27). Parents saw these services to be useful in enhancing communication, behavior and general development of children. The qualitative results revealed six key themes such as emotional experiences of parents, rehabilitation services delivered by the institute, support and communication between parents and professionals, challenges faced by parents, understanding and involvement in therapy plans and lastly parents' expectations and recommendations. Parents also reported that their children improved significantly although some challenges were also present including the cost burden, the lack of information, and the need to provide more personalized and multidisciplinary services.

Key Words: *Autism Spectrum Disorder (ASD), Special Education Institute, Rehabilitation, Parental perception, Speech & Language Therapy*

CHAPTER-1 INTRODUCTION

1.1 Introduction

The word Autism comes from Greek words “autos” which means self. The word Autism was introduced in 1911 by Swiss psychiatrist Eugen Bleuler to describe some of the symptoms of patients with ‘Schizophrenia’ (Golt & Kana, 2022). Autism also known as Autism Spectrum Disorder (ASD). Autism Spectrum Disorder (ASD) is a neurological and developmental disorder that impact a person’s behavior, learning, communication and interpersonal interaction (National Institute of Mental Health, 2025). The first sign of Autism Spectrum Disorder (ASD) generally appear around 12 months of age but diagnosis is possible from the age of 18 months of age. The average age of diagnosis ranges from 2.7 to 7.2 years that raises questions about what factors influence the early diagnosis and intervention (Loubersac et al., 1987). Children who have Autism Spectrum Disorder (ASD) face difficulties in main three core areas: communication or language development (such as expressive language, receptive language, and mixed), behavioral challenges (such as stereotyped motor behaviors, repetitive behaviors, restricted behaviors), social interaction. Sensory issue also is a major problem for them (Ennis-Cole, 2019). Additionally, children with ASD may experience cognitive and adaptive functioning impairments, attention deficits, and the potential for aggressive or self harming behavior (Kong, 2015). They cannot do the daily activities easily in their life as like as other children. The mothers of ASD children face many challenges included it is difficult for them in initially accepting child’s diagnosis, discrimination in the society, temporal based challenges on phases, limitless physical, emotional, and mental sacrifices, finding the strength and patience to deal with circumstance, academic vs non-academic challenges, as well as their personal coping strategies (*The Challenges in Raising Autistic Children: The Voices of Mothers*, 2022).

Now a days Autism Spectrum Disorder (ASD) is becoming more and more common among children. The rate of children diagnosed with autism is getting increased during last decade. According to the WHO (2023), It is approximately 1 out of every 100 children in the worldwide have autism. The prevalence of ASD in Asia regions is approximately 0.36%, some urban areas such as Dhaka in Bangladesh show higher rates

because of better detection and awareness (Hossain et al., 2017). Akhter et al. (2022) reported that prevalence of Autism Spectrum Disorder (ASD) is 0.17% in Bangladesh. It was calculated that 17 children are affected among 10,000 children.

Special education refers to a tailored educational program designed to address the learning and social needs of individuals whose developmental traits and educational abilities differ from those of their peers, alongside support provided in suitable environments and at appropriate times by qualified professionals. Special Education Institutes play a vital role in providing educational and therapeutical support for children with various developmental, intellectual and learning needs. Every Special education institute need to make multidisciplinary team, including Special educators, Speech & Language Therapist, Occupational therapists and psychologists to perform better academic and functional skills. The professionals or special teachers who have received specialized training to meet the needs of students with atypical development. This is achieved by designing personalized programs and strategies tailored to the unique level of each individual and providing learning environments that accommodate their specific differences and disabilities (Doğan, 2024). Children with ASD in Bangladesh report significant challenges in their motor, language, and social skills as compared to their peers who are typically developing. To enhance developmental outcomes, customized early intervention programs are required (Ferdous et al., 2025). In recent years, with the support of policies, laws, and social awareness, Special education has gained more focus and consideration (Zhao, 2023). Integrated special education classes were first introduced in 1977 with the founding of the Society for the Care and Education of Mentally Retarded Children (SCEMRC). There are currently few government programs for children with impairments, and the majority of special education is funded by non-governmental organizations (Zaman & Munir, 1992).

Parents are one of the most important part of multidisciplinary team for rehabilitation of their children. Parents are generally the first to detect differences in their children's development, which can lead to early diagnosis and treatment. Early intervention is crucial as it can significantly enhance the childhood development of children with ASD (Zantema, 2023). Most parents of children with Autism Spectrum Disorder (ASD) express positive towards special education institute. While some of parents are not overall satisfy. They express concerns about significant gaps in facilities, communication, curriculum adaptation, teacher training, and resources. Parental

engagement is regarded as a vital element for achieving favorable educational results for children with ASD. Parents frequently support their children and collaborate closely with teachers and other professionals to make sure their requirements get fulfilled (Rispoli et al., 2019). Many parents especially mothers sacrifice their better career for their children. Mothers of ASD children try to gather knowledge and information from different resources. But sometimes they face various types of challenges in our society (Mathur & Koradia, 2018). Parents of children with Autism Spectrum Disorder (ASD) confront specific challenges and experiences that influence their capacity to increase inclusiveness and promote for their children's rights (Bonjibon et al., 2024). Mothers of children with ASD are receiving mental health supports in school environments. These programs are designed to help these caregivers overcome their high levels of stress and sadness. The initiative seeks to enhance child care abilities and maternal mental health (Naheed et al., 2017).

Rehabilitation refers to intervention design to maximizing functionality and minimizing disability for those with health issues as they engage with their environment. It addresses to a diverse group of individuals throughout their lives. As a crucial part of health care, rehabilitation is often essential for achieving and sustaining optimal results from other medical interventions like surgery, trauma management, and the treatment of noncommunicable diseases (WHO,2019). Effective rehabilitation of children with Autism Spectrum Disorder (ASD) requires a multidisciplinary team. Children with Autism Spectrum Disorder (ASD) need psychological support, social adaptation, speech & language therapy session, occupational therapy session, and physical rehabilitation. Multidisciplinary team includes medical specialist, psychologist, speech & language therapist, occupational therapist, physiotherapist, parents, and educator. Children with ASD have better long-term outcomes when this integrative approach is used in facilities with the necessary resources to improve diagnosis and treatment (Imasheva, 2024).

1.2 Significance of the study

This current study is important for Bangladesh, where research on rehabilitation services for children with Autism Spectrum Disorder (ASD) is still poor and Special Education Institutes (SEIs) play an important role in the delivery of services. By examining the views of parents concerning the role of SEIs in the rehabilitation process of students with ASD, this mixed-method study will offer significant information about the effectiveness, strengths, and limitations of current rehabilitation practices. The study will contribute with important knowledge on early intervention, speech & language therapy and educational support services provided in the SEIs. It is essential to improve the communication, social skills, and development of children with ASD, parent's perspectives help demonstrate how effectively these services satisfy their child's requirements. An understanding of parental perspectives is essential for identification of service gaps, better parent-professional communication and for better family-centered approaches to rehabilitation.

The results of this study will be helpful to parents by providing them a voice in the experiences they held, as well as to assist them in informed decision-making and advocacy for improved services. Children with ASD may benefit indirectly with the improvement of rehabilitation methods suggestions from parents. This study will substantially contribute to the field of Speech & Language Therapy in Bangladesh. The results of this study will support speech & language therapists (SLTs) to acknowledge the barriers and facilitators of effective practices in SEIs. Additionally, the research will be useful for speech and language therapists, educators, policy makers and non-governmental organizations to enhance the quality of service, plan interventions and develop inclusive policies.

1.3 Research Question

What are the perceptions of parents regarding the role of special education institutes in the rehabilitation of students with autism spectrum disorder (ASD)?

1.4 Objectives

1.4.1 General Objectives

- To explore the perception of parents regarding the role of special education institute in the rehabilitation of students with autism spectrum disorder (ASD).

1.4.2 Specific Objectives

- To measure early intervention services for students with ASD in special education institutes.
- To find out speech, language, and hearing support in special education institutes.
- To identify the educational support services for children with ASD in special education institutes.
- To explore parents' experiences with the services for their child with ASD in Special Education Institutes.
- To understand what challenges parent face in accessing and utilizing rehabilitation services from Special education institutes.
- To understand expectations of parents for improving rehabilitation services for children with ASD.

1.5 Literature Review

Special education institutes play a crucial role in the rehabilitation of students with Autism Spectrum Disorder (ASD), emphasizing family engagement, psychological support, and specialized teaching strategies. Toma & Banu (2024), conducted a study on parents' experiences about special schooling of their children with autism spectrum disorder (ASD). This study was qualitative type of research. This research conducted among 22 parents in Bangladesh. The researcher founds some key findings on this study including insufficient facilities and services, lack of specialized curriculum and teaching strategies, poor communication with parents, lack of individualized education programs (IEPs), requirement for trained teachers and specialists. Hridi et al. (2021), also conducted a study about parents' view on understanding the education of children with Autism Spectrum Disorder (ASD). This research conducted on 10 urban parents. This study has described mixed feelings of parents about special schools, some of parents praised efforts and routine of teachers, while others express dissatisfaction over the staff's inexperience and frequently changing, poor teacher-to-student ratios, and lack of resources. Parents have described that lack of effective communication between parents and teachers. They also have reported about lack of trust and transparency issue in school administration, lack of resources. parents highlight expectation vs. reality.

In another research conducted by qualitative type of study in parents and teachers whose children are Autism Spectrum Disorder (ASD). Special schools are designed for those students who have various disabilities, including ASD, Down Syndrome, Cerebral Palsy, ADHD etc. These special schools run different functional and developmental programs for special children. Children with Autism Spectrum Disorder (ASD) are one of the major student populations in special schools. Students with Autism Spectrum Disorder (ASD) received individual therapy on personalized interventions from special schools. Special schools provide individual therapy to group class that helps children with ASD gradually adapt to learning with peers. Depending on their need students with ASD receive three kinds of learning approaches: developmental, pre-academic, and non-academic. The curriculum emphasizes academic abilities like reading and math as well as cognitive, moto, emotional, and language development. Every special school should employ a combination of teaching approaches customized to each child's abilities and learning process. Students with ASD need to regular evaluation, monthly or semester assessments (Rezkiani & Diana, 2023).

Preity et al. (2017), stated on a study that Parents of Bangladesh expressed lack of understanding and knowledge of autism. The majority of parents believed that their child's autism was connected to their fault. Parents had not gone through any formal training, orientation, or skill development to assist them in managing their autistic children at home. Delayed diagnosis significantly contributes to the incurability of autism in multiple cases, frequently due to insufficient awareness among parents regarding this condition.

Autism Spectrum Disorder (ASD) is defined as a lifetime developmental disorder. A study was conducted by qualitative type of study in 3 Malay Muslim mothers each with an ASD child. It was a traumatic experience for mothers and their children to deal with public judgments, labeling, and discrimination, especially for siblings who were sometimes stigmatized. People have lack of understanding about the reasons behind autism. There is a recognized need to educate society about ASD to prevent discrimination. Mothers said they had to make major sacrifices on a financial, emotional, and physical level. Mothers also said finding appropriate schools for children with ASD was a major problem. Even one mother sacrificed her career advancement. Sometimes mother can't get support from her family members. Mothers of ASD children try to gather knowledge and information from different resources (*The Challenges in Raising Autistic Children: The Voices of Mothers*, 2022). It is essential to provide early, high-quality programming to children with Autism Spectrum Disorder (ASD). Mujkanovic et al. (2017), conducted a study on parents and special education teachers' view about quality of educational support for students with ASD. In this study, the researcher shown different perception between parents and special education teachers' regarding the educational support for the students with ASD. The investigator had taken opinion from 150 parents and 52 special education teachers. Most of the teachers and parents agreed that there have not enough facilities.

A case based study has described that a multidisciplinary team (MDT) need to involve in the rehabilitation process for students with Autism Spectrum Disorder (ASD) in special schools. Multidisciplinary team includes parents, therapists, psychologist, special educators, and medical specialists who work together to evaluate the child in order to create a customized intervention strategy. In this study the main objectives of therapy are helping the child develop functional skills, reducing fundamental autism traits and disruptive behaviors, identifying and treating co-morbid conditions,

facilitating the application of acquired skills to everyday life, and demystifying autism for the family. The study shows importance of multidisciplinary team in the rehabilitation of students with Autism Spectrum Disorder (ASD). But there are many special schools in Bangladesh where have not a standard multidisciplinary team. Because of that reason students with ASD can't get proper services or treatment from special schools (Oommen et al., 2017). In another study, investigator has introduced the SPARK model for rehabilitation of students with Autism. It is a pedagogical framework which individualized and organized support, promotes involvement, autonomy, and development in students with autism spectrum disorders, improving engagement, learning results, and social inclusion (Fidosieva, 2025).

