

Ministry of Education

Introduction to Inclusive Education

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Ministry of Education

Module Title: Introduction to Inclusive Education

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Introduction to Inclusive Education

(SNED 224)

(A Module for Secondary School Teachers Training)

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Icons Used

Dear Learner: the following icons are used throughout this module. Critically study what each icon represents before using the module



This tells you there is an introduction to the module, unit and section.



This tells you there is a question to answer or think about in the text.



This tells you there is an activity to do.



This tells you to note and remember an important point.



This tells you there is a self-test for you to do



This tells you there is a checklist of the main points



This tells you there is written assignment



This tells you that these are the answers to the activities and self-test questions.



This tells you that there are learning outcomes to the Module or Unit

Acronyms

AAC – Augmentative and Alternative Communication
AAMR – American Association on Mental Retardation
ADD – Attention Deficit Disorder
ADHD – Attention Deficit Hyperactivity Disorder
AIDS - Acquired Immune Deficiency Syndrome
CA – Chronological Age
CMV – Cytomegalovirus
CNS – Central Nervous System
DSM- III – Diagnostics and Statistics Manual
E.g., - Example
EFA – Education for All
FAPE – Free Appropriate Public Education
HIV – Human Immune Deficiency Virus
IEP – Individualized Education Plan
IQ – Intelligence Quotient
MA – Mental Age
MDGs – Millennium Development Goals
SGDs – Speech Generating Devices
SLP – Speech Language Pathologists
TB – Tuberculosis
UN – United Nations
UNESCO – United Nations Education Science

Glossary

ADHD - Attention Deficit Hyperactivity Disorder is a neurological condition related, in part, to the brain's chemistry and anatomy. ADHD manifests itself as a persistent pattern of inattention and/ or hyperactivity/impulsivity that occurs more frequently and more severely than is typically observed in people at comparable levels of development.

Cytomegalovirus (CMV) is a herpes virus infection that may lead to brain damage, blindness and hearing loss if contacted during conception. Deaf-blindness (also known as dual sensory impairment) is more than a combination of visual and hearing impairments. Deaf-blind people may not be totally deaf and totally blind. Many deaf-blind people have some remaining hearing and vision, while others have nearly complete loss of both senses.

Physical impairment is a musculoskeletal (involving the joints, limbs and associated muscles) and/or neurological (involving the central nervous system i.e. brain, spinal cord or peripheral nerves) condition which affects the ability to move or to coordinate controlled movement.

Unit 1: Understanding Special Needs and Inclusive Education

(Time allotted – 12 hours)



Introduction

Dear learners: this unit deals with the fundamental overviews of children with certain forms of impairment including developmental deviations of each of the target groups: sensory impairments, the intellectually different children, communication disorders, the learning difficulties, physical/ motor and health related problems, the behaviorally, emotionally and socially maladjusted, and children at risk. It also critically investigates the characteristics of inclusive and non-inclusive classroom settings in relation to policies and guidelines in the support systems of education for all. Participation of professionals, parents, regular and special education teachers in supporting education of these children gets emphasis that in turn gives relevant attention to behavior modification, development in social relationships and collaboration in an inclusive classroom/schooling.



Unit Learning Outcomes

On successful completion of this unit, the teacher candidates will be able to:

- Explain the nature of difficulties each group manifest;
- Elucidate elements, challenges and benefits of inclusive classroom;
- Value education strategies and policies regarding children with special needs;
- Recognize learners needs, potentials and difficulties in inclusive schooling;
- Assess and decide on the behavior modification strategies, social relationships and collaboration of team of professionals to facilitate education of all children.



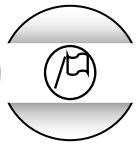
Before getting to the lesson it better instructors provide the learners fill the following agree – disagree chart that serves as preliminary session of the lesson/ unit.

Table 1

Items	Agree	Not Agree	Not Sure
1. The society, where exceptional children live, has a sole influence in their growth and development			
2. We find the full expression of society's understanding about exceptional individuals in the public schools.			
3. Education in any society is a mirror of that society.			
4. There is a strong feeling in our country that all citizens, whatever their special conditions, deserve the opportunity to fully develop their capabilities.			
5. "All men are created equal." This phrase denotes equality before the law as well as equality of opportunity.			
6. Every child has the right to receive help in learning to the limits of his/her capacity. Whether that capacity is limited or great.			
7. Public schools are required to take the necessary steps to provide an appropriate education to all children-handicapped or not.			
8. One of the major challenging factors to include all children in the same setting is school environment (teachers, school admin, learners themselves, etc.)			

1.1 Overview of students with various special needs

Under this section, we will see in detail the overall characteristics of children with special needs: the sensory impairments, physical/motorically impaired, learning disabilities, intellectual differences, communication disorders, and health related problems. Factors affecting developmental profiles of these children in the family and environment are examined under each section.



Activity

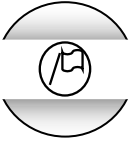
- What do you understand of the term ‘differences in ability’?
- How do you understand categories of children with special needs?
- Enumerate areas of special needs and its implication to education of all learners in the regular classroom after visiting adjacent schools
- What are the general characteristics of children with special needs?

Children with certain forms of developmental deviations are those who differ from the average or normal child in many characteristics like: Mental characteristics, sensory abilities, communication abilities, social behavior or physical characteristics. Kink attempted to define child with impairment as a person who deviates from the normal or average child in mental, physical, and social characteristics to such a degree that he/she requires a modification of school practices. It is generally agreed that everybody should get equal opportunity to develop his/her personality mainly when education is concerned. Therefore, these children should get special attention and treatment so that they can develop to their full potential and will become contributing member of a given society. If their potentialities remain undeveloped that would result in great wastage of human resources. Because of this we need to make special arrangements to meet the needs of exceptional children.

For instructional purposes children with similar characteristics are grouped together as indicated by different scholars. It is grouped as of the following and each will be treated accordingly.

- 1.1.1 Sensory impairments – include children with visual and hearing impairments.
- 1.1.2 Intellectual differences – include children with superior abilities and talent, and learners with slow ability or low intellectual capability.
- 1.1.3 Communication disorders – are children with language and speech disorder
- 1.1.4 Learning difficulties – developmental or academic learning disorders.
- 1.1.5 Physical and health related problems - comprise children having physical/motor related problems or with health related difficulties.
- 1.1.6 Emotional and behavior disorders – include children with social maladjustment, emotional disturbances, childhood psychoses, etc.

- 1.1.7 Multiple disabilities and children at risk – involve those with severe or manifold disabilities or vulnerable ones due to socially or environmentally intruding barriers.



Activity

- Think about sensory impairments and imagine its classification.
- Do you assume that the causes for each category are different?
- What is deaf and hard-of-hearing? What are the major differences regarding education of these children?
- How do you perceive low vision and blindness?

A. Sensory impairments

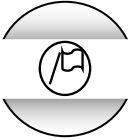
Sensory impairments are of varied type among which the auditory and visual impairments are the major ones. Pasanella and Cara (1981) defined auditory/ hearing impairment as a generic term indicating a continuum of hearing loss from mild to profound, which included the sub classifications of the hard of hearing and Deaf.

- a. Hard-of-hearing- a term to describe persons with enough residual hearing, to use hearing (usually with a hearing aid) as a primary modality for acquisition of language and in communication with others. This condition can adversely affect the child's educational performance to some extent.
- b. Deaf- a term used to describe persons whose sense of hearing is nonfunctional for ordinary use in communication, with or without a hearing aid. It is so severe that the person is impaired in processing linguistic information which adversely affects the educational performance.

Although the degree of hearing loss is important, the age when the hearing loss occurs is also important. Individuals who become deaf before they learn to speak and understand language are referred to as pre-lingually deaf. Those whose hearing impairment occurs after they have learned to speak and understand language are called post-lingually deaf.

Children with hearing impairment are individuals with different learning styles and abilities who share one common characteristic. Their ability to hear is limited, and this disability may affect

cognitive, academic, physical, and communication characteristics. We have entranced earlier, the severity of the hearing loss and the age that the loss occurred determine how well a person will be able to interact with other, orally. Clearly, students who cannot hear the communications of others will have more difficult time learning through traditional instructional methods.

**Activity**

- What are the causal factors for visual impairments and their major impacts on development of a child?
- Presume answer individually and share view with colleagues in the classroom with the help of your instructor
- Indicate what impacts visual impairment may bring on these children

Visual impairments may be congenital (present at birth) or acquired (occurred after birth). Almost half of the children who are blind are disabled because of prenatal factors, mostly hereditary. In general, most of the causes for visual impairment are hereditary or environmental factors. Thus, familiarity with the child's visual impairment can be an asset to a teacher and/or a parent.

Visual impairment as of many professionals in the field, divides persons with visual loss into two: Low vision and blindness. Formerly, those with low vision were referred to as partially seeing or partially sighted.

- a. Low vision/partially sighted/ is legally defined as a condition in which one's vision is seriously impaired, defined usually as having between 20/200 and 20/70 central visual acuity in the better eye, with correction.
- b. Blind it is a descriptive term referring to a lack of sufficient vision for the daily activities of life.

When educationally defined, these two sub categories of visual impairments are seen as:

- a. Partially sighted /low vision/ pupils- these are pupils who by reason of impaired vision cannot follow the normal regime of ordinary schools without adaptation to their sight or to their educational development, but can be educated by special methods involving the

use of sight. Such pupils use print materials but may need modifications such as enlarged print or use of low vision aids (magnification).

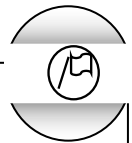
- b. Blind pupils- those are pupils who are totally without sight or have little vision, and who must be educated through channels other than sight (for example using Braille or audio-tapes).

B. Intellectual differences

Intellectual difference includes those who are intellectually superior and those who are slow to learn. It consists of the gifted and creative, the slow learner, educable mentally retarded and the severally mentally retarded. Students with superior intelligence are by far different in academic performance to the slow learners or the mentally retarded.

ACTIVITY

- What do you understand of the term mental retardation?
- Did you ever meet children with mental retardation in your respective classes before? If yes, please communicate what you have observed so far to your class mates.
- What are the basic tips of reference in defining mental retardation?
- Can you assume categories of mental retardation and its intellectual and cognitive discrepancies observed? Please, discuss thoroughly on the classifications/levels of mental retardation in groups after individual attempts.
- Analyze this classification in relation education of these children with your class with the assistance of the instructor



The most common definition that was devised and regularly adjusted by American Association on Mental Retardation (AAMR) referred to significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during developmental period.

As of this definition, three main components are helpful in describing the developmental stages of children with mental retardation. These are:

- a. Significantly sub average general Intellectual functioning – Intellectual functioning is the ability or intelligence used to answer certain questions and to solve problems. Intellectual functioning of individual is determined through standardized intelligence test. That is

through measuring intellectual Quotient (IQ) of the individual by administering IQ tests. The IQ is obtained by dividing the individual's Mental Age (MA) by his chronological Age (CA) of individual and then multiplying by 100 to get rid of the decimal. Hence, significantly sub average general intellectual functioning is a score on standardized intelligence test lower than that obtained by 97 to 98% of persons of the same age.

- b. Deficit in adaptive behavior or skill refers to failure to meet standards of independence and social responsibility expected of the individual's age and cultural groups. Adaptive skill areas currently considered as appropriate in diagnosing mental retardation are: Communication, Self-care, Home living, Social Skills, Community use, Self-direction, Health and safety, Functional academic, Leisure
- c. Developmental period is consistent with AAMR definition. This definition states that mental retardation must manifest before the age of 18.

ACTIVITY



- *What is intellectually superior mean?*
- *Did you ever find children with superior abilities in your respective classes?*
- *What were the major performances you have observed?*
- *Presume similarities and differences between children with gifted and talented abilities.*
- *Can you suggest criteria identifying children with gifted and talented abilities?*

The intellectually superior children are the gifted and talented ones whose academic performance is higher when compared with classmates. Most of these children are unrecognized and lack attention from teachers and school community for a long in our country.

Giftedness can be defined as the possession of unusually high intellectual potential or other special talents. The term describes individuals with high levels of intelligence, outstanding abilities, and capacity for high performance. Creativity also represents giftedness. Creativity correspond to an ability to generate novel ideas and innovative solutions - products that are not merely new and unusual but are also appropriate in context and valued by others. Thus, creativity, as a form of intelligence, is characterized by:

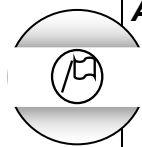
- Advanced, divergent thought and thinking that requires variety of ideas or solutions to a problem when there is no one correct answer;

- production of many original ideas
- Ability to develop flexible and detailed responses and ideas.

Talented children generally refer to a specific dimension of skill (e.g. musical, artistic) that may not be matched by a child's more general abilities. It is a term that describes individuals who show natural aptitude or superior ability in a specific area without necessarily implying a high or superior degree of intelligence.

Gifted children could be identified and information is secured through the participation of teachers, peer groups, and school record officers. Therefore, classroom teachers should be involved in any program that is designed to identify the problems of the gifted and in other intervention strategies.

Giftedness can be labeled as a 'mixed blessing', because the psychosocial behaviors and characteristics of the gifted and talented children could be both positive and negative. For example, despite their good behaviors or characteristics, gifted children may present problem for themselves, parents, teachers or for the community as a whole.



ACTIVITY

- How do we identify communication disorders?
- What are the developmental deviations observed on children with communication disorders?
- What is language disorder and how can you identify it?
- What is Speech disorder and how can we identify it in classroom situation?
- Are there any observable difficulties these children manifest?

C. Communication disorders

Communication is the transfer of knowledge, ideas, opinions and feelings which is usually accomplished through the use of language. In some other cases, it is transfer of information through glance of an eye, a gesture, or of some other nonverbal behavior. Language is the formalized method of communication by which ideas are transmitted to others. Speech is the

vocal production of language and vocal systems are parts of the respiratory system used to create voice.

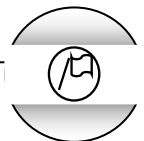
Any deviation from using language and speech in the formal system of communication leads an individual to language or speech disorder which is known as communication disorder. Speech is abnormal when it is unintelligible, unpleasant or interferes with communication. Speech problems mostly occur because of vocal system impairments. The most common developmental speech disorders that interfere with child's education are the following.

- ✓ Voice disorders- absence or abnormal production of vocal quality – pitch, loudness, resonance, and/or duration.
- ✓ Articulation disorder- abnormal production of speech sounds. E.g., addition, omission, distortion, subtraction, ... of sounds in a word
- ✓ Fluency disorders- are interruptions in the flow, rate, and/or rhythm of verbal expressions characterized by elongation, repetition and hesitations formed during communication that interrupt the flow of speech. The two most common developmental deviations of fluency are stuttering and stammering.

Language impairment- is difficulty or inability to master the various systems of rules and language which then interferes with communication. It could be delayed or deviant development of comprehension and/or use of the signs and symbols used to express or receive ideas in a spoken, written, or other symbol system. The problem involves language form, content and use. Three rule systems characterize it: phonology, morphology and syntax.

ACTIVITY

- How do you perceive learning difficulties?
- What are the basic similarities and differences between learning disabilities and related problems like mental retardation and communication disorders?
- What is/are the major difficulty area of learning disability?
- What does the term dyslexia implies?
- What are the major types of learning difficulties/disabilities?

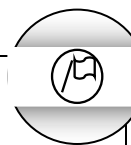


D. Learning difficulties

Learning difficulties - consider one of the definitions of learning difficulties - Learning difficulty/disability is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning and mathematical abilities. These disorders are intrinsic to the individual presumed to be due to the central nervous system dysfunction and may occur across the life span. Problems in self-regulatory behaviors, social perception and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences such as cultural differences, insufficient or inappropriate instruction.

In general, it has been found out that individuals with learning disabilities show significant variation between their actual performance and the level at which professionals and parents think they should achieve. Individual's problem may focus on one or more of the basic psychological processes involved in using or understanding language.

Any kind of problem exerted in the brain will undoubtedly disturb the whole system thereby causing a problem in mental and other learning processes. Due to the effect made in the brain, a child may develop language disorder or (dyslexia – reading disability) as one of the major learning disability group. Severe malnutrition at an early age can also affect the central nervous system and hence the learning and development of the child. Moreover, what a child experienced in the home, community, school, etc can affect attention and other psychological processes related to learning.



Activity

- What is a physical/motor related problem mean?
- How can you identify motorically/ physically impaired children from other impairment areas?
- Enumerate different types of physical/motor related problems.
- What are the major health related problems you may observe in your surrounding?
- Can you state some of the health related problems that may interfere with student learning?
- When shall we say that a child has health related impairments?

E. Physical and health related problems

Physical/motor related difficulties include children with neurological defects, orthopedic conditions, birth defects, developmental disabilities, and conditions that are the result of infection and diseases. It can be categorized as of the following:

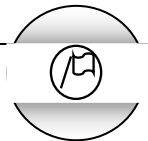
- ◆ **Neurological based disorders** – are those entailed with lesion of central nervous system. They are of varied type among which seizure disorder, cerebral palsy, spina-bifida and traumatic brain injury are the most prevalent ones among our community.
- ◆ **Musculoskeletal related problems** – are those difficulties arising in the muscle, joints, joinery fluids and skeleton. One of the best examples is Hanson's syndrome, commonly known as leprosy. Arthritis and different inflammations around joints are the others common around rural Ethiopia.
- ◆ **Health related impairments** – are those problems which occur on the individual frequently or progressively and always interfere with the individual's development, education and daily activities. The most common ones are: Asthma, HIV/AIDS, TB, heart failure, nausea, kidney problem, etc.
- ◆ **Accident based physical/ motor disabilities** – are problems occurring on an individual anytime in life that hampers development and daily living of an individual at any moment. Most of these types occur by nature or due to some forms of damage to the body parts. E.g., amputation

The causes of physical disabilities and health impairments can be recognized as: biological causes, infections and toxins, injury, socioeconomic and environmental factors. Even though these factors cannot be totally prevented, the disabling effects can be lessened to a great extent.

- ❖ Therefore, teacher candidates should be alert following developmental deviations they are observing on their children and act accordingly.

Activity

- What are the major types of behavior disorders?
- What are the behavioral manifestations and acting out deeds of the behaviorally and emotionally disturbed children?
- How can you rate, identify duration, magnitude and topographic measures of developmental deviations of children with behavior and emotional disorders.
- What are the personal factors leading to emotional or behavioral disturbances?



F. Emotional and behavior disorders

Children with behavior and emotional disorders are referred to by a variety of terms such as emotionally disturbed, socially maladjusted, psychologically disordered, emotionally handicapped or even psychotic if their behavior is extremely abnormal or bizarre. Such children are seldom really liked by any one worst still, they do not even like themselves. They are difficult to be around and attempt to be the only friend that may lead to rejection, verbal abuse, or even physical attack.

Some of the problems associated with behavior difficulties include disruptiveness, tantrums, anxiety and depression. Although children with behavioral difficulties are not physically disabled their noxious and /or withdrawn, behavior can be as serious as a handicap to their development and learning.

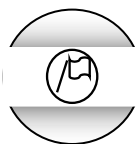
The term behavior difficulties or disorder means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.

- ✓ Inability to learn which cannot be explained by intellectual, sensory and health factors;

- ✓ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- ✓ Inappropriate types of behavior or feelings under normal circumstances;
- ✓ A general pervasive mood of unhappiness or depression; or
- ✓ A tendency to develop physical symptoms or fear associated with personal or school problems.

The term does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed. Definition and classification of emotional disturbance are necessarily quite different for children than for adults. A coalition of more than a dozen professional associates and advocacy organization provided a definition for behavior disorder which represents the best current thinking in the field:

- The term emotional or behavioral disorder is defined as a disability characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural norms that it adversely affects educational performance, including academic, social, and vocational or interpersonal skills. Hence, the disorder:
 - ✓ is more than a temporary, expected response to stressful events in the environment;
 - ✓ is consistently exhibited in two different settings, at least one of which is school related and
 - ✓ Persists despite individualized interventions within the education program, unless in the judgment of the team, the child's or youth's history indicated that such interventions would be effective.
- Emotional or behavioral disorders can co-exist with other disabilities. This category may include children or youth with schizophrenic disorder, affective disorders, anxiety disorders or other sustained disturbances of conduct or adjustment.



Activity

- What are multiple disabilities and its multiplicity?
- Who are children at risk?
- Did you observe any child with multiple disabilities in your surrounding? What type is it?
- How do you observe children at risk in your respective classes?
- Do you find any developmental difficulties observed on this child?
- Does the difficulty interfere with the child's education? How?
- Is behavioral manifestation of these children similar to that of others? Relate the case.

G. Multiple disabilities and children at risk

Multiple and severe difficulties include individuals with various combinations of impairments such as cerebral palsy and mental retardation, deafness and blindness, mental retardation and seizure disorders, etc. Most of the children with multiple and severe impairments have difficulties of walking, or speaking, controlling their body balance, or depend chiefly on environmental modification for education. Hence, these children can use regular education with certain adaptations in their surroundings.

Most of the severely and profoundly mentally retarded children develop multiple disabilities because of the severity of their difficulty. These children show progressive developmental disorders that highly interfere with their cognitive, physical, academic and social development in all affairs of life. When such conditions faced in school situations, inclusive education teachers are advised to work with teams of professionals in assisting education and appropriate developmental procedures of these children.

High-quality early interventions are designed to combat the factors that threaten child development. If learning begets learning, then interventions at younger ages have great potential to generate cumulative benefits by altering a child's future developmental trajectory. Even if only a portion of the detrimental consequences facing at-risk children in the school-age years and in adulthood can be averted, the benefits from effective early intervention programs can be substantial.

These early indicators of disadvantage, which affect as many as one of every five children, have implications for how prepared children are when they first enter school at kindergarten. While

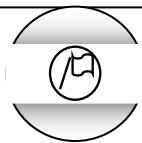
there is no single definition of school readiness, experts agree that readiness is a multifaceted concept that goes beyond academic and cognitive skills to include physical, social, and emotional development, as well as approaches to learning.

1.2 Definition of inclusive education and support system

This subsection deals with the underlying definitions of Inclusive Education and the support system in an inclusive classroom. Basic principles underlying inclusive classroom and related issues regarding rights of children with special needs will be stated. Definitions with respect to different countries and institutions were presented for comparison purpose in relation to right of children having access of education in their neighborhood schools.

Activity

- What is inclusive education?
- Define inclusion in your own terms
- Is there any difference between mainstreaming and inclusion?
- Do you believe that there is great difference between inclusive and non-inclusive schooling? Elucidate with evidence.
- Can you imagine principles of inclusion?
- What the basic human rights to education are as stated in the rule?
- What are the basic principles to inclusive education?



Many children will have special educational needs of some kind at some time during their education. Schools and other organizations should be able to help most children overcome their difficulties quickly and easily. But a few children will need extra help for some or all of their time in school. Many years ago, special classes were created for students with special needs. Special educators felt that if they could just teach these students separately, in smaller groups, they could help them to catch up. However, the reality is that students in segregated special education classes have fallen further and further behind. Over time, we have learned that inclusive education is a better way to help all students succeed than non-inclusive classes.

It is a basic human right that all people should have education without discrimination. All human life is valuable and it is morally wrong to place a higher value on those who are unimpaired

against those who have some discernable impairment. It is often impossible to be accurate about the potential of any individual from an early age much less the potential of someone with an impairment that may only result in delayed development rather than none at all. Much impairment does not prevent an individual from learning and going on to lead a fully productive life. Those who are severely impaired need education in order to become as independent as possible. Society needs to value human traits other than those, which lead solely to the generation of income.

Webster J. (2005) defined inclusion as “is the educational practice of educating children with disabilities in classrooms with children without disabilities.” Inclusion is an educational approach and philosophy that provides all students with community membership and greater opportunities for academic and social achievement. Inclusion is about making sure that each and every student feels welcome and that their unique needs and learning styles are attended to and valued.

According to Grayson (1999), an inclusive school is one that educates all students in the mainstream. Every student is in regular education and regular classes. The focus is on how to develop regular school and classroom communities that fit, nurture, and support the educational and social needs of every student in attendance. An inclusive school is a place where everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met.

“Experience in many countries demonstrates that the integration of children and youth with special educational needs is best achieved within inclusive schools that serve all children within a community. It is within this context that those with special educational needs can achieve the fullest progress and social integration.” (Salamanca Framework for Action, 1994)

According to this Salamanca definition, an inclusive school:

- ◆ Recognizes that every child is different. Every child has also unique learning needs;
- ◆ Celebrate differences;
- ◆ Responds to the individual educational needs of all children;

- ◆ Provides equal opportunities to education for all;
- ◆ Provides education that promotes quality of living for oneself and others;
- ◆ Promotes quality in learning and teaching.

An inclusive school is a place where everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met. An inclusive school is flexible; it recognizes that the school system not the child is the problem. It is about whole school transformation. Hence, inclusive schools benefit all children.

At no time does inclusion require the classroom curriculum, or the academic expectations, to be watered down. On the contrary, inclusion enhances learning for students, both with and without special needs. Students learn, and use their learning differently; the goal is to provide all students with the instruction they need to succeed as learners and achieve high standards, alongside their friends and neighbors.

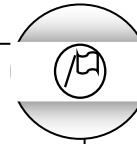
The teacher facilitates the learning by encouraging, prompting, interacting, and probing with good questioning techniques, such as 'how do you know its right - can you show me how?' The teacher provides 3-4 activities that address the multiple learning styles and enables students make choices. The classroom is a beehive of activity. Students should be engaged in problem solving activities. The classroom that is child centered is based on learning centers. The goals are always clearly stated prior to students engaging in learning activities. The teacher will ask students for reminders about the acceptable noise level, learning goals, and what completed tasks look like. The teacher again, facilitates the learning throughout the centers and focuses on some specific centers. For inclusion to truly succeed, special educators and general educators need to work closely together and compromise. It definitely requires that teachers have training and support to overcome the challenges they must meet together.

1.3 Elements and characteristics of inclusive classrooms

This section deals with basic characteristics or features of inclusive education and elements underlying inclusive classrooms. Most of the elements relevant in inclusive education: the support system, places, situation and social contexts also get attention under this section.

Activity

- What are fundamental features of inclusive education?
- Can you visualize certain elements of inclusion?
- Determine social milieus of inclusive education?



Features/characteristics of inclusive schooling

- Students need to be active - not passive learners.
- Children should be encouraged to make choices as often as possible; a good teacher will allow students some time to flounder as some of the most powerful learning stems from taking risks and learning from mistakes.
- Parental involvement is crucial.
- Students with disabilities must be free to learn at their own pace and have accommodations and alternative assessment strategies in place to meet their unique needs.
- Students need to experience success, learning goals need to be specific, attainable and measurable and have some challenge to them.

Inclusion in school requires a shift in the paradigm, instead of getting the child ready for the regular class; the regular class gets ready for the child. It's not a decision of zero or one hundred percent, but whatever balance that can be achieved to maximize meeting all of a child's needs. The regular class is not looked at as how it is, but how it "can be".

Adaptations are made to the materials, the curriculum and/or the expectations of the activities for the individual child, maintaining achievement of all individual and academic goals. The purpose isn't simply social or academic, but to meet all of a child's needs together where ever possible.

Elements of inclusion

Where Students Learn

- All students with disabilities are members of their neighborhood school

- All students are assigned to age-appropriate grades in heterogeneous classrooms
- Student grouping and regrouping during the course of the day is based on the individual interests and skills of all students, and not on disability labels

Support Students Receive:

- Related services (e.g., physical therapy, occupational therapy, and speech therapy) are delivered in regular classroom settings and other school environments
- Supports and services are provided in the classroom and coordinated with ongoing instruction
- The provision of supports for students (instructional, curricular, behavioral, etc.) is viewed as a school-wide need

Instructional Planning and Implementation:

- Effective teaching strategies and differentiated instruction are used to meet the needs of every child and accommodate the learning styles of all children in the class
- The general education instruction and curriculum is used as the base for accommodations and modifications to meet IEP goals
- The instructional materials used for typical students are modified for assignments, homework, and tests

Social Relationships:

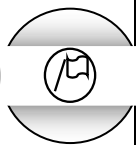
- Planned and structured activities are in place to promote social inclusion and friendship development
- Students without disabilities are supported in welcoming students who have disabilities

Staff Actions:

- Collaboration among general educators, special educators, and other school personnel occurs on an ongoing basis
- School administrator(s) provide a vision and leadership and welcome all students into their school

1.4 Benefits and challenges of inclusive schooling

This section briefly discuss on advantages and challenges of inclusive education. It also focuses on the challenges teachers face when employing inclusive classroom practices which basically faced novice teachers. Advantages of inclusive education to both children with and without disability were mentioned. Very few suggested solutions to the difficulties from certain countries experience were also included under this section. Therefore, teacher candidates are advised to visualize the challenges and try to suggest on to be solutions before reading the summary notes.



