

Full Length Research Paper

The level of social acceptance of children with autism spectrum disorder integrated in regular schools from the point of view of parents and teachers in Jordan

Feryal Abdel-Hadi Al-Shenikat

Department of Special Education, College of Educational Sciences, University of Islamic Sciences, Karachi, Pakistan.

Received 30 December, 2020; Accepted 1 February, 2022

The present study aimed to determine the level of social acceptance of children with autism spectrum who are integrated into regular schools from the parents' and teachers' perspectives in Jordan. The researcher built a scale of social acceptance of children with an autism spectrum disorder. It consists of (34) items distributed in three dimensions; it was applied to an exploratory sample from outside the study sample consisting of (22) parents and teachers to verify the indications of validity and reliability, as the indications for content validity and construction validity were reached. The indications of reliability were reached through the restoration and the internal reliability of Cronbach Alpha. Finally, the tool was applied to the final study sample, which consisted of (74) teachers and (74) parents of children with autism spectrum disorder, the social acceptance dimension related to the school and the family. The results indicated that the level of social acceptance was moderate. It also indicated no statistically significant differences for the variables of gender and degree of infection, as the study came out with a set of research and educational recommendations.

Key words: The autism spectrum, social acceptance, children with autism spectrum integration.

INTRODUCTION

Autism spectrum disorders are a group of various disorders characterized by impairments in social behavior and communication. Others represent an atypical pattern of activities and behaviors, such as difficulty moving from one activity to another, absorbed in details, and unusual reactions to sensations. The abilities and needs of people with autism vary and can develop over time. Some people with autism may lead independent lives, but others have severe disabilities and need lifelong care and support. Autism often affects education and employment

opportunities. In addition, their families may have an increased burden of care and support. Societal behaviors and the support of local and national bodies are essential factors in determining the quality of life for people with autism <https://www.who.int/ar/news-room/fact-sheets/detail/autism-spectrum-disorders>.

The field of special education witnessed a remarkable development in the second half of the last century, where this development included knowledge of individuals with disabilities, identifying their problems, and addressing

E-mail: morganiteinstitute@yahoo.com.

Author(s) agree that this article remain permanently open access under the terms of the [Creative Commons Attribution License 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

them. So, it was necessary to study their characteristics, detect and diagnose them accurately, and develop their treatment programs. Autism spectrum disorder is classified as one of the special categories, which has begun to pay attention noticeably recently due to the effect of this disorder on the manifestations of child development. Autism is a neurodevelopmental disorder that affects development in three primary areas: communication, social skills, and visualization. Autism appears in all parts of the world and different nationalities and social classes. The prevalence of autism in all its degrees ranged between 5 and 15 out of every 10,000 births, while it was estimated at 5 out of every 10,000 births with severe autism. Also, in the Diagnostic Statistical Manual, in its fifth edition, the age of onset of symptoms has been increased to 8 years, whereas he was in the fourth edition at the age of 3 years, so the current diagnosis of autism included a wider segment of children (Al-Jabri, 2014).

The causes of autism differ from one person to another, as one reason does not apply to all autistic people, but most of the possible causes of autism are Heredity, metabolic disorders, mother exposure to chemicals, and diseases during pregnancy. Autism affects the behaviors of children with autism spectrum disorder, as the child cannot express himself through speech, which leads him to express himself through screaming and crying, and the child's lack of understanding of speech limits his ability to learn from his environment. Also, the child cannot understand social laws. They have difficulties understanding the surrounding spaces, where the child appears lost and tense, and it is difficult for him to move from one place to another. The child appears appropriate behaviors in a proper educational environment that considers the difficulties that children with autism spectrum disorder are exposed to (Shami, 2004).

To reach an appropriate educational environment that takes into account the difficulties faced by children with Autism Spectrum Disorder, and to know their characteristics and needs and take them into account, we must research the level of social acceptance of community members represented by the family, school, and community. To identify the level of their acceptance of individuals with autism spectrum disorder, thus providing services and providing programs that help children with an autism spectrum disorder to adapt and integrate with community members as much as possible. It is the responsibility of the community to develop all developmental aspects of children with autism spectrum disorder, as most community institutions pay great attention to the mental, cognitive and physical aspects. However, the social aspect in which the child suffers from clear deficiencies did not receive enough attention, as in some studies, the attention was focused on developing the linguistic aspect, communication, and the social aspect of children with an autism spectrum disorder. However, interest in the issue of social acceptance of

children with an autism spectrum disorder in society has not received - as far as the researcher knows - sufficient attention. Knowing the level of social acceptance of children with autism spectrum disorder enables us to provide appropriate services. Also, it helps to achieve successful and effective integration into society and also helps to achieve comprehensive integration in the right way where society's acceptance of children with autism spectrum disorder reflects positively on the family's treatment and acceptance of the child, as well as providing all possible facilities for autistic children to practice their various activities in their community and their natural environment.

Study problem and its importance

The education of children with an autism spectrum disorder in Jordan has witnessed an evolution in the last three decades by opening a group of centers concerned with the education and rehabilitation of children on the autism spectrum. And also providing various training programs to develop the skills of children on the autism spectrum in all developmental aspects, precisely the social aspect in which children of the autism spectrum suffer from clear deficiencies; with the emergence of inclusion, it became necessary to develop the social skills of children with the autism spectrum, as well as to educate society about the characteristics and capabilities of children to achieve social acceptance of children in preparation for their integration in regular schools and society in general, and to achieve success and academic and social benefit for students integrated into traditional schools, attention to this topic came to answer the following questions

The study problem is represented in the following two questions:

- 1) What is the level of social acceptance of children on the autism spectrum who are integrated into regular schools from the point of view of parents and teachers in Jordan?
- 2) Are there statistically significant differences at the level of significance ($\alpha = 0.50$) in the level of social acceptance of children of the autism spectrum who are integrated into regular schools from the parents' and teachers' perspective due to the degree of injury and gender variables?

The theoretical significance of the study:

- 1) Its importance stems from the enrichment of Arab libraries in the social acceptance of children with autism spectrum in public and private schools.

- 2) The importance of acceptance and social interaction in adapting to society
- 3) The association of social acceptance with self-esteem in children with autism.
- 4) The importance of acceptance and social interaction and its effect on all aspects of personality
- 5) The importance of acceptance and social interaction and its effect on the family, its stability, and acceptance of the child
- 6) Lack of Arabic studies on the social acceptance of children with an autism spectrum disorder.

The importance of the study in practice

- 1) The study contributes to building a measure of the social acceptance of children with autism spectrum, which has psychometric characteristics of the Jordanian environment, which may benefit educators and researchers in special education and all who need to determine the level of social acceptance of children with autism spectrum.
- 2) Modify society's attitudes towards children with autism.
- 3) Present a set of recommendations to faculty members in the Jordanian public and private schools regarding activating attention to the social aspect of children with autism spectrum to facilitate the integration process in public and private schools.

Study objectives

- 1) Knowing the level of social acceptance of children with autism spectrum who are integrated into regular schools from the point of view of parents and teachers in Jordan.
- 2) Know the effect of gender on the level of social acceptance of children with autism who are integrated into regular schools from the point of view of parents and teachers.
- 3) Know the effect of gender on the level of social acceptance of children with autism who are integrated into regular schools from the point of view of parents and teachers
- 4) Know the effect of the degree of injury on the level of social acceptance of children with autism who are integrated into regular schools from the parents' and teachers' perspectives.

