



AUTISM SPECTRUM DISORDER: WORKING WITH POTENTIALITY, SOCIAL AND SCHOOL INCLUSION



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ABSTRACT

Autism was first described by Eugen Bleuler in 1911 and later deepened by Leo Kanner in 1943, who associated the disorder with symptoms such as social isolation and repetitive behaviors. In 1944, Hans Asperger complemented the studies, highlighting the prevalence in males and specific skills. The term "autism spectrum" emerged to encompass the diversity of symptoms. The inclusion of children with Autism Spectrum Disorder (ASD) in regular schools is essential for social and personal development. Although the diagnosis of ASD has advanced, there are still debates about its causes, with genetic and environmental factors under study.

Keywords: Autism. School inclusion.

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INTRODUCTION

The origin of the term "autism" and the discussions about it is marked in 1911 by the Swiss psychiatrist Eugen Bleuler, who described the situation of escape from reality, of schizophrenic patients, to an inner world (Marfinati and Abrão, 2014). Soon we had the publication, in 1943, of a research carried out by psychiatrist Leo Kanner, on the observation of 11 children who remained in extreme isolation since birth and were obsessed with keeping objects in the same place and did not accept changes in routine, in the work *Autistic Disturbances of Affective Contact*.

From his studies with children who had the disorder, Kanner refuted the idea previously proposed that pointed to parents as the main cause of autism in their children and concluded that it was a rare syndrome with very unique characteristics such as social isolation, excessively repetitive behaviors and delay in language development.

The identification of the disorder can also be attributed to the Austrian physician Hans Asperger, who, in 1944, when he published an article describing symptoms similar to those studied by Leo Kanner, emphasizing that it happened with a higher rate in males, but with high ability to talk about a certain topic. This study gained momentum in 1980, when it obtained recognition from academia.

It is due to this heterogeneity of characteristics that, today, the most accepted term is "autistic spectrum", since it encompasses any and all symptoms presented by those who have ASD.

The Pan American Health Organization, together with the World Health Organization, reported that in the world, approximately 1 in every 160 individuals are part of the spectrum, in addition, based on this study, it is estimated that about 10% of the Brazilian population has autism (previous IBGE Census, 2022). Due to these facts, in December 2012, the National Policy for the Protection of the Rights of Persons with Autism Spectrum Disorder began to recognize and guarantee the right of the child to attend regular education. This achievement is extremely important, since interaction at school creates a space for personal development and, consequently, facilitates the process of social inclusion.

The family is the first step in the child's socialization, however it is at school that the individual develops, so school and family environment must be connected. The processes used for learning in the school institution must be presented to parents, so that they can continue at home and assist in the educational process.

According to Sígilia Pimentel Höher Camargo and Cleonice Alves Bosa (2009), in order for the isolation of children with autism to be prevented, it is necessary to provide opportunities for them to live with other children of the same age group, stimulating

interactive capacity. It is recommended that children with Autism Spectrum Disorder attend regular education, since it generates the necessary knowledge for social inclusion to occur.

However, it is worth mentioning that school institutions must provide training courses for teachers, so that they are better able to receive students with ASD, transforming the school experience into something positive, in addition, it enables such children to take the lessons learned to life.

Currently, it is possible to observe how schools are unprepared to receive students with different conditions in the classroom, especially those who have Autism Spectrum Disorder - ASD. It is expected that the teacher provides a comfortable and safe learning environment for all students, however, it is seen that teaching is outdated in this sense. Many professionals do not have the theoretical basis to develop students with ASD, given that they need a specific education that meets their needs.

Diversity in the social environment and, especially in the school environment, is a determining factor in the enrichment of the exchanges, intellectual, social and cultural exchanges that may occur among the subjects who interact in them (Mantoan, 1998). Therefore, it is clear that school inclusion provides benefits to everyone and not only to those who have the disorder.

Learning simple everyday tasks, such as relating to and meeting new people, generates autonomy and independence for children with ASD and, once such behaviors are learned, it is possible that learning the school content itself, such as literacy and mathematical knowledge, becomes easier.

The general objectives of the research revolved around identifying the main difficulties of people with Autism Spectrum Disorder, with regard to social and school inclusion and proposing resolutions of easy access to them. The specific objectives were: to show the importance of conducting courses and training for teachers and to develop the discussion about the need for school inclusion as a first instance for the personal development of children with ASD.

Therefore, the questions that permeated the research were: How can the school help in social inclusion? What improvements are needed to make this happen?

To answer these questions, bibliographic investigations were carried out in books and articles on the internet, as well as research with teachers and guardians of children with Autism Spectrum Disorder and the main authors who helped in this research are: Eugênio Cunha, Francisco B Assumpção Jra, Ana Cristina M Pimentel and Vygotsky. Under this bias, the hypothesis raised concerns the lack of knowledge of the school institution's

employees on the subject, the lack of preparation of society for effective inclusion and the scarcity of capacitor courses for teachers.

AUTISM SPECTRUM DISORDER AND ITS FINDINGS

To date, Autism Spectrum Disorder is recognized as a spectrum and the term used refers to the enormous scope that the disorder brings, since it is not possible to describe all individuals with ASD in the same way. Therefore, its treatment must also be specific and done by trained professionals.

According to the definition proposed by the Pan American Health Organization, Autism Spectrum Disorder is

[...] a series of conditions characterized by some degree of impairment in social behavior, communication, and language, and by a narrow range of interests and activities that are unique to the individual and performed repetitively. (Pan American Health Organization, n.d.)

Contrary to this definition, many years ago, it was not thought that way. One of the first terms to be introduced was "autism", the emergence of which is loaded with stereotypes and pre-judgments, since it was seen as a single and generalized disease, in addition to being described, by the psychodynamic approach, as a form of childhood psychosis and being related, by Leo Kanner himself, with schizophrenia phenomena.

Since the beginning of studies on the disorder, the question that has remained the most is: what causes Autism Spectrum Disorder? To answer this question, it is necessary to make a brief history from its discovery to the present day.

