

A study of the linguistic Impairments and Syntactic development of the Autistic Children in Dhaka City.

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Declaration

I hereby declare that this thesis is the presentation of my original research work. Wherever contributions of others are involved, every effort is made to indicate this clearly with proper and due references and acknowledgement. This paper has not been submitted anywhere, either in a part or a whole, for a degree or an award, in this or any other University.

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Dedication

This paper is dedicated to my respected parents who have always supported and encouraged me at the time of my crisis. I am always grateful to them for their support, cooperation and affection.

Acknowledgement

My first and foremost thanks go to the Almighty for enabling me to complete this research. I would also like to thank and express my gratitude to my supervisor Ms. Tanzia Siddiq , for her invaluable assistance, guidance and most importantly for the mental support for writing this paper. I am also indebted to her because she is the one who encouraged me to do my research on this topic. My sincere thanks also go to the Autism Centers, authorities and teachers for giving me the opportunity to do the survey, which was required for the successful completion of this paper and my special thanks also go to my family especially my mom those who lent me their constant support while writing this thesis.

Abstract

This research attempt to find out morphological and syntactic development of Autistic children on Dhaka City. Children with autism have diverse language and communication impairments. Basically, these children have problems in morphology and syntax. Language acquisition research in autism has previously highlighted high level practical shortcomings. Some researchers looked into grammatical abilities in autism, and the results were mixed. The present study looks into bridging this shortcoming. How? By looking into structural and higher level discourse abilities, in communicative, autistic different stages. Findings found out various flaws. For example, autistic children showed a lot lesser development than normal, in terms of different types of communication management. A study was conducted with the use of quantitative method. This paper concluded with some proposals on what steps should be taken to overcome the limitations which were found during the research.

Chapter 01: Introduction

1.1: Introduction

The main purpose of this research is to investigate the linguistic developmental stages in Autistic children who have substantial special needs of linguistic development. In order to stimulate these linguistic skills, regular speech therapy is essential from an early age. However, in case of linguistic skills, especially syntactic development.

There are children inside our society who have the disability to learn, think, behave and speak like a normal child. These types of disable children may diagnose with complex disorder such as Autism. Although there are so many disabilities surrounding autism, this research focuses on the syntactic development following standard stage of language acquisition and overcoming the linguistic disability throughout a possible systematic speech and language therapy.

It can be asserted that on average, there is at least one person challenged by Autism as Spectrum Disorder in any country. The global prevalence of autism has increased twentyfold to thirtyfold since the earliest epidemiologic studies were conducted in the late 1960s and early 1970s. At that time, prevalence estimates from European studies were one in 2,500 children in the population and by the 2000s prevalence estimates from large surveys were 1%–2% of all children. (The CDC Surveillance Summaries 2014).

Bangladesh has a population of over 163million of people. The total number of primary schools in Bangladesh is 126,275 in 2020. In 2019, it has found prevalence of all kinds of neurodevelopment disability is 9.1%. Even, the study indicates a prevalence of 0.15% in which 3% in Dhaka city and 0.07% in rural area. Unfortunately, in many developing countries like Bangladesh, government has no data for how many children or adults suffer from linguistic disabilities. Although there are two autistic disability Rights insured in 2018, there are no available specialist, doctor, therapist in the rural area in the country. Even, there is no available event for the public awareness of autism as well as linguistic development of in the country. This is why, this area should be taken seriously and studies should be undertaken to input the life of these autistic children. To establish this thesis, the aim has been described.

1.1 Research Aim

The aim of the research is to identify autistic's syntactical development stage and improves communication in order to support the child in his/her environment to develop their linguistic abilities. It is believed that their mental obstacle is the main reason to develop slowly than any other ordinary child. If it is possible to identify their linguistic disabilities following the different stage of syntactic development, then it is very easy to insure particular speech and language therapy for each autistic children. Therefore, the main aim of this research is to investigate the

linguistic developmental stages in Autistic children in comparison to that of the standard criteria to add the speech therapy development in Dhaka City.

1.2 Objective of the study

Therefore, this thesis will be focusing on an informative research on autism with linguistic disability and overcoming the disability with the potential language therapy.

1.3 Research Questions

- (1) What are the standard stages and features for syntactic development of children?
- (2) How do the Autistic Care Institutions in Dhaka assist in syntactic development?
- (3) How and when speech and language therapy is needed for linguistic disable child?
- (4) Are the parents aware of their children's Linguistic Development?

1.4 Significance of the study

Through this research is expected to give both theoretical and practical contributions.

1. Theoretically, the result of this research can give contribution to enrich knowledge and understanding to other researchers in linguistics fields, especially language and communicative impairments and morphological and syntactic development of autistic children.
2. Practically, the researcher wants to know more about language impairments especially in autism. Besides, it also can give beneficial information and additional reference to other researchers who want to make further studies on this field. Furthermore, the researcher's finding can also give more information to other schools about how to help the sufferers develop their daily communication. It can be argued that, it will also help the parents whose children are suffered from autism. Autistic children's language development such as morphological and syntactic development is dependent on the environment, especially parental role to motivate the children.

1.5 Limitations of the study

- There are very few schools and Autistic care Centre for the autistic children.
- The school authorities and care Centre authorities are not co-operative. They are reluctant to give permissions for the survey.
- The parents also do not want to talk about their experience about how they deal with the autistic children. It is difficult to conduct a survey with the teachers because they hardly get any free time to fill a questionnaire or give an interview because they always have to be with the students. Otherwise, it is very difficult to control them without constant supervision.

Chapter Two

Chapter 2: Literature Review

In this research, Chapter 2 has started with an introduction of autism with different physiological theories of language acquisition of children. Then it emphasizes on the syntactic development and the principles of language and speech therapy. This research helps to evaluate autistic children with linguistic disabilities to develop crucially in the sector of linguistic development both from the philosophic and linguistic perspective.

2.1 Autism

It is the most commonly found neurodevelopment disorder characterized by core deficits in three domains: social interaction, communication, and repetitive or stereotypic behavior. Therefore, this condition is commonly referred to as autism spectrum disorder or ASD which include autism, Asperger's syndrome, pervasive developmental disorders not otherwise specified (PDD-NOS) and high-functioning autism (Gupta 2008).

Baron-Cohen, Leslie and Frith (1985) said that childhood autism is a serious developmental disorder and it is a rare condition. It is such a disorder that affects both language and communication skills of the children. Language delay and language disorder are very common among the autistic children (p. 37). Moreover, difficulties in social interaction and lack of the theory of mind affect the communication skills.

Children with autism have sensory difficulties in one or more of the five senses of sight, hearing, taste, touch and smell. There is a lack of clear understanding due to the invisible nature of the condition, although consciousness of autism has risen. It is true that there are no miracle cures for autism with linguistic disability but it is treatable in long term within a proper linguistic therapy. Early identification of linguistic feature and treatment can have a positive impact on children with autism. It is the parents' first and foremost duty with the concerns to identify early feature and to provide treatment immediately.

2.2 History of Autism

The term 'autism' is derived from the Greek word 'autos' which means 'self'. It is a wellchosen word because people suffering from autism and Asperger Syndrome have profound difficulty in understanding and appreciating other people's ideas, beliefs and perspectives, as if one's own perspective is the only true and correct view (Baron-Cohen, 2008, p.16). Paul Eugen Bleur, a Swiss psychiatrist was the first one who used the term 'autos'. However, there are differences between Kanner's and Bleur's use of the meaning of 'autism'. Leo Kanner is the child psychologist who first explained the 'classic autism' in 1943. He used the term to explain the clinical condition of the children but Bleur used the term for the patients in the early adolescence and adulthood (Blake, Hoyme and Crotwell, 2013, p.58-59).