Theoretical and procedural definitions

Social acceptance: (Theoretically): It means accepting that other people are indicating that they want to include in their groups and their relationships.

Social acceptance (procedural): Social acceptance occurs on a continuum of situations (Leary, 2010). It is the score that a child with autism spectrum disorder gets

on the social acceptance scale.

Autism spectrum (theoretically)

It is a neurodevelopmental disorder, whose members are characterized by impaired communication and social interaction in different situations, and they also display limited and repetitive behavioral patterns, interests, and activities, and these symptoms must appear in the early life period (DSM - 5, 2013).

The autism spectrum (procedurally) is children diagnosed with autism spectrum disorder by private and government schools that implement inclusion.

Integrated children (procedurally): They are the children diagnosed with autism spectrum disorder and integrated with normal children in regular schools.

Ordinary schools (procedurally): They are the schools that provide educational services to students who are not classified in one of the special education categories, and they learn by traditional educational methods.

Study limits

Spatial limits: The study is limited to schools that apply inclusion for autistic children in Jordan.

Temporal limits: The study is limited to the second semester of 2019/2020.

Human limits: The study is limited to parents and teachers for children with an autism spectrum disorder in schools that apply inclusion.

Objective limits: The study is limited to studying the level of social acceptance of children with an autism spectrum disorder in schools that implement inclusion in Jordan and the effect of both sex and degree of injury on the level of social acceptance of children in society.

Study limitations

How accurate are the respondents in responding to the social acceptance scale.

Theoretical framework and previous studies

This chapter presents a group of topics related to the topic of the current study. It begins with a presentation of the historical development of the concept of autism spectrum disorder from the point of view of parents and teachers in Jordan, an explanation of the different characteristics of children with autism, and the role of the family and society as a whole.

Historical development of the concept of autism spectrum disorder

There were many definitions of autism spectrum disorder based on theories that explained the disorder, some of which focused on genetics, social and emotional impact, educational issues, family relationships, and various other factors.

The French physician Kanner is considered the first to describe autism in 1943. Where he referred to the characteristics of the autistic child, such as adherence to routine and resistance to change, deficiencies in social communication, language weakness, and a lack of imaginative games, these symptoms are required to occur during the first (thirty months) of the child's life (Rutter and Schopler, 2012).

The National Institute of Child Health and Human Development defines it as "neurodevelopmental disorders that begin in childhood and persist throughout an individual's life, and affect one's actions and interactions with others, communication, and learning" (Health and Human Development, 2016). In the fifth statistical and diagnostic manual (DSM-5), a new perception of autism spectrum disorder was presented in terms of concept, definition, categories, and diagnostic criteria. This category was placed in the category of neurodevelopmental disorders, and the subdivisions present in (DSM-4-TR), which included five categories of general developmental disorders, were canceled and replaced with one category, which is an autism spectrum disorder. The Statistical and Diagnostic Manual (DSM-5) defines autism spectrum disorder as "a neurodevelopmental disorder characterized by impaired social interaction, verbal and non-verbal communication, and by restricted and repetitive behavior patterns" (DSM-5, 2013).

The number of children with autism spectrum disorder has varied in recent years due to the increase in awareness and education among community members and the development of specialized measures of autism spectrum disorder as well as the environmental variables that have contributed to the change in the number of children with autism spectrum.

The steady increase of autism spectrum disorder is due to the changes that have occurred in the field of diagnosing the disorder, the development of personal measures, and the increase in community awareness of this disorder, and the financial dues allocated by the state to individuals diagnosed with the disorder (Zureikat, 2016).

Indicators of autism spectrum disorder among children (18-24) months

- 1) Does not use gestures.
- 2) He does not express acceptance and rejection with the

movement of the head.

- 3) He does not indicate something that he cares about.
- 4) He loses social or verbal communication after making simple sounds or words and loses interest in others.
- 5) He isolates himself from people, does not care about others, and is in his private world (Zureikat, 2016).

Characteristics of autism spectrum disorder

Individuals with autism spectrum disorder are heterogeneous, and the difference between individuals may be more than the similarity between them. Among these characteristics:

First: the characteristics of communication

Communication disorders are one of the basic characteristics that individuals with autism spectrum disorder suffer from, and specialists rely on in diagnosing autism spectrum disorder. It includes a group of verbal and non-verbal communication disorders that vary in severity and form (Al-Jalamda, 2015).

Communicative characteristics refer to deficiencies in social interaction, poor ability to establish social relationships, and poor verbal communication and sentence formation, where deficiency in the social field is the most critical problem faced by individuals with autism spectrum disorder, as individuals with autism spectrum disorder suffer from difficulties in establishing and maintaining friendly relationships.

They prefer to play alone for long periods and cannot play imaginative play, and most children with autism spectrum disorder prefer to stay alone and not care about those around them (Heflin and Alaimo, 2011).

Second: the behavioral characteristics

Children with autism spectrum disorder show many stereotypical and repetitive behaviors such as flapping hands and shaking bodies. The stereotypical behavior may take an aggressive form, such as hitting or destroying property, or it may be in the form of self-harm. Individuals with autism spectrum disorder also exhibit many stereotypical or motor behaviors, such as movements that are characterized by some movement rituals such as spinning, spinning things, or clapping hands. There is an important characteristic that children with autism spectrum disorder are characterized by, which is an excessive preoccupation with things and the presence of a specific range of interests, in addition to above, children with autism spectrum disorder show a formal play style, and they may play a game or perform a specific activity for several hours at a time, in a particular manner of ritual. As they stick to routine, they are upset

by any change in the environment around them (Hallahan et al., 2009).

Third: the cognitive characteristics

Children with autism spectrum disorder have difficulty coding and classifying information or classifying it, understanding things in literal terms, and remembering things according to their location in place and not based on their understanding of its overall picture (Rutter and Schopler, 2012).

Fourth: Social characteristics

Children with autism spectrum disorder face difficulty in the social aspect from an early age, which is evidenced by limited joint attention and social attention. The difficulty of playing and imitation, the inability to use many non-verbal behaviors that appear in eye contact, and the use of gestures and facial expressions appropriate to the emotional state, in addition to problems in forming and maintaining friendships and social relationships (Alzureikat, 2016). That deficiency generates inappropriate social responses that increase others' rejection. Furthermore, their display of non-adaptive behavioral patterns, such as crying and crying, self-directed aggression, and aggression directed at others, impede the child's opportunities for learning and social interaction, which requires therapeutic intervention to ensure the development of their abilities (Nasr, 2002).

The role of the family and school in developing the social skills of children with autism spectrum disorder

Autistic children fail to build social bonds with others, and therefore most therapeutic efforts are directed towards building relationships between children and their parents, as parents, teachers, and children with autism spectrum disorder learn together, as social skills are an essential component of social interaction with others, social skills enable the individual to conform and respond to environmental stimuli. Therefore, parents must be trained to encourage the child's sibling to interact with him socially and on the social initiative of the child. Also, the family must train the child on social courtesies through role play. It is also the responsibility of teachers to train children with an autism spectrum disorder to play and talk with their peers of the same age group, whether through participatory play or individual play. In individual play, the teacher has to teach the child the correct use of the game, teach him how to play, and encourage him to discover things around him. Also, train the child to greet others, the family and school must also provide a safe

environment for the child to play, observe the child and guide him when playing, teach the child through music and use stories in education, stimulate different senses, and strive as much as possible to integrate the child into the regular school and obtain social acceptance for them by peers and society (Mustafa and El-Sherbiny, 2014).

