

The Current Situation of Early Educational Intervention for Children with Disabilities in Non-public Special Education Centers Under a Participatory Approach

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ABSTRACT: *This article analyses the current state of early educational intervention for children with disabilities at private special education centres using a participatory approach. The study was conducted at 18 centres in 5 provinces representing different regions of the country, employing a combination of questionnaire surveys, in-depth interviews, and observation. The results show that the centres have established relatively complete procedures for diagnosis, planning, and intervention implementation; however, parental involvement is limited, the level of personalization in plans is not high, coordination between families and centres is inconsistent, and post-intervention monitoring is not standardized. Based on this, the article proposes specific solutions to enhance stakeholder participation, improve family-school coordination, and refine post-intervention evaluation mechanisms, contributing to increased effectiveness and sustainability of early childhood education interventions in private institutions in Vietnam.*

KEYWORDS: Early educational intervention; management; participatory approach; children with disabilities; non-public special education centres

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1. Introduction

In the context of fundamental and comprehensive educational reform, the education of children with disabilities has received increasing attention from both the government and society. Early educational intervention is regarded as a decisive solution for supporting the development and inclusion of children with disabilities. Numerous studies have shown that early intervention helps reduce the severity of impairments, enhances cognitive, linguistic, motor, and social development, and establishes a foundation for inclusive education in later stages (Guralnick, 2011; UNICEF, 2013). In response to the rising number of children with disabilities and the recognized importance of early detection and intervention, early educational intervention centres have been established and expanded. These centres have played a significant role in supporting children's development, enhancing their inclusion, and alleviating the emotional and social burdens on families and communities

(Woods and Wetherby, 2003; Rogers and Vismara, 2008).

In Vietnam, alongside the improvement of policies and legal frameworks related to disability and inclusive education, the network of facilities and early educational intervention centres for children with disabilities has developed rapidly in recent years. In particular, non-public special education centres have assumed an increasingly important role in providing early intervention services, helping to meet the diverse needs of children with disabilities and their families, especially as the public education system continues to face limitations in resources and organizational capacity (Vu *et al.*, 2014).

However, practical implementation reveals several issues requiring attention. Domestic studies have identified inconsistencies in diagnostic and assessment procedures, limitations in the development and implementation of individualized education plans, and shortcomings in management, supervision, and

coordination among stakeholders involved in early intervention for children with disabilities (Nguyen *et al.*, 2017; Tran and Weiss, 2018; Tran *et al.*, 2018). Moreover, the lack of unified management standards and criteria for early intervention activities in non-public institutions has resulted in considerable variation in service quality across centres.

Within this context, a participatory approach has been considered a suitable and advantageous framework for organizing and managing early intervention services for children with disabilities. This approach emphasizes the roles, responsibilities, and collaboration of stakeholders-including administrators, teachers, specialists, families, and communities-throughout the processes of assessment, planning, implementation, and monitoring of intervention outcomes (Arnstein, 1969; Guralnick, 2005). The application of participatory approaches not only enhances the quality of intervention services but also improves the sustainability and effectiveness of intervention programs. Globally, particularly in the United States and European countries, management standards for early educational intervention in special education settings (including non-public institutions) have been relatively well established. These standards emphasize a family-centred approach, interdisciplinary collaboration, and service quality assurance through legal frameworks and practice guidelines, such as the Individuals with Disabilities Education Improvement Act (IDEA) in the United States and the recommendations of the European Agency for Special Needs and Inclusive Education (IDEA, 2004; European Agency, 2014).

Based on the issues raised, this study aims to answer the questions: (1) What is the current state of management of early education intervention activities at non-public special education centres in Vietnam? (2) What are the results, limitations, and causes of limitations in management? Based on that, the study aims to propose specific directions and measures to improve the effectiveness of management and organization of early education intervention in the current context.

2. Research Content

2.1. Research Organization and Methods

2.1.1. Survey Objectives

The survey aimed to evaluate the current status of early intervention activities for children with disabilities at non-public special education centres, thereby establishing a practical basis for proposing management measures to improve early intervention services for children with disabilities at these centres in Vietnam.

