



## **A Child with Autism in a State School – A program for working with an autistic child in primary school**

**ABSTRACT:** Emilia Wieczorek, *A Child with Autism in a State School – A program for working with an autistic child in primary school*. Interdisciplinary Contexts of Special Pedagogy, no. 29, Poznań 2020. Pp. 247–261. Adam Mickiewicz University Press. ISSN 2300-391X. e-ISSN 2658-283X. DOI: <https://doi.org/10.14746/ikps.2020.29.12>

In the paper, the author discusses educational interactions focused on a child with autism. The first part of the study presents the characteristics of functioning of an autistic child, taking into account specific needs and difficulties. The research material was used to present the specificity of child's functioning in certain developmental spheres: socio-emotional sphere, cognitive sphere, self-care, communication, sensory integration and motor integration. Bearing in mind a multi-profile diagnosis of the disorder and including various spheres of child's functioning, the diagnosis was referenced to programming the process of support. The author concludes by presenting a reflection on dilemmas and challenges in education of autistic children.

**KEY WORDS:** autism, school, case study, developmental spheres, educational impacts, diagnosis

### **Introduction – Individual needs of a student with autism**

According to the scientific literature, childhood autism is a disorder of a complex nature. As emphasized by Aleksandra Maciarz, it is a diverse syndrome with many different symptoms. Thus, child-

hood autism is a heterogeneous and multiform disorder [Maciarz, 2000, p. 9]. However, Iwona Chrzanowska points out numerous controversies over the subject. In her opinion, the syndrome should be referred to as autism spectrum disorder, i.e. an area with three types of patients having characteristic autistic features. The patients have different expectations, mechanisms and causes of developmental difficulties [Chrzanowska, 2012, p. 107]. As Jolanta Wasilewska, Elzbieta Jarocka-Cyrta and Maciej Kaczmarski indicate: *the symptoms of the three axial directions of development are referred to as the so-called autistic triad and include: social development disorders, deficits and dysfunctions in communication (verbal and non-verbal) and behavioural disorders. The phenotypic variability of autism also includes a different level of mental development – cognitive impairment* [Wasilewska, Jarocka-Cyrta, Kaczmarski, 2009, p. 40]. This is in line with the Kazimierz Zablocki' findings, who points out that autistic disorders are a series of many developmental abnormalities, which differ in aetiology and the specificity of child's functioning. Thus, upbringing and educational problems in children with autism depend on their individual skills and predispositions. However, as K. Zablocki emphasizes, we can indicate a certain area characteristic for this group. In his opinion, the most common disorders and abnormalities are related to social development [Zablocki, 2002, p. 65]. Judith Bluestone also points to communication as a common area. At the same time, she believes that viewed from standpoint of the didactic and educational work with a child with autism, it is communication that determines both quality and effectiveness of educational, didactic and therapeutic interactions. In the author's opinion, general functioning of a child with autism is also determined by the problem with setting patterns and the unity of senses. Indeed, an autistic child makes attempts to put a disorganized and constantly changing reality in order. According to J. Bluestone, it is natural that a child with autism will strive to implement predictable sequences to bring order in its life and eliminate chaos [Bluestone, 2012, p. 89].

Pursuing the theme of the specificity of early childhood autism, we should mention that the disorder is associated with congenital

dysfunctions of the nervous system. As indicated in the scientific literature, the aetiology of the disorder is multifactorial and relatively complicated. The symptoms worsen and are especially noticeable before the age of three. As Urszula Bigas indicates, both infants and children before the age of two may present different symptoms of autism spectrum disorder. The symptoms generate characteristic reluctance to establish social relations, systematic behaviours and avoidance of communication [Bigas, 2012, pp. 361–365]. However, according to the scientific literature, these behaviours are intentional and deliberate. Their autotelic goal is communication, but one that is acceptable to a child with autism [Markiewicz, 2004, p. 91]. According to Barbara Winczura, this is due to the fact that [...] *any non-communication, cutting ties or withdrawal is a kind of an autistic child's search for understanding* [...] [Winczura, 2004, p. 91].

