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Evaluation of Early Intervention Programme for Children with Autism Spectrum Disorder (ASD) in Port Harcourt Metropolis, Rivers State

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Abstract

Early intervention is critical to improving developmental outcomes for children with Autism Spectrum Disorder (ASD), particularly in low-resource settings such as Nigeria. Despite increasing awareness and the emergence of intervention centres in Port Harcourt, the effectiveness and accessibility of these programmes remain insufficiently evaluated. This study evaluated the early intervention programme for children with ASD in Port Harcourt Metropolis using the Kirkpatrick Evaluation Model. A descriptive survey design was adopted, involving 100 parents and caregivers selected from intervention centres using purposive sampling. Data were collected using a structured questionnaire aligned with the four levels of the Kirkpatrick Model, namely reaction, learning, behaviour, and results, and were analysed using descriptive statistics (mean and standard deviation). Findings revealed that although awareness of early intervention services was moderate, significant barriers such as cost, limited availability of specialists, and geographical accessibility constraints, among others, constrained overall access to the programme. Parents reported high satisfaction and improved knowledge of ASD management strategies, and notable behavioural improvements were observed in children's caregiving outcomes. The programme had a positive impact on child development overall, but systemic challenges limited its reach. The study concludes that the early intervention programme in Port Harcourt is beneficial but requires improved accessibility, capacity building, and structured evaluation systems for greater effectiveness. It is recommended, among other measures, that government at state and federal levels should subsidise the cost of early intervention services and expand publicly funded intervention centres to improve equitable access across the metropolis.

Keywords: Autism Spectrum Disorder, Early Intervention Programme, Evaluation, Kirkpatrick Model, Port Harcourt

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition caused by differences in brain development, characterised by persistent challenges in social interaction, communication, and repetitive behaviours. The prevalence of ASD has risen sharply over the years globally, necessitating the development and implementation of early intervention programmes in Nigeria. Early intervention programmes aim to enhance the cognitive, communicative, and social abilities of children with ASD, improving their quality of life and increasing their chances of integration into society (Lord, Risi, Lambrecht, et al., 2012). In Nigeria, recognition and diagnosis of ASD have increased, particularly in urban centres such as the Port Harcourt metropolis. However, the accessibility and effectiveness of early intervention programmes remain significant concerns. The growing number of children diagnosed with ASD in Nigeria, including in Port Harcourt, raises critical questions about the effectiveness of existing intervention strategies and the evaluation mechanisms used to measure their success (Bakare & Munir, 2011; Torty, Eyong, Asindi, & Usun, 2024).

In recent decades, the likelihood of a child being diagnosed with Autism Spectrum Disorder has risen dramatically. Some attribute this to greater recognition of ASD among doctors, parents and caregivers, teachers, and others who work with children. According to the Centers for Disease Control and Prevention (2010), Autism Spectrum

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Disorder (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioural challenges. Because delays are pervasive, early intervention (EI) programmes are increasingly used to counteract the challenges presented by ASD. Consistent with this, the second year of life has been identified as a critical period for detecting emerging symptoms of ASD, with the expectation that early intervention can pre-empt significant developmental difficulties before they become entrenched (Zwaigenbaum et al., 2015). This underscores the importance of not only identifying the disorder early but also ensuring timely access to early intervention services. Early intervention programmes typically combine a range of services, including assessment and therapy such as applied behavioural therapy, educational therapy, occupational therapy, speech and language therapy, physical therapy, developmental therapy, sensory integration, nutritional services, family support and training, psychological services, hearing impairment services, and social work services. Studies indicate that ASD affects 61. 8 million people globally as of 2021, or about 1 in 127 people, with a childhood estimate of approximately 1 in 100 children worldwide, and boys being affected three to four times more than girls (World Health Organisation, 2021). In Nigeria, there is a lack of comprehensive national statistics, but estimates suggest an increasing trend in diagnoses due to heightened awareness and improved diagnostic capabilities (Bakare, Ebigbo, Agomoh, et al., 2009). More recently, a six- year retrospective review at the University of Calabar Teaching Hospital found a hospital- based ASD prevalence of 1. 1.6% among children presenting with neurological disorders, reinforcing the continuing need for improved early recognition and intervention services in Nigerian clinical settings (Torty et al., 2024).