Integration

It is the participation of students with special needs in the general educational process, and these students are considered integrated if they had the opportunity to spend any time of the school day with students without disabilities (Al-Khatib, 2016).

Inclusion means providing various educational services that people with special needs need in normal environmental conditions, just like their ordinary peers, and working as much as possible not to isolate them in separate places. James and Lizansm (2003) believes that the proper integration process must include identifying the capabilities of the disabled child by conducting a comprehensive survey of all his abilities. And it may not be beneficial to integrate all disabled children with normal children, as the education of some disabled children with normal children may harm the performance of both disabled and normal children.

Integration types

Spatial integration: This type refers to placing people with special needs in classes attached to regular schools, and they get services in it.

Social integration: It refers to the situation of people with special needs with their ordinary peers in extra-curricular activities such as trips, plays, and art education, which leads to increased communication and social interaction and the strengthening of relations between them.

Functional integration: It refers to placing sighted students and those with special needs in one classroom in the school, and in which they receive all classroom and extra-curricular activities and provide support means such as teacher counseling special education.

Societal integration: It refers to providing the opportunity for people with special needs to practice professional and living life in the housing and the community in which they live (Al-Khatib, 2016).

Requirements for a successful integration

There are a set of requirements necessary for successful integration, and they are:

1) Adopt policies and procedures that allow all students to fully participate in activities and benefit from the

services within the regular school.

- 2) Provide material and moral support for children with special needs and their families whenever possible to ensure comprehensive education for them.
- 3) Planning for the comprehensive integration, defining its objectives, the categories it will include, and the type of integration that will take place.
- 4) The appropriate choice of the school in which the integration will take place.
- 5) Provide sources of financial and human support and assistance to the school.
- 6) Pre-preparation for all school personnel, regular children and parents before starting the integration process.
- 7) Teachers must be adequately prepared and train them during service on the appropriate way to work in an effective manner with children with special needs within the regular classroom (Jenkins et al., 1991).

Acceptance and social interaction for children with autism spectrum disorder

Acceptance and social interaction mean the relationship between the disabled and their colleagues, characterized by positive interaction, the normal child's perception that a disabled child is acceptable as a colleague at play or work, and routine integration in the classroom and the playground. Interaction refers to the education of the disabled with their non-disabled peers in government schools, which includes the achievement of three overlapping elements, namely: Temporary interaction within the regular classroom and educational interaction, which is intended to participate in the educational environment, and social interaction, which is the disabled feeling that his classmates accept him. And when the merging process, consideration must be given to the process of social interaction between peers, as social development plays a major role in childhood and affects the individual's adaptation in all stages of his life, the individual also learns social, cognitive, and physical skills through interaction with peers, and social development affects the child's ability to interact and form friendships (Hepler, 1994). And sharing positive relationships with peers is not considered easy, as it requires the provision of many skills that can be provided to the child through the play process. Where when providing the skills necessary for interaction with normal children.

Poor social development in childhood has serious negative effects that may extend into adulthood, and these effects may include academic and behavioral problems in school. In addition, weak social growth affects emotional growth and personal growth, a functional adjustment in maturity and for the integration process to be successful and social acceptance to be achieved, this requires parents to be in direct and frequent contact with the educators and provide all the

educational and social needs of the child (Parker and Asher, 1987).

The effect of inclusion on social acceptance

One of the most essential benefits of inclusion is increased acceptance by ordinary children of their classmates with special needs in the regular class; successful social integration requires the availability of three main factors: positive trends, sources, and approaches, and in the field of social interaction. Unfortunately, some studies have shown that ordinary children do not interact with children with special needs unless they are reinforced and prepared for interaction (Guralnick, 1999).

Methods for increasing acceptance and social interaction

There is a need to increase the acceptance and social interaction of students with disabilities by their ordinary peers, as these programs took two forms:

- 1) Teaching students with disabilities the social skills that will encourage others to accept them through formation and problem-solving.
- 2) Modify the attitudes of ordinary students towards people with special needs through methods of role-playing, simulation, and training by peers (Al-Khatib, 2016).

Previous studies

Many studies have dealt with the social aspect of children with autism spectrum, which is represented by adaptation and social compatibility and social integration. However, in terms of preparing descriptive programs or surveys, the issue of social acceptance of children with autism spectrum has not received enough attention, as the author found that Arab studies are very few compared to foreign studies related to the subject.

As the researcher decided to divide the studies into:

- 1) Studies dealing with training programs related to social skills in children with autism spectrum.
- 2) Studies dealt with the social acceptance of children with disabilities.
- 3) Studies on the integration of children with disabilities.

First: Studies dealt with training programs related to social skills for children with autism spectrum

The study by Kamps et al. (1992) entitled the

effectiveness of teaching social skills to children with autism increases and facilitates social interaction with their peers in the first stage classes. The study aimed to verify the effectiveness of social skills in facilitating and increasing social interaction. Social skills appeared in training children with autism and their ordinary peers to join one group and maintain interaction within the group by exchanging greetings with others, talking about various topics and expressing social courtesies in different situations, and using the skills of request and participation, and seek help from others and integrate with them in activities. The study sample consisted of 3 autistic children and their regular peers, their average age was seven years, and they were attending one of the integration classes in the first grade of primary school. The study tool consisted of the training program with four sessions per week. The results showed an improvement in the social interaction of children with autism and in the response of children and peers to each other; interactions also continued to improve when following the children by observing their behavior and providing them with feedback on social performance during group play.

Theeb (2004) also conducted a study aimed at designing a training program to develop communicative, social, and autonomous skills for autistic people and measure its effectiveness and the researcher followed the one-case study approach. The research sample consisted of 4 male autistic children. The training program was applied for a period of 13 months; the study results showed the development of the four children's communication, social, and self-independence skills, numeracy, and reading skills to varying degrees. The decrease and disappearance of many non-adaptive behaviors and the change in the diagnostic description of their cases positively changed at the end of the program. In addition, they benefited from social and academic integration to a large extent and the pronunciation of many functional words.

Ben Siddiq (2005) conducted a study to test the effectiveness of a proposed program to develop nonverbal communication skills among a sample of autistic children or its effect on their social behavior. The researcher followed the experimental approach of the study, where the study sample consisted of (38) autistic children from Riyadh; they were divided into two groups (control (20) children and experimental (18) children) between the ages of 4 to 6 years. To achieve the objectives of this study, the researcher prepared a list to estimate the nonverbal communication skills, which were represented in: joint attention, sight communication, imitation, listening, and understanding, referring to what is desired; understanding facial expressions, distinguishing them, and their voice tone and a list was prepared to assess social behavior. The study results showed the effectiveness of the experimental program in developing non-verbal communication skills.

Ghazal (2007) conducted a study to test the

effectiveness of a training program to develop social skills in a sample of autistic children in Amman. The researcher followed the methodology of the experimental study, where he selected two samples (control and experimental), each consisting of 10 male children with autism. Their ages ranged between (5 to 9) years, and the researcher developed a list of estimating social interactions for autistic children for the study, and the results concluded that the experimental program had proven its effectiveness towards autistic children.