Leo Kanner's Classic Autism: Classic autism is also sometimes called 'Kanner's autism' after Leo Kanner who was a child psychiatrist. Blake et al. (2013) argued that Kanner had first described these children in 1943 by publishing a clinical report entitled "Autistic Disturbance of Affective Contact". He recognized 11 children in his clinic in Baltimore who had what he called 'autistic aloneness', showing so little interest in people that they could be considered as the furniture in his office. All of them shared the same types of behavior, interest or language delay and disorder. The children were extremely aloof and autistic and they refused to being contacted by their parents, doctors and preferred to be alone (p.58-59).Baron-Cohen (2008) also added that they had difficulties in anticipating how someone will feel or what they might think, knowing how to react to another person's behavior. They also shared the difficulties in reading other people's emotional expressions and accepting that there may be other perspectives, not just their own correct perspective. They tended to use speech inappropriately in the social context and only understood the literal meaning of the speech. Among the language disorders, there is the language delay because there were some children who did not have the obvious language until age 3. Some of them had the echolalic speech, inappropriate intonation and faulty sentence structure and the incorrect use of personal pronouns. However, echolalic speech, language delay and below average IQ or learning disabilities are more typical in Classic autism than Asperger syndrome (p.17-19).

Bruno Bettelheim's Parentectomy: In the 1960s, he portrayed the autistic kids as living in the 'glass of bubble' that is unreachable. He viewed autism as a reaction to an 'unaffectionate maternal relationship'. His controversial view led to a form of treatment called 'parentectomy' which refers to the idea of removing the child from his or her parents, in the hope that the child's social development would recover and flourish with foster parents who could be more affectionate. However, his ideas and treatments created huge controversy and fell into disrepute when it was recognized that removal of the child from the biological parents did not help for an obvious improvement in the child's social development. It was also said that that the parents of children with autism were no less caring and affectionate than other parents (Baron-Cohen, 2008; Blake et al., 2013).

Niko Tinbergen's Holding Therapy: Nobel Prize-winning ethologist Niko Tinbergen reinforced Bettelheim's view in his 1983 book. He argued that any emotional trauma that disrupts the child's primary attachment to their mother; for example brief separations on a long car journey for a particularly anxious child could cause autism. Though many children with autism showed high level of anxiety, there was no proof or evidence for his view that the autism itself arose following a trauma of some kind. He also introduced the controversial treatment called 'holding therapy' that is the forced hugging to break the tendency of child's repulsion to being touched or held or hugged. However, this therapy has been questioned on ethical grounds because often the child finds it very distressing to be forced into social contact in this way (Baron-Cohen, 2008, p.20-21).

Children with autism have sensory difficulties in one or more of the five senses of sight, hearing, taste, touch and smell. There is a lack of clear understanding due to the invisible nature of the condition, although consciousness of autism has risen. It is true that there are no miracle cures for autism with linguistic disability but it is treatable in long term within a proper linguistic therapy. Early identification of linguistic feature and treatment can have a positive impact on children with autism. It is the parents' first and foremost duty with the concerns to identify early feature and to provide treatment immediately.

2.3 Standard Stage of Language Acquisition for Children

The stage of language acquisition will help us to understand different development of language learning period. When each individual will know this stage of language acquisition, they will easily identify the autistic feature in early age of children. Therefore, this study will motive us to takes proper action in proper time.

A child gradually masters the rules of sentence formation in their language beginning with the production of one-word utterances near the end of the first year of life and gradually develops the phrase structures and sentences. (O'Grady, W. and Cho, S., W. p. 476). Given below is a table showing the development of phrase structure.

Stage	Approx. age	Developments
Holophrastic	1-1.5 years	Single word utterances; no structure. e.g. 'dada' which is used to express 'I see daddy' etc.
Two Word	1.5- 2 years	Early word combinations; presence of syntactic categories unclear e.g. 'Daddy give me the hat etc.
Telegraphic Stage	2-2.5 years	Emergence of phrase structure, especially head -complement and subject-VP patterns. e.g. 'I lost a shoe' etc. (later)
Later Development Stage	2'5 -up years	Emergence of non-lexical categories (Det, Aux) fully and sentences including those used as specifics

From the above table it has understood that there are four stages in case of syntactic development. These are Holophrastic or One-word stage, Two-word stage, Telegraphic stage, and Later Developmental stage. The approximate age for the One-word stage is between twelve months to eighteen months. A basic property of these one-word utterances is that they can be used to express the type of meaning that would be

associated with an entire sentence in adult speech. Thus, a child might use the word *dada* to assert 'I see Daddy', more to mean 'Give me more juice'. Such utterances are called *holo-phrases*, literally 'whole sentences' (Cho and O'Grandy 1987, p.476)

In forming *holophrastic* utterances, children seem to choose the most informative word that applies to the situation. For example, they will say 'juice' to say 'Give me more juice' etc. Within a few months of their first word utterances children begin to produce two-word 'mini sentences', for example, 'Doggie bark' which means 'the dog is barking' etc. According to 'Sook Whan Cho' and William O'Grandy, 'the vast majority of two-word utterances employ an appropriate word order, suggesting a very sensitivity to this feature of sentence structure. It is less clear whether children have acquired syntactic categories such as noun, verb, and adjectives at this point in their development (Cho and William O'Grandy, 1987).

'Over a period of several months, affixes, determiners, and auxiliary verbs emerge in accordance with the developmental sequence. A noteworthy feature of the telegraphic stage is that despite the emergence of complex new syntactic structures, children make virtually no word order errors.' (O'Grandy, W. and Cho, S., W. p.479). After a period of several months, during which their speech is limited to one-word and two-word utterances, children begin to produce longer and more complex grammatical structures. (O'Grandy, W. and Cho, S., W. p.477). Children says phrases such as 'Chair broken', 'Man ride bus today', 'What her name?' etc. Language development from age two onward is rapid. (O'Grandy, W. and Cho, S., W. p.479).

In the years following the telegraphic stage, children continue to acquire the complex grammar that underlies adult linguistic competence (O'Grandy, W. and Cho, S., W. p.480). The use of negation, inversion, Wh-questions, passivation etc. start to emerge sequentially. At the age of 2.5

and above, one child learns the minimum level of a better communication with their syntactic development besides his/her cognitive, emotional and physical development in later development period.

In the later development period, children actually syntactically develop their language and children can use many meaningful sentences with correctness. One who have developed syntactically their language, he/she can use the full command of a language. On the other side, most of the autistic children cannot produce a complete sentence and linguistic development is not completed unless it can use a complete sentence. Therefore, this research will have focused on autistic children's with linguistically disabilities and helped them to develop syntactically using better speech and language therapy.

2.4 Behaviorism: This theory also known as Stimulus-Response-Theory, which developed and researched by B.F. Skinner in 1959 who was an American Psychologist. Skinner proposed this theory as an explanation for language acquisition in human and thought that entire system is based on operant conditioning. Learning is a function of change in overt behavior. The Behavior is learnt by chance and then it is repeated. Likewise, human also learn the correct language by chance and then get the approval. According to this theory, there are no innate abilities and there is no proof of innate abilities. Language is a conditioned behavior, the stimulus response processes. Behavioral Theory implies that the child's environment plays a key role in language acquisition through the process of imitation and reinforcement. It deals with the need for modeling language so the child hears it and imitates it and for reinforcement of the child's verbal behavior.