Although comprehensive epidemiological data specific to Port Harcourt metropolis, Rivers State, remain limited, several studies offer useful insights into the local burden of ASD. A retrospective three-year review at the University of Port Harcourt Teaching Hospital identified 12 cases of ASD out of 149 children and adolescents diagnosed with psychiatric disorders, representing 8.1% of the total sample (Akpan & Nwaopara, 2020). Another study, which surveyed 62 parents of children with neurodevelopmental disorders in Port Harcourt, found that 62.9% of the children had ASD as their primary diagnosis (Wosu et al., 2024). These findings highlight the notable presence of ASD in the region and underscore the need for more extensive prevalence studies and support services. Evaluation is a systematic assessment of the effectiveness, quality, implementation, and outcomes of intervention services provided to children with ASD, to determine whether the programme achieves its intended objectives (Fitzpatrick, Sanders, & Worthen, 2011). Early intervention refers to services and supports provided to children from birth to approximately five years of age, particularly during the first three years of life, to address developmental delays, disabilities, or conditions such as Autism Spectrum Disorder (ASD). Factors influencing the age at diagnosis include the severity of symptoms, socioeconomic status, and the presence of comorbid conditions; studies have found that children in rural areas or from lower-income families often receive diagnoses later than their urban or higher-income counterparts (Mandell et al., 2005). These disparities highlight the need for improved awareness and resources to facilitate earlier identification and support for all children with ASD. It is against this backdrop that this study is set to evaluate the early intervention programme for children with ASD in Port Harcourt, Rivers State.

Theoretical Anchorage

This study is anchored on Vygotsky's Sociocultural Theory (1978) and the Kirkpatrick Model of Training Evaluation (Kirkpatrick & Kirkpatrick, 2016). Vygotsky's theory holds that cognitive development is mediated by social interaction and cultural tools, and that a child can accomplish, with appropriate guided support from a more competent adult, tasks that lie within their Zone of Proximal Development (ZPD) but beyond independent reach. Applied to ASD, this theory positions early intervention as a scaffold: therapists, educators, and parents act as mediators who use structured, socially embedded strategies to help the child bridge the gap between current and potential functioning, thereby justifying a strong focus on parental capacity-building as a pathway to child outcomes. The Kirkpatrick Model complements this by providing the evaluative structure through which the study measures whether that scaffolding process is working, assessing stakeholders' reaction to the programme, the learning (knowledge) they derive from it, the behavioural changes it produces, and its overall results. Together, the two theories justify both the developmental logic of early intervention (Vygotsky) and the evaluative logic of this study's design (Kirkpatrick).

Statement of the Problem

Although early identification and intervention are globally recognised as critical for improving long-term outcomes for children with ASD (American Psychiatric Association, 2013; Zwaigenbaum et al., 2015), significant gaps persist in the delivery and evaluation of early intervention (EI) services in developing contexts such as Nigeria. In Port Harcourt, Rivers State, the population of children diagnosed with ASD is growing, yet the accessibility and effectiveness of existing early intervention programmes remain underexplored, with late diagnosis, limited specialised personnel, high service costs, cultural stigma, and the absence of standardised, contextually adapted evaluation frameworks continuing to hinder timely, effective support (Bakare & Munir, 2011; Mandell et al., 2005; van 't Hof et al., 2021; Wosu et al., 2024). Without rigorous evaluation, it is difficult

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to determine whether this programme is achieving its intended outcomes or how resources should be allocated to improve them (Patton, 2008; Rogers & Vismara, 2008). This study therefore evaluated the early intervention programme for children with ASD in Port Harcourt metropolis using the Kirkpatrick Model, which was selected for its comprehensive, four-level structure (Reaction, Learning, Behaviour, and Results) that links programme delivery directly to real-world outcomes, its wide acceptance in evaluation research and practice, and its adaptability across education, health, and multidisciplinary intervention contexts.

