

1 in 36 children in the United States has been diagnosed with autism since 2020, and that number continues to climb. Richter (2024) states, “The reasons for this increase in prevalence are not fully understood and likely complex. Some possible factors that have been proposed include better awareness and screening for autism, changes in diagnostic criteria, and environmental or genetic factors.” A diagnosis does not mean that all questions are answered. Autism is a broad spectrum with a variety of shared and differing characteristics among individuals. Through continued research, parents, teachers, and caregivers have developed stronger approaches to supporting children at home and at school through inclusive environments. Research continues to evolve, expanding knowledge about autism’s origins, contributing factors, treatment and detection innovations, and co-occurring neurological disorders.

To begin, what is autism? Autism is a neurodevelopmental disorder that affects an individual’s behavior, communication, and social interaction. “Autism is caused by differences in brain development. Its origins are largely genetic, with biological and environmental factors potentially increasing a child’s likelihood of developing autism” (IRIS, 2026). Only a few years ago, diagnosing a child before the age of five was often discouraged and considered unreliable. However, current research shows that early signs typically appear between the ages of two and three. Although some characteristics are common across the spectrum, other traits vary widely from person to person, which is why autism is described as a spectrum condition. According to the Mayo Clinic Staff (2025), “Each child with autism spectrum disorder is likely to have a unique pattern of behavior that depends on whether symptoms are mild, moderate, or

severe.” A spectrum is not simply a line from mild to extreme, but a wide range of possible profiles and support needs.

There is also an important distinction between a medical diagnosis and an educational classification. A medical diagnosis is made by healthcare professionals and may provide access to insurance-funded services. An educational identification is determined by a multidisciplinary school team that often includes parents, a general education teacher, a special education teacher, specialists, and sometimes the student. Educational eligibility determines whether special education services are required and is based on observations, assessments, and documented impact on learning.

Common early signs between ages two and three include limited eye contact, lack of response to one’s name, language regression, and repetitive behaviors. Differences in communication and social interaction may include challenges initiating and responding to social interactions, difficulty engaging in back-and-forth conversation, differences in using and understanding nonverbal communication, and difficulty developing and maintaining relationships (IRIS, 2026). Restricted or repetitive patterns of behavior, interests, or activities may include repetitive movements or speech, strong adherence to routines, highly focused interests, and atypical sensory responses (IRIS, 2026). While these characteristics are widely recognized, individuals with autism also demonstrate important strengths. These can include deep focus, attention to detail, strong memory, creative problem-solving, honesty, reliability, visual-spatial abilities, and a strong sense of fairness and empathy (Guy-Evans et al., 2025). These strengths should be recognized alongside areas requiring support, as both influence instructional planning.

Students with ASD may encounter challenges in education and learning environments. Many experience co-occurring conditions such as dyspraxia, ADHD, feeding or eating disorders, anxiety, depression, intellectual disabilities, sleep-wake disorders, and epilepsy. Classroom challenges may include difficulty communicating with peers or teachers, sustaining attention, organizing tasks, and completing work on time. Social interaction may be affected by differences in communication style, reduced eye contact, and difficulty interpreting body language and social cues.

There are several effective ways to support students with autism in inclusive classroom environments. Through observation and data collection, teachers can better determine how to structure the classroom, design schedules, and decide whether visual supports are needed. According to the IRIS Center (2024), educators should create learning environments that promote security and engagement by establishing structure and predictability, adjusting the sensory environment, and providing visual supports. These practices benefit all learners, not only those with autism.

Visual supports may include picture schedules, labeled materials, routine charts, and visual models of social interactions. Teachers may also adjust classroom layout to reduce crowding, organize materials clearly, and use softer lighting to prevent overstimulation. Access to noise-reducing headphones may help students who are sensitive to sound. Social picture models can guide students through peer interactions and expected behaviors. Instruction can also be strengthened by incorporating student interests to increase motivation and engagement.

When challenging behavior interferes with learning, educators should first determine whether the behavior is communicating an unmet need. This process often involves conducting a Functional Behavioral Assessment to identify the purpose of the behavior and guide appropriate intervention. Support decisions are typically made by a team that determines necessary accommodations or modifications, which are often implemented by the general education teacher within the classroom.

Providing an inclusive environment benefits not only students with ASD but everyone involved. Inclusive classrooms provide access to grade-level curriculum, peer interaction, and social development opportunities. Respectful language and attitudes promote acceptance and belonging. Educators model inclusion through daily interactions, encouragement of empathy, and correction of misunderstandings about autism. When teachers intentionally build inclusive environments, students with autism experience a stronger sense of belonging, and the overall classroom community is strengthened.

In conclusion, Autism Spectrum Disorder is a complex and diverse neurodevelopmental condition affecting communication, behavior, and social interaction. Its increasing prevalence highlights the importance of educator knowledge and preparedness. Students with autism demonstrate a wide range of strengths and challenges that require individualized, evidence-based support. Research has improved early identification, clarified effective instructional strategies, and strengthened inclusive practices. By creating structured, respectful, and supportive classroom environments, educators can significantly improve academic and social outcomes for students with

autism. Continued research and professional development remain essential to meeting the evolving needs of all learners.

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