It is worth emphasizing that sometimes social development disorders are not noticeable at all stages. However, as U. Frith points out, early childhood is an important stage of development. Indeed, in the author's opinion: *Early childhood – from the age of 3 to 5 – is the period in which the social isolation of an autistic child reaches its peak. [...] Five-year-old autistic children usually show progress in the development of social skills and general adaptation. In fact, in these children, socialization progress is observed throughout the entire period of development* (Frith, 2009, p. 132). As Lorna Wing indicates, the isolation is also a consequence of aggressive behaviours, destructive actions and the lack of cause-and-effect analysis. The accompanying anxiety intensifies reluctance to interact with others and aggravates hostile, defensive reactions [Wing, 2005, p. 118]. As K. Zablocki points out: *Some scientists believe that limited skills in playing are one of the causes of impaired interactions between children with autism and their peers. Without the ability to make friends, the children do not have an opportunity to practice all necessary social skills, including the ability to function in a group, cooperate or control impulsiveness* [Zablocki, 2005, p. 82]. It should also be mentioned that implementation of the upbringing and educational process is influenced by various problems of children with autism. The most frequent issues included in the scientific literature

are digestive tract disorders, symptoms of heavy metal poisoning [Dawidiuk, 2009, p. 24], sleep disorders [Pisula, 2010, p. 63], Candida fungal infections, weakened immunity and numerous allergies [McCandless, pp. 52–59]. For the purpose of this study, stereotypical behaviours in children with autism should also be mentioned. As J. Bleszynski points out: *In early childhood autism, i.e. until the age of 12 months – stereotypes and general anxiety coexist; they are observed mainly as hand and head movements, around the age of 2 they occupy a central place in the child's behaviour, repertoire of stereotypes is expanding; aggravation of anxiety and highly expressive reactions; play is stereotypical, schematic* [Bleszynski, 2011, p. 96]. According to the scientific literature, there are various examples of rigid behaviour patterns, their nomenclature is also diverse, e.g. fixations, mannerisms, stereotypes, perseverations, compulsions, obsessions and others [Charman, Bair, 2002, pp. 289–300].

Iwona Chrzanowska also addresses an important issue of functioning of a child with autism in contemporary school. She believes that autism causes the child to take on a characteristic student role which is different from the commonly known. The author points to a specific relationship. If we have an autistic student in our school, it is also necessary to have teachers and educators adequately prepared for this work. The researcher investigates knowledge of contemporary and future educators about autism and a number of dilemmas related to education and integration at the educational level. The study results clearly indicate the existence of harmful stereotypes about autism in the selected social group. This also proves the lack of knowledge and skills which are crucial to undertake work necessary to stimulate the multidimensional development of a child with autism [Chrzanowska, 2012, pp. 109–114].

## **A case study – data analysis**

Before starting data analysis, it is worth presenting methodological assumptions of our research. The aim of the study was to prepare a program of working with a child with autism in primary

school. Detailed problems involved the following areas: demographic characteristics of the child, boy's functioning in particular spheres: socio-emotional sphere, cognitive sphere, self-care, communication, sensory integration and motor skills. To implement the research, theoretically justified conceptual and instrumental procedures were adopted in order to cover the entire investigation and then solve a given scientific problem. For the purposes of this study, a case study research method was chosen. It allows to include a broad philosophical context. As Wladyslaw Tatarkiewicz indicates, the first studies based on this method can be found in the works of famous philosophers: Socrates, Plato or Aristotle [Tatarkiewicz, 1999, pp. 70-74]. With reference to the methodological literature, Tadeusz Pilch points to the following definition of a case study: *... is a method of research based on the analysis of individual human fates involved in specific educational situations, or the analysis of specific phenomena of educational nature seen through the prism of human biographies with a view to diagnose a case or phenomenon and undertake therapeutic activities* [Pilch, 1974, p. 62]. According to this definition, the method is somewhat different from the techniques used in pedagogy. According to the definition presented by Mieczyslaw Loboeki, which is in line with the T. Pilch's definition, *the method of an individual case study and monographic method are two variants of the so-called case study, i.e. in its narrow and broad sense* [Loboeki, 2000, pp. 245-250].