Aim and Objectives of the Study

The aim of this study is to evaluate the early intervention programme for children with ASD in Port Harcourt metropolis using the Kirkpatrick evaluation model. Specifically, the study sought to achieve the following objectives, namely, to evaluate:

1. The accessibility of the early intervention programme for children with Autism Spectrum Disorder (ASD).
2. The level of parental satisfaction with the early intervention programme.
3. The knowledge acquired by parents because of participating in the programme.
4. Behavioural changes observed in children following their involvement in the programme.
5. The overall impact of the early intervention programme on both the children and their parents.

Research Questions

The following research questions were answered in this study:

1. How accessible are early intervention programmes for children with Autism Spectrum Disorder (ASD)?
2. To what extent are parents satisfied with the early intervention programme provided for their children with ASD?
3. What knowledge do parents gain from participating in the early intervention programme?
4. What behavioural changes are observed in children with ASD after participating in the early intervention programme?
5. What is the overall impact of the early intervention programme on children with ASD and their parents?

Research Design

This study is situated within evaluation research, as it seeks to systematically assess the effectiveness, efficiency, and impact of the early intervention programme for children with ASD in Port Harcourt. A descriptive survey design was adopted as the operational method for this evaluation, enabling the systematic collection of data on parents' and caregivers' experiences, perceptions, and observed outcomes of the programme. This design was appropriate because it allowed the four levels of the Kirkpatrick Evaluation Model, namely Reaction, Learning, Behaviour, and Results, to be assessed empirically through structured, closed-ended items answered by respondents with direct experience of the programme, rather than through experimental manipulation, which was neither feasible nor necessary given the study's evaluative (as opposed to causal-comparative) purpose.

Study Area

The study was conducted in Port Harcourt Metropolis, comprising Port Harcourt City and Obio/Akpor Local Government Areas in Rivers State, Nigeria. The metropolis is a major urban centre with a growing number of private therapy centres, special education facilities, and healthcare institutions offering ASD-related services. Despite this growth, access to specialised intervention remains uneven due to socioeconomic and infrastructural disparities.

Population of the Study

Records obtained from the participating intervention centres indicated a total population of 115 parents and caregivers of children with ASD enrolled in the structured Early Intervention Programme across seven (7) centres within Port Harcourt Metropolis at the time of data collection, from which a sample of 100 respondents was purposively drawn.

Sample and Sampling Technique

A purposive sampling technique was employed to select 100 parents and caregivers whose children were actively participating in the Early Intervention Programme. This method ensured that only respondents with direct experience of ASD intervention services were included, thereby enhancing the relevance and accuracy of the data collected.

Nature and Sources of Data

Primary data were obtained through a structured questionnaire titled Questionnaire on Evaluation of Early Intervention Programme for Children with ASD (QEEIPCASD-PC). The instrument captured information on programme accessibility, parental satisfaction, knowledge gained, behavioural changes in children, and overall programme impact.

Instrumentation

The questionnaire comprised sections aligned with the four levels of the Kirkpatrick Model. Items were rated on a 4-point Likert scale ranging from Strongly Disagree to Strongly Agree. The instrument was designed to measure both subjective experiences and observable outcomes.

Validity and Reliability

Content validity was established through expert review by specialists in special education, psychology, and measurement and evaluation. Reliability was assessed through a pilot test using the Cronbach's alpha coefficient, which yielded 0.82, confirming acceptable internal consistency and the instrument's suitability for the study.

Method of Data Analysis

Data were analysed using descriptive statistics, including mean scores, standard deviation, and frequency distributions. Interpretation of mean values followed established decision rules for Likert-scale responses, where a mean of 2.50 and above on the 4-point scale was interpreted as agreement/high extent, and a mean below 2.50 was interpreted as disagreement/low extent. Findings were organised according to the four levels of the Kirkpatrick Model.

Ethical Considerations

Ethical approval was obtained prior to data collection. Participation was voluntary, and respondents were assured of confidentiality and anonymity. Informed consent was obtained from all participants, and data were used solely for academic purposes.