1.6 Operational Definition

Autism Spectrum Disorder (ASD): Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder identified by medical or healthcare practitioner. It is defined by challenges in social contact and communication, and restricted behaviors. For the purpose of this research, a group of students who had a confirmed diagnosis of ASD and were attending private special education institutes, where they were receiving rehabilitation services when some data were collected. These students' parents engage in the research to give the perceptions on the role of the special education institutes in the rehabilitation process.

Special Education Institute: In the current research, a Special Education Institute can be defined as an educational establishment involving special education and rehabilitation of children with Autism Spectrum Disorder. The institutes have organised learning programs and therapeutic services like speech and language therapy and other supportive services. The Dhaka based institutes across the research were the selected institutions that followed children with ASD to rehabilitate and provide education.

Rehabilitation: In this paper, rehabilitation can be defined as a systematic therapeutic and teaching service offered by special education institutes to the Autism Spectrum Disorders of children. These services will be used to enhance communication, behavior, social interaction, learning skill, and daily functioning. Rehabilitation measures involve communication and language therapy, educational working, and other supportive therapy provided by skilled individuals.

Parents' Perception: In this paper, parent perception means the attitude, judgment, and experiences of parents on how special education institutes support in rehabilitation of their children with Autism Spectrum Disorder. It also requires satisfaction of parents, challenges, expectations and perceived effectiveness of services like early intervention, therapy and educational support.

CHAPTER-2 METHODOLOGY

2.1 Study Design

Researcher used concurrent design for mixed research methods quantitative and qualitative part in-order to conduct the study. Mixed methodology was used in the thesis, which combined quantitative and qualitative approaches based on particular epistemological presumptions to increase the breadth and depth of study findings and provide a more comprehensive knowledge of educational processes (Valenzuela-González, 2019). This method was used to explore and understand parents' perception about early intervention, Speech & Language Therapy, educational support services from quantitative part and parents' experiences, challenges, desire and require improvement from qualitative part.

2.2 Sample Selection

2.2.1 Study Place

The study was conducted in special education institutes located in Dhaka. There are many special schools in Bangladesh. Maximum special education institutes are located in Dhaka city. It was easy to take sample from these institutes.

2.2.2 Study population

The sample of this study are parents of children with Autism Spectrum Disorder (ASD) who were enrolled in special education institutes in Dhaka.

2.2.3 Sampling Procedure

In the study the investigator was used purposive sampling procedure to achieve the aim and objectives. Purposive sampling is defined by the intentional selection of participants who have particular characteristics or expertise pertinent to the study objectives (Bell et al., 2022). Another reason is that purposive sampling was the simplest, cheapest, and fastest way to select a sample.

2.2.4 Sample size

Larger sample is the representative of the population in a survey study, but in many situations, it is not possible for the researcher both for practical and financial reasons (Hicks,2000). So the investigator used a sampling equation to determine the sample size. The equation was according to sample size-

We know that,

Sample size:

$$\boldsymbol{n} = \frac{Z^2 P(1-P)}{d^2}$$

$$= \frac{(1.96)^2 \times 0.17 \times (1-0.17)}{(0.05)^2}$$

$$\cong 216.82$$

$$= 217$$

Where,

N = Required Sample size

Z = Confidence level at 95% (standard value of 1.96)

P = Prevalence of ASD = 0.17

d = Margin of error at 5% (standard value of 0.05)

So, Sample size 217.

Within Data collection period researcher managed to 130 samples.

In qualitative section, investigator had selected 12 participants as desired sample.

2.2.5 Inclusion criteria

- Parents of children diagnosed with ASD who have been enrolled in a Special Education Institute for Rehabilitation.
- Parents who have had at least 3 months experience with Special Education Institute.
- Parents who are willing to participate and provide informed consent.

2.2.6 Exclusion criteria

- Parents of children with ASD who are not enrolled in any Special Education Institute.
- Parents of children with other disabilities or severe medical, neurological conditions without ASD diagnosis.
- Parents who have had less than 3 months experience with Special Education Institute.

2.3 Data Collection

2.3.1 Data collection Instrument

For quantitative part of the study, the investigator used structured adapted questionnaire from previously conducted research, along with a self-made questionnaire to collect socio-demographic information.

For the qualitative part, A semi-structured self-develop questionnaire was used to collect data from parents. During the interview a tape recorder was used to note the conversation.

The questionnaires translated from English to Bengali and Bangla version were used for data collection.

2.3.2 Data collection procedure

Investigator collected data from the participants through face-to-face interview. At first investigator took permission from Bangladesh Health Professions Institute (BHPI) and the principal of special education institutes. Then to conduct the procedure of data collection, the investigator had to fix a date and time. After taking consent, investigator read the instruction of questionnaire and collect data from participant's response. Pen, paper was used for data collection. The interview session lasted 10-15 minutes for each participant to collect data.

2.3.3 Pilot study

The researcher conducted a preliminary test prior to commencing the primary data collecting. The first stage in finishing research methodology is to conduct pilot study, which is often a smaller-scale study that helps in planning and modifying the large study (Anesthesiol, 2017). Before conducting the study, the researcher had been a pilot study

within 6 participants. Among them, 3 participants were included for quantitative part and other 3 participants were included for qualitative part. Some demographic information was changed based on the field test. Supervisor of the study verified the data for any correction.

2.3.4 Data analysis

The study used both qualitative and quantitative method to achieve its objectives. Quantitative analysis was analyzed using (Statistical Package for the Social Science) SPSS version 27 software. Descriptive statistics is used to summarize the sample's social demographic characteristics using frequency and percentage and to show to make sense of survey data (Hicks, 2000). Bar graph, pie chart was used to show the findings or results and display numerical data.

In qualitative part of the study, the data was translated from English to Bangla and thematic analysis was conducted by identifying meaningful patterns and recurring ideas across participants' responses. A theme aligned with the interview question after establishing theme categories. According to Roldugin (2023), Thematic analysis is a qualitative approach used to analyze data that identifies, analyzes, and reports patterns or themes within the data.

2.3.5 Ethical consideration

The investigation was in conformity with the institutional review board (IRB) declaration of the Bangladesh Health Professions Institute. Official clearance letters were acquired from above-mentioned study place. The participants' voluntary participation was considered. A documented consent form was distributed to the participants. From the participant's, written authorization was obtained for the investigator to conduct the research. The participants were verbally apprised of the study's objectives and aim, and the study did not cause any physical or mental harm to them. The investigator ensures confidentiality by refraining from disclosing the client's name, address, or personal information and refraining from sharing the information with anyone other than the investigator's supervisor. The participants were advised that they were free to decline to participate or to respond any questions at any point during the survey.

CHAPTER-3 RESULTS

3.1 Demographic Information of the Participants for Quantitative Part

All results of the analysis were shown in bar, pie chart as appropriate.

3.1.1 Gender

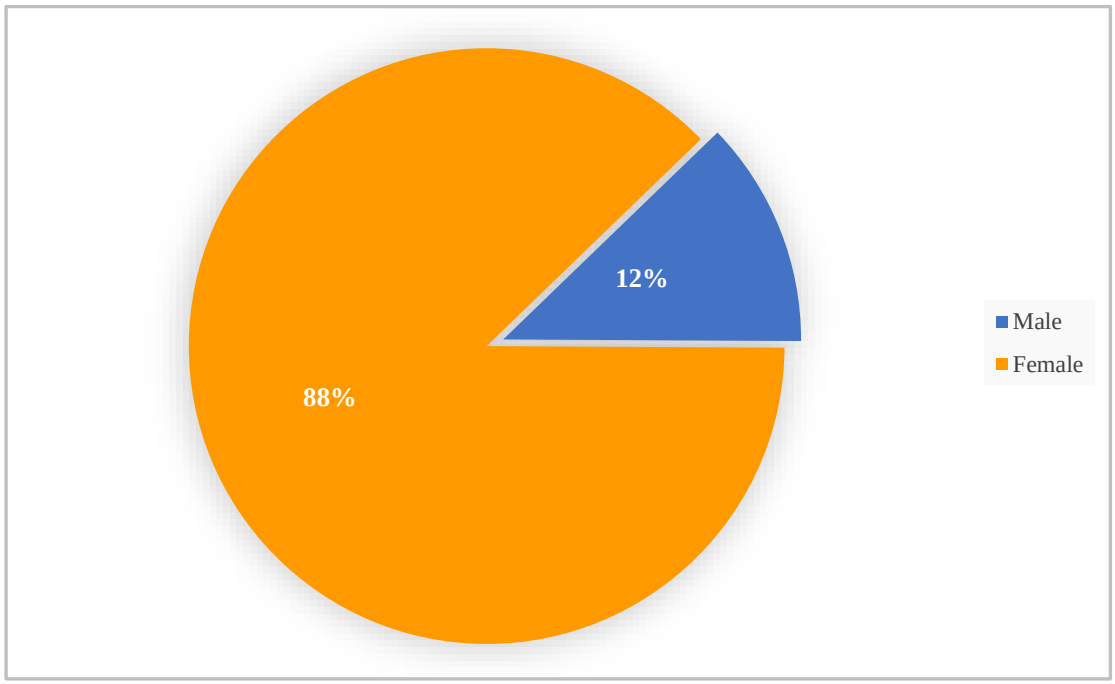

Figure-1: Gender of the participants

The pie chart illustrates the gender distribution of the participants, where 88% (114) were female and 12% (16) were male. This indicates a significantly higher female representation in the study.

3.1.2 Age of the participants

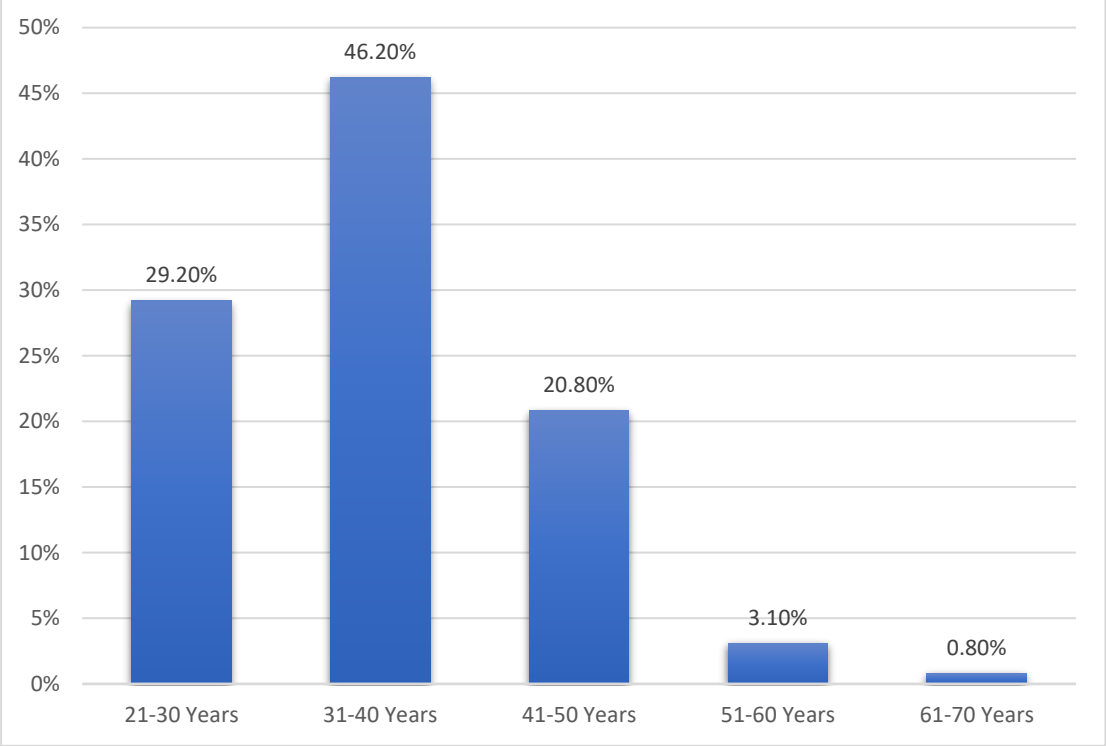

Figure-2: Age of the participants

The bar graph above displays the age distribution among participants, showing that the majority 46.20% (60) belonged to 31-40 years age group. The next largest group was 21-30 years 29.20% (38). The smallest participants under the age group 61-70 years were only 0.80% (1). Others age group were 41-50 years, 51-60 years and their participants were 27 (20.80%), 4 (3.1%).