2.1.2. Research Sites and Participants

The study used a convenient sampling method to select non-public special education centres that provide early intervention services for children with disabilities. This method saves time and costs and facilitates rapid data collection from many relevant stakeholders. The survey was conducted at 18 centres in 5 provinces/cities of Vietnam, including: Hanoi (5 centres), Hai Phong (3), Bac Ninh (3), Da Nang (5) and Ho Chi Minh City (2). The centres were selected based on several criteria: (1) being non-public facilities providing early intervention services for children with disabilities; (2) having regular intervention programs; (3) having a team of managers, teachers or staff directly involved in intervention activities; and (4) agreeing to participate in the study. Survey participants included managers, teachers and professional staff at these centres. The selection of locations aims to reflect the relatively diverse context of early intervention service development in several urban and suburban areas across the country.

A total of 325 participants took part in the study, including 109 administrators (directors, vice directors, academic coordinators, and representatives of managing organizations) and 216 early educational intervention teachers. In terms of gender, 222 participants were female and 103 were male. Regarding age, most participants were between 31 and 40 years old (51.7%), followed by those aged 20-30 (37.9%), while only a small proportion were over 50. This distribution suggests a relatively favourable age profile for professional experience and flexible implementation of intervention practices.

In terms of work experience, the majority had

5–10 years of experience (49.8%), 30.2% had fewer than five years, and 20% had more than ten years, indicating a workforce with considerable practical experience. Regarding qualifications, most participants held bachelor’s degrees (58.4%), followed by master’s degrees (38.2%), while only a small number held doctoral degrees (0.6%), reflecting a generally solid but still developing level of professional expertise.

The study conducted in-depth interviews with 20 participants, including managers of affiliated units, managers of founding organizations, early childhood intervention teachers, and parents, in order to obtain multi-perspective insights from key stakeholders. Participants were selected based on their direct experience in participating in or managing early childhood intervention activities and their willingness to share information. Each interview lasted approximately 45–60 minutes and followed a semi-structured format to ensure consistency while allowing flexibility for in-depth exploration of research issues. Data were audio-recorded (with participants’ consent), supplemented with field notes, and subsequently transcribed, thematically coded, and analysed using content analysis to elucidate issues related to the participatory approach in intervention practices.

2.1.3. Research Content and Instruments

The survey focused on examining the current status of early educational intervention activities for children with disabilities at non-public special education centres from a participatory perspective. The main areas of investigation included:

- (1) the implementation of early intervention content for children with disabilities;
- (2) the methods used in early intervention; and
- (3) the conditions supporting the implementation of early intervention services.

The research instruments were designed for both quantitative and qualitative approaches. For the quantitative component, data were collected through questionnaires using a convenience sampling method. For the qualitative component, in-depth interview protocols were developed for

administrators and teachers at non-public special education centres. An observation checklist was also constructed to examine early intervention activities at these centres.

The study adopts a participatory approach as its theoretical framework for analysing early childhood intervention. Within this framework, “participation” is conceptualized across multiple dimensions, including the level of involvement (ranging from information provision and consultation to shared decision-making), the quality of participation (in terms of proactiveness, consistency, and meaningful engagement), and the scope of participation (across different activities within the intervention process). The key stakeholders involved are identified as administrators, early childhood intervention teachers, and parents. Their participation is examined throughout all stages of the intervention process, including initial assessment, individualized intervention planning, implementation, monitoring and adjustment, and post-intervention follow-up. Based on this framework, the survey instruments and analytical dimensions are designed to measure the extent and forms of participation of each stakeholder at each stage, thereby reflecting the degree to which the participatory approach is applied in the practice of early childhood intervention at the centres.