Activity

- Do you believe that educating all children in an inclusive schooling has benefit?
- Enumerate the advantages and disadvantages of inclusive education.
- What are the major anticipated challenges you presume regular or special education teacher may face in inclusive classrooms?
- What is your personal response to minimize the inevitable challenges you may face in inclusive classrooms?

The benefits of inclusive education are numerous for both students with and without disabilities.

Benefits of Inclusion for Students with Disabilities include -

- ◆ Friendships
- ◆ Increased social initiations, relationships and networks
- ◆ Peer role models for academic, social and behavior skills
- ◆ Increased achievement of IEP goals
- ◆ Greater access to general curriculum
- ◆ Enhanced skill acquisition and generalization
- ◆ Increased inclusion in future environments
- ◆ Greater opportunities for interactions
- ◆ Higher expectations
- ◆ Increased school staff collaboration
- ◆ Increased parent participation

- ◆ Families are more integrated into community

The benefits of Inclusion for Students without Disabilities include -

- Meaningful friendships
- Increased appreciation and acceptance of individual differences
- Increased understanding and acceptance of diversity
- Respect for all people
- Prepares all students for adult life in an inclusive society
- Opportunities to master activities by practicing and teaching others
- Greater academic outcomes
- All students needs are better met, greater resources for everyone

There is no any research that shows negative effects from inclusion done appropriately with the necessary supports and services for students to actively participate and achieve IEP goals (Bunch & Valeo, 1997). Reduced fear of human differences, accompanied by increased comfort and awareness show the following imperatives as stated by these authors.

- Growth in social cognition
- Improvements in self-concept
- Development of personal principles
- Warm and caring friendships

The following are some of the additional advantages of inclusive schools:

- ◆ It is much cheaper than building a lot of separate schools for children with special needs;
- ◆ It encourages the integration of children with special needs which helps to build an inclusive society;
- ◆ It allows other children in the school learn about the abilities of children with disabilities;
- ◆ It encourages the involvement of parents and the community;
- ◆ It improves teaching.

What are the top challenges teachers faces in a special needs inclusive classroom? Let's take a closer look:

- **Lack of experience in an inclusion setting-** Some teachers have not been exposed to special needs classrooms and this can be a disadvantage. Educators need to coordinate efforts and understand the needs of the classroom in terms of developing skills and lesson plans.
- **Lack of experience dealing with severe and profound disabilities-** Students with severe and profound require more adaptation and medical attention than the average student. Teachers must be skilled in handling severe disabilities and create lesson plans based on individual abilities and adhere to dietary needs of the child. Lack of experience can lead to the child not progressing with skills or cause of adverse medical incidents.
- **Including all students in all activities-** Special needs inclusion classrooms must be able to involve its students in all classroom activities. Teachers need to address how the classroom will communicate with each other and encourage participation. If there is a lack of adaptive equipment or adaptive communication and language tools, it makes it difficult for teachers to function as a united classroom.
- **Educating students with less severe disabilities-** When there are children of all abilities in the classroom, both physical and academic, children in the middle can easily fall between the cracks. These children can have learning disabilities, hearing impairments, ADD(Attention Deficit Disorder) or language delays to name a few. Providing the right amount of attention and adaptation can be challenging, especially if there is a higher teacher to student ratio.
- **Dealing with death-** Death is difficult for any teacher to explain to their classroom. When you have a special needs inclusive classroom, there may be students with chronic illnesses and teachers may have to deal with the death of a student.
- **Shortage of teacher aides-** Normally, inclusive classrooms have a regular educator and special needs educator. Due to the nature of the classroom and size, it is imperative that there be an appropriate number of teacher aides to assist the teachers with day to day activities.

- **Teaching compassion to students-** Not all students have been exposed to persons with special needs and this becomes a challenge to teachers. Teachers must not tolerate insensitiveness and cruelty and teach that all students are to be treated with respect, regardless of ability.
 - **Dealing with parents of ‘typically developing’ students-** As some students are not used to dealing with persons with special needs, parents are no exception. Teachers need to convey to parents how the classroom is conducted and that all educational needs will be met.
 - **Individualized lesson plans-** Because there are varying abilities in the classroom, teachers can be challenged to address individual academic needs based on ability.
 - **Coordinating therapies-** A special needs inclusion classroom needs to be well organized and allow for students to attend therapy sessions. However, this becomes a challenge in planning day to day activities and keeping all students engaged and learning.
- ❖ Although many schools are moving towards special needs inclusive classrooms, there are a number of issues or challenges that need to be addressed. Preparing and training a teacher is the first step in making special needs inclusive classrooms a success.

As of Howard Gerber, 2011 ‘A classroom teacher is expected to select educational methodology to best suit each student. This is a challenging goal for one teacher who potentially has more than 30 students in each of five to seven classes. The biggest problem for special education teachers who have students in inclusive classrooms is being available to every student. In a classroom of 30, with one or two special education students, it can be difficult for the classroom teacher to give the individual time and attention the students require and deserve. If the teacher is focusing on the special needs students, the students who need a more challenging environment may be overlooked because they are able to succeed with minimal assistance. If a special education teacher has 50 students who are distributed through 15 classes during any given period there is no way to assist every student every day.’

The framework proposed here for meeting the challenges of an inclusive classroom includes the following components: (1) Defining a school philosophy (2) using classroom inquiry and action

research (3) commitment to ongoing teacher education (4) promoting teaching excellence (5) Professional development for administrators (6) Designing an integrative curriculum (7) monitoring of student progress (8) using effective assessment procedures (9) increasing family involvement (10) emphasizing the development of non-academic skills (11) introducing students to role models, and (12) identifying future directions.

In addition to the above aforementioned points, the following are to be considered in reducing the challenges of inclusive classrooms.

Helping Children Master the Functional - Emotional Capacities. In order to help children master each of the functional-emotional capacities, try to:

- Meet each child at his own level of development, foster that stage, and enable the child to move on to the next level.
- Tailor the environment to each child's strengths and weaknesses and help all the children, special needs or not, to build greater competency.
- Interact with children in ways that help them to think and problem-solve at their own levels. These interactions need to be a part of ongoing, trusting, intimate relationships that children have with you and with each other.

Observing and Sharing Information:

- In addition to any information you might be given about the special needs of different children in your group, you should use your own observations in these early days of school to see how each child is functioning. Sometimes in a new environment, children will be anxious and not able to implement the capacities they already have. Parents can be very helpful here.

Learning in Small Groups:

- Children need to develop certain abilities before they are able to work together in large groups. These include the ability to interact with one another with some degree of attention, to use simple purposeful gesturing (such as taking to you by the hand and pointing to something they want), to discuss ideas logically, and to answer "why" questions.

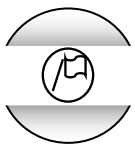
Do a Learning Center Check

- Be sure that the learning centers in your classroom focus on different processing skills and that the materials in them can be adapted to meet the needs of children who are at varying developmental levels.

It is also important to utilize strategies such as Vision Building, Circle of Friends, maps, Paths, Self-determination, and Person Centered planning to build successful inclusion

1.5 Policies and strategies regarding education of children with special needs

Under this subunit we will see policy directions of different countries and strategies employed to assist education of children with special needs. The questions of right to education nationally and internationally also obtain attention. Policies and strategies employed by International organizations and conferences held at UN will be discussed.



Activity

- What do you understand of the declarations and policies regarding access of education for all children irrespective of abilities and disabilities?
- What is the policy direction of our country in reference to ‘education for all’ in inclusive education?
- What does the right of all children to education signifies?
- Is there any relationship between Salamanca declaration and education policy of our country in relation to ‘education for all’?

The Salamanca conference resolution on policy, Art 15 states the following. Integrated education and community-based rehabilitation represent complementary and mutually supportive approaches to serving those with special needs. Both are based upon the principles of inclusion, integration and participation, and represent well-tested and cost-effective approaches to promoting equality of access for those with special educational needs as part of a nationwide

strategy aimed at achieving *Education For All (EFA)*. Countries are invited to consider the following actions concerning the policy and organization of their education systems.

The same statement on schools and curriculum follows: Art 26 – 34 of Salamanca resolution.

26. Developing inclusive schools that cater for a wide range of pupils in both urban and rural areas requires: the articulation of a clear and forceful policy on inclusion together with adequate financial provision - an effective public information effort to combat prejudice and create informed and positive attitudes - an extensive program of orientation and staff training - and the provision of necessary support services. Changes in all the following aspects of schooling, as well as many others, are necessary to contribute to the success of inclusive schools: curriculum, buildings, school organization, pedagogy, assessment, staffing, school ethos and extracurricular activities.

27. Most of the required changes do not relate exclusively to the inclusion of children with special educational needs. They are part of a wider reform of education needed to improve its quality and relevance and to promote higher levels of learning achievement by all pupils. The World Declaration on Education for All underscored the need for a child - centered approach aimed at ensuring the successful schooling of all children. The adoption of more flexible, adaptive systems capable of taking fuller account of the different needs of children will contribute both to educational success and inclusion. The following guidelines focus on points to be considered in integrating children with special educational needs into inclusive schools.

28. Curricula should be adapted to children's needs, not vice versa. Schools should therefore, provide curricular opportunities to suit children with different abilities and interests.

29. Children with special needs should receive additional instructional support in the context of the regular curriculum, not a different curriculum. The guiding principle should be to provide all children with the same education, providing additional assistance and support to children requiring it.

30. The acquisition of knowledge is not only a matter of formal and theoretical instruction. The content of education should be geared to high standards and the needs of individuals with a view

to enabling them to participate fully in development. Teaching should be related to pupils' own experience and to practical concerns in order to motivate them better.

31. In order to follow the progress of each child, assessment procedures should be reviewed. Formative evaluation should be incorporated into the regular educational process in order to keep pupils and teachers informed of the learning mastery attained as well as to identify difficulties and assist pupils to overcome them.

32. For children with special educational needs a continuum of support should be provided, ranging from minimal help in regular classrooms to additional learning support programs within the school and extending, where necessary, to the provision of assistance from specialist teachers and external support staff.

33. Appropriate and affordable technology should be used when necessary to enhance success in the school curriculum and to aid communication, mobility and learning. Technical aids can be offered in a more economical and effective way if they are provided from a central pool in each locality, where there is expertise in matching aids to individual needs and in ensuring maintenance.

34. Cap ability should be built up and research carried out at national and regional levels to develop appropriate support technology systems for special needs education. States that have ratified the Florence Agreement should be encouraged to use this instrument to facilitate the free circulation of materials and equipment related to the needs of people with disabilities. Concurrently States that have not adhered to the Agreement are invited to do so in order to facilitate the free circulation of services and goods of educational and cultural nature.

Article 3. 2. 9. Of Ethiopian Education and Training Policy states the following. “Special education and training will be provided for people with special needs.”

UNESCO paper on inclusive Education regarding Ethiopia, Rwanda and Kenya states the following. The Ethiopian Government is committed to achieve the Millennium Development

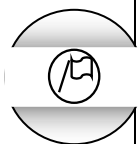
Goals (MDG s) and Education for All (EFA) goals. The main focus is on providing primary education of good quality for all citizens by 2015.

The Education and Training Policy (1994):

- In line with the constitution directs implementation and development towards inclusive education, education for all.
- States that “expansion of quality primary education to all citizens.
- Education is not only a right but also a guarantee for development
- Requires universalizing primary education, and expansion of secondary and higher education.
- Assures that disadvantaged groups will receive special support in education.

1.6 Identification and assessment of learners needs, potentials and difficulties

This section mainly focuses on the identification of learner’s need, preferences, potentials and difficulties they face personally, socially and environmentally. It only highlights their needs referring to their difficulties as impairment, disabilities and handicapping situations.



Activity

- What are the underlying causes of impairment for learners with special needs?
- Is there any relationship between child’s impairment and disabilities?
- What are the handicapping situations for children with special needs?
- Can we/you able minimizing the impairment, disability and handicapping situations these children faces at some stage in schooling? How?
- What is the relationship and difference between these three terminologies?

Impairment: refers to any loss or lack of psychological, physiological, or anatomical structure or function. It is an abnormality of body structure, appearance, organ or system functioning. Examples of impairment include: amputations, mental illness, near-sightedness, arthritis (illness where joints are stiff), dementia (madness) ...

Disability: is any restriction or lack of ability resulting from impairment to perform an activity in the manner or within the range considered normal for a person of the same age, culture, and education. It is the consequence of impairment in functional performance and activity. Simply stated, a disability is a performance deficit within the physical and social environments that is the result of impairment. Examples of disability: reading, seeing (difficulty seeing), inability moving ...

Handicap: a handicap is a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of the role that is typical (depending on age, gender, and social or cultural factors) for that individual.

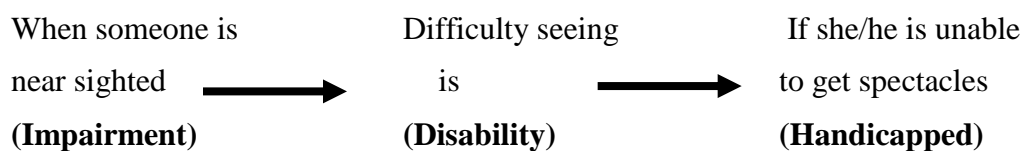
NB. All impairment does not result in a disability. E.g., paralysis of the lower limbs is a vocational disability for a dancer, but the same impairment is not a disability for a bookkeeper.

It is the disadvantage which is reflected in interaction with, and adaptation to, the surroundings. It refers to the societal level, the environmental and societal deficits influenced by social norms and social policy. The term “handicap” means the loss of limitation to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal term.

A handicap is characterized by a difference between what the individual appears able to do and the expectations of the particular group of which he/she is a member. There are various factors that reinforce societal expectations that excuse or prohibit a person with disabilities from performing activities of which the individual is capable: misconceptions (especially underestimation); refusal to accommodate to an impairment skill level; unwillingness to allow the person to continue to do those tasks which he still can do.

Factors that prohibit a person with disabilities from functioning in appropriate social roles include: Lack of job opportunities and unavailable social support systems. The state of being handicapped is strongly influenced by existing social values and institutions arrangements.

Environments that handicap a person include: inaccessible public buildings, lack of wide-door bath rooms, lack of accessible public transportation, negative public attitudes towards persons with disabilities ... You can refer to the following example.



There are three factors that are important for teachers to understand regarding needs of students with disabilities:

- Severity of the impairment suggests the extent of involvement of a condition. For students with sensory impairments, severity relates closely to communication ability and experiential background. Students with more severe sensory impairments are likely to use different methods of communication and assistive techniques for mobility.
- Visibility of a disability brings unwanted attention. Unfortunately, this attention focuses on the perceived negative features of an individual. For many students, this attention causes them to feel devalued.
- The age at which students acquire a disability has a profound effect on certain skills and abilities (e.g., language acquisition or concept development). Age also affects how students handle their condition and how educational personnel should address the condition.

The criterion to measure the adaptive behavior of a child can vary from place to place. Hence, people in different places may differ in their attitudes towards a child with mental retardation and in their definitions of the level of the child's retardation. This is due to the fact that the expectation people attach to the child's performance can differ from place to place. In Ethiopia,

for example, where there are a great number of tribes, cultures, beliefs and religions, the expectation to the child can vary in these different parts. The expectations of rural areas, for instance, are not necessarily the same as the expectations people give to a child with mental retardation in urban areas.

In rural areas, where the tradition is farming, a child with mental retardation may be less socially handicapped than is a child with physical disability. This is due to the fact that in rural areas survival largely depends on different physical activities rather than on mental abilities and the child with mental retardation may fit in to the life and production of the community. On the other hand, in cities, where mental ability is highly valued, the same child may become socially handicap because the successful integration in to society often depends on mental ability rather than on physical fitness. As a result, the attitude towards a child with mental retardation also will differ from place to place depending on the child's ability to fulfill the expectations typical for a specific place.

It is not a surprise to learn that hearing impairments can result from illness or injury. For example, continuous loud noise can cause a hearing loss. Some types of hearing impairments are the result of heredity. For educators, understanding the causes of hearing impairments is useful. Teachers need this knowledge to plan educational programs for specific youngsters. For example, if a child has a conductive hearing loss, hearing aids might be able to amplify sound sufficiently that the student can profit from oral instruction in the typical classroom.

Children with hearing impairment should not be stereotyped. They are individuals with different learning styles and abilities. However, they share one common characteristic. Their ability to hear is limited, and this disability may affect cognitive, academic, physical, and communication characteristics. We have entranced earlier, the severity of the hearing loss and the age that the loss occurred determine how well a person will be able to interact with other, orally. Clearly, students who cannot hear the communications of others will have more difficult time learning through traditional instructional methods.

In developing countries such as India and countries in Africa, the major causes of blindness are infections disease, malnutrition, and vitamin A deficiency. Worldwide, about 80 percent of

childhood blindness is caused by poor nutrition or infections: most of these situations can be prevented. However professionals who try to improve health care in these countries often battle on two fronts-improving health and disproving local myths. Many people in developing countries cling to superstitions about disabilities.

Visual impairments may be congenital (present at birth) or acquired (occurred after birth). Almost half of the children who are blind are disabled because of prenatal factors, mostly hereditary. Researchers are beginning to identify genes that cause some forms of blindness, which is the first step leading to a cure. For example, the gene that causes retinitis pigmentosa has now been located and will soon be isolated. Tumors in the retina longer or along the optic nerve are other causes of blindness or severe visual impairments in school-age children. Rubella, also a significant cause of congenital visual impairments and multiple disabilities in the past can today be prevented by a vaccine unfortunately not everyone is immunized.

Your child might manifest normal mental and physical growth and posture. Temper tantrums and sudden outbursts of anger, shouting obscenities, throwing things, screaming, crying, disrupting others, constantly asking questions, teasing other children are just a few of the ways that peevish children manifest learning these overwhelmingly behaviors on one edge: shyness, anxiety, depression and social withdrawal that provokes rejection and exclusion by classmates and peers marks the other edge.

Whatever forms the specific type of behavior takes; children manifesting the stated and the like form of behavior are sometimes described as having behavior problems or serious emotional disturbance. These children are referred to by a variety of terms such as emotionally disturbed, socially maladjusted, psychologically disordered, emotionally handicapped or even psychotic if their behavior is extremely abnormal or bizarre. Such children are seldom really liked by any one worst still, they do not even like themselves. They are difficult to be around and attempts to be friend or may lead only to rejection, verbal abuse, or even physical attack.

Some of the problems associated with behavior difficulties include disruptiveness, tantrums, anxiety and depression. Although children with behavioral difficulties are not physically disabled their noxious and /or withdrawn behavior can be as serious as a handicap to their development

and learning. Although behavior disorder in children has been recognized as a problem in psychiatry and special education for well over a century, there is no definition of behavior disorder that is generally agreed up on by professionals.

There are many conditions that cause physical disabilities and health impairments. The causes may range from clear mechanical issues (e.g. accidents) to complex genetic matters. Many physical disabilities and health impairments are relatively easy to prevent. Even if the condition cannot be totally prevented, the disabling effects can be lessened.

The most common neurological impairment encountered in the school is epilepsy. It is a disorder in which there is a tendency for recurrent seizures - spontaneous abnormal discharge of the electrical impulses of the brain. The frequency of seizures may vary from a single isolated incident to hundreds in a day.

There are some common characteristics shared by gifted and talented children common descriptors apply to the group of learners who are called gifted. Under the most common definitions, these individuals are very bright and demonstrate their bright intellectual abilities by scoring well on tests of intelligence, learning more quickly than their peers, and applying complex thinking skills. Their academic achievement is higher than their classmates.

Like all exceptional children, gifted and talented children need special help to reach their potential, to fully succeed in schools and in life, in general. Although no one special program could meet the individual needs of all the children, the diversity we find among gifted youngsters is reflected in the number and type of adaptations the schools are making to meet their special needs. Gifted and talented children need special instructional techniques, teaching materials, classroom arrangement and teachers.

As a result, many children from disadvantaged backgrounds fail to meet grade-level expectations on core subjects. For example, national educational assessments at grades 8 and 12 show that about 50 percent of children from at-risk backgrounds (e.g., low parental education or low family income) score below the “basic” level of reading and math achievement, indicating that they have less than partial mastery of the knowledge and skills “fundamental for proficient work” at

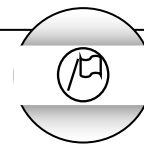
that grade level. Other manifestations of problems in school achievement for disadvantaged children include higher rates of special education placement, grade repetition, and dropping out of school (Wigan, 2006).

1.7 Behavior modification, social relationships and collaboration in an inclusive classroom/ schooling

This section involves with behavior modification strategies in the educational intervention of children with special needs; the social relations to be built in assisting these children in inclusive classroom settings, and collaborations to be made between peers, team of professionals including teachers, family and other community members.

Activity

- What is your understanding by classroom modification?
- Describe benefits and challenges to classroom modifications.
- What does ‘conducive learning environment’ implies?
- How do you lessen barriers in schools and surrounding to make conducive learning atmosphere in inclusive schooling/
- Why is collaboration important in assisting education of all children and minimizing barriers to inclusive classroom?
- Whom do you believe are responsible collaborating?



Various environmental forces have impact on exceptional children. These forces include the family, the school and associated treatment programs and the larger society. Their impact changes as the child develops. The family may be more important in early years while society is more important in later years.

Schools have very great influence upon the developing child. They are centers for learning, which provide opportunities for the child for acquiring knowledge and skills that will allow him/her to adapt to the society as an adult. Besides, there are social training grounds, where children get opportunities to learn how to respond to adult requirements, to interact with peers, to form friendships and to learn how to work cooperatively with others.

Schools are greatly important for exceptional children since they may need very special kinds of assistance to become productive adults. Sometimes, schools may not welcome exceptional children; hence they should be reminded by parents and responsible government bodies to offer the required education for these children. Though formerly these children were excluded from schools as they did not fit into the established program or the programs did not meet their special needs, in recent years the schools become more innovative in seeking ways to carry out their responsibilities.

There is shift in society also from rejection and charitable isolation of children with special needs to the acceptance of them as contributing members of society forming inclusive schooling and community. At present there is change in societal attitudes towards children with special needs, which is brought by legislations that establish their rights as citizens. This change has brought greater social and educational integration of children with special needs back into the normal community and regular educational system from more segregated settings.

Three processes are observed at recent times regarding people with special needs.

- **Normalization**- creation of learning and social environment as normal as possible for the child with special needs and adult.
- **Deinstitutionalization**- the process of releasing as many exceptional children and adults as possible from the confinement of residential institutions into their local community.
- **Mainstreaming**- the process of bringing children with special needs into daily contact with non-exceptional children in an educational setting.

Improving the social repertoire of any student is not easy, and it is especially difficult for students experiencing adaptive behavior deficits. Here are some ways to address this area in assisting children with mental retardation in classroom.

- **Reducing Social Isolation:** to reduce social isolation, provide opportunities for sharing experiences.

- Identify special interests and experiences for each of your students and plan group activities to share this information and allow students to get in to know each other.
- Improving Self-Direction and Self-Management: to do this:
 - Provide signals for students. Some students with mental retardation have not learned ways to let others know and they need help. Some teachers create signal system to replace unacceptable alternatives such as blurting out, wild hand waving, and not asking.
 - Have students practice and discuss alternative skill/the best way to react/. Select program situations and discuss the best ways to react when faced with them; have students generate, discuss and practice as many alternatives as possible.
- Help students keep track of good behavior. Place an index card on the corners of the students' desks to keep track of appropriate behaviors such as completing assignments and asking for help. Periodically check the cards to be sure the students are monitoring appropriate behavior. Besides, have students with mental retardation share self-reports with classmates and parents to address communication problems; which assist in promoting positive self-concepts and pride for independent life.
- Improving self-care, health and safety skills: to do this, have students practice and discuss appropriate behaviors. Create mock situations and have students generate, discuss and practice appropriate solutions.

It is argued that the effects of hearing loss are pervasive and can create psychological stress. Children who are deaf are often passive participants in communication, as their parents or caregivers tend to deprive them from any type of interpersonal relationships since our use and understanding of language naturally depend at first up on hearing. The more severe the deafness, the greater is the effect on verbal language development; but even mild degrees conductive deafness is thought in some cases to have a significant effect. The result of studies indicated that the performance of deaf students in the areas of reading and writing indicate that they have a great deal of difficulty in processing the language compared with hearing children. Deaf children have notable delays and substantial differences in the development of reading and writing skills.

An effective communication system that permits those using it to exchange information with a high degree of ease, flexibility, speed and accuracy in a wide variety of circumstances is very essential in the process of intervention and rehabilitation process of hearing impaired children. Generally, it appears that the extent to which a hearing impaired child successfully interacts with family members, friends and people in the community depends largely on the attitudes of others and the child's ability to communicate in some mutually acceptable way. Feelings of depression, withdrawal, and isolation are frequently expressed by hearing impaired persons, particularly those who experience adventitious loss of hearing. Most hearing impaired people are fully capable of developing positive relationships with their hearing peers when a satisfactory method of communication is used. Interventions that deal with the change of parental attitudes contribute to the alleviation of the impact of deafness on a child's social behavior.

Whatever the range of visual deficit, it is crucial that any remaining vision is utilized to greater extent possible. The child needs to be encouraged to optimally utilize his/her tactile sense and auditory modality. The child through his/her fingertips should be able to explore, label, classify, compare and eventually read. The sense of smell alerts the blind child to danger and pleasure. The blind child who must learn to negotiate his/her environment with little or no vision requires added incentives to move about and explore his/her surrounding. Therefore, there is a dire need to orient the child about his/her surrounding and help him/her to be mobile and to pursue objects that are at his/her reaching.

Acceptance of the child and denial reactive are considered positive attitudes because they permit the child to develop, and participate. On the other hand, over protectiveness, open or disguised rejections are negative reactions which interfere with or stunt the child's growth. Parents need to be helped to express, recognize and eventually modify their attitudes for the mutual benefit of themselves and their children. Therefore, professionals must accept the task of lightening the load of such parents, giving them a chance to be free of guilt, remorse and resentment. Educators can help parents to find organized family support groups or introduce them to parents who are successfully coping with their child's disability.

Among others the most essential ingredients for the harmonious development of the child with visual impairment include:

- Creating loving and accepting family environment;
- Developing positive interaction with child through encouragement of the child to talk and discuss;
- Orienting the child about his/her surrounding through using all possible senses, that is, listening, touching, smelling and even tasting;
- Training the child to move freely from place to place in his/her surrounding;
- Encouraging the child to explore and trust his/her environment;
- Making the child mingle with his/her peers in the neighborhood;
- Assuring the safety of the home environment so that the child can freely move and will not be harmed;
- Avoiding over protectiveness and encouraging the child to develop self-confidence and self-reliance; and
- Maintaining close contact with teachers' of the child and seeking advice from professional, parents of visually impaired children or from visually impaired adults.

Although inattentive and disruptive behavior must be controlled in order to teach a child with behavior and emotional disturbance, the objective of controlling misbehavior must be balanced with a well-designed and implemented instructional program to teach academic and social skills. There are several different approaches to educate children with emotional disturbance, each with its own definitions, purposes of treatment, and types of intervention. Based on the work of Rhodes and Head, 1974; Rhodes and Tracy, 1972; and Kaufman 1985; there are six categories of models.

1. **Biogenetic**- this model suggests that deviant behavior is a physical disorder with genetic or medical cause. It implies that these causes must treat the emotional disturbance. Treatment may be medical or nutritional.
2. **Psychodynamics**- based on the idea that a disordered personality develops out of the interaction of experience and internal mental processes that are out of balance, this model

relies on psychotherapy and creative projects for the child (and often the parents) rather than academic remediation.