3.1.3 Birth order of child

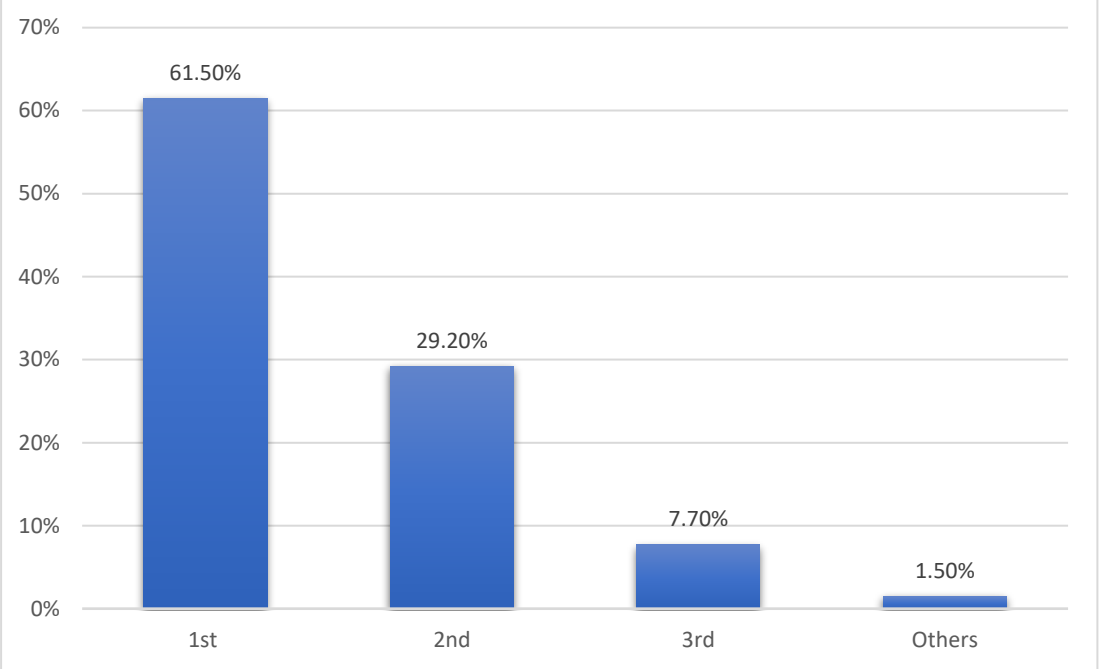

Figure-3 Birth order of child

In this study total number of participants, Maximum number of parents 80 (61.50%) said that the child who enrolled in this institute was their 1st child. The second largest number was 38 (29.20%) who were their 2nd child. 10 (7.70%) parents said this was their 3rd child and only 2 (1.5%) parents said others.

3.1.4 Education level of participants

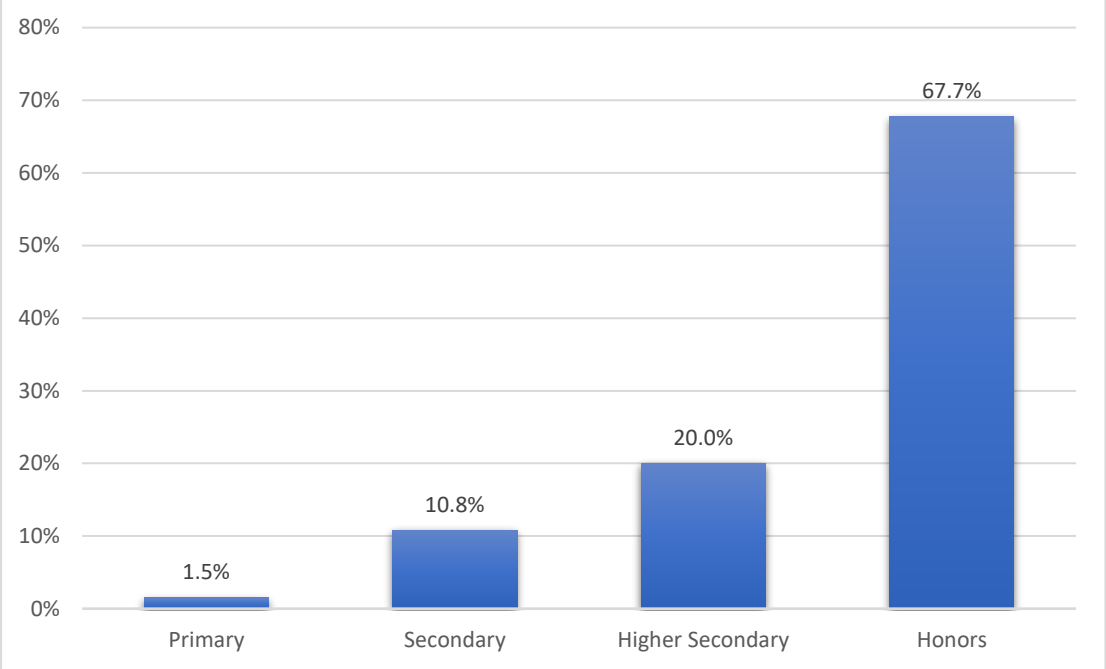

Figure-4: Education level of participants

This bar graph shows, most of the parents 88 (67.7%) in this study were Honors pass. Higher secondary pass parents were 26 (20.0%). Secondary pass parents were 14 (10.8%) and primary pass only 2 (1.5%).

3.1.5 Relationship with the child

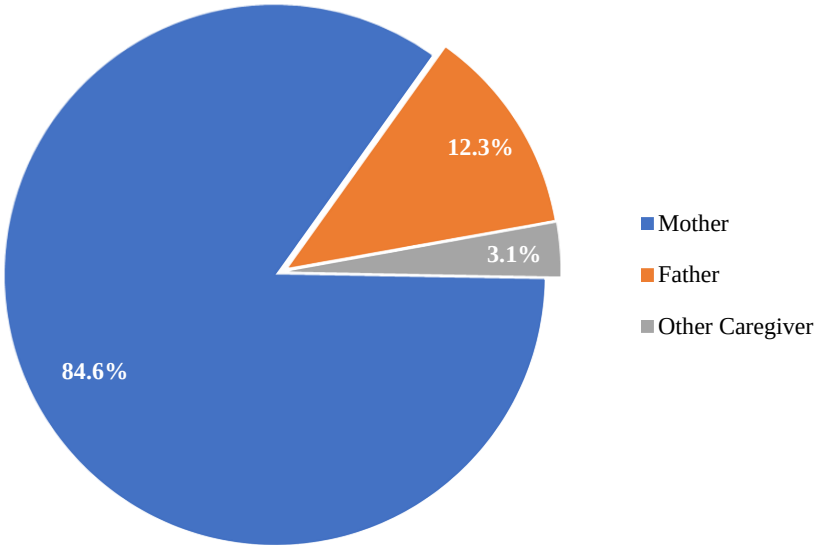

Figure-5: Relationship with the child

This pie chart illustrates, 110 (84.6%) participants were Mother. It was the highest number of participants. 16 (12.3%) participants were Father and 4 (3.1%) participants were other caregivers.

3.1.6 Monthly family income

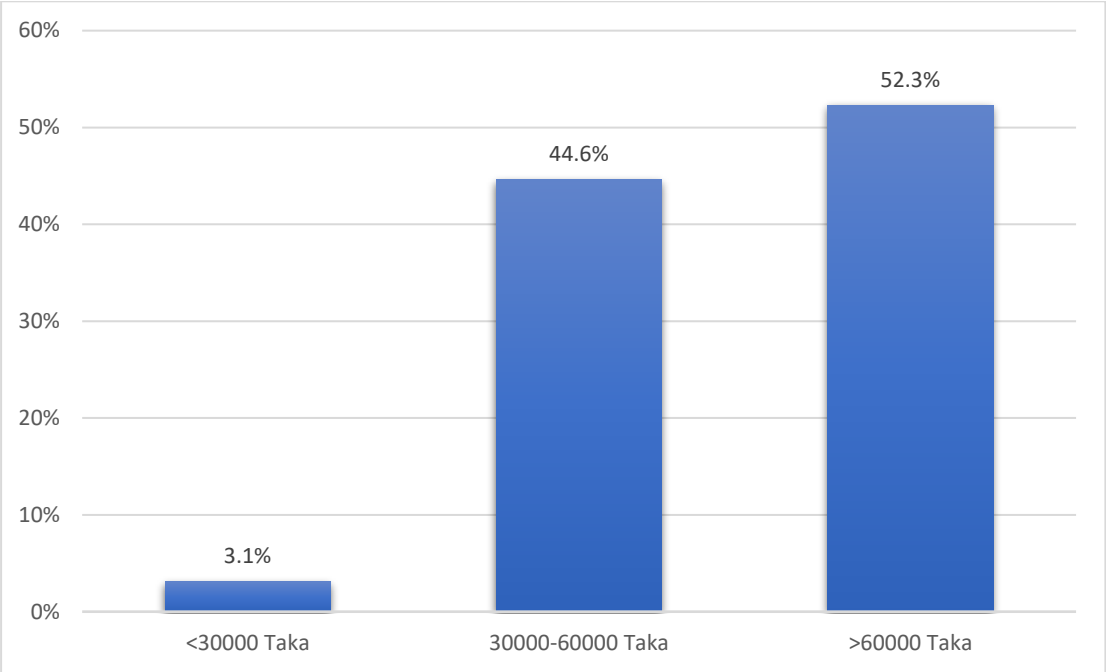

Figure-6: Monthly Family Income

This bar graph displays, Maximum number 68 (52.3%) participants said their monthly family income was more than 60,000 Tk. 58 (44.6%) participants said their monthly family income was 30,000-60,000 Tk. 4 (3.1%) participants said their monthly family income under 30,000 Tk.

3.1.7 Duration of child's enrollment in institute

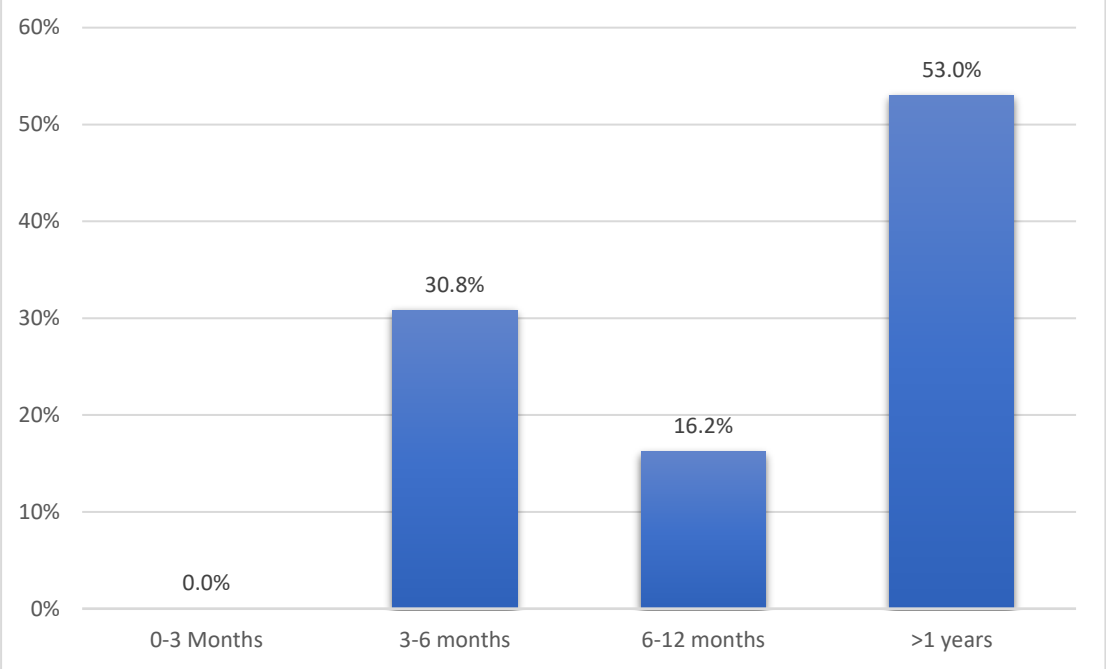

Figure-7: Duration of child's enrollment in institute.

