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Parent-teacher Collaboration for Students with Autism Spectrum Disorder in Inclusive Education

Współpraca nauczycieli szkoły podstawowej ogólnodostępnej z rodzicami uczniów ze spektrum zaburzeń autystycznych w edukacji

KEYWORDS

Autism Spectrum Disorder (ASD), inclusive education, parents, teachers, collaboration

ABSTRACT

The article concerns children with autism spectrum disorder (ASD) who attend mainstream school as part of inclusive education, and discusses the role of parent-teacher collaboration. ASD is a highly heterogeneous disorder with symptoms manifested differently across subgroups of children. Symptoms may vary from milder forms, including high-functioning autism, to severe autism spectrum disorders, where the affected children do not speak. The article describes behavioral patterns of children with ASD, including the triad of impairment: impaired communication, impaired social interactions, and restricted, repetitive patterns of behaviors or interests. Inclusive education requires parent-teacher collaboration based on shared goals and community values, which results in good partnership, mutual help and information exchange. Parents know very well the reactions and specific problems of their children, while teachers can provide professional assistance in solving complex educational problems resulting from the unique, individual needs of a child. Because of that, parent-teacher collaboration is crucial for successful and effective inclusive education.

SŁOWA KLUCZE ABSTRAKT

spektrum autyzmu (ASD), edukacja włączająca, rodzic, nauczyciel, współpraca

Niniejszy artykuł dotyczy dzieci ze spektrum autyzmu (ASD), które uczęszczają do szkoły ogólnodostępnej oraz współpracy nauczycieli z rodzicami. Dzieci te nie stanowią jednorodnej grupy diagnostycznej. Objawy autyzmu mogą być różne, od postaci lekkiej, wówczas osoby dotknięte tym zaburzeniem uważa się za wysokofunkcjonujące, aż po postać głęboką, gdy dzieci te nie mówią. Artykuł zawiera opis cech i zachowań dziecka z ASD z uwzględnieniem triady autystycznych zaburzeń: problemów w interakcjach społecznych, zaburzeń komunikacji oraz powtarzalnych, sztywnych wzorców zachowań i aktywności. Jednym z założeń edukacji włączającej jest wzajemna współpraca nauczycieli z rodzicami na bazie wspólnego celu i wartości wspólnotowych. Współpraca to partnerskie relacje, wspólne działania oraz wzajemna wymiana informacji rodziców i nauczycieli. Nikt tak jak rodzice nie zna reakcji i specyficznych problemów swojego dziecka, natomiast nauczyciele ze względu na wykonywany zawód służą profesjonalną pomocą w rozwiązywaniu złożonych problemów edukacyjnych wynikających ze specjalnych potrzeb dziecka. Z tego względu współpraca rodziców i nauczycieli jest niezbędna dla skutecznej edukacji włączającej.

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that appears in early childhood and encompasses all spheres of human functioning, from cognitive deficits and communication with others to behaviour disorders and problems in social interactions. The term refers to the diagnostic criteria in the ICD-10, ICD-11 and DSM IV-TR, DSM V classifications. Those who describe autistic spectrum disorder emphasize the fact that children with ASD are not a homogeneous diagnostic group. The symptoms of autism can range from a mild form, in which case people with the disorder are considered high-functioning with autism, to a profound form, when children with the disorder do not speak (Pisula, 2015; Zajac and Kominek, 2019; Krzysztofik, 2021). The triad of autistic disorders is a term used to describe difficulties experienced by autistic individuals in three areas: limited ability to form relationships with others and problems in social interactions; verbal and non-verbal communication disorders; and repetitive patterns of behaviour combined with a lack of imagination (Pisula, 2015, p. 27).