The Disorder was discovered by Swiss psychiatrist Eugen Bleuer in 1908 and it was only in 1943, with the study carried out by Leo Kanner, that ASD gained more notoriety. With this fame, questions also arose about its origin. The context that predominated at the time was of answers that, coming from psychoanalytic formulations, focused only on the failures of fathers, especially mothers. It was said that the cause of "autism" was due to the way a mother loved her child and even the lack of this maternal love. The term "refrigerator mother", created by Kanner himself in order to describe defective characteristics, lack of true affection and the inability of mothers to like their children as they were, was what boosted the visibility of his articles and in 1948, he went to *Time magazine* and gave an interview saying

that "children, [...] they were carefully kept in a refrigerator that would not thaw" (Time Magazine, *Medicine: Frosted Crhildren*, 1948, undated)

After the repercussion of the report, more and more mothers met to discuss the subject and seek help from other women who lived the same reality, in this way a mutual support network was created and a narrative that placed fathers as heroes and not the causers was emerging.

It is known that there is no evidence to support the theory proposed by Kanner, however the cause of Autism Spectrum Disorder is still being discussed. In the 1950s, ASD was included in the category of Infantile Schizophrenic Reaction and it was not until the 1980s that the term "Autistic Disorder" was first inserted into medical classification manuals. Beginning with the third edition of the Diagnostic and Statistical Manual of Mental Disorders, the term Pervasive Developmental Disorders (PDD) was inserted to describe those disorders that were identifiable as early as childhood and included: Autistic Disorder, Asperger's Disorder, Rett Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

According to the International Classification of Diseases - 11 (ICD - 11), due to its scope, the symptoms of Autism Spectrum Disorder can be seen in early childhood, but the diagnosis still takes time to be made. So, currently the DSM-5 describes the central characteristics of the disorder in two areas, social communication and behaviors, in addition to advising doctors to use a table with three levels of severity, in order to diagnose the degree of support needed in each case. Recently, there has been a certain increase in cases of ASD and this is due to the improvement of diagnostic instruments, an increase in reference centers and greater knowledge on the part of the population.

Considering its etiology, ASD has genetic and environmental aspects and current studies highlight some factors that can influence the cause of the disorder, including the advanced age of the parents, complications in childbirth, use of valproic acid (a drug used to treat Bipolar Disorder, epilepsy and migraine) and especially the association with other genetic or chromosomal conditions (Carlos Schmidt, 2017). Of the last characteristic, the Fragile X syndrome stands out, since

"it is an exaggerated repetition of a group of nitrogenous bases present on the X chromosome, this repetition leads to hypermethylation that prevents the formation of a protein essential for the maintenance of the nervous system." (João V. S. C. Coutinho and Rosa M. V. Bosso, p. 13). Thus, it is necessary to investigate the syndrome in cases of ASD.

It is important to emphasize that the genetics of the disorder is complex, since there is a combination of multiple genes and chromosomal abnormalities. The most studied are: genes of the SHANK family, which are those that encode proteins involved in the general maintenance of synapses and in the perpetuation of the neurotransmitter glutamate in the

postsynaptic membrane, chromosome 15, responsible for encoding the GABA receptor that has a function of combating anxiety, stress and fear, chromosome 17, which encodes genes involved in synapses and the perpetuation of serotonin and chromosomes 7 and 2 that are related to language.

Therefore, it is possible to observe that there is still no definitive conclusion about the origin of Autism Spectrum Disorder, however several studies are yet to come and the cause has more notoriety today than in the past.

SUPPORT LEVELS AND THEIR POTENTIAL

Autism Spectrum Disorder, according to the Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM V, 2013) and the International Classification of Diseases - 11th edition (ICD 11, 2022), is characterized by deficits in communication and social interaction, repetitive and/or restrictive patterns of behavior, interest and activities, little flexibility to change routine, presence of echolalia and stereotyped speech, among others. Currently, the Disorder is understood as a spectrum, so there is a need for more specific classifications about it. Therefore, today, it is possible to classify the Disorder into 3 levels: level 1 support, level 2 support and level 3 support.

At the present time there are several scales and tests that help the health professional to classify and diagnose an individual with ASD, among them are the Childhood Autism Rating Scale (CARS), the Modified Checklist for Autism in Children (M-CHAT), the Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM V), the Autistic Behavior Inventory (ICA), among others (Fernandes, Girianelli, Tomazelli, 2020). To carry out this work, only the Autism in Childhood Assessment Scale (CARS) and the Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM V) will be used.

The Autism Assessment Scale in Childhood (CARS) was created in the 1980s by Schopler, Reichler and Renner and later translated and adapted to Brazil by Pereira et al in 2007 (Santos *et al.*, 2016). It is one of the instruments most used by Brazilian health professionals to help diagnose a child with Autism Spectrum Disorder. The test consists of 15 items and each item has a scale of up to 4 points that are given according to the answers provided, at the end of the interview the sum of these points is carried out and the classification between normal/no autism, mild autism, moderate autism and severe autism are carried out. (Rapin, Goldman, 2008).

The Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM V), was created in the 1950s by the American Psychiatric Association (APA) with the objective of

classifying and systematizing mental disorders. Currently, the fifth edition launched in 2013 is used. The manual has 22 categories of systematization and Autism Spectrum Disorder fits into that of Neurodevelopmental Disorders. ASD levels are classified according to "the severity [...] in losses in social communication and in restricted and repetitive patterns of behavior" (DSM V, 2014, p. 50.), in addition to the need for support that the individual needs to live in society. In this way, the levels are divided into level 1 support, level 2 support, and level 3 support.

Level 1, or mild autism, is characterized by needing little support. According to the Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM V), the first level has attempts at interactions commonly seen as "strange" by other people, difficulty in changing activities and routines, and little interest in socialization. For the CARS Scale, mild autism is one that has a sum of 30 to 36 points, that is, it presents few symptoms such as imitation of simple behaviors, atypical interest in objects and speech with a slight delay.

Level 2 of support or moderate autism, according to the DSM V, needs a little more support and has characteristics such as interaction limited to specific subjects, repetitive behaviors, suffering when changing focus and use of simple sentences. And for the CARS Scale, in moderate autism, the individual may demonstrate some indifference to others, excessive or inhibited emotional responses, "strange" behaviors (walking on tiptoes, pinching) and possible absent speech. It is classified with a score of 30 to 36 points and is differentiated from mild autism by presenting a greater number of symptoms.