Al-Zureikat and Al-Najadat (2016) conducted a study to identify the effectiveness of training in functional communication in reducing unwanted behaviors and developing social skills among a sample of autistic children in Jordan; the researcher followed the experimental study approach. The study sample consisted of 20 autistic children whose ages ranged between (6 to 10) years, and to achieve the objectives of the study, the researcher has prepared three scales: a scale for estimating unwanted behaviors, a scale for assessing social skills, and a program for job communication training to reduce undesirable behaviors and develop social skills. The results have shown the effectiveness of job communication training in reducing unwanted behaviors and developing social skills.

Second: Studies that dealt with the acceptance and social interaction of children with disabilities

Abdel-Halim Fathy's study (1980) entitled the effect of vision loss on self-concept formation, a comparative study between the visually impaired and the sighted in Kuwait. The study sample consisted of (53) people who were totally blind, (57) partly blind, and (59) who were visually impaired. And a control group (87) from the sighted, the study tool was to choose an adult self-concept that consists of a realistic self-concept, an ideal self-concept, an average person concept, a divergence scale, a self-acceptance scale, and a others' acceptance scale. The results indicated that the partially blind are more self-accepting than the sighted, while the visually impaired are the least self-accepting groups; visually impaired people of all degrees of disability are less accepting of others than the sighted. The visually impaired are more distant in the sighted group than the average person.

Driggers' study (1983) entitled the relationship between the behavior of a blind child with low vision at the elementary school level and the social acceptance by his sighted peers. The study aimed to investigate the relationship between inappropriate behaviors of blind and partially sighted children and the social acceptance of their peers and sighted children in the ordinary classroom. The sample consisted of (16) blind and visually impaired and (191) sighted children. A social measurement was performed for each individual to

determine their social acceptance level, and the researcher used the observation method; the study found that the blind suffers from a lack of social acceptance by their sighted peers in the ordinary classroom. It was found that there are inappropriate behaviors by the blind that are considered a cause of social unacceptability by sighted persons.

The study of (Huurre et al., 1999) aimed to determine the extent of the difference in self-esteem and social support provided by family and friends between the blind and their sighted peers. In the United States of America, the study sample consisted of (115) blind and partially sighted participants of both genders and (607) sighted participants. The results showed no difference between sighted males and blind males. Also, the social support provided to the sighted was greater than the social support provided to the blind. The results also showed that the blind's feeling that their peers accept it increases their self-esteem.

The Phillip and Marilyn (2000) stated the need to use intensive longitudinal intervention in developing social skills: A tracer study for children with autism. The study aimed to use an intensive longitudinal intervention in developing social skills and to evaluate the effectiveness of this intervention in alleviating the symptoms of autism. The study sample consisted of 6 autistic children with an average age of 6 years. These children were trained for a period of 2 to 3 years to learn many social skills, including welcoming the appropriate words, sharing and learning how to ask others, passing things to peers with mentioning their name, and touching peers with mentioning their names, and saying goodbye to others using the word by, and the goals set for each child differed according to their abilities. The study tools consisted of the Childhood Autism Rating Scale (CARS), Learning Achievement Profile (LAP), direct observation of behavior, social interaction, review of educational history, and parents' interview. The results indicated that the children's scores on the autism rating scale decreased from a mean of 35 to a mean of 22, this indicates a decrease in the symptoms of autism among these children, and the children have also made remarkable progress on the learning achievement profile. A behavioral improvement was also observed in social interaction, where the average positive interaction was 3%, and upon completion of the program, it was 23%. The results of educational history also indicated that five of the six children were able, after obtaining the program, to enroll in regular classes while sometimes providing them with simple services.

A study by Christina et al. (2006), entitled Indirect (Accompanying) Effects of Continuous Attention Training on Positive Social Intervention on the Effect of Imitation and Spontaneous Talking in Children with Autism. The study aimed to study the effectiveness of a training program for developing shared attention and its effect on social indoctrination and verbal imitation of a sample of

autistic children. The study sample consisted of (10) children with autism. The researcher used tools for the study, which are the training program, attention scale, and observation form. The study results showed that teaching young children with autism that preoccupation with shared attention increases untargeted social communication behaviors. Furthermore, after these children participated in the program, the untargeted behaviors were changed, and positive changes were observed in social indoctrination, imitation, play, and spontaneous talking. The results support the assumptions that teaching shared attention skills leads to improvement and development in many other skills.

Al-Manaseer and Alzariqat (2019) conducted a study to identify the level of social and behavioral functioning of children with autism spectrum disorder and children with mental disabilities using a descriptive approach. On a sample consisting of (144) children (73) with mental disabilities and (71) with autism spectrum disorder, their ages ranged between (6 to 13) years; they were randomly selected. The results indicated that there were statistically significant differences between the average of the two groups in social performance in favor of children with mental disabilities and those who enjoyed interactive social behaviors such as communication and emotional interaction with others, its level outweighs the social behaviors shown by people with an autism spectrum disorder. The results also showed statistically significant differences between the sample members in the behavioral performance in favor of children with mental disabilities.

Third: Studies that dealt with inclusion for children with disabilities

Hussein's study, El-Daly (1979) entitled the effect of integration among the visually impaired on their personal and social compatibility in Algeria, as the study aimed to know the effect of integration of the blind in schools of the sighted, according to their personal and social compatibility. The study sample consisted of (100) students, who were divided into two groups: (A) the integrated group, and it included (50) students, of whom (25) were students in the preparatory stage and (25) in the secondary stage, A group of non-integrated students includes (50) students, of whom (25) are in middle school and (25) in high school, where their ages ranged between (14-20) years, the study found that the inclusion of the blind in schools of the sighted increases their personal and social compatibility, and that the expansion of the education of the blind in private schools increases their social and emotional compatibility.

In a study by Enell (1982) entitled the effect of inclusion in regular classes for special education students with visual, auditory, physical, and mental disabilities in California, the study aimed to determine the success of

Table 1. Distribution of study personnel.

Variable		Number	%
The degree of autism	Low	32	43.2
	Average	42	56.8
Gender	Male	52	70.3
	Female	22	29.7
Overall		74	100

the integration programs for special education students and the school interaction with comrades. The study sample consisted of (40) students from elementary, middle, and higher education levels. The study found that teachers' attitudes were negative, but students with special needs felt welcome and comfortable in regular classes, and sighted students unanimously confirmed approval with children with disabilities, and their attitudes were positive.

A study by Kenndy et al. (1997) aimed at comparing individuals with disabilities who are integrated into normal classes and between individuals with disabilities who are not integrated in terms of social interactions in New York State, the study population consisted of (16) students distributed equally among ordinary schools and special education centers. The study found that students with disabilities who study in regular class interact with students and form friendships compared to students with disabilities in special education centers.

Summary of results of previous studies

Most of the studies talked about adaptation and social interaction in general, such as the study (Driggers, 1983), (Hussein Al-Daly, 1979). The studies dealt with various training programs to develop social skills, such as the study of Ben Siddiq (2005) Sheikh Theeb (2004).

The current study was characterized by focusing on the topic of acceptance and social interaction of children with an autism spectrum disorder in the family, school, and community, as providing social acceptance for children with autism spectrum disorder helps the child adapt to the family, in school, and the community. Also, the social acceptance of children with autism spectrum disorder achieves the child's family adaptation in society, where the impact of this adaptation is reflected in the interaction of family members with the child, and also on the family's security, stability, activities, and social activities with community members, this, in turn, is reflected in the self-concept of autistic children, as the feeling of social acceptance is reflected in the feeling of self-satisfaction and thus self-concept. The social acceptance of children with an autism spectrum disorder in society achieves success in the integration process, specifically comprehensive integration.