3. **Psycho educational-** this model is concerned with unconscious motivations and underlying conflicts yet stresses the realistic demands of everyday functioning in school and home puts as emphasis on the students emotional development and growth as on academic growth. Intervention focuses on therapeutic discussions to allow the children to understand their behavior rationally and plan to change it.
4. **Humanistic-** this model suggests that the disturbed child is not in touch with his/her own feelings and cannot find self fulfillment in traditional educational settings. Treatment takes place in an open, personalized setting where the teacher themselves as a non-directive, non-authoritarian 'resource and catalyst' for the child's training.
5. **Ecological-** this model stresses the interaction of the child with the people around him/her and with social institutions. This approach considers children's problem as largely emanating from social or cultural forces exerting influence on the individual. Treatment involves teaching the child to function within the family, school, neighborhood, and the large community.
6. **Behavioral-** this model assumes that the child has learned disordered behavior and has not learned appropriate responses. To treat the behavior disorder, a teacher uses applied behavior analysis techniques to teach the child appropriate responses and eliminate inappropriate ones.

Partnership in special education: Roles and functions

To facilitate the organization and provision of education for students with special educational needs, schools are advised to form a special educational needs support team in a manner that matches the particular circumstances of the school. Steps have already been taken in some post primary schools to organize such support teams. The purpose of the support team is to provide a suitable organizational structure to enable teachers in specialist roles related to inclusion to collaborate with one another and with mainstream teachers in an efficient and effective manner for the benefit of the students in their target groups. The members of the team should work collaboratively in the development, implementation and review of policies and procedures for

identifying and meeting the special educational needs of individual students. The principal should lead the establishment of the special educational needs support team. The core of the support team will normally consist of the principal or deputy principal (or both), the resource teacher, the learning-support teacher, and the guidance counselor. The members of this core team will work closely with mainstream teachers and, as appropriate, with other specialist teachers, such as those involved in pastoral care roles, the school chaplain, the resource teacher for Travelers, the English-language support teacher, the home-school-community liaison coordinator, special needs assistants and other relevant staff members in providing inclusive education for students with special educational needs (Martin, 2007).

The membership and remit of the special educational needs support team should be stated in the school plan and this should include a clarification of the role and responsibilities of each member of the core team. Meetings and consultation between members of the team will be necessary for the purpose of drawing up, monitoring the implementation of and reviewing whole-school policies and procedures related to special education. Team meetings may involve other teachers, by arrangement. It is advised that such meetings be arranged sufficiently far in advance to ensure the participation of the relevant teachers. Team meetings need to be carefully structured and managed so that the issues to be addressed are dealt with effectively within the time available.

Unit Summary

It is generally agreed that everybody should get equal opportunity to develop his/her personality mainly when education is concerned. As indicated from different sources, it can be observed that the number of exceptional children is enormous. These children should get special attention and treatment so that they can develop to their full potential and will become contributing member of a given society. If their potentialities remain undeveloped it would result in great wastage of human resources. Because of this we need to make special arrangements to meet the needs of children with special preferences. The following issues can be cited as the significance in providing special needs education.

- Children with special needs cannot benefit much from regular classroom teaching unless necessary modifications are made. For instance gifted students do not get appropriate motivation in regular classes. If these students are not given special treatment, they may develop behavior problems, which may cause harm to the individual and to the society.
- In the same way some group of exceptional children would find it difficult to adjust in home and society. For instance, children who are mentally and physically in problem may face the challenge mentioned. If these children are not properly educated, they cannot stand on their own to lead productive life and will become burden for the society.
- People who have relation with these children in one way or the other get good outlook about the problems of children with special needs if they get proper support in schools. This support system may involve their parents, educators and administrators. When these people get insight about the problems of children with special needs, they may get known how on the process of adjusting these children to the greater society.
- Education should solve the problems which children with special need face in the regular school programs. In other words when exceptional children simply made to attend regular school programs they will become a challenge for school teachers to deal with their problems unless they are provided with special needs and inclusive educational provision trainings.
- In line with what have been said, children with special needs are somewhat different concerning their interest, motivation and aims of life. In order to assist these children to meet their needs, society must provide special facilities for their education.
- Finally, special needs and inclusive education program must meet the needs of exceptional children to bring their developmental potentialities to the maximum. In doing so it could prepare them adequately for a satisfactory life adjustment.

Academic underachievement can be caused by different factors in which learning difficulties/disabilities is a part. Scholars in the area classify learning difficulty into two. The first category is developmental learning difficulties/disabilities in which individuals manifest problems in attention, memory, perceptual-motor, thinking, language, etc. The second group is academic learning disabilities that include problems in reading, spelling, writing, and arithmetic, etc.

As mentioned in Grayson (1999), advocates of inclusion believe that schools have two essential goals for students with disabilities. First, to improve their social competence and acceptance and second, to change the attitudes and stereotype thinking of teachers and students without disabilities toward individuals with disabilities, who someday will become parents, taxpayers, and service providers. Advocates believe that this can happen only when special needs students are placed in integrated settings. The rationale for educating students with severe disabilities in integrated settings is to ensure their normalized community participation by providing them with instruction in skills essential to their success in the social and work settings in which they will ultimately use these skills.

Settings that challenge inclusive schools and helping strategies are mentioned in the same as of the following.

- **Teachers** -- teachers' attitudes toward students are a major force in determining the nature of the interaction between teacher and students, and in turn, affect students' achievement. Teachers' attitudes also influence the attitudes of students without disabilities toward students with disabilities. Thus, teacher's attitudes should be the first area dealt with as preparations are made to place students with disabilities in regular classrooms.
- **Students without disabilities** -- Research indicates that attitudes toward students with disabilities, at both the elementary and secondary school levels, are conflicting. However, the bulk of evidence indicates that students without disabilities tend to reject students with disabilities. This may be due to historical practices of segregation, fear of the unknown and negative attitudes and behaviors displayed by school personnel toward students with disabilities.

- **Planned interactive** activities involving students with disabilities and their peers without disabilities are widely recognized as important factors in successful social integration within the mainstream environment. Preparation of students without disabilities includes increasing their knowledge and information about disabilities such as: understanding the nature of the disabilities; instructional units on disabilities; simulation activities; and, structured interaction strategies. Unless recognized by school community, negative interaction highly impedes confidence of children with disabilities in inclusive settings.
- **Students with disabilities** -- Teachers can prepare students with disabilities for the transition from the special to the regular classroom by identifying the new situations or environments; listing the activities that will be required in the new environment; specifying the skills needed to function properly; and, identifying skills already mastered.

The fundamental principle of inclusive education is the valuing of diversity within the human community.... When inclusive education is fully embraced, we abandon the idea that children have to become "normal" in order to contribute to the world.... We begin to look beyond typical ways of becoming valued members of the community, and in doing so, begin to realize the achievable goal of providing all children with an authentic sense of belonging (Kunc, 1992).

General unit assessment strategy

The following are some activity questions that teachers may use to identify whether the learning outcomes are met or not.



- Referring to different sources try to mention definition of the following groups of children with special needs individually. Compare your work with previous activity results.
 - The learning disabled
 - Communication disorder
 - The mentally retarded
 - Emotionally and behaviorally disturbed
 - Hard of hearing and deaf
 - The visually impaired
 - Physical/motor related impairment
 - Other health impairment
 - Children at risk
 - The environmentally deprived
 - Multiple impairments
- Decide the developmental profile of children with special needs and belief of inclusive education to accommodate all learners in the regular classroom settings.
- Determine the environmental and social challenges children with special need face in relation to the appropriate school atmosphere for all children.

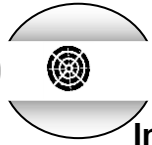
Mandatory reading materials

- Module prepared for the course

Suggested reading materials for the unit

- Gearheart, B., Weishan, M. & Gear heart, C. (1988). *The exceptional Student in the regular classroom* (3rd 4th Ed.). Columbus Merrill publishing company
- Martin Paul (2007). *Inclusion of Students with Special Educational Needs: Post-Primary Guidelines*. Printed by Brunswick Press Ltd. Dublin

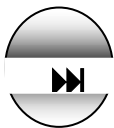
Unit Two: Education of Children with Sensory Impairments in Inclusive Classrooms



(Time allotted: 8 hours).

Introduction

Dear learners, this unit deals with the developmental characteristics of children with sensory impairments including developmental deviations of each group: the visually impaired and hearing impairment. You are also dealing with the identification and assessment strategies to be employed by team of professionals, specifically done by teachers and family. Identification and assessment of educational, social and environmental barriers will get due attention that assists teachers developing effective learning environments to meet individualized learning preferences of learners in an inclusive classroom.



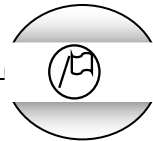
Unit learning outcomes

Up on successful completion of this unit, teacher candidates are able to:

- Identify developmental profile of children with sensory impairments.
- Arrange conducive classroom/ environment to accommodate learners with sensory impairments in the inclusive settings.
- Improve social and environmental barriers that interfere with education of children with sensory impairments.
- Recognize educational needs, preferences, and motives of learners with sensory impairments in the inclusive in the inclusive classroom.
- Appreciate diversity in a classroom.

2.1 The developmental characteristics of children with sensory impairments

This sub unit deals with developmental characteristics of children with certain forms of impairment including developmental deviations of each target group.

**Activity**

- Did you mind that developmental characteristics of children with sensory impairments are the same all the time? How?
- What are the environmental forces exerting impact on children with sensory impairments?
- Is there any developmental difficulty that you may observe on children with hearing impairments?
- What are the major difficulty areas of children with sensory impairments?
- Describe the behavioral indications and warning signs of possible hearing impairment observed in the development of a child.
- What are the cognitive, physical, social and behavioral factors associated with the developmental deviations of children with sensory impairments?

When dealing with children with hearing impairment, they are presumed as individuals with different learning styles and abilities. However, they share one common characteristic. Their ability to hear is limited, and this disability may affect cognitive, academic, physical, and communication characteristics. The severity of the hearing loss and the age that the loss occurred determine how well a person will be able to interact with others, orally. Students who cannot hear the communications of others will have more difficult time learning through traditional instructional methods. Communication problems can seriously interfere with interpersonal relationship for students with hearing impairments who receive all or part of their education in regular class rooms. Their inability to communicate with other students can delay their language development. Moreover, they communicate in ways that are different from those around them. This condition can inhibit their social interaction and development.

The hearing impairment greatest effect on the developing child occurs with regard to language, both with the receptive and expressive systems. Students with hearing impairments lag in vocabulary skills when compared with normal hearing students of comparable age. Problems with synonyms, syntax and morphology are found to be more prevalent in hard-of-hearing children, since the impact of deafness becomes more critical in the second year of life, when hearing children start to talk.

The available evidence suggests that the condition of deafness in no way poses no limitation on the cognitive capabilities of individuals. As a group, deaf people function within the normal

range of intelligence and deaf individuals exhibit the same wide variety as the hearing population. But the stigma and discrimination from social activities affect the cognitive development of deaf children.

Lack of meaningful language development in the early years may contribute to the low school achievement of deaf students. This is mainly because that early years are critical periods for language learning and cognitive development. Schlesinger and Meadow (1972) suggested that deaf infants are 'more quite' and slightly more passive, due to this reality, they may not seek out the environment and their parents may permit them to rest more quietly without providing them with the variety of stimuli that are necessary for ongoing cognitive development.

Recent evidences suggest that those who are deaf prefer to be with others who are deaf, and tend to cluster in groups, socialize and marry. This is because many people who are deaf see the experiences and sign language of deaf communities as the most important factors in their lives. Hence, the obvious barrier to hearing-impaired relationships is communication.

The developmental effects of visual impairment largely depends up on the interaction of various factors such as degree of impairment, onset of impairment as well as the abilities of children and the nature of their environment. Not being able to see can in one way or the other have an adverse effect on physical, motor, cognitive, academic and social and communication characteristics.

The visual impairment itself does not retard physical growth and development. In fact the motor development of the child with a visual impairment during the first few months of life is not markedly different from that of the non-handicapped child. But, the age of onset of visual impairment plays an important role in motor development. Lack of vision from birth has a detrimental effect on motor development and delays the acquisition of early motor skills. Some congenitally blind children prefer to lie down in the prone position. Longer periods in the prone position, however, may delay walking. The older the child when the onset of visual impairment occurs, the more likely he is to have acquired basic psychomotor skills through visual channels and thus may evidence less retardation in motor skill development.

Cognition is largely a matter of developing concepts. Since many concepts are learned through visual means, students with visual impairment have difficulty learning some concepts. Think for a minute about the difficulty of learning concepts like orange, circle, bigger, perpendicular, bright and foggy with limited vision. Here, students who have visual impairments perform poorly in most standard intelligence tests. However, the reason is mainly attributed to the nature of those tests that didn't consider such children.

Blind babies tend to be more passive and less inclined to go in search of new experiences. Therefore, severely visually impaired children tend to have fewer learning experiences in the same time period than the sighted children do. This may slow down their rate of intellectual growth, but not their capacity for it. Hence, visual impairment places a child at a disadvantage in cognitive development particularly in the area of sensory stimulation, concept development, and communication.

Blindness affects acquisition of social skills not only because the child cannot see, but also because the person who interacts with the child may not respond in the same way that they respond to sighted children. Many children with visual impairments are rejected by their sighted classmates, possibly because they have not learned what is expected in normal social interactions. For example, youngsters with severe visual impairment tend to lack play skills, ask too many irrelevant questions, and engage in inappropriate acts of affection (Kekelis, 1992). Possibly because of their inappropriate or immature social behavior, they tend to interact with and make friends with the least popular peers in their regular education classes. Here the attitude of parents is more crucial than their child's visual competence. As months of life, they should be cuddled, enjoyed and placed at the center of family activities. Many parents of blind children tend to over-protect them and that may lead to maladjustment when they grow.

It is argued that the effects of hearing loss are pervasive and can create psychological stress. Children who are deaf are often passive participants in communication, as their parents or caregivers tend to deprive them from any type of interpersonal relationships. The more severe the deafness, the greater is the effect on verbal language development; but even mild degrees

conductive deafness is thought in some cases to have a significant effect. The result of studies indicated that the performance of deaf students in the areas of reading and writing indicate that they have a great deal of difficulty in processing the language compared with hearing children, where deaf children have notable delays and substantial differences in the development of reading and writing skills.

2.2 Educational identification and assessment of learners with sensory impairments

This section specifically deals with the educational identification and assessment of children with sensory impairments. It mainly focuses on the conditions that chiefly interfere with their academic performances, which may emanate from or entailed to personal, social and environmental factors. The assessment areas teachers should follow in identifying the problems, needs and finding possible outlets get due attention.

Activity

- For what purpose do we employ identification and assessment?
- What are the basic factors teachers should consider in identification and assessment of needs of learners with disabilities?
- What major personal, social and environmental factors should you consider in identification and assessment of children with sensory impairments?
- Explain some of the fundamental assessment tools teachers mostly use in schools.
- Does educational identification and assessment has relationship with placement and service provision for children with sensory impairments? How?
- Do you believe that identification and assessment of educational materials have any input in their education? How?

There are three factors that are important for teachers to understand regarding identifying needs of students with disabilities:

- Severity of the impairment suggests the extent of involvement of a condition. For students with sensory impairments, severity relates closely to communication ability and

experiential background. Students with more severe sensory impairments are likely to use different methods of communication and assistive techniques for mobility.

- Visibility of a disability brings unwanted attention. Unfortunately, this attention focuses on the perceived negative features of an individual. For many students, this attention causes them to feel devalued.
- The age at which students acquire a disability has a profound effect on certain skills and abilities (e.g., language acquisition or concept development). Age also affects how students handle their condition and how educational personnel should address the condition.

Gearhart and Gearhart (1988), Webster and Wood (1989), mentioned some behavioral indications and warning signs of a possible hearing impairment, which teachers and parents should be alert in their every day encounters as basic source in identification of children with hearing impairments are:

- Inattention, restlessness, distraction of others, more responsiveness in quiet conditions.
- Complaints of earache, full or 'popping ears', or a visible discharge from the ear.
- Giving in appropriate answers to questions; watching and following what other children do.
- Louder or softer voice than is usual.
- Slowness in responding to simple verbal instructions, with frequent requests for repetition.
- Searching visually to locate a sound source or turning head to the direction sound comes from.
- Needing to sit nearer a sound source than is usual or asking for volume, on TV, Tape etc.
- Some irritability or atypical aggressive out bursts; more frequent behavioral upsets in school.
- Reluctances to participate in oral activity and little interest in following a story.
- Failure to turn immediately when called by name unless other visible signals are given.

- Tiring easily, poor motivation, listlessness, lack of energy, some stress signs such as nail-biting.
- Particularly difficulties in verbally related skills such as reading, 'phonic' work; sound blending and discrimination, and writing with better skills in practical areas.
- Speech limited in vocabulary or structure and use of gesture.
- Best work in small group

Conducting sound assessments is a necessary part of exemplary teaching. Assessments do not only evaluate student learning, but they serve to guide subsequent instruction. However, observations are said to be a key in assessment. Knowing what to look for is critical. Does the child give up easily? Does the child persevere? Is the child able to show how he got the task right? The teacher targets few learning goals per day and few students per day to observe for goal attainment. Formal/informal interviews will help the assessment process. How closely does the individual remain on task? Why or why not? How does the student feel about the activity? What are their thinking processes?

Across the nation, most hard-of-hearing students attend regular education classes, while their deaf counter parts are more likely to attend separate classes or even separate schools. In recent years, educators, parents and the deaf community have not been able to agree on the placement options that should be available to students who are deaf. It should be stressed that the appropriate teaching environment for teaching the hard-of-hearing is different from that of the deaf. It is suggested that the conditions of teaching environment for hard-of-hearing should be more or less similar with that of the hearing pupil. It is always important to remember that placement in regular school (less restrictive programs) is a function of the degree of hearing loss.

Medical advances have helped reduce the incidence and prevalence of severe visual impairments. Medical treatments can also reduce the severity of the visual impairment, especially when it is provided as early as possible. In progressive diseases, treatments such as improving the children's diet or supplementing their diets with vitamins may halt damage before it is too serious.

Education, particularly early identification, is a critical element in the prevention of visual impairment and is especially important when medical technology cannot prevent or reduce the impact of the disability. If children with visual impairments and their families receive professional help early, they all adjust more quickly to the disability, and the child is able to more quickly accustom to the tasks of learning.

Limitation from visual observations, a primary method of learning for young children, may be absent for the child with a visual disability. In addition, information acquired by many children through 'incidental learning' through observation may be unavailable to many children with visual disabilities. Some children also develop repetitive stereotypic movements commonly referred to as 'blindisms' such as rocking, eye-poking, head rolling, and hand fidgeting. These behaviors are explained as means of compensating the visual stimulation through self-stimulation.

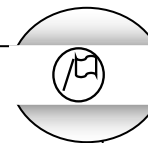
2.2.1 Education of children with hearing impairment in inclusive classes

Like all children who have disabilities, children with hearing impairments need to receive an intensive educational experience as early as possible. Professionals in this field may debate about where education should be delivered or how much speech and language development should be stressed in the curriculum. Nevertheless, they all agree on two points:

- Education should begin at birth, or
- At the time the hearing impairment was discovered for the individual, and the entire family needs to be involved.

Activity

- In what conditions do the hard of hearing children learn best?
- What communication styles best benefit children with sensory neural hearing loss?
- What are the best curriculum and instructional methods employed in assisting education of the hearing impaired children?
- Mention some of the instructional processes teachers of the hearing impaired should follow in inclusive classrooms.



Deaf pupils are students with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language. On the other hand, partial hearing pupils are students with impaired hearing, whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education, special arrangement or hearing aids, though not necessary to use all the educational methods used for deaf pupils.

The severity of the hearing loss, the age of its onset, the hearing status of the students' parents are related to the academic success experienced by students with hearing impairments. According to Heward and Orlansky (1988), the following characteristics were among those considered most critical to the effective teaching of hearing-impaired students:

- ✓ Providing language instruction
- ✓ Developing and adopting instructional materials and enhancing positive self-concept,
- ✓ Using information from various assessment procedures to develop individualized educational programs (IEP), and
- ✓ Dealing with crises calmly and effectively.

In practical instructional process the teachers for hearing impaired should pay attention to the following ten tips as described by Ysseldyke and Algozine, 1995:

- Reduced distance between student and speaker as much as possible.
- Speak slowly and stress clear articulation.
- Reduce back ground noise as much as possible.
- Sit the student near the center of desk arrangements and away from distracting sounds.
- Use face-to-face contact as much as possible
- Use complete sentences to provide additional context during conversation or instructional presentations.
- Use visual cues when referring to objects in the classroom and during instructional presentations.
- Have classmates who take notes during oral presentations for students to transcribe after the lessons.

- Encouraged independent activities, cooperative learning and social skills.
- Be sure that the hearing aid functions properly.

An effective communication system that permits those using it to exchange information with a high degree of ease, flexibility, speed and accuracy in a wide variety of circumstances is very essential in the process of intervention and rehabilitation process of hearing impaired children. According to Schulze, Carpenter and Turnbull (1991), for people with a considerable hearing loss, the basic approach to communication are Oral, manual and total communications.

- **Oral method (Speech communication):** Oral languages are transmitted and received through oral and auditory modalities, respectively. The philosophy of oral education is that, hearing impaired children should be given the opportunity to learn to speak and understand speech, learn through spoken language in school and later function as independent adults.

Auditory training is meant the maximum utilization of residual hearing. It involves the effective use of hearing aids through the child's waking hours. Training to listen should be given from early childhood to develop natural language and speech. Speech reading is the visual interpretation of spoken communication. Lip reading is unreliable and imprecise. Cued speech is using hand shape and position while speaking. In combination with certain sound, these hand signals make it possible to better distinguish those speech sounds that are easily confused because they look the same on the lip.

- **Sign language** is a formal, socially agreed on; rule-governed symbol system that is generative in nature. Sign language is a language in its own, with its own linguistic rules and patterns. It is suggested that after deaf students acquire grammatical and communicative proficiency, teachers can use sign language to teach and discuss the content of various academic subjects that are introduced in typical early elementary grades. Sign language is a visual gesture language which consists of shape and position of specific body parts such as hands, arms, eyes, face and hand. Signs tend to communicate content words, where as finger spelling is useful for functional words such

as articles, prepositions. Thus finger spelling plays a complementary role to signs, when it may significantly increase understanding of the sign language.

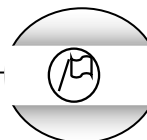
- **Total communication** is a method of communication for hearing impaired that presents the simultaneous or combined methods of signs, finger spelling, speech (lip) reading, speech and auditory amplification at the same time. It also includes gestures, reading, writing and any modal that will result in clarity and ease of communication.

2.2.2 Education children with visual impairment in inclusive classes

Children with visual impairment have problem in their physical growth and development because of environmental factors, particularly the early environment of the home. Parents may be over protective and fail to provide opportunities to learn. They dispose the infants and young child's need for many structured opportunities to learn to use his/ her body effectively in exploring his/ her world. The visual impairment by itself does not have direct effect on physical growth and development. Poor physical strength and coordination is due to lack of motivation to move about and use muscles.

Activity

- What are the academic needs of students with visual impairments?
- Do you believe that educational needs of the partially sighted and the blind are the same?
- Can you mention some classroom modifications needed to assist education of the visually impaired in inclusive settings?
- What do suspect the expectation of classroom teacher in the education of children with visual impairments?



The academic needs of students with visual impairments require a dual curriculum perspective that consists of the traditional academic content taught to their peers as well as the disability specific skills for children and adolescents who are blind.

The vast majorities of students with visual impairments live at home and attend regular elementary and secondary schools in their local communities. Many receive the same education

as classmates who do not share their disability. They may receive extra assistance from resource room teachers and other specialists, particularly in the area of basic skills. Students whose functional use of vision is extremely limited require specialized instruction on additional topics such as orientation and mobility.

Teachers of visually impaired children are often thought of in conjunction with specialized equipment and materials, such as braille, canes, tape recorders and magnifying devices. Media and materials do play an important role in the education of children with impaired vision.

Ysseldyke and Algozzine, (1995) listed ten top hints for teachers of students with visual impairments:

- Reduce distance between student and speaker as much as possible.
- Reduce distracting glare and visual distractions as much as possible.
- Reduce clutter on classroom floor and provide unobstructed access to door and key classroom spaces
- Seat students near chalk board or over head projections, or give them the freedom to move close to areas of instructions.
- Avoid partially opening cabinets, storage areas and classroom doors, ascertain that fully opened or closes doors are safer.
- Use auditory cues when referring to objects in the classroom and during instructional presentations.
- When presenting visually dependent material, verbalize written information, described pictures and narrate non-variable sequences in videotapes or movies. Use complete sentences to provide additional content.
- Reduce unnecessary noise to help focus content of instructional presentations.
- Keep instructional materials in the same place so students can find them easily.
- Make sure glasses and other visual aids are functioning properly.

The primary nature of educational programming for the visually impaired involves the modification and adaptation of educational materials.

The following are a brief description of the most commonly used materials and equipment (Gearheart, Weishahn and Gearheart, 1988)

- Braille writer, slate and stylus
- Cassette tape recorders may be used to take notes, formulate compositions, listen to record texts, or record assignments.
- Talking calculator, it is an electronic calculator that presents results visually and auditorily.
- Closed- circuit television - it is a system that enlarges printed material on a television screen and can be adjusted to either black on white or white on black.

The following list of additional visual aids represents the types available from various sources;

A. Geography aids

- Braille atlases
- Molded plastic, dissected and un dissected relief maps
- Relief globes
- Land form model

B. Mathematical aids

- Abacus
- Raised clock faces
- Geometric area and volume aids
- Write forms for matched planes and volumes
- Braille rulers

C. Writing aids

- Raised-line check books
- Signature guide
- Longhand-writing kit
- Script letter-sheets and boards

To assist all students gain more information, the teacher can use both written and oral forms of communication more precisely. The following suggestions can easily be incorporated into classroom situations:

- ✓ Repeat orally information written on a board.
- ✓ Prepare handouts, using enlarged print, that summarize the important information presented in lectures.
- ✓ Address students using their names first to get their attention.
- ✓ Audiotape lecture so as students can use tapes as study aids at home.

Regardless of those accommodations, teachers should not lower their expectations for students with visual disabilities. These students should be encouraged to be full class members who share their work and thoughts with others in inclusive classrooms.

As indicated in King 2008, in the inclusive classroom, we find that students are constantly providing themselves and each other with evaluations of their efforts. **Self and peer evaluations** evolve naturally from group work and exhibitions, but the skills of such assessments are also taught explicitly to help students monitor, support and sustain their own learning. Students in inclusive classrooms learn to offer suggestions to each other, critique their own and their colleagues' work, and reflect on the processes used to do so.

Good and Brophy (1987) cited in Villa and Thousand (1995) suggested that the quality of peer instruction/assessment may actually be superior to that of adults for the following reasons:

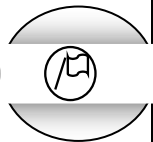
- Peers will employ more age-appropriate language.
- Peers will utilize more relevant and meaningful examples.
- Peers tend to be more direct than adults.
- Peers are more familiar with the potential learning frustrations because they have themselves recently mastered what they are to teach or evaluate.

We have often found the initial discomfort in marking one's own or a colleague's writing is soon replaced by an understanding of expectations and standards in writing and can result in an

improvement in one's ability to organize and write clear prose. As we become more interested in students becoming lifelong learners and learning how to learn, we focus more on individual introspection and reflection, and less on external measures of information acquisition.

2.3 Assessment and elimination of social and environmental barriers to facilitate education of children with sensory impairments in inclusive classrooms

Various environmental forces have impact on children with special needs. These forces include the family, the school and associated treatment programs and the larger society. Their impact changes as the child develops. The family may be more important in early years while society is more important in later years.



Activity

- What are the major environmental factors that affect schooling of the sensory impaired children?
- How can you try eliminating social and environmental barriers that interfere with the education of children with sensory impairments?
- Can you mention some benefits of early detection?
- Mention some advantages of public awareness to education of children with sensory impairments?
- Can onset of sensory impairment interfere with education of children with sensory impairments? Discuss on the issue.

Generally, it appears that the extent to which a hearing impaired child successfully interacts with family members, friends and people in the community depends largely on the attitudes of others and the child's ability to communicate in some mutually acceptable way. Feelings of depression, withdrawal, and isolation are frequently expressed by hearing-impaired persons, particularly those who experience adventitious loss of hearing. Most hearing impaired people are fully capable of developing positive relationships with their hearing peers when a satisfactory method of communication is used. Interventions that deal with the change of parental attitudes contribute to the alleviation of the impact of deafness on a child's social behavior.