The Diagnostic and Statistical Manual of Mental Disorders – 5th edition, classifies level 3 of support as people who need a lot of support and who have intelligible speech, use of few words, very little social interaction, reaction only to very direct approaches and great difficulty in changing focus. For the CARS Scale, the score that classifies severe autism is from 36 to 60 points and presents many symptoms such as the use of meaningless gestures, meaningless speech and screaming, high food selectivity, emotional reactions that do not match the situation, does not initiate social relationships and frequent tantrums.

The Autism in Childhood Assessment Scale also adds the normal/no autism category that is not present in the DSM V. This category has a score of 15 to 30 points and are those individuals who do not have characteristics of the Disorder.

It is possible to observe that some symptoms are present in all classifications such as stereotypies, echolalia, inflexibility in changing routine, difficulty in socializing and among others, so it is necessary to carry out several evaluative tests to define if there is in fact Autism Spectrum Disorder and what is its respective degree. There is also the possibility of evolution from one level to another, however, there is no cure for Autism Spectrum Disorder

since it is a Neurodevelopmental Disorder. This possibility of evolution is possible through multidisciplinary work together with the school and the family.

SOCIAL AND SCHOOL INCLUSION

Promoting social integration consists of the insertion in the community of groups of individuals who throughout history have been left aside in this process, as well as those who are in conditions of socioeconomic vulnerability. Thus, when we talk about inclusion, we are in line with the Universal Declaration of Human Rights and the Federal Constitution of 1988, which defend rights that must be guaranteed to everyone, without exception. It is important to note that societies with high levels of social exclusion also face several other challenges, such as the growth of crime, poverty rates and obstacles to progress.

The inclusive school is a current proposal in improving education for all. It is based on values that aim to encourage the acceptance of the differences of each individual, recognize the importance of each one, foster teamwork and encourage coexistence with the plurality of human beings. Therefore,

Inclusive education is responsible for including all students in the school environment, seeking to value differences and understand the needs of each one individually, so that the teacher can analyze each difficulty and barrier that his student has to have his full education (Gasparelo et al, 2019, p.162).

It is clear, therefore, that inclusion is not only necessary, but is crucial for the development of the child, after all, the school is the mediator between the individual and society. It is important to emphasize that inclusion should not be talked about only for students with Autism Spectrum Disorder, it is necessary for everyone to know the effects of a good insertion in society so that there is no differentiation between individuals in the school environment.

LEGAL HISTORY OF INCLUSION

When talking about inclusion, it is necessary to have a critical and historical look, today rights such as health, free transport passes, insertion in the labor market and free supply of medicine are guaranteed, however, it was not always like this. The achievement of such rights comes from an arduous and time-consuming movement, with the participation mainly of parents, who fought and still fight for the promotion of equality and inclusion. It was from the creation of institutions such as the Association of Friends of the Autistic (AMA) that popular pressure grew and parents began to be heard, so it is not possible to talk about inclusion without mentioning the struggle of caregivers in the process. For a better

understanding of the legal aspects, it is necessary to have a brief legal history about the rights guaranteed to people with Autism Spectrum Disorder.

The Brazilian Federal Constitution was promulgated on October 5, 1988, and with it, the right to equality was guaranteed. However, it was only in 2012 that the National Policy for the Protection of the Rights of Persons with Autism Spectrum Disorder (Law No. 12,764) was created with the objective of ensuring some rights to people with the Disorder, such as access to the labor market, specialized companion, use of the Individualized Educational Plan and multiprofessional care (BRASIL, 2012). In 2015, the Brazilian Law for the Inclusion of Persons with Disabilities (No. 13,146), better known as the Statute of Persons with Disabilities, was instituted with the objective of guaranteeing the right to equality. This Law is "intended to ensure and promote, under equal conditions, the exercise of fundamental rights and freedoms by persons with disabilities, aiming at their social inclusion and citizenship" (BRASIL, 2015). In the municipality of São Paulo, the Romeo Mion Law, No. 13,977, was enacted in 2020 aimed at expanding the rights of people with ASD and the creation of the Identification Card for Persons with Autism Spectrum Disorder (CIPTEA), with free shipping and valid throughout the country. (BRAZIL, 2020).

An important date to remember is April 2, which is considered World Autism Awareness Day, created by the UN General Assembly in 2007. This day aims to raise awareness among the population about Autism Spectrum Disorder and its potential (NUB, 2024). Dates like this are extremely important for the movement, as they give visibility to such an imminent issue. Therefore, on April 2, 2024, the United Nations promoted the commemorative event "Moving from survival to prosperity: People with autism share their perspectives" involving several countries and professionals who spoke about the importance of talking about the topic so that more and more everyone can have their rights guaranteed.

The Association of Friends of the Autistic (AMA) is a non-profit charitable institution that was created in 1983 by parents of children with ASD aiming to build a dignified and supportive future for their children (AMA, n.d.). Although AMA is relatively recent, the parents' struggle already existed in 1948, when doctor Leo Kanner used the term "refrigerator mother" to refer to mothers who took care of children on the autistic spectrum. This term was used in a pejorative way and blamed mothers for the fact that their children had "autism", over time, a mutual support network was created and the narrative that fathers are the heroes and not the guilty was adopted and perseveres to this day.

These laws and movements, aimed at the public with Autism Spectrum Disorder, are of paramount importance, since they are a huge step towards inclusion. However, for this

inclusion to occur, it is essential that there is a multiprofessional preparation in schools, being able to count on school psychologists, teachers, principals and nutritionists, always valuing the individual needs of each student, after all, it is in school that social inclusion begins. In addition, the participation of parents should be encouraged at all times, since acceptance is the first step towards inclusion.

FAMILY AND PSYCHOLOGIST AT SCHOOL: WORKING TOGETHER

The family is the institution that aggregates values, moralities and principles in the personality of children, thus playing a fundamental role in the formation of their character. For Vigotsky (1997), the family nucleus is the first space for a child's socialization, thus becoming a means of personality construction through insertion in a certain cultural environment, understanding culture in the form of a "cultural group as providing the individual with a structured environment, where all elements are loaded with meaning". (OLIVEIRA, 1997, p. 37). It is through cultural and social relations that the individual develops his psychological and personal issues, so the child is inevitably impregnated with meanings coming from the environment in which he is inserted and for this reason, inclusive education goes far beyond the walls of schools and must value the individuality of each being, and for this to happen, It is necessary that school and family are aligned for the development of students.