Results and Analysis

Table 1: Socio-demographic Information of the Respondents (n = 100)

Observation	Frequency	Percentage (%)
Gender		
Male	36	36
Female	64	64
Total	100	100
Parental Age		
15–25	8	8
26–35	49	49
35 & above	43	43
Total	100	100
Relationship with Child		
Father	26	26
Mother	63	63
Caregiver	11	11
Total	100	100

Table 1 shows that of the 100 respondents, 36% were male and 64% were female, indicating that mothers and other female caregivers are markedly more engaged in early intervention programmes for children with ASD in Port Harcourt than fathers, a pattern consistent with global caregiving trends. Most respondents (49%) were aged 26–35, followed by those aged 35 and above (43%), suggesting a caregiver population with substantial parenting experience. Regarding relationship to the child, mothers constituted the largest group (63%), followed by fathers (26%) and other caregivers (11%), underscoring the central role mothers play in accessing and sustaining early intervention services for their children.

Research Question One: How accessible are early intervention programmes for children with autism spectrum disorder (ASD)?

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Table 2: Accessibility of Early Intervention Programme

Item	Mean	SD	Remark
Awareness of available services	3.16	0.78	Agree
Availability of qualified professionals	2.72	0.89	Agree
Geographical accessibility	2.14	0.91	Disagree
Affordability of services	1.91	0.85	Disagree
Overall Mean	2.47	0.86	Disagree

Table 2 shows that respondents disagreed that early intervention programmes for children with ASD in Port Harcourt are readily accessible, as reflected in the overall mean of 2.47 (SD = 0.86), which falls below the 2.50 criterion mean. Respondents agreed that they were reasonably aware of the range of services available ($\bar{x}$ = 3.16) and that qualified professionals were present ($\bar{x}$ = 2.72), but they strongly disagreed that services were affordable ($\bar{x}$ = 1.91) or within reasonable geographical reach ($\bar{x}$ = 2.14). This indicates that although awareness and professional expertise are comparatively adequate, affordability and geographical distribution remain the dominant barriers to accessibility in the study area.

Research Question Two: To what extent are parents satisfied with the early intervention programme provided for their children with ASD?

Table 3: Parental Satisfaction with Early Intervention Programme

Item	Mean	SD	Remark
Quality of services	3.58	0.62	High Extent
Safety of environment	3.63	0.58	High Extent
Communication from professionals	3.64	0.57	High Extent
Inclusion in decision-making	3.68	0.55	High Extent
Individualised intervention plans	3.62	0.59	High Extent
Overall Mean	3.63	0.58	High Extent

Table 3 shows that parents reported a high level of satisfaction with the early intervention programme, with an overall mean of 3.63 (SD = 0.58). Parents were most satisfied with the extent to which they were included in decision-making regarding their child's intervention plan ($\bar{x}$ = 3.68) and with the quality of communication received from professionals ($\bar{x}$ = 3.64), while also rating the quality of services, the safety of the intervention environment, and the individualisation of intervention plans highly. This finding aligns with the Reaction level of the Kirkpatrick Model, which measures how favourably participants respond to a programme, and suggests that once families gain access to services, their experience of those services is strongly positive.

Research Question Three: What knowledge do parents gain from participating in the early intervention programme?

Table 4: Knowledge Gained by Parents

Item	Mean	SD	Remark
Understanding of ASD	3.46	0.68	Agree
Confidence in managing behaviours	3.60	0.60	Agree
Ability to apply therapy strategies	3.49	0.66	Agree
Ability to support development at home	3.49	0.66	Agree
Ability to track progress	3.67	0.56	Agree
Overall Mean	3.54	0.63	Agree

As shown in Table 4, parents reported substantial knowledge gains from participating in the programme, with an overall mean of 3.54 (SD = 0.63). The highest gain was recorded in parents' ability to observe and track their child's developmental progress ($\bar{x}$ = 3.67), followed by increased confidence in managing challenging behaviours

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($\bar{x}$ = 3.60). This corresponds to the Learning level of the Kirkpatrick Model and indicates that the programme is not only building the capacity of children but is also functioning as an effective parent-training intervention, consistent with evidence that parent-mediated approaches are particularly valuable in low-resource settings with limited access to trained professionals (Divan, Vajaratkar, Desai, Strik-Lievers, & Patel, 2015).