2.5 Interconnection and Communication Skills: The development of language emphasizes on

the role of social interaction and communication between the developing child and linguistically knowledgeable adults. The more they interact and communicate with adult, the more they learn and develop their linguistic ability. It is based largely on the socio-cultural theories of Soviet psychologist, and semiotics (1896-1934) Lev Vygotsky.

Vygotsky's Analogy on Autistic Children's Interaction and Communication Development: This theory stresses the social role in language learning. It assumes that language develops because human beings are motivated to interact socially, and caregivers support their interactions with them. Vygotsky's social theory is considered in regards to the view addresses within this theory, children learn through social interaction. Vygotsky formulated a practice-oriented paradigm of education for children with special needs.

According to this approach, knowledge is socially constructed in communicative practice. Communication, according to social constructionists, is a social process of constructing reality and not a cognitive epistemological process, as constructivists tend to claim, (Pearce 1995). Thus, social constructionism stems from an epistemological position redefining psychological constructs such as "mind", "self" and "emotion" as socially constructed processes to be removed from the head and placed within the realm of social discourse "(Gergen 1985:27) From this perspective "knowledge is not something people possess in their heads, but rather something people do together" (Gergen 1985:270). Social constructionism is characterized by a relativistic epistemology. It claims that, methodologically speaking, Vygotsky was one of the first social constructionists and "pre-postmodernists" in psychology (Neuman and Holzman 1997:25) and that Vygotsky pioneered a sociocultural approach to understanding cognitive processes in childhood development (Shaw 2006). According to Vygotsky, higher mental functions are not independently constructed by children in early ontogenesis, but "rather than that, the

development of mental process is mediated by adults in the context of social interactions with children” (Karpov 2005:10).

According to Vygotsky, Primary disorders visual and hearing, language and speech related, motor and CNS-related impairment that led to the child’s “exclusion” from the sociocultural, traditional and educational environment in turn causing secondary disability. Due to primary disorders, the child displays a distorted connection to culture as a source for development of higher mental functions (Vygotsky 1993) Secondary developmental complications as the social and psychological consequences of primary disabilities are less resistant to and more subject to elimination. Secondary or the socio-cultural disability may have prevented and eliminated by medical and educational means.

2.6 General Overview of Speech-Language Therapy

Speech and Language Therapy is a scientific treatment that has been provided to disability to speak, understand and communicate, and even swallowing food cibate. Each child with this diagnosis is completely different and will have different communicative strengths and needs. For that reason, it is impossible to set forth a single plan of action in speech therapy that will work for every child with autism. Most autism behavioral intensive therapy programs include speech-language therapy. Some individuals on the autism spectrum do not speak, while others love to talk but have difficulty using conversational speech and/or understanding the nuances of language and nonverbal cues when talking with others. Carrie Clark’ is one of the experienced Colombian Speech and Language therapists. She is the founder of the site of Speech and Language Therapy for kids where she designed five principles of speech and language therapy with different potential activity.

a) Establish Functional, Spontaneous Communication: The first goal with any child who has autism is to make sure that he or she can communicate functionally, and spontaneously. If the child's speech is not adequate for functional speech, therapist needs to introduce various forms of augmentative-alternative communication (AAC). AAC should continue until the therapist find a method that works for the child. Voice Output AAC device will speak a message when the child pushes a button or hits a switch. Some children benefit from using pictures to communicate. This makes communication much more concrete for them. Some children benefit from using their own body to communicate by using feature language. Almost all linguistic disabled children often have difficulty with using language spontaneously. They may speak when told to or in response to specific questions but will not speak up when they need something.

b) Provide Social Instruction in Various Settings throughout the Day :

The next thing that all children with autism will need to some degree is social instruction. Children with autism have a problem with understanding socially acceptable behavior. It is important to teach children what behavior is socially acceptable in various environments. This includes what the child should do and say in social situations as well as how he should listen and attend. Visual Supports: Visual reminders placed in the room or presented by adults help the child remember the expectations for that situation. Social Story Books designed to teach a child the expected behavior in various situations. The student also watches videos that demonstrate the expected behaviors.

c) Target Peer Interactions

Children with autism have such a difficult time with peer interactions, these must be taught directly. All children with autism struggle with this to some extent as part of the nature of

different autistic. Here are some skills for children who are just beginning their peer interaction training: Teach or instruct the child how to play with other children and get along during play. Most of the autistic children cannot respond to their name, when anyone calls their name. Teach the child to respond when someone says his name. Establish. Help children tune into those around them. These activities are better for older children who are struggling with peer interactions. Look at social skills that the child is lacking during normal interactions with other students and adults. Help these children understand how to see things from another perspective.

d) Provide Training and Support to Other Adults

Children with autism tend to have trouble generalizing skills. It is vital that the child does not spend every waking moment with the speech therapist. The speech therapist must train the other adults that interact with the child on how to do the same types of instruction, prompting, and modeling that the children does. Speech therapy services for children with autism can look very different depending on many factors. Each speech therapist will need to determine which services will be best for each child. Direct Therapy Minutes is important, because the therapist provides direct therapy to the child, often in an isolated setting like the therapy room. This is often best for introducing a new skill when fewer distractions are necessary. The therapist provides therapy to the child within the regular education environment. This is often best for generalizing new skills to a more natural environment and modeling teaching strategies for the classroom teacher. These may be called different things but these minutes are written into the IEP as time when the speech therapist will work with the classroom teacher or parents to show them the techniques that they can use to help the child learn to communicate in other settings.

e) Fine Tune Communication Skills as Other Areas Improve

Once the child begins to make progress on these larger items, it can begin to address some of the smaller issues that may also be influencing the child's communication. Here are a few areas that may need to be addressed in speech sound errors while communicating to other, errors in grammar in a communication, problems asking and answering questions, difficulty with figurative language etc. Each child with this diagnosis is completely different and will have different communicative strengths and needs. For that reason, it is impossible to set forth a single plan of action in speech therapy that will work for every child with autism. Instead, I like to use these five principles as a framework when decided what to work on in speech therapy with a child who has autism.

Intervention Capacity on Autism in Bangladesh

- Autism Care in Government Sector: Centre for Rehabilitation of the Paralyzed/CRP at Savar and Bangabandhu Sheikh Mujib Medical University/CNAC/IPNA. Centre for Rehabilitation of the paralyzed (CRP) was founded in 1979. It was established with a view to provide rehabilitation service for the persons with disabilities. Day Care Centre/School/CNAC; on 1 May 2011, CNAC started a Day Care Centre/School for children with autism spectrum disorders (ASD) in (BSMMU. IPNA; The indoor (in-patients) service of the Institute of Pediatric Neuro-disorder and Autism (IPNA) in (BSMMU) was launched for the children with autism and other neurodevelopmental disorders, says a press release on 6 march 2017.
- Autism Care in Private Sector: Society for the Welfare of Autistic Children (SWAC) 'Autism Welfare Foundation' (AWF), Autistic Children Welfare Foundation: ACWF, Beautiful Mind Autism: BMA etc.