As demonstrated in the introductory section to this publication, a student with autism has the need for an individualized assessment of his/her skills, competences and problems. On the other hand, the definition indicated by T. Pilch gives grounds to believe that the case study method chosen for this analysis will allow for a thorough and multifaceted exploration of the topic. The following research techniques were used in the study: questionnaire interview with the class tutor, questionnaire interview with the teacher co-organizing integration education, questionnaire interview with the teacher - speech therapist, observation and desk research. These research techniques were used to collect source material and prepare the boy's case study.

**Adam M. born X.X.2013<sup>1</sup>**

Adam was born in 2013. In the 2019/2020 school year, he attended the kindergarten in a state school. In mother's opinion, the child's development was normal until the age of 2. The mother compared her son's achievements to the development of his older brother. Problems with social interactions and abnormalities in the general development observed by the mother and the teaching staff of the kindergarten resulted in a consultation at the Psychological and Pedagogical Out-patient Clinic. In the 2017/2018 school year, specialists decided on the need for early support of the child's development, i.e. special education. The documentation clearly indicated that the organization of upbringing and education should include special methods and forms of work adapted to children with autism. The key task of the educator and other entities responsible for the boy's educational and therapeutic process is, according to the documentation, operationalization of educational and therapeutic goals and their adaptation to individual needs and skills of the child. Moreover, it is necessary to adapt rooms and the organization of the class life to allow the boy function properly by reducing the number of stimuli. The source material (completed questionnaire of the interview with the class tutor, completed questionnaire of the interview with the teacher co-organizing integration education, completed questionnaire of the interview with the speech therapist teacher, analysis of the certificate on the need for special education, analysis of the statement on the need for early support of the child's development, observation of the boy's work - observation sheet, analysis of the initial diagnosis of the child's readiness to begin primary school education, analysis of the boy's artistic and technical works, analysis of exercises and notebooks with doodles) was used to prepare the characteristics of boy's functioning in particular spheres. It is as follows:

---

<sup>1</sup> Child's name was changed. Day and month of birth were concealed, year of birth is real.

1. **Socio-emotional sphere** – The boy interacts with peers. He makes a brief eye contact and creates a common area of interests. He shows an interest in the surroundings, plays with toys for a short time, but becomes bored relatively quickly. He seeks new activities on his own. When interacting with teachers and other school staff, he shows respect and uses polite phrases. His behaviour is easy. When playing, he sometimes does not follow the rules of the class community (he often throws blocks, sometimes he does not tidy up toys after play – teacher's reminder is necessary).

2. **Cognitive sphere** – Short-term attention, he becomes easily distracted, often changes activity and is hyperactive. When performing tasks, he initially listens and follows commands, he respects bans. Signs of impatience and difficulty concentrating appear fairly quickly. Involuntary attention, which is dominant, is stimulated by interesting objects and activities. The boy requires repetitions, commands and mobilization to complete the task. He can match three shapes to a puzzle, build a tower of many blocks, form a picture from 4 parts, play with water and other substances: he pours liquids and loose substances, puts items into containers, pours from one container into another, arranges according to a simple pattern.

3. **Self-care** – As for self-care, from time to time, he needs help from the teacher, has problems with putting shoes on properly. He reports physiological needs, eats and drinks on his own, maintains the correct posture while eating a meal.

