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Autism-Informed Inclusive Education and Positive Behavior Support: Building Classroom and Family Systems That Improve Outcomes for Learners with Developmental Disabilities

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Abstract- ***This article examines how autism-informed instructional design, positive behavior support, multidisciplinary collaboration, and family partnership can be integrated into a replicable school system that improves outcomes for learners with developmental disabilities. The study combines an integrative review of autism and inclusive education scholarship with a secondary ecological analysis of public Autism and Developmental Disabilities Monitoring (ADDM) 2022 data reported by Shaw et al. (2025). Site-level prevalence, subgroup patterns, diagnostic timing indicators, and early identification measures were synthesised into tables, heat maps, scatter plots, and a practical systems framework. The analysis shows a high and uneven prevalence burden across sites, ranging from 9.7 to 53.1 per 1,000 children aged 8 years. It also shows persistent sex disparity, meaningful racial and ethnic variation across sites, and a moderate inverse relationship between early evaluation and median age of diagnosis (r = -0.45). A stronger negative association between site-level prevalence and median diagnostic age (r = -0.77) suggests that systems which identify earlier tend to surface more learners in need of support. Read together with the literature on evidence-based autism practices, school-wide and individual positive behavior support, family-school collaboration, and professional development, these patterns support a coherent model of inclusive practice. The article proposes a classroom-family system organised around universal design, targeted supports, individualised PBS, family partnership, multidisciplinary teamwork, and continuous improvement. The argument advanced is that inclusion improves when instruction, behaviour, communication, and transition planning are designed as one connected system rather than as isolated interventions.***

Keywords: ***Autism, Inclusive Education, Positive Behavior Support, Family-School Partnership, Developmental Disabilities, Classroom Systems, Early Identification, Autism Spectrum Disorder, Special Education***

I. INTRODUCTION

Autism-informed inclusive education has moved from a specialist concern to a system-level priority. The latest Centers for Disease Control and Prevention surveillance report estimated autism spectrum disorder (ASD) prevalence at 32.2 per 1,000 children aged 8 years in 2022, equivalent to one in 31 children, with site-level estimates ranging from 9.7 in Texas (Laredo) to 53.1 in California (Shaw et al., 2025).

For educators, that shift has practical meaning: more learners need structured supports in communication, participation, sensory regulation, behavior, and transition across settings.

The service pressure is intensified by the broader special-education context. National Center for Education Statistics data indicate that the number of students aged 3-21 served under the Individuals with Disabilities Education Act (IDEA) increased from 6.4 million in 2012-13 to 7.5 million in 2022-23, rising

from 13% to 15% of public-school enrollment (National Center for Education Statistics, 2024).

At the same time, the U.S. Department of Education continues to document disproportionate exclusionary discipline and restraint affecting students with disabilities, reinforcing the need for school systems that are proactive, preventive, and instructional rather than reactive (U.S. Department of Education, Office for Civil Rights, n.d.; U.S. Department of Education, 2025).

For autistic learners and other students with developmental disabilities, inclusion is not secured merely by physical placement in a mainstream or community-based setting. It depends on whether the school can provide predictable routines, accessible communication, explicit teaching, appropriate behavioral supports, caregiver partnership, and coherent cross-disciplinary planning.

Recent systematic reviews show that inclusive success is shaped by the interaction of classroom design, teacher understanding, school climate, family engagement, and the practical availability of tailored supports (Petersson-Bloom and Holmqvist, 2022; White et al., 2023; Perrelet et al., 2025), (Tirivavengi et al., 2026).

This article argues that the most effective response is a connected classroom-family system. It develops that argument in two ways. First, it synthesises current literature on autism-informed inclusion, positive behavior support (PBS), family-school partnership, and implementation fidelity.

Second, it conducts a descriptive ecological analysis of official CDC ADDM 2022 data to identify patterns that matter for school practice: prevalence variation, subgroup disparities, diagnostic timing, and early identification.

The goal is not to restate surveillance findings, but to translate them into a replicable framework for schools, autism day centres, and life-skills classrooms.

II. LITERATURE REVIEW

2.1 Autism-informed inclusive education and participation

Evidence on autism-informed inclusive education increasingly points toward structure, responsiveness, and participation rather than one-off accommodations. Petersson-Bloom and Holmqvist (2022), in a systematic review of qualitative studies, found that successful inclusion for autistic students is repeatedly associated with predictability, environmental adaptation, teacher understanding, flexible responses, and coordinated support around the learner.

White et al. (2023) similarly emphasise strengths-based school environments in which belonging, meaningful participation, and recognition of student capabilities are treated as core design features rather than optional extras.

Recent synthesis also shows that inclusive education for autistic learners is multidimensional. Perrelet et al. (2025), reviewing 233 empirical studies, argue that support efforts have often been fragmented across academic, behavioral, and participation domains, and call for stronger community partnerships and better alignment between school practices and lived contexts.

Meindl et al. (2020) demonstrate that student engagement in inclusion classrooms improves when adults intentionally structure participation opportunities instead of assuming that presence automatically produces engagement.