Pupils with an autism spectrum disorder can attend a mainstream public school as part of inclusive education. Psychological and pedagogical counselling centres, in their decisions on the need for special education for a student with ASD, in many cases recommend such schools. It is worth noting that, according to the data from

the Educational Information System of the Ministry of Education and Science, in the school year 2021/2022 the number of all decisions on the need for special education in Poland, irrespective of the types of primary schools and disabilities, was 103,518. Opinions on the need for special education due to the diagnosis of autism and Asperger's syndrome were issued for 33,267 students in mainstream public primary schools (MEiN [Ministry of Education and Science], 2022). Opinions related to autism and Asperger's syndrome accounted for 32% of all special education opinions issued for primary school pupils.

The purpose of this article is to show the diversity and distinctiveness of the personalities of children with ASD based on the triad of autistic disorders. Identifying and learning about these characteristics are important for the collaboration between teachers and parents, in line with the principles of inclusive education. In addition, the text can be helpful in understanding the distinctiveness of children with ASD and the practical use of collaboration between the two environments.

Problems in social interactions

“Every person with autism is unique, and their skills and characteristics are like a tangle of many colours slightly different from each other” (Hoopmann, 2021, p. 17). For a glimpse into the distinctiveness and diversity of autistic people, it is useful to refer to Kathy Hoopmann's book: *All Cats Are on the Autism Spectrum*.

Limited ability of children on the autism spectrum to communicate with others as the first signs of autism appear in early childhood. In infancy, there may be a lack of response, a weak response to smiles from close people or an inappropriate response to adult emotions, accompanied by rare smiling. Those children prefer watching objects than people. When they look at a person, they look at the mouth and not in the eyes. They do not know how to interpret the tone of voice, facial expressions or gestures of other people.

“Children on the autism spectrum like to be close to those they love, although sometimes they do not want to be touched” (Hoopmann, 2021, p. 3). This gives them a sense of security in a socially predictable environment, among those who are around them. There are children with ASD who do not accept any form of close physical contact with others. “They would rather sit in a quiet corner than be hugged” (Hoopmann, 2021, p. 4). They want to regulate the interpersonal space with others themselves. If they accept a form of touch, it is only when they want it themselves. Parents of children with ASD pay attention to behaviours such as sitting on their knees and turning their backs to the parents' faces, climbing on the parents' backs for rocking purposes, or sitting on the floor to hug their head to their leg. Normally

developing toddlers cuddle with their parents, looking into their eyes. This satisfies their sense of security, relaxation, mental comfort, and creates a bond. Children with ASD experience disruptions on these levels, compounding their physical indifference to their parents who often feel as if they are “teddy bears”, “blankets or rocking chairs” for their children (Winczura, 2008, pp. 25-26).

In moments of psychological discomfort, in situations of injury or illness, children with ASD prefer to be alone and rarely look at a loved one. Mental comfort is a natural need in normally developing children. In children on the autism spectrum, this natural response is disrupted. So far, it is not entirely clear how they cope with stress. “Their face does not always express what they feel... which others may perceive as a lack of emotion, which is not true at all” (Hoopmann, 2021, pp. 20-21). Understanding one’s own emotions and those of others, reading their feelings, is very challenging for them. One’s own emotions are abstract, intangible, and children on the autism spectrum find it difficult to communicate them, especially as this requires self-reflection. It is now known that people with ASD experience a variety of full-bodied emotions, and that these emotions are even stronger than in normally developing children (Prizant and Fields-Meyer, 2017, p. 131). Ewa Pisula points out that the ability of people with autism to identify emotions tends to increase with age (Pisula, 2015, p. 35). In order to cope better in social interactions, children with ASD may “create a mask” for themselves. “Others follow fashions [...] which may not be interesting to people on the spectrum at all. In turn, if they want to fit in, they may pretend to be someone they are not at all [...], which is hugely exhausting, so it is not possible to function in this way for a very long time” (Hoopmann, 2021, pp. 26-29). In this way, they create a public image of themselves so that others cannot see their emotions and difficulties (Evans and Attwood, 2020, p. 161). This is very mentally exhausting and challenging for the child.