The arrival of a child with Autism Spectrum Disorder can scare many parents, after all, they will need differentiated attention that is unknown to most. At this time, knowledge and the support network are of paramount importance, that is, recognizing your child's unique needs and meeting them makes him more prepared for society.

In most cases, family members have several doubts about the Disorder, making it impossible for them to help the student correctly, so the school, together with the psychologist, can and should offer the necessary support to these parents. The psychology professional, according to the Regional Council of Psychology of Paraná

[...] develops, supports and promotes the use of appropriate instruments for the best academic performance of the student so that he becomes a citizen who contributes productively to society. [...] To this end, the school psychologist develops activities aimed at students, teachers and employees and works in partnership with the school coordination, family members and professionals who accompany students outside the school environment. (CRP - PR, 2007).

Therefore, the school psychologist, in addition to being an agent of change in the environment in which he works, also has the function of guiding the caregivers responsible for the child in order to clear up their doubts, refer them to institutions that have

multidisciplinary care and explain the importance of continuing the work at home, since, for children with Autism Spectrum Disorder, Routine is indispensable.

THE SCHOOL AS A MEDIATOR OF INCLUSION

The teacher has a fundamental role in the development of the student and it is necessary to be prepared to receive the demands of the student with ASD. Knowing how to deal with crises, stereotypes and especially understanding that each individual is different and needs specific attention, is also the educator's job. For an environment to be inclusive, it is essential that the professionals who work there are trained, after all, for children with Autism Spectrum Disorder, multidisciplinary preparation is essential for the development of their skills.

For Eugênio Cunha (2019),

Education in inclusive schools, regardless of the degree of severity, should be experienced individually in the resource room and in the common teaching room, favoring sociability, because to include is to learn together. (CUNHA, 2019, p.32-33)

In this way, the school, together with the teacher, must be able to attract the student so that education occurs in an easier way. Looking the child in the eye, being interested in the activities he likes, using simple commands and drawing attention using photos, songs and stories are some examples of how to captivate a student with Autism Spectrum Disorder. Therefore, although there are several ways to win over the student, working with affection and valuing diversity are the most essential aspects, since no child has the same skills as another and it is through the love for the profession that the results are more effective.

Language is another important aspect in the development of students with ASD. According to Vygotsky (1934), this is a means of social communication that is based on the social habits of the culture where the individual was born, in addition to playing a fundamental role in the formation of the child's thinking and character. For him, the meaning of words, therefore, provides mediation between the individual and the world and is when speech and thought come together, forming communication. For most children with the Disorder, speech is often non-functional, that is, no matter how complex sentences they have, they are meaningless for the context of the conversation, in addition, along with this meaningless speech, there is the presence of echolalia, which "consists of mechanical repetition, that is, children with ASD hear the words and repeat them constantly, without having any relation to the context in which they are inserted at that moment" (SILVA, 2020, p. 182). These characteristics, however, can and should be treated with the aim of

strengthening the autonomy and independence of such children, some techniques such as giving function to the child's speech, asking questions with more than one answer option and the use of toys, stories and songs that stimulate speech are effective, after all, communication is one of the main pillars for human development and for the strengthening of social relationships.

Other aspects that must be considered are the levels of real and potential development proposed by Vygotsky (1997). The real developmental zone consists of the stages already learned by the child, those that are consolidated in the mind and that can be carried out independently, while the potential development zone is the one in which the individual performs activities with the help of an adult, that is, what is yet to be learned. In view of this, it is clear that any form of learning takes place through mediation, whether it is student-teacher, family-child or school-student, for this reason an environment with well-prepared professionals and a functional school curriculum is of paramount importance when talking about inclusive education, it is through these resources that a student with Autism Spectrum Disorder becomes more independent and prepared for the outside world.

A functional school curriculum is one that meets most or all of the demands of a student, in the case of children with ASD, there are many possibilities that help in this factor, however for the purposes of the project, the Individualized Educational Plan (PEI) and the Specialized Educational Service (AEE) will be used.

The Individualized Educational Plan (PEI) was inserted in education through provisional measure No. 1025 on December 31, 2020 and aims to be

[...] a proposal for curricular organization developed especially for each student with disabilities, which aims to guide the teacher's pedagogical mediation and to develop the student's not yet consolidated potential. In this sense, the IEP contains the objectives and goals that will guide the teaching of these students, as well as the entire learning history, including the content that the students have already mastered previously. (BRAZIL, 2020)

To fulfill these objectives, some adjustments in the way of teaching are necessary, such as using areas of interest to the student for the development of activities, making use of images and songs and especially the periodic curricular adaptation. In addition, the multidisciplinary team is extremely important in the development of the IEP, given that it is a collaborative teaching method that aims to articulate regular education and trained professionals (Barbosa and Carvalho, 2019, p. 17).

It is worth mentioning that the individualization of the plan is not synonymous with segregation, but with adequacy and inclusion so that the participation of all students is effective and fair, after all, the school is also an environment of socialization and the

Individualized Educational plan must be contained in the school planning. Therefore, according to Guimarães and Machado (2024) "the PEI is an important instrument for real school inclusion to occur. Without it, there is no inclusion."

Another method for inclusion is the Specialized School Service (AEE), which was regulated by Decree No. 6,571 in 2008 and has the function of "[...] identify, develop and organize pedagogical and accessibility resources that eliminate barriers to the full participation of students, considering their specific needs." (BRAZIL, 2008). In this way, SEA is a partnership between the teacher and the specialized educator, so that the objectives are aligned in order to extinguish the educational barriers still present in regular education.

It is important to emphasize that the professional needs to be specialized in special and inclusive education, given that it is not only students with Autism Spectrum Disorder who benefit from this service, but all those with a disability or disorder, high abilities and giftedness. For all cases, a curricular adaptation is necessary, since the proposed activities do not replace the teaching plan, they only complement it.