The literature on evidence-based autism practice complements these inclusion findings. Wong et al. (2015) and Hume et al. (2021) show that autistic children and youth benefit from interventions that are systematic, explicit, and contextually implemented.

The National Clearinghouse on Autism Evidence and Practice Review Team (2020) synthesised intervention research published from 1990 to 2017 and reinforced the importance of evidence-based instructional, communication, behavioral, and social supports.

For schools, the implication is clear: autism-informed practice is strongest when evidence-based methods are embedded in ordinary instructional routines and monitored over time.

2.2 Positive behavior support, family partnership, and implementation

Positive behavior support is central to that ordinary routine. School-wide Positive Behavioral Interventions and Supports (PBIS) has been associated with improved school climate and reductions in behavior problems when implemented as a preventive framework rather than as a narrow disciplinary tool (Horner, Sugai and Anderson, 2010; Bradshaw, Waasdorp and Leaf, 2012).

For learners with extensive support needs, Walker et al. (2023) note that school-wide frameworks still matter, but they must be connected to individualised communication, sensory, safety, and data-review processes.

This is particularly relevant in autism-informed settings, where behavior is often communicative and where co-regulation, environmental adaptation, and functional analysis are more appropriate than punishment-based responses.

Family-school partnership is equally fundamental. Garbacz, McIntyre and Santiago (2016) found that stronger parent-teacher relationships and higher family involvement are associated with more coherent support for students with autism. Garbacz and McIntyre (2016) further showed that conjoint behavioral consultation can improve coordinated problem solving across home and school.

More recently, Santiago, McIntyre and Garbacz (2022) have argued that effective partnership depends on congruence: schools and families need to align not only on goals, but also on assumptions, routines, communication channels, and decision-making processes.

Fernández Cerero, Montenegro Rueda and López Meneses (2024) similarly report that parental involvement positively affects educational development when it is structured and supported rather than left informal.

Implementation capacity remains a recurrent challenge. Petersson-Bloom, Leifler and Holmqvist (2023) found that professional development can improve outcomes for students with autism when it is sustained, practice-linked, and supported by school organisation rather than delivered as isolated training.

This aligns with adjacent educational scholarship by Chitengu and Mupa (2026a, 2026b), which is not autism-specific but is useful for the present article because it emphasises evidence-informed instructional models, context-sensitive adaptation, and practical evaluation toolkits for diverse learning environments.

Those ideas support the proposition that schools need operational frameworks, not only broad inclusion commitments.

III. METHODS

3.1 Data sources and analytic approach

This study used a mixed literature-informed and data-analytic design. The first component was an integrative review of core scholarship on autism-informed inclusion, positive behavior support, family-school partnership, and professional development.

Priority was given to peer-reviewed systematic reviews, scoping reviews, and influential empirical studies from autism, special education, school psychology, and school behavior support literatures. A small number of official U.S. education and public-health sources were added to ground the discussion in current system realities.

The second component was a secondary ecological analysis of public CDC ADDM 2022 data reported by Shaw et al. (2025). A structured working dataset was built from Tables 1, 2, 4, and 5 of the surveillance summaries.

Table 1 supplied site-level prevalence among children aged 8 years. Table 2 supplied subgroup prevalence by sex and by race/ethnicity. Table 4 supplied the percentage of children evaluated by 36 months and median age at earliest documented diagnosis among sites with record abstraction. Table

5 supplied prevalence among children aged 4 years and the ratio comparing age-4 to age-8 prevalence.

The analysis is descriptive and exploratory. Unweighted site-level means, ranges, standard deviations, and Pearson correlations were calculated to identify patterning across sites. Heat maps and scatter plots were created to make subgroup and timing differences easier to interpret.

Because the data are ecological, site-level relationships cannot be interpreted causally and should not be read as student-level effects. However, this level of analysis is appropriate for the article's purpose, which is to translate surveillance patterns into system design implications for schools and disability-support settings.

An official public-health dataset was used in preference to a generic secondary repository because it is directly aligned to the article's topic and offers authoritative, contemporary indicators relevant to school planning. Where subgroup values were missing or suppressed in the original source, the present analysis preserved that limitation rather than interpolating values.

IV. RESULTS

4.1 National context and service pressures

Table 1 brings together a small set of national and school-system signals that shape the urgency of autism-informed inclusive practice. First, ASD prevalence is high and rising, with 2022 estimates exceeding 2020 levels at most comparable ADDM sites (Shaw et al., 2025). Second, the school system is serving a growing population of learners under IDEA (National Center for Education Statistics, 2024).

Third, students with disabilities remain disproportionately exposed to exclusionary and restrictive practices, including out-of-school suspensions, seclusion, and restraint (U.S. Department of Education, Office for Civil Rights, n.d.; U.S. Department of Education, 2025).

Taken together, these signals suggest that the inclusion question is no longer whether schools will educate larger numbers of autistic learners and students with complex support needs.

The practical question is whether they will do so using systems that are coordinated, data-informed, and humane. In the absence of such systems, schools risk overreliance on crisis response, fragmented support plans, and inequitable outcomes.