This bar indicates the duration of child's enrollment in institute, Maximum number 69 (53%) parents reported that their child had been enrolled in this institute more than 1 year. 21 (16.2%) parents had enrolled their children in this institute for 6-12 months. 40 (30.8%) parents had enrolled their children for 3-6 months at this institute.

3.2 Statement Wise Analysis

3.2.1 Early Intervention services

Sr. No.	Statement of Questions	SDA (f) %	DA (f) %	NS (f) %	A (f) %	SA (f) %	M	SD
1	I am aware of the early intervention programs available for my child's developmental needs.	(2) 1.5	(1) 0.8	(4) 3.1	(72) 55.4	(51) 39.2	4.30	0.71
2	I actively seek out information about early intervention services and resources.	(0) 0	(0) 0	(5) 3.8	(71) 54.6	(54) 41.6	4.38	0.56
3	I believe that early intervention programs are beneficial for my child's overall development.	(0) 0	(0) 0	(4) 3.1	(66) 50.8	(60) 46.2	4.43	0.55
4	I am willing to participate in early intervention activities and therapies with my child.	(1) 0.8	(1) 0.8	(4) 3.1	(63) 48.5	(61) 46.9	4.40	0.67
5	I value the role of early intervention in providing support and assistance to my child and family.	(1) 0.8	(2) 1.5	(4) 3.1	(73) 56.1	(50) 38.5	4.30	0.67
	Overall Mean	4.362						

Table 3.2.1 measures early intervention services for students with ASD in special education institutes. The average mean score 4.362 of the domain indicates high agreement among parents. Most of the parents agreed or strongly agreed (M = 4.30, SD = 0.71) that they are aware of the early intervention programs available for their child's developmental needs. Parents also agreed or strongly agreed (M = 4.38, SD = 0.56) to seek out information about early intervention services and resources. Parents either agreed or strongly agreed (M = 4.43, SD = 0.55) that they believe early intervention programs are beneficial for their child's overall development. Parents either agreed or strongly agreed (M = 4.40, SD = 0.67) that they are willing to participate in early

intervention activities and therapies with their child. Parents either agreed or strongly agreed (M = 4.30, SD = 0.67) that they value the role of early intervention in providing support and assistance to my child and family.

3.2.2 Speech, Language, and Hearing support

Sr. No	Statement of Questions	SDA (f) %	DA (f) %	NS (f) %	A (f) %	SA (f) %	M	SD
1	Speech and Language Therapy aims to improve communication skills and overall quality of life.	(0) 0	(1) 0.8	(6) 4.6	(63) 48.5	(60) 46.2	4.40	0.62
2	Individuals receiving Speech and Language Therapy may experience improvements in speech fluency and clarity.	(0) 0	(2) 1.5	(9) 6.9	(64) 49.3	(55) 42.3	4.32	0.67
3	I believe that access to audiology services is essential for my child's hearing health.	(2) 1.5	(3) 2.3	(58) 44.6	(43) 33.1	(24) 18.5	3.65	0.86
4	Early intervention with Speech and Language Therapy can significantly impact developmental outcomes.	(0) 0	(0) 0	(6) 4.6	(64) 49.2	(60) 46.2	4.42	0.58
5	Speech and Language Therapy encompasses various techniques, including articulation therapy, language intervention, and augmentative communication strategies.	(2) 1.5	(0) 0	(45) 34.6	(56) 43.1	(27) 20.8	3.82	0.81
	Overall Mean	4.122						

Table 3.2.2 find out find out perception of parents about speech, language, and hearing support in special education institutes. The average mean is 4.122 of this table that indicates parent's perception was positive. Parents either agreed or strongly agreed (M = 4.40, SD = 0.62) that Speech & Language Therapy aims to improve communication skills and overall quality of life. Parents agreed or strongly agreed (M = 4.32, SD = 0.67) that individuals receiving Speech & Language Therapy may experience improvements in speech fluency and clarity. The lowest score of mean in this table is 3.65 for the statements that parents believe that access to audiology services is essential for my child's hearing health. Parents exhibited less agreement about this statement than they did on other statements. Parents either agreed or strongly agreed (M = 4.42, SD = 0.58) that early intervention with Speech & Language Therapy can significantly impact development outcomes. In this statement parents less agreed (M = 3.82, SD = 0.81) that Speech & Language Therapy encompasses various techniques, including articulation therapy, language intervention, and augmentative communication strategies.

3.2.3 Educational Support Services

Sr. No.	Statement of Questions	SDA (f) %	DA (f) %	NS (f) %	A (f) %	SA (f) %	M	SD
1	Educational support services are essential for student success.	(1) 0.8	(0) 0	(4) 3.1	(71) 54.6	(54) 41.5	4.36	0.62
2	Access to tutoring and academic advising enhances learning outcomes.	(1) 0.8	(1) 0.8	(5) 3.8	(80) 61.5	(43) 33.1	4.25	0.64
3	Adequate resources for educational support positively impact academic performance.	(2) 1.5	(0) 0	(18) 13.8	(76) 58.5	(34) 26.2	4.08	0.73
4	Availability of counseling services improves student well-being and retention.	(1) 0.8	(1) 0.8	(7) 5.4	(77) 59.2	(44) 33.8	4.25	0.66
5	Effective communication channels between students and support staff foster a supportive learning environment.	(1) 0.8	(0) 0	(3) 2.3	(69) 53.1	(57) 43.8	4.39	0.62
	Overall Mean	4.266						

Table 3.2.3 identify the educational support services for children with ASD in special education institutes. The average mean score of 4.266 shows a high level of agreement. Parents either agreed or strongly agreed (M = 4.36, SD = 0.62) that educational support services are essential for student success. Parents agreed or strongly (M = 4.25, SD = 0.64) that access to tutoring and academic advising enhances learning outcomes. Parents agreed (M = 4.08, SD = 0.73) that adequate resources for educational support positively impact academic performance. Parents either agreed or strongly agreed (M = 4.25, SD = 0.66) that availability of counseling services improves student well-being and retention. Parents either agreed or strongly agreed (M = 4.39, SD = 0.62) that

effective communication channels between students and support staff foster a supportive learning environment.

3.3 Analysis, Interpretation of Qualitative part of the study

This study showed the findings of the qualitative study that explored parents' perceptions regarding the role of special education institutes in the rehabilitation of students with autism spectrum disorder (ASD). Data was collected through semi-structured interviews with 12 parents whose children were enrolled in a special education institute and receiving rehabilitation services. Data was gathered using semi-structured interviews with parents of children who attended a special education institute and received rehabilitation services.

The results are emphasized thematically based on an in-depth analysis of the parents' lived experiences, challenges and expectations in relation to rehabilitation services. Thematic analysis identified **six major themes**, each consisting of multiple sub-themes representing aspects of parental perception: emotional experiences, service delivery, communication difficulty, challenges and future improvement.

This chapter presents each theme systematically. Each theme is introduced with an overview, and then each associated category is explored in detail, with exact quotes from participants used to demonstrate authenticity and represent their voices. These findings conform with the study's research objectives and seek to answer the key research questions.

Table 3.3.1 Demographic Information of the Parents

Participants	Gender	Age	Educational Background	Duration of child's enrollment
1.	Male	35	Primary	>1 Year
2.	Female	31	Higher Secondary	>1 Year
3.	female	33	Honors	>1 Year
4.	Female	35	Honors	>1 Year
5.	Male	44	Higher Secondary	3-6 Months
6.	Female	35	Higher Secondary	>1 Year
7.	Female	28	Honors	>1 year
8.	Female	40	Honors	3-6 Months
9.	Female	30	Higher Secondary	>1 Year
10.	Female	32	Higher Secondary	>1 Year
11.	Female	33	Honors	>1 Year
12.	Female	28	Higher Secondary	>1 Year

Table 3.3.2 Overview of Themes and Sub-theme

Theme	Sub-theme
1. Emotional Experiences of Parents	- Initial Shock and Emotional Distress - Hope, acceptance, and motivation
2. Rehabilitation Services provided by the Institute	- Multidisciplinary therapy services - Perceived benefits of therapy
3. Communication and Support between Parent & Professional	- Positive interaction with teachers and therapists - Guidance for home-based practice
4. Challenges Faced by Parents	- Emotional challenges - Financial challenges - Information and accessibility issues
5. Understanding and Involvement in Therapy Plans	- Understanding Individual Plans (IP) - Parental involvement in rehabilitation
6. Expectations and Recommendations of the parents.	- Need for individualized services - Demand for behavioral/ABA therapy - Infrastructure and future planning

Theme 1: Emotional Experiences of Parents

"Emotional experience of parents" Concerns the emotional and psychological processes of parents experienced while nurturing their child during development and rehabilitation. These can range from disbelief to distress, fear, hope and acceptance, to adjustment in reaction to a child's progress with therapy over time.

1.1 Initial Shock and Emotional Distress

The initial emotional response of the parent or caregiver after being told about their child's condition or diagnosis. This may be surprised, sadness, anxiousness, fear or confusion at the early stages of rehabilitation.

> *"At first, I was very upset because I never imagined my son had a problem. When I heard about my child's problem, I became very depressed."* - Participant 12

"When I first enrolled him, I was depressed. I wasn't sure if enrolling here was the right decision." - Participant 09

"At first, we could not accept our child's condition in a normal way. It was painful." - Participant 11

This sub-theme represents the severe negative effect experienced by parents at the time of diagnosis or admission, which includes shock, sadness, depressed mood and a lack of acceptance of the child's condition.

1.2 Hope, Acceptance, and Motivation

Hope, acceptance and motivation are all about the emotions what a parent feels. When the children go through therapy or rehabilitation services. It consists of hope which holding positive ideas regarding the child's development, realizing or acknowledging its special needs and motivation to maintain an active involvement in family-centered services.

"Now we have accepted it, but initially it was difficult to accept." - Participant 11

"I came here with the hope that my child would be able to live a normal life someday." - Participant 02

"After receiving therapy here, my child has improved a lot… now he can express his needs." - Participant 09

This sub-theme represents a parents' emotional development over time as their early distress evolves to acceptance, hope and motivation as they perceive progress in their children made with therapy. Parents were motivated by good communication and developments in daily life to continue participation in their child's rehabilitation.

Theme 2: Rehabilitation Services Provided by the Institute

Rehabilitation services provided therapies, interventions or support programs by special education or rehabilitation institute for developing skills of children. These might be several private services that include speech & language therapy, occupational therapy, behavioral therapy, educational support and other specialized programs focused on improving the child's abilities in these areas as well as the child's overall functioning.

2.1 Multidisciplinary Therapy Services

Multidisciplinary therapy services are therapy or rehabilitation services that include professionals from different disciplines together as part of a team to assist in childhood development. This may involve speech & language therapists, occupational therapists, psychologists, special educators and other professionals working as a team to deliver multidisciplinary care that is tailored specifically for the child's unique circumstances.

> *"This institution provides Occupational Therapy and Speech Therapy."* - Participant 12

> *"My child received Occupational Therapy, Physiotherapy, and Speech Therapy."* - Participant 06

Parents report that the institute provided multidisciplinary therapies, including speech & language therapy, occupational therapy, and physiotherapy. Delivery of multiple interventions in one setting allowed the possibility for holistic and coordinated care that parents felt advantageous in responding to their children's varying developmental needs.

2.2 Perceived Benefits of Therapy

Perceived benefits of therapy refer to what parents or caregivers think or observe as positive effects (improvements) from the therapy their child has received. This can be progress in development, achieving skills, changes on behavior, or increased self-confidence or well-being of the child.

> *"Earlier he didn't talk at all, but now he says a few words."* - Participant 07

> *"Hyperactivity has decreased, eye contact has increased, and speech has improved."* - Participant 10

Parents reported benefits of therapy services at the institute such as speech output, reduction in hyperactivity, and eye to eye contact. These evident modifications led to positive evaluation of the effectiveness of rehabilitation service by parents and their maintenance course in therapy.