Communication problems

Communication abnormalities in people with ASD concern verbal and non-verbal communication. Observations of children on the autism spectrum show that both their language development and communication skills depend on the severity of the autistic traits, the intellectual level, the type and manner of therapeutic interventions, and the timing of the start of work on their development in this area. Language difficulties of children with ASD can be of the quantitative variety. This manifests itself, for example, as a lack of speech with no gestures or showing elementary gestures; speech delays; limited speech. Qualitative deficits include, for example, direct echolalia, i. e. repetition of utterances immediately upon hearing; indirect echolalia, i. e. the

entire heard content of an utterance is repeated after a period of time; incorrect use of pronouns; strange neologisms; literal understanding of language; tactless remarks; and incorrect prosody of speech. Deficits in pragmatic language use are: inability to alternate speech, lack of need to communicate, inability to use objects in a symbolic manner (Winczura, 2008, p. 33; Wołoskiuk, 2017, p. 101).

“They may confuse different words and contexts and they do not always understand what others mean” (Hoopmann, 2021, pp. 36-37). People on the autism spectrum rarely use metaphors. They are unable to read metaphors, which is an important clue for communicating with them. The use of idiomatic language phrases, e.g. “this is the last straw”, “don’t mope about”; is confusing for children with ASD, as they take others’ statements literally (Bowen and Plimley, 2012, pp. 22-23). “People with autism can have a sophisticated vocabulary. When someone speaks to them, they may have trouble maintaining eye contact. But when they do speak, they chatter on and on about the same thing. Without noticing that others around them are already monotonously bored” (Hoopmann, 2021, pp. 35-41). Their speeches are sometimes very elaborate, but they are concerned with a specific field, only that which belongs to their area of passion and interest.

“They find it difficult to read other people’s body language” (Hoopmann, 2021, p. 23). Body language reflects a person’s mood. When we interact with people, we are able to sense the mood of others and understand that the use of a certain tone of voice has a specific meaning. For children with ASD, reading body language information is complicated.

The range of social competence skills of a child on the autism spectrum is lower than his/her developmental age and intellectual capacity. An important element is the personal motivation to form social relationships and participate in interactions. These children need social contacts and feel lonely, which is related to their deficits, not to a lack of motivation to interact with peers. There are large individual differences in this area, which is due to the diversity of individuals with ASD.

Repeated patterns of activity and behaviour

“Children with ASD need daily rituals and become anxious when their environment or plans change” (Hoopmann, 2021, pp. 14-15). This manifests itself in situations such as falling asleep, walking the same way all the time, putting on the same clothes all the time. Stereotypical behaviour may manifest itself, for example, by waving hands or swaying. These behaviours can turn into ritualistic obsessions with age. Autistic children find sudden changes in their planned day difficult and stressful, whereas a fixed pattern of the day can be an advantage in a school environment (Bowen

and Plimley, 2012, p. 23). “At the same time, they find it very difficult to organise and manage their own time” (Hoopmann, 2021, p. 16). This is linked to impaired executive functions the severity of which varies among individual children with ASD. The full development of these functions determines the achievement of personal success in education. Dorota Pufund draws our attention to those dysfunctions in children with ASD that are related to the ability to plan, to move smoothly from one activity to another, to finish an activity undertaken, and to adapt to changing conditions (Pufund, 2020, p. 53). Skills learned in a specific case are not generalised to similar situations. If a child has been taught something at home, such as how to tidy a desk, it does not mean that he/she will be able to repeat it at school.

“Children with ASD can sometimes be picky about food and may demand the same food, served in the same way, every day” (Hoopmann, 2021, pp. 12-13). Therefore, one should be prepared to refuse to eat a meal that is new to the child. It is also important not to insist on trying new things. The child often imposes a deficient diet on himself/herself and those around him, a so-called monodiet, in which individual supplementation must be used (Dawidiuk, 2009, p. 24).