The greater the hearing impairment, the greater is the degree of relative social isolation, even within the most caring and sympathetic environment. Such relative isolation affects the

communication behavior of the hearing-impaired child, the education and the remediation. It is reported that the deaf tend to lag behind the hearing in social maturity. It is also reported that the psychological and sociological problems of elementary school aged hearing-impaired children are not as pronounced as the older hearing impaired children. It has been argued that hearing loss leads to problems of adjustment in children because problems of communication produce are barriers to social development which are difficult to overcome. In turn, these barriers cause problems in social adjustment and interfere with development of a concept of self.

The earlier a hearing impairment is identified, the better are a child's chances for receiving treatment for developing good communication skills, appropriate behaviors, and satisfying social relationships.

Parents will usually be deeply shocked on finding their child has a hearing impaired and they may need to be helped before the latter can be fitted with hearing aids. Parents suffer from a variety of emotions which go through a series of stages from shock and lack of acceptance, to anger, and then eventually to acceptance. Parents of a child with hearing impairment should not be shocked or undergo a process of denial, depression and detachment if they get support from professionals. Instead, they should be helped to develop mature emotional acceptance of the child.

In some cases the steps needed for prevention are simple; in other cases, complicated medical technology is required. In the following part you will learn how medical technology, early detection, and public awareness can contribute to reducing the number of barriers the individuals with hearing impairments face.

Medical Technology

Medical technology also plays an important role in the prevention and treatment of hearing problems. Today, most conductive hearing losses that involve the middle ear can be treated either medically or surgically.

Early Detection

Early detection is a key factor for cases of hearing impairment that can be prevented. Once a hearing problem is identified and diagnosed, medical treatment and educational services can be

provided. So, the benefits of early detection are great. But without universal screening of new born; parents, pediatricians, pre-school and day care educators need to be alert to signs of hearing impairments. These signs include children who do not turn toward a speaker, do not smile when spoken to, do not stop playing to listen to sounds, or do not recognize their mother's voice. The need for early detection, assessment, and intervention is extremely essential on these impairments which are predominantly found during the early years of human development.

Increased public awareness

A more knowledgeable public awareness, availability of good health care for all children, and better prepared pre-school teachers can prevent some hearing losses and provide treatment for others. Another way to prevent hearing loss is to make the public aware of the importance of proper immunization. In addition to raising public awareness, we need to make vaccinations available to all children.

Wirze and Winy (1993) emphasized the role of parents in developing language skills as follows:

1. Parents must communicate and talk to the deaf child as much as possible. The hearing impaired child must be talked to, read to, sung to, and played with just like families do with hearing children, so that the deaf child learns about turn taking and learns to enjoy communication.
2. The deaf child must be given the opportunity to communicate. He/she needs to practice using different communicative functions just like the hearing child and will not get this chance if his/her needs are always supplied without him needing to communicate.
3. The deaf child is unlikely to use spoken language as his/her main communicative method but he/she will use other methods, pointing, gestures, noises. The family must encourage the use of these different methods. Parents need to learn sign language to facilitate their interaction with their hearing impaired child and enhance their psychosocial and cognitive development.

Auditory training is meant the maximum utilization of residual hearing. Training to listen should be given from early childhood to develop natural language and speech. It involves the effective use of hearing aids through the child's waking hours. The consistent use of appropriate hearing

aids from infancy onwards, and training in the use of residual hearing can influence a child's response to sound.

It should be stressed that the appropriate teaching environment for teaching the hard-of-hearing is different from that of the deaf. It is suggested that the conditions of teaching environment for hard-of-hearing should be more or less similar with that of the hearing pupil. It is always important to remember that placement in regular school (less restrictive programs) is a function of the degree of hearing loss. According to Heward and Orlansky (1988), the following characteristics were among those considered most critical to the effective teaching of hearing-impaired students.

1. Providing language instruction.
2. Teaching small groups of hearing impaired students who function on different levels.
3. Developing and adopting instructional materials and enhancing positive self-concept.
4. Using information from various assessment procedures to develop individualized educational programs (IEP).
5. Dealing with crises calmly and effectively.

The developmental effects of visual impairment largely depends up on the interaction of various factors such as degree of impairment, onset of impairment as well as the abilities of children and the nature of their environment. Not being able to see can in one way or the other have an adverse effect on physical, motor, cognitive, academic, social and communication characteristics.

Blindness affects acquisition of social skills not only because the child cannot see, but also because the person who interacts with the child may not respond in the same way that they respond to sighted children. Many children with visual impairments are rejected by their sighted classmates, possibly because they have not learned what is expected in normal social interactions. Possibly because of their inappropriate or immature social behavior, they tend to interact with and make friends with the least popular peers in their regular education classes. Here attitude of the parents is more crucial than their child's visual competence.

Many parents of blind children tend to over-protect them and that may lead to maladjustment when they grow. The lack of effective interpersonal social skills can have a lifelong impact. It

can influence leisure time activities, success on the job and over all adjustment. However, with more acceptances of the blind and partially sighted by the society, the specific adjustment problems can be diminished. Acceptance of the child and denial reactive are considered positive attitudes because they permit the child to develop, and participate. On the other hand, over protectiveness, open or disguised rejections are negative reactions which interfere with or stunt the child's growth.

Attitude of parents are perhaps the most important element in a child's environment. There are some studies available which have resulted in a classification of parental attitudes. Accordingly, a range of potential emotions from anger, despair, guilt, and often to courage have been cited. This results in five fairly distinct types of parental attitudes to acceptance of the child with his/her disability, denial of the effects of the disability, over protectiveness, disguised rejection and open rejection.

Acceptance of the child and denial reactive are considered positive attitudes because they permit the child to develop, and participate. On the other hand, over protectiveness, open or disguised rejections are negative reactions which interfere with or stunt the child's growth. Parents need to be helped to express, recognize and eventually modify their attitudes for the mutual benefit of themselves and their children. Therefore, professional must accept the task of lightening the load of such parents, giving them a chance to be free of guilt, remorse and resentment. Educators can help parents to find organized family support groups or introduce them to parents who are successfully coping with their child's disability.

Among others the most essential ingredients for the harmonious development of the child with visual impairment include:

- Creating loving and accepting family environment;
- Developing positive interaction with child through encouragement of the child to talk and discuss;
- Orienting the child about his/her surrounding through using all possible senses, that is, listening, touching, smelling and even tasting;
- Training the child to move freely from place to place in his/her surrounding;
- Encouraging the child to explore and trust his/her environment;

- Making the child mingle with his/her peers in the neighborhood;
- Playing with the child and providing the child with playing objects of mainly with auditory cues;
- Assuring the safety of the home environment so that the child can freely move and will not be harmed;
- Avoiding over protectiveness and encouraging the child to develop self-confidence and self-reliance; and
- Maintaining close contact with teachers' of the child and seeking advice from professional, parents of visually impaired children or from visually impaired adults.

Advocates believe that schools have two essential goals for students with disabilities. First, to improve their social competence and acceptance and second, to change the attitudes and stereotype thinking of teachers and students without disabilities toward individuals with disabilities, who someday will become parents, taxpayers, and service providers. Advocates believe that this can happen only when special needs students are placed in integrated settings. The rationale for educating students with severe disabilities in integrated settings is to ensure their normalized community participation by providing them with instruction in skills essential to their success in the social and work settings in which they will ultimately use these skills.

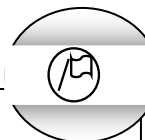
Settings that foster inclusive schools

- **Teachers:** teachers' attitudes toward students are a major force in determining the nature of the interaction between teacher and students, and in turn, affect students' achievement. Teachers' attitudes also influence the attitudes of students without disabilities toward students with disabilities. Thus, teacher's attitudes should be the first area dealt with as preparations are made to place students with disabilities in regular classrooms. In service should include: (a) getting to know individuals with disabilities; (b) obtaining knowledge about specific disabilities and learning capabilities; (c) identifying the roles of professional team members and planning for the use of available resources; and, (d) adapting materials and instructional methodologies to the needs of students with disabilities.

- **Special support personnel:** Special support personnel and regular teachers of students with disabilities need to be brought together to study and practice teamwork and the skills of collaboration systematically.
- **Students without disabilities:** Research indicates that attitudes toward students with disabilities, at both the elementary and secondary school levels, are conflicting. However, the bulk of evidence indicates that students without disabilities tend to reject students with disabilities. This may be due to historical practices of segregation, fear of the unknown and negative attitudes and behaviors displayed by school personnel toward students with disabilities. The importance of good role models with positive attitudes cannot be overstated.
- **Planned interactive activities:** involving students with disabilities and their peers without disabilities are widely recognized as important factors in successful social integration within the mainstream environment. Preparation of students without disabilities includes increasing their knowledge and information about disabilities such as: 1. understanding the nature of the disabilities; 2. instructional units on disabilities; 3. simulation activities; and, 4. structured interaction strategies.
- **Students with disabilities:** Teachers can prepare students with disabilities for the transition from the special to the regular classroom by identifying the new situations or environments; listing the activities that will be required in the new environment; specifying the skills needed to function properly; and, identifying skills already mastered.

2.4 Planning for effective learning styles to meet individualized learning preferences of learners in the inclusive classroom

The process of developing school policy and procedures on special educational needs is most effective when the process is undertaken in collaboration with the various partners within the school community - trustees, board of management, teachers, parents, and students - and, as appropriate, support agencies and services and the local community. The Department of Education and Science and its agencies have a central role in supporting the inclusive ethos of the school through setting the context for inclusion in national policy and in providing support to individual schools.

**Activity**

- Inclusive schooling is characterized by two major issues. State both and discuss on their purpose.
- How could you address challenges of inclusive school settings?
- What is functional visual efficiency mean? How can you employ it?
- What are the basic educational plans needed in assisting children with sensory impairments?
- What environmental modifications and adaptations are useful in planning for effective education of children with sensory impairments?

An inclusive school is characterized by a continuous process of development and self-evaluation with a view to eliminating barriers to the participation of all students in the catchment area. The school's mission statement and the policies and procedures set out in the school plan are pivotal in establishing a positive agenda for inclusion. Schools are advised, therefore, to examine and appropriately revise their culture or ethos, values, mission statement, policies, procedures, management style, organizational arrangements, curriculum content, and approaches to learning and teaching with a view to establishing a school climate, curriculum and instructional approach that are fully inclusive.

It is acknowledged that the development and implementation of a coherent whole-school approach to the inclusion of students with special educational needs presents a significant challenge for post-primary schools. Certain contextual factors, such as the nature and structure of the syllabus, state examinations, the organization of classes, timetabling, and the conflicting priorities arising can constrain the collaborative planning that is essential for successful teaching and learning. Nevertheless, in spite of the difficulties that may arise, it is critical that such challenges are addressed at whole-school level and those effective structures for planning; cooperation and consultation for inclusion are established.

Currently educators believe that the most important visual consideration is functional visual efficiency, or how well children use their vision, rather than the particular measure of visual acuity.

Teachers of visually impaired children are often thought of in conjunction with specialized equipment and materials, such as Braille, canes, tape recorders and magnifying devices. Media and materials do play an important role in the education of children with impaired vision. Hence, the primary grown-up of educational programming for the visually impaired involves the modification and adaptation of educational materials.

Additional and basic visual aids to be employed by teachers of inclusive classrooms are Geography aids, Mathematical aids and writing aids. Above all, the following are of paramount importance in avoiding environmental barriers and designing for effective learning atmosphere in assisting leading independent life.

- **Orientation and mobility training:** orientation and mobility training helps those with sever visual impairments to move around independently. Orientation can be described as the mental map people have about their surroundings. Mobility is the ability to travel safely and efficiently form one place to another.
- **Listening skill training:** all students can benefit from improving their listening skills; however, for students with visual impairment, good listening skills are imperative many of these individuals must rely heavily on their hearing.
- **Braille training:** students with very severe visual impairments may need to learn to read and writing using different methods. Braille uses a coded system of dots embossed on paper so that individuals can feel a page of text.
- **Enhanced Image Devices:** many students with vision impairments learn to read using traditional methods with enlarged print. Close-circuit television systems with a small camera, and 200m lens, over head projectors, micro-computers, telescopic aids and other specialized equipment are used to enlarge text so that it is easier for people with low vision to read.
- **Audio Aids:** audio aids allow persons with visual impairments to hear what others can read Talking books, talking calculators and devices that compress speech are audio aids that help people with vision impairments to make up for their limited sight.
- **Optical character recognition (OCR) devices:** some students with vision impairments use a computer based scanning devices that convert printed words into synthetic speech.

Recent advances now include small sensors that can be attached to micro computers to help people who are blind or those with low vision learn from printed text.

For those with visual impairments preschool education is vital. The educational needs of students with low vision differ from those of students who are blind students. Children with low vision might require some extra tutorial assistance to learn the same number of phonetic rules as their classmates or additional time to read their assignment. Students who are blind might require the inclusion of entirely different curriculum topics. For example, they might need to learn independent life skills so that they can manage an apartment, shop for food, and cook their meals without assistance from others. Below we discuss some methods of teaching and specific curriculum suggestions for students with low vision and those who are blind. Keep in mind that these two groups are not truly distinct since suggestions for students with low vision might well apply to many students who are blind.

Teaching children with low vision: some minor modification in teaching style can help students with visual impairments gain more from the learning environment. One modification is the careful use of oral language. For example, many of us, when speaking, use words that do not refer to other words (referents); we say ‘this,’ ‘that’ and ‘there’ without naming the topic we are discussing. Often, teachers write terms on the blackboard without stating them aloud or explaining their meanings. Research has shown that people learn more efficiently when they have been given previews of the lesson about what is to be taught. Unfortunately, few teachers, particularly at middle and secondary schools, provide students with these previews or advance organizers. Advance organizers are especially useful for students with visual impairments.

Regardless of those accommodations, teachers should not lower their expectations for students with visual disabilities. These students should be encouraged to be full class members who share their work and thoughts with others.

Teaching children who are blind: many professionals who work with those with visual impairments recommend that teachers use a consistent daily and weekly schedule so that students will know what is expected at various times of the day and across the week. Also, a

teacher can hand out a weekly schedule to help students plan their time and study schedule. Other modifications to the classroom can help students who are blind. Many students with visual impairments need intensive education in addition to the instruction they receive in the regular classroom.

Making accommodations participative for students with disabilities in the educational and community activities include the following:

1. Reduced fear of human differences, accompanied by increased comfort and awareness.
2. Growth in social cognition.
3. Improvements in self-concept.
4. Development of personal principles.
5. Warm and caring friendships.

Keys to successful inclusive classroom include:

- Students need to be active - not passive learners.
- Children should be encouraged to make choices as often as possible; a good teacher will allow students some time to struggle as some of the most powerful learning stems from taking risks and learning from mistakes.
- Parental involvement is crucial.
- Students with disabilities must be free to learn at their own pace and have accommodations and alternative assessment strategies in place to meet their unique needs.
- Students need to experience success, learning goals need to be specific, attainable and measurable and have some challenge to them.

King (2008) in his book 'The Benefits of an Inclusive Classroom' states what the role of a teacher looks like, classroom situation behavior, what assessment in inclusive setting looks like and a good inclusive classroom plan as target goals of inclusion in the following paragraphs.

The teacher facilitates learning by encouraging, prompting, interacting, and probing with good questioning techniques, such as 'how do you know it is right - can you show me how?'. The teacher provides 3-4 activities that address the multiple learning styles and enables students make choices. For instance, in a spelling activity a student may choose to cut and paste the letters from newspapers or use magnetic letters to manipulate the words or use colored shaving cream to print the words. The teacher will have mini-conferences with students. The teacher will provide many learning manipulatives and opportunities for small group learning. Parent volunteers are helping with counting, reading, assisting with unfinished tasks, journals, reviewing basic concepts such as math facts and sight words.

The classroom is a beehive of activity. Students should be engaged in problem solving activities. John Dewey once said, 'the only time we think is when we are given a problem'. The classroom that is child centered is based on learning centers. There will be a language centre with learning goals, perhaps a media centre with opportunity to listen to taped stories or create a multimedia presentation on the computer. There will be a music centre and a math centre with many manipulatives. The goals are always clearly stated prior to students engaging in learning activities. The teacher will ask students for reminders about the acceptable noise level, learning goals, and what completed tasks look like. The teacher again, facilitates the learning throughout the center and focuses on some specific centre. Activities at the centre take into consideration multiple intelligences and learning styles. The learning cores begin with whole class instructions and end with whole class discussions on the learning that took place.

Schools are also advised to provide parents with regular reports on the progress of their child. A home-school notebook for weekly or daily home-school communication has to be used successfully in all schools. Face to face communication has to be facilitated through the regular parent-teacher meetings. Schools are advised to be open to arranging additional meetings as necessary or at the request of parents. Special arrangements may need to be made with the parents in relation to the homework that each individual student with special educational needs is expected to undertake.

Parents also help the school by keeping the teachers informed of the progress, or the difficulties, they observe in their child's learning as they progress through the various stages of post-primary and secondary schools. Parents also assist their child by showing an interest in their school work and by arranging an appropriate place at home for them in which to do homework. By familiarizing themselves with the approaches taken in school, parents provide more effective support for their children at home and can assist them in the practice and reinforcement of new skills.

In referring to the education plan for an individual student with special educational needs, the National Council for Special Education (NCSE) Guidelines use the internationally accepted term "individual education plan." This term, and the abbreviation "IEP," are used also in this document. Six steps are identified in the NCSE Guidelines in relation to drawing up, implementing and reviewing an IEP, as provided for in the Education for Persons with Special Educational Needs Act of Ireland (2004) cited in Martin (2007). These steps are:

Step 1: Gathering information.

Step 2: Statement of level of performance including strengths, needs and impact on learning.

Step 3: Identification of priority learning needs and time frame for attainment of targets.

Step 4: Setting targets for each priority learning need.

Step 5: Identification of the strategies and resources required.

Step 6: Setting date for review of IEP.

The IEP should include a description of the special education and related support services that are required. The learning strategies that the student will use to address his/her targets should be specified also. In deciding on learning strategies, the student's learning strengths and interests as well as his/her priority needs should be considered. The identification of the strategies and resources that are required involves collaboration and cooperation between the resource teacher, mainstream teachers and teachers who have specific responsibility for areas such as learning support, guidance and counseling, pastoral care and curriculum. The teacher with responsibility for the coordination of the IEP should communicate and collaborate with others both within and outside the school to facilitate provision of the strategies and resources that are specified.

The planning of successful learning experiences for students with special educational needs can be significantly enhanced by the contribution of parents. Parents can shed valuable light on their child's strengths, needs, learning differences, and learning styles, and they can play an active part in the development, implementation and review of their child's individual education plan. The Education for Persons with Special Educational Needs Act bestows a number of specific rights on parents in relation to their involvement in individual education plans for their children. This right as outlined by NCSE has to be presented to each educational departments and offices of our country with detailed work guidelines to supervise or monitor the effectiveness of inclusive schooling in our country. Otherwise, the effort may get challenged even from the beginning itself.

Looking in an inclusive classroom may look exactly like a regular education classroom. But there are some significant differences. Typically the inclusion classroom has two teachers, a regular education teacher and a special education teacher who co teaches. Some inclusion classrooms will have a regular education teacher and a special education assistant. The students consist of regular education students and special education students who are taught together. At times, the classroom will break into groups for small group instruction and other times they are taught together. Students do not know which ones have an IEP and which ones do not. The teachers in the classroom help any student who needs help. The special education case manager ensures that the IEP is being followed and the special education students are meeting their goals. The inclusive classroom helps students with an IEP to be educated alongside non disabled peers. This helps with socialization and ensuring higher standards. Students in the classroom have differentiated instruction. This means that students will learn at their level. Some students will have more academic responsibilities than others depending on unique needs.

An inclusion classroom is not only good for students in Special Education. When implemented correctly it is positive for everyone. Those students who struggle, but do not qualify for Special Education services often do very well with the extra supports in place in this classroom. Students, who are advanced, learn to be more accepting and often offer assistance to others. A good teacher can offer material that is challenging for all students, while meeting the needs of those who learn differently. This is not accomplished by teaching all students the same, but by

teaching at each child's level. I have nothing but respect for the teachers who can do this!.

While inclusion is a great place for many students, not all students learn best in this environment. There are students who need more individualized instruction at a much slower pace. There are students who do not do well with the stimuli in a regular classroom environment. It is important to consider all factors when determining the best environment for your child. Another option is inclusion for part of the day and a special education classroom for certain classes. The IEP is to be individual for each student and his or her needs must be considered. Some schools embrace inclusion classrooms, while others have limited classrooms. Check to see what is available at your school.

Unit Summary

The severity of the hearing loss and the age of onset of the loss are two important factors that influence individual's abilities to communicate with others orally and learn through traditional instructional methods. School-age children with hearing impairments can be divided into two groups - the deaf and the hard-of-hearing. The deaf are also divided into two groups. Those who are pre-lingually deaf; who typically lost their hearing at or before birth; and those who lost their hearing after they had acquired some language are called post-lingually deaf.

Educational programs for deaf students must have special features. The students require intensive instruction to learn how to communicate with others effectively and to learn academic subjects. There are debates about the best mode of communication to use when educating deaf students.

There are some developmental variations between children with hearing and children who lost their hearing ability. In conceptual performance no difference has been found between hearing and deaf students. The available evidence suggest that the condition of deafness in no way poses no limitation on the cognitive capabilities of individuals. As far as academic achievement is concerned factors as the severity of hearing loss, the age of its onset, parental learning condition, alternative communication means have significant effect for its positive/negative

result. There are no much deviations in physical and motor characteristics of hearing impaired children from that of the normal hearing. Unless other factors as attitudes of others (family, peers, teachers and the community as a whole) and the child's ability to use the alternative communication means, are added hearing impairment by itself does not have direct either positive or negative impact on the social, emotional development of the child. Hence, careful identification, assessment and intervention is the means to help persons with learning impairment entertain relative positive development. So, knowledge on these issues is important and necessary to work on hearing impairment.

According to current knowledge, persons with visual impairments are divided into two: those who are with low vision, and those who are blind. Visual impairment, directly or indirectly, affects the physical, motor, academic, social, psychological and communication development of an individual. The incidence of visual impairment increases with age. The older a person, the higher the likelihood of that person having some visual impairment. In order to implement a timely intervention program for children with visual impairments early intervention and assessment is essential.

Currently, there are some adapted educational materials which can help students with visual impairment learn their education better. Providing orientation and mobility training, listening skill training, Braille training and introducing some visual aids as enhanced image devices, audio aids, optical character recuperation is very supportive to individuals with visual impairments become self-reliant

General unit assessment strategy

The following activity questions are of helpful for the instructor in identifying learner's competence whether they successfully achieve the learning outcomes stated for the unit. You can judge whether they properly respond to the following.



- Mention the possible communication and academic difficulties that children with sensory impairments could face.
- What is the psychological impact that children with hearing impairment face?
- Can you try to identify the strong and weak sides of each methods of communication for the hearing impaired?
- How do people in your community perceive visual impairment and react to persons with visual impairments?
- Explain the developmental effects of visual impairment on physical/motor, cognitive, academic, and psychosocial characteristics of a visually impaired child.
- Provide examples of educational materials and learning environments that accommodate students with visual impairments

Instructional resources

Instructional materials relevant to assist student learning are journals, books and other relevant internet access materials related to the unit. Additionally, the following are of help if used properly by the students.

Mandatory reading materials

- Module prepared for the unit

Suggested reading materials for the unit

- Johnson, B. and Skjorten, M. (2001). **Education-Special Needs Education**. Oslo: Unipub forlag.
- Ysseldyke, S., and Algozzine, B. (1995). **Special Education: a practical approach for teachers** (3rd edition). London: Houghton Muffin Company.

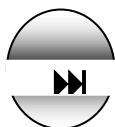
Unit Three: Education of Children with Intellectual Differences and the Emotionally and Behaviorally Disturbed in an Inclusive Classroom



(Time allotted: 10 hours)

Introduction

Dear learners: this unit deals with the fundamental overviews of children with certain forms of impairment including developmental deviations of each of the target groups: the intellectually different children, communication disorders, the learning difficulties, physical/ motor and health related problems, the behaviorally, emotionally and socially maladjusted, and children at risk. It also critically investigates the characteristics of inclusive and non- inclusive classroom settings in relation to policies and guidelines in the support systems of education for all. Participation of professionals, parents, regular and special education teachers in supporting education of these children gets emphasis that in turn gives relevant attention to behavior modification, development in social relationships and collaboration in an inclusive classroom/schooling.




Unit learning outcomes

Towards successful completion of this unit, the teacher candidates will be able to:

- Determine developmental characteristics of children with intellectual differences, the behaviorally and emotionally disturbed children.
- Identify and assess the educational needs, interests and academic potentialities of children with intellectual difference, the emotionally and behaviorally disturbed children.
- Value the social and environmental adjustment strategies used to assist these children in an inclusive schooling.
- Develop an Individualized Education Program valuable to accommodate learning preferences of all children in inclusive classrooms.

Activity:

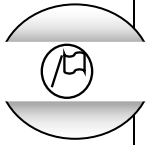
Direction: The instructor is required to form groups of 5-6 students and provide each group with at least one adaptive skill areas. Each group gives description for each of the specific areas in column 2 and indicators (according to our country's context, '*you may include specific culture of your own, but explain it to the group in detail*') of mental retardation in the 3rd column. Follow the direction as well as example given bellow referring to communication skill. Finally, each group presents their discussion outcomes to the class with your assistance.



Areas	Description	Indicator
Communication	Ability to comprehend and express information through spoken words, written words, graphic symbols, non-symbolic behaviors such as facial expression, body movements and gestures.	<ul style="list-style-type: none">• Failure to understand other speech.• Failure to be understood by others.• Inability to use, understand symbolic and non-symbolic communication
Self care		
Home living		
Social skills		
Community use		
Self direction		
Health and safety		
Functional academics		
Leisure		
Work		

3.1 The Developmental Characteristics of Children with Intellectual Differences and the Emotionally and Behaviorally Disturbed

This section mainly focuses on the underlying causes, categories and developmental differences observed on children with mental retardation, the intellectually gifted and talented, and the emotionally and behaviorally disturbed. You can also obtain detailed information on these children developmental deviations that may interfere with their schooling.



Activity

- What are the major factors scholars see in defining mental retardation?
- There are different classifications of mental retardation made by scholars; e.g., psychologists, educators. State both the classifications and discuss on both referring to their assumptions.
- In what areas does delayed development observed of mental retardation?
- Which one due assume is determinant of intellectual capacity, nature vs. nurture?
- Can you imagine any difference between the terms gifted, talented and creative children?
- What do we mean by externalizing and internalizing behavior? Can you mention some examples on both behaviors?

The term mental retardation covers a broad range of children and adults who differ from another in the severity of developmental delay, in the causes of the condition, and in the special educational strategies that have been designed for them. It is important that we remember these differences.

Educators define mental retardation in terms of the learning characteristics of children affected. Therefore, the classification of mentally retarded children is usually made on the basis of educational provisions that are to be offered to them. Individuals classified as mentally retarded have a wide range of ability and they need different emotional services. In order to meet these different needs more effectively mental retardation has been classified in to three educational levels:

1. Mildly retarded (educable mentally retarded)
2. Moderately retarded (trainable mentally retarded).
3. Severely retarded (supportable/life-support mentally retarded).

Table 1 Classification of mental retardation based on DSM- III-R

<i>Level</i>	<i>IQ- Range</i>
Mild	50-70
Moderate	25-49
Severe	20-34
Profound	<20

DSM- III (Diagnostics and Statistics Manual) of Mental Disorders

Generally, a child who is mildly retarded because of delayed development has the capacity to develop in three areas:

- ◆ Academic subjects - at elementary and advanced grade levels:
- ◆ Social adjustment - to the point at which the child can eventually adapt independently in the community.
- ◆ Occupational potential - to be partially or totally self-supporting as an adult.

The adaptive capacity of children who are classified under moderate retardation is more seriously impaired. Physically, they have some problems in motor development. With regard to their communication, they can learn to talk, or to communication during the preschool years. However, they are only minimally aware of social conventions. They can carry on single conversations. They have some problems in listening, and speaking. They can interact with others and create friendships. They can master self-help skills and can typically live in supported settings.

The issue of "nature versus nurture" had been controversial for many years. Some personalities argued that intelligence is innate or inborn capacity of the individual to learn, comprehends and reason. They argued that it is genetically determined, developed and matured with age irrespective of the environment in which a child is born or reared. Others asserted that the degree to which the basic potentiality to be realized always depends on suitable stimulation from the environment in which a child is born or reared.