4. **Communication** – Active and passive vocabulary is normal. There is a speech impediment. The boy correctly identifies and names items, counts to 10, names colours. Adam usually palatalizes dentalized sounds: sz, ź, cz, dź, s, z, c, dz, however, sometimes he correctly articulates these sounds. He substitutes k with t, f with ch, r with l, li with ly. When pronouncing more difficult words, simplifications, elisions and shifts appear. His articulation is largely age-adequate. He uses gerund clauses and short statements. Adam has difficulty understanding complex commands and expressing cause-and-effect relationships. The child often does not answer questions, but sticks to the issues that are interesting to him. The boy has diffi-

culty in spontaneous describing the content of pictures, but tries to answer the questions related to the picture.

5. **Sensory integration** – The sense of hearing, taste, smell, sight are normal. Touch – no features of hyper or hyposensitivity. He likes games based on the sense of touch acc. Bogdanowicz, activities in which he can get dirty, for example making Plasticine figures, using play doh, playing with kinetic sand, painting with 10 fingers, with sensory boxes filled with rice, beans and peas. His proprioceptive system is hypersensitive – he is eager to play movement games and is very fond of climbing. He likes strong pressure, while playing he often hits the body hard against the ground or the floor. The child seeks pressure, has a great need to frolic, often falls to his knees, eagerly wrestles, and loves jumping intensively. The vestibular system is hyposensitive. Adam very often tries to change his activity, is hyperactive, runs and jumps. He has difficulty maintaining a sitting position for longer. He likes fast movement. He gets distracted quickly.

6. **Motor skills** – Fine motor skills – he uses the right hand. Manual dexterity is significantly reduced: boy's drawing requires support from the teacher. He can reproduce the pattern from an example picture, but he cannot create it himself. He likes painting and uses the technique of 10 fingers on large sheets of paper. He makes Plasticine rollers, picks up small items and puts them in a box with a hole, puts blocks on a peg, etc. Gross motor skills – the boy prefers playing on the carpet, he walks up and down the stairs by himself. General motor skills are good, age-adequate.<sup>2</sup>

This characteristics of boy's functioning was used to develop a program of multifaceted interactions. Within each sphere, general and specific goals were indicated, taking into account the boy's skills and predispositions as well as difficulties not related to the developmental disorder. Within each sphere, a proposal for didactic activities was made (the program of support). The program is presented in the table below.

---

<sup>2</sup> Source: Own study based on the source material.



**Table 1.** Reference of the diagnosis to programming the process of support

Child's development sphere	General objective	Specific objectives	Program of the process of support
Socio-emotional sphere	Intensive, global stimulation of social and emotional development	<ul style="list-style-type: none"> <li>- learning the ability to function in a group and play together,</li> <li>- participation in various forms of social and cultural life,</li> <li>- instilling norms and principles of social life,</li> <li>- elimination (suppression) of "difficult behaviours",</li> <li>- developing a sense of acceptance and security</li> </ul>	Thematic games with the use of hand puppets, books, picture stories, relaxation exercises, relaxation, the use of colour assessment system to eliminate difficult behaviours, social praise/reward.
Cognitive sphere: memory, attention, thinking, visual and auditory perception	Intensive, global stimulation of cognitive development	<ul style="list-style-type: none"> <li>- dynamization of memory and attention,</li> <li>- learning to understand simple and more complex commands,</li> <li>- extending the time of concentration</li> </ul>	Matching, guessing, wooden puzzles, puzzles, forming pictures from parts, classifying according to the criterion: shape, colour, usage, searching for a hidden object and elements in a picture, extracting, grouping, drawing, painting, moulding, etc.
Self-care: - food - dressing up - cleaning and washing - other	Developing maximum self-reliance and resourcefulness in everyday situations	<ul style="list-style-type: none"> <li>- shaping the ability to independently dress items of clothing, including footwear,</li> <li>- developing the skill of unassisted hand washing,</li> <li>- shaping cleaning habits;</li> <li>- learning to play independently;</li> </ul>	Engaging the child in physical contact with a therapist – imitation, thematic games with dolls and teddies imitating the activities of washing and wiping hands, imitation games – dressing shoes.
Communication	Developing communication skills	<ul style="list-style-type: none"> <li>- establishing emotional contact with the child,</li> </ul>	Keeping visual, emotional and verbal contact with the use of objects and