METHODOLOGY

The method and procedures include a description of the study curriculum and its community, a description of the study tool and how to prepare it, indicators of validity and consistency, the procedures followed by the study, and the statistical methods used in it.

Study approach

The nature of the current study required the use of the descriptive and analytical approach to achieve the study's objectives and answer its questions.

Study population and sample

The study population consists of parents and teachers of children with autism spectrum disorder who are enrolled in private and government schools in Jordan.

The final study sample

The study sample was chosen by a simple randomized method, where the sample consisted of the parents and the teachers of (74) children with autism spectrum disorder who were integrated into public and private schools in Jordan, where the answer was on the scale from their teachers in the school dimension. In the family and community dimension, the answer was made by parents and teachers, and Table 1 shows the distribution of study members according to the variables of gender and degree of autism.

Study tool

The study tool was built with the help of:

- 1) The theoretical literature on the subject, such as (Al-Shami, 2004).
- 2) Arab and foreign studies were used to social acceptance of people with disabilities (Deeb, 2004).
- 3) Some scales were used in special education (Schenikat, 2014).
- 4) Use of some tools used for evaluation (Adaptive Behavior Scale).
- 5) Seeking help from individuals working with children with autism spectrum in private centers.
- 6) All paragraphs were counted and then were distributed to appropriate dimensions according to the subject of the study.
- 7) The scale was presented to a group of specialized arbitrators in universities and centers for people with the autism spectrum, and an amendment was made to the language wording of some

Table 2. The correlation coefficient of each item with the dimension to which it belongs and the dimensions with the total score as an indicator of the validity of the construction.

The first dimension: Social acceptance by the family					
Correlation coefficient	Paragraph number	Correlation coefficient	Paragraph number	Correlation coefficient	Paragraph number
0.493*	9	0.597**	5	0.583**	1
0.680**	11	0.689**	6	0.621**	2
0.720**	11	0.694**	7	0.778**	3
0.411*	12	0.559**	8	0.563**	4
The second dimension: Social acceptance by the school					
0.555**	9	0.567**	5	0.589**	1
0.591**	10	0.541**	6	0.584**	2
		0.456*	7	0.599**	3
		0.532*	8	0.532*	4
The third dimension: Social acceptance by society					
0.828**	9	0.601**	5	0.453*	1
0.662**	11	0.676**	6	0.712**	2
0.645**	11	0.607**	7	0.436*	3
0.466*	12	0.580**	8	0.736**	4

Significant at 0.05 level ** Significant at 0.01 level.

paragraphs.

8) The final image of the scale, after taking the comments of the judges, consisted of (34) paragraphs distributed in three dimensions, namely: The first dimension is social acceptance from the (family) viewpoint and consists of (12) paragraphs. The second dimension is social acceptance of children with the autism spectrum from the school's point of view, which consists of (10) paragraphs, the third dimension: Social acceptance from the viewpoint of (society) consisting of (12) items.

Signs of validity and reliability

Signs of honesty were reached through the following:

The validity of the content was extracted by presenting the scale to ten referees from among the faculty members of the Jordanian universities (Islamic Sciences University, Al-Balqa Applied University, Amman Arab University) and teachers working with children with autism spectrum disorder, where they were asked to evaluate the suitability of the paragraphs to what they were designed to measure, and the clarity of the wording of the items, after informing them of the objectives of the scale, and then suggest appropriate adjustments. Based on the opinions of the specialized arbitrators, some paragraphs were amended in terms of linguistic wording, where the percentage of arbitrators' agreement reached (80%).

Validity of construction

To verify the validity of the construction, the Pearson correlation coefficient was calculated for the scale paragraphs with the dimension to which they belong (discrimination coefficients). These results are presented below.

It is evident from Table 2 that the discrimination coefficients for

the scale paragraphs were high, as the value of all the discrimination coefficients for the scale items was higher than (0.20), which indicates the effectiveness of the scale paragraphs.

Reliability

Signs of reliability were found through the following:

Reliability by repetition:

Where the scale was applied to a sample of (25) children from outside the study sample, then the scale was re-applied to the same sample with an interval of two weeks between the two applications. Then the correlation coefficient between the first application and the second application was calculated, and the results were as shown in Table 3. The Table shows that the reliability coefficient for the scale as a whole reached (0.67), while the dimensions that comprise the scale were the highest coefficient of reliability for the family social acceptance dimension (0.81). Then the social acceptance in the community (0.79), then the social acceptance in the school (0.60). Therefore, these reliability coefficients are acceptable and meet the purposes of the current study.

Reliability in the two half-segmentation methods and Cronbach Alpha

To calculate reliability with internal consistency, the Cronbach alpha equation was used to calculate reliability for the overall degree and for the dimensions that consist of the scale, and this is based on the same sample in which the reliability is calculated by repetition. The following is a presentation of these results.

Table 4 shows that the reliability coefficient for the scale as a whole reached (0.83). As for the dimensions that make up the scale, the highest reliability coefficient for the dimension of family

Table 3. Stability coefficients for repetition of the Social Acceptance Scale for children with autism spectrum disorder who are integrated into regular schools.

Number	Dimension	The reliability factor by repeating
1	Family	0.81
2	School	0.60
3	Society	0.79
	Overall	0.67

Table 4. The stability factor of the scale by the two half-segmentation methods and the Cronbach-Alpha equation.

Number	Dimension	Reliability with the Cronbach Alpha equation
1	Family	0.83
2	School	0.66
3	Society	0.75
	Overall	0.83

social acceptance was (0.83), then social acceptance in society (0.75), then social acceptance in school (0.66), and these reliability coefficients are acceptable and fulfill the purposes of the present study.

Correction criteria

The following criteria were adopted to judge the level of social acceptance, as these criteria were reached by dividing the range of relationships into three equal categories:

- 1-3 Low
- 3-2.1 Medium
- 1-4 High

Scale correction method

All items of the scale were responded to on a four-scale. The responses were given the following scores: (Applies to a high degree = 4, Applies to medium degree = 3, Applies to low degree = 2, Not applicable = 1), as for the negative paragraphs in the scale, which is item (12) in the family dimension, and paragraphs (4- 12) in the community dimension. The responses to them were given the following marks (Applies to a high degree = 1, Applies to medium degree = 2 Applies to low degree = 3, Not applicable = 4) since the scale consisted of (34) items, the maximum possible mark on the scale is equal to 136, and the lowest mark on the scale is 34, so the more scores on the scale this indicates an increase in social acceptance, and the less the mark on the scale shows a decrease in social acceptance.

Study procedures

- 1) The literature on the subject matter of the study and the tools available in the same field were reviewed.
- 2) Defining the study terms and determining the dimensions of each scale to develop the scale, and then presenting it in the initial form to a number of specialized referees to evaluate the phrases until the final images of the scale.
- 3) The scale was finalized.

4) The scale was applied to an experimental sample to extract the scale's indications of validity and reliability.

5) Official approvals were taken to implement the study tool.

6) The scale was applied to an experimental sample to extract validity and reliability indications.

7) The scale was applied to the final study sample, where parents and teachers answered the scale.

8) Collect and check questionnaires and enter data into a computer.

9) Subject them to statistical analysis in accordance with the study questions.