Table 1. Selected national and school-system signals shaping autism-informed inclusive practice.

Signal	Reported value	Why it matters for school systems
ASD prevalence among children aged 8 years (2022)	32.2 per 1,000 (1 in 31)	Shows a high and rising identification burden for schools and support services.
Site range in prevalence	9.7 to 53.1 per 1,000	Indicates large local differences in identification, access, and service ecology.
Male versus female prevalence	49.2 versus 14.3 per 1,000	Reinforces the persistence of marked sex disparity in identification.
IDEA service load	7.5 million students; 15% of public enrolment	Confirms growing special-education demand across the U.S. system.
Out-of-school suspension disparity	13% for students with disabilities versus 6% for peers without disabilities	Supports the case for preventive behavior systems rather than exclusionary discipline.

Restraint and seclusion context	More than 50,000 students restrained or secluded in 2020-2021; students with disabilities are 58% of those in seclusion/involuntary confinement	Underscores the need for humane, evidence-based alternatives.

Note. Values synthesised from Shaw et al. (2025), National Center for Education Statistics (2024), U.S. Department of Education, Office for Civil Rights (n.d.), and U.S. Department of Education (2025).

4.2 Site-level prevalence and subgroup variation

Site-level ASD prevalence among children aged 8 years varied markedly across the 16 ADDM locations (Table 2 and Figure 1). The unweighted site mean was 30.96 per 1,000, with a standard deviation of 10.53, a median of 31.70, and a range from 9.7 to 53.1.

California and Pennsylvania were well above the overall ADDM estimate of 32.2 per 1,000, while Texas (Laredo), Indiana, and Texas (Austin) were substantially below it. This spread is too large to dismiss as trivial noise; it points to meaningful differences in identification systems, service access, documentation practices, and local ecosystem capacity.

Subgroup patterns deepen that point. Nationally, boys were identified at 49.2 per 1,000 and girls at 14.3 per 1,000, a male-to-female ratio of 3.4 (Shaw et al., 2025). The site-level mean male-to-female ratio in the present analysis was 3.55, with values ranging from approximately 3.0 to 5.3, indicating that the sex disparity is not only national but also locally patterned.

Figure 2 shows that racial and ethnic variation is also substantial. Across the 12 sites with published subgroup values used in the heat map, site-averaged prevalence was higher for Black children (39.93) and A/PI children (39.70) than for White children (28.82), while Hispanic (33.27) and multiracial (34.95) averages were also above the White average. The values are not uniform across all sites, but the broad pattern aligns with the CDC's national summary showing White children as the lowest-prevalence group in 2022 (Shaw et al., 2025).

For school systems, the analytic implication is straightforward. A classroom or program cannot assume a single autism profile, a single-family pathway to diagnosis, or a single service history.

Inclusive practice must be designed for heterogeneity.

Table 2. Site-level ASD prevalence among children aged 8 years (CDC ADDM 2022).

Rank	Site	Population age 8	ASD cases	Prevalence per 1,000	Delta versus overall
1	California	15,212	807	53.1	+20.9
2	Pennsylvania	7,066	335	47.4	+15.2
3	Wisconsin	28,098	1,078	38.4	+6.2
4	Minnesota	17,331	616	35.5	+3.3
5	New Jersey	18,334	623	34.0	+1.8
6	Tennessee	26,182	889	34.0	+1.8
7	Georgia	35,213	1,149	32.6	+0.4
8	Missouri	19,968	640	32.1	-0.1
9	Arizona	6,709	210	31.3	-0.9
10	Arkansas	15,319	457	29.8	-2.4
11	Utah	24,395	658	27.0	-5.2
12	Puerto Rico	17,457	461	26.4	-5.8
13	Maryland	21,206	558	26.3	-5.9
14	Texas (Austin)	4,356	85	19.5	-12.7
15	Indiana	13,155	241	18.3	-13.9

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16	Texas (Laredo)	4,856	47	9.7	-22.5

Note. Overall ADDM prevalence was 32.2 per 1,000 children aged 8 years. Delta values show each site's difference from the overall estimate. Source: Shaw et al. (2025), Table 1; author's tabulation.

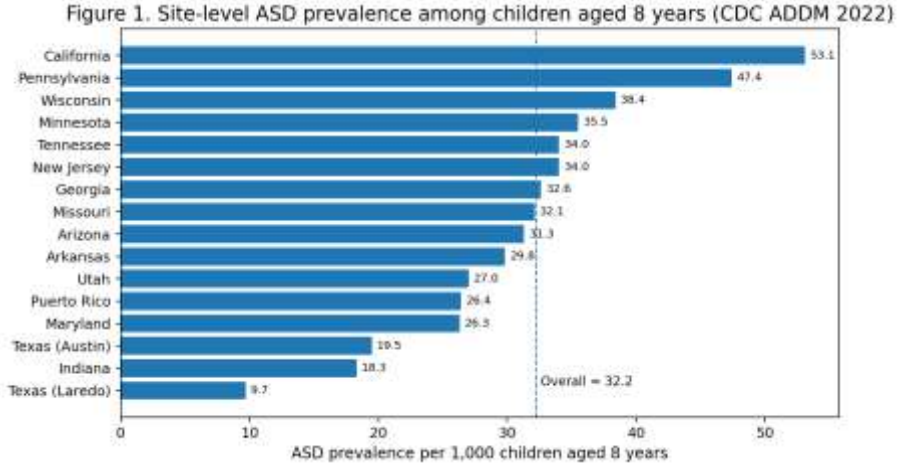

Figure 1. Site-level ASD prevalence among children aged 8 years. Source: Author's analysis of Shaw et al. (2025), Table 1.