A five-point Likert scale was employed to measure levels of agreement across survey items, ranging from 1 (lowest) to 5 (highest). The mean scores ranged from a minimum of 1.00 to a maximum of 5.00, with an interval of 0.8 between scale levels. Specifically:

Table 1. Scale for Interpreting Survey Results

No	Level	Scoring	Mean score
1	Never / Not achieved	1	1.0 - 1.8
2	Rarely / Average	2	1.81 - 2.60
3	Occasionally / Fair	3	2.61- 3.40
4	Frequently / Good	4	3.41 - 4.20
5	Very frequently / Very good	5	4.21 – 5.0

2.1.4. Reliability Testing of the Scale

The reliability of the survey scales was examined using Cronbach’s Alpha, with values ranging from 0 to 1. The results indicated that all constructs in the questionnaire achieved Cronbach’s Alpha coefficients of 0.80 or higher. Item–total correlation coefficients for all observed variables exceeded 0.50, surpassing the acceptable threshold of 0.30. These findings demonstrate that the survey instrument has high reliability, with strong internal consistency among items and an adequate representation of key aspects of early intervention management for children with disabilities at non-public special education centres. The observed variables also showed strong intercorrelations.

2.1.5. Data Analysis and Processing

All data collected from the survey were processed using statistical methods with SPSS and Microsoft Excel. Descriptive statistics, including frequencies and percentages, were calculated, followed by further analysis to draw research conclusions. The ranking of surveyed items within each table was determined based on mean scores, arranged in descending order from highest to lowest.

2.2. Research Results

2.2.1. Current Status of Implementing Early Intervention Content for Children with Disabilities at Non-Public Special Education Centres from a Participatory Approach

2.2.1.1. Current Status of Implementing Early Intervention Programs for Children with Disabilities at Non-Public Special Education Centres from a Participatory Approach

The implementation results and levels of attainment of early intervention contents for children with disabilities at non-public special education centres from a participatory approach are presented as follows:

Table 2 indicates that both the level of implementation and the level of attainment of early educational intervention across the centres are generally at a moderate-to-good level, with mean scores ranging from 2.83 to 3.16 for implementation and from 2.90 to 3.21 for attainment. However, notable differences exist among the programs. Specifically, centre-developed programs show the highest level of implementation (Mean = 3.16, Rank 1) and a relatively high level of attainment (Mean = 3.18, Rank 2), reflecting the flexibility and autonomy of the centres in program design. In contrast, the PEP-R and PEP III programs rank second in terms of implementation (Mean = 3.04) but achieve the highest level of attainment (Mean = 3.21, Rank 1), suggesting that standardized programs yield superior outcomes when implemented with fidelity. Meanwhile, the Portage program records the lowest scores in both implementation (Mean = 2.83, Rank 5) and attainment (Mean = 2.90, Rank 5), indicating challenges in its application.

A comparison between administrators and teachers reveals that administrators tend to rate

Table 2. Current Status of Implementing Early Educational Intervention for Children with Disabilities

No.	Content	Level of implementation		Level of attainment	
		Mean	Rank	Mean	Rank
1	The Preschool Education Curriculum issued by the Ministry of Education and Training (MOET)	2.99	4	3.08	3
2	Centre-developed program	3.16	1	3.18	2
3	Portage early intervention program Potage	2.83	5	2.90	5
4	Pep- R, PEP III	3.04	2	3.21	1
5	Small Step	3.01	3	3.02	4

the level of implementation higher, whereas teachers- who are directly involved in delivering early childhood intervention- are more cautious in assessing the level of attainment. This reflects a gap between managerial perceptions and practical implementation. When examined by location and professional experience, centres in major urban areas or those with more experienced teaching staff tend to report higher mean scores, particularly for standardized programs such as PEP-R and PEP III. In contrast, in settings with more limited resources, the level of attainment is lower despite relatively similar levels of implementation. As one administrator noted, *“We have implemented the program, but its effectiveness remains limited due to a lack of in-depth professional training.”*

Further analysis of the relationship between implementation conditions and attainment levels shows that a higher level of implementation does not necessarily correspond to higher effectiveness. For example, centre-developed programs have the highest implementation score (3.16), yet their attainment (3.18) remains lower than that of PEP-R and PEP III (3.21). Conversely, the Preschool Education Curriculum issued by the Ministry of Education and Training has a lower implementation level (Mean = 2.99, Rank 4) but a relatively higher attainment level (Mean = 3.08, Rank 3), indicating that effectiveness depends more on the quality of implementation than on the frequency or extent of application. This distinction highlights the difference between the “level of implementation” (reflecting the extent of application) and the “level of attainment” (reflecting actual effectiveness and outcomes).