Statistical processors

To answer the first question

To answer the first question, the arithmetic means and standard deviations of the responses of parents of children with autism who are integrated into regular schools were calculated on the scale as a whole and on the three sub-scores and for each item of the scale.

To answer the second question

To answer the second question, the arithmetic averages and standard deviations of parents' responses on the acceptance level scale were calculated for the total score and the three scale areas (family, school, community). According to the heterosexual and the degree of autism, the binary analysis of variance was used to study the differences in the level of social acceptance according to gender and the degree of autism. The analysis of (Two Way MANOVA) to study the differences in the level of social acceptance in the sub-domains of the scale according to the gender variables, the following is a presentation of these results.

RESULTS

To answer the first question, arithmetic averages and standard deviations were calculated for the responses of parents of children with autism who were integrated into

Table 5. Arithmetic average and standard deviations of parents 'and teachers' responses to the social acceptance scale domains of children with autism who are integrated into regular schools.

Domain	Arithmetic average	Standard deviation	Acceptance level
The level of social acceptance in the family	2.61	0.78	Average
The level of social acceptance in the school	2.18	0.53	Average
The level of social acceptance in the community	2.58	0.54	Average
The total social acceptance level	2.47	0.43	Average

* Paragraphs (4 to 12) in the dimension of society were reversed to become positive paragraphs.

regular schools and teachers on the scale as a whole and the three sub-scores and for each of the scale paragraphs, the following is a presentation of these results.

It is evident from Table 5 that the estimation of parents of children with autism spectrum who are integrated into regular schools and teachers for the level of social acceptance of their children, in general, was average with a mean of (2.47) and a standard deviation of (0.43). Parents 'assessment of the level of social acceptance was average in two areas, namely the family and society (parents were the ones who filled the paragraphs in the family and community dimensions, while teachers filled the items of the school dimension). Also, the teachers 'assessment of the social acceptance of children in the school was average, where the highest estimate was for the level of social acceptance in the family with a mean of (2.61) and a standard deviation of (0.78). Then the community with a mean (2.58) and a standard deviation (0.54), then the school with an arithmetic mean (2.18) and a standard deviation (0.53).

The following is a presentation of the results related to the sections of the Social Acceptance Scale for children with autism who are integrated into regular schools.

The level of social acceptance in the family

It is evident from Table 6 that the parents 'estimate of the level of social acceptance in the family for the child with autism spectrum was average in all paragraphs of the family domain, where the arithmetic averages of the items ranged between (2.74-4.41). The most manifestations of social acceptance in the family were an item (9) which states: "The family takes the child to family social visits." with an arithmetic average of (2.74) and a standard deviation of (1.09). On the other hand, item (10), which states, "We introduce the child to the guests," with an arithmetic mean (2.73) and a standard deviation (1.08), as for the least manifestations of social acceptance in the family, it was in item (2), which states, "His brothers share their games with him" with arithmetic mean of (2.41) and a standard deviation of (1.07). Item (6) states: "He is allowed to perform his various activities inside the house," with an arithmetic average (2.50) and a

standard deviation (1.06).

The level of social acceptance in the school

It is evident from Table 6 that the teachers 'assessment of the level of social acceptance in the school for a child with autism spectrum was average in seven items and low in three paragraphs, where the arithmetic means of the paragraphs ranged between (2.42 -1.88), and the most common manifestations of social acceptance in the school was the paragraph number (8), which states: "Others get upset that their children are playing with my child.," with an arithmetic average (2.42) and a standard deviation (0.86) and paragraph (3), which states, "Colleagues sit with him most of the time," with arithmetic mean (2.38) and a standard deviation (0.79), as for the least manifestations of social acceptance in the family, it was in item (7), which states: "Teachers support the child's participation in school broadcasting," with a mean (1.88) and a standard deviation (0.96). Item (4) states, "His classmates share his academic assignments," with arithmetic mean (1.89) and a standard deviation (0.80).

The level of social acceptance in the community

It is evident from Table 6 that the parents 'estimate of the level of social acceptance in the community of the child with autism spectrum was average in all paragraphs, where the arithmetic averages of the items ranged between (2.97 to 2.38), and the most manifestations of social acceptance in society was the paragraph number (2), which states: "Others ask questions about the child's condition." with an arithmetic average (2.97) and a standard deviation (0.92), and item (3) which states: "Others try to get close in order to get to know him." with an arithmetic average (2.73) and a standard deviation (0.78), as for the least manifestations of social acceptance in society, it was in Paragraph 11, which states, "I suffer from the integration of my child in kindergarten." with an arithmetic average (2.38), a standard deviation (1.11), and paragraph No. (6), which states s: "We are subjected to criticism from others when the child's owners to public places" with an arithmetic average (2.43) and a standard deviation (1.02).

Table 6. Arithmetic average and standard deviations of parents' responses to the paragraphs of the Social Acceptance Scale for children with autism who are integrated into regular schools.

N	Items	Arithmetic average	Standard deviations	Acceptance level
The level of social acceptance in the family				
9	The family accompanies the child to the family social visits.	2.74	1.09	Average
10	We introduce the child to the guests	2.73	1.08	Average
3	His brothers eat with him	2.69	1.18	Average
8	The family is trying to control the problem of stereotyped movements	2.68	1.17	Average
5	His brothers sit with him for long hours	2.66	0.94	Average
7	The family provides the necessary services to improve the child's skills.	2.62	1.16	Average
12	His actions with others embarrass us	2.61	1.00	Average
11	We take him to public places such as (restaurants, lounges, stadiums).	2.57	1.17	Average
4	The siblings of an autistic child help their mother to help him	2.55	1.12	Average
1	His brothers initiate talks to him	2.51	1.09	Average
6	He is allowed to perform various activities inside the house	2.50	1.06	Average
2	His brothers share their games with him	2.41	1.07	Average
The level of social acceptance in the school				
8	His colleagues greet him	2.42	0.86	Average
3	Colleagues sit with him most of the time	2.38	0.79	Average
5	His colleagues play with him	2.38	0.73	Average
2	His colleagues help him	2.30	0.77	Average
1	His Colleagues take the initiative to talk to him	2.24	0.79	Average
9	They encourage him to participate in school trips	2.24	0.92	Average
10	They encourage him to join educational groups in the classroom.	2.14	0.98	Average
6	The teachers encourage the child to participate in school committees	1.97	0.96	Low
4	His classmates share his academic assignments	1.89	0.80	Low
7	Teachers support the child's participation in the school broadcasting	1.88	0.96	Low
The level of social acceptance in the community				
2	Others ask questions about the child's condition	2.97	0.92	Average
3	Others try to get close to get to know him.	2.73	0.78	Average
1	Others smile at him in public places	2.65	0.91	Average
10	Neighbor's kids don't want to play with him	2.64	0.96	Average
7	Some are bothered by his presence in public places	2.59	1.01	Average
4	The others look at him with astonishment.	2.58	0.99	Average
5	It seems to others the fear of the child	2.54	0.98	Average
8	Others get upset that their children are playing with my child.	2.54	0.95	Average
12	Some schools refused to accept my child	2.49	1.11	Average
9	I feel like he's not accepted into society	2.46	1.01	Average
6	We are subjected to criticism when the child's owners to public places.	2.43	1.02	Average
11	I suffer from integrating my child into kindergarten	2.38	1.11	Average

Are there differences in the level of social acceptance of children with autism spectrum integrated into regular schools from the viewpoint of parents and teachers in Jordan due to the child's gender and degree of autism?