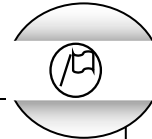
Activity

- There is controversy on the contribution of heredity and environment in determining intellectual performance. Which one do you presume is more decisive in intellectual performance development?

Both heredity and environment contribute heavily to intellectual performance. The evidences from twin studies and studies of adopted children indicate that about half the variation among individuals in IQ is attributable to hereditary factors. But regardless of one's genetic

predispositions, barren intellectual environments clearly inhibit cognitive growth whereas environmental enrichments can clearly promote it.

Thus, intelligence and creativity are not fixed entities. Although heredity plays a critical role in an individual's intellectual and creative abilities, there are important environmental stimulations which correlate to them. Today, superior abilities are generally recognized as developing from an interrelationship between heredity and stimulating environment.

**Activity**

- Discuss on different kinds of misbehaviors that you may observe in your classroom being in your respective groups. Give the behavioral manifestations you have observed on these children. Indicate its impact that it may bring on teaching learning and its possible interventions.

Students demonstrate many different behavior and they are said to demonstrate many different kinds of behavior disorders in school and community settings. The magnitude of exhibited behaviors differs from simple deviation to severe disturbances. Terms associated with behavior disorder include aggressive, aloof, annoying, anxious, attention seeking, avoidant, compulsive, daydreams, depressed, delinquent, destructive, disruptive, distractible, disturbing, erratic, frustrated, short attention span, hostile, hyperactive, immature, impulsive inattentive, irritable, jealous, manic, negatives, obsessive, passive, preoccupied, restless, rowdy, schizoid, self-conscious, tense, truant, unmotivated, unsocial zed and withdrawn... Some of the terms used to describe students with behavior disorder are also used to describe students with learning disabilities and students with mental retaliation.

Emotional or behavioral problems and disorders fall into two very broad classifications:

1. Externalizing behavior also called under controlled conduct disorder or acting out; and
2. Internalizing behavior sometimes called over controlled anxiety, withdrawal, or acting in.

Externalizing Behaviors – these are aggressive behaviors expressed outwardly toward other persons. This includes disobedience, disruptiveness, fighting, destructiveness, temper tantrums,

irresponsibility, impertinence, Jealous, anger, bossiness, profanity, attention seeking, and boisterousness, socialized aggression which includes association with bad companions or gangs, truancy, stealing, and delinquency, defiance of authority, irritability and troublesomeness, hostile aggression and hyperactivity...

Internalizing behaviors - These are those expressed in a more socially withdrawal operates. These includes social withdrawal, anxiety, feeling of inadequacy (or inferiority), guilt, shyness, depression, hypersensitivity, chewing finger nails, reclusive, infrequent smiling, chronic sadness, immaturity which includes a short attention span, preoccupation, clumsiness, passivity, day dreaming, sluggishness, drowsiness, giggling, preference for younger play master, and a feeling of being 'picked on' by others. The child worries a great deal and is timid. Anorexia a tense fear of gaining weight, disturbed body image, chronic absence or refusal of appetite for food, causing severe weight loss; and bulimia a commercially causing oneself to vomit, limiting weight gain are two special internalizing behavior disorders.

It is important to remember that a given individual can exhibit both externalizing and internalizing behavior that some individuals vacillate between the two extremes. Since the externalizing behavioral disorders are so obviously disruptive to other people in the environment, they are often identified more quickly in schools than behaviors that are internalizing. Because, the problem of children with internalizing behaviors are not easily identified, and therefore don't receive appropriate special educational services. Learning problems, attention problem, hyperactivity, and aggression, for example, are important dimensions of difficulty in schools. Although these dimensions do not tell a teacher why a student behaves in a certain way or what should be done about it, they at least communicate clearly how a student behaves. The dimensions, which are commonly affected by behavior difficulties, are highlighted below which assumed to be helpful for teachers:

Cognitive - Many cognitive deficiencies are attributed to students with serious emotional disturbance. These students are said to have poor memory and short attention spans, and to be preoccupied overly active, and anxious, among other things. In general, students with behavior

disorder score slightly below average intelligence tests, although the scores of individual students' are over the entire range.

Academic - most students with behavior disorders do not do as well academically as one would expect from their scores on intelligence tests. Students with behavior disorder exhibit characteristics, which affect educational performance. This means, they perform poorly on measures of school achievement. It is also found that students with specific learning disabilities also perform poorly in at least one area of school achievement.

Generally speaking, emotional problems can lead to academic problems, and academic problems can lead to emotional problems. Students who demonstrate behavioral and emotional problems in school may be subjected to disciplinary actions (suspension and expulsion), which intern limits their time in school and exposure to academics. When students so not perform well academically, their perceptions of this own self-worth suffer. Usually, the behavior disordered child is an acting out in the classroom, constantly defying the teachers' instructional and classroom rules and procedures.

Physical - most students with behavior disorder are physically normal. The exceptions are those with psychosomatic complaints (in which the physical illness actually is brought on by or associated with, the individual's emotional state). Students who have serious physical problems can develop behavior disorders, especially when a physical disorder leads others to act negatively toward a student and the student develops low self worth that are reflected in behavioral characteristics.

Behavioral - this is the primary area in which students with behavior disorder are said to differ from others. The brood behavioral characteristics of these students are specified in the definition of behavioral disorder: an inability to learn, an inability to build or maintain satisfactory interpersonal relationships, in appropriate types of behavior of feelings, a general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms of fear. Although it is impossible to list all the specific behavioral characteristics of disturbed children, it is possible to describe some general types of behavior that tend that, if not corrected, are likely to handicap the child seriously like; hyperactivity and related problems of aggression, with drawl, and inadequacy or immaturity.

a. Aggressive behavior - the most common characteristics of behavior-disordered children are aggression and acting out. Even though all children sometimes cry, hit others, and refuse to comply with the requests of their parents and teachers, disturbed children do so frequently. The aggressive behavior of children with behavior disorder often occurs with little or no provocation. Aggression takes many forms of verbal abuse toward adults and other children, destructiveness and vandalism, physical attacks on others it considered to be behavior intended to cause injury or pain (psychological or physical) or to destroy property. These children's own aggressive outbursts often cause others to strike back in attempts to punish them. It is no wonder that others do not like these children or that they establish few friendships. As many behavior disordered children grow older, their aggressive behavior causes conflict in the community, leading to confrontation with law enforcement officials and arrests for criminal offenses.

Many believe that most children who exhibit deviant behavior patterns will grow out of them with time and become normally functioning adults. Although this popular wisdom may hold true for many children with emotional problems such as withdrawal, fears, and speech impairments, research indicates that it's not so for children who display consistent patterns of aggressive, coercive, antisocial, and /or delinquent behavior.

b. Hyperactivity - what behavior does a hyperactive child exhibit? And how does it affect the development of a child? Disabled and mentally retarded children, as well as many emotionally disturbed children characterized by abnormally excessive activity or movement. This high activity level may interfere with a child's learning and cause considerable problems in managing behavior. The term refers to a high rate of socially inappropriate activity, not simply to over activity or a high rate of movement. The behavior of hyper active children include failure to follow instructions, failure to complete tasks, tantrums, clumsiness, fighting, and recklessness, for example, makes them not only an object of concern for adults but unpopular with their peers. Hyperactive children usually do not get along well with other children. Hyperactive children often are also impulsive. They frequently respond quickly and without considering alternatives in social situations and on academic tasks. Typically, their impulses lead them to the wrong response and they make socially unacceptable or academically incorrect responses causing them to become pariahs in their neighborhoods and schools.

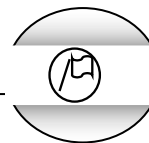
c. Withdrawn Behavior - withdrawn children keep others at a distance both physically and emotionally. They may lack social approach responses, responsiveness to others' social initiations, or both. Although children who consistently act immaturely and withdrawn do not present threats to others as aggressive children do, their behavior still creates a serious impediment to their development. These children seldom play with other children of their own age. They do not engage in social reciprocity, the mutually satisfying exchange of social reinforcement by pairs of individuals, that characterizes normal social development. They usually do not have the social skills necessary to make friends and have fun and often retreat into their own daydreams and fantasies. Some are fearful of things without reason, frequently complaining of being sick or hurt, and falling into deep bouts of depression. Obviously, these behavior patterns limit the child's chances to take part in and learn from the school and leisure activities that normal children participate in.

d. Inadequacy /immaturity - immature children may behave in ways that are characteristics of much younger moral children, or they may fail to meet reasonable demands of performance. For example, they may unexpectedly cry or have temperaments, act helpless, regress to primitive behavior become extremely negative, or show irrational fears. Some disturbed children use their negativism and tantrums to become little tyrants, manipulating their parents into complying with their very impulse. Others display a picture of helplessness and demand constant adult attendance just to get them through the activities of daily living. Still others are prisoners of their own extreme, irrational fear (e.g. of school, of animals) and lead lives of seeming desperation in which avoidance of the feared object or situation is a constant concern.

Communication - although many students with behavior disorder or emotional problems have language problems, these are not characteristics of communication that are universal or specific to most of these students. Students who are considered schizophrenic sometimes do demonstrate abnormal language and communication skills. Many never speak, while others develop language and speech disorders like echolalia, illogical or disorganized speech and inadequate comprehension of verbal instructions. These students represent a very small percentage of those classified as having serious emotional disturbances.

3.2 Educational Program, Identification and Assessment of Learners with Intellectual Difference, Emotional and Behavior Disorders

This section deals with the educational program students with intellectual differences faces. Its main focus is on identification and assessments of educational programs relevant to the mentally retarded children and the gifted and talented ones. It also treats identification of educational program children with behavior and emotional problems face in the developmental periods. It additionally try to assess educational preferences of these children in their developmental periods in relation to their behavioral manifestations.



Activity

- What is the purpose of adaptive criteria in the identification process of children with mental retardation?
- Do you know what developmental period implies in the definition of mental retardation? Explain it.
- How do teachers rate behavioral characteristics of children with gifted and talented abilities in their respective classes/schools
- What are the major intruding behavioral problems children with behavioral and emotional disturbances face in schools; specifically, when considering peer groups and the teachers?

The adaptive behavior criterion is critical for identifying students with mental retardation. People who function adequately outside the school are not considered mentally retarded, even if they perform poorly on intelligence tests. The adaptive behavior criterion is also central to planning interventions for students with mental retardation. Instruction is directed at areas crucial to successful adaptation in schools, homes, and communities, not just typical academic areas (for example, reading, writing, and arithmetic).


Consistent with AAMR (American Association for Mental Retardation) definition, the developmental period, states that mental retardation must manifest before the age of 18. Thus, the disability must have arisen sometime between conception and adulthood- officially, the person's eighteenth birthday. For individuals who acquire their disability after their eighteenth birthday- in an automobile accident, for example- label mental retardation is not applied. Such

individuals are usually referred to as having a brain injury, detention, or sometimes, a developmental disability.

Education programs for mildly retarded students usually stress the basic academic subjects like reading, writing, and arithmetic-during the elementary school. The emphasis shifts to vocational training and work study programs in junior and high schools. Most mildly retarded children master academic skills, to higher elementary grade level and are likely to be able to handle semi-skilled jobs, well enough to support themselves independently or semi-independently. This level of education extends to tertiary education in developed countries as different research outputs imply depending on the country's economic advance.

Most of the children with severe retardation usually have multiple handicaps that interfere with normal instructional procedures. For example in addition to being mentally retarded, the child may have cerebral palsy and hearing loss. Hence, the goal of the training programs for these children is to establish some level of social adaptation in a controlled environment.

Project work



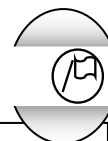
Visit school where you can find students with mental retardation if applicable otherwise search at least three mentally retarded children with different intellectual capacities in your surrounding and identify their common characteristics and developmental deviations in the following areas. Support your finding with literatures. Rate the students on the following: Learning, Cognitive, Academic, Physical, Behavioral, Communications, Social ... development

Physically, gifted children do not differ substantially from other children of their age. Rather, giftedness is a complex concept covering a wide range of abilities and traits. Some students have special talents. They may not be outstanding in academic, but they may have special abilities in music, literature, or leadership. A child may have intellectual abilities that could be found in one of thousand or more. In general, although gifted children share some common characteristics with other children of their own age, there are observable characteristics displayed by gifted and

talented children with cognitive, affective, and societal domains. The following table/diagram shows some characteristics.

Table 2 Teacher Ratings for Behavioral Characteristics of Superior Students

	<i>Behavioral characteristics</i>	<i>Teacher ratings (explanations)</i>
1	Learning characteristics	<ul style="list-style-type: none"> - Has unusually advanced vocabulary for age or grade level, uses terms in a meaningful way; has verbal behavior characterized by 'richness' of expression, elaboration, and fluency. - Is a keen and alert observer; usually sees more or gets more out of a story, film, poem, etc., than others
2	Motivational characteristics	<ul style="list-style-type: none"> - Strives toward perfection, is self-critical; is not easily satisfied with own speed or products. - Is quite concerned with right and wrong, good and bad, often evaluates and passes judgment on events, people, and things.
3	Creativity characteristics	<ul style="list-style-type: none"> - Displays a great deal of curiosity about many things; is constantly asking questions about anything and everything; - Displays a keen sense of humor and sees humor in situations that may not appear to be humorous to others
4	Leadership characteristics	<ul style="list-style-type: none"> - Is self-confident with children of his own age as well as adults; seems comfortable when asked to show work to the class. - Tends to dominate others when they are around; generally directs the activity in which s/he is involved
5	Visual and arts characteristics	<ul style="list-style-type: none"> - Incorporates a large number of elements into art performing work; varies the subject and content of art work. - Is adept at role playing, improvising acting out situations, 'on the spot', (Dramatics) - Perceives fine differences in musical tone (pitch, loudness, timbre, duration).



Activity

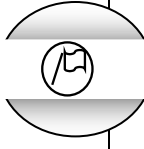
Dear candidates: you are requested to add certain behavioral characteristics of the gifted and talented children manifest (as teacher ratings) in classroom situation from your experience. Share the result of the group discussion to the class with the help of your instructor. Add as many points as possible.

Children with emotional and behavior disorders often are serious with others and themselves or they are so shy and withdrawn that they seem to be in their own worlds. In either case playing with others, making friends, and learning all the things a child must learn and are extremely difficult for these children sometimes to learn properly. Their behavior relates and sometimes unrelated to expectations for what is accepted and causes concern for parents, teachers or other children.

These children are referred to by a variety of terms such as emotionally disturbed, socially maladjusted, psychologically disordered, emotionally handicapped or even psychotic if their behavior is extremely abnormal or bizarre. Such children are seldom really liked by any one worst still, they do not even like themselves. They are difficult to be around and attempts to be friend that may only lead to rejection, verbal abuse, or even physical attack. We will further treat their education and interrelationship in the later subsection.

3.2.1 Education of Children with Mental Retardation in Inclusive Classes

Students with mental retardation need assistance in learning the content and skills that many of their peers learn without special educational activities. These tactics are important for teaching basic academic skills such as reading, writing and arithmetic. These students are also in need of special assistance relating what they learn to real life experiences that is functional skills and adjusting their approaches to the learning activities, i.e., school adaptive behavior.



Activity

- In your groups, discuss on strategies and intervention techniques to be employed to support children with mental retardation by teachers of inclusive classroom. Your discussion has to base on the identification and assessments conducted on nearby schools.

Functional academic skills such as reducing task avoidance, task completion, writing, math skill and reading can be improved if teachers of mentally retarded students design instruction and practice activities related to everyday life and given special instruction and extra practice opportunity for them. In teaching mentally retarded children, whether it is functional academic skill, school adaptive behavior or others it is advantageous to use task analysis method. Task

analysis is breaking down problems and tasks in to smaller, sequenced components. Each step is taught in sequence, and individuals move on to the next step only after mastering the previous one. To see how task analysis work; let us see at examples of communicating an emergency.

Task Analyses: steps in communicating an emergency

1. Locate phone
2. Pick up receiver
3. Dial 9
4. Dial 9 /number/
5. Put receiver to ear
6. Listen for operator
7. Give full name
8. Give full address
9. Explain emergency
10. Hang up after operator does

Many mildly retarded children and even some moderately retarded children now find themselves in educational mainstreaming with their age mates. Of course placing these children in the regular classroom without additional help would be a step-back-ward. The regular classroom is supplemented with the special services (remedial reading, speech and communication therapy, psychological counseling) available in the school system.

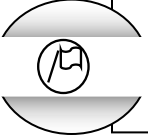
Resource Room - For mildly retarded children the resource room provides an opportunity to work with special education teachers and to focus on particular learning problems that are interfering with their performance in the regular classroom. These children leave the classroom for about an hour a day to take part in special reasons. The number of children in resource room at any one time is usually much less than the number in the regular classroom giving the resource room teacher an opportunity for work individually or in small groups with children who are retarded.

3.2.2 Education of the gifted and talented children in the inclusive schooling

The reasons for going through the process of identifying gifted children are complex. Identification is the first step to a differentiated program. And, well-planned program could help the following things that gifted children might face:

- Restricted learning opportunities
- Poor parent-child relationships
- Lack of interpersonal relationships
- Other negative factors

Activity

- 
- Who are the gifted and talented children? How can we identify them? From ‘where’ do they come from? Discuss on these points thoroughly with your partner in pair.

Above all, tightly intelligent and talented children are potentially the most valuable resources of our society, their talents and potentialities must be identified, cultivated and developed to the full.

Like all exceptional children gifted and talented children need special help so that they can realize their ‘blessings’. So, they have to be identified as early as possible. And that is not an easy task. In Ethiopia, in every generation, many gifted children pass through schools unidentified, and their talents uncultivated.

- Many may come from low economic backgrounds;
- Others may come from some cultures that place little stress on verbal ability;
- Others could dropped out of school for economic reasons;
- Some may face emotional problems that disguise their intellectual ability.

Two major procedures are mainly used in the identification of the gifted children: Observation methods and psychological tests.

A. Observation - Gifted children could be identified and information is secured through the participation of teachers, peer groups, and school record officers. Nevertheless, the

limitation of their involvement created the inherent weaknesses of observation, certain procedures should be realized.

Classroom teachers: Classroom teachers are good sources of information on the identification of the behaviors and characteristics of gifted children. Therefore, classroom teachers should be involved in any program that is designed to identify the problems of the gifted and in other intervention strategies; and, in basic trainings of exceptional children, in general, and gifted and talented children, in particular. In identification and assessment procedures teachers mostly employ the child's social, academic, motivational and leadership characteristics.

School record officers: The academic achievement results and other recordings obtained through both internal and external testing services are carefully recorded and stored in the schools record offices. Therefore, sufficient records and other information could be secured from the record center. Teachers and other school personnel's can easily refer to such available records in order to identify the problems and other characteristics of gifted students.

Peer groups: Sometimes and informally information could be secured through peer groups. The information could serve as additional way of obtaining more facts about the gifted in the psycho socio-metric analysis of the data obtained. Peer groups could simply supply information both positively and negatively on their gifted and talented friends.

B. Psychological Tests: There had been different psychological tests developed by different personalities for the purpose of good decisions on selection and classification of students for academic, vocational, and other benefits. In order to identify the gifted and talented, intelligence tests is one of the different psychological tests most professionals have been used.

Before you see the nature of intelligence tests, you have to be clear about the meaning of 'intelligence.' What is intelligence? The psychometric (or testing) approach defines intelligence as a trait (or set of traits) that allows some people to think and solve problems more effectively than others. Intelligence is technically defined as the capacity to think abstractly to learn and to integrate new experiences, to adapt new situations and solve problems.

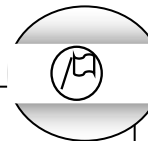
Both heredity and environment contributes heavily to intellectual performance. The evidences from twin studies and studies of adopted children indicate that about half the variation among individuals in IQ is attributable to hereditary factors. But regardless of one's genetic predispositions, barren intellectual environments clearly inhibit cognitive growth whereas environmental enrichments can clearly promote it.

3.2.3 Educational program, identification and assessment of learners with emotional and behavior disorders

Often, the first signs of serious emotional disturbance are seen as difficulties with basic biological functions or social responses (e.g. eating, sleeping, eliminating, responding to parents' attempts to comfort, or 'muddying' the parent's body when being held). At the toddler stage, slowness in learning to walk or talk is a sign of potential emotional difficulty. In short, failure to pass ordinary developmental milestones within a normal age range is a danger signal in the case of emotional development, just as in cognitive development. In fact, cognitive and emotional development tends to be closely linked, and neither aspect of a young child's life can be considered in isolation from the other.

Activity

- Discuss on types of behavior and emotional disturbances that you assume are significant in your schools. Mention its behavioral expression to carryout appropriate intervention strategy.



Teachers can identify and help children with emotional disorders by the following behaviors as stated by Kough et al, 1955:

a. Aggressive maladjustment

- Doesn't go along gracefully with the decisions of the teachers or the group;
- Is quarrelsome; fights often; gets mad easily;
- Is bullying; picks on others;
- Occasionally is disruptive of property.

b. Withdrawn maladjustment

- Is noticed by other children,
- Is neither actively liked nor disliked just left out;

- Is one or more of the following; shy, timid, fearful, anxious, excessively quiet, tense;
- Is easily upset; feelings are readily hurt; is easily discouraged.

c. General maladjustment

- Needs an unusual amount of prodding to get work completed;
- Is inattentive and indifferent, or apparently lazy;
- Exhibit nervous mannerisms such as nail biting, sucking thumb or fingers, suffering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent signing;
- Is actively excluded by most of the children whenever they get a chance;
- Show failure in school for no apparent reason;
- Is absent from school frequently or dislikes school intensely;
- Seems to be more unhappy than most of the children;
- Achieves much less in school than his ability indicated he should; and
- Is jealous or over competitive.

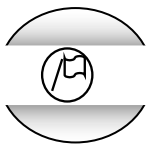
Assessment of emotional or behavioral problems: Like assessment of problems in various academic areas that should help us identify these students who need special help, planning or having programs to address their problems, and monitor progress toward reaching their goal is fundamental. An adequate assessment does not focus exclusively on student's behavior. Rather, it includes consideration of the student's social and physical environments and the student's and feelings about their circumstances. Assessment should not merely be descriptive of what is but also should be a process that leads to suggested interventions.

Suffice to say that behavioral assessment may employ rating scales and interviews but relies most heavily on direct observation for measurement of the particular behaviors that are problematic. Behavior rating scales may be used to obtain adults' (teachers' and parents') reports of the frequency with which students exhibit specific characteristics. The result of these ratings can then be compared to national or local norms to see the extent to which the students' exhibit specific characteristics. The result of these ratings can then be compared to national or local norms to see the extent to which the students' behavior differs from that of other students.

Interviews with parents, teachers and students themselves may be used to assess the perceptions individuals have of the student's behavior and its context. Their explanations for the students conduct and motivational factors may be important in designing an intervention programs. Direct observation of behavior is most useful in assessing exactly what the student and others do and do not do in specific settings or circumstances. The information obtained from direct observation provides another basis for planning and monitoring intervention.

3.3 Assessment and elimination of personal, social and environmental barriers in the inclusive schooling to facilitate learning

This section deals with assessments made in the detection of barriers (personal, social and environmental) children with mental retardations face in lifetime. It includes assessment of familial and community settings that facilitates for the conception and aggravation of these problems and effort for the elimination or minimization of the aforementioned barriers.



Activity

- What are the major personal, social and environmental factors that facilitate for mental retardation occur or develop?
- How can teachers minimize these barriers and make schools as areas of excellence that accommodate for individual learning preferences?
- Can you role play on the intervention techniques to be devised in your groups as a child with retardation and effective teacher/facilitator?

Social skills, self-direction, self-care and health and safety are among the schools adaptive behaviors that are seen as the preeminent intervention targets for students with retardation. Improving the social repertoire of any student is not easy, and it is especially difficult for students experiencing adaptive behavior deficits. Here are some ways to address this area in classroom.

- ♦ **Reducing Social Isolation** - to reduce social isolation, provide opportunities for sharing experiences. You first identify special interests and experiences for each of your students and plan group activities to share this information and allow students to get in to know each other.

♦ Improving Self-Direction and Self-Management

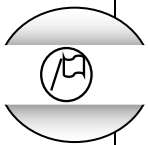
To do this:

- Provide signals for students. Some students with mental retardation have not learned ways to let others know they need help. Some teachers create signal system to replace unacceptable alternatives such as blurting out, wild hand waving, and not asking.

For example raising hand –need help

HELP – sign is a useful way for students to get a teachers attention without distracting others.

- Have students practice and discuss alternative skill /the best way to react/. Select program situations and discuss on the best way to react when faced with them; have students generate, discuss and practice as many alternatives as possible.
- Help students keep track of good behavior. Place an index card on the corners of the students' desks to keep track of appropriate behaviors such as completing assignments and asking for help. Periodically check the cards to be sure the students are monitoring appropriate behavior. Besides, have students with mental retardation share their self-reports with classmates and parents as a means of promoting positive self-concepts and pride in independent behavior.
- ♦ **Improving Self-Care, Health and Safety Skills** - to do this, have students practice and discuss appropriate behaviors. Create mock situations and have students generate, discuss and practice appropriate solutions.
- ♦ **Improving Leisure and Work-Skills** - being successful at work and knowing how to use free time are important adaptive behavior skills that are the focus of interventions for students with retardation (mild). Work skills include:
 - ✓ Following directions
 - ✓ Being punctual
 - ✓ Beginning assignment promptly
 - ✓ Staying on task and
 - ✓ Completing assignment (these are sometimes addressed with functional academic interventions).

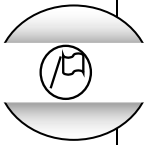
**Activity**

- Discuss in your groups on what basically enhance and inhibit intelligence of children in schools. You are advised also to pinpoint how environment plays these roles. Mention in your discussion that what environmental factors significantly hinder intelligence and strategies to be followed to minimize the impacting situations.

Intelligence, of course, can be both enhanced and inhibited by the environment. Some of the environmental, social and cultural factors that enhance or inhibit giftedness and creativity are briefly outlined below.

- Research reveals that parents who create a stimulating home environment by becoming involved in their children's learning activities, explaining new concepts, and providing age-appropriate challenges and consistent encouragement are likely to have children who score relatively high in academic achievement and IQ.
- Children whose early experiences are not rich or diverse often do not develop outstanding cognitive skills, and children who are not challenged in school do not develop their potential; boredom can inhibit giftedness.
- Major environmental factors, such as wars, famines, social upheavals, etc., can affect the potential of any individual. Certainly, prenatal malnutrition, isolation, neglect, abuse, insufficient infant stimulation, and poor medical treatments can have devastating effects upon the development of the intellect.
- The values and norms of some cultures inhibit creativity. Certain cultures are unable or unwilling to tolerate creativity or extreme differences.

In a point of fact, we know that variety of factors can contribute to the growth and development of behavior problem, and in the typical case we have good reason to believe that several of these factors are involved. A youngster's misbehavior may be partly biological in origin, partly attributed to the family's childrearing practice and/or partly due to mismanagement at school, and partly a function of cultural influences.

**Activity**

- Try to think how the aforementioned factors contribute to emotional /behavioral/ disorder of a child? Explain your argument for your group supplemented with evidence.
- Then make visit to nearby school to identify children with behavior and emotional disturbances with the help of school teachers. Conduct case study at least on two misbehaving school children and suggest on the type of modifications to be made for these children in schools.

Instructors Activity

- You are advised to arrange necessary facilities, possible interview guides and or behavior rating checklists, and other relevant materials for the students conduct case study at schools.

1. Personal factors

For the vast majority of behavior disordered children, there is no evidence of organic injury or disease i.e. they appear to be biologically healthy and sound. Brain injury or dysfunction has played a critical role in the definition of learning disabilities or behavior disorders, particularly in disorders of cognition and attention.

Emotional or behavioral disorders may arise in part from variety of biological processes, including complex genetic factors (and the temperament they foster) like: malnutrition, traumatic brain injury, and physical illness. Typically, however, the biological processes work in combination with environmental factors and are not the direct causes of specific problematic behaviors.

When all the facts have been sifted, it must be concluded that there is little, if any, consistent suffocative evidence, much with empirical proof, of a biological cause for the vast majority of children's disordered behavior. The types of childhood disorders most frequently linked with suspected biological causes are hyperactivity and childhood psychoses (autism and childhood schizophrenia). Diet and toxins in the environment are also put toward as possible causative factors of particularly, hyperactivity.