SOCIAL RELEVANCE

This project is relevant in the training of psychologists, especially for those who will continue in the school area, in addition to having paramount academic importance, since it can be part of future research related to the theme and in helping for a better social and school inclusion of individuals with Autism Spectrum Disorder. It is necessary to highlight the relevance that the project brings in terms of personal and professional growth, given that, when researching the subject, the understanding of it increases more and more.

METHODS AND MATERIALS

The theme that was studied is of great importance for future improvements in the pedagogical sphere. Thus, the methodology chosen contributes to broaden the view on the subject and provide a theoretical basis for future studies, given that the equipment to be used will be directed interviews, testimonies and careful observation of the facts.

It is expected with the research that autism will be the object of study and result in a work of preparation of professionals and school environment. The results will be disseminated in the schools worked and discussed with those involved.

PROTOCOL OF APPROVAL OF THE ETHICS COMMITTEE: 6.905.616.

Initially, the research would be based on the format of directed interviews, testimonies and observation, with participants students from the 5th to the 9th grade with Autism Spectrum Disorder from public or private schools, their respective guardians and teachers from public or private schools who taught students with ASD from the 5th to the 9th grade. However, the Ethics Committee had an unexpected delay in approving the project and in view of this fact it was not possible to carry it out in this model. The way found to carry out the project, without prejudice, was the use of online questionnaires with the same questions that would be asked in the interviews, but without the observation or participation of the students. Answers were obtained from parents and teachers.

Due to the fact that the project promotes social and school inclusion, it is necessary to interview students who have Autism Spectrum Disorder, with their respective teachers, since understanding the way the teacher works with the child is as important as the child's opinion and also with their guardians, in order to obtain an opinion about the student-teacher relationship.

The main participants will be: a group composed of 10 students who have Autism Spectrum Disorder, residents of the city of Assis - SP, namely: 5 from public education and 5 from private education, students from the sixth to the ninth grade in the regular public or private network, boys or girls from 10 to 14 years old, regardless of race, social class and sexual orientation.

The subjects responsible for the socialization of the main participants will also be interviewed, being 10 teachers, 5 from the public network and 5 from the private network, whether men or women, with complete education, teaching in the sixth to ninth grade of the public or private network, in which the students interviewed with Autism Spectrum Disorder are regulars in their class class, regardless of race, age, social class and sexual orientation and one of the children's direct guardians, a total of 10 guardians. The total sample will be 30 people.

The recruitment plan consisted of identifying children and/or adolescents with Autism Spectrum Disorder - ASD, forwarding the invitation letter to all participants, specifying that their participation will take place through interviews and observation, in the case of students with Autism Spectrum Disorder, and that their withdrawal from the research will be allowed at any time. The José Paschoalik State School was given the term of intent to research, which has already been duly signed by the principal, waiting only for the approval of the ethics committee to start the project.

It is noteworthy that all subjects received the appropriate consent form and research intention.

At first, for the realization of the study, Bibliographic Research was used through books and articles on the internet, aiming at a better understanding and production of the project. The next step consists of the delivery of questionnaires, with open questions, of an interpretative nature, which can be answered at home and delivered on dates established by the parties. The research, having a qualitative approach that will use the instruments of semi-structured open questionnaire and observation for data collection, will be able to survey the current situation of teachers' working conditions, the difficulties faced by caregivers and autistic people.

The teachers were given a questionnaire with 15 questions, including personal data (name, age, education) and questions aimed at an analysis of personal training, analysis of the working condition and their daily practice.

For the caregivers, the questionnaire had 14 open questions, including personal data, date of receipt of the report, reaction, difficulties encountered in education and inclusion.

For level I autistic students, the interview will take place at the time of a class, which will be stipulated by the management team, in a quiet room and controllable environment, with the presence of an Occupational Therapist - TO, if necessary.

For level II and III autistic children, with communication difficulties, the dynamics of the classroom will be observed, taking into account the following issues:

1. Emotional state entering the school- stress level at the time of entry.

Optimum – no resistance

Good-with moments of endurance

Poor – Resisting entering school

2. Relationship with teachers

Great – interacts well

Good-with moments of endurance

Bad – Resisting in interaction

3. Relationship with classmates

Great – interacts well

Good-with moments of endurance

Bad – Resisting in interaction



4. Participation in classroom activities

Great – interacts well

Good-with moments of endurance

Bad – Resisting in interaction

5. Participation in activities outside the classroom.

Great – interacts well

Good-with moments of endurance

Bad – Resisting in interaction

Class that the student participates and interacts with the most: _____

Class that the student interacts with the least: _____

Data collection was carried out through the application of the instruments mentioned above: interviews, testimonies and observation, in addition to the case study of the subjects involved. The analysis took place by cross-referencing the information obtained and bringing theoretical basis.

The present study would make use of public and private school institutions in the city of Assis – SP, as the chosen place for the investigation and will use about 3 months to carry out the research.

First, the Bibliographic Research was carried out using articles and theses found on the internet and books. After that, a Qualitative Research will be carried out with an open questionnaire, of an interpretative nature, for teachers, caregivers and students with Autism Spectrum Disorder (ASD), as well as observation of students during the school period. Finally, the instruments collected during the interviews and observation will be analyzed.

Finally, to ensure the good performance of the project, the inclusion and exclusion criteria, as well as the risks and benefits were presented to the participants. The inclusion criteria include: students from the public or private network with Autism Spectrum Disorder, from 10 to 14 years old, studying from the sixth to the ninth grade; public or private school teachers who teach these students, of any age, race, social class and sexual orientation and the respective guardians of children with ASD, regardless of social class, race, age, sexual orientation and sex.

The exclusion criterion: Students who were between 10 and 14 years old, study in the private or private network, belonging to the sixth to the ninth grade, but do not have

ASD, did not participate; students who have the Disorder and who do not fit the expected age (10 to 14 years old); any student who does not have Autism Spectrum Disorder; public or private school teachers who teach from the sixth to the ninth grade and who do not have students with ASD in their classroom; teachers from the public or private network who do not teach in the sixth to ninth grade; parents or guardians who do not have children with Autism Spectrum Disorder and parents or guardians who have children with the Disorder without reaching the chosen age (10 to 14 years old).