Sensory integration Smell, hearing, sight, touch, balance, deep sensation	Shaping the awareness of one's own body	<ul style="list-style-type: none"> <li>- imitation of certain actions and gestures,</li> <li>- reacting to bans, e.g. "do not",</li> <li>- pointing at individual parts of the body and signalling the needs,</li> <li>- using short, voice-enhanced commands (including intense facial expressions),</li> <li>- developing communication adequately to the child's possibilities, symbols of alternative communication,</li> <li>- enriching the ways of communicating, developing an active and passive vocabulary,</li> <li>- hearing training - an organ of reception,</li> <li>- improving the respiratory and phonatory systems (strengthening the respiratory and phonation muscles, improving articulators)</li> </ul>	<p>pictograms; associating words with an object/activity; the use of exercises to strengthen the organ of articulation;</p> <ul style="list-style-type: none"> <li>- "from" and "to" communication; imitation and cooperation in play and during tasks; communication with parents and peers; the use of "verbal bath" in everyday activities;</li> <li>- speech therapy massages, rhythmic gestures and movement creations, auditory programs, for example "I listen and learn to speak" - "Vowels and exclamations", "Onomatopoeic expressions"</li> </ul>
		<ul style="list-style-type: none"> <li>- normalization of the proprioceptive system,</li> <li>- normalization of the vestibular system</li> </ul>	<p>Delivering large doses of proprioceptive sensations in order to improve the sensation of the body and regulate the state of arousal;</p> <ul style="list-style-type: none"> <li>• Jumping with a ball with ears, trampoline, frog jumping, swinging</li> <li>• Playing on the playground: climbing frames, slides, swings, sandpit, wrestling games, elbowing.</li> <li>• Spinning while sitting on a slippery surface.</li> </ul>

<p>Motor skills Fine and gross motor skills</p>	<p>Stimulation of motor development</p>	<ul style="list-style-type: none"> <li>- stimulation of perceptual and motor functions,</li> <li>- developing graphomotor skills, flexibility and precision of hand and finger movements</li> </ul>	<p>Relaxation exercises - e.g. playing with water, painting with hands, manipulation games (e.g. touching, squeezing, opening, putting on various objects, - exercises to improve the work of the hands and palms, various manual exercises, including drawing, painting, tearing, kneading, moulding, sticking)</p>
<p>Child's own activity (according to preference) - interests - manipulation - games: thematic, construction, drawing, reading/ paging books</p>	<p>Intensive, global stimulation of cognitive, social, emotional and motor development</p>	<ul style="list-style-type: none"> <li>- improving the ability and extending the time of concentration,</li> <li>- learning about closer and further surroundings,</li> <li>- arousing interest in the social environment</li> </ul>	<p>Thematic games according to the child's preferences, just following the child - observation - modelling activity in the desired direction, providing books - playing with text and pictures, using various objects in therapy (toys and objects from the surroundings) by manipulation and in free and directed play, enriching therapeutic activities and play with aids and items available in the rooms.</p>

Source: own study based on the research material and scientific literature: C.H. Delacato, 1995, cf. also A. Maciarz, 2000, cf. also U. Frith, 2008, cf. also F. Affolter, 1997, cf. also T. Galkowski, cf. also J. Kossewska 2000, cf. also H. Olechnowicz, 2003, cf. also E. Pisula, 2000, cf. also J. Bleszynski, 2004, A. Szczypczyk, Joanna Kossewska 2009, R. Piotrowicz 2016.