2. Family factors

Children undoubtedly learn many of their attitudes and values from their parents and siblings. For example, a child's family unwittingly teaches him/her undesirable attitudes toward school and academic learning or toward authority. For decades, it was known that a home environment lacking educational stimulation is likely to produce children who have learning difficulties. Moreover, decades of research indicates that parental discipline and other aspects of child rearing can contribute to children's emotional and behavioral problems. Discipline that is too lax or too restrictive, especially if the parent is generally hostile toward the child and inconsistent management of the child at home are likely to foster emotional or behavioral difficulties.

Although family facts may play a major role in children's emotional or behavioral problem, one can not exactly identify the family interactions that are at fault in the individual case. This is partly because the child's behavior can be a cause of parental behavior as well as be caused by it. Certainly, families can contribute to children's emotional or behavioral problems that are mild or severe, through abuse, mismanagement, neglect, disorganization and bad example. However, teachers and others must be careful not to assume that because a child is exhibiting inappropriate behavior, the family is always the cause. It is possible for parents with extremely poor child rearing skills to have children who behave well. It is also possible for parents who are extremely competent in child rearing to have children who behave miserably. Teachers must be aware of the way families can foster children's undesirable behavior but be cautious of blaming parents for children's problems. Teachers must be ready to work with parents for the benefit of the child, and not should sit in judgment on parent's conduct.

There is little doubt that behavior is largely shaped by social context. Self and stow (1989), identified some family factors which seemed to be correlated with emotional and behavioral difficulties in children. These include:

- Basic needs being unmet (physical abuse and neglect) over crowding or large family size; unsatisfactory housing conditions and poverty can induce psychological stress and health problems.
- Marital disorder or broken home;
- Maternal depression /neuroticism;

- Child "in care";
- Father- any offence against the law;
- Lack of routines that may lead to the child's overtiredness or restlessness
- Prolonged separation from father may slow down development and can lead to acute distress followed by apathy.
- Domestic crises and parental disharmony can affect children's emotional well-being;
- Parental illness can adversely affect children if through ill health, parents are erratic or moody or children are anxious about them; and
- Unsatisfactory parental attitudes and practices.

3. Immediate socializing factors

Children's behavioral development is obviously affected by a wide range of experiences, including interaction with peers and schooling. These are some of the immediate socializing factors to a child.

- Peer Groups-** opportunities to interact with peers are known to be important for moral behavioral development but relatively, little is known about how much and what kind of interaction is necessary or how young children's peer relations may be a cause of disordered behavior. It might be expected that children learn inappropriate behavior from their peers; but peer relations also hold great potential for behavior therapy. For example, peers may effectively improve disturbed children's behavior thorough play, tutoring, modeling (providing examples that the disturbed child may imitate), or by giving prompts or reinforces for desirable behavior as directed by an adult therapist.
- School factors** – certain characteristics of schooling appear in some cases to be causal factors in troublesome behavior and teachers must be aware of and ready to change those school experiences that may instigate trouble. That is, before looking to other causal explanations, teachers ought first to make certain that a student-school experience is not contributing to emotional problems.

3.4 Individualized Educational Plan (IEP) and curriculum modification to accommodate learning preference of children with intellectual difference in inclusive classroom

This section deals with necessary modifications concerned bodies (teachers, family, community, professionals) perform to assist education of children with intellectual differences. Other countries experience and potential research outputs were also discussed to assist teacher candidates understanding.



Activity

- How can a teacher plan for effective learning strategy in teaching the mentally retarded children in inclusive classrooms?
- What are the common tips of effective learning mechanisms you suggest in helping the mentally retarded in schools?
- What is your personal opinion you forward in assisting children with superior intellectual abilities in inclusive classrooms? Support your suggestion with evidence.

Effective teachers of students with mental retardation set high expectations for what they can achieve and focus their instruction on functional activities designed to promote success with real life problems. A summary of general instructional strategies that should be used by teachers of students with mental retardation is presented in the following table.

Table 3 Top Ten Lists of Tips for Teachers of Students with Mental Retardation

1. Provide alternative instructional presentations using varied examples and focus on functional skills.
2. Provide opportunities for students to demonstrate understanding.
3. Provide more opportunities for practice than appropriate or necessary for classmates.
4. Use concrete examples when teaching new skills.
5. Provide supportive and corrective feedback more often than necessary for class-mates.
6. Modify tests and evaluation measures to compensate for learning problems.
7. Evaluate student's performance and progress more frequently than appropriate or necessary for class-mates.
8. Adapt instruction to the environments where what is being learned will be used.
9. Break lessons in to smaller parts when teaching complex skills.
10. Be prepared to repeat teaching more frequently than necessary to peers.

The cursory look of these educational objectives implies that special programs are essential to achieve all of them. In short, gifted and talented children need individual programs tailored to their unique needs.

Relatively speaking, important practical steps have been taken in our country to accommodate disabled children so that they may succeed in schools, and communities. Important sensitizations are caring out through the various media and by their respective associations (e.g., blind association, deaf association). But little or no effort is made to accommodate the needs of gifted and talented children. Our schools, curriculum and methodologies had not been urging creativity. Our schools neglect children who are divergent thinkers, creative and gifted or talented. These things have to be changed and we have to promote school systems, curriculum, and an environment which would accommodate the gifted and talented students.

Like all exceptional children, gifted and talented children need special help to reach their potential, to fully succeed in schools and in life, in general. Although no one special program could meet the individual needs of all the children, the diversity we find among gifted youngsters is reflected in the number and type of adaptations the schools are making to meet their special needs. Gifted and talented children need special instructional techniques, teaching materials, classroom arrangement and teachers.

Most educators would agree on three general educational objectives for programs of gifted and talented students:

- ◆ Gifted children should master important conceptual systems that are at the level of their abilities in various content/fields.
- ◆ Gifted children should develop skills and strategies that enable them to become more independent, creative and self-sufficient.
- ◆ Gifted children should develop a pleasure in and excitement about learning that will carry them through the hard work and routine that is an inevitable part of the process.

In the broadest terms, the goals of education for the gifted are not different from the goal of education for all other children. The general important objectives of education of all children (including the gifted) focus on:

- Feelings of self worth, self-confidence
- Feelings of self-sufficiency
- Civic responsibility

- Career competence
- Intellectual abilities

Yet, there are some specific educational outcomes that are desirable for the gifted and talented in schools. So, they have to be helped to acquire or master these skills. Although professionals do not agree on the best educational approach for gifted and/or creative students, currently gaining popularity is the concept of a differential curriculum. It is the flexible application of curriculum targets that ensure content mastery, in depth and independent learning, and exploration of issues and themes and allows for acceleration when needed. Let's see the two main approaches: the acceleration and enrichment of differential curriculum.

Enrichment Approach experiences are those that add topics or skills to the traditional curriculum or presenting a particular topic in more depth. Such experiences would let gifted children investigate topics of interest in greater detail than those required in ordinary school curriculum. There are different mechanisms of promoting enrichment:

- A group of students might spend a small portion of time each week working with instructional materials that enhance creativity or critical thinking skills.
- Gifted children could be allowed to pursue and study a particular academic subject, or a topic in depth on an individual basis.
- Gifted students could be paired with adults who guide them in applying knowledge to real-life situations
- Students all exposed to planned activities that seek to develop thinking skills, problem solving, and creativity can enhance their learning.

Although the enrichment approach is mostly used in the regular classroom settings, some topics of investigation may stem from ongoing activities outside the classrooms or schools. For example, during summer vacation, gifted children could be sent to special programs where they could benefit from the proposed experiences.

Acceleration Approach means moving students through a curriculum or years of schooling in shorter periods of time than usual. It is speeding up the movement at which the gifted child encounters a given content, class, or grade levels.

Acceleration comes in many different forms:

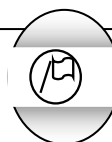
1. *Early school admission* – the child once shown to be intellectually and socially mature is allowed to enter kindergarten at a younger-than-normal age.
2. *Skipping grades* – the child is accelerated by completely eliminating one semester or one grade in school. Skipping grade is, of course, unpopular strategy because of its potential for creating temporary adjustment problems for the gifted students.
3. *Telescoping grades* – the child covers the standard material, but in less time. For example, a three-year junior high program would be taught over two years.
4. *Advanced placement* – the student takes courses for college credit while still in high school, shortening of the college program. This can be done easily for those students placed or grouped according to their ability.
5. *Early college admission* – an extraordinarily advanced student may enter college at 13, 14, or 15 years of age.

3.5 Planning for effective learning styles to meet individualized learning preferences of learners with emotional and behavior disturbances in the inclusive classroom

This section refers to effective educational planning relevant in the school environment to facilitate appropriate learning environment to children with behavioral and emotional disorders. Since children with behavior and emotional disturbances have varied disruptive situations, the section communicates on critical areas of intervention strategies to be employed by teachers in regular school settings.

Activity

- How do you evaluate disruptive behaviors?
- What are the target disruptive behaviors that need correction?
- Can you suggest on appropriate educational models for effective learning in the education of children with behavior and emotional disturbances.
- Sometimes behavior of teachers may be causal factor for inappropriate behavior of students. Do you agree or disagree? Support your opinion with relevant evidence.



The direct daily measurement of behavior is useful in assessing the extent of the problem and in judging the success of the methods used to modify it. In the intervention program, the most important consideration in dealing with students' difficult behavior in school is balancing concern for behavioral control with concern for academic and social learning.

Although inattentive and disruptive behavior must be controlled in order to teach, the objective of controlling misbehavior there must be balance with a well-designed and implemented instructional program to teach academic and social skills. There are several different approaches to educate children with emotional disturbance, each with its own definitions, purposes of treatment, and types of intervention. Based on the work of Rhodes and Head, (1974), Rhodes and Tracy, (1972), and Kaufman (1985); there are six categories of educational models suggested. These are:

1. **Biogenetic** - this model suggests that deviant behavior is a physical disorder with genetic or medical cause. It implies that these causes must be aroused to treat the emotional disturbance. Treatment may be medical or nutritional.
2. **Psychodynamics** - based on the idea that a disordered personality develops out of the interaction of experience and internal mental processes that are out of balance, this model relies on psychotherapy and creative projects for the child and often relies on the parents rather than academic remediation.
3. **Psycho educational** - this model is concerned with unconscious motivations and underlying conflicts yet stresses the realistic demands of everyday functioning in school and home. It puts an emphasis on the students' emotional development and growth as on academic growth. Intervention focuses on therapeutic discussions to allow the children to understand their behavior rationally and plan to change it.
4. **Humanistic** - this model suggests that the disturbed child is not in touch with his/her own feelings and cannot find self-fulfillment in traditional educational settings. Treatment takes place in an open, personalized setting where the teacher acts as a non-directive, non-authoritarian 'resource and catalyst' for the child's learning.
5. **Ecological** - this model stresses on the interaction of the child with the people around him/her and with social institutions. This approach considers children's problem as largely emanating from social or cultural forces exerting influence on the individual.

Treatment involves teaching the child to function within the family, school, neighborhood, and the large community.

6. **Behavioral** - this model assumes that the child has learned disordered behavior and has not learned appropriate responses. To treat the behavior disorder, a teacher uses applied behavior analysis techniques to teach the child appropriate responses and eliminate inappropriate ones.

Few programs or teachers use the techniques suggested by one of these models. Most programs employ electrical methods. And the models themselves are not entirely discrete; they overlap certain areas. Sometimes the difference is primarily a matter of wording.

In the following paragraphs a review of specific tips to be employed in the learning teaching process are made available for teachers so that they can make use of the program relevant to learners with emotional and behavior disorders.

I. Make the curriculum meaningful

- ◆ Build new learning from the previous knowledge and experience of students by holding brainstorming sessions with the students on a specific topic and letting them relate what they know. Giving students a problem and encouraging them to use whatever they already know to get in to the problem is encouraged. The teacher can then introduce new concepts and skills required to solve the problem.
- ◆ Use a student's daily experience to clarify new concepts.
- ◆ Make learning more functional by giving the students a chance to apply it to everyday life.
- ◆ Use stories to raise interest in lesson content.
- ◆ Plan field trips and projects
- ◆ Introduce games and simulations.

II. Create conducive learning environment

- ◆ Emphasize on the importance of meaning and purpose in learning activities;
- ◆ Set tasks that are both realistic and challenging;
- ◆ Ensure that there is progression in children's work;

- ◆ Provide a variety of learning experiences;
- ◆ Give pupils opportunities to choose;
- ◆ Have a high expectations of success;
- ◆ Create a positive atmosphere for learning;
- ◆ Provide a consistent approach;
- ◆ Recognize and reward the efforts and achievement of pupils;
- ◆ Organize resources to facilitate learning;
- ◆ Encourage pupils to work co-operatively;
- ◆ Monitor progress and provide regular feedback;
- ◆ Help pupils to develop negotiating skills such as listening, managing conflict, assertiveness training, taking risks, accepting responsibility and dealing with feelings;
- ◆ Support the development of a positive self concept as well as an internal locus of control.

Teachers can ask six questions about their behavior, the classroom, or the school to assess whether the educational environment might be contributing to students misbehavior;

a) Is my instructional program sound?

Sound instructional program is the first defense against emotional or behavioral problems in school. Instruction offered at the student's feelings of threat, failure resentment, and defeat is not successful. We should not expect students to be ever successful if they are not being thought well.

b) Are my expectations of the students appropriate?

Expectations that is too high for a student's ability lead to constant feelings of failure. Expectations that are too low lead to boredom and lack of progress. A good teacher adjusts expectations to meet the student's level of ability so that improvement is always both possible and challenging.

c) Am I sufficiently sensitive to the student as an individual?

A school environment that is conducive to appropriate behavior must allow students sufficient freedom to demonstrate their individuality. Teachers who demand strict uniformity and who are unable to tolerate and encourage appropriate differences among their students are likely to increase the tendency of some to exhibit troublesome behavior. Finding balance between

conformity to necessary rules and tolerance for difference is a key to building a school and classroom environment conducive to appropriate behavior.

d) Do I offer reinforcement expertly?

In many cases students with emotional and behavior problems are ignored when they are behaving well and given lots of attention (usually in the form of criticism and reminder threats) when they misbehave. This arrangement is certain to perpetuate the students' emotional or behavioral difficulties. Expert enforcement is typically given frequently, immediately, interestingly, and contingent on desired behavior.

e) Am I consistent in managing behavior?

In consistent management is one factor that is almost certain to increase the tendency of any student to behave.

f) Are desirable models being demonstrated and used?

If the teachers' behavior is desirable model for students, then appropriate conduct may be encouraged that students also imitate their classmates.

III. Cultural factors

Families and schools have profound influences in behavioral development of a child. But the behavior of children and youths is also shaped by the standards, values and expectations of the larger culture in which they live. The mass media, the neighborhood, one's social group, religion, and social class all affect emotional and behavioral characteristics. In some cases, these cultural influences may contribute to emotional or behavioral problems, particularly if there is conflict between cultures or if a given culture gives youngsters mixed message.

Unit Summary

The adaptive behavior criterion is critical for identifying students with mental retardation. People who function adequately outside the school are not considered mentally retarded, even if they perform poorly on intelligence tests. The adaptive behavior criterion is also central to planning interventions for students with mental retardation. Instruction is directed at areas crucial to successful adaptation in schools, homes, and communities, not just typical academic areas (for example, reading, writing, and arithmetic).

The criterion to measure the adaptive behavior of a child can vary from place to place. Hence, people in different places may differ in their attitudes towards a child with mental retardation and in their definitions of the level of the child's retardation. This is due to the fact that the expectation to the child can differ from place to place. In Ethiopia, for example, where there are a great number of tribes, cultures, beliefs and religions, the expectation to the child can vary in these different places. The expectations of in rural areas, for instance, are not necessarily the same as the expectations of people in urban areas.

Giftedness is a biologically rooted concept, a label for a high level of intelligence that results from the advanced and accelerated integration of functions within the brain. Although some defined gifted and talented in the same way, others make a distinction between the two terms. In many situations, a gifted is described as one who has overall superior abilities whereas a talented student might have a specific skill.

Although there is no special program or one special educational adaptation that meets the individual needs of all gifted and talented children, the diversity we find among gifted and talented youngsters is reflected in the number and type of adaptations the schools are making to meet their special needs. In general, gifted and talented students could be helped by changing the learning environment or enriching the learning environment, accelerating education, and by combining the two approaches.

Researchers suggest on the ten top tips for teachers of students with serious emotional disturbances. These tips are of paramount importance in the teaching learning activities to intervene child's behavior in the class.

1. Establish rules for appropriate classroom behavior
2. Establish consequences for inappropriate classroom behavior
3. Praise students frequently for appropriate behavior
4. Be consistent when using consequences for inappropriate behavior
5. Teach appropriate behaviors and practice them every day.
6. Use preferred activities as rewards for good behavior.
7. Monitor behavior and post performance record
8. Reward good behavior model
9. Teach students to monitor their own behavior
10. Consider developmental levels before making referral for outside assistance.

General assessment strategy be followed

In assessing the learner's competence whether they develop the desired outcomes, employ the following activity questions in addition to the tasks set by you. This helps you identify the learners who possess the expected outcomes after completing the unit.



- What is the difference between mental retardation and delayed development?
- Is intelligence determined genetically or environmentally? Reason out your response with proper evidence.
- What are the basic behavioral manifestations you may observe on children with externalized and internalized behavior? Discuss on the issues that may interfere with the child's educational performances.
- Why resource room is supposed as useful for education of students with different special needs? Explain your response with relevant literature.
- How can you identify the gifted and talented children in classroom situation?
- Mention the underlying problem areas/factors for behavior and emotional disorders? How can you manage it in school situation?

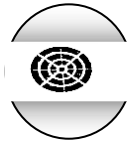
The following are very few, but useful materials indicated as mandatory and optional. Teacher candidates are additionally advised to read and use other resources as suggested by classroom instructors on each unit.

Mandatory reading material

- The Module Prepared for this Unit
- Webster, A. Wood, D. (1995). Special Needs in Ordinary Schools: Children with Hearing Difficulties. Bristol: Avec design Ltd.

Suggested reading materials for the unit

- Kirk, s., Gallagher, J., and Anastsiow, N. (1993). Educating Exceptional Children (7th edition). Boston: Houghton Muffin Company.
- Savolainen, H., Kokkola, H., and Alasuutari, H. (2000). Meeting Special and Diverse Educational Needs: making inclusive education a reality. Helsinki: Hakapaino Oy.



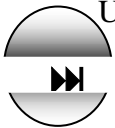
Unit Four: Education of Children with Communication Disorder and Learning Difficulties in Inclusive Classrooms

(Time allotted: 10 hours)

Introduction

Dear students: This unit gives attention to the causal factors of communication disorders, its classifications and types, educational needs and preferences of children with communication disorders and barriers to education of these children. It also deals with educational modifications to be pursued by teachers of these children. Learning difficulty/disorder as one area of children with special needs also will be treated under this unit. Developmental deviations children with learning disorders face due to personal, social and environmental factors get attention in addition to investigating the causes, types and educational program relevant to these children. Exercising to prepare Individualized Educational Program also gets great attention under this unit.

Unit learning outcomes



Up on successful completion of this unit, teacher candidates are able to:

- Define terms related to communication disorders and learning difficulties.
- Modify classroom to meaningfully accommodate students with communication and learning difficulties.
- Value individual learning differences in inclusive classroom.
- Recognize personal, social and environmental barriers that interfere with education of children with communication disorders and learning disabilities.

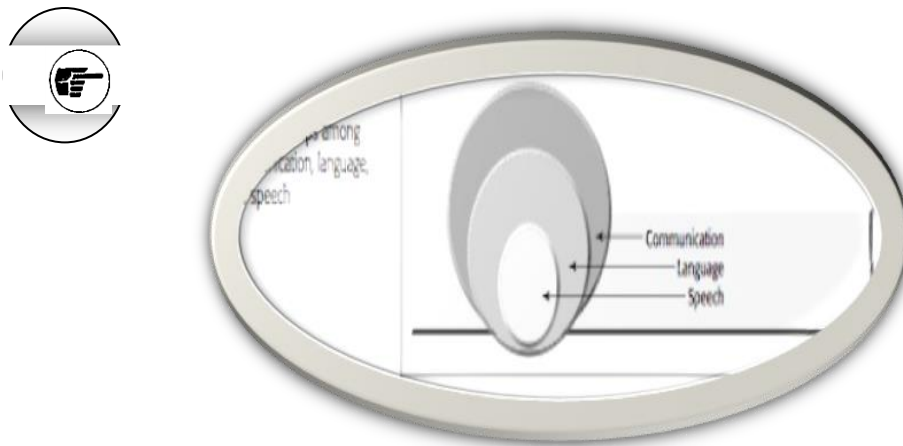
4.1 The developmental characteristics of children with communication and learning difficulties

This section deals with developmental characteristics of children with communication disorders and the learning difficulties consecutively. Types and causes for the disorders also get emphasis for proper intervention and educational modification aspired in the inclusive classroom situation.

Activity

- Define the meaning of communication disorder?
- Do you believe that sound, symbols, signs and voice have any connection with communication disorders? How?
- Does communication disorder interfering with human relationship/interaction? How?
- Do you distinguish between categories of communication disorders and its implication in the development of a child?
- What is learning difficulty? How could you understand it?

Figure 1 illustrates the relationships among communication, language, and speech. As you can see from the figure communication is the broadest of the three terms, speech the narrowest.



Communication disorder

Some causes of communication disorders include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, emotional or psychiatric disorders, and developmental disorders. Frequently, however, the cause is unknown. It is however, that communication disorders include problems related to speech, language and auditory processing. Communication disorders may range from simple sound repetitions such as stuttering to occasional mis-articulation of words to complete inability to use speech and language for communications (aphasia).

Communication disorders fundamentally include disorders of speech and language. Too many people, the terms communication, speech, and language mean essentially the same thing, but to

special educators and speech-language therapists these are significantly different concepts that require different approaches to instruction.

Communication is the broadest of the three terms, includes both speech and language. Communication also includes cues such as intonation, pace of speech, and stress (emphasis), as well as nonverbal information such as gestures, facial expressions, and eye contact.

Language can be defined as a socially shared code or system of conventions that represents and expresses ideas through symbols and rules. All language is communication, but not all communication involves language.

Speech is a particular type of language. Speech refers to language that involves the coordination of oral-neuromuscular movement to produce sounds. Language can be spoken, written, or signed.

An interesting illustration of the differences among language, speech, and communication can be seen in children with normal hearing who are born to deaf parents. A child born to parents with hearing impairments may have difficulty with speech but not with language if she starts using sign language at a younger age. Infants who learn sign language can begin to communicate their needs as early as six months. Speech, however, may be delayed or different because the child has little experience with the spoken word.

Although some students have difficulty with both speech and language, the majority of identified students have either speech or language disorders. According to the U.S. Department of Education (2000), 10 percent of school students have some sort of communication disorder. The majority of these students are not in special education; 87 percent study in the regular classroom and work with a speech/language therapist.

Many children with other exceptionalities also have communication disorders. For example, children with autism or pervasive developmental disorder are likely to have language delays. The special education teacher, regular education teacher, and language therapist must work together to design teaching and learning techniques for these children.

Speech disorders

Disordered speech is significantly different from the usual speech of others, and it detracts from the communicative abilities of the speaker. It is important to point out that difference in speech such as dialects or accents are not disorders. Only when a child's speech is significantly different from normal speech in his or her developmental context should the child be sent for a speech and language evaluation.

There are three types of *speech disorders*:

1. **Articulation disorders** account for the majority of speech disorders. The child is unable to produce sounds appropriate for his or her age. Articulation disorders also include substitution or omission of sounds: for instance, saying "th" for "s," or leaving out the "l" sound in words like clue (saying "coo" instead).

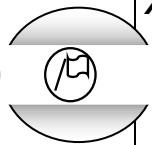
Articulation difficulties constitute the most numerous of all speech disorders. The term refers to difficulties with the way sounds are formed and strung together ("wabbit" for "rabbit"), omitting a sound ("han" for "hand"), or distorting a sound ("sip for ship")

2. **Fluency disorders** are interruptions in the flow of speech. These can include difficulties with the rate, rhythm, or repetition of sounds, syllables, words, or phrases. Examples of fluency disorders include stuttering and "cluttering," in which the forward pace of speech is confused or full of extra sounds.

Stuttering is, perhaps, the most serious dysfluency (fluency disorder). Stuttering is characterized by a disruption in the flow of speech. It includes repetitions of speech sounds, hesitations before and during speaking and, or, prolongations of speech sounds. There are over 15 million individuals who stutter in the world. Most stutterers first exhibit dysfluency at an early age, and stuttering occurs most frequently in children between the ages of 2 and 6, during language development. One child in 30 goes through a period of stuttering that can last six months or longer.

3. **Voice disorders** are impairment of the voice itself, and they affect the quality, pitch, or intensity of the person's speech. For example, students with voice disorders may sound hoarse all the time or speak too loudly.

Voice is generated by airflow from the lungs as the vocal folds are brought close together. The vocal folds vibrate when air is pushed past them with sufficient pressure. Without normal vibration of the vocal folds in the larynx (voice box), the sound of speech is absent. To produce a whisper, the vocal folds need to be partially separated. Many people who have acquired normal speaking skills become communicatively impaired when their vocal apparatus fails. This can occur if the nerves controlling the functions of the larynx are impaired as a result of an accident, a surgical procedure or a viral infection.



Activity

- What language areas do you assume will be affected when we consider language disorders?
- What is auditory processing disorder and its relation to communication disorder?
- What is the difference between language delay and language disorder?

Language disorders

Language is the expression of human communication through which knowledge, beliefs and behavior can be experienced, explained and shared. A language disorder is the impairment or deviant development of expression and, or, comprehension of words in context. The disorder may involve the form of language, the content of language and, or, the function of language as a communication tool. Disorders of language affect children and adults differently. For children who do not use language normally from birth, or who acquire the impairment in childhood, the disorder occurs in the context of a language system that is not fully developed or acquired. Many adults acquire disorders of language because of stroke, head injury, dementia or brain tumors. Language disorders are also found in adults who failed to develop normal language because of childhood autism, hearing impairment or other congenital or acquired disorders of brain development.

The term language disorder indicates a difficulty in understanding and using speech, the written word, or another symbol system. According to the American Speech-Language-Hearing Association (ASHA), a language disorder is ‘the impairment or deviant development of comprehension and/or use of a spoken, written, and/or other symbol system’ (Bernthal and Bankson, 1993 as cited in US Department of Education, 2000). The disorder may involve any of the following elements of language:

Figure 2 Language disorder Vs language delay



P RINCIPLES AND PRACTICE	Language Disorder or Language Delay?
<p>One issue in the field of communication disorders is the current understanding of the terms <i>language disorder</i> and <i>language delay</i>. These terms are not interchangeable.</p> <p>A <i>language delay</i> means that the student has the ability, but fails to use or understand language in an age-appropriate way. The child is progressing normally, but slowly. A child with a <i>language disorder</i> is missing one or more pieces of the language skills puzzle, and the result is different language.</p>	<p>This important distinction allows the speech-language therapist to decide which techniques are appropriate for the child. The child with a <i>language delay</i> would need interventions to help him or her move along the normal developmental path for language. The child with a <i>language disorder</i> may need special techniques and alternative strategies to overcome particular deficits in language skill.</p>

1. Language form includes phonology, morphology and syntax application.

- *Phonology*: the sound system of a language and the rules that cover sound combinations: in English, for instance, a short a sounds like “ahhh”; an x usually sounds like “ks”; a ph sounds like “f.”
- *Morphology*: the structural system for words and word construction in a language. For example, the verb *run* can become the participle *running*. One way to remember the meaning of morphology is to think about how words “morph” used into other words when the meaning changes.

- *Syntax: the system in a given language for combining words to form sentences. English sentences typically put the subject first, then the verb, then the direct object, and so on.*

2. Language content focuses on the meaning

- *Semantics: the meaning of words and sentences in a language. Skill in semantics includes the ability to visualize or interpret what someone has said or what you have read and to understand it.*

3. Language function

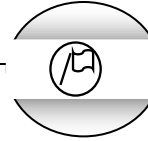
- *Pragmatics: the ability to combine form and content to communicate functionally and in socially acceptable ways—for example, knowing when to say what to whom.*

A student with a language disorder may be unable to understand spoken language or to produce sentences and share ideas in an age-appropriate way. The roots of these comprehension and production difficulties may reside in any of the areas of language just named.