Overall, the findings suggest that the

effectiveness of early educational intervention is influenced by multiple factors, including the type of program, staff capacity, and implementation conditions, underscoring the importance of improving implementation quality to enhance intervention outcomes.

2.2.1.2. Current Status of Implementing Early Intervention Content for Children with Disabilities at Non-Public Special Education Centres from a Participatory Approach

The implementation of early educational intervention content for children with disabilities at non-public special education centres is presented in Table 3.

Table indicates that the level of implementation across early educational intervention domains is relatively consistent (Mean ranging from 3.07 to 3.22); however, the level of attainment shows notable variation (Mean ranging from 3.05 to 3.24). The cognitive domain has the highest level of implementation (3.22) but a comparatively lower level of attainment (3.12), whereas the language and communication domain, despite a lower level of implementation (3.07), achieves the highest outcomes (3.24). Similarly, the behavioural domain shows a relatively high level of implementation (3.16) but the lowest level of attainment (3.05), suggesting that effectiveness depends not only on the extent of implementation but also on supporting conditions.

When examined by location and professional experience, centres in urban areas or those with more experienced teaching staff tend to achieve better outcomes in language and motor domains, likely due to greater access to specialized methods and supportive equipment. In contrast, the cognitive and behavioural domains in some

Table 3. Current Status of Implementing Early Educational Intervention for Children with Disabilities

No.	Content	Level of implementation		Level of attainment	
		Mean	Rank	Mean	Rank
1	Motor development domain	3.08	3	3.17	2
2	Cognitive development domain	3.22	1	3.12	3
3	Language and communication domain	3.07	4	3.24	1
4	Behavioural domain: personal, social, and behavioural skills	3.16	2	3.05	4

centres remain challenging, partly due to limited family involvement and insufficient professional capacity. This situation can be explained by the limited participation of parents and specialists in the intervention process, particularly in domains such as behaviour and cognition, which require consistent and close collaboration among centres, families, and professionals. As one teacher noted, *“If parents do not maintain practice with their children at home, progress is very slow, especially in behaviour.”* This highlights a causal relationship between stakeholder participation and intervention outcomes, and clarifies the distinction between the “level of implementation” (extent of activity delivery) and the “level of attainment” (actual effectiveness and outcomes).

Overall, the findings suggest that while the implementation of early educational intervention domains is relatively uniform, the outcomes vary, underscoring the importance of improving implementation quality, strengthening family-school collaboration, and selecting appropriate methods tailored to each developmental domain.

2.2.2. Current Status of Implementing Early Intervention Methods for Children with Disabilities at Non-Public Special Education Centres from a Participatory Approach

Table 4 presents the evaluation results regarding the current implementation of early intervention methods for children with disabilities at non-public special education centres from a participatory approach

The data indicate that both the level of implementation and the level of attainment of early educational intervention methods are at a moderate level (Mean ranging from 2.98 to 3.17 and from 3.00 to 3.20, respectively), although clear differences exist among the methods. TEACCH stands out with both the highest level of implementation (3.17) and the highest level of attainment (3.20), suggesting its suitability and consistent applicability in practice. In contrast, DIR records the lowest levels of implementation (2.98) and attainment (3.00), reflecting challenges due to high professional requirements and the need for intensive family involvement. Some methods, such as PECS, demonstrate higher effectiveness relative to their level of implementation (3.06 → 3.15), whereas Social Stories, despite being relatively widely implemented (3.10), show less corresponding effectiveness (3.08). ABA and the Denver model maintain relatively stable but not particularly outstanding levels.