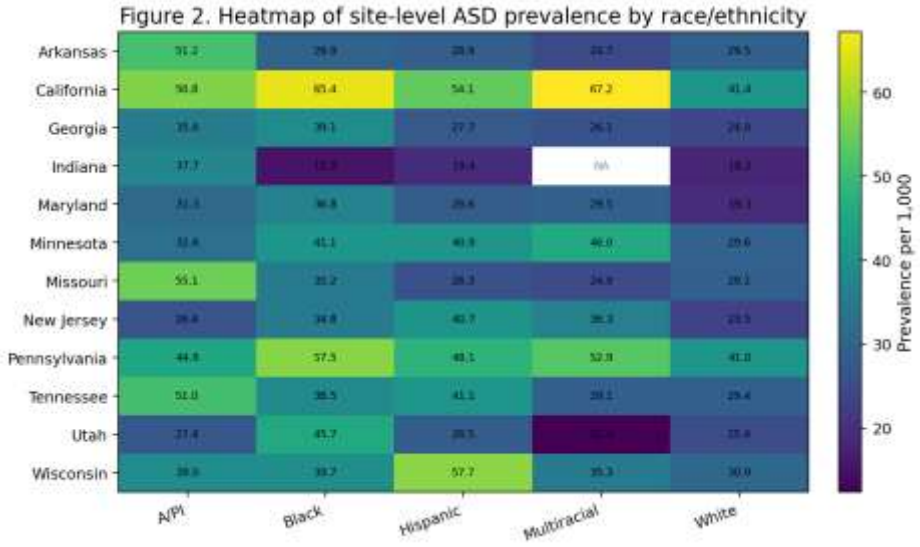

Figure 2. Heat map of site-level ASD prevalence by race/ethnicity across 12 sites with published subgroup values. Source: Author's analysis of Shaw et al. (2025), Table 2.

4.3 Early evaluation, diagnostic timing, and cohort comparison

Diagnostic timing indicators also varied considerably across sites (Table 3 and Figure 3). Among the 15 sites with record abstraction, 50.3% of children with ASD had been evaluated by age 36 months overall, with site values ranging from 42.2% in Missouri to 63.6% in Pennsylvania (Shaw et al., 2025).

The median age at earliest documented diagnosis was 47 months overall, ranging from 36 months in California to 69.5 months in Texas (Laredo). These figures matter because they approximate how quickly systems move from concern to formal recognition and, by implication, how long learners may wait before receiving coordinated support.

Among the 14 sites with unsuppressed values for both measures, early evaluation and median diagnostic age were moderately negatively correlated (r = -0.45).

That is, sites with stronger early evaluation patterns tended, on average, to show younger median ages of diagnosis. The relationship is not so strong that timing alone explains system performance, but it is consistent with the view that front-end screening and referral capacity shape downstream school experience.

Cohort comparison indicators reinforce this interpretation. Overall prevalence among children aged 4 years was 29.3 per 1,000, or 0.9 times the prevalence among children aged 8 years (Shaw et al., 2025).

Yet this average masks important variation. California, New Jersey, Puerto Rico, Tennessee, and Texas (Laredo) reported age-4 prevalence higher than age-8 prevalence, while Maryland, Pennsylvania, Texas (Austin), and Wisconsin were broadly similar across the two age groups. These patterns suggest that some jurisdictions are identifying younger cohorts earlier or more intensively than others.

The broader correlation structure in Figure 4 is also informative. Site-level age-8 prevalence correlated negatively with median diagnostic age (r = -0.77) and positively with age-4 prevalence (r = 0.77). Age-4 prevalence also correlated positively with the age-4: age-8 prevalence ratio (r = 0.45).

These are ecological relationships, not intervention effects, but they are consistent with the policy proposition that earlier, better coordinated identification systems surface need sooner and therefore change the demands placed on schools.

Table 3. Selected site-level diagnostic timing and cohort comparison indicators.

Site	Evaluated by 36 months (%)	Median earliest diagnosis age (months)	Prevalence age 4 per 1,000	Age-4 : age-8 prevalence ratio
Arizona	54.5	45.0	19.4	0.6
Arkansas	49.9	53.0	24.6	0.8
California	55.9	36.0	60.6	1.1
Georgia	44.2	48.0	20.4	0.6
Indiana	—	—	12.9	0.7
Maryland	61.7	48.0	24.1	0.9
Minnesota	48.6	52.5	25.0	0.7
Missouri	42.2	46.0	24.8	0.8
New Jersey	52.4	43.0	36.4	1.1
Pennsylvania	63.6	39.0	42.7	0.9
Puerto Rico	58.9	54.0	47.2	1.8
Tennessee	42.4	49.5	36.3	1.1
Texas (Austin)	61.2	42.0	16.8	0.9
Texas (Laredo)	—	69.5	14.2	1.5
Utah	42.5	54.0	18.2	0.7
Wisconsin	52.8	43.0	36.2	0.9

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Note. Indiana had no record abstraction available, and Texas (Laredo) had a suppressed estimate for evaluation by 36 months. Source: Shaw et al. (2025), Tables 4 and 5; author's tabulation.