Some communication problems cannot be categorized strictly as speech or language disorders. Rather, they are broadly classified as auditory processing disorders. This term describes a general deficit in processing sensory information from the ears. A child with a learning disability who has such a disorder may take longer to “process” a question or direction and can appear to be ignoring you, not attending to the class activity, or acting disobedient. Because auditory information processing takes longer for such a child, the information may never reach short- or long-term memory. A child with an auditory processing disorder needs specific techniques to attend to the important parts of language and speech.

4.2. Identification and assessment of learners with communication disorder

Under this subsection, students are acquainted with the causal factors, identification techniques and assessment strategies to be employed in the school systems. We perceive that the mostly mindful agents are the teachers who get in contact with the students in the classroom in the identification and assessments to be made.

**Activity**

- How can you identify communication disorder?
- Who is/are primarily responsible body/bodies identifying learners with communication disorders?
- What are the key components used in the assessments of children with communication difficulties?
- Who is responsible in the assessment of these children? Why?

As indicated earlier, most children with communication disorders work in the regular classroom and receive special instruction in speech and language, usually with a speech-language therapist. As the classroom teacher, you can help identify the child with a communication disorder by listening to how the child speaks and what he or she says. The key is to look for consistent differences in language use, articulation, and comprehension. When a child consistently misspeaks (saying “th” for “s,” for example), you should recommend to the parents that the child be evaluated for speech-language therapy. You must have parental permission before you have a student tested or evaluated in any way.

When you invite a speech-language therapist (or any other specialist) into your classroom, it is important to prepare your students for the visit. Letting the students know that a visitor will be observing the class can reduce their fears and curiosity. Talk with the student you are concerned about, and let him or her know that you’ve asked someone to come to help you understand what is going on in the classroom. Try to make the student comfortable. Avoid giving a special lesson on that day or treating the student differently than you normally would. Allowing the specialist to observe the normal classroom routine will ensure that both you and your students receive the help you’ve asked for.

Prior to the classroom observation the specialist may ask you to fill out a checklist like the one shown in Figure 3. This checklist can *help* you organize your concerns and focus your own observation of the child. Again, it is absolutely necessary that you obtain parental permission before you have a student tested or observed.

Figure 3 A classroom speaking checklists

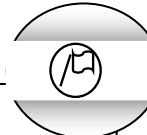


Uses correct grammar and sentence Structure	Always	Sometimes	Never
Formulate sentences correctly			
Uses verbs correctly			
Forms plurals correctly			
Asks grammatically correct questions			
Uses pronouns correctly			
Meaning			
Uses age appropriate vocabulary			
Use concepts of time, location and quantity			
Uses humor, sarcasm and figures of speech appropriately			
Produces complex sentences			

Source: Adapted from J.B. Thomblin, H.L Morris and D.C. Sprietenbach (2000). *Diagnosis in speech and language Pathology*. 2nd ed. San Diego, CA: Singular

4.2.1. Education of children with speech disorder in inclusive classroom

This subsection gives attention to the basic speech areas that were affected in the developmental period from the early conception. Areas of speech that may interfere with education of these children get specific consideration.



Activity

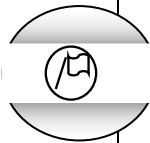
- Is it possible to give speech-language therapy in the regular classroom? What is the reason behind?
- It seems better to inform students with communication disorder have speech therapy before the therapist arrives? Why do is it?
- Parents should collaboratively work with speech therapist and the teacher in assisting the child? Can you suggest the reason?

Once a child has been identified as having a communication disorder, he or she will receive special instruction, most likely outside the regular classroom. This instruction will include techniques to help the child with specific needs: for instance, practice in understanding language rules or exercises to teach the child how to position his tongue while he says a sound. The child will spend only a small portion of total school time in speech-language therapy, so it is important to ask the specialist for techniques you can use in the classroom to reinforce what the child is learning. Be sure to share with the parents what the speech therapist is doing so they can complement this work at home.

A child must learn how to effectively communicate with a variety of conversational partners on the playground, in the classroom, and at home. Therefore, Speech Language Pathologists (SLP) should use techniques which provide the child the opportunity to learn appropriate forms of behavior and communication, as well as how to use them in various social situations. SLPs often observe children in multiple settings throughout the day to determine in which settings the child needs more practice generalizing what he or she learned in therapy. It can also be helpful for the SLP to occasionally work with the child in the classroom or at home so that the child learns to use new information in those venues.

4.2.2. Education of children with language disorder in the inclusive schooling

This subsection reviews on the educational support and helping strategies on both speech-language problems. Hence, teacher candidates are advised to see parts of speech at the beginning and language following it.



Activity

- There are best approaches professionals employ in speech and language therapy. Assume at least three tips for each.
- In the treatment of speech and language disorder, there has to be possibility of understanding one another between both communicators. Can you imagine the tolerance gap that may facilitate for the education of these children?

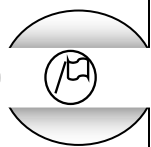
Treatment of communication disorder will vary depending on the nature and severity of the problem, the age of the individual, and the individual's awareness of the problem. Speech-language pathologists select intervention approaches based on the highest quality of scientific evidence available in order to:

- Help individuals with articulation disorders to learn how to say speech sounds correctly
- Assist individuals with voice disorders to develop proper control of the vocal and respiratory systems for correct voice production
- Assist individuals who stutter to increase their fluency
- Help children with language disorders to improve language comprehension and production (e.g., grammar, vocabulary, and conversation, and story-telling skills)

- Assist individuals with aphasia to improve comprehension of speech and reading and production of spoken and written language
- Assist individuals with severe communication disorders with the use of augmentative and alternative communication (AAC) systems, including speech-generating devices (SGDs)
- Help individuals with speech and language disorders and their communication partners understand the disorders to achieve more effective communication in educational, social, and vocational settings
- Advise individuals and the community on how to prevent speech and language disorders

4.3 Identification and assessment of students with learning difficulties

This section treats the definition, types, identification and assessment techniques employed by professionals in dealing with children having learning difficulties.



Activity

- How can classroom teachers and family identify a child with learning disorder?
- Do you believe that there are contributing factors to learning disabilities? If yes, what are they? If no what is your reason?
- What are the basic concerns scholars forward in identification and assessment of children with learning disabilities?

The definition of learning disabilities encompasses the following concern.

- It has been found out that individuals with learning disabilities show significant variation between their actual performance and the level at which professionals and parents think they should achieve.
- There are areas (tasks) that learning disabled individuals cannot do unlike their normal peers. They do not learn in the same way or as efficiently as their non-disabled peers.
- Individual's problem may focus on one or more of the basic psychological processes involved in using or understanding language.
- Learning disabilities are not the direct results of poor vision or hearing disadvantages or cognitive disabilities but these students are not learning.

The major contributing factors for learning difficulties are:

1. ***Brain dysfunction*** – mind controls every process in an individual. And, any kind of problem in this area will undoubtedly disturb the whole system thereby causing a problem in mental and other learning processes.
2. ***Genetics*** - research revealed that identical twins showed highest frequency of dyslexia than fraternal twins.
3. ***Environmental Deprivation and Malnutrition*** - severe malnutrition at an early age can affect the central nervous system and hence the learning and development of the child. What a child experienced in the home, community, school, etc can affect attention and other psychological processes related to learning.
4. ***Motivational and affective factors*** - a child who has failed to learn for one reason or another tends to have low expectation of success, does not persist on tasks and develops low self-esteem. These attitudes reduce motivation and create negative feelings about school work.
5. ***Physical conditions*** - visual and hearing defects, confused laterality and spatial orientation, poor body image, etc can inhibit individual's ability to learn.
6. ***Psychological Conditions*** - attention disorders, auditory and visual memory disorders, perception disorders, cognitive disabilities and language delay, etc can be contributing factors to academic disabilities.

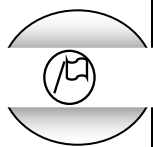
Scholars in the area classify learning disability/difficulty into two. The first category is developmental learning disabilities in which individuals manifest problems in attention, memory, perceptual-motor, thinking, language, etc. The second group is academic learning disabilities that include problems in reading, spelling and writing, arithmetic, etc.

Learning disabled children have very poor task approach. They get easily overwhelmed which puts them in a difficult situation to solve certain problems. Therefore, teachers should serve as models for students as to how they can do certain problem. Children with learning disabilities have a problem in attention so we have to try to focus their attention on relevant materials. Individual children, specifically the learning disabled, require different amounts of drill, practice, etc. Those who don't receive enough repetition to master the skills being taught will be left

behind. Therefore, giving materials which facilitate rehearsal (maintenance and elaborative) is advisable.

4.4 Assessment and elimination of social and environmental barriers in the inclusive schooling to facilitate learning

Under this section learners get acquaintance with major environmental and social barriers that that interfere with the child's education with communication disorders. It also focuses on the minimization strategies of the socio-cultural barriers to make school and family environment more facilitative in the child's education.



Activity

- What are the major socio-cultural factors that affect education of a child with communication disorder?
- Do you believe that the clinicians knowledge of clients culture important? Why?
- How does communication disorder contribute to failure and dropout of the child from school?
- What are the unhealthy school environment that may play significant roles in mounting communication disorder and related behavior problems?

Biological and socio-cultural factors combine to influence a child's language socialization. Language socialization is how children acquire communicative competency to be successful social members of their cultures. The biological factors are the individual's inherited capacities and interests. The socio-cultural aspects include influence from parents, siblings, peers, and society on a child's language-socialization and experiences with social interactions (Greenwood et al., 2002). Language socialization occurs through social interactions in which a child learns appropriate behaviors, thought processes, and norms that fit a specific culture (Kayser, 1995). A child's language socialization and acquisition are greatly influenced by what the relevant culture defines as appropriate communicative partners, body language, and times to communicate. Children learn these differences in a variety of social interactions beginning early in life. Early parent-child interactions teach a child cultural norms and can influence how a child interacts with other members of society.

The wide variation of cultural communication styles and lack of recognition of and understanding of the varying styles makes it difficult to rate the appropriateness of social-communication styles or skills of different behaviors (Kaczmarek, 2002). Therefore, it is important that during clinician-child interactions the clinician acknowledges the cultural influences on the child's communicative style (Kayser, 1995). An incorrect understanding of cultural differences in communicative style and content can lead a clinician to false conclusions about the child's competency, potential, and intervention progress. The varying cultural meanings of body language, eye gaze, gestures, and posture often can lead a person who is unfamiliar with a culture to make incorrect conclusions about a child's communication ability or intents.

Clinicians must also be sensitive to bilingual children who are attempting to learn or perfect a second language. When providing therapy for bilingual children with a communication disorder it is extremely important to be culturally sensitive to childrearing practices, beliefs, and communication styles (Thordardottir, 2010). The general goal for treating communication disorders is to achieve normal life participation in multiple social realms. The goal of therapy for bilingual children is for them to participate normally in the socio-cultural contexts of both their first and their second languages.

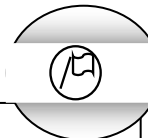
Communication is not only important for making friends, but also for academic achievement (Windsor, 1995). A child's social-communicative skills and academic development are influenced by experiences at home as well as at school. A supportive home environment with frequent verbal interaction with parents, parental participation at school, and encouragement from parents in social and intellectual skills contributes to a child's ability to develop appropriate skills (Greenwood et al., 2002). The school environment, characterized by the frequency of positive and negative interactions with peers and teachers and by the child's academic performance, has a strong influence on social-communicative development and academic achievement.

An unhealthy school environment or inadequate support from parents will likely constrain a child's social-communicative and cognitive competency by not providing optimal opportunities

for success. Not only are group situations difficult, but children with disorders face difficulties with academic success due to their interpretations of their own abilities. Students with social-communication impairments are likely to have low self-concepts and less motivation to achieve because of past failure (Windsor, 1995). They demonstrate poor self-concepts by attributing success to the ease of a task, help from others, or luck, and by attributing failure to their own inabilities. These issues combine to produce low academic achievement, which can often be a precursor of problems in other areas, such as dropping out of school and failure in career pursuits (Windsor, 1995). The resulting failure can also be an indicator of future delinquency. It is important to master social-communication skills early in life and to use them to gain communicative, emotional, cognitive, and social competence in order to feel successful and increase the likelihood of becoming capable and responsible adults.

4.5 Identification, assessment and planning of appropriate learning styles and strategies to support children with communication disorders

This unit focuses on the recommended models to be used by instructors that are so helpful in the educational strategies for children with communication disorders. The section also deals with developmental orientations prominent in the education of children with language and speech disorders.



Activity

- How do family and/or school identify and assess a child's communication ability in planning for appropriate strategies?
- In the preformed groups suggest on the recommended ways of communication development of children with communication disorders.
- Identify the benefits of your responses in the speech and language development of these children.

Here are some recommendations to keep in mind with regard to language and speech development for any child (with or without an identified communication disorder):

- **Modeling** - When a child mispronounces a word or is not clear, restate what the child has said. That is, instead of saying "What?" or "I don't understand you," say, "Did you just

ask me to ____?” Think of a one-year-old child you know. When he or she says, “Baa,” you might say “Ball” or “Bottle,” but you would never say “What?” to a child so young. Help the child by modeling what you think she is trying to say. It is frustrating for her to repeat herself with no feedback about what you did or did not understand.

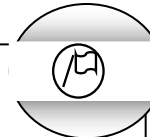
- ***Making speech clear and easy to understand*** - Organize your classroom and student seating so that all students can easily see and hear you. Reduce background noises as much as possible, and eliminate distractions like an open door into a noisy hallway. Make sure a student knows that you are addressing him or her before you start speaking. Be sure to speak loudly enough for your students to hear, and if you know you tend to be a fast talker, slow down!
- ***Promoting language exchange*** - Show students you are interested in them by listening. This may sound simple, but in a typical classroom of twenty-five students we all ignore what someone is saying from time to time. Let your students know you are interested by making time every day to talk to each of them - when they arrive at school in the morning, at lunch, recess, or during a small-group activity. Be sure to encourage students to talk to you and each other and elaborate on their comments and responses. By creating an environment where all students regularly talk, you will encourage language development in all children.
- ***Read to your students*** - At every level, students can increase their language skills by hearing text read aloud. Read a news story to your high school students, make time after lunch to read to your first graders, or read a student’s paper to the class. Although some students will be reluctant to read aloud during a lesson, all students appreciate a good story, and reading to them is a great way to model interacting with text. It also helps by differentiating between conversational speech and reading, increasing vocabulary, and providing a quiet break for everyone in the classroom.

4.6 Individualized Educational Plan (IEP) and curriculum modification to accommodate learning preference of children with learning difficulties in inclusive classroom

This sections deals with certain categories of learning disabilities and what educational modifications needed to assist these children. Since the difficulties are specific to the individual learner, it seems better to treat each separately as following.

Activity

- What is a specific learning disorder?
- How can a teacher support a child with dyscalculia?
- What is dyslexia and curriculum modifications a teacher should employ to assist a child with this disorder?
- What is dysgraphia and decoding problem? How do you assist these children as a classroom teacher and facilitator in inclusive setting?



Children who have another first language than the language of instruction, who are homeless, who have to work in the afternoons and evening, who do not get enough to eat or who suffer from abuse will experience barriers to learning, development and participation. Here are the specific learning difficulties we have addressed in this sub-section.

Dyscalculia - Children with dyscalculia have difficulties learning the most basic aspect of arithmetic skills. The difficulty lies in the reception, comprehension, or production of quantitative and spatial information (the physical location of objects and the metric relationships between objects). Children with dyscalculia may therefore have difficulty in understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures. Dyscalculia is in some ways like ‘dyslexia for numbers.’ Very little is known about the prevalence of dyscalculia, causes or treatment. Most children with dyscalculia have cognitive and language abilities that are well within what is considered the ‘normal’ range. They may excel in non mathematical subjects.

Dysgraphia - is a learning disability resulting from the difficulty in expressing thoughts in writing and graphing. It generally refers to extremely poor handwriting. Dysgraphia is a

neurological disorder characterized by writing disabilities. Specifically, the disorder causes a person's writing to be distorted or incorrect. In children, the disorder generally emerges when they are first introduced to writing. They make inappropriately sized and spaced letters, or write wrong or misspelled words, despite thorough instruction. Children with the disorder may have other learning disabilities; however, they usually have no social or other academic problems. Cases of dysgraphia in adults generally occur after some trauma. In addition to poor handwriting, dysgraphia is characterized by wrong or odd spelling, and production of words that are not correct (i.e., using "boy" for "child"). The cause of the disorder is unknown. Treatment for dysgraphia varies and may include treatment for motor disorders to help control writing movements. Other treatments may address impaired memory or other neurological problems. Some physicians recommend that individuals with dysgraphia use computers to avoid the problems of handwriting. Some individuals with dysgraphia improve their writing ability, but for others, the disorder persists.

Dyslexia - Children with dyslexia experience difficulties affecting the learning process in aspects of literacy and, sometimes, numeracy. A persistent weakness may also be identified in short-term and working memory, speed of processing, sequencing skills, auditory and/or visual perception, spoken language and motor skills. Many children with dyslexia do not only experience barriers, but they will also have special abilities, which include: good visuo-spatial skills, creative thinking and intuitive understanding. These abilities help to reduce some of the barriers to learning that they face.

Decoding Activity - represented by letters of the alphabet, they are the component sounds of spoken words. Most people automatically hear, for example, that the word «goat» is made up of three sounds: "guh," "oh," and "tuh." Reading requires the ability to map the phonemes (small sounds that form words) we hear to letters on a page, and vice versa. But what happens when this basic skill, called "decoding," does not come automatically? Imagine struggling to sound out every word because you cannot distinguish among phonemes.

Hence, the teacher should make sure that all the children in the class feel valued and important including those children who experience barriers to learning, development and participation:

- Encourage and motivate all the children in the class to do the best they can.
- Have high expectations for intellectual stimulation (do not underestimate the children concerned), but reasonable expectations for written responses and reading skills.
- Explain things many times and in many different ways – sometimes to the whole class, to a smaller group of children (as many will benefit from this), as well as individually to the child with dyslexia. When you give instructions, be deliberate and use few and accurate words, and make simple sentences.
- Allow time for the meaning of the words to ‘sink in.’ Make sure that all the children have understood by asking them to explain it back to you or to another child.
- Guide the children about how to tackle tasks systematically.

Children with dyslexia will often need to be taught things that other children learn automatically without your help (this will benefit many other children experiencing barriers to learning, as well). This might include: how to clean up their desk; put away their books after they have finished with them; get dressed properly; remind them to look for something they have misplaced; pack their school bag; and tie their shoelaces. It is important that you (as a teacher) and their parents recognize the importance of taking time to teach these skills in calm, systematic and repeated regular routine. Try to evaluate written assignments together with the child. If possible, focus on what the child has done right (content, spelling, grammar, sentence structure). Select some of the main errors and concentrate on those, instead of overwhelming the child with corrections. The movements, of these children often appear clumsy. Gross and fine motor skills (related to balance and co-ordination) and fine motor skills (relating to manipulation of objects) are hard to learn and difficult to retain and generalize. Writing is therefore particularly difficult and time consuming. Computer keyboard skills are also difficult to acquire, as well as playing the flute and many other musical instruments.

The following techniques emphasize on each of the problems with which learning disabled students have difficulty with.

1. **Language Areas** - It includes the following skills: listening, speaking, reading, writing. Learning disabled students may have a problem in one, two or more of these skills.

A. Listening- this skill involves attending, processing information and having enough knowledge of vocabulary and content to put a speaker's speech into a meaningful form. The following techniques help to improve problems in Attention:

- Making tasks interesting
- Decreasing the length of the task
- Using varied instructional materials
- Reducing verbal distractions
- Helping learners to maintain an eye contact with either the teacher or peer or both to facilitate non-verbal communication.
- Scheduling difficult task when the student is most alert
- Giving short assignments, tests and providing immediate feedback.

Techniques to improve processing of Information:

- Facing the learning disabled student by saying the words distinctly and slowly. This can solve the problem of auditory discrimination.
- Repeating words, listening words on a tape, presenting a pair of words to the learning disabled student can help in alleviating transposing problem.

Techniques to improve vocabulary and content problem

- Teaching by materials in which children are quite familiar with (experiential approaches). In other words, the context should be natural.

B. Speaking - In improving problems in the area of speaking, we use the following strategies.

- Modeling (saying the correct one) and reinforcing (the correct way or repeating by the student)
- Giving different contexts so that students with learning disability can practice language.
- Allowing students to summarize orients/passages, etc read by the teacher

C. Reading - The problem in this area revolves around the following basic elements:

- I. Decoding- individuals with learning difficulty have a problem in matching sounds with their respective letters in order to read. To minimize the difficulty, teaching sounds by combining consonants with vowels till they become automatic can be taken as a solution.
- II. Comprehension- To improve students with learning difficulty problems in comprehension, a number of specific arrangements can be made. To mention a few:
 - Presenting familiar materials/ giving daily experience materials.
 - Making them responsible for their own learning by requiring them to summarize, use self-questioning, clarity, etc what they are reading.
- III. Speed- students with learning difficulty are slow readers. To solve this problem, allowing them to read aloud for some amounts of time per day can be taken as a remedy.

D. Writing - It consist two aspects: technical and narrative aspects. The technical aspect focuses on punctuation, hand writing, grammar, style of writing, spelling, etc and the narrative aspect refers to writing to describe something by using technical aspects. Learning disabled individuals have problems in both dimensions and the difficulty can be overcome by allowing students to practice on the two aspects.

- E. Mathematics** - problems in this area include: knowledge of basic skills, conceptual understanding and speed. Students may have problems in one or more of these. To help them learn we can use:
- Rehearsal, repetition, over learning, etc.
 - Games, concrete and abstract materials and multi-sensory material.
 - Flash cards with symbols (+,-,x,()) prominently drawn and requiring students to identify.
 - Simple and less complicated language (grammar, sentence)

Unit Summary

Many children have speech or language disorders - including stuttering, inability to articulate certain words, and auditory processing problems. When these children face challenges in educational settings, they develop negative attitude and misbehave to react to the existing

situation that may create adverse effect on their future life. Because of this, early intervention is deemed to be the key to successful treatment.

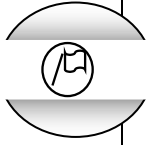
Speech is produced by precise, coordinated muscle actions in the head, neck, chest, and abdomen. Speech development is a gradual process that requires years of practice. During speech development, one learns how to regulate these muscles to produce intelligible speech. It is estimated that by the first grade, 5 percent of children have noticeable speech disorders, the majority of which have no known cause.

There is no universally agreed up on definition of learning disabilities. Learning disabilities refer to a heterogeneous bunch of academic and non-academic learning problems (which may hinder learning) that occurs in certain children, adolescents and adults. Though learning disabilities is identified recently, it is the rapidly growing area in special Education.

Learning disabled individuals do manifest a number of psychological and behavioral characteristics. Most importantly, they are characterized by low academic performance in one or more of the academic areas. The low academic performance is a bench mark of learning disabled individuals. In order to improve their academic performance professionals suggest different intervention measures to be taken. Such psycho-educational considerations to be made should depend on the types of problems an individual is experiencing, specialists underlined.

General assessment strategies and techniques

The following activity helps identifying the learner's competence whether they show the desired outcomes, after completing this unit. You can add additional activities as indicated in the following to assess the learners possess necessary results.

**Activity**

- Who is/are most significant in assisting children with communication disorder? Reason out your response with evidence.
- To what extent do you think that modeling helps learning disabled individuals learn better and indicate required behaviors from potential models (if any)
- What activities in the (pre, during and post instructional periods) should teachers use to remediate listening, reading, speaking, writing, arithmetic problems?
- Briefly summarize specific intervention strategies and give your reasons showing the relevance of designing them.

Mandatory reading materials

- Module prepared for the unit

Suggested reading material for the unit

- Haring, N., McCormick, L., and Haring, T. (1994). *Exceptional Children and Youth* (6th edition). Ontario: Macmillan college publishing.
- Hegarty, S. (1993). *Meeting Special Needs in Ordinary Schools* (2nd edition). London: cassell educational Ltd.

Unit Five: Education of Children with Physical and Health Related Problems in Inclusive Classrooms

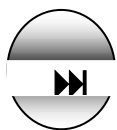


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Introduction

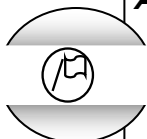
Dear learners: this unit centers on the developmental deviations of children with motor/physical and health related problems, identification and assessment procedures undertaken in the education of these children, elimination and minimization of social and environmental barriers that may hamper education of the physically impaired and with health related problems, curriculum modifications and strategies in assisting these children in the inclusive classrooms.

Unit learning outcomes



After completion of this unit, student candidates develop skills and competencies in:

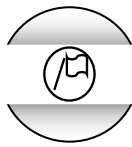
- Identify behavioral characteristics of children with physical/health related problems and children at risk
- Worth educational modifications to make classroom effective learning settings for children with physical/motor related problems and at risk
- Understand environmental and social barriers to the education of these children;
- Explore personal factors that may interfere with learners educational needs.



Activity

- What is the difference between physical disabilities and health impairments?
- It could be difficult for a physically disabled child to participate with other children or the family in recreational activities. What recreational activities might you suggest, for example, for a child in a wheel chair?
- Describe some inexpensive adaptations that an individual with physical disabilities might make to his or her clothing to make sitting in a wheel chair more comfortable.
- Describe five ways in to minimize the effects of a child's absences from school

5.1 The developmental characteristics of children with physical and health related problems



Activity

- What are the developmental effects of seizure disorder on school age children, specifically of adolescents in high school?
- Can you imagine and pinpoint major types of physical/motor related problems and its developmental characters?
- How can progressive health related problems interfere with the child's educational, physical, social, cognitive, etc development?
- Is there difference between neurological defects and musculoskeletal problems? Mention at least three points supported with literature.

Neurological impairments are problems with the structure or functioning of the central nervous system, including the brain and the spinal cord. The most common neurological disorders include:

- Seizure disorders,
- Cerebral palsy,
- Spina bifida and spinal cord defects, and
- Traumatic brain injury.

A. Convulsive Disorders - The word "convulsion" refers to a general seizure involving rapid spasmodic contraction and relaxation of the musculature. And, epilepsy or convulsive disorder is the most common neurological impairments encountered in the school. It is a disorder in which the individual has a tendency to have recurrent seizures-sudden, excessive, spontaneous, and abnormal discharge of neurons in the brain accompanied by alteration in motor function, and/or sensory function, and/or consciousness. The frequency of seizures may vary from a single isolated incident to hundreds in a day.

Seizures may be caused by many conditions and circumstances and are divided into two:

- **Primary epilepsies-** They usually appear at a young age; occur in families where there is some history of epilepsy.

Secondary epilepsies- They may appear at any age and result from accidents or child abuse, brain injury, meningitis, etc

B. Cerebral Palsy - is a disorder of movement and posture caused by a defect in the developing brain. It is frequently encountered in schoolchildren. The child with cerebral palsy is unable to fully control his/her movements or motor functions.

Since cerebral palsy is the result of damage to certain areas of the brain to, it is not a disease. Rather, cerebral palsy is a condition that is non progressive and non infections. Once it is acquired, it can't be cured. Damage may occur before (prenatally), during (peri-natally), or immediately after (post-natally) the child birth. Occasionally, an individual will acquire cerebral palsy later in childhood. Acquired cerebral palsy is usually the result of brain damage resulting from accidents, brain infections, or child abuse.

Many individuals with cerebral palsy have trouble with verbal and non verbal communications. The disability makes it difficult for the child to control the muscles required for spoken language, often making speech both very difficult to produce and difficult or impossible to understand. Non verbal communication that depends on facial expressions and body language may be difficult for other to "read" in an individual whose body is subject to uncontrolled movements.

C. Spina Bifida and Spinal cord Defects - Spina bifida is a developmental defect where the spinal column fails to close properly. The defect's seriousness depends on how high the defect is along the spinal column (the closer to the neck, the more serious the impairment) and how much of the spinal cord material is involved in the damage. The causes of spinal canal defects are not yet clear, although the presence of a virus or an unknown environmental toxin during early fetal development and genetic factors have been suggested. The defect occurs very early in the development of a fetus, between the 20th and 30th day of fetal development, before a woman even knows she is pregnant.

D. Traumatic Brain Injury. Traumatic brain injury is severe trauma to the head that results in lingering physical and cognitive impairments. Individuals who have traumatic brain injury can require many years of work to relearn simple tasks. Fortunately, advances in medical technology are making recovery possible in some cases.