Research Question Four: What behavioural changes are observed in children with ASD after participating in the early intervention programme?

Table 5: Behavioural Changes in Children After Early Intervention Programme

Item	Mean	SD	Remark
Improvement in communication skills	3.64	0.57	Agree
Improved social behaviour	3.63	0.58	Agree
Reduction in repetitive behaviours	3.50	0.65	Agree
Increased independence	3.71	0.53	Agree
Ability to follow instructions	3.70	0.54	Agree
Improved sensory responses	3.46	0.68	Agree
Better emotional regulation	3.54	0.63	Agree
Consistency across settings	3.48	0.67	Agree
Overall Mean	3.58	0.61	Agree

Table 5 indicates that parents observed notable behavioural improvements in their children following participation in the programme, with an overall mean of 3.58 (SD = 0.61). The most pronounced gains were in independence ($\bar{x}$ = 3.71) and the ability to follow instructions ($\bar{x}$ = 3.70), followed by improved communication and social behaviour. These outcomes align with the Behaviour level of the Kirkpatrick Model, which examines whether learned skills are being applied in real-world settings, and are consistent with prior findings that both centre-based and home-based early intervention approaches can produce meaningful gains in independence and generalisation of skills to everyday routines (Vivanti, Dissanayake, & Zwaigenbaum, 2018).

Research Question Five: What is the overall impact of the early intervention programme on children with ASD and their parents?

Table 6: Overall Impact of Early Intervention Programme on Children and Parents

Item	Mean	SD	Remark
Positive impact on child development	3.75	0.50	Agree
Increased parental confidence	3.48	0.67	Agree
Programme meeting objectives	3.48	0.67	Agree
Improved school readiness	3.70	0.54	Agree
Enhanced family coping	3.70	0.54	Agree
Increased social acceptance	3.57	0.62	Agree
Recommendation to others	3.62	0.59	Agree
Overall Mean	3.61	0.59	Agree

As presented in Table 6, parents confirmed that the early intervention programme positively influenced both child and family outcomes, with an overall mean of 3.61 (SD = 0.59). The strongest effect was recorded for the programme's positive impact on the child's overall development ($\bar{x}$ = 3.75), while improved school readiness and enhanced family coping also scored highly ($\bar{x}$ = 3.70 each). These results correspond to the Results level of the Kirkpatrick Model and demonstrate that the early intervention programme in Port Harcourt is achieving meaningful developmental and family-level outcomes, despite the systemic barriers identified under Research Question One.

Discussion of Findings

Accessibility of the Early Intervention Programme

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The finding that the early intervention programme in Port Harcourt is not readily accessible (overall mean = 2.47) aligns with Nwankwo and Okafor (2023), who similarly reported limited availability and uneven accessibility of early intervention services for children with ASD across urban and rural areas of Abia State. The specific finding that affordability was the most significant barrier corroborates Bakare and Munir (2011), who reported that the high cost of specialised services such as speech therapy, occupational therapy, and behavioural intervention prevents many Nigerian families from accessing timely support. Similarly, the disagreement recorded on geographical accessibility resonates with van 't Hof et al. (2021), who found that services for children with developmental disorders in low-resource settings are typically concentrated in city centres, creating access barriers for families in outlying communities. Taken together, these results suggest that policy interventions such as subsidies, insurance coverage, and the decentralisation of services beyond Port Harcourt's urban core are needed to improve equitable access (Abubakar, Ssewanyana, & Newton, 2016).

Parental Satisfaction with the Programme

The high level of parental satisfaction recorded (overall mean = 3.63) reflects the first level of the Kirkpatrick Model, Reaction, which holds that participants' favourable response to a programme is a vital early indicator of its impact. This finding is consistent with Divan et al. (2015), whose parent-mediated intervention study in South Asia similarly found that parents reported increased confidence and satisfaction when interventions were responsive to their families' needs, particularly in low-resource contexts with limited access to trained professionals. The finding also aligns with Vivanti, Dissanayake, and Zwaigenbaum (2018), whose review found that both centre-based and home-based interventions are well received by families, with home-based approaches often generating greater satisfaction due to their accessibility and cost-effectiveness, an insight of particular relevance to Port Harcourt's resource-constrained service landscape.