To answer the second question, the arithmetic averages and standard deviations of the responses of parents and

teachers were calculated on the acceptance level scale for the total score and the three scale areas (family, school, community) according to the heterosexual and the degree of autism, the binary analysis of variance was used to study differences in the level of social acceptance according to the variable of gender, and the degree of autism and the analysis of the two-way multivariate variance (Two Way MANOVA) to study the differences in

Table 7. Arithmetic averages and standard deviations of the level of social acceptance of children with autism spectrum from the viewpoint of their parents and teachers according to the variables of sex and degree of autism.

Variable	Categories	The total social acceptance level		
		Number	Arithmetic average	Standard deviation
Gender	Male	52	2.52	0.42
	Female	22	2.55	0.48
The degree of autism	Low	32	2.55	0.51
	Average	42	2.51	0.37

Table 8. Results of the analysis of binary variance to indicate differences in the level of social acceptance of children with autism spectrum according to the heterosexual and degree of autism.

Source of variation	Sum of squares	Degrees of freedom	Average of squares	P	The level of significance
Gender	0.01	1	0.01	0.05	0.816
The degree of autism	0.03	1	0.03	0.13	0.719
Error	13.77	71	0.19		
Overall	13.80	73			

the level of social acceptance in the sub-domains of the scale according to the two variables of gender, and the following is a presentation of these results:

The total score

It is evident from Table 7 that there are apparent differences between the arithmetic averages of the level of social acceptance of children with autism spectrum from the viewpoint of their parents and teachers according to the variables of sex and degree of autism, and to find out whether these differences are statistically significant at the level of significance ($\alpha = 0.05$), a two-way ANOVA analysis was performed. The following is a presentation of these results.

It is evident from Table 8 show no significant differences in the level of social acceptance of children with autism who are integrated into schools from the point of view of their parents and teachers according to two variables:

- 1) Gender, where the p-value was (0.05), which is not statistically significant at the significance level ($\alpha = 0.05$).
- 2) The degree of autism, where the p-value was (0.13), is not statistically significant at the level of significance ($\alpha = 0.05$).

Sub-domains

The social acceptance of children with autism spectrum in the three sub-domains of the scale (family, school, and community) from the point of view of their parents according to the variables of sex and degree of autism,

and to find out whether these differences are statistically significant at the level of significance ($\alpha = 0.05$), Two Way MANOVA was performed. Table 9 shows Arithmetic means and standard deviations of the level of social acceptance in the three sub-domains of the scale (family, school, community) for children with autism from the viewpoint of their parents and teachers according to the variables of sex and degree of autism.

It is clear from Table 10 that there are no significant differences in the level of social acceptance of children with autism spectrum who are integrated into schools from the point of view of parents in any of the sub-fields of the scale (family, school, society) according to two variables.

- 1) Gender, where the Hölling value was (0.002), is not statistically significant at the significance level ($\alpha = 0.05$).
- 2) The degree of autism, where the Hölling value was (0.098), is not statistically significant at the level of significance ($\alpha = 0.05$).

DISCUSSION

The study results will be discussed in a manner consistent with the study questions and in order:

What is the level of social acceptance of children with autism who are integrated into regular schools from the point of view of parents and teachers in Jordan?

The results showed that the estimate of parents of

Table 9. Arithmetic means and standard deviations of the level of social acceptance in the three sub-domains of the scale (family, school, community) for children with autism from the viewpoint of their parents and teachers according to the variables of sex and degree of autism.

variable	Variable classes	The level of acceptance in the family			The level of acceptance in the school		The level of acceptance in the community	
		Number	Arithmetic average	Standard deviation	Arithmetic average	Standard deviation	Arithmetic average	Standard deviation
Gender	Male	52	2.39	0.75	2.80	0.55	2.41	0.51
	Female	22	2.41	0.88	2.85	0.46	2.43	0.63
The degree of autism	Low	32	2.32	0.90	2.79	0.59	2.58	0.61
	Average	42	2.45	0.69	2.83	0.47	2.30	0.46
Overall		74	2.39	0.78	2.82	0.53	2.42	0.54

Table 10. Two way MANOVA analysis of differences in the level of social acceptance of children with autism spectrum in the three sub-domains of the scale (family, school, and society) according to the variables of sex and degree of autism.

The source of the contrast	Domain	Sum of squares	df	Average of squares	F	Sig
Gender Huling = 0.002p = 0.04 Significance level = 0.988	The level of acceptance in the family	0.01	1	0.01	0.02	0.899
	The level of acceptance in the school	0.04	1	0.04	0.13	0.716
	The level of acceptance in the community	0.001	1	0.001	0.003	0.957
The degree of autism Huling = 0.098 P = 2.26 Significance level = 0.089	The level of acceptance in the family	0.36	1	0.36	0.57	0.453
	The level of acceptance in the school	0.03	1	0.03	0.11	0.744
	The level of acceptance in the community	1.42	1	1.42	4.99	0.029
Error	The level of acceptance in the family	44.36	71	0.62		
	The level of acceptance in the school	20.09	71	0.28		
	The level of acceptance in the community	20.19	71	0.28		
Overall	The level of acceptance in the family	44.73	73			
	The level of acceptance in the school	20.16	73			
	The level of acceptance in the community	21.61	73			

children with autism spectrum disorder integrated into regular schools of the level of social acceptance of their children, in general, was average. Also, the parents' estimate was average in the two fields: the family and society. And the most common manifestation of social acceptance in the family was in item (9), which states: "The family accompanies the child to family social visits" „Paragraph 10, which states, "We introduce the child to the guests." As for the least manifestations of social acceptance in the family, it was in item (2), which states: "His brothers share their games with him." also, the teachers' assessment of the level of social acceptance in the school for a child with autism spectrum disorder was average in seven items and low in three items. And the most manifestations of social acceptance in the school were item (8), which states: "Colleagues sit with him most of the time", as for the least manifestations of social acceptance in the school, it was in item (7), which states:

"Teachers support the child's participation in the school broadcasting." The results related to social acceptance in the community also showed that the parents' estimate of the level of social acceptance in the community for the child with autism spectrum was average in all paragraphs. The most manifestations of social acceptance in society were item (2) which states: "Others ask questions about the child's condition," and item (3), which states, "Others are trying to get close to getting to know him." as for the least manifestations of social acceptance in the family, it was in Paragraph 11, which states: "I suffer from the integration of my child in kindergarten" and item (6), which states: "We are subject to criticism from others when the child's friends go to public places. The researcher attributes the result to the family's orientation to integrate children with an autism spectrum disorder in regular schools, which means their acceptance of their children. Consequently, the level of

social acceptance of children, being integrated, came to an average level, and the most manifestations of social acceptance in the family was in the paragraph which states: "The family takes the child to family social visits," while the paragraph "His brothers share their games with him" was the slightest manifestation of social acceptance in the family, this is because children with autism spectrum disorder lack communication, which hinders their participation in playing with their brothers.

As for the level of social acceptance in the school, the paragraph "His colleagues greet him," which states "Colleagues sit with him most of the time," is the highest manifestation of social acceptance, as, for the slightest manifestations of social acceptance in the school, it was in the paragraph which states, "Teachers support the child's participation in the school broadcasting." The researcher explains this result to the linguistic characteristics and the difficulty of communicating and applying instructions for children with autism spectrum disorder, which hinders their participation in various activities and even radio activities.