• Other Autism Schools: The other schools only for Autistic children are Applied Behavior Analysis (ABA) in Dhaka, BAKA at Bogora. Caring Glory, Orchid School, and School for Gifted Children, Bangladesh Protibondhi Foundation and Society for the Welfare of the Intellectually Disabled (SWID) Bangladesh. About two thousand children are getting both care and education from these schools.

2.7 Parameters Settings

Chart for Language Development

Standard Stages	Linguistic Features	Yes/No	Non-Linguistic Features	Yes /No	Rating
Holophrastic Stage (1-1.5 years)	Only single words like ‘dada’, ‘mama’, copies sounds he hears, Strings vowels together when babbling (“ah,” “eh,” “oh”) and, consonant sounds (jabbering with “m,” “b”)		Cooing, smiling at people, tries to calm herself, tries to look at parent, stands, holding on, can get into sitting position, sits without support, pulls to stand Crawls etc.		
Two- words Stage 1.5-2years)	Two words or incomplete phrases ‘Daddy hat’, Mama water, says several single or two words, Says and shakes head “no”, Pointing, remembering names.		Start walking, can help undress herself, drinks from a cup, remembering everyday things, brush, spoon, Points to get the attention of others.		
Telegraphic Stage (2-2.5 years)	Subject-VP patterns, I lost a shoe’, I see a bird etc., points to things in a book, Repeats words overheard in conversation, Points to things or pictures when they are named.		Stands on tiptoe, kicks a ball, begins to run, climbs onto and down from furniture without help, walks up and down stairs holding on, throws ball overhand.		

Later Development Stage (2.5 and above years)	Negation, inversion, WH - questions, passivation etc , understands words like “in,” “on,” and “under”, first name, age, and sex, names a friend.		Can work toys with buttons, levers, and moving parts, make believe with dolls, animals, and people, climbs well, runs easily.		
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2.8 Morphological Development and Grammar

According to Sook Whan Cho and Willam O’Grandy (1987) children’s acquisition of language is one of the most intriguing phenomena studied by linguists which is a major intellectual achievement. In recent decades, a large amount of linguistic research has focused on how children master the complexities of human language. The phenomenon of linguistic development is considered as ‘linguistic acquisition’ which includes the acquisition of grammar. Children’s acquisition of morphology is one major concern in this regard (p. 464).

Nelson notes that the child’s early nouns most often refer to things with which the child can interact: objects that are not fixed, unmovable parts of his environment. Generally the child’s early vocabulary includes nouns and words related to action. Also, words that refer to attributes of objects, states, or locations, such as pretty, big, all gone, hot, outside, and a few ‘social’ words like yes, no, please, and ouch. There are also several functional words: prepositions, articles, auxiliary verbs, interrogative words, etc. The particular words used, and even the kind of words, vary greatly

from child to child (Nelson, 1973, 1975). In McNeill's view the young child already knows a great deal about the grammatical relations which simple sentences convey. Greenfield and Smith (1976) have proposed a modification of this hypothesis that is adults typically use the situational contexts in which children's utterances occur as a guide to interpreting them. That is, the utterance itself is only a part of what the child is expressing. That is, the child does not know much about the language per se, that is, the syntax by which the language expresses relationships. Rather, the child's knowledge is better conceptualized as semantic or conceptual (Foss, D. J., and Hakes, D. T., 1978, pp. 234 -238).

There are very few studies those are done to investigate the grammatical aspect of language acquisition of autistic kids. Several studies have tried to find out the acquisition of grammatical morphology of the autistic kids and it has been found out that autistic children have some specific problems in using different grammatical morphemes. It has been found that children with autism were more likely to omit certain morphemes, particularly articles (a, the), auxiliary and copula verbs, past tense, third-person present tense, and present progressive (Belkadi, 2006, p.5; Tager-Flusberg et al., 2005, p.345). Tager-Flusberg et al. (2005) also found that children with autism were significantly less likely to mark past tense. The children with autism perform well on the present progressive form but they were significantly impaired on the past tense elicitation trials (p.345)

Moreover, the pragmatic Language Disorder also includes the features of grammatical impairments faced by the autistic kids. For example, personal pronouns reversal-for instance the use of "I" instead of "you" and vice-versa and the misuse of such prepositions as "in", "on", "under", "next to", before, after and so on (Belkadi, 2006, p.4). Confusion of personal pronouns

is another frequently mentioned atypical language behavior associated with autism. When a child asks for a drink for himself, he says, “Do you want a drink of water?” because he does not understand the difference between the personal pronouns of “I” and “you”. Pronoun reversal errors may not occur in all children with autism, but they are more common in individuals with autism than in any other population (Kjelgaard & Tager-Flusberg, 2001, p.2). Moreover, among small groups of young children with autism, all of them went through a stage of reversing pronouns but as they got older, the more linguistically advanced children stopped making these errors. Within autism, difficulty in using pronouns is generally viewed as part of a more general difficulty with deixis, the aspect of language that regulates shifting reference between the speaker and the listener. For example, in labeling a person by name (e.g., “James”), the label remains the same without regard to who is speaking whereas, for pronouns, whether James is referred to as “I” or “you” depends on whether he is the speaker or the listener during a particular conversation. This error in using pronouns results from the difficulty in understanding discourse roles and social communicative functions. Pronoun errors in autism takes place because of the difficulties that children with autism have in conceptualizing notions of self and other as they are embedded in shifting discourse role between speaker and listener ((Tager-Flusberg et al., 2005, p.345-346).

Chapter 3 : Research Methodology

The research starts with a small observation of Special Needs Children and working its way to some physiological theory with standard stage of language acquisition and the principles of speech and language therapy to the development of linguistic abilities. In this methodology, the relevant known theory is derived from the textual data to my quantitative research of many

Autistic School in Dhaka City.

Therefore, this research focused on a list of important key features and questionnaires that is designed to apply in an Autistic school in Dhaka City.

In order to fulfillment of this thesis, I have selected an institution so that I can get available autistic children to verify their linguistic and non-linguistic disabilities following different standard stages of language acquisition. This will allow me to make a comparative research between the theoretical hypothesis and real life experience with autistic children. Therefore, this research will help us to find out the best and actual linguistic development of autistic children inside Dhaka city as well as the whole country.

RIAND Bangladesh – Research Institution for Autism and Neurodevelopmental Disabilities situated in Rupnagar, Mirpur 12. It was formed by a group of enthusiastic and dedicated parents of children with autism. RIAND Bangladesh was formed with the aim of educating, training and rehabilitating children, their fullest potential, making them independent and active members of the society, enabling them to integrate and contribute to the mainstream of development and establishing their rights as citizens of the country

RIAND Bangladesh is a non-government, nonpolitical and voluntary organization rendering services to children with autism and their families to improve their quality of life. RIAND Bangladesh providing world class intervention clinic, therapeutic services -speech and language therapy, music therapy, And special schooling facilities for autism children. Most recent method, techniques and evidence-based practices are applied at RIAND Bangladesh.

3.1 The participants

a. Students: In the research, there were 25 students from 6 different level. Researcher

observed them during the classes and tried to find out about the communication and language difficulties from their conversation with teachers. The age range was from 4 to 12 years old and they were from pre-academic and early intervention sections.

b. Teachers: All these teachers were given a basic training on how to deal with the autistic or other special kids and had the basic knowledge on different social and psychological difficulties of the autistic children that they face in their day-to-day life. The questionnaires were filled up by 40 teachers and it was possible to get the interview of 12 teachers. Teachers' participation in interview is lesser than the questionnaire because it was really tough to interview the teachers for a long time as each teacher was in charge of each student and they had to spend the whole time with the students from the very beginning to the end of the school time.