For access to the questionnaires, see the appendix.

ETHICAL CAVEATS

The calculated risks confer on possible shyness, nervousness and/or embarrassment and availability of time for the interview, being of low grading.

The direct benefits are: generating self-knowledge and participation in the discovery of coping related to students with ASD, as well as in the possible improvement of these.

The indirect benefits were: knowledge of the reality for possible improvements, the possibility of rethinking pedagogical practices and participation in obtaining data for the creation of future strategies that will solve the problems of social and school inclusion.

As a way to minimize and prevent risks, participants were able to withdraw from the survey at any time and will be given time to recover and decide whether or not to continue with the interview. If it is perceived that the subject is somehow uncomfortable, the researcher can interrupt the research and make the time necessary for the interviewee to calm down. If the subject wishes not to return for the interview, the interview will be immediately terminated.

ANALYSIS OF RESULTS

To obtain the results, two online questionnaires were carried out, one for caregivers of children with Autism Spectrum Disorder and the other for teachers. Both were placed in a network of professionals, in which a speech therapist and some teachers were willing to help with the dissemination. Therefore, for a better understanding, the results will be presented in two categories: Questionnaire for caregivers and Questionnaire for teachers.

QUESTIONNAIRE FOR CAREGIVERS

The questionnaire aimed to analyze the caregivers' view of the school, for which questions were asked in order to identify the main demands and provoke reflection. The main demand observed was in relation to the inclusion of children with Autism Spectrum Disorder in regular school and their preparation.

The first table refers to the demographic data of the caregivers interviewed. As can be seen, most of the interviewees are between 26 and 46 years old and the ages that did not appear are between 46 and 65 years old. Regarding education, 7 participants completed higher education, 6 finished high school and only 1 did not complete elementary school, however none of the interviewees continued their studies for a master's or doctorate.

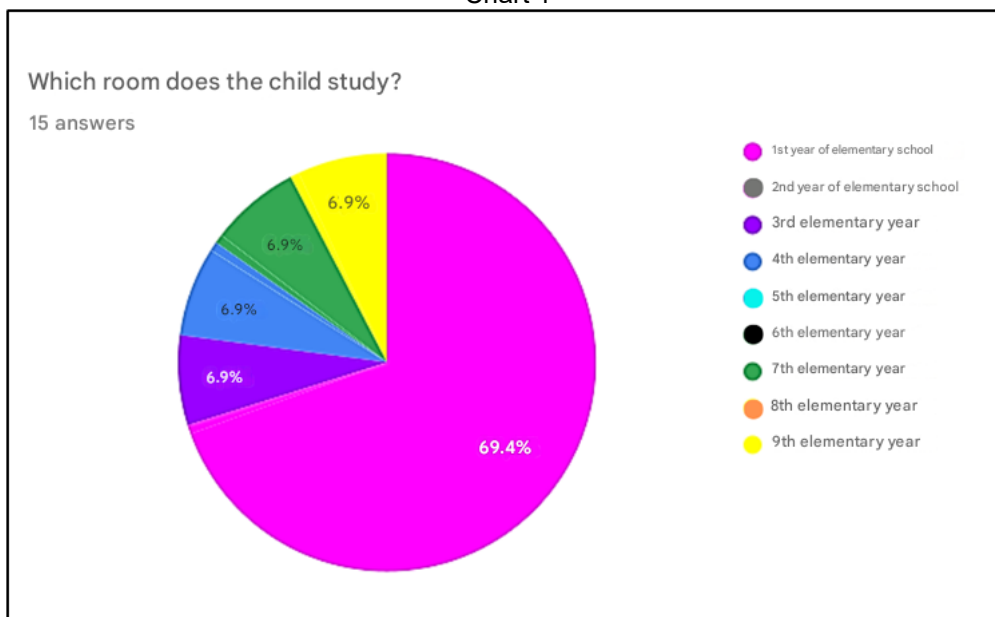
Table 1 - Caregivers' data

		<i>Response quantity</i>
Age	Between 18 and 25 years	2
	Between 26 and 35 years	5
	Between 36 and 45 years	8
	Between 46 and 55 years	0
	Between 56 and 65 years	0
	Over 65 years	0
Education	Incomplete elementary education	1
	Complete elementary education	1
	Incomplete high school	0
	Complete high school	6
	Incomplete higher education	0
	Complete higher education	7
	Master's degree	0
	Doctorate	0

The first two graphs serve to contextualize the room in which the child is enrolled and whether the school is public or private, it is worth mentioning that all the children, whose guardians were interviewed, attend a regular educational institution.

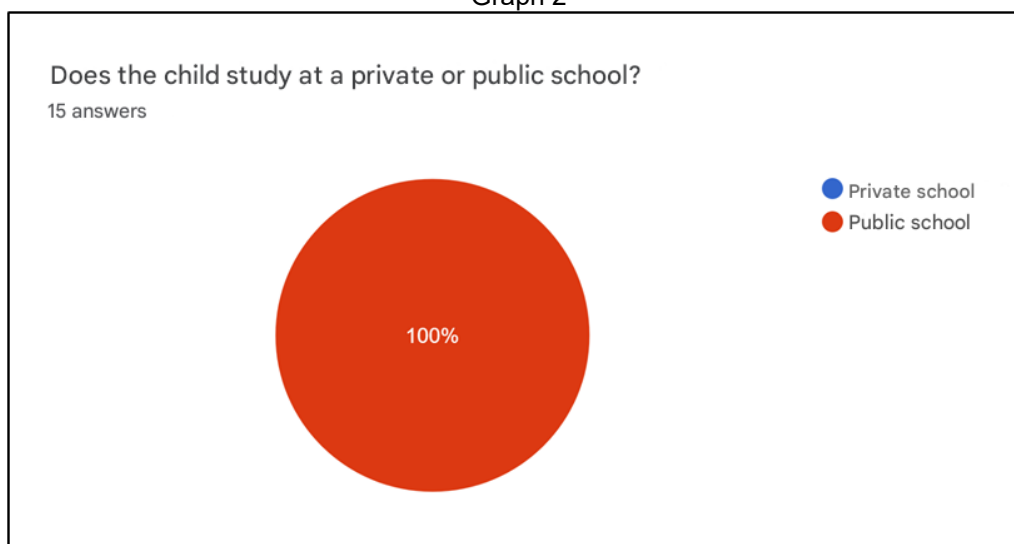
It is possible to observe that, in Graph 1, the following Elementary School classrooms: 2nd, 5th, 6th and 8th grades did not appear, this occurred due to the fact that the questionnaire was online and for this reason it was not possible to obtain answers from each of the classrooms. In addition, the majority (69.4%) of caregivers claimed that children study in the 1st year, that is, at the base of the school curriculum, which is why investment in trained teachers is so necessary, so that children can be effectively inserted into society from the beginning.