Theme 3: Communication and Support between Parent & Professional

Communication and support between parent & professionals refer to the sharing of information, direction, and help between parents with professionals (including teachers, therapists, and clinicians). It focuses on good communication, joint decision-making and practical or emotional support to enable parents to be involved in their child's rehabilitation.

3.1 Positive Interaction with Teachers and Therapists

Positive interaction with teachers and therapists involves the beneficial, supportive and collaborative relationships that parents form with their educational or therapeutic providers. This refers to good communication, accessibility, collaborative work and mutual respect that leads to a positive experience for both the parents and children in rehabilitation.

> *"All the teachers and therapists here are very good. We have a very good relationship with them. They handle everything properly and follow rules carefully."* - Participant 05
>
> *"They clearly explain how I should work with my child at home."* - Participant 04
>
> *"Whenever we ask anything, their behavior and overall attitude are very good*." - Participant 11

Parents indicated positive encounters with teachers and therapists; in particular, open communication, supportive attitude, and teamwork. These were building the trust and having the parents involved in their children's recovery process.

3.2 Guidance for Home-Based Practice

Guidance for home-based practice is a term used to describe the directions, approaches and assistance given to parents or others who care for children to assist in participation in therapy or remediation at home. It also aids to keep the practice of therapeutic exercises going consistently outside formal therapy to promote learning and progress.

> *"They explain what we should practice at home to help my child improve."* - Participant 10

Parents also reported the need to be oriented for home-based practice. Teacher and therapist give instructions and a clear directions on what to do at home while engaged in activities. This direction allows therapy to be maintained in between formal sessions, facilitates generalization, and provides parents with the power to help their child.

Theme 4: Challenges Faced by Parents

Challenges faced by parents refer to the various kinds of difficulties or barriers experienced by parents in caring for a child. These may be related to emotional, informational, economical, stigma, worries about personal including mental health, as well as feeling that their needs in terms of engaging with services or helping their child's improvements were not being met.

4.1 Emotional Challenges

Emotional challenges are the term used to describe psychological distress parents or careers endure while helping their child. These can take the form of stress, anxiety or concern about your child's condition, therapy process and future outcome.

> *"Accepting that my child has this condition was emotionally difficult."* - Participant 12

Parents express emotional problems related to the acceptance of their child's condition, such as feeling difficult and troubled. This emotional load reflects the mental effect of nurturing a child with ASD and suggests its necessity to have emotional support for parents during rehabilitation.

4.2 Financial Challenges

Financial challenges are any problems or obstacles due to cost of therapy, treatments, rehabilitation services or other support. This may be due to cost for treatment, for specialized care or the economic implication of accessing services on families.

> *"It just felt a bit costly at first."* - Participant 11
>
> *"The session fees and school fees felt financially difficult."* - Participant 01
>
> *"If the cost were a little less, it would be better."* - Participant 03

Parents spoke about the financial hardship of getting rehabilitation services. The high fees per session and by the school were a source of concern, especially given pre-

existing limited economic resources in families, impacting parents' views on affordability and accessibility to therapy. Attending to these economic barriers may enhance consistent participation and satisfaction with services.

4.3 Information and Accessibility Issues

Information and accessibility issues describe issues or barriers concerning the clarity, availability, and ability to be accessed services & information. This may encompass challenges parents encounter with finding information about therapies, programs or resources: barriers that inhibit parents' capacity to navigate those services.

"We don't know what is happening inside the session." - Participant 01

"Many people do not know about this institution." - Participant 06

Parents' perceived information and support barriers, such as misunderstanding activities in session time and a lack of awareness of the venue from the wider community were identified. These obstacles can limit parents' capacity for active participation in therapy and support for their child.

Theme 5: Understanding and Involvement in Therapy Plans

Understanding and involvement in therapy plans includes the fact that parents comprehend what therapy does, how it works, and the aim of such a therapy but also are involved in practice, e.g., doing work activities at home as well as following therapist instructions.

5.1 Understanding Individual Plans (IP)

Understanding individual plans (IP) is defined as whether parents or caregivers are knowledgeable and understand the individual plan for their child. It determines the goals, strategies, activities and establishes how it meets your child's individual needs while promoting their progress.

"The therapists and teachers explained everything well." - Participant 03

However, some parents expressed concerns about limited feedback.

"Thirty days pass without proper updates." - Participant 01

Parent perceived awareness of the IP was mixed. Some parents noted that their therapists or teachers explained everything to them, and they understood what they had to do, but others described lack of feedback as a barrier to good adherence, as well as

no updates on progress about the child therapy. It is important that communication and regular updates are provided to support parental engagement in rehabilitation.

5.2 Parental Involvement in Rehabilitation

Parental involvement in rehabilitation means that they attend rehabilitation services for their child's improvement. These include learning therapy, supporting and practicing activities at home, working with therapists, making decisions that help improve how their child develops.

> *"Following the therapist's IP, I learned how to help my child progress."* - Participant 03

Parents' active participation in rehabilitation was observed through the implementation of therapists' IP at home. This level of involvement promotes the development of skills in children and supports family-centered practice. A collaborative partnership between parents and professionals when working with a child in rehabilitation.

Theme 6: Expectations and Recommendations of the parents

Parents' expectations and recommendations mean parents' hopes, desires about therapy or rehabilitation of their child. This may include what service they would like to receive, aims for what they hope their child (or them both) will achieve and any tips or recommendations of how they think the services should be delivered.

6.1 Need for Individualized Services

Need for individualized services means children required therapy or rehabilitation programs that would be individually designed to address the individual needs, inherent abilities and weaknesses based upon their special condition, and did not follow a cookie cutter format. It focuses on personalized guidance for effective growth and development.

> *"Therapy should not be the same for every child."* - Participant 12

Parents emphasized the importance of personalized care, stating that therapy should be based on each child's specific strengths and weaknesses. Standard approaches may not meet the needs of certain individuals, and individualized advice must be given for achieving maximal growth and development in the child with ASD.

6.2 Demand for Behavioral or ABA Therapy

Demand for behavioral or ABA therapy refers to a desire or demand for children's behavioral strengthening and modification interventions, particularly through the use of Applied Behavior Analysis (ABA).

> *"If ABA therapy is improved, it would be good for us."* - Participant 12

> *"Providing dedicated behavioral therapy would be beneficial."* - Participant 10

Parents indicated the highest demand for Behavioral or ABA therapy, where the necessity of evidence-based services to manage problem behavior and promote learning was highlighted. The improvement of these services was considered necessary to maximize the effectives of rehabilitation and the development in children with ASD.

6.3 Infrastructure and Future Planning

Infrastructure and future planning mean the building, facility, equipment, network, other physical facilities, resources, and organizational systems, necessary for the operation of any institute. It focuses on the current ability to deliver services as well as plans to increase, strengthen, or maintain services in the future that will help children and families.

> *"It would be better if the space was larger and the environment could be more open and spacious."* - Participant 11

> *"After improvement, it becomes difficult to decide where they should study next."* - Participant 04

Parents said that they need to ensure special education schools have the infrastructure and forward planning. Though they were grateful for the current options, they suggested that bigger and more open spaces for children's enrichment activities were needed, and also expressed concern about planning their child's future education after finishing those programs. Improvements to infrastructure and creating a pathway for the future is therefore vital in both successful rehabilitation and long-term development.

CHAPTER-4 DISCUSSION

This chapter illustrates the mathematical modeling of results found by the investigation. A mixed type of concurrent research design was used to conduct the study. This study investigated parents' perception about role of special education institute in the rehabilitation of students with autism spectrum disorder (ASD). Results had been made from the responses of 130 parents who participants in the study. A demographic questionnaire was used to collect data for variables by the researcher. The demographic chart of the study showed who were participating in the study and included questions to obtain information about their gender, age, educational level, relationship with child, birth order of child, monthly family income, and duration of child's enrollment in institute.

In the study among 130 participants the number of female participants were 88% (114) and male only 12% (16). It indicates female participants were more engage in participating in the study than male participants. According to Altiere & von Kluge (2009), female caregivers were actively more engage with autism children for their therapeutic and educational support than male caregivers. Among 130 participants, mothers were 84.6% (110), fathers were 12.3% (16) and other caregivers 3.1% (4). It is significant that Mothers of children with autism spectrum disorder (ASD) were more in this study. A study investigated by, Hartley & Schultz (2015), Generally mothers are more involved than fathers when raising children with autism.

46.20% (60) participants were within 31-40 years age group, 29.20% (38) participants were within 21-30 years age group, 20.80% (27) participants were within 41-50 years age group, 3.10% (4) participants were within 51-60 years age group, 0.80% (1) participants were within 61-70 years age group. According to this age distribution, the majority of respondents were in early to middle adulthood, a stage of life that is frequently linked to primary caregiving duties and active parenting. Most of the participants 61.50% (80) reported that it was their 1st child. 29.20% (38) participants said it was their 2nd child, while 7.70% (10) participants reported their 3rd child and only 2 participants reported other birth order of child. According to Alvares et al. (2021), First-born children are more likely than later-born children to be diagnosed with autism spectrum disorder (ASD). Another study investigated by Durkin et al. (2009),

Firstborns are diagnosed with autism more frequently than later born siblings when both parents are older specifically mothers aged 35 years and fathers aged 40 years.

Educational level of participants was only 1.5% (2) completed primary, 10.8% (14) completed secondary or SSC, 20.0% (26) completed higher secondary or HSC and 67.7% (88) completed bachelor. In the study most of the participants are higher educated. According to Alalmaei Asiri et al., (2023), the awareness of autism was higher among parents with higher education levels; 65.6% of them had a university degree.

Among the 130 participants 52.3% (68) said their monthly family income more than 60,000 Tk. 44.6% (58) participants reported that their monthly family income was 30,000-60,000 Tk. and only 3.1% (4) participants reported their monthly family income under 30,000 Tk. The costs of special education institute are more affordable for higher income families (Najib & Juni, 2019). Duration of child's enrollment in special education institute, 53% (69) participants reported that they had enrolled their children in special education institute more than 1 year. 16.2% (21) participants had enrolled their children for a duration of 6-12 months and 30.8% (40) participants had enrolled their children for a duration of 3-6 months.

Table 3.2.1 shows that there is high parental support for early intervention services offered by special education institutes to students with autism spectrum disorder (ASD). The total mean (M = 4.362) indicates that the parents experience positive perceptions when it comes to looking at the availability and relevance of early intervention programs in supporting the development of their child. The parents stated that they were well aware of the early intervention programs and actively sought knowledge regarding such programs, which indicated involvement of more parents in the rehabilitation process.

Parents also had a firm belief that early intervention programs are advantageous in regard to the overall development of the child, and they were willing to take part in the intervention activities with the child. The implication of this finding is in line with earlier studies that have found a significant enhancement in communication, social, and adaptive skills among children with ASD by undertaking early intervention efforts, especially where parents are actively included in the intervention process (Oono et al., 2013). Moreover, the parents also appreciated the benefit of early intervention in

supporting not only the child but the family, and one should pay attention to the importance of family-focused rehabilitation strategies.

Table 3.2.2 indicates that the total mean score of 4.122 which is positive attitude of parents about speech, language, and hearing support services provided by special education institution, which is dominantly indicated by the mean in the same table. Parents strongly agreed that Speech & Language Therapy (SLT) aims to improve communication skills as well as overall quality of life - that it facilitates to develop in speech fluency and clarity. These findings correlate with the research that highlights the importance of speech & language therapy in reducing basic communication difficulties associated with Autism Spectrum Disorder (ASD) (Paul et al., 2018).

There was considerable agreement among parents that early intervention with Speech and Language Therapy may have a huge impact on development. This adds further weight to past research that early speech & language therapy intervention enhances communication, social interaction, and adaptive functioning of children with autism spectrum disorder, particularly if intervention is initiated at a young age (Dawson et al., 2010). The results show that the parents recognized that speech & language therapy is an important part of rehabilitation in the special education institution.

Considerably lower mean scores were made for the judgments of parents about access to audiology services and the broad variety of approaches used in Speech & Language Therapy. The lower awareness about the importance of audiology services could be an indicator of limited access to audiological support or lack of awareness by parents about the importance of audiology services in communication development and hearing health. Likewise, low levels of agreement about the appropriate use of different SLT approaches may indicate that parents are low in knowledge regarding a wide array of therapeutic techniques, which include augmentative and alternative communication strategies. The outcome presents the need for improved parental education and joint planning and delivery of services in the special education institutions.