## **Conclusion – educational process in children with autism – dilemmas and challenges**

Education of a child with autism entails not only various dilemmas, but also challenges for modern school. A child with autism spectrum disorder requires both interpersonal and individual support provided in all areas of educational activity. It is obvious that interpersonal skills are necessary for establishing and maintaining relationships with other people. It is sometimes impossible to measure and precisely estimate social skills, which belong to the group of psychosocial soft skills. However, because these skills play a particularly important role in social adaptation and have an influence on multidimensional development, it is necessary to emphasize the need for social skills training. We should take advantage of everyday circumstances and situations to model desired behaviours and emotional reactions. The teacher ought to be eager and unbiased in implementing the program. Any didactic and educational activities should be focused not only on acquiring skills and knowledge, but aimed at shaping interpersonal interactions, encouraging verbal contact and eliminating secondary dysfunctions. Based on the review of scientific literature and the research data, we can conclude that regularity is the autotelic value in working with an autistic child. When interacting with the child, the teacher should undertake various activities to stimulate its multidimensional development. As Deborah Deutsch Smith points out, *It is of utmost importance that autistic students experience programmed and supported interactions with healthy peers. This provides them with the correct patterns of behaviours and peer interactions* (Smith, 2008, p. 297). An overriding goal of autistic children education is to achieve child's self-reliance and resourcefulness in functioning in various areas of life. Working with an autistic child requires cooperation between an educator, teacher co-organizing integration education, school pedagogue, psychologist and other teachers supporting the process of therapy, education and upbringing. It is also important to ensure regular cooperation with parents/caregivers and institutions such

as psychological and pedagogical counselling centres. In order to optimize the effects of interactions, all entities involved should constantly improve their skills and knowledge about education of children with autism spectrum disorder.

## References

- Affolter F., *Spostrzeganie, rzeczywistość, język* [Perception, reality, language], WSIP Publishing House, Warsaw 1997.
- Bigas U., *Autyzm – charakterystyka zachowań językowych w autystycznym spektrum zaburzeń* [Autism – the characteristics of linguistic behaviour in autism spectrum disorder], [in:] S. Grabias, M. Kurkowski, *Logopedia. Teoria zaburzeń mowy* [Speech-language pathology. Theory of speech disorders], UMCS Publishing House, Lublin 2012.
- Bluestone J., *Materia autyzmu. Łączenie wątków w spójną teorię* [The matter of autism. Combining threads into a coherent theory], Publisher: Rozwiązać Autyzm Foundation, Warsaw 2012.
- Bleszynski J., *Terapie wspomagające rozwój osób z autyzmem* [Therapies supporting the development of people with autism], IMPULS Publishing House, Krakow 2004.
- Charman T., Bair G., *Practitioner review: Diagnosis of autism spectrum disorder in 2- and 3-year-old children*, "Journal of Child Psychology and Psychiatry" 2002, No. 43.
- Chrzanowska I., *Wiedza na temat autyzmu wśród obecnych i przyszłych pedagogów a dylemat wspólnego kształcenia i integracji w wymiarze edukacyjnym* [Knowledge about autism among current and future teachers and the dilemma of joint education and integration in the educational dimension], [in:] *Rocznik Lubuski* [Lubusz Annal], vol. 38, part 2.
- Dawidiuk I., *Wpływ diety na zachowania autystyczne* [The influence of diet on autistic behaviours], [in:] B. Wilczura, *Autyzm* [Autism], Impuls Publishing House, Krakow 2009.
- Delacato C.H., *Dziwne, niepojęte. Autystyczne dziecko* [Strange, Incomprehensible. An autistic child], SYNOPSIS Publishing House, Warsaw 1995.
- Frith U., *Autyzm. Wyjaśnienie tajemnicy* [Autism. The secret demystified], GWP Publishing House, Gdańsk 2008.
- Galkowski T., Kossewska J., *Autyzm wyzwaniem naszych czasów* [Autism as a challenge of our times], Scientific Publishing House of the Pedagogical Academy in Krakow, Kraków 2000.
- Lobocki M., *Metody i techniki badań pedagogicznych* [Methods and techniques of pedagogical research], IMPULS Publishing House, Kraków 2000.