(c) Speech therapist: Since there were strict rules and regulations about interviewing the teachers, it was possible to take the interview of only two speech therapists. They talked about the problems of the autistic children.

3.2 The instruments

a. Questionnaire for the teachers: Questionnaires were distributed among 15 teachers. There were 15 questions and every question except one was multiple-choice questions with Yes, No or No comment. Only one question had the multiple choice with Always, Sometimes or No comment. They had to tick on the answer which they thought appropriate for the question.

b. Interview for the teachers: Interview was taken of 10 teachers and 2 speech therapists. There

were 6 questions for the teachers and 4 question for the therapists in the interview. They had to briefly explain the answers to justify their responses on different questions.

c. Observation of the children: In observation, there were 5 classes and among the classes, along with the usual language classes, there were also extra-curricular classes because through different extra-curricular activities, the students were taught different aspects of language and communication.

3.3. Chart of Language Development:

In this chart that have presented below where different linguistic and non-linguistic development has been shown following different period of language acquisition of ordinary children. It will be very easy to identify autistic feature after knowing this

Stages of Language Acquisition	Linguistic Feature for Syntactic Development.	Non-Linguistic Feature added to Syntactic Development
Holophrastic Stage (1-1.6 years)	Only single words like 'dada', 'mama', copies sounds he hears, Strings vowels together when babbling ("ah," "eh," "oh") and, consonant sounds (jabbering with "m," "b")	Cooing, smiling at people, tries to calm herself, tries to look at parent, stands, holding on, can get into sitting position, sits without support, pulls to stand Crawls etc.
Two- words Stage (1.5-2 years)	Two words or incomplete phrases 'Daddy hat', Mama water, says several single or two words, Says and shakes head "no", Pointing, remembering names	Start walking, can help undress herself, drinks from a cup, remembering everyday things, brush, spoon, Points to get the attention of others.
Telegraphic Stage (2-2.5 years)	Subject-VP patterns, I lost a shoe', I see a bird etc., points to things in a book, Repeats words overheard in conversation, Points to things or pictures when they are named	Stands on tiptoe, kicks a ball, begins to run, climbs onto and down from furniture without help, walks up and down stairs holding on, throws ball overhand

Later Development Stage (2.5 and above years)	Negation, inversion, Whquestions, passivization etc, can name most familiar things, understands words like “in,” “on,” and “under”, Says first name, age, and sex, names a friend	Can work toys with buttons, levers, and moving parts, make-believe with dolls, animals, and people, climbs well, runs easily
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chart. At the same, time this charts reflecting on the development of syntactic level at later development period.

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1. Holophrastic Stage (1-1.5 years)

a.

Linguistic Feature : Age between 1-3 month: Coos, makes gurgling sounds, turns head toward sounds, begins to babble, Babbles with expression and copies sounds he hears, cries in different ways to show hunger, pain, or being tired Responds to sounds by making sounds. Age between 1-6 month: Strings vowels together when babbling (“ah,” “eh,” “oh”) begins to say consonant sounds (jabbering with “m,” “b”), Responds to simple spoken requests. Age between 1-12 month: Uses simple gestures, like shaking head “no” or waving “bye-bye”, Makes sounds with changes in tone (sounds more like speech), Says “mama” and “dada” and exclamations like “uh-oh!”, Tries to say words you say, Understands “no”. Age between 1-1.5 years: Makes a lot of different sounds like “mama” and “baba”, Copies sounds and gestures of others, uses fingers to point at things, says several single words, Says and shakes

head “no”, Points to show someone what he wants.

b.

Non-Linguistic Features: Age between (1-3 Months): it begins to smile at people, can briefly calm herself, may bring hands to mouth and suck on hand, and tries to look at parent. Pays attention to faces, begins to follow things with eyes and recognize people at a distance. Age between (1-6 Months): Smiles spontaneously, especially at people, Likes to play with people, might cry when playing stops, copies some movements and facial expressions, uses hands and eyes together, such as seeing a toy, and reaching for it, follows moving things with eyes from side to side. Age between (1-12 Month): Responds to other people’s emotions and often seems happy, Likes to look at self in a mirror, is shy or nervous with strangers, Cries when mom or dad leaves, has favorite things and people, hands you a book when he wants to hear a story. Age between (1-1.5 years): Repeats sounds or actions to get attention, may be clingy with familiar adults, has favorite toys, may be afraid of strangers, shows affection to familiar people, plays simple pretend, Points to show others something interesting, Explores alone but with parent close by.

2. Two- words Stage 1.2- 2years.

a.

Linguistic Feature : In this age children develop their two-word stage Two words or incomplete phrases ‘Daddy hat’, Mama water, says several single or two words, Says and shakes head “no”, Points to show someone what he wants, knows names of familiar people and body parts, says several single words, Says and shakes head “no”, Points to

show someone what he wants.

b.

Non Linguistic Feature : Social and Emotional Likes to hand things to others as play, may have temper tantrums, may be afraid of strangers, shows affection to familiar people, plays simple pretend, such as feeding a doll, may cling to caregivers in new situations, Points to show others something interesting, Explores alone but with parent close by. Cognitive (learning, thinking, problem-solving): Knows what ordinary things are for; for example, telephone, brush, spoon, Points to get the attention of others, shows interest in a doll or stuffed animal by pretending to feed, Points to one body part, Scribbles on his own, can follow 1-step verbal commands without any gestures; for example, sits when you say “sit down”. Movement/Physical Development: Walks alone may walk up steps and run, pulls toys while walking, can help undress herself, Drinks from a cups, Eats with a spoon.

3. Telegraphic Stage (2-2.5 years)

a.

Linguistic Development: First syntactic subject-VP patterns, I lost a shoe’, I see a bird etc., points to things in a book, Repeats words overheard in conversation, Points to things or pictures when they are named.

b.

Non Linguistic Development: Stands on tiptoe, kicks a ball, begins to run, climbs onto and down

from furniture without help, walks up and down stairs holding on, throws ball overhand, Copies others, especially adults and older children, gets excited when with other children, shows more and more independence, shows defiant behavior (doing what he has been told not to), plays mainly beside other children, but is beginning to include other children, such as in chase games.

4. Later Development

a.

Linguistic Development: Negation, inversion, WH-questions, passivization etc, can name most familiar things, understands words like “in,” “on,” and “under”, Says first name, age, and sex, names a friend, says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats), talks well enough for strangers to understand most of the time, carries on a conversation using 2 to 3 sentences.

b.

Non-Linguistic Development: Copies adults and friends, shows affection for friends without prompting, takes turns in games, shows concern for crying friend, Understands the idea of “mine” and “his” or “hers”, Shows a wide range of emotions, separates easily from mom and dad, may get upset with major changes in routine, dresses and undresses self. Can work toys with buttons, levers, and moving parts, plays make-believe with dolls, animals, and people, does puzzles with 3 or 4 pieces, understands what “two” means, copies a circle with pencil or crayon, turns book pages one at a time, Builds towers of more than 6 blocks, Screws and unscrews jar lids or turns door handle.