These differences can be attributed to implementation conditions, particularly the level of participation of parents and specialists. Methods such as DIR and Social Stories require close collaboration with families; however, in practice, such involvement remains limited. As one teacher noted, *“Methods that require strong parental involvement, such as DIR, are often less effective if families are not consistently*

Table 4. Current Status of Early Educational Intervention for Children with Disabilities

No.	Content	Level of implementation		Level of attainment	
		Mean	Rank	Mean	Rank
1	Applied Behaviour Analysis (ABA)	3.09	4	3.12	4
2	Treatment and Education of Autistic and Communication-Handicapped Children (TEACCH)	3.17	1	3.20	1
3	Developmental, Individual-differences, Relationship-based model (DIR)	2.98	6	3.00	6
4	Picture Exchange Communication System (PECS)	3.06	5	3.15	2
5	Social Stories	3.10	3	3.08	5
6	Denver Early Intervention Program	3.11	2	3.13	3

engaged.” This finding indicates that a higher level of implementation does not necessarily lead to higher effectiveness; rather, outcomes largely depend on implementation quality, staff capacity, and stakeholder participation, thereby highlighting the gap between the “level of implementation” and the “level of attainment.”

2.2.3. Current Status of Conditions for Implementing Early Intervention for Children with Disabilities at Non-Public Special Education Centres from a Participatory Approach

To assess the current conditions for implementing early educational intervention for children with disabilities at non-public special education centres from a participatory approach, the authors surveyed administrators and teachers at 18 centres across the Northern, Central, and Southern regions of Vietnam, as presented in Table 5.

Table clearly reflects the relationship between implementation conditions and attainment levels in early educational intervention, with mean scores ranging from 2.86 to 3.18 for implementation and from 2.82 to 3.08 for attainment. Overall, these conditions are rated at a moderate level; however, the variation among factors reveals both strengths and critical bottlenecks in practice. Specifically, facilities and equipment conditions have the highest level of implementation (Mean = 3.18) and also the highest level of attainment (Mean = 3.08), indicating that this area has been relatively well invested in and has a direct and visible impact on

intervention outcomes. In contrast, management and policy conditions have the lowest levels of both implementation (Mean = 2.86) and attainment (Mean = 2.82), reflecting systemic constraints that affect the overall organization and sustainability of intervention quality.

Notably, human resource conditions show a relatively high level of implementation (Mean = 3.05, Rank 2) but a considerably lower level of attainment (Mean = 2.90, Rank 4). This discrepancy suggests that while staffing quantity or allocation may be adequate, professional quality, practical competence, or opportunities for professional development remain insufficient, leading to suboptimal outcomes. Similarly, program and methodological conditions have a higher level of implementation (3.01) than attainment (2.92), indicating that program adoption is not consistently accompanied by faithful implementation or appropriate adaptation to individual children’s needs.

In contrast, family and community participation conditions have a relatively low level of implementation (Mean = 2.92) but a higher level of attainment (Mean = 2.93, Rank 2). This suggests that although participation is not yet widespread, when it occurs in a meaningful way, it contributes positively to intervention outcomes, particularly in maintaining and reinforcing progress beyond the centre setting. This difference highlights the “leveraging” role of family and community involvement in enhancing intervention effectiveness.

Overall, the discrepancies between

Table 5. Current Status of Conditions for Implementing Early Educational Intervention for Children with Disabilities

No.	Content	Level of implementation		Level of attainment	
		Mean	Rate	Mean	Rank
	Human resource conditions	3.05	2	2.90	4
	Facilities and equipment conditions	3.18	1	3.08	1
	Program and methodological conditions	3.01	3	2.92	3
	Family and community participation conditions	2.92	4	2.93	2
	Management and policy conditions	2.86	5	2.82	5

implementation and attainment levels indicate that the effectiveness of early educational intervention depends not only on the availability of conditions but also on the quality with which these conditions are utilized. Factors such as facilities demonstrate a clear positive alignment, whereas human resources and program-related conditions reveal gaps between implementation and outcomes. Importantly, family and community participation, although limited in scope, shows a strong positive impact when effectively engaged. These findings suggest that improving staff quality, strengthening management mechanisms, and enhancing stakeholder participation should be prioritized to improve the effectiveness of early childhood intervention in practice.

