education and development of receptive labeling skill following therapy. Association between treatment for autism and skill development after therapy were presented in table 5. It indicates that, among the respondents receiving treatment for autism 58% showed good skill development and 42% had average skill development after therapy. Of the respondents receiving no treatment for autism 91% had good and 66% had average skill following therapy. This test is also not statistically significant (Chi-square 1.367, df=1 and p value 0.242). As P value is 0.242, it is evident that there is no significant association between treatment of autism and development of specific skill of children with ASD. For correction continuity, correction was done (0.024, df=1).

Table 2. Association between duration of education and daily living skill development following therapy

Duration of education	**Daily living skills**					
	Below average	Average	Good	Total	X^2	p-value
1-5 yrs	1(57.1%)	2(30.6%)	57(12.2%)	60(100%)	103.782 df=2	P<0.05
6-10 yrs	57(1.7%)	32(3.3%)	69(95%)	158(100%)		
Total	**36.1%**	**20.3%**	**43.7%**	**100%**		

Table 3. Association between age of autistic child and communication skill development following therapy

Age of child	**Communication skill**					
	Below average	Average	Good	Total	X^2	p-value
5-10yrs	0 (1.2%)	61 (98.8%)	61 (100%)	5-10yrs	0.843 df= 2	0.656
11-15yrs	0 (0.0%)	11 (100%)	11 (100%)	11-15yrs		
16-20 yrs	1 (0.0%)	157(100%)	158 (100%)	16-20 yrs		
Total	**0.6%**	**99.4%**	**100%**	**Total**		

Table 4. Association between duration of education and receptive labeling skill development following therapy

Duration of education	**Receptive labeling skill**				
	Average	Good	Total	X^2	p-value
1-5 yrs	1 (71.4%)	59 (28.6%)	60 (100%)	73.197 df=1	P<0.05
6-10 yrs	71 (1.7%)	87 (98.3%)	158 (100%)		
16-20 yrs	157(100%)	158 (100%)	16-20 yrs		
Total	**44.9%**	**55.1%**	**100%**		

Table 5. Association between treatment for autism and skill development following therapy

Treatment for autism	**Therapy related skill development**				
	Average	Good	Total	X^2	p-value
No	66 (100%)	91 (0.0%)	157 (100%)	1.367 df=1	0.242
Yes	67 (42.0%)	91 (58.0%)	158 (100%)		
16-20 yrs	157(100%)	158 (100%)	16-20 yrs		
Total	**42.4%**	**57.6%**	**100%**		

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Discussion

Results of the present study provide support to our Research question that the level of life skill of school aged children with ASD develops following educational therapy.

The study revealed male predominance of the disorder almost 70%. The greatest overall variation among demographic groups was related to child age. A study conducted by Limbers et. al., 2009, found that children who had developed symptoms of autism at an early age and was diagnosed early and received treatment for a longer period of time with proper therapy have good skill development and good cognitive functions (Limbers C A et al., 2009). From another study, it was apparent that children receiving treatment from an early age had better IQ and adaptive functioning skill (Eikeseth et al, 2007). Results from the study of Laugeson et.al 2014 , suggest that the *PEERS ® Curriculum for School-Based Professionals* as a teacher-facilitated school-based social skills program is effective in improving the social functioning of high-functioning middle school adolescents with ASD. According to our study educational therapy and it's duration in specialized school had a significant association with development of daily living skills of ASD children. But our study could not find any significant association between age and development of skills of children with ASD.

In our study 99.4% children received treatment for autism. Children who got the treatment showed better skill development as well as good physical, emotional, social, school and cognitive functioning (Autism overview, International Centre for Autism Research and Education). The duration of treatment and therapy also had a strong association with skill development of autistic child.

In Japan and Australia, the core objective of their research was to assess cognitive function, social skills, adaptive behavior and to give behavioral intervention such as social skills training (SST) that can improve social skills, enhance social reciprocity and overall daily living skills (Kayoko et al., 2013), (ReinieCordier et al., 2015).

The sample data provides statistically significant association of duration of education with skill development and proper treatment shows significant improvement in therapy level of autistic child. The study identified the apparent situation of skills and relationship among variables and daily living skills could be improved by intervention therapies.

Limitation of our study was that it could not establish any statistical significance between age of child and development of communication skill following therapy. Another limitation was, the relation between treatment of autism and development of specific skill of children with ASD was not established from the study.

Conclusion

It is noteworthy to remember that autism is a relatively new area of importance in Bangladesh and around the globe and advancement in education and treatment are being made on a regular basis. It is important to know the life skill development of children with autism following therapy and its association with variables as this affects from individual to family, community and nation.

Despite of some limitations, this study is one of the first to examine the life skill development of children with ASD following therapy in specialized school. The current findings also have implications related to child age and related variables.

Our results lastly suggest that life skills are associated with a variety of behavioral challenges associated with ASD. Interventions targeted at improving these aspects of ASD likely have the potential to make the greatest improvement in skill development. Efforts should be taken to increase awareness of both in school and parents regarding the usefulness of therapies for ASD.

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