3.4. Chart of Principles of Speech and Language Therapy

The chart that has presented below listed five principles of language and speech therapy following different activities for the practice of linguistic development of autistic children. The chart also shows how linguistic disable children will develop their linguistic ability following one after another section of therapy with different activity to reach the goal of syntactic development. ‘Carrie Clark’ is one of the experienced Colombian Speech and Language therapists who is the founder of the site of Speech and Language Therapy for kids where she designed five principles of speech and language therapy with different potential activity.

Speech and Language Therapy	Activity Name
Establishing Functional and spontaneous communication.	Using AAC, Voice-Output AAC Device, Picture Communication System, Feature Language, Helping Children Use Language Spontaneously.
Providing social Instruction	Direct Instruction of Socially Acceptable Behaviors, Visual Supports, Social Stories, Video Modeling
Target Peer Interaction	Peer Interaction Skills for Wenger Children, Play skills, Responding to Name, Establish Joint Attention, Peer Interaction Skills for Older Children, Target Conversational Skills, Teach Perspective-Taking
Providing training and support to other adults	The Trouble with Generalizing, How to Get Children with, Autism to Generalize, Direct Therapy Minutes, Push-In Therapy Minutes, Consultation Minutes.
Establishing Functional and spontaneous communication.	Speech sound Errors , Errors in Grammar , Problems Asking and Answering Questions , Difficulty with Figurative language.

This is one of the most well designed practices of speech and language therapy for the development of autistic children with linguistic disabilities. The full therapy is divided into five principles with including different activities. When one will able to develop one section, he/she will qualify for next section. It depended on the linguistic therapist who designs for his classroom activities with comparing each individual autistic child. Remember, each child is different so different methods will work differently for each child.

First section is establishing Functional and spontaneous communication. The first goal with any child who has autism is to make sure that he or she can communicate functionally, and spontaneously using augmentative-alternative communication (AAC), voice-output AAC device, picture communication, feature language, helping children to use language spontaneously. Secondly, providing social Instruction to autistic children, the next thing that all children with autism will need to some degree is social instruction. Children with autism have a problem with understanding socially acceptable behavior. Activity like Direct Instruction of Socially Acceptable Behaviors, Visual Supports, Social Stories, and Video Modeling etc. can be applied to autistic children. Thirdly, Target Peer Interaction: Therapist will target feature from different skills depending on the age and developmental level of the child that therapist are working with peer interaction skills for Wenger children, play skills, responding to name, establish joint attention, peer interaction skills for older children, target conversational skills, teach perspective-taking etc. Frothy, providing training and support to other adults. The speech therapist is the person who is helping their child communicates better so more time with that person should equal better communication. The most basic training support for other adults in the area of the trouble with generalizing, and how to get children with, autism to generalize, activity like direct

therapy minutes, push-in therapy minutes, consultation minutes etc. can apply. Fifthly, Establishing Functional and Spontaneous Communication, one should look at other communication skills that may be influencing the child with autism. Once the child begins to make progress on these larger items, therapist can begin to address some of the smaller issues that may also be influencing the child's communication. Here are a few areas that may need to be addressed: Speech Sound Errors, Problems Asking and Answering Questions, Difficulty with Figurative Language

Chapter 4: Research Findings and Discussion

4.1. Report of Parents and Teachers Interview

The researches have taken parent's interviews at RIAND Bangladesh and another institution to collect some basic information. I simply asked questions about different area of the victimized children and noted down every answer to my notebook. Besides, I have listed some autistic feature verifying different linguistic and non-linguistic feature of standard stage of language acquisition. However, I have developed this list only selecting the name of autistic children who has a minimum or maximum linguistic problem.

Case 01: Joy Mahmud Chowdhury

Age	8 Years
Early Feature	After the age of 3, Exciting behave, responding.
Nature of Problem	Word repetition, No full sentence, Always asking for permission to do anything he likes, Screaming.
Mental Age	Childish
Interest	playing with friends, Visiting Outside of House, Interest on other's book, pen, toy, food etc.
Studying Period of RIAND Bangladesh	More than 3 years.
Development	Can pronounce word clearly but no sentence.

Case 02 : Sanika Rahman

Age	10 years
Early Features	At the age of two, Speech Disorder, responding
Nature of problem	Speechless, Exciting behave, eye contact
Mental Age	Childish
Interest	Playing lonely, Visiting Outside of House and screaming.
Studying Period of RIAND Bangladesh	More than 5 years
Development	Small eye contact, responding, speech only Ma and Baba

Case 03 : Sithy Roy

Age	12 years
Early Feature	At the age of 2, No eye contact , Lately develop on speech
Nature of problem	Behavior, Speech, Responding, Screaming, Exciting.
Mental Age	Childish
Interest	Playing with friends, Visiting Outside of House, Screaming Loudly
Studying Period of RIAND Bangladesh	More than 8 years
Development	Can produce sentence and being positive in responding other

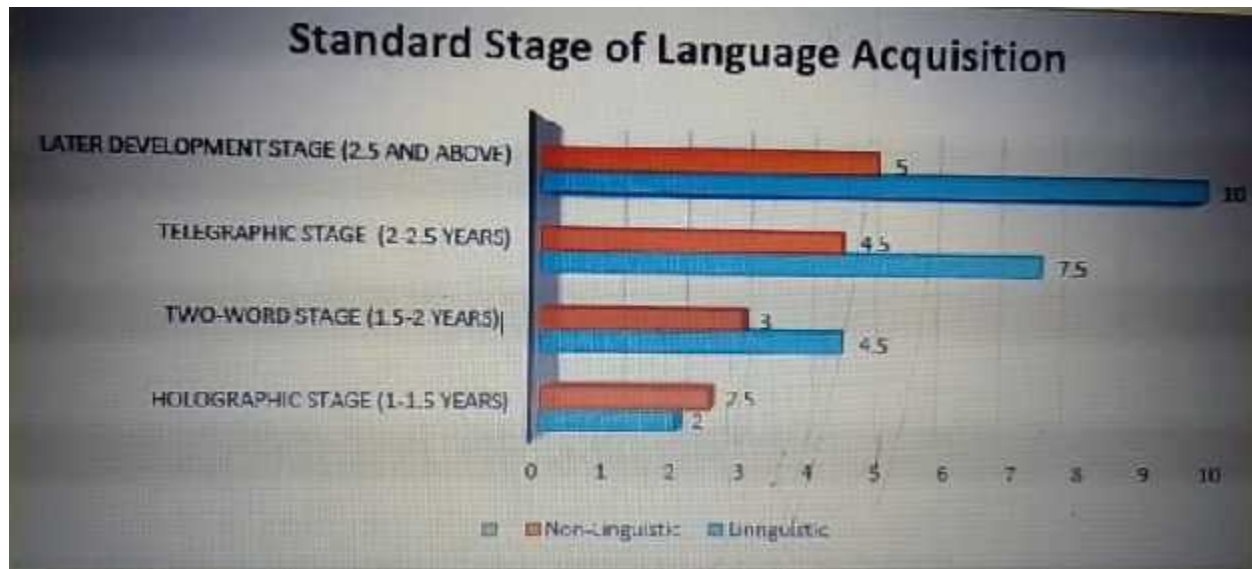
4.2. Verifying Linguistic and Non-Linguistic Development of autistic Children of SWAC: In this chart, linguistic and non-linguistic feature has been has verified from parent's interview.