- Maciarz A., Biadasiewicz M., *Dziecko autystyczne z zespołem Aspergera. Studium przypadku* [Autistic child with Asperger's syndrome. Case study], IMPULS Publishing House, Kraków 2000.
- Markiewicz K., *Możliwości komunikacyjne dzieci autystycznych* [Communication skills of autistic children], UMCS Publishing House, Lublin 2004.
- McCandless J., *Dzieci z głodującymi mózganami. Przewodnik terapii medycznych dla spektrum autyzmu* [Children with starving brains. Guide to medical therapies for autism spectrum disorder], Fraszka Edukacyjna Publishing House, Warsaw 2007.
- Olechnowicz H., *Wokół autyzmu. Fakty, skojarzenia, refleksje* [Around autism. Facts, associations, reflections], WSiP Publishing House, Warsaw 2003.
- Pilch T., Wujek T., *Metody i techniki badań w pedagogice* [Methods and techniques of research in pedagogy], [in:] M. Godlewski, S. Krawcewicz, T. Wujek, *Pedagogika* [Pedagogy], Warsaw 1974.
- Pisula E., *Autyzm u dzieci. Diagnostyka, klasyfikacja, etiologia* [Autism in children. Diagnosis, classification, aetiology], PWN Publishing House, Warsaw 2000.
- Pisula E., *Autyzm: przyczyny, symptomy, terapia* [Autism: causes, symptoms, therapy], Harmonia Publishing House, Gdańsk 2010.
- Smith D., *Pedagogika specjalna* [Special Pedagogy], APS Publishing House, Warsaw 2008.
- Szczyrzyk A., Kossewska J., *Kompleksowe wspomaganie rozwoju uczniów z autyzmem i zaburzeniami pokrewnymi* [Comprehensive support for the development of students with autism and related disorders], Impuls Publishing House, Krakow 2009.
- Tatarkiewicz W., *Historia filozofii*, T. 3 [History of Philosophy, Volume 3], PWN Publishing House, Warsaw 1999.
- Wasilewska J., Jarocka-Cyrta E., Kaczmarek M., *Patogeneza zaburzeń przewodu pokarmowego u dzieci z autyzmem* [Pathogenesis of gastrointestinal disorders in children with autism], „Polski Merkuriusz Lekarski” [Polish Medical Herald] 2009, vol. 27, No. 157.
- Winczura B., *Dziecko z autyzmem. Terapia deficytów poznawczych a teoria umysłu* [Child with autism. The therapy of cognitive deficits and the theory of mind], Impuls Publishing House, Kraków 2008.
- Wing L., *Związek między zespołem Aspergera i autyzmem Kanner'a* [The relationship between Asperger's syndrome and Kanner's autism], [in:] U. Frith, *Autyzm i zespół Aspergera* [Autism and Asperger's syndrome], Publishing House: Państwowy Zakład Wydawnictw Lekarskich, Warsaw 2005.
- Zablocki K.J., *Autism* [Autizm], Novum Publishing House, Płock 2002.

## Internet sources

- Czarnocka M., *Jak pracować z uczniem autystycznym?* [How to work with an autistic student?], material available online: <<https://www.portaloswiatowy.pl/pomocpsychologicznopedagogiczna/jak-pracowac-z-uczniem-autystyczny-11691.html>> [Accessed on 26.05.2020].

- Piotrowicz R., *Wczesne wspomaganie rozwoju dziecka – kompleksowe wsparcie terapeutyczne dziecka i rodziny. Diagnoza a program* [Early support of child development – comprehensive therapeutic support for children and families. Diagnosis and program], ORE [Education Development Centre], material available online: <<https://www.ore.edu.pl/programy-i-projekty-69647/wczesne-wspomaganie-rozkietadziecka/materialy-do-pobrania>> [Accessed on 28.05.2020].
- Pyzalski J., *Jak uczyć i wspierać współpracę w klasie* [How to teach and support collaboration in the classroom], material available online: <<http://www.macmillan.pl/szkolenia/small-talks/3376-jak-uczyc-i-wspierac-wspolprace-w-klasie>> [Access on 01.06.2020].