2.3. Discussions

The findings of this study provide a more nuanced and in-depth understanding of early educational intervention in non-public special education centres in Vietnam. While the overall level of implementation is assessed as relatively good across programs, domains, and methods, a consistent and significant gap between the level of implementation and the level of attainment emerges as the most salient finding. This discrepancy suggests that the effectiveness of early childhood intervention cannot be inferred solely from the extent or frequency of program delivery. Rather, it reflects underlying differences in implementation quality, including the degree of fidelity to intervention models, the adaptability of programs to individual children's needs, and the consistency of application across settings. In addition, the findings indicate that the professional capacity of the intervention workforce—encompassing both theoretical knowledge and practical skills—plays a critical role in translating implementation into meaningful outcomes. Most importantly, the results underscore that the level of genuine and sustained participation of families and relevant stakeholders is a decisive factor. Within this framework, the participatory approach is not only a guiding principle but also an operational condition for effectiveness, as close and continuous collaboration among centres,

families, and specialists facilitates coherence, reinforces learning across environments, and enhances the overall impact of intervention.

From an academic perspective, the study makes a significant contribution by providing empirical evidence that conceptualizes “participation” as a multidimensional construct in early childhood intervention. Rather than treating participation as a nominal or binary variable, the study demonstrates its complexity across dimensions such as level, quality, and scope of engagement. Furthermore, it advances theoretical understanding by positioning participation as a mediating variable that shapes the relationship between implementation conditions (e.g., human resources, programs, facilities) and intervention outcomes. This contribution not only enriches the existing literature but also offers a more integrative analytical lens for examining effectiveness in complex intervention systems.

In practical terms, the findings offer important insights into how multiple factors interact to influence service effectiveness in non-public settings. The results suggest that different components—such as program types, intervention methods, human resource capacity, and contextual conditions do not operate independently but are interrelated in shaping outcomes. For instance, even when programs are widely implemented, their effectiveness may remain limited if staff lack adequate training or if implementation is not adapted to the specific developmental profiles of children. Conversely, targeted use of appropriate methods, combined with strong stakeholder engagement, can enhance outcomes even under constrained conditions. These findings highlight the need to shift from a focus on implementation coverage to a stronger emphasis on implementation quality and coherence.

With regard to policy and management implications, the study underscores the urgency of developing and standardizing quality assurance frameworks and governance mechanisms for early educational intervention centres, particularly within the non-public sector where variability in service provision remains

significant. Such frameworks should incorporate clear professional standards, monitoring and evaluation systems, and explicit criteria for participatory practice. In parallel, strengthening the professional capacity of intervention staff should be prioritized through systematic training, continuous professional development, and the promotion of interdisciplinary collaboration models. Equally important is the establishment of structured support mechanisms to foster active, consistent, and meaningful family participation, recognizing families as co-implementers rather than passive recipients in the intervention process.

Despite these contributions, the study has several limitations. The use of convenience sampling and the focus on selected localities may limit the representativeness and generalizability of the findings across different regions and types of centres. In addition, the cross-sectional nature of the data does not allow for the examination of changes over time or long-term intervention effects. Future research should therefore expand the scope of sampling to include a broader and more diverse range of contexts, employ longitudinal research designs to capture developmental trajectories and sustained outcomes and further investigate the specific mechanisms through which participatory strategies influence effectiveness. Such efforts would provide more robust and comprehensive evidence to inform both policy development and practical implementation in the field of early educational intervention.

3. Conclusions

This article reports findings from a survey-based study examining early educational

intervention for children with disabilities at non-public special education centres from a participatory perspective. The analysis focuses on key dimensions, including intervention programs and content, children's developmental domains, intervention methods, and the conditions supporting implementation (human resources, facilities, program-method alignment, family and community participation, and management and policy). It also considers both the level of implementation and the level of attainment of intervention activities.

The findings indicate that non-public special education centres have made considerable efforts to implement diverse programs, methods, and intervention content. However, intervention outcomes have not always matched the extent of implementation, particularly regarding foundational factors such as staff quality, family-centre collaboration, and management and policy support. These results reveal systemic limitations in organizing and managing early intervention from a participatory perspective.

Based on the findings, several recommendations are proposed:

- (1) developing and consistently applying standardized management and organizational frameworks for participatory early intervention;
- (2) strengthening professional networks and knowledge sharing among non-public centres;
- (3) enhancing the professional capacity and stability of administrators and intervention teachers through specialized training; and
- (4) promoting meaningful family and community participation while improving policy support to ensure sustainable development of non-public centres

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