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**USAID/ IMPROVING THE QUALITY OF LEARNING IN ZANZIBAR (MKEZA)
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**IN SERVICE TRAINING FOR TEACHERS ON INCLUSIVE
EDUCATION**

MODULE 1

INTRODUCTION TO INCLUSIVE EDUCATION

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**Zanzibar Ministry of Education
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IN SERVICE TRAINING FOR TEACHERS ON INCLUSIVE

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MODULE 1

INTRODUCTION TO INCLUSIVE EDUCATION

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Module One

1.0 Introduction to Inclusive Education

Aim

This unit is intended to equip you with attitudes, knowledge and skills on the concept and principles of inclusive education. It will enable you to appreciate and effectively perform your role as a teacher for children with special needs in an inclusive setting.

- Define the concepts and terms used in inclusive education.
- Describe the objectives of inclusive education.
- Analyze the various forms of service provision for learners with special needs in education.
- Discuss the principles and concepts of inclusive education.
- Explain the national and international recommendations and policies on inclusive education with examples from a few selected countries.

1.1 Definition of concepts and terms in inclusive education

There are various concepts and terms used in inclusive education. It is important that we clarify the main ones before we go further. They include:

- **Inclusion**
- **Inclusive Education**
- **Learners Diversity**
- **Special Needs**
- **Special Educational Needs**
- **Special Needs Education**
- **Differentiated Curriculum**
- **Resource Room**
- **Itinerant or Peripatetic Teacher**
- **Integration/Mainstream**
- **Special School**
- **Special Unit**
- **Regular School**

Inclusion

This is a goal that all participants in any society should aim at achieving to ensure that all persons regardless of their racial, economic, physical or any difference are not excluded

from any of the society's activities. This calls for equal opportunities and accessibility to all resources, services and responsibilities. The full and equal participation of each individual is assured in an inclusive society in which differences is respected and valued. Discrimination and bias against those who are different is eliminated through appropriate practices and policies. Inclusion therefore calls for persons with special needs to be fully involved in all aspects of life. These include:

- Education.
- Employment.
- Consumer Services.
- Recreation and Social Activities
- Community and Domestic Activities.
- Decision Making Process.
- Access to Information.

Inclusion should start from the beginning of life rather than having the individual segregated first and the later brought back into the mainstream of society.

Inclusive Setting

This term describes a situation where all learners including those with special needs participate in all activities in a community that recognizes and addresses the needs of each learner as much as possible.

Inclusive Education

This refers to the philosophy of ensuring that schools, centres of learning and educational systems are open to **all** children. This will enable the learners to be included in all aspects of school-life. It also means identifying, reducing or removing barriers within and around the school that may hinder learning. For this to happen, teachers, schools and systems need to modify the physical and social environment so that they can fully accommodate the diversity of learning needs that pupils may have.

Learners Diversity

This term refers to the variations of abilities and differences found among any group of learners in any given setting. These variations and differences give rise to different learner characteristics.

Special Needs

These are conditions or factors that hinder normal learning and development for individuals. They may be temporary or life-long. The conditions that may hinder proper progress of an individual may include disabilities, social, emotional, health or political difficulties. These conditions are also referred to as barriers to learning and development. The barriers can be within the child or in the environment or a combination of both.

Special Educational Needs

Individuals have different abilities and potentials in performing tasks. In education, there are individuals who do not perform like the others, but could improve with appropriate support. These learners have learning or educational needs which vary from one child to another. These are then referred to as special educational needs.

Special Needs Education (SNE).

This is education, which provides appropriate modifications in curricula, teaching methods, educational resources, medium of communication or the learning environment. The modifications are meant to meet the special educational needs of individuals as described above. SNE is learner-centered, flexible and adjustable to individual needs and potentials. This was originally referred to as **special education**.

Why had we to change the term to special needs education?

Special education had focused mainly on disability rather than the child's learning needs. You should therefore appreciate that when working with learners with special needs, their education is not special rather their needs.

Differentiated Curriculum

Another commonly used concept in inclusive education is differentiated curriculum. This is an approach that you can use to identify the subjects in the curriculum that a learner should cover and plan for each learner according to his or her needs and ability. It may require you to break down the subject into small teaching/learning steps of instructions for the benefit of the learner with special needs in education. These learners have learning

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Resource room

This is a room in a regular or special school, which is equipped for enriching learning for learners with special educational needs. It is usually run by a resource teacher who is a member of staff with appropriate experience or training in special needs education and is available to advise and support other teachers and learners to deal with special educational needs in the classroom setting. It should have various learning materials that may stimulate and facilitate learning. These may include specialized equipment such as:-

- Brailers and other braille writing equipment for the totally blind learners.
- Low vision devices for learners with low vision such as magnifying lenses, spectacles, reading stands and large print books.
- Hearing aids and speech training kits for the learners with hearing difficulties such as individual hearing aids.

Itinerant or peripatetic teacher

The term itinerant/peripatetic teacher refers to a teacher who is trained in special needs education and moves from school to school where children with special needs are included. The role of this teacher is to advise the regular teacher and give technical support where need arises. This teacher is assigned to assist particular learners with

special needs. The teacher follows a programme, which is drawn up in consultation with the regular teacher to meet individual learners' needs.

Integration/Mainstreaming

Different Professionals sometimes use the terms 'integration' and 'mainstreaming' synonymously. The terms indicate the participation of learners with special educational needs in regular education without demanding changes in the curricular provision. Such children follow the school system as it is with some or no support to cater for those with special needs. Such children are expected to adapt to the regular school arrangements.