“People with autism have extremely sensitive hearing and are afraid of loud noises and sudden movements” (Hoopmann, 2021, p. 8). A child’s behaviour may change because of noises that no one but the child notices. This includes, for example, sharp and picking sounds or high-pitched noise. These should be eliminated wherever possible. In situations of exposure to auditory stimuli, a quiet corner must be prepared for the child to go to (Winter, 2011, p. 21). “They may also have sensitive other senses, such as touch and smell” (Hoopmann, 2021, pp. 10-11). A child with ASD may react strongly to smells and the texture of materials, often pressing something to the mouth, under the nose, touching, smelling cards, pens, toys (Płazewska, 2009, p. 176). A light touch (from our point of view) can cause pain to a student with ASD. Hypersensitivity to smell manifests itself in children with ADS by their feeling something that others do not, and some smells may be difficult for them to tolerate (Winter, 2011, p. 22).

These children do not feel fear. They can put themselves at risk. Dangerous situations bring them pleasure. A boy who is afraid of spiders, for example, will take the risk of climbing on a roof and will not feel fear because he is not able to assess the danger or foresee the consequences since he is so much excited by the sensations. Safety programmes for children on the autism spectrum help them to understand danger in specific situations they undertake (Prizant and Fields-Meyer, 2017, p. 92).

Special educational needs of children with ASD consist in the fact that they are different and have much greater difficulties than their peers; they need pedagogical support at school in the form of a special educational programme, methods adapted to their needs, as well as to their abilities and limitations (Bogdanowicz, 1995, p. 216).

Not only is the help of a team of specialists important, but also the cooperation of parents and teachers.

Cooperation – building communication in partnership

According to Mikołaj Winiarski, cooperation is:

An intentional socio-pedagogical process the components of which include: specific problems and tasks, subjects and types of activities, forms and methods of activity, its effectiveness and conditions. In exemplary terms, interaction in the environment may focus on the implementation of goals and tasks in the field of education, upbringing and care of children and young people, and those related to the transformation and improvement of the environment (Winiarski, 1992, p. 67).

An inclusive school is supposed to fulfill features that remain in logical relationship with each other: it should be a district school; students should form a heterogeneous group; the curriculum should be flexible and common to all; the teacher should be supported by a team of specialists; and the system of special assistance should continuously be adapted to the changing needs of students (Chrzanowska, 2018, p. 557). The goal of inclusive education is the multifaceted development of pupils and the optimum satisfaction of their needs. For parents and teachers, this goal is the most important. In an inclusive approach, the self-fulfilment of pupils, the improvement of their knowledge and skills, the inclusion of pupils with special needs into social life is insufficient because, in a school for all, the goal is also to build a community (Szumski, 2019, p. 19). Being in a group, i. e. in a community, means forming “a spiritual community of people connected by an interpersonal bond, with a sense of group identity and an awareness of a common educational purpose: people who learn and support the education of others who want to learn” (Danilewska, 2005, p. 16). Building partnerships between parents and teachers is based on community activities and values, such as acceptance, trust, the same goals and values, mutual exchange of kindness, help, supporting each other, sharing both failures and successes, solidarity, loyalty, responsibility, providing help in difficult situations, kindly interpreting the behaviour of others, positive attitudes towards each other, and honesty (Radziewicz, 1979; Skrobek, 1976, Łobocki, 1985, Mendel, 2000). In inclusive education, these values and actions are valid and desirable (Szumski, 2019; Rola, 2019; Małachowska and Tarwacki, 2019). Cooperation requires acceptance of the aforementioned values, communication, exchange of views by parents and teachers, and an efficient flow of information in both directions (Winiarski, 1992, p. 65).

The main forms of cooperation between parents and the school are: organising class trips, events and class/school celebrations, exchanging information on educational achievements, involvement and support in situations of educational and didactic difficulties in children, becoming familiar with school law, creating individual educational and therapeutic programmes, and the school and class work plan, solving problem situations, contacting each other in emergency situations, electing three parents to work in the class parents' council, providing work and services to the class and school (Kordziński, 2017, p. 48; Mendel, 2006, p. 267).