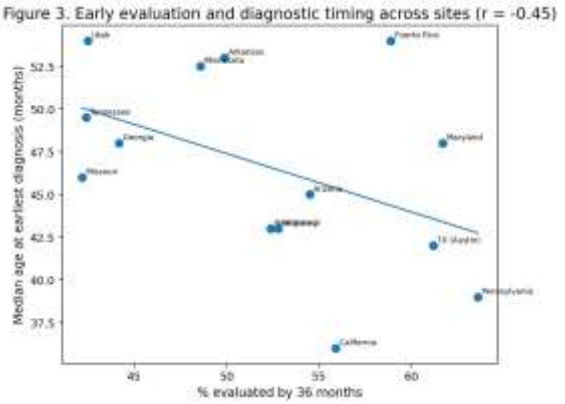

Figure 3. Early evaluation and diagnostic timing across 14 sites with unsuppressed timing data. Source: Author's analysis of Shaw et al. (2025), Table 4.

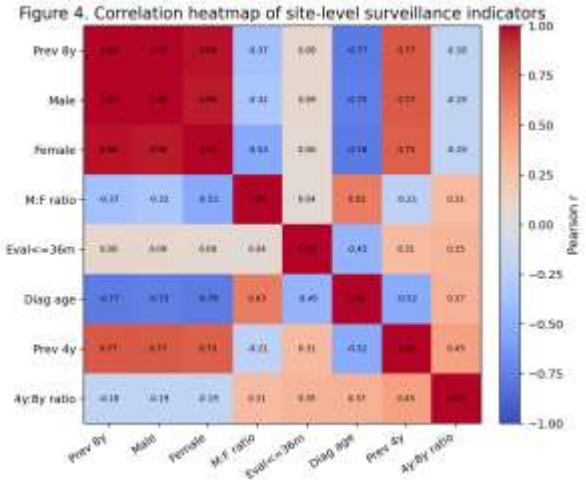

Figure 4. Correlation heat map of site-level surveillance indicators. Source: Author's analysis of Shaw et al. (2025), Tables 1, 2, 4, and 5.

Table 4. Selected ecological correlations from the surveillance analysis.

Relationship	Pearson r	Interpretive note
Prevalence age 8 vs. median diagnosis age	-0.77	Sites with earlier diagnosis tended to show higher recorded prevalence.
% evaluated by 36 months vs. median diagnosis age	-0.45	Early evaluation was moderately associated with younger diagnosis age.
Prevalence age 8 vs. prevalence age 4	+0.77	Sites with high prevalence at age 8 also tended to identify more children by age 4.
Age-4 prevalence vs. age-4:age-8 prevalence ratio	+0.45	Higher early prevalence aligned with stronger younger-cohort identification.

Note. Correlations are descriptive and site-level; they should not be interpreted as causal or student-level effects.

4.4 System-level implications for inclusive practice

The data should not be read as a verdict on any one state or community. Rather, they indicate what school systems must prepare for. High prevalence sites require capacity for sustained support.

Lower prevalence sites cannot assume lower need, because lower recorded prevalence may coexist with later diagnosis, weaker front-end screening, or incomplete access pathways. In either case, the classroom-level response must be structurally reliable.

That reliability requires more than compliance documents. It requires autism-informed classroom design, functional data review, coordinated communication systems, family partnership, and explicit links between universal supports and individual plans.

The descriptive patterns reported here therefore make practical sense only when interpreted alongside the literature on evidence-based autism supports, PBIS, engagement, and family-school collaboration.

V. DISCUSSION

The literature and the surveillance analysis point toward the same conclusion: strong outcomes are most likely when inclusion is engineered as a system. Reviews of autism-informed inclusive education emphasise predictability, responsive teaching, sensory and environmental adjustment, and meaningful participation (Petersson-Bloom and Holmqvist, 2022; White et al., 2023).

Behavior-support scholarship adds that preventive, school-wide systems are more effective than purely punitive or crisis-driven approaches (Bradshaw, Waasdorp and Leaf, 2012; Walker et al., 2023). Family-school research then shows that consistency across home and school improves problem solving and implementation quality (Garbacz, McIntyre and Santiago, 2016; Santiago, McIntyre and Garbacz, 2022).

The surveillance data help explain why such integration matters. When identification happens earlier, schools receive students with clearer histories but also with more diverse and visible support needs. When identification happens later, schools may encounter learners whose communication, regulation, and participation difficulties have already accumulated into more complex barriers. In both situations, a fragmented model in which instruction, behavior planning, and family communication are handled separately is unlikely to perform well.