Chart 1



The question in graph 2 was intended to analyze whether the child studies in a public or private school. The intention was for the survey to be carried out with half of the students from private schools and half from public schools, however, because the questionnaire was done online, it was only possible to obtain answers from those responsible for them, whose children are enrolled in the public network.

Graph 2



Most parents claimed that schools do not offer the support that the student needs and that teachers are not trained to deal with a child with the disorder, the caregiver T.R. reported that "the biggest difficulty when inserting a child in a regular school is that there is

no necessary support for learning" and the interviewee S.C. said that "the school is not prepared to receive the different, they are unable to carry out an individualized teaching plan to meet the demand". It is important to make it clear that inclusion does not happen only at certain times, the child must be included in all school activities, which according to the parents' report does not occur.

Another issue addressed was about the level of preparation of schools to receive a student with ASD. Most report that the school is not qualified for such students, according to the person in charge S.C. "No, few professionals have the appropriate training to prepare a real IEP, and the number of students per class is very large, making it difficult for the child who no longer likes noise and agitation to pay attention". This allegation reveals the importance of hiring more trained professionals so that all demands are met, given that the large number of students in the classroom is also a factor that influences learning.

When asked about what the institution could improve, some answers obtained were: "I would like all children to be treated differently, with different treatment and dignity. More attention on the part of the school helping with the difficulties of each one, hiring and training people to give quality of life to these children while they are in school." (caregiver H.G.), "More training for teachers and more staff to help autistic students." (caregiver M.A.) and "The creation of classrooms with a reduced number of students, a specific look at each student and a plan of how is the best way to help this child learn productively." (caregiver S.C.).

In short, listening to the demand of caregivers proved to be extremely important, since they are the main responsible for the children and the ones who most feel the lack of zeal in schools. By observing the answers to the questionnaire, it was clear that the need to hire trained teachers and promote awareness is crucial for good school and social inclusion to be provided to all those who need it, in addition, inclusion ensures a good moral functioning of society, after all, excluding individuals for being different should no longer be accepted.

QUESTIONNAIRE FOR TEACHERS

The questionnaire for teachers sought to expose the vision of teachers who teach students who have Autism Spectrum Disorder, for this questions were asked that could bring the most urgent questions about inclusion and its difficulties, so that in this way, a reflection in search of improvements in the school environment was instigated. The main demands analyzed are related to the large number of students in the classroom, the lack of

a multidisciplinary team, the scarcity of continuing education and the lack of support from the school.

Table 2 shows the data of the interviewed professors, it is possible to observe that all of them have completed higher education, but did not continue their training. The most present age is between 46 and 55 years old, followed by the interviewees aged between 36 and 45 years old, that is, most teachers have a relatively long career time. Regarding the rooms where they teach classes, it is possible to observe that there is a greater number of rooms than participants, this is due to the fact that 6 teachers teach in more than one class. The multifunctional resource room can be understood as a support room for children who need, for example, more silence to concentrate, who need to walk to calm down and any other need that cannot be met in a common classroom.

Table 2 - Teachers' data

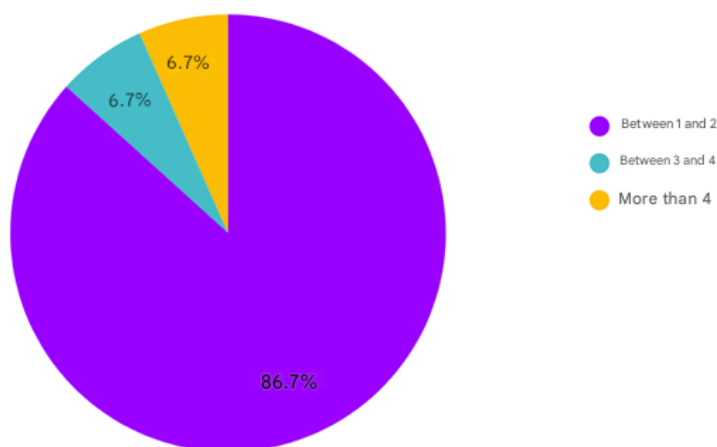
		<i>Response quantity</i>
<i>Age</i>	Between 18 and 25 years	0
	Between 26 and 35 years	1
	Between 36 and 45 years	7
	Between 46 and 55 years	8
	Between 56 and 65 years	0
	Over 65 years	0
<i>Education</i>	Complete higher education	16
	Master's degree	0
	Doctorate	0
<i>Room where classes are taught</i>	Early Childhood Education	2
	Elementary Education I	11
	Elementary Education II	3
	Multifunctional Resources	2
	More than one room	6

Graph 3 aims to reveal the number of subjects related to Autism Spectrum Disorder that exist during the teachers' graduation. It is noticed that the majority (87.5%) of the interviewees reported that only 1 or 2 subjects are present in the curricula of a university lasting 4 years, this fact is relevant to the discussion and provokes reflection, since it makes it evident that the lack of preparation of education professionals comes from college.

Graph 3

In your undergraduate degree, were there subjects related to Autism Spectrum Disorder? If so, how many?