The term 'traumatic brain injury' does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. Rather, it is acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychological impairment, or both, that adversely affects a child's educational performance. Thus, the term applies to open or closed head injuries resulting in impairments in one or more areas of these: cognition, abstract thinking, language, problem-solving, memory, sensory, attention (reasoning, speech, judgment), perceptual and motor abilities (psychosocial behavior, physical functions, information processing).

Children with neuromuscular diseases

Polio- Polio is a muscular disease in which poliomyelitis, viral infection, attacks the nerve cells in the spinal cord that controls muscle function. The effects of polio infection range from symptoms resembling those of a cold and fever to mild to severe paralysis. In addition to the paralysis which ranges from mild to severe the child may be subjected to upper respiratory infections due to improper muscle tones.

Muscular Dystrophy- It is a progressive muscle weakness that comes from problems in the muscles themselves. The muscle cells degenerate and are replaced by fat and fibrous cells. The cause of muscular dystrophy is unknown, but it appears to run in families, usually transmitted by the mother's genes. It mainly affects boys.

Health related impairments

Although there are a number of conditions caused by diseases, the main conditions which forces children to face special problems within the category of health impairments include the following:

- HIV Infection
- Asthma
- Cytomegalovirus (CMV)

HIV Infection - Human immuno deficiency virus (HIV) is responsible for the deadly acquired immunodeficiency syndrome (AIDS) and can be communicated to a child by an infected mother.

The effects of the infection in children include:

- Central nervous system (CNS) damage,
- Additional infections,
- Developmental delay,
- Motor problems,
- psychosocial stresses, and
- Death

To this effect, there must be a long lasting treatment for children with HIV infection. The treatment includes medical care, education, and developmental services, or a combination of these things.

Asthma - It difficulty in breathing, with wheezing sounds from the chest caused by air rushing through narrowed air presages. It is one common type of severe difficulty in breathing. A child with asthma usually has labored; whet breathing that is sometimes accompanied by shortness of breath and a cough.

A combination of three events causes the wheezing:

- tightening of the muscles around the bronchial tubes,
- swelling of the tissues in the bronchial tubes, and
- An increase of secretions in bronchial tubes.

Nonetheless, the basic causes of asthma are unknown, it is believed to be most frequently caused by an allergic reaction to certain substances in individuals who have a physical predisposition to

asthma. When we see its prevalence, asthma is one of the most common chronic diseases of children and the leading cause of school absences among all the chronic diseases. Approximately, 6 percent of all children believed to have asthma.

Cytomegalovirus (CMV) - It is a herpes virus infecting one percent of new born each year. If a fetus contracts this virus, the infection may lead to brain damage, blindness and hearing loss.

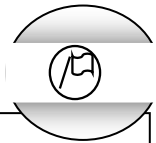
CMV can be transmitted through bodily fluids. A vaccine is not yet available. It appears that pregnant women who work in child care settings may have an increased risk of infection.

Prevention strategies include:

- Washing hands frequently
- Disposing of papers properly
- Keeping toys and play areas clean

5.2 Identification and assessment of learners with physical and health related problems

This section gives emphasis to identification and assessment procedures and techniques to be employed by teachers and other relevant professionals in the education of children with physical/motor and health related problems.



Activity

- Classification or identification of children with physical/motor impairments and health related difficulties seems mandatory to plan for appropriate education. Do you agree with this idea? Forward your response with relevant evidence.
- Many of children with physical and health related problems are excluded from school? What is the reason in your opinion?
- As of different International Conventions ‘all children have the right to quality education’. How do you reconcile the above activity question (2) with this viewpoint?

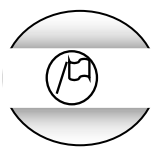
The primary system affected and the factors that give rise to the condition could be ways of classifying children with physical disabilities and health impairments. These children, in

general, show one or more of the following signs or characteristics: limited vitality or energy, many school absences, the need for physical accommodation to participate in school activities, poor motor coordination, frequent falls and speech difficulty to understand, etc. In a broad sense, all physical disabilities and health impairments may fall into three main categories or four: (1) Impairment of health and disease, (2) neurological impairments, and (3) musculoskeletal problems, (4) accident based impairments.

Many children with physical impairment are excluded from school. Most schools remain physically inaccessible for children who depend on wheelchair, calipers and crutches for mobility. Children who experience difficulties with verbal or written communication due to their physical impairment are also often excluded from schooling, or marginalized in school. It is therefore essential that we start making schools more accessible for children with motor/physical impairment. According to numerous international conventions and agreements, *all* children have the right to access quality education in an inclusive (or integrated) setting in their home communities.

5.2.1 Education of children with motor/physical problem in inclusive classroom

This subsection highlights on education of children with physical/motor impairments giving attention to some areas of this problem. The teacher candidates and instructors are advised to expand the area depending on the time frame assigned for the course.



Activity

How can we help a child with seizure disorder in our respective schools?

- If a child has contracted any form of cerebral palsy, how can you assist him/her in the inclusive classroom?
- Is it possible to assist children with spinal cord problem in regular schooling? How do you help him/her? Forward your opinion.
- State different types of Cp with their effect on the child's education

Teachers should spend much time with a child during the waking hours and should provide important information to the child's' physician on the characteristics of a child's seizure disorder.

They can help the child and the child's physician by monitoring the effects and dosage of seizure medication. Teachers should also be prepared to respond effectively to a child's seizure and to show other students and school personnel's how to help a child experiencing a seizure.

The use of appropriate teaching and testing techniques really matters for children with physical disabilities and health impairments. For children who cannot write as fast and efficiently as others, the teacher must anticipate accommodations. Example: The child may need extra time for completing written assignments. The teacher may encourage classmates to take notes for students who cannot write and she or he may arrange other facilities or adjustments.

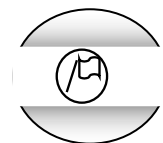
Students with uncontrollable jerky movements and other conditions may face difficulties in paper and pencil tests. Thus, sometimes a teacher may use oral tests in order to obtain accurate reading of the student's skill level.

Teachers of paralyzed children with spinal cord defects need special training. For example, some children with severe cerebral palsy may need the teacher to physically move them from place to place or position them. The physical therapist can instruct the teacher on the safest and most appropriate manner to transfer a particular child.

Teachers of students with physical disabilities and health impairments must be prepared to work cooperatively with the other professionals, such as speech language pathologists, physical therapists, counselors, and physicians participating in the child's education. They must also be able to adapt the child's schedule, since a child who needs to work with other professionals may have additional absence from school.

5.2.2 Education of children with health related problems in the inclusive schooling

Under this subsection, you are going to deal with the education opportunities of children with variety of health related problems in the regular classroom settings. All other situations related to impairments and individual preferences get attention as well.



Activity

- What are the common educational preferences of children with visual impairments?
- Most of the children with health related problems are absent from class. How do you assist these children in the regular classrooms?
- How do you assist a child with asthma problem in your respective classes?
- Specifically referring to a child with seizure disorder, how can you assist a child if faces a problem in the classroom.

Each child with physical disability or health impairment has individualized needs. Teachers can help students with physical disabilities and health impairment by adapting the learning environment to their needs. They also have a responsibility to such exceptional children to create a supportive atmosphere, one that foster the child's acceptance, by providing classmates with information about the student's condition.

Thus, so as to help students with physical disabilities and health impairments, teachers need to learn many important things:

- How to assist a child with health care needs;
- How to deal with frequent absences;
- How to assist a child who is having a seizure;
- How to make scheduling accommodations;
- How to address special issues relating to paralysis;
- How to adapt the class activities;
- How to adapt teaching techniques;
- How to promote social integration.

Some of the above critical topics are discussed below briefly.

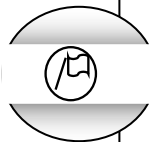
Absences - children with physical disabilities and health impairments may often be absence from school because they need medical care or because they are too weak to come to school on certain

days. For example, asthma is one of the major causes of school absences. To help these children keep up with their classmates, schools should devise different techniques, such as providing home teachers, making videotapes of special classroom activities, and allowing classmates to take turns acting as peer tutors after school. In doing these, it is possible not only to help the child with his/her academic progress but also maintain a social connection to the teacher and the other students so that the child feels more comfortable about returning to the classroom later.

Treatment of the asthma can at least be done from two parties: The student himself/herself and the teacher. The student may require special precautions concerning the air in the classroom (frequent vacuuming, air filtration, and daily wiping of surfaces) and restrictions on playing outdoors during bad weather, playing with classroom pets, eating certain foods, and handling certain teaching materials. Teachers also must know what to do for the child during an asthma attack. Consultation with the student, the family, and the physician is necessary to monitor medications, to administer breathing treatment and to plan procedures for assisting the child during an attack.

5.3 Assessment and elimination of social and environmental barriers in the inclusive schooling to facilitate learning

Under this section, teacher candidates get concept of environmental barriers that hinder education of children with physical and health related impairments and the likelihoods of elimination of such challenges in the regular classroom settings.



Activity

- What is socio-emotional adjustment mean?
- Can you mention major social, emotional, psychological and other related factors perceived as barriers to education of children with physical/motor and health related impairments? Discuss in groups.
- Discuss in your groups on the methods/techniques of minimizing the barriers to facilitate learning.

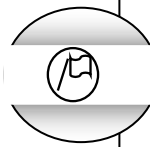
Socio-Emotional Adjustment: Children with physical disabilities and health impairments sometimes feel powerless, for reasons we can easily understand. Withdrawal and aggression could also be part of the atmosphere. For these and other socio-emotional adjustment problems, these children need support and help in order to accept and adjust to their handicapping conditions. It is evidenced in many lines of researches that people are more likely to accept their physical disabilities when the environment is supportive, when they achieve some sense of control over the handicapping conditions, and when they begin to demonstrate new competence.

Teacher can enhance the socio-emotional adjustment of children with physical disabilities and health impairments in the following ways:

- **Increasing the understanding of the handicapping conditions-** In cooperation with the child's parents, the teachers should help the child and other students understand relevant aspects of the condition- its cause, treatments, prognosis and educational implications. Teachers should help students understand that a physical disability is merely an individual difference, not something to fear or ridicule or cause shame. They must be advised to respect the way they feel about handicapping conditions without condoning maladaptive behaviors such as teasing and name- calling. School children have also be informed that incidents (e.g. epilepsy) can occur at school.
- **Emphasizing the quality of life.** Teachers can help students adjust to physical handicaps by helping them to see their disabilities as just one aspect of their lives. Although children with physical disabilities must be allowed to talk about their limitations, they should also be encouraged to inventory their abilities, including the ability to help others.
- **Increasing Positive aspects of control.** Although children with physical disabilities cannot control their physical handicaps, they can control many other aspects their lives. So, these children should be helped in controlling some antisocial behaviors such as temper tantrums, frustrations, etc.

5.4 Individualized Educational Plan (IEP) and curriculum modification to accommodate learning preference of children with physical and health related problems

The unit focuses on the usefulness of curriculum modification and preparation of IEP to assist education of children with physical and health related problems in the inclusive settings. Additionally, the concept of making inclusive classrooms appropriate to accommodate all learners gets attention.



Activity

- How can teachers help education of students with physical/motor and health related problems in inclusive classroom?
- Sometimes children with physical impairments may wish/need to use their own furniture in the classroom? Is it possible to do so? Why and how? Support your response with evidence.
- What is the major problem children with health impairments face and possible IEP you are required to prepare? Use examples.

The use of appropriate teaching and testing techniques really matters for children with physical/motor and health related impairments. For children who cannot write as fast and efficiently as others, the teacher must anticipate accommodations. Students with uncontrollable jerky movements and other conditions may face difficulties in paper and pencil tests. Thus, sometimes a teacher may use oral tests in order to obtain accurate reading of the student's skill level.

Teachers can help students with physical/motor and health related impairments by adapting the learning environment to their needs. They also have a responsibility to any exceptional child to create a supportive atmosphere, one that fosters the child's acceptance, by providing classmates with information about the students' condition. Thus, if there are children with physical/motor and health related impairments in your classroom, take the following tips for good:

- Be alert to signs of fatigue in the child.
- Find teaching materials that can be adapted to the physical needs of the student.
- Make sure that all areas of the room and school are accessible.

- Make sure that materials, leisure activities are within the reach of the students.
- Include activities each day that the student can accomplish from a wheelchair.
- Arrange post emergency instructions and telephone numbers.

Classrooms and school facilities (libraries, toilets, sport grounds and play areas) should be made physically accessible for all children. Children who use wheelchairs, calipers or crutches for mobility, may find it difficult moving around within a traditional classroom blocked by rows of chairs and desks. It is therefore important that we “set up” the classroom in such a way that all the children can move about freely. Children must not just have physical access to their own desk, but also to other parts of the classroom for group activities or just to fetch something from a shelf or cupboard, or to paste a drawing on the wall. Children who get easily tired, and need much rest, may find it difficult to come to school on time or to stay in school the whole day. We should therefore repeat important information once or twice to make sure that all the children have heard it at least once. This will also benefit children with ADHD and children who may have had difficulties understanding the information the first time around.

Children with physical impairments may sometimes wish/need to use their own furniture, such as ergonomic chairs and sloped writing tables. This should be accommodated without being obtrusive for the other children. Specially-designed furniture should, if possible, be made available for those who need chairs and tables that differ from standard classroom furniture. This does not have to be expensive. Chairs can be designed based on local models. Some children would be more comfortable standing rather than sitting down – especially children with back injuries. This should be accommodated in the classroom.

Settings that stage for inclusive schools

- **Teachers** -- teachers' attitudes toward students are a major force in determining the nature of the interaction between teacher and students, and in turn, affect students' achievement. Teachers' attitudes also influence the attitudes of students without disabilities toward students with disabilities. Thus, teacher's attitudes should be the first

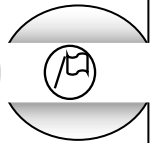
area dealt with as preparations are made to place students with disabilities in regular classrooms. In service should include: (a) getting to know individuals with disabilities; (b) obtaining knowledge about specific disabilities and learning capabilities; (c) identifying the roles of professional team members and planning for the use of available resources; and, (d) adapting materials and instructional methodologies to the needs of students with disabilities.

- **Special support personnel** -- Special support personnel and regular teachers of students with disabilities need to be brought together to study and practice teamwork and the skills of collaboration systematically.
- **Students without disabilities** -- Research indicates that attitudes toward students with disabilities, at both the elementary and secondary school levels, are conflicting. However, the bulk of evidence indicates that students without disabilities tend to reject students with disabilities. This may be due to historical practices of segregation, fear of the unknown and negative attitudes and behaviors displayed by school personnel toward students with disabilities. The importance of good role models with positive attitudes cannot be overstated.
- **Planned interactive activities** involving students with disabilities and their peers without disabilities are widely recognized as important factors in successful social integration within the mainstream environment. Preparation of students without disabilities includes increasing their knowledge and information about disabilities such as: 1. understanding the nature of the disabilities; 2. instructional units on disabilities; 3. simulation activities; and, 4. structured interaction strategies.
- **Students with disabilities** -- Teachers can prepare students with disabilities for the transition from the special to the regular classroom by identifying the new situations or environments; listing the activities that will be required in the new environment; specifying the skills needed to function properly; and, identifying skills already mastered.

5.5 Assessment and education of children with multiple disabilities, culturally diverse and children at risk in the inclusive classrooms

This section deals with the underlying concepts of cultural diversity, at risk children and the

socially and environmentally deprived children. Since the main intent of this unit focuses on education of these children, it see details of factors that facilitate for cultural, social and environmental deprivations and at risk with the intervention techniques to be employed by relevant bodies like teachers, family and the community.



Activity

- How do you perceive multi – culturalism, its benefits and challenges in inclusive educational settings/
- What are the major indicators that facilitate at risk situation on children?
- How do you recognize the social and environmental deprivation?
- Did you ever find multiply-impaired children in your vicinity or schools? What possible strategies do you devise in assisting these children properly attend regular schooling with their peers?
- Is there any difference between the disadvantaged and at risk? Support your response with evidence.

The Culturally diverse groups and at risk children

Increasingly, school enrollments are made up large numbers of students from different ethnic and culturally rich backgrounds (language, customs, beliefs, race, ethnicity, geographic location, income status, gender, and other culture-specific characteristics). Often culturally diverse students' have special needs that can be met with some modifications in regular education programs.

Issues for the culturally diverse children include:

- a) Achievement of culturally diverse students typically lags behind that of White, mainstream students;
- b) Culturally and linguistically diverse students continue to be both underrepresented and over-represented in special education;

c) Culturally and linguistically diverse students are dropping out of school at a much higher rate than White students. *Cultural pluralism* means all members of society at large mutually respect cultural differences and that these differences are fostered, encouraged, and celebrated.

The term 'multiple-impairment' does not merely refer to 'any Combination' of two or more impairments. It can be determined as a combination of physical, sensory and/or cognitive impairments that lead to severe interaction, communication and learning difficulties. Deaf-blindness is also considered to be multiple impairment. Deaf-blindness, as one best example of multiple impairments, which is also known as dual sensory impairment, is more than just a combination of visual and hearing impairments. Deaf-blind people may not be totally deaf and totally blind. Many deaf-blind people have some remaining hearing and vision, while others have nearly complete loss of both senses. The following are helpful in assisting children with multiple-impairments.

- The first step would be to find out how much residual hearing and/or vision the child has, if any. If the child has residual vision and/or hearing, we need to try to make use of it to create communication and encourage learning, development and participation. We should attempt to invite and develop communication by offering our hands under the child's hands, instead of just shaping her/his hands into formal signs. Signs may not yet have any meaning for her/him.
- Consider the appropriateness of formal tests. For example, a test that evaluates vocabulary would not be relevant to a child who is just learning how to sign or gesture simple events. According to the National Consortium on Deaf-Blindness, "Assessment of children who are deaf-blind must go far beyond the use of assessment instruments. Standardized tests may be necessary to qualify a child for services but are inappropriate as tools to guide educational planning.
- Observe the child in their everyday life. Watch their interaction with objects and people, and use a functionality scale to evaluate their abilities.
- Evaluate the effects of environmental factors, such as being in a strange environment, being with or without family, physical space and communication methods.

- Meet with guardians and teachers to assess the child's behavior. Question whether certain behaviors could be triggered by an activity or feeling that the child is struggling with. Often, adequate support is key to stopping this behavior.
- Consider holding more than one assessment, so you can get a feel for the child's usual behavior and ability.

Children at risk: Parents, policymakers, business leaders, and the general public increasingly recognize the importance of the first few years in the life of a child for promoting healthy physical, emotional, social, and intellectual development. Yet many children face deficiencies in the years leading up to school entry in terms of emotional support, intellectual stimulation, or access to resources- due to low income or other factors- that can impede their ability to develop to their fullest potential.

According to the finding of Labor and Population (2005), a substantial percentage of children are disadvantaged in terms of resources available for healthy physical and mental development. One-fifth of children under age 6 live in poverty, and nearly half of all children face one or more risk factors associated with gaps in school readiness. These disadvantages translate into shortfalls in academic achievement, pro-social behavior, educational attainment, and, eventually, greater rates of unemployment and criminality.

Although most children experience a supportive home and neighborhood environment with access to sufficient financial and nonfinancial resources to support healthy development, many other children do not. A few indicators illustrate some of the resource disparities in early childhood (Elias, 2009):

- Poverty has been shown to be particularly detrimental in early childhood in terms of children's subsequent educational and other life course outcomes.
- Research has demonstrated that neighborhoods of concentrated poverty (typically defined as those with a poverty rate exceeding 20 percent) provide more limited opportunities for young children in terms of social interaction, positive role

models, and other resources, such as quality child care, health facilities, parks, and playgrounds, that are important for healthy child development.

- Healthy child development is supported by regular access to health care, such as well-child visits. These visits can provide opportunities for health care providers to conduct developmental screenings and to encourage parental behaviors that promote strong social, emotional, cognitive, and physical child development.
- Early home literacy-building activities that are associated with better school performance in kindergarten and beyond include reading to a child regularly (3 or more times a week); teaching children letters, words, and numbers; and telling stories or teaching songs and music.

Many children from disadvantaged backgrounds fail to meet grade-level expectations on core subjects. For example, national educational assessments at grades 8 and 12 show that about 50 percent of children from at-risk backgrounds (e.g., low parental education or low family income) score below the “basic” level of reading and math achievement, indicating that they have less than partial mastery of the knowledge and skills “fundamental for proficient work” at that grade level. Other manifestations of problems in school achievement for disadvantaged children include higher rates of special education placement, grade repetition, and dropping out of school (Stanley and Greenspan, 2012).

These adverse outcomes during childhood and adulthood have consequences that extend beyond the lost potential (near- and long-term) for the affected children. These peoples participation is poor in social welfare programs, and higher rates of crime and delinquency observed.

The four keys to helping at-risk children

A. Caring, Sustained Relationships - One of the shortcomings of our educational structure is that relationships with teachers, especially in secondary school, may be caring, but they are not easy to sustain. Yet at-risk youth need relationships that are both caring and stable. They need to build a sense of trust and have the time to communicate the complexity, frustrations, and positive aspects of their lives in and out of school. Only

after creating a strong relational base will an adult have the platform to be a source of enduring and cherished advice to a student. Students won't confer trust to an adult based on his or her role as a counselor, psychologist, or social worker. We have to earn it by building a relationship.

B. Reachable Goals - Students often have unrealistic career and personal goals based on what they learn from the mass culture. Kids see sensationalistic media portrayals of exceptionality as normative and, often, desirable and attainable. From the base of a caring relationship, we can help students form realistic and reachable career, personal, and educational goals. This does not imply that the goals are not challenging. The most motivating goals are those that are within our reach if we exercise some effort. Only someone who knows a student well and cares deeply about his or her well-being will be able to help that student form reachable goals.

C. Realistic, Hopeful Pathways - Students do not attain reachable goals on their own. Like any of us, students are more likely to move ahead when they know that there is a path to get there. Imagine how useless MapQuest or similar services would be if they allowed you to enter the starting point and the destination but did not give you a road map to travel from one to the other.

So it is with students. They need adult help to create realistic pathways, ideally with guardrails. They also need someone to reassure them that they have what the Character Education Partnership. We must recognize the difficulty of trying a new path and both prepare students for obstacles and support them when they run into problems. This can be highly challenging, as some of the students' erroneous actions will violate school rules or perhaps even legal boundaries. We must handle such cases individually and with discerning judgment rather than with the kind of prescribed justice that lead to have the largest school dropout rates and, proportionately, the greatest prison population.

D. Engaging School and Community Settings - With all the talk about the importance of engagement, it's possible to lose sight of exactly what leads students to have a feeling of being engaged. The feeling of being engaged in a setting or group happens when students have opportunities to receive positive recognition and to make positive contributions, can spend time in environments in which teamwork is encouraged, and get help learning new skills that they find valuable and helpful in their lives. Engaging settings in the school and the community have logos, mottos, missions, and other tangible things that allow students to experience a sense of belonging and pride.

Particularly for students who are in disadvantaged circumstances, spending time in engaging settings both in school and after school is important. After-school settings linked to the school as well as community programs -- such as Boys and Girls Clubs, Boy Scouts and Girl Scouts, Big Brothers Big Sisters, and faith-based youth groups -- provide more chances for students to build positive relationships with caring adults and, potentially, supportive peers.

One unique feature of mentors in nonschool settings is that they can often help students learn the rules of the game for success in school. Mentors in after-school and community settings are often better positioned to communicate clearly to students about the potential consequences of their actions and the behaviors that they need to change, and how to change them. Also, they can give feedback about how students are progressing so they can operate in a spirit of improvement. Caring adults outside the formal school system often have a better understanding of students' lives outside of school and can help them find safe havens within the school day.

Unit summary

Children with physical disabilities and health impairments are those who have problems with the structures and functioning of their bodies, and who have limitations on their body's well-being, respectively. There are many conditions that cause physical disabilities and health impairments. The causes may range from clear mechanical issues (e.g. accidents) to complex genetic matters.

Many physical disabilities and health impairments are relatively easy to prevent. Even if the condition cannot be totally prevented, the disabling effects can be lessened.

The primary system affected and the factors that give rise to the condition could be ways of classifying children with physical disabilities and health impairments. These children, in general, show one or more of the following signs or characteristics: Limited vitality or energy, many school absences, the need for physical accommodation to participate in school activities, poor motor coordination, frequent falls and speech difficulty to understand. In a broad sense, all physical disabilities and health impairments fall into four main categories: (1) impairment of health and disease, (2) neurological impairments, and (3) musculoskeletal and accident based problems. The health related problems mainly include pervasive health problems that may exist for more than six months as most scholars agree. Some of health related problems are TB, arthritis, asthma, leukemia, Osteogenesis-imperfecta, HIV/AIDS, cancer, brittle bones, etc.

The most common neurological impairment encountered in the school is epilepsy. It is a disorder in which there is a tendency for recurrent seizures caused from spontaneous abnormal discharge of the electrical impulses of the brain. The frequency of seizures may vary from a single isolated incident to hundreds in a day.

The other neurological impairment is cerebral palsy, a condition in which the person is unable to fully control movement or motor function: spasticity, athetoid, ataxia, tremor, etc. This condition is a result of damage to certain areas of the brain during development. Occasionally, an individual will acquire cerebral palsy later in childhood. Acquired cerebral palsy is usually a consequence of brain damage resulting from accidents, brain infections, or child abuse.

Teachers can help students with physical disabilities and health impairments by adapting the learning environment to their needs. They also have a responsibility to any exceptional child to create a supportive atmosphere, one that fosters the child's acceptance, by providing classmates with information about the students' condition. Thus, if there are children with physical disabilities and health impairments in your classroom, take the following tips for good:

- Be alert to signs of fatigue in the child.
- Find teaching materials that can be adapted to the physical needs of the student.
- Make sure that all areas of the room and school are accessible.
- Make sure that materials, leisure activities are within the reach of the students.
- Include activities each day that the student can accomplish from a wheelchair.
- Arrange post emergency instructions and telephone numbers.

Various environmental forces have impact on children with special needs. These forces include the family, the school and associated treatment programs and the larger society. Their impact changes as the child develops. The family may be more important in early years and society become more important in later years. Schools as part of environmental forces, have great influence upon the developing child. They are centers for learning, which provide opportunities for the child to acquire knowledge and skills that will allow him/her adapt to the society as an adult. Besides, there are social training grounds, where children get opportunities to learn how to respond to adult requirements, to interact with peers, to form friendships and to learn how to work cooperatively with others. If situations deviate from this reality, developmental difficulties may occur even on children without any impairment.

High-quality early interventions are designed to combat the factors that threaten child development. If learning begets learning, then interventions at younger ages have great potential to generate cumulative benefits by altering a child's future developmental trajectory. Even if only a portion of the detrimental consequences facing at-risk children in the school-age years and in adulthood can be averted, the benefits from effective early intervention programs can be substantial.

General assessment strategies and techniques

As is evident in almost all educational institutions of our country, continuous assessments are what teachers employ in assessing and evaluating learners' achievements. For the use of general purpose, we propose the following as useful components in assessment practices.

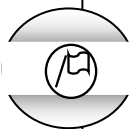
Dear Instructor – As is evident in previous units, it is better to use different continuous assessment tools and strategies in identifying the learner's capability to internalize the lessons. In doing so, the following may help you as the baseline for the assessment.

- Individual and group works valued and recorded to appreciate effort of the learners day by day;
- Evaluate the learners after completion of each sub-sections in identifying whether they cultivate necessary awareness, attitudes and competencies towards children with physical/motor impairment and the health related problems; their readiness to assist all, specifically those with physical and health related problems (wheel chaired, those with TB and HIV/AIDS) in inclusive classrooms; the learners competence/effort to eliminate social and environmental barriers to child's education. Additionally, you may use:

- ◆ Attendance recording
- ◆ Recording individual and group assignments
- ◆ Case reports and presentations
- ◆ Recording of seminars and project works
- ◆ Tests at the end of the unit

Activity

- Propose some indoor and outdoor recreational activities in schools for children with physical disabilities.
- Suppose a school arranged a panel discussion for the community on planning a health fair on the prevention of physical disabilities and health impairments. What topics ought to be included?
- Suppose you are assigned to participate in curriculum changes for children with physical disabilities and health impairments. What are the main areas that you suggest to be given attention?
- How can the community and government decrease the at risk problems in your surroundings? Support your answer with appropriate evidence and relevant literature.
- Did you ever find a child with multiple disabilities in your area? If yes, how does the community perceive the situation and what possible supportive environments are you suggest. Discuss in groups in detail.



Mandatory reading materials

A module prepared for this unit

Suggested reading material for the unit

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