This is particularly important for life-skills and transition-oriented settings. Learners with developmental disabilities often need support that cuts across functional academics, communication, daily living, social participation, emotional regulation, and community access.

A classroom team may therefore comply with procedural requirements yet still underperform if supports are not sequenced and reinforced across contexts. The present findings are aligned with Perrelet et al. (2025), who argue that inclusive education for autistic students is too often targeted in partial rather than whole-system ways.

The article also supports a cautious but important reading of PBS. Positive behavior support should not be reduced to a token behavior chart or to reward-only routines. In autism-informed practice, PBS should begin with a functional understanding of communication, regulation, environmental triggers, and skill deficits.

It should then link universal classroom supports to targeted small-group interventions and, where needed, to individualised behavior intervention plans. This layered logic mirrors the broader PBIS literature while remaining sensitive to autistic learners' communication and sensory profiles (Horner, Sugai and Anderson, 2010; Walker et al., 2023).

Family partnership deserves equal emphasis. Weekly communication, shared goals, caregiver coaching, and coordinated transition planning are not peripheral additions. They are structural conditions for consistency. That conclusion is strongly supported by school psychology scholarship (Garbacz and McIntyre, 2016; Fernández Cerero, Montenegro Rueda and López Meneses, 2024).

It is also reinforced by the broader educational argument made by Chitengu and Mupa (2026a, 2026b) that diverse learning environments benefit from evidence-informed models and usable evaluation tools. Inclusion improves when schools operationalise collaboration rather than merely endorsing it.

5.1 Limitations

This article has limitations. The secondary analysis is ecological and descriptive, so it cannot identify causal effects or student-level mechanisms. The CDC surveillance data are also community-specific rather than nationally representative, and some subgroup or timing values are suppressed or unavailable.

In addition, the data describe identification and timing patterns rather than direct school-intervention outcomes. These limits should caution interpretation. Even so, the data are sufficiently current and policy-relevant to inform practical system design.

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VI. A REPLICABLE CLASSROOM-FAMILY SYSTEM FOR AUTISM-INFORMED INCLUSION

Figure 5 and Table 4 translate the preceding evidence into a replicable classroom-family system. The model is deliberately practical. It assumes that inclusive outcomes improve when six functions are connected: universal design, targeted supports, individualised PBS, family partnership, multidisciplinary teamwork, and continuous improvement.

Each function is described not as a slogan, but as an operational domain with observable actions and measurable indicators.

Figure 5. Replicable classroom-family system for autism-informed inclusive practice

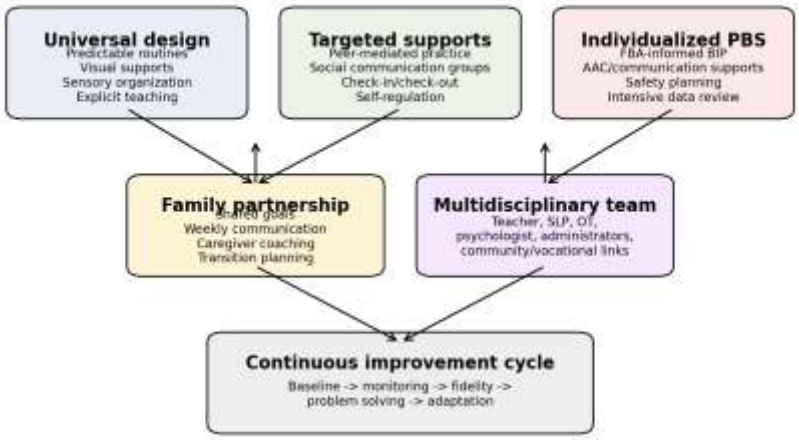

Figure 5. Replicable classroom-family system for autism-informed inclusive practice. Source: Author's conceptual synthesis from the reviewed literature.

Universal design is the base layer. It includes predictable routines, visual supports, sensory organisation, explicit teaching, and communication accessibility for all learners. This layer reduces unnecessary barriers before behavior escalates or participation collapses.

Targeted supports sit above that foundation. These include small-group social communication work, self-regulation coaching, peer-mediated practice, and check-in/check-out systems for learners who need additional structure but not yet a fully individualised plan.

Individualised PBS is reserved for learners with persistent or high-intensity needs. Here the school links functional behavior assessment, behavior intervention planning, communication supports, safety planning, and frequent data review. This is where multidisciplinary expertise becomes most critical.

Family partnership and multidisciplinary teamwork operate as bridging systems rather than as parallel add-ons. Shared goals, caregiver coaching, home-school communication, and transition planning connect classroom practice to the learner's broader ecology. Teacher, speech-language, occupational, psychological, administrative, and community/vocational contributions are coordinated around the same priorities.

Finally, the entire system is held together by a continuous improvement cycle: baseline review, progress monitoring, fidelity checks, structured problem solving, and adaptation. Without that cycle, even good practices tend to drift.

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Table 5. Operationalising the classroom-family system for autism-informed inclusive practice.