15 answers



The importance of discussions about the disorder becomes even clearer when observing the reality of schools today, in which educators are unprepared and do not have the necessary knowledge to be in the classroom with a student who has ASD, therefore, it is clear that, despite the existence of this flaw in the curriculum of universities, The school institution should also be responsible for offering training courses for such professionals, aiming at learning for all students. The school institution still requires many changes to be an inclusive environment, according to teacher G.M. "In fact, it is the teacher who seeks alternatives, ways to be able to include and work with the student, we have no training and preparation on the part of the institution", in agreement the interviewee A.P. says "In our pedagogical training the vast majority of teachers are not trained in special education." Therefore, it is clear that continuous training for education professionals is essential for inclusion to happen, after all, it is necessary to know the subject to master it and break the paradigms that still exist in society.

Another issue raised concerns the large number of students in the classroom. Professor T.B. reported that "It is difficult when the student does not have an assistant teacher to accompany. The autistic student demands monitoring and in classrooms with more than 40 students it is very difficult to give this attention. It is even more difficult when we do not know the degree of autism of the student and we do not have special education training to know how to deal with the student in the classroom and in curricular adaptation. So we always work in the form of trial and error." This demand is beyond the control of teachers and even the school, however there are alternatives that can be used to minimize the damage caused, such as hiring more assistant teachers to be in the classroom and the

division of functions. The multidisciplinary team then becomes extremely important, given that professionals from various areas are important for a good school functioning, by having a team with teachers, psychologists, principals and speech therapists the path to autonomy and inclusion becomes easier.

At the end of the questionnaire, the interviewees answered a question with what would be the ideal teaching for students with Autism Spectrum Disorder and some answers obtained were: "The form of teaching that develops autonomy, so that this student is prepared to have a professional career, being whatever he wants to be. And not keeping prisoners with P.A and caregivers who cut off all autonomy and put them in a place of incapacity. The ideal education is the one that fights against ableism." (teacher A.B.), "It would be through the PEI (Individualized Teaching Plan), I believe that each individual is unique and that everyone has potential for learning, it is up to us teachers to adapt the content to the needs of each student." (Professor R.B.) and "to improve the service so that the specific needs of individuals are met in a comprehensive way, contemplating pedagogical, social and emotional aspects, with flexible schedules and personalized workload." (Professor C.R.)

Under this bias, it was possible to observe that the school still needs to evolve in several aspects, such as training and support for teachers, improvements in the understanding of ASD and the use of a multidisciplinary team. Such progress is crucial for good inclusion, after all, the school institution is a means of promoting awareness and forming individuals without prejudice and empathetic with others. It is at school that the seed of change is planted and developed, so that in society, these children can prosper and instigate change at all times, thus generating a cohesive social group free of prejudices.

FINAL CONSIDERATIONS

The present research is of paramount importance for a better understanding of the impasses that still exist in the inclusion of children with Autism Spectrum Disorder. During the research it was possible to realize that, although the number of discussions related to the theme has increased, the subject still requires a lot of reflection and study and psychologists then become essential in the dissemination of more information regarding effective inclusion, aiming to generate more aware individuals in society. That said, I intend to continue my training always seeking to increase my knowledge about the subject, so that I can write articles that lead to reflection and awareness.

At first, the expected results aimed to demonstrate the importance of knowledge of the education of children with Autism Spectrum Disorder, in order to transform the school

environment, in addition to leading teachers and school institutions to think about how school inclusion provides the personal development necessary for a good insertion in society. Due to the unexpected change in the sample, it can be said that the objectives were partially met, given that it was not possible to carry out the research with the initially chosen participants, however the theoretical and practical reflection was not impaired, after all I was still able to listen to caregivers and teachers of children with ASD and analyze what were the most urgent demands.

Throughout the research it was noticeable how the teacher is the central figure in the learning process and inclusion of the child, as he is the holder of knowledge at that moment, the teacher must love what he does, in addition to being willing to constantly improve. According to Cunha (2022), "the student can no longer be excluded from the construction of his learning, as he learns in his exchanges in the affective and social world [...]", in this statement it is clear that the child must be the main piece for obtaining knowledge, so by excluding a student from socio-affective interactions, his education is impaired. It is necessary that the school as a whole be attentive to this process, include the student in all activities and make the necessary adaptations.

From this perspective, it is essential to highlight that the school is the mediating environment of the family and society and it is through it that social changes are possible. In view of this, it is crucial that teachers have continuous training, in order to increasingly improve the school scenario and ensure that everyone has access to quality education. Not only the teachers, but the team that governs the school also needs to be in line with the demands that caregivers bring, whether they are in relation to daily school life or some difficulty in certain subjects. It is the duty of the school institution to provide an inclusive and welcoming environment, which does not exclude any child due to their difficulties, after all, it is from school inclusion that social inclusion is possible.

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APPENDAGES

TEACHERS' QUESTIONNAIRE:

1. Full name:
2. Age:
3. Schooling:
4. Working time in the area:
5. Rooms/year that teaches the classes?
6. What are the biggest difficulties encountered when having a child with Autism Spectrum Disorder (ASD) in a regular school?
7. Do you think the institution offers the necessary preparation to include children with ASD in the classroom? Why?
8. In your undergraduate studies, were there disciplines aimed at developing students with Autism Spectrum Disorder? If yes, please specify.
9. How do you deal with possible crises in the classroom?
10. Is there communication with parents? If yes, explain the form of communication and the main issues.
11. Are children included in all activities? How?
12. If you could change something, what would it be?
13. How does the school deal with food selectivity and stereotypes?
14. Does the school explain to other students what Autism Spectrum Disorder-ASD is?
15. For you, what would be the ideal form of teaching for students with ASD?

CAREGIVER QUESTIONNAIRE:

1. Full name:
2. Age:
3. Schooling:
4. When did you suspect that your child had Autism Spectrum Disorder? What is your reaction when you receive the report?
5. What are the biggest difficulties encountered in caring for and educating a child with Autism Spectrum Disorder?
6. Did you find it difficult to enroll your child in a school? If so, which ones?
7. Are you satisfied with the school? Why?
8. Do you think anything could improve? If yes, please specify?
9. Do you think the school is prepared to receive students with Autism Spectrum Disorder?
10. Does the school maintain frequent communication with you?
11. Is the child included in all activities? If not, what activities does she not participate in?
12. Does the child have food selectivity? If so, how does the school deal with this factor?
13. If you could change something, what would it be?
14. For you, what would be the ideal form of teaching for students with ASD?