Knowledge Gained by Parents

The substantial knowledge gains reported by parents (overall mean = 3.54) correspond to the Learning level of the Kirkpatrick Model and validate the growing evidence base for parent-mediated intervention models. This finding is directly supported by Divan et al. (2015), who found that parents participating in structured, low-cost intervention training reported significant improvements in their understanding of their child's condition and in their ability to apply therapeutic strategies at home, a model the authors argue is particularly scalable for contexts with limited access to trained professionals, such as many African and Nigerian settings. This underscores the value of building parental capacity as a complement to, and in some cases a substitute for, direct professional service delivery.

Behavioural Changes in Children

The behavioural improvements recorded in children with ASD following participation in the programme (overall mean = 3.58), particularly in independence, communication, and social behaviour, correspond to the Behaviour level of the Kirkpatrick Model and are consistent with global evidence supporting early intervention as a catalyst for developmental progress (Odom, Boyd, Hall, & Hume, 2010). The finding also mirrors Vivanti et al. (2018), who reported that structured, multidisciplinary early intervention approaches produce measurable gains in children's independence and generalisation of skills to everyday routines, reinforcing the value of the applied behavioural, developmental, and family-support strategies that comprise the Port Harcourt programme evaluated in this study.

Overall Impact of the Programme

The overall positive impact recorded on both children's development and family functioning (overall mean = 3.61) corresponds to the Results level of the Kirkpatrick Model, the level at which a programme's ultimate value is determined. This finding is consistent with Odom et al. (2010), who found that comprehensive, multi-component treatment models for children with ASD produce measurable improvements not only in the child's developmental trajectory but also in family resilience and coping. Collectively, the results across all five research questions demonstrate that while the Early Intervention Programme in Port Harcourt is constrained by accessibility barriers, it is nonetheless effective in producing meaningful gains for children with ASD and their families once access is secured.

Conclusion

This study evaluated the Early Intervention Programme for children with Autism Spectrum Disorder in Port Harcourt Metropolis using the Kirkpatrick Evaluation Model. The findings demonstrate that the Early Intervention Programme is effective in improving child development, enhancing parental knowledge, and strengthening family resilience. Parents expressed high satisfaction with programme quality and reported significant behavioural improvements in their children. However, accessibility challenges, particularly affordability and geographical barriers, alongside an inadequate spread of qualified professionals, limit the reach of this programme. Addressing these systemic issues is essential for ensuring equitable access to early intervention services. Overall, the study

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contributes valuable evidence to the discourse on ASD intervention in Nigeria and highlights the critical role of early intervention in improving developmental outcomes for children with ASD.

Recommendations

Based on the findings and conclusion of this study, the following recommendations are put forth:

1. Government at both state and federal levels should prioritise the accessibility of early intervention programme through the establishment and funding of centres for children with ASD across Port Harcourt metropolis and other parts of Nigeria. Subsidies, health insurance schemes, or other financial support mechanisms should be introduced to reduce the high cost of services, and policies should ensure equitable distribution of services beyond urban centres so that families in suburban and rural communities are not burdened by excessive travel.
2. Service providers should continue to maintain and enhance the quality of the early intervention programme by ensuring that content, delivery methods, and professional support remain responsive to the needs of parents and caregivers, and by establishing regular feedback mechanisms that promote continuous improvement.
3. Parent and caregiver involvement should be systematically encouraged through workshops, training sessions, and home-based support, given its demonstrated impact on child and family outcomes. Educational materials, counselling services, and parent-coaching programmes should be provided to strengthen families' capacity to support their children's development at home.
4. Professionals working in early intervention programmes should maintain consistent collaboration between therapists, educators, and parents to reinforce behavioural interventions both in therapy settings and at home, with individualised intervention plans reviewed and adjusted regularly to sustain developmental progress.
5. Policymakers and relevant stakeholders should prioritise the expansion and strengthening of early intervention services across Port Harcourt metropolis and other parts of Rivers State, including increasing the training and recruitment of qualified specialists such as speech therapists, occupational therapists, and special educators, to enhance the long-term developmental outcomes of children with ASD and improve the quality of life of their families.