Standard Stages	Linguistic Feature for Syntactic Development	Yes /No	Non-Linguistic Feature added to Syntactic Development	Yes/ No	Rating
Holophrastic Stage (1-1.7 years)	Only single words like 'dada', 'mama', copies sounds he hears, Strings vowels together when babbling ("ah," "eh," "oh") and, consonant sounds (jabbering with "m," "b")	Y	Cooing, smiling at people, tries to calm herself, tries to look at parent, stands, holding on, can get into sitting position, sits without support, pulls to stand Crawls etc.	Y	Medium
Two- words Stage 1.5-2years)	Two words or incomplete phrases 'Daddy hat', Mama water, says several single or two words, Says and shakes head "no", Pointing, remembering names	Y	Start walking, can help undress herself, drinks from a cup, remembering everyday things, brush, spoon, Points to get the attention of others.	Y	Medium

Telegraphic Stage (2-2.5 years)	Subject-VP patterns, I lost a shoe', I see a bird etc., points to things in a book, Repeats words overheard in conversation, Points to things or pictures when they are named	Y	Stands on tiptoe, kicks a ball, begins to run, climbs onto and down from furniture without help, walks up and down stairs holding on, throws ball overhand	Y	Low
Later Development Stage (2.5 and above years)	Negation, inversion, WH-questions, passivization etc, understands words like "in," "on," and "under", says first name, age, and sex, names a friend,	Y	Can work toys with buttons, levers, and moving parts, makebelieve with dolls, animals, and people, climbs well, runs easily,	Y	Low

There are so many varieties of linguistic disable children. Some may have early linguistic feature like babbling with 'baba' or 'ma', but do not have any two-word stage or any of the stage. On the other hand, some may have developed early feature in later age. There are children who can only read sentence but cannot apply in real life. One can speak sentence but have a big problem of repetition of same word in a single sentence. As it has shown the non-linguistic activity of ordinary children where autistic have a variety of disabilities in the sector of cognitive, social and emotional.

The research have been listed out a range of linguistic and non-linguistic disabilities while taking interview with parents, teacher, students and other stuffs of an autistic care center.



In this chart linguistic and non-linguistic features have shown following and developing one after another stages of language acquisition. In holophrastic stage new born baby have developed one or two linguistic and non-linguistic features and the child can produce two-word linguistic features and also develop more non-linguistic features, as it is developed its age, it also develops different linguistic and non-linguistic features at the same time. This research has designed to verify or identify different autistic feature or disable linguistic feature following the same standard stages of ordinary children. After knowing different linguistic and non-linguistic features of the standard stage of language acquisition, it is very easy to identify autistic children's linguistic disabilities.

4.2. Linguistic Disabilities Following Standard Stage of Language Acquisition

1. Holophrastic Stage (1-1.5 years): they cannot utter vowel sounds "ah", "eh", "oh" and no babble "mama", "baba", "dada". They does not respond to loud sounds, doesn't watch

things as they move, doesn't smile at people, doesn't bring hands to mouth. They can't hold head up when pushing up when on tummy, doesn't watch things as they move, doesn't smile at people, can't hold head steady, doesn't coo or make sounds, doesn't bring things to mouth, doesn't push down with legs when feet are placed on a hard surface, has trouble moving one or both eyes in all directions.

2.

Two- words Stage 1.2- 2years: Doesn't use 2-word phrases (for example, "drink milk") Doesn't play any games involving back-and-forth play, doesn't respond to own name, doesn't seem to recognize familiar people, doesn't look where you point, doesn't transfer toys from one hand to the other, doesn't crawl, can't stand when supported, doesn't search for things that she sees you hide, doesn't say single words like "mama" or "dada", Doesn't learn gestures like waving or shaking head, doesn't point to things, loses skills he once had.

3.

Telegraphic Stage (2-2.5 years): No Subject-VP or syntactic patterns, does not know what to do with common things, like a brush, phone, fork, and spoon, does not copy actions and words, does not follow simple instructions, doesn't walk steadily, loses skills she once had

4.

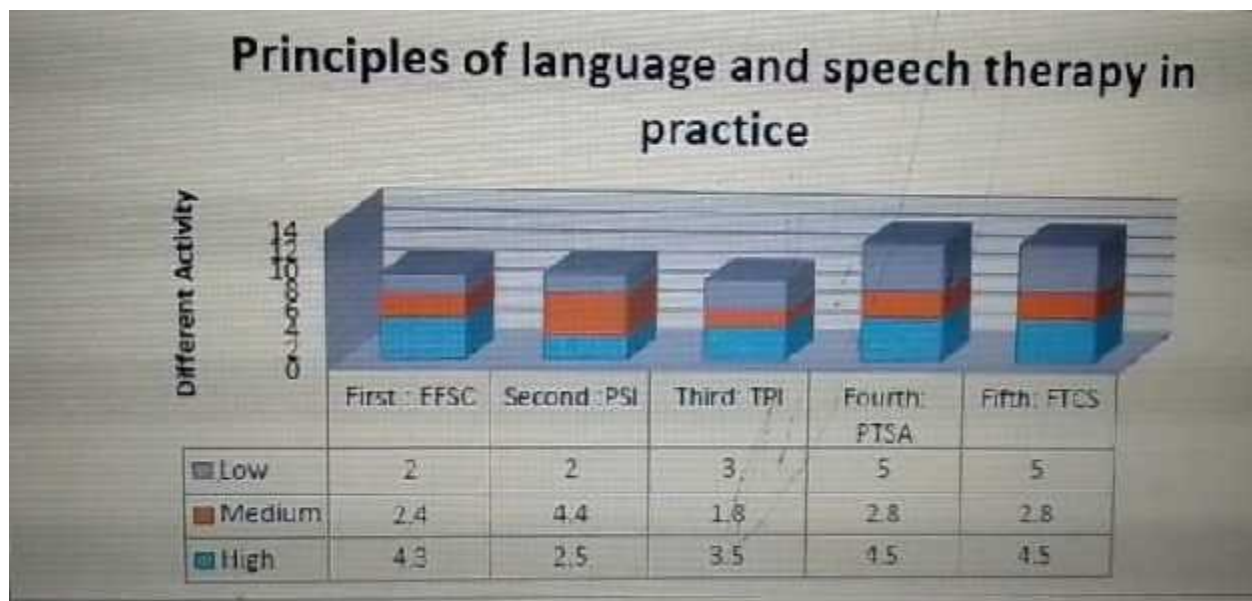
Later Development Stage (2.5- 3 and above years): they have no negation, inversion, WH – questions, passivization etc. They also falls down a lot or has trouble with stair, drools or has very unclear speech. They cannot work simple toys (such as peg boards, simple puzzles, turning handle), does not speak in sentences, doesn't understand simple instructions, doesn't play

pretend or make-believe, doesn't want to play with other children or with toys, doesn't make eye contact, loses skills he once had.

4.3. Principles of language and speech therapy in practice: In this chart, different principle of speech and language therapy has been verified in RIAND Bangladesh following different activity. I have contacted with the Colombian Speech and Language therapists 'Carrie to get her permission to use the five principles to verify linguistic abilities of Dhaka city. I have started to use this chart to verify linguistic level of autistic children after getting her permission.