The finding of Table 3.2.3 shows that there is high degree of parental acceptance on the matter of educational support services provided by special education institutes to the children with autism spectrum disorder (ASD) as indicated by the overall mean score of 4.266. Parents found educational support services to be very important to student achievement, finding organized academic support in special education settings to be

very important. This finding is consistent with the previous literature that emphasizes the importance of being able to receive tailored educational programs and receiving individual instructional support in order to improve the learning outcomes of these children with ASD (Wong et al., 2015).

Parents also agreed that access to the tutoring and academic advising improve learning outcomes and adequate educational resources have a positive impact on academic performance. These findings are consistent with studies which suggest that evidence-based educational practices, appropriate learning materials, and structured teaching approaches are an important support for the academic development of students with ASD (Odom et al., 2015). Additionally, the parents reported positive perceptions of the counseling services, and this suggests a role for a psychosocial support with regards to student's well-being and retention in the educational programs. Similar results have been shown in past studies of the importance of counselling and emotional advice in improving positive school experiences of children with ASD (Humphrey & Lewis, 2008).

Furthermore, good parental agreement for effective communication between the students and support staff suggests the importance of cooperation between educators, therapists and families. Effective communication and school-family partnerships have been identified as key factors which influence providing favorable contexts and superior educational outcomes to children with ASD (Lai et al., 2014). Overall, these results gave an indication that educational support services provided by special education institutes have significant impact in the rehabilitation and academic development of children with ASD as perceived by parents.

The rationale behind conducting the current research was to determine how parents understand the role of the special education institutions (SEI) in rehabilitating children with autism spectrum disorder (ASD). Data was collected through semi-structured interviews from 12 parents whose children were enrolled in a special education institute. The qualitative analysis of theme in the data showed that there are six major themes:

(1) The emotional experiences of the parents,

(2) Rehabilitation Services provided by the Institute,

(3) Communication and Support between Professionals & Parents,

(4) Challenges Faced by Parents,

(5) Understanding and Involvement in Therapy Plans

(6) Expectations and Recommendations of the parents.

This chapter explains these findings through research objective, current literature, and relevant theory and demonstrates the consequences of the research to rehabilitation of children with ASD, service enhancement, policy formulation and future studies.

Theme 1: The emotional experiences of the parents

The outcomes show that initially parents experience intense feelings and emotions, including shock, grieving and difficulty accepting the diagnosis of their child. Once the parents realized their lives were getting better with treatment, the emotions changed to acceptance and hope. This is an emotionally evocative experience where the psychological process of adaptation which is enigmatically reported by the parents of an autistic spectrum disorder (ASD) child is found to be depicted.

This result is aligned with the earlier research in Bangladesh and within other cultures since it found that parents experienced a sense of denial, anxiety, guilt and emotions stress following the diagnosis of ASD (Preity et al., 2017; The Challenges in Raising Autistic Children: The Voices of Mothers, 2022). In previous studies, the mothers have referred to sustained emotional distress, stigma and lack of assurance on the future of their child and this is what we observe on early distress in our study.

Hope and motivation of parents appear to correlate with noticeable improvement of their children in terms of communications and behavior skills after the treatment.

According to Mujkanovic et al. (2017), a positive relationship with the professionals upheld good child outcomes in terms of enhancing parental coping and resiliency. Rehab centers should provide emotional support to the parents in order to improve their mental wellbeing. In Bangladesh however, there is lack of counseling services and availing of professional counselors is unattainable to most of the parents.

Theme 2: Rehabilitation Services provided by the Institute

As useful in the developmental outcomes of the children, parents were given multidisciplinary rehabilitation services, including speech and language therapy, occupational therapy, and physiotherapy. Parents became more and more certain in the efficiency of services rendered once their children began to improve speech production, maintained eye contact and behavioral improvement.

The results are consistent with the existing literature focusing on the importance of multidisciplinary team (MDT) services to ASD rehabilitation (Oommen et al., 2017). The MDT approaches offer an assessment and intervention opportunity in a range of areas of development (Chlebowski et al., 2013), which is vital to children with complex needs like ASD. According to Rezkiani and Diana (2023), there was also evidence of efficacy in both structured and individual models of intervention in special education services.

The history of some of the earlier researches in Bangladesh has shown that the special education institutions may tend to suffer shortage of appropriate facilities and professionals, service delivery that is not uniform (Toma and Banu, 2024; Mujkanovic et al., 2017).

Theme 3: Communication and support between Professionals and Parents.

Close communication and positive relationship between professionals and parents were also crucial in helping rehabilitated parents. The needs that were identified by parents included the necessity of respectful communication, appropriate response to the therapy objectives, and effective information about what should be done at home.

To some extent, these findings are in line with past findings. Those reports established that parents were not contented due to the ineffective communication and absence of transparency in special education establishments (Hridi et al., 2021; Toma & Banu, 2024). The current research revealed that a large proportion of parents could communicate with professionals in a proper manner. This indicates that an improved

cooperation among parents and the professionals may build trust, contentment and shared decision making.

The guidance in home-based practice assisted parents with prolonging of therapeutic activities at home in educating children to apply their knowledge in real-life. This result confirms the principles of family-based rehabilitation that emphasize the role of parents, which is one of the primary elements of effective work on children with ASD (Oommen et al., 2017).

Theme 4: Challenges Faced by Parents

Even though parents had certain positive reflections, they went through several difficulties, including emotional distress, economic issues, and lack of information. The high cost of therapy and other academic expenses were identified to be one of the greatest obstacles to the continuation of therapy services.

The current results correspond to the earlier studies in Bangladesh that identified financial issues, insufficient awareness, and the problem of access as significant obstacles found in the families of children with ASD (Preity et al., 2017; Hridi et al., 2021). The need of psychosocial support services under rehabilitation is emphasized by the issues of emotional difficulties.

Scarcity of therapy services and lack of awareness by the community members is similar to past studies that show the insufficient clarity and engagement of parent authorities in special education institutes (Toma & Banu, 2024).

Theme 5: Understanding and Involvement in Therapy Plans

The research reinforced the idea that the knowledge of the parents on the personal plans of their children (IP) was altered in different ways. Other parents were giving appropriate explanations and actively involved as compared to those who were unhappy due to lack of flow in feedback messages and frequent updates.

Such differences coincide with a study that noted the deficit of communication skills and engagement of parents during the preparation of individual interventions (Mujkanovic et al., 2017).

Continuous feedback, mutually set goals and joint planning are very important to ensuring that there is continuous care of the children with ASD and rehabilitation outcomes are enhanced.

Theme 6: Expectations and recommendations of parents.

According to the study, parents reported that they require individual level intervention, less difficult access to behavioral and ABA therapy, better center and long-term planning of therapy. These results indicate that the existing services mortgage the expectations of parents.

Their evidence-based treatment requirements such as ABA therapy are similar to a past research on individualized and systematic instruction of children with ASD (Fidosieva, 2025). The concern of future educational planning and infrastructure by parents which indicates structural issues with Bangladesh special education programs (Toma & Banu, 2024).

Although special education institutes assist the children with ASD by using a multidisciplinary approach and including parents, such issues as costs, ineffective information-sharing, standardizing services, and planning remain.

Rehabilitation outcomes in children with ASD can be enhanced through the development of the improvement of multidisciplinary methodologies, parent-professional communication, and the availability of personalized and evidence-based services to promote the relevance of parental involvement and intervention plans.

CHAPTER-5 LIMITATION & RECOMMANDATION

5.1 Limitation

There are some limitations to conducting the research study, which are given below:

- In this study participants were only taken from Dhaka city special education institute,
- Some parents did not agree for conducting data.
- The time period for the study was too short.
- Lack of literature was a barrier while conducting this study.

5.2 Recommendation

For further research, if anyone wants to do study in further the following recommendation may helpful for the investigator:

- This study was done in a specific area. Further research study should be conducted on large number of participants in different areas in Bangladesh.
- This study was done with parents of autism spectrum disorder (ASD). Further study should be conducted on Cerebral Palsy, Down syndrome, Hearing Impairment, and other conditions.
- This study was conducted in private special education institutes. Further study should be comparative between government and non-government special education institutes.
- Further research also conducted the role of community-Based Rehabilitation for the children with ASD

CHAPTER-6 CONCLUSION

This study investigated parents' perspectives of the role of special education institutions in the rehabilitation of students with Autism Spectrum Disorder (ASD). Since it was a mixed-method study, the research had both numerical and personal narratives.

As demonstrated by the quantitative results, the majority of parents had very positive opinions. In every area of the services, there was a high agreement rate. Parents particularly favored early intervention, speech & language therapy, and educational support services, which they rated above 4.00 average. This indicates that it has a high level of satisfaction with the services provided by the institutes.

Qualitative insights provided additional corroboration for the quantitative outcomes. It was found that after the enrollment of special education programs, parents reported noticeable improvements in communication, behavior and regular activities in their children. They have mentioned regular therapy, individual education plans, and the professional advice as the reasons of such improvements. It was also emphasized by many factors that collaboration of families and specialists should bring about constant improvements.

Although the positive results, there were some difficulties. Many parents were concerned with expenses, insufficient availability of specialized services or they required better facilities in some institutes. Although the majority of them were satisfied, the following issues prove that there is still an area to be improved to make the services even better.

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CHAPTER-8 **ANNEXURE**

Annexure-1(A)

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Consent form

(Please read out to the participant)

Assalamu Alaikum, I am Md Rejoyanul Haque Vasany, a 4th year student of (2020-2021) session in Bachelor of Science in Speech & Language Therapy Department at Bangladesh Health Professions Institute (BHPI), under faculty of Medicine affiliated University of Dhaka. To fulfill the requirement of degree I have to do a research project as a part of my academic studies. My research title is — "**Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as perceived by Parents".** The purpose of the study is to explore the perception of parents regarding the role of special education institute in the rehabilitation of students with autism spectrum disorder (ASD). I would like to collect some information from you for this research and I hope you will participate in this interview voluntarily. Your correct answers will help a lot in my research.

I am committed that your identity and all information provided will be kept completely confidential and will only be used for academic research purpose not for any other purpose other than academic. You can withdraw your consent at any time within one week of data collection.

If you have any questions regarding this research, you can ask me directly.

Signature & Date of Participant Signature & Date of Data collector

…… ……

Annexure 1(B)

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

সম্মতিপত্র

(যারা ইন্টারভিউতে অংশ নিচ্ছেন তাদের জন্য)

আসসালামু আলাইকুম, আমি মোঃ রেজওয়ানুল হক ভাসানী, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউটে বি.এস.সি ইন স্পিচ অ্যান্ড ল্যাংগুয়েজ থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্র হিসেবে (২০২০-২১) সেশনে অধ্যয়নরত আছি। আমার বি.এস.সি ডিগ্রি সম্পূর্ন করতে, আমাকে একটি গবেষণা পরিচালনা করতে হবে এবং এটি আমার অধ্যয়নের একটি অংশ। আমার গবেষণার শিরোনাম হলো – **"অভিভাবকদের দৃষ্টিতে অটিজম স্পেকট্রাম ডিসঅর্ডার (ASD) সম্পন্ন শিক্ষার্থীদের পুনর্বাসনে বিশেষ শিক্ষা প্রতিষ্ঠানের ভূমিকা"**। আমার গবেষণার লক্ষ্য হলো, অটিজম স্পেকট্রাম ডিসঅর্ডার (ASD) সম্পন্ন শিক্ষার্থীদের পুনর্বাসনে বিশেষ শিক্ষা প্রতিষ্ঠানের ভূমিকা সম্পর্কে অভিভাবকদের দৃষ্টিভঙ্গি অনুসন্ধান করা। এই গবেষণার জন্য আমি আপনার কাছ থেকে কিছু তথ্য সংগ্রহ করতে চাই এবং আশা করি আপনি স্বতঃস্ফূর্তভাবে এই সাক্ষাৎকারে অংশগ্রহণ করবেন। আপনার সঠিক উত্তর আমার গবেষণায় অনেক সাহায্য করবে।