System component	Core classroom/family actions	Illustrative data indicators	Expected impact
Universal design	Visual supports; predictable routines; sensory organisation; explicit instruction; communication accessibility.	Schedule adherence; participation rate; on-task behavior; need for prompting.	Reduces avoidable barriers and improves access for all learners.
Targeted supports	Small-group social communication; peer-mediated practice; self-regulation groups; check-in/check-out.	Frequency of target skill use; transition success; behavior intensity trends.	Addresses emerging needs before they become crisis patterns.
Individualised PBS	Functional behavior assessment; behavior intervention plan; AAC/communication supports; safety planning; intensive review.	Incident frequency; function-specific data; communication replacement behaviors; fidelity logs.	Improves regulation and reduces restrictive responses.
Family partnership	Shared goals; weekly communication; caregiver coaching; home-school consistency; transition planning.	Response rate to communication; goal congruence; carryover at home and school.	Improves consistency, trust, and generalisation across contexts.
Multidisciplinary team	Teacher, SLP, OT, psychologist, administrator, and community/vocational links around common goals.	Meeting attendance; action completion rate; cross-service alignment.	Improves coordination and avoids fragmented support.
Continuous improvement cycle	Baseline review; monitoring; fidelity checks; structured problem solving; adaptation.	Progress graphs; decision rules; time to adjustment; implementation fidelity.	Sustains improvement and keeps practice evidence-informed.

Note. The framework is intentionally practical and can be adapted for inclusive primary classrooms, autism day centres, and life-skills settings.

VII. CONCLUSION

Autism-informed inclusive education is strongest when schools treat instruction, participation, regulation, communication, and family partnership as parts of one system. The literature reviewed here shows that isolated accommodations are insufficient.

The surveillance analysis adds that the demand for such systems is immediate: prevalence is high, diagnostic timing varies, subgroup patterns are heterogeneous, and schools are serving a growing special-education population.

The practical contribution of this article is therefore twofold. First, it shows how current surveillance data can be translated into school-design implications. Second, it offers a replicable framework for classrooms and support teams that need an operational model for inclusion rather than a purely aspirational statement.

For autism day-centre contexts, inclusive primary settings, and life-skills classrooms alike, the most durable lesson is that coherent systems outperform disconnected interventions.

REFERENCES

[1] Bradshaw, C.P., Waasdorp, T.E. and Leaf, P.J. (2012) 'Effects of school-wide positive behavioral interventions and supports on child behavior problems', Pediatrics, 130(5), pp. e1136-e1145. https://doi.org/10.1542/peds.2012-0243.

[2] Chitengu, B.M. and Mupa, M.N. (2026a) 'Hybrid learning for social sciences: An evidence-informed model for improving outcomes among multilingual learners in geography and history', Iconic Research and Engineering Journals, 9(10), pp. 530-537. https://doi.org/10.64388/IREV9I10-1716006.

[3] Chitengu, B.M. and Mupa, M.N. (2026b) 'Conflict-sensitive civic education in diverse learning environments: A practical framework and evaluation toolkit for United States schools', World Journal of Advanced Research and Reviews, 30(1), pp. 386-394. https://doi.org/10.30574/wjarr.2026.30.1.0842.

[4] Fernandez Cerero, J., Montenegro Rueda, M. and Lopez Meneses, E. (2024) 'The impact of parental involvement on the educational development of students with autism spectrum disorder', Children, 11(9), 1062. https://doi.org/10.3390/children11091062.

[5] Garbacz, S.A. and McIntyre, L.L. (2016) 'Conjoint behavioral consultation for children with autism spectrum disorder', School Psychology Quarterly, 31(4), pp. 450-466. https://doi.org/10.1037/spq0000114.

[6] Garbacz, S.A., McIntyre, L.L. and Santiago, R.T. (2016) 'Family involvement and parent-teacher relationships for students with autism spectrum disorders', School Psychology Quarterly, 31(4), pp. 478-490. https://doi.org/10.1037/spq0000157.

[7] Horner, R.H., Sugai, G. and Anderson, C.M. (2010) 'Examining the evidence base for school-wide positive behavior support', Focus on Exceptional Children, 42(8), pp. 1-14.

[8] Hume, K., Steinbrenner, J.R., Odom, S.L., Morin, K.L., Nowell, S.W., Tomaszewski, B., Szendrey, S., McIntyre, N.S., Yucesoy-Ozkan, S. and Savage, M.N. (2021) 'Evidence-based practices for children, youth, and young adults with autism: Third generation review', Journal of Autism and Developmental Disorders, 51(11), pp. 4013-4032. https://doi.org/10.1007/s10803-020-04844-2.

[9] Meindl, J.N., Delgado, D. and Casey, L.B. (2020) 'Increasing engagement in students with autism in inclusion classrooms', Children and Youth Services Review, 111, 104854. https://doi.org/10.1016/j.childyouth.2020.104854.

[10] National Center for Education Statistics (2024) 'Students with disabilities'. Available at: https://nces.ed.gov/programs/coe/indicator/cgg/students-with-disabilities (Accessed: 10 June 2026).