As for the level of social acceptance in society, the highest manifestation of social acceptance was in the paragraph which states: "Others ask questions about the child's condition." The item, which states "others trying to get closer to know him," As for the least manifestations of social acceptance in the family, it was in the item which states, "I suffer from integrating my child in kindergarten." Where the researcher explains the result to the progress in services and programs provided to students with disabilities in general and children with an autism spectrum disorder in particular, as inclusion has become one of the leading programs applied in schools in Jordan in its various forms, and this has led to a change of attitudes towards children with an autism spectrum disorder. Also, the availability of specialized cadres to provide services to children with autism spectrum disorder helped the development of social skills and thus the social acceptance of children into society. The current study agrees with Philip and Marilyn (and the study of Christina et al., 2006).

Are there differences in the level of social acceptance of children with autism spectrum who are integrated into regular schools from the parent's point of view in Jordan due to the variables of gender and degree of autism?

The results showed no statistically significant differences in the level of social acceptance of children with autism spectrum disorder who were integrated into schools from the point of view of their parents and teachers according to the gender variable and the degree of autism. The researcher attributes the result to the characteristics of children with autism spectrum disorder: communication difficulties, difficulty building social relationships, and the presence of stereotypical movements. But in degrees

ranging from simple to severe, language and eye contact are essential matters for communicating with others and thus achieving social acceptance. Therefore, the researcher believes that the result is logical, as it agrees with the characteristics of children with autism spectrum disorder, and this result is consistent with the study of (Kenndy et al., 1997), which indicated that disabled students who study in regular school interact with students and they made friends compared to students with disabilities who are in special education centers.

Recommendations

- 1) Conduct more research studies on social interaction with friends in a regular school.
- 2) Conduct more studies on providing programs to develop social interaction in the school and community.
- 3) Conduct studies on the effectiveness of inclusion for children with an autism spectrum disorder in different regions.

Educational recommendations

- 1) Provide training courses for teachers to develop social skills for children with an autism spectrum disorder.
- 2) Begin to integrate at an early school stage.
- 3) Provide educational programs for the community related to the characteristics of people with an autism spectrum disorder to understand them and thus accept them.

CONFLICT OF INTERESTS

The author has not declared any conflicts of interests.

REFERENCES

- Abdel-Rahim F (1980). The effect of vision loss on self-formation, a comparative study between the visually impaired and the sighted, MA Thesis, Kuwait.
- Al-Jabri M (2014). (Recent trends in diagnosing autism spectrum disorders in light of the new diagnostic criteria), a working paper submitted to the first forum for special education entitled: visions and future aspirations, University of Tabuk, Kingdom of Saudi Arabia pp. 8-9.
- Al-Jalamda F (2015). Measurement and Diagnosis of Autism Spectrum Disorders. Amman: Dar Al-Masirah for Publishing and Distribution.
- Al-Khatib J, Al-Hadidi M (2016). Early intervention special education in early childhood. Ninth edition. Amman: Dar Al Fikr Publishers and Distributors.
- Al-manaseer A, Alzariqat I (2019). Evaluation of Social and Behavioral Performance in Children with Autism Spectrum and Children with Intellectual Disabilities in Jordan. Journal of the Islamic University For Educational and Psychological Studies 27(2):694-710.
- Alzureikat I (2016). Autism: Behavior, Diagnosis, and Treatment. Amman: Wael Press.
- Al-Zureikat I, Al-Najadat H (2016). The effectiveness of training on functional communication in reducing unwanted behaviors and

- developing social skills among autistic children in Jordan. *Studies Educational Sciences* 43:1.
- Ben Siddiq L (2005). The effectiveness of a proposed program in developing nonverbal communication skills for autistic children and its impact on their social behavior. (Unpublished Ph.D. thesis). The University of Jordan, Amman - Jordan.
- Christina W, Laura S, Ingersoll A (2006). The collateral effects of joint attention training on social initiations, positive affect, imitation, and spontaneous speech for young children with autism. *Journal of Autism and Developmental Disorders* 36(5):655-664.
- El-Daly H (1979). The effect of inclusion among the visually impaired on personal and social compatibility in Algeria, MA Thesis, Ain Shams University.
- Kamps DM, Batry RL, Sue V, Erin PD, Joseph CD (1992) Teaching Social Skills to Students With Autism to Increase Peer Interactions In An Integrated First-Grade Classroom, *Journal of Applied Behavior Analysis* 25(2):281-288
- Driggers SH (1983). The relationship between the behavior of the elementary school level blind and low vision child and social acceptance by sighted peers. Ed. Degearge Peabody college for teacher of rader bitt, University, dissertation abstracts international. P 44.
- DSM-5 (2013). *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition*.
- Enell NC (1982). The effects of regular classrooms integration for special education students with visual. Auditory physical and mental impairment.
- Ghazal A (2007). The Effectiveness of a Training Program in the Development of Social Skills for a Sample of Autistic Children in Amman, Master Thesis, University of Jordan, Amman-Jordan.
- Hallahan D, Kauffman j, Pullen P (2013). *Exceptional Learners, Introduction to Special Education*. Boston: Pearson.
- Heflin LJ, Alaimo DF (2011). *Students with autism spectrum disorders: Effective instructional practices*. Upper Saddle River, NJ: Pearson Merrill/Prentice-Hall.
- Guralnick MJ (1999). The nature and meaning of social integration for young children with mild developmental delays in inclusive settings. *Journal of Early Intervention* 22(1):70-86.
- Huurre TM, Komulainen EJ, Aro HM (1999). Social support and self-esteem among adolescents with visual impairments. *Journal of Visual Impairment and Blindness* 93(1):26-37.
- James J, Lizannsm k (2003). *Why Motor Skill Matter: Bolstering Your Child's Physical Development to Enhance Learning and Self-Esteem (Book)* 128():144-159.
- Jenkins JR, Jewell M, Leicester N, Jenkins L, Troutner NM (1991). Development of a school building model for educating students with handicaps and at-risk students in general education classrooms. *Journal of Learning Disabilities* 24(5):311-320.
- Leary MR (2010). Affiliation, acceptance, and belonging. In: S.T. Fiske, D.T. Gilbert & G. Lindzey (Eds.), *Handbook of Social Psychology* (5th Ed., New York, NY: Wiley. 2:864-897.
- Mustafa O, El-Sherbiny A (2014). *Autism - the causes - treatment*, 2nd edition, Amman: Dar Al-Masirah for publication and distribution
- Nasr N (2002). *Language-communication for autistic children, diagnosis, treatment programs*, Amman: Dar Al-Fikr for Publication and Distribution.
- Parker JG, Asher SR (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin* 102(3):357.
- Phillip SS, Marilyn H (2000). The Need for Longitudinal, Intensive Social Skill Intervention: LEAP Follow-Up Outcomes for Children with Autism, *Topics in Early Childhood Special Education* 20(2):116-122
- Rutter M, Schopler E (2012). *Autism: A reappraisal of concepts and treatment*. New York. NY: Springer Science and Business Media. Schain, R. J., & Yannet.
- Shami W (2004). *Characteristics of autism, its development, and how to deal with it*. Riyadh: King Fahd National Library. Riyadh.
- Theeb S (2004). *Designing a training program to develop communicative, social, and autonomous skills for autistic children and measure its effectiveness*. Unpublished Ph.D. thesis, University of Jordan, Amman-Jordan.