আমি আপনাকে নিশ্চিত করছি যে, আপনার পরিচয় এবং প্রদানকৃত সকল তথ্য সম্পূর্ণ গোপন রাখা হবে এবং শুধুমাত্র একাডেমিক গবেষণার উদ্দেশ্যে এবং একাডেমিক ছাড়া অন্যকোন উদ্দেশ্যে ব্যবহার করা হবে না। ডেটা সংগ্রহের এক সপ্তাহের মধ্যে যে কোনো সময় আপনার সম্মতি প্রত্যাহার করতে পারবেন।

এই গবেষণা সম্পর্কিত যদি আপনার কোনো প্রশ্ন থাকে, আপনি সরাসরি আমাকে জিজ্ঞাসা করতে পারেন।

অংশগ্রহণকারীর স্বাক্ষর এবং তারিখঃ

তথ্য সংগ্রাহকের স্বাক্ষর এবং তারিখঃ

Annexure- 2(A)

Demographic Information (English)

Socio-Demographic Information	
Information Taking Place:	**Date:**

Parent's Information	
Name: **Gender:** ☐ Male ☐ Female **Phone Number:**	**Age:** **Occupation:**
Birth Order of Child: ☐ First ☐ Second ☐ Third ☐ others	**Education Level:** ☐ Primary ☐ Secondary ☐ Higher Secondary ☐ Graduate
Relationship with the child: ☐ Mother ☐ Father ☐ Other Caregivers	**Monthly Family Income:** ☐ <30000 BDT ☐ 30000-60000 BDT ☐ >60000 BDT
Area of Residence: ☐ Rural ☐ Urban	

Child's Information	
Name: **Gender:** ☐ Male ☐ Female **Name of Special Education Institute:**	**Age:**
Duration of child's enrollment in Institute: ☐ < 3 Months ☐ 3-6 Months ☐ 6 Months – 1 year ☐ > 1 years	**Type of Institute:** ☐ Government ☐ Private ☐ Non-government Organization (NGO)
How did you come to know about the institute? ☐ Doctor referral ☐ Community Health Worker ☐ Rehabilitation Professional ☐ Friend/Relative ☐ Parents/Peer ☐ Social media ☐ others	

Annexure-2(B)

Questionnaire (English) for Quantitative part

Sr.	Statements of Questions	Strongly Disagree (1)	Disagree (2)	Not Sure (3)	Agree (4)	Strongly Agree (5)
1.	I am aware of the early intervention programs available for my child's developmental needs.					
2.	I actively seek out information about early intervention services and resources.					
3.	I believe that early intervention programs are beneficial for my child's overall development.					
4.	I am willing to participate in early intervention activities and therapies with my child.					
5.	I value the role of early intervention in providing support and assistance to my child and family.					
6.	Speech and Language Therapy aims to improve communication skills and overall quality of life.					
7.	Individuals receiving Speech and Language Therapy may experience improvements in speech fluency and clarity.					

8.	I believe that access to audiology services is essential for my child's hearing health					
9.	Early intervention with Speech and Language Therapy can significantly impact developmental outcomes.					
10.	Speech and Language Therapy encompasses various techniques, including articulation therapy, language intervention, and augmentative communication strategies					
11.	Educational support services are essential for student success.					
12.	Access to tutoring and academic advising enhances learning outcomes.					
13.	Adequate resources for educational support positively impact academic performance.					
14.	Availability of counseling services improves student well-being and retention.					
15.	Effective communication channels between students and support staff foster a supportive learning environment.					

Annexure-2(C)

Questionnaire (English) for Qualitative part

1. How was your impression when you admitted your child in this institute?
2. What kind of therapies and educational support has your child experience in this institute? Please describe how they have benefited your child.
3. What are your thoughts on the communication and interaction with the teachers and therapists in this institute?
4. What types of challenges have you faced while trying to enroll your child in this institute?
5. Have you faced any challenges to understand the therapy or educational plans for your child? If yes, please describe.
6. What improvement would you like to see in the therapy or rehabilitation services provided by this institute?
7. Are there any therapies or services that you think requires improvement at this institute? Please explain.

Annexure-3(A)

ব্যক্তিগত ও সামাজিক তথ্য	
তথ্য সংগ্রহের স্থান:	**তারিখ :**

অভিভাবকের তথ্য	
নাম: **লিঙ্গ:** ☐ পুরুষ ☐ নারী **মোবাইল নাম্বারঃ**	**বয়স:** **পেশা:**
শিশুর জন্মক্রম: ☐ প্রথম ☐ দ্বিতীয় ☐ তৃতীয় ☐ অন্যান্য	**শিক্ষাগত যোগ্যতা:** ☐ প্রাথমিক ☐ মাধ্যমিক ☐ উচ্চ মাধ্যমিক ☐ স্নাতক
শিশুর সাথে সম্পর্ক: ☐ মা ☐ বাবা ☐ অন্যান্য অভিভাবক	**মাসিক পারিবারিক আয়:** ☐ <৩০,০০০ টাকা ☐ ৩০,০০০ – ৬০,০০০ টাকা ☐ >৬০,০০০ টাকা
বাসস্থান এলাকা: ☐ গ্রামীণ ☐ নগর	

শিশুর তথ্য	
নাম : **লিঙ্গ:** ☐ ছেলে ☐ মেয়ে **বিশেষ শিক্ষা প্রতিষ্ঠানের নাম :**	**বয়স :**
প্রতিষ্ঠানে ভর্তি থাকার সময়কাল: ☐ < ৩ মাস ☐ ৩ – ৬ মাস ☐ ৬ মাস – ১ বছর ☐ > ১ বছর	**প্রতিষ্ঠানের ধরণ:** ☐ সরকারি ☐ বেসরকারি ☐ বেসরকারি স্বেচ্ছাসেবী সংস্থা (এনজিও)
আপনি কীভাবে এই প্রতিষ্ঠান সম্পর্কে জেনেছেন? ☐ ডাক্তার এর পরামর্শে ☐ কমিউনিটি স্বাস্থ্যকর্মীর মাধ্যমে ☐ পুনর্বাসন পেশাদার এর মাধ্যমে ☐ বন্ধু/আত্মীয় ☐ সামাজিক মাধ্যম ☐ অন্যান্য অভিভাবক ☐ অন্যান্য	

Annexure-3(B)

<u>প্রশ্নাবলী (বাংলা)</u>

Sr.	প্রশ্নাবলীঃ	সম্পূর্ণ দ্বিমত (১)	দ্বিমত (২)	নিরপেক্ষ (৩)	একমত (৪)	সম্পূর্ণ একমত (৫)
১.	আমার সন্তানের সঠিক বিকাশের জন্য যে দ্রুত চিকিৎসা ব্যবস্থা রয়েছে, তা সম্পর্কে আমি সচেতন।					
২.	আমি আমার শিশুর জন্য প্রারম্ভিক সেবা ও সহায়তার তথ্য জানার চেষ্টা করি।					
৩.	আমি দৃঢ়ভাবে বিশ্বাস করি যে, প্রারম্ভিক সেবা আমার সন্তানের সার্বিক বিকাশের জন্য অত্যন্ত উপকারী।					
৪.	আমি আমার সন্তানের সাথে প্রারম্ভিক সেবা ও থেরাপি সেশনে সক্রিয়ভাবে অংশগ্রহণ করতে প্রস্তুত।					
৫.	আমার সন্তান এবং পরিবারকে সহায়তা প্রদানে প্রারম্ভিক সেবাকে আমি মূল্যবান বলে মনে করি।					
৬.	স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপির লক্ষ্য যোগাযোগ দক্ষতা এবং সামগ্রিক জীবনের মান উন্নত করা।					
৭.	যারা স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপি গ্রহণ করেন, তারা কথা বলার স্বচ্ছতা ও সাবলীলতায় উন্নতি অনুভব করতে পারেন।					
৮.	আমি বিশ্বাস করি যে, আমার সন্তানের শ্রবণস্বাস্থ্যের জন্য অডিওলজি সেবা পাওয়া অত্যন্ত জরুরি।					
৯.	স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপির মাধ্যমে প্রারম্ভিক সেবা শিশুর বিকাশের উপর উল্লেখযোগ্য প্রভাব ফেলতে পারে।					
১০.	স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপির মধ্যে বিভিন্ন চিকিৎসা অন্তর্ভুক্ত থাকে, যেমন- আর্টিকুলেশন থেরাপি, ল্যাঙ্গুয়েজ ইন্টারভেনশন, এবং অগমেন্টেটিভ কমিউনিকেশন কৌশল।					

১১.	শিক্ষার্থীর সাফল্যের জন্য শিক্ষামূলক সহায়তা সেবা অত্যন্ত গুরুত্বপূর্ণ।					
১২.	টিউটরিং এবং একাডেমিক পরামর্শের সুবিধা পাওয়া শিক্ষার্থীর শিক্ষালাভের ফলাফলকে উন্নত করে।					
১৩.	শিক্ষামূলক সহায়তার জন্য পর্যাপ্ত সম্পদ শিক্ষার্থীর একাডেমিক পারফরম্যান্সের উপর ইতিবাচক প্রভাব ফেলে।					
১৪.	পরামর্শ সেবার প্রাপ্যতা শিক্ষার্থীর মানসিক সুস্থতা ও শিক্ষায় টিকে থাকার হার বৃদ্ধি করে।					
১৫.	শিক্ষার্থী এবং সহায়ক কর্মীদের মধ্যে কার্যকর যোগাযোগের মাধ্যমে একটি সহায়ক শিক্ষার পরিবেশ সৃষ্টি হয়।					

Annexure-3(C)

প্রশ্নাবলী (বাংলা)

১. আপনি যখন আপনার শিশুকে এই প্রতিষ্ঠানে প্রথম ভর্তি করেছিলেন, তখন আপনার অনুভূতি কেমন ছিল?

২. এই প্রতিষ্ঠানে আপনার সন্তানের কি ধরণের থেরাপি এবং শিক্ষাগত সহায়তার অভিজ্ঞতা রয়েছে? আপনার সন্তান কীভাবে এগুলো থেকে উপকৃত হয়েছে, দয়া করে বর্ণনা করুন।

৩. এই প্রতিষ্ঠানের শিক্ষক ও থেরাপিস্টদের সাথে যোগাযোগ এবং সম্পর্ক নিয়ে আপনার মতামত কী?

৪. আপনি আপনার সন্তানকে এই প্রতিষ্ঠানে ভর্তি করার সময় কী কি ধরনের সমস্যার সম্মুখীন হয়েছেন?

৫. আপনি কি আপনার সন্তানের থেরাপি বা শিক্ষা পরিকল্পনা বুঝতে কোনো সমস্যার সম্মুখীন হয়েছেন? যদি হয়ে থাকেন, অনুগ্রহ করে ব্যাখ্যা করুন।

৬. এই প্রতিষ্ঠান দ্বারা প্রদত্ত থেরাপি বা পুনর্বাসন সেবায় আপনি কী ধরনের উন্নতি দেখতে চান?