Speech and Language Therapy	Period	Activity Name	YES /NO	Rating
Establishing Functional and Spontaneous Communication	First	Using AAC, Voice-Output AAC Device, Picture Communication System, Feature Language, Helping Children Use Language Spontaneously	Yes	Medium
Providing Social Instruction	Second	Direct Instruction of Socially Acceptable Behaviors, Visual Supports, Social Stories, Video Modeling.	Yes	High
Target Peer Interaction	Third	Peer Interaction Skills for Younger Children, Play skills, Responding to Name, Establish Joint Attention, Peer Interaction Skills for Older Children, Target Conversational Skills, Teach Perspective-Taking	Yes	Medium
Providing Training and Support to Other Adults	Four	The Trouble with Generalizing, How to Get Children with Autism to Generalize, Direct Therapy Minutes, Push-In Therapy Minutes, Consultation Minutes etc.	No	Low
Fine Tune Communication Skills as Other Areas Improve	Five	Speech sounds Errors, Errors in Grammar problem asking and answering questions, difficulty with figurative language.	No	Low

I have done this work after observing the institution more than three weeks inside the classroom, taking notes from parent's interview, teacher's interview, communicating with other staff, instructor of the RIAND Bangladesh. There is only one language therapist who is controlling the all children with a less training of speech therapy. But the institution is focused some of the activities of speech and language therapy in their everyday classroom activities, such as peer work, social instruction, answering question, voice output device, following instruction, picture communicating, feature language etc.



The chart described the evaluation of marking high, low and medium level of different practice of speech and language therapy in RIAND Bangladesh. Although the institution does not have any particular therapy section for speech and language therapy, it also follows some essential linguistic practice following listed item.

a. EFSC/Establishing Functional and spontaneous communication: According to the chart

RIAND Bangladesh has highly followed this section including picture communication,

feature language, helping children to use language spontaneously,

- b. PSI/providing social Instruction to autistic children: RIAND Bangladesh has followed this section medially; class teachers are only practicing Direct Instruction of Socially Acceptable Behaviors, Little Visual Supports, and Social Stories etc.

- c. TPI/Target Peer Interaction: RIAND Bangladesh has followed this section highly including different activities as play skills, responding to name, establish joint attention, peer interaction skills for older children, etc

- d. PTSA/Providing training and support to other adults: RIAND Bangladesh has followed this section highly including different activity like parent's responsibilities towards autistic children, different communication practice etc.

- e. FTCS/Establishing Functional and Spontaneous Communication:

RIAND Bangladesh has followed this section highly including different activity like Problems Asking and Answering Questions In Bangladesh just a few years back, people were merely aware about disability with Autism. Only the parents of autistic children are mainly concerned about their children with in urban area. People did not know how to treat autistic children to overcome such disability. Many parents did not believe that there is a possibility to cope with the difficulties of Autistic children. However, the unexpected situation is improving throughout the country in recent years. Electronic and print Media plays an

important role to build up the awareness on this issue inside the country. NonGovernment Organizations (NGO) and Foreign Agencies are also working for awareness building in this regard.

4.4. Recommendation of the study

Children with Autism are special need students and they have the right to the service and supports as specified in their Individualized Educational Program IEP. Perfect identification of disabilities by Autism Specialist, Teaching and Learning Methodology, and Level based therapy, Authentic Speech and Language Therapy, best learning environment, opportunity and community must be needed into the system of total educational system. The relevant educational research and curriculum, the projects would have to be developed in a systematic way. Administrative structure of these institutions should be developed in a progressive way.

There should have training program for parents as early intervention, sensory integration, language learning process and different stage of language learning period, possible practice of speech and language therapy for family members, value of communication-based language practice, involving home and community.

At the same time government should takes some necessary steps to build up social awareness about autism so that parents can easily identify their child's different standard stage of language acquisition. Government also should take some necessary steps to develop speech and language therapy treatment in rural area and well experienced trainer or therapist must be available in all

autistic school in Bangladesh.

Chapter Five

Conclusion

At the end of the research, it can say that there is practical practice of language and speech therapy that is needed to practice regularly in all autistic care center school to develop their linguistic skills. However, in Bangladesh parents are not aware of different stage of child's language acquisition and even not in speech and language therapy. This is the main reason of Bangladeshi autistic language disabled children for developing their linguistic level.

Limitation of this Study

They cannot afford all the Autistic children coming to these organizations for their space limitation and they do not have extra playground for children without building. They have a fund limitation that they have no own complex to provide teachers. They also have a limitation of machinery and tools. There is a social awareness limitation remaining on Dhaka city still now. Cause, I get more than three students around Mohammadpur who does not have the ability to join in some popular Autistic Care in Dhaka city for poverty. Even, their parents have no idea about free treatment of underprivileged children.

Due to lack of trained professionals, it is really impossible to reach autistic children. They

do not have easy access to a tertiary level hospital. There are no well-trained available Autistic Specialist or Therapist inside in Dhaka city. There is no available doctor who is well educated on Autism at Thana and District level of Bangladesh. Therefore, misdiagnosis and mistreatment still occur for the less availability of specialist and therapist. Another challenge that has to overcome is in education.

References

Alberta Learning. (2003). Teaching students with autism spectrum disorder. Retrieved from <http://education.alberta.ca/media/511995/autism.pdf>

Belkadi, A. (2006). Language impairments in autism: evidence against mind-blindness. SOAS Working Papers in Linguistics, 14, 3-13. Retrieved from <http://www.soas.ac.uk/linguistics/research/workingpapers/volume-14/file37813.pdf/>

Tager-Flusberg, H., Paul, R., & Lord, C. (2005). Language and communication in autism. In Handbook of autism and pervasive developmental disorder (pp. 335-364). Retrieved from https://medicine.yale.edu/childstudy/autism/class/339_99903_Chapter%2012%20Language%20and%20communication%20in%20autism.pdf

Solomon, O. (2004). Narrative introductions: discourse competence of children with autistic spectrum disorders. Discourse Studies, 6, 253-276. Retrieved from http://autism.justinecassell.com/autism08/wiki/images/5/54/6_Solomon.pdf

Astington, J. W., & Edward, M. J. (2010, August). The development of theory of mind in early childhood. Retrieved from <http://www.child-encyclopedia.com/documents/AstingtonEdwardANGxp.pdf>

Appendix

Appendix 1: Questionnaire for the teachers

Questionnaire on ‘A Study of the Linguistic Impairments and Syntactic development of the Autistic Children’.

Centre’ Name :

1. Did you find an autistic child who was affected by autism after 3 years of age?	Yes	No	No Comment
2. Is language delay common among the autistic kids?	Yes	No	No Comment
3. Did you find an autistic child who could say two or three sentences together?	Yes	No	No Comment
4. Do the autistic children lack intonation in their speech and does it make their speech boring and monotonous?	Yes	No	No Comment
5. Do they have problems in understanding the non-literal sequences (e.g. metaphor, joke, irony, mockery)?	Yes	No	No Comment
6. Have you ever found any kid who is hyperlexic (those who begin reading words before they get to school and are obsessive in their interests in letters, reading or writing)?	Yes	No	No Comment
7. Do you think that linguistic and communicative difficulties of the autistic kids can be overcome with the help of supportive friends, family and teachers?	Yes	No	No Comment
8. Could you find one whose natural age and mental age are same?	Yes	No	No Comment

Appendix 2: Interview of the teachers

1. Naturally within what age children get affected by autism?
2. How less is the linguistic development of autistic children compared to normal children?
3. How many methods do you use for their syntactic development?
4. How much development do they get coming to the autism Centre?
5. What types of difficulties do the autistic children have in word use and sentence structure?
6. What types of articulation problems do the autistic children experience?