[11] National Clearinghouse on Autism Evidence and Practice Review Team (2020) Evidence-based practices for children, youth, and young adults with autism. Chapel Hill, NC: The University of North Carolina, Frank Porter Graham Child Development Institute.

[12] Perrelet, V., Veyre, A., Chawki, L., Margot, C. and Cappe, E. (2025) 'What are we targeting when we support inclusive education for autistic students? A systematic review of 233 empirical studies and call for community partnerships', Autism, 29(12). https://doi.org/10.1177/13623613251352223.

[13] Petersson-Bloom, L. and Holmqvist, M. (2022) 'Strategies in supporting inclusive education for autistic students: A systematic review of qualitative research results', Autism and Developmental Language Impairments, 7, pp. 1-16. https://doi.org/10.1177/23969415221123429.

[14] Petersson-Bloom, L., Leifler, E. and Holmqvist, M. (2023) 'The use of professional development to enhance education of students with autism: A systematic review', Education Sciences, 13(9), 966. https://doi.org/10.3390/educsci13090966.

[15] Santiago, R.T., McIntyre, L.L. and Garbacz, S.A. (2022) 'Dimensions of family-school partnerships for autistic children: Context and congruence', School Psychology, 37(1), pp. 4-14. https://doi.org/10.1037/spq0000473.

[16] Shaw, K.A., Williams, S., Patrick, M.E., Valencia-Prado, M., Durkin, M.S., Howerton, E.M., Ladd-Acosta, C.M., Pas, E.T., Bakian, A.V., Bartholomew, P., Nieves-Munoz, N., Sidwell, K., Alford, A., Bilder, D.A., DiRienzo, M., Fitzgerald, R.T., Furnier, S.M., Hudson, A.E., Pokoski, O.M., Shea, L., Tinker, S.C., Warren, Z., Zahorodny, W., Agosto-Rosa, H., Anbar, J., Chavez, K.Y., Esler, A., Forkner, A.,

Grzybowski, A., Hagel Agib, A., Hallas, L., Lopez, M., Magana, S., Nguyen, R.H.N., Parker, J., Pierce, K., Protho, T., Torres, H., Vanegas, S.B., Vehorn, A., Zhang, M., Andrews, J., Greer, F., Hall-Lande, J., McArthur, D., Mitamura, M., Montes, A.J., Pettygrove, S., Shenouda, J., Skowyra, C., Washington, A. and Maenner, M.J. (2025) 'Prevalence and early identification of autism spectrum disorder among children aged 4 and 8 years - Autism and Developmental Disabilities Monitoring Network, 16 sites, United States, 2022', MMWR Surveillance Summaries, 74(2), pp. 1-22. https://doi.org/10.15585/mmwr.ss7402a1.

[17] Tirivavengi et al., 2026 Early-Grade Literacy and Numeracy Recovery in Diverse Elementary Classrooms a Practical MTSS Framework for Assessment, Differentiation, and Intervention Fidelity

[18] IRE Journals | Volume 9 Issue 12 | ISSN: 2456-8880 DOI: https://doi.org/10.64388/IREV9I12-1719255

[19] Tsou, Y.-T., Kovacs, L.V., Louloumari, A., Stockmann, L., Blijd-Hoogewys, E.M.A., Koutamanis, A. and Rieffe, C. (2024) 'School-based interventions for increasing autistic pupils' social inclusion in mainstream schools: A systematic review', Review Journal of Autism and Developmental Disorders. https://doi.org/10.1007/s40489-024-00429-2.

[20] U.S. Department of Education, Office for Civil Rights (n.d.) 'Disability discrimination: Discipline, restraint, and seclusion'. Available at: https://www.ed.gov/laws-and-policy/civil-rights-laws/disability-discrimination/disability-discrimination-key-issues/disability-discrimination-discipline-restraint-and-seclusion (Accessed: 10 June 2026).

[21] U.S. Department of Education (2025) Secretary's letter on restraint and seclusion. Available at: https://www.ed.gov/laws-and-policy/key-policy-letters/secretarys-letter-restraint-and-seclusion (Accessed: 10 June 2026).

[22] Walker, V.L., Conradi, L.A., Strickland-Cohen, M.K. and Johnson, H.N. (2023) 'School-wide positive behavioral interventions and supports and students with extensive support needs: A scoping review', International Journal of Developmental Disabilities, 69(1), pp. 13-28. https://doi.org/10.1080/20473869.2022.2116232.

[23] White, J., McGarry, S., Falkmer, M., Scott, M., Williams, P.J. and Black, M.H. (2023) 'Creating inclusive schools for autistic students: A scoping review on elements contributing to strengths-based approaches', Education Sciences, 13(7), 709. https://doi.org/10.3390/educsci13070709.

[24] Wong, C., Odom, S.L., Hume, K.A., Cox, A.W., Fettig, A., Kucharczyk, S., Brock, M.E., Plavnick, J.B., Fleury, V.P. and Schultz, T.R. (2015) 'Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review', Journal of Autism and Developmental Disorders, 45(7), pp. 1951-1966. https://doi.org/10.1007/s10803-014-2351-z.