References

Abubakar, A., Ssewanyana, D., & Newton, C. R. (2016). A systematic review of interventions for children with autism in low- and middle-income countries. Autism Research, 9(8), 1–12.

Akpan, U., & Nwaopara, A. (2020). Prevalence of autism spectrum disorder in a tertiary hospital in Port Harcourt. Nigerian Journal of Clinical Psychiatry, 18(1), 22–28.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

Bakare, M. O., Ebigbo, P. O., Agomoh, A. O., Eaton, J., Okonkwo, K. O., Onwukwe, J. U., & Onyeama, G. M. (2009). Etiological explanation, treatability and preventability of childhood autism: A survey of Nigerian healthcare workers' opinion. Annals of General Psychiatry, 8, 6. https://doi.org/10.1186/1744-859X-8-6

Bakare, M. O., & Munir, K. M. (2011). Autism spectrum disorders (ASD) in Africa: A perspective. African Journal of Psychiatry, 14(3), 208–210.

Centers for Disease Control and Prevention. (2010). Autism spectrum disorders: Data and statistics.

Divan, G., Vajaratkar, V., Desai, M. U., Strik-Lievers, L., & Patel, V. (2015). The development and pilot testing of a parent-mediated intervention for autism in South Asia. Journal of Child Psychology and Psychiatry, 56(5), 613–622.

Fitzpatrick, J. L., Sanders, J. R., & Worthen, B. R. (2011). Programme evaluation: Alternative approaches and practical guidelines (4th ed.). Pearson.

Kirkpatrick, D. L., & Kirkpatrick, J. D. (2016). Kirkpatrick's four levels of training evaluation. Association for Talent Development.

Lord, C., Risi, S., Lambrecht, L., et al. (2012). The Autism Diagnostic Observation Schedule (ADOS). Journal of Autism and Developmental Disorders, 30(3), 205–223.

Mandell, D. S., et al. (2005). Racial and socioeconomic disparities in autism diagnosis. American Journal of Public Health, 95(3), 1–6.

Nwankwo, U. O., & Okafor, N. C. (2023). Availability and accessibility of early intervention programme for children with Autism Spectrum Disorder in Abia State, Nigeria. Journal of Special Education Research, 14(2), 55–67.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders, 40(4), 425–436.

Patton, M. Q. (2008). Utilization-focused evaluation (4th ed.). Sage Publications.

Rogers, S. J., & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. Journal of Clinical Child & Adolescent Psychology, 37(1), 8–38.

Torty, C., Eyong, K., Asindi, A. A., & Usun, E. (2024). Autism spectrum disorders in Calabar, Nigeria. Iranian Journal of Child Neurology, 18(3), 75–81. https://doi.org/10.22037/ijcn.v18i3.41744

Cite this article as:
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van 't Hof, M., et al. (2021). Barriers to early autism diagnosis in low-resource settings. Autism, 25(3), 1–12.

Vivanti, G., Dissanayake, C., & Zwaigenbaum, L. (2018). Implementing and evaluating early intervention for children with autism: Where are the gaps and what should we do? Autism Research, 11(1), 16–23. https://doi.org/10.1002/aur.1900

Vygotsky, L. S. (1978). Mind in society: The development of higher psychological processes. Harvard University Press.

World Health Organization. (2021). Autism spectrum disorders: Key facts.

Wosu, A., et al. (2024). Prevalence of neurodevelopmental disorders in Port Harcourt. Nigerian Journal of Paediatrics, 51(2), 1–9.

Zwaigenbaum, L., et al. (2015). Early identification of autism spectrum disorder: Recommendations for practice and research. Pediatrics, 136(Supplement 1), S10–S40. https://doi.org/10.1542/peds.2014-3667C

Cite this article as:
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