The interaction between teachers and parents of children with ASD is a difficult task, primarily due to the distinctiveness of students with ASD, making integration with peers difficult, and to the need for teachers to work with a diverse group of peers and their parents. This process is often hindered by a difficult relationship between parents and teachers, involving negative experiences, lack of proper communication and support (Szafrńska, 2016, Antonik, 2015). Cooperation with parents is the responsibility of teachers. Important forms of it include: mutual communication, recognition of parents' needs and expectations, resolving conflicts among parents, individual conversations about children's difficulties, informing about children's problems and educational progress, and exchanging information about their strengths and weaknesses, organising three-sided meetings (teacher – student – parent), meetings with the participation of an expert, meetings at the student's home (Babiuch, 2002, pp. 66-79).

Parents and teachers talking to each other about the child's special educational needs and taking steps to improve communication and cooperation should be based on openness, acceptance, trust, active listening, showing empathy, individualisation and seeing the other person as a human being who has the right to his/her own opinion, and making attempts to understand what the other person wants to communicate to us.

Support and information exchange between teachers and parents

An important form of cooperation is the provision of support to each other. Structural social support includes “objectively existing and accessible social networks that are distinguished from other networks by the fact that, through the existence of bonds, social contacts, and affiliations, they perform a supportive function for people in a difficult situation” (Sęk and Cieślak, 2004, pp. 14-15).

Emotional support can be expressed through verbal and non-verbal messages. Valuing support is giving messages that reinforce self-esteem. Spiritual support involves comforting each other (Sęk and Cieślak, 2004, p. 19; Rola, 2019, p. 256).

World experts on autism: Barry M. Prizant and Tom Fields-Meyer believe that “no one has a better perspective, sensitivity or skill to assess a child’s nuances than a parent. No one knows what subtle changes in facial expression, a particular cry or giggle mean, better than a mother or father” (Prizant and Fields-Meyer, 2017, p. 161). Information from parents is invaluable guidance for teachers.

It is worth noting the information support that parents should receive in the school environment, as the diagnosis received and emotions are associated with guilt, depression and despair preventing them from acting and thinking in a proactive manner (Bowen and Plimley, 2012, p. 82). Information support involves educating, providing information and advice useful to understand the problems of a child with special educational needs, as well as sharing common experiences and insights between parents and teachers.

The provision of information to parents by teachers in an inclusive education environment should follow a three-dimensional model. The first dimension involves providing information in a concise, factual and practical way about the support that can be obtained in the local environment. The second dimension of information support involves providing parents with information guides and literature on their children’s special educational needs. The third dimension of this type of support is to talk to the staff of the institutions that provide it (Kwaśniewska, 2004, p. 185). Information support can also be obtained from government institutions such as scientific and research units, as well as from local authorities, e. g. district family support centres, mental health counselling centres, psychologists, speech and language therapists, care centres or institutions, and from social workers. Psychological-educational counselling centres also provide specific and factual information. Non-governmental institutions, associations and foundations provide assistance to individuals and families who find themselves in a difficult situation, for example due to a child’s disability. NGOs have their own offices, facilities and day care centres. They work to protect children’s health and provide psychological and financial support to both the child and his/her parents (Jarmużek, 2019, pp. 254-255).

Conclusion

Autism spectrum disorder is a disorder in which it is difficult to recognise and read a child’s needs. Teachers are often confused by the behaviour of a pupil with ASD and find it difficult to understand their personality traits and reactions as they

manifest themselves in the school environment. They are often unprepared to work with a child with special educational needs. As a result, they are unable to cope with the task of cooperating with the child's parents. Parents, on the other hand, feel helplessness, stress, exhaustion, and social isolation (Pisula, 2012, p. 51). An important task is to build a value-based community and to take measures aimed at improving the effectiveness of parent-teacher cooperation.

Maggie Bowen and Lynn Plimley, authors of the guide: *Inclusion of Students with Autism in the School Environment*, argue that a priority for parent-school cooperation is the appointment of a "key" professional to deal with information exchange with parents, that is, the transfer of information between parents and the rest of the teachers and professionals working with the child at school (Bowen and Plimley, 2012, p. 82). In Polish settings, this may most often be a special educational needs teacher.

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