৭. এমন কোনো থেরাপি বা পরিষেবা আছে যা আপনার মতে এই প্রতিষ্ঠানে উন্নত করা প্রয়োজন? অনুগ্রহ করে ব্যাখ্যা করুন।

Annexure-4

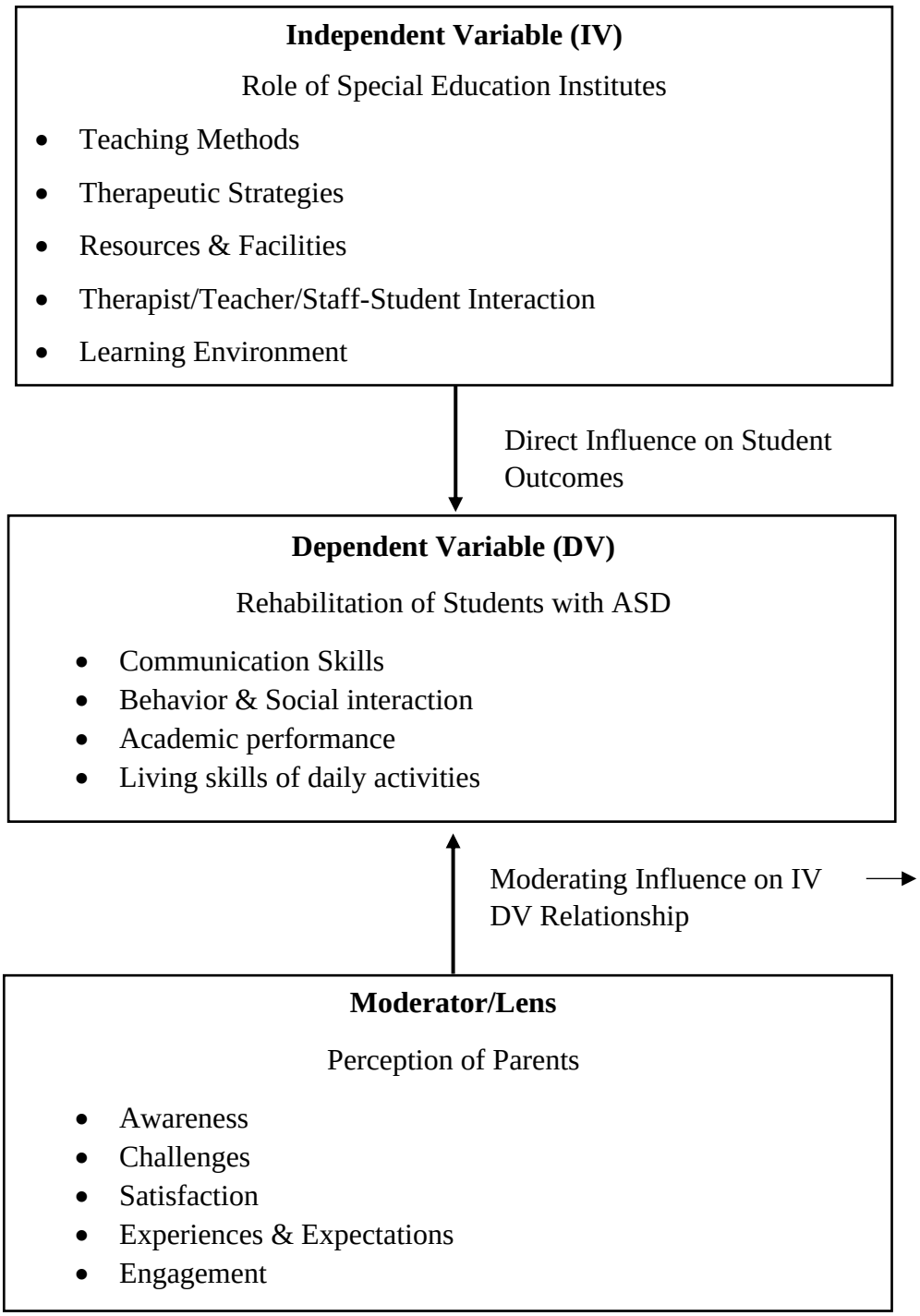
Objectives vs Questonnaires

Objectives	Questions
• To measure early intervention services for students with ASD in special education institutes.	1. I am aware of the early intervention programs available for my child's developmental needs. 2. I actively seek out information about early intervention services and resources. 3. I believe that early intervention programs are beneficial for my child's overall development. 4. I am willing to participate in early intervention activities and therapies with my child. 5. I value the role of early intervention in providing support and assistance to my child and family.
• To find out speech, language, and hearing support in special education institutes.	1. Speech and Language Therapy aims to improve communication skills and overall quality of life. 2. Individuals receiving Speech and Language Therapy may experience improvements in speech fluency and clarity. 3. I believe that access to audiology services is essential for my child's hearing health. 4. Early intervention with Speech and Language Therapy can significantly impact developmental outcomes. 5. Speech and Language Therapy encompasses various techniques, including articulation therapy, language intervention, and augmentative communication strategies.
• To identify the educational support services for children with ASD in special education institutes.	1. Educational support services are essential for student success. 2. Access to tutoring and academic advising enhances learning outcomes. 3. Adequate resources for educational support positively impact academic performance. 4. Availability of counseling services improves student well-being and retention.

	5. Effective communication channels between students and support staff foster a supportive learning environment.
• To explore parent's experiences with the services for their child with ASD in Special Education Institutes.	1.How was your impression when you admitted your child in this institute? 2.What kind of therapies and educational support has your child experience in this institute? Please describe how they have benefited your child. 3.What are your thoughts on the communication and interaction with the teachers and therapists in this institute?
• To understand what challenges parent face in accessing and utilizing rehabilitation services from Special education institute.	1. what types of challenges have you faced while trying to enroll your child in this institute? 2.Have you faced any challenges to understand the therapy or educational plans for your child? If yes, please describe.
• To understand expectation of parents for improving rehabilitation services for children with ASD.	1.What improvement would you like to see in the therapy or rehabilitation services provided by this institute? 2.Are there any therapies or services that you think requires improvement at this institute? Please explain.

Annexure-5

Conceptual Framework



Annexure-6

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/09/2025/1161 Date: 15.09.2025

To

Md Rejoyanul Haque Vasany
4th Year B.Sc. in Speech & Language Therapy
Session: 2020-21, DU Reg. No.: 14310
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal – "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as perceived by Parents" by ethics committee.

Dear Md Rejoyanul Haque Vasany,
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Prof. SK. Moniruzzaman, Professor & Head of Occupational Therapy Department, BHPI as thesis supervisor. The Following documents have been reviewed and approved:

Sl. No.	Name of the Documents
1.	Dissertation Proposal
2.	Questionnaire (English and Bengali version)
3.	Information sheet & consent form.

The purpose of the study is to explore the perception of parents regarding the role of special education institute in the rehabilitation of students with autism spectrum disorder (ASD). The study involves the use of a semi-structured questionnaire that takes 15-20 minutes. There is no likelihood of any harm to the participants, and participation in the study may benefit the participants and other stakeholders by contributing to better rehabilitation strategies for children with ASD in Bangladesh. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 08:30 AM on May 21, 2025 (49th IRB meeting) at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Annexure-7(A)

Date: 28-07-2025

To

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for Seeking Permission to conduct the research project**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct my research project as the partial fulfillment of the requirement for the degree of B.Sc in Speech & Language Therapy. The title of research project is "**Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as perceived by Parents**". The purpose of the study is to explore the perception of parents regarding the role of special education institute in the rehabilitation of students with autism spectrum disorder (ASD).

Now I am seeking your kindness to approve me to conduct the research project and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission for conduct the research project.

Your obediently

Rejoyanul

Md Rejoyanul Haque Vasany

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment & Signature
Md. Sazzad Hossain Assistant Professor & Head Department of Speech & Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka	Permission has been granted. 28/7/25

Md Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute (BHPI), CRP

Annexure-7(B)

Date: 28-07-2025

To

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for Seeking Permission to conduct data collection.**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct my data collection as the partial fulfillment of the requirement for the degree of B.Sc in Speech & Language Therapy. The title of research project is "**Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as perceived by Parents**". The purpose of the study is to explore the perception of parents regarding the role of special education institute in the rehabilitation of students with autism spectrum disorder (ASD).

Now I am seeking your kindness to approve me to start data collection as part of the research project conduction and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission for data collection.

Your obediently

Rejoyanul

Md Rejoyanul Haque Vasany

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment & Signature
Md. Sazzad Hossain Assistant Professor & Head Department of Speech & Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka	Permission has been granted. 28/7/25 Md. Sazzad Hossain Asst. Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI), CRP

Annexure-7(C)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464 , Website: www.bhpi.edu.bd

Date: 21.09.2025

To
Principal
Ingenious special School
Mirpur-12, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

4th year students of BHPI Md. Rejoyanul Haque Vasany would like to collect data in your organization from 22.09.2025 to 30.10.2025. His title: "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as Perceived by Parents".

We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) Date:..... CRP, SAVAR, DHAKA

Ingenious Care Ltd. Principal

Annexure-7(D)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , 02224441404, Website: www.bhpi.edu.bd

Date: 13.08.2025

To
Managing Director,
Prottasha Center for Autism Care
Dagormora, Savar, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

4th year students of BHPI Md Rejoyanul Haque Vasany would like to collect data in your organization from 14.08.2025 to 30.10.2025. His title: "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as Perceived by Parents".

We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) ★ CRP, SAVAR, DHAKA ★ Date:.....

Kawsar Ahmed
Vice Principal
Prottasha Centre for Autism Care

Annexure-7(E)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464 , 02224441404. Website: www.bhpi.edu.bd

Date: 13.08.2025

To
Managing Director,
Shonirvor Special School for Autism and Neuro- Developmental Disorder (SSND)
Dagormora, Savar, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

4th year students of BHPI Md Rejoyanul Haque Vasany would like to collect data in your organization from 14.08.2025 to 30.10.2025. His title: "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as Perceived by Parents".

We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) ★ CRP, SAVAR, DHAKA ★ Date:.....

Therapist Point AR Foundation Date: 15/09/25

Permission Granted
15.09.25
Md. Nayem Nizam Majumder
B.Sc OT (CRP, DU), MDS (JU-Incourse)
Senior Occupational Therapist &
Therapist Point & Shonivor Special Scho

Annexure-7(F)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , 02224441404, Website: www.bhpi.edu.bd

Date: 13.08.2025

To
Principal
Alokito Shishu
Shekhertek, Mohammadpur, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

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We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) ★ CRP, SAVAR, DHAKA ★ Date:.....

Permitted for data collection

Md. Zahir Uddin Akanda
Occupational Therapist
B. Sc OT (DU), PGDHPM (IPM) M. Sc ECD (BHACU) BEd (NU) MEd (DU)
Chief OT & ECD Consultant, Chairperson
Alokito Shishu (A Treatment Based School)
Mohammadpur, Dhaka-1207

Annexure-7(G)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , Website: www.bhpi.edu.bd

Date: 21.09.2025

To
Principal
Anondoshala Autism School
Jahangirnagar University, Savar, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

4th year students of BHPI Md Rejoyanul Haque Vasany would like to collect data in your organization from 22.09.2025 to 30.10.2025. His title: "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as Perceived by Parents".

We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) Date:..... CRP, SAVAR, DHAKA

Principal
Anandoshala
(A Special Needs Education Centre)
Jahangirnagar University
Savar, Dhaka

Annexure-7(H)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , 02224441404, Website: www.bhpi.edu.bd

Date: 13.08.2025

To
Principal
Beautiful Mind
Uttara, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

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We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) ★ CRP, SAVAR, DHAKA ★ Date:.....

Appsoved
19/10/2025
Mamtaz Sultana
Vice Principal
BEAUTIFUL MIND

Annexure-7(I)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , Website: www.bhpi.edu.bd

Date: 21.09.2025

To
Founder,
School for children with Autism Neurodevelopment Disorder (SAND)
Uttara, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

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We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) Date:..... CRP, SAVAR, DHAKA

Approved

Md. Aminul Haque Chowdhury
OPT & ASI Specialist (CLASI)
MOT (DU), CSI (USC, USA)
Founder & Principal, SAND, Dhaka

Annexure-7(J)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , Website: www.bhpi.edu.bd

Date: 07.10.2025

To
Principal
Society for the welfare Autistic Children (SWAC)
Adabor, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

4th year students of BHPI Md. Rejoyanul Haque Vasany would like to collect data in your organization from 08.10.2025 to 30.11.2025. His title: "Role of Special Education Institute in the Rehabilitation of Students with Autism Spectrum Disorder (ASD) as Perceived by Parents".

We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) Date:..... CRP, SAVAR, DHAKA

29.10.25
Chairman
Society for the Welfare of Autistic Children (SWAC)

Annexure-7(K)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , Website: www.bhpi.edu.bd

Date: 07.10.2025

To
Principal
Special Child Research & Neuro Care
Shimultola, Savar, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

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We shall remain grateful to you if you could kindly allow him to collect data in your Organization.

With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) ★ CRP, SAVAR, DHAKA ★ Date:.....

তুহিন হোসাইন
প্রধান শিক্ষক
স্পেশাল চাইল্ড রিসার্চ এন্ড নিউরো কেয়ার

Annexure-7(L)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 02224445464 , Website: www.bhpi.edu.bd

Date: 21.09.2025

To
Founder & Secretary
Special Care Foundation. SCF
Uttara, Dhaka.

Subject: *Regarding Data collection for dissertation.*

Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B. Sc in Speech and Language Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

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With regards

Md. Sazzad Hossain
Asst. Prof. & Head
Dept. of Speech & Language Therapy
BHPI, CRP, Savar, Dhaka.

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) ★ CRP, SAVAR, DHAKA ★ Date:.....

24/9/2025
Sayeeduzzaman
B.ScSLT (CRP,DU)
Secretary
Special Care Foundation