Under federal law, students with disabilities have the right to be educated in classrooms with students without disabilities. For students with autism, social, communication, and behavioral deficits make inclusion difficult. The severity of deficits change over time, and therefore, so too do the effects of these deficits upon inclusion. Although most research indicates autism symptoms improve with age, some studies suggest symptoms worsen, thereby affecting classroom placement. Students with autism use a multitude of interventions, most of which are not evidenced-based. Behavioral interventions are among the small number of treatments that can decrease autism severity and foster inclusion. However, behavioral interventions have not been compared to other widely used treatments, and in practice, they are rarely used in isolation. The purpose of the present study was threefold. First, relations between age, and autism severity were examined. Second, the study investigated whether relations between autism severity and time spent in regular education classrooms differed according to age. Third, it investigated types of treatments students used, and whether using behavioral treatments
moderated relations between age, autism severity and amount of time in regular education classrooms. Using a national database (Interactive Autism Network), data about the severity of social, communication and behavior deficits, treatment type, and amount of time spent in regular education classrooms were extracted from school-age students \((n = 2646)\) with autism. The results of the study showed that as age increased, social deficits increased. Furthermore, younger students, and students with more severe social impairment spent less time in regular education classrooms. Age also predicted use of behavioral treatment, and students who used behavioral treatment spent more time in special education classrooms. The findings of this study reflect the current climate of autism knowledge, which emphasizes early, intensive intervention. Consequently, students who were younger, and used behavioral treatments, were likely to be in special education classrooms that could maximize individualization, and associated treatment benefits. This is important, as social deficits increase with age, and reduce the amount of time students spend in inclusive classrooms. Additional studies are needed to further understand how behavioral treatment, compared to or used in conjunction with other commonly used treatments, affects inclusion.