Special Schools

This refers to a school that is built and organized to provide educational services to learners with one type of disability. The physical environment and educational resources are modified to suit the needs of the particular group of learners. Teachers are also trained in specialized approaches to deal with the learning needs of the "special" learners.

Special Unit

The term describes a classroom that is located in a regular school, but is set aside for educating learners with specific type of disability. It is usually manned by a specialist teacher who is responsible for most of the learners' activities.

Regular School

This refers to the mainstream school which follows the curriculum that is prepared for the average ability learners.

1.2 Forms of Provisions for Learners with Special Needs in Education

The main provisions include:

Private Tuition

This type of education was provided by parents of children with special needs who hired persons to provide private education to their children in their homes.

Segregated education

This is the oldest form of formal provision of education for learners with special need in education. In this system learners with special needs are catered for in segregated set- ups in the community. They may be placed in special schools in which they learn with others who have similar difficulties like themselves.

Integrated Education/Mainstream

There are three main forms of integration. These are:

Functional integration: This is a type of integration where the child with special needs in education is placed in the regular class with support for the teacher and the learner. In some cases the learner is taken out to the resource room to be given modified instructions by the resource or special teacher in the area of special needs.

Locational integration: In this form of integration the learner with special needs in education is placed in a special unit located in the regular school. In this case the learners in the unit have no interactions with those in the regular school. They are only able to mix with others when they are out of classroom during recess only.

Social integration: In this form of integration the child with special needs in education is placed in a special unit for learning purposes, but joins the peers in the regular classes for social activities like physical education, games and other co curricular activities.

Inclusive education

It is considered that children have varying abilities that need to be addressed. In the previous section, you learnt that Inclusive education is the process of addressing all learners' needs within the regular school using all available resources to create opportunities for them to learn together in preparing them for life. Learners with SNE and their peers need to develop constructive and sustainable relationships.

This is possible if mutual perceptions of shared experiences are availed through provision of well planned collaborative learning experiences.

Principles of Inclusive Education

- Calls for equal opportunities to all learners to experience normal mainstream activities, while making deliberate and appropriate measures to ensure quality education for all .
- Calls for a child centered curriculum and the learner to attend the school that he/she would naturally go to in his community if she/he had no special needs.
- Advocates for accessibility to the learning process and the curriculum by all learners by differentiating the learning and assessment process according to the learners needs.
- Addresses the needs of all learners with visible and invisible learning difficulties such as visual, hearing, physical, intellectual, communication, behavioral and emotional, bereavements from HIV/AIDS, child abuse, poverty, malnourishment, emotional effects of wars, divorce and family separation, living on the street.
- Recognizes and caters for individual differences in race, religion, abilities, disabilities or circumstances. Differences are seen as challenges.
- Positive learning opportunities with support to learners with special needs are planned as an integral part of the ordinary schools.
- Requires change of attitudes, behaviors, teaching methods, curricula and environments to meet the needs of all learners. Hence overcoming barriers to learning and development.
- Special needs education service provision to work closely with others within the community such as health and social workers emphasizing prevention and intervention strategies to minimize the occurrence of special needs in the community.

Objectives of inclusion education include the following:

- To provide a comprehensive educational plan that modifies the curriculum to give maximum opportunity to children with special needs in order for them to become productive members of society.

- To develop positive attitude in parents, teachers, peers and the community at large towards children with special needs in education.
- To provide equal opportunities to all children to share knowledge, resources and experiences.
- To suggest approaches to accommodate all children in regular classes regardless of their disabilities or abilities.
- To develop and implement a curriculum that is flexible and accessible to all children.
- To facilitate inclusion of the learner in all aspects of life.
- To identify and minimize barriers to learning and development.
- To minimize the effects of disabilities on the child.

Benefits of inclusive education

In inclusive education, all children learn and grow in the environment that they will eventually live and work in. As participation of those who are “different” takes root, all pupils and teachers gain the virtues of being accommodating, accepting, patient and co-operative. Thus all learners benefit from learning and working in an inclusive educational system. Other children gain some valuable virtues such as being considerate, patient and humble as they support their peers with special needs in education. Some learners with special needs are gifted with special abilities, which their peers can benefit from. Teachers get to share ideas and knowledge with each other, with parents and others, thus making education a meaningful aspect of everyday life. They also develop their skills and abilities when working as a team to address the challenges. This may also boost their status in the community.

Inclusive education creates a school for all where all benefit resulting in an inclusive society. The self-esteem of the child with special needs in education is improved. It is cost effective and gives equal opportunities to all children thus promoting the rights of all to education.

Comparisons between the three forms of provision for Special Needs Education

S/N	Factor	Special	Integrated	Inclusive
1.	Child	Special	Brought as near to “normal” as is possible.	The child remains as he/she is.
2.	School	Special	A selected “regular” school.	The school that the would naturally go to in his/her community.
3.	Curricula methodology	Special	Subject centred	Child centred or child focused.
4.	Teacher	Special educator	Class teacher, resource teacher, specialist consultant.	Skilled and knowledgeable regular class teacher.
5.	Teacher effectiveness	Specific to a group of children.	Unchanged, able to teach regular children only.	Able to include all children in the learning process.
6.	Self esteem	Feels accepted	Feels better	Feels good about self.
7.	Environment	Modified / Adapted	Unchanged	Least restrictive, spread evenly for all children
8.	Opportunities for participation	According to child’s interests	Partial	Equal for all children
9.	Rights of the child to education	Recognized, realized and actualized	Recognized as a right but not realized.	Realized and actualized.

1.3 Components of Inclusive Education

The components of inclusive education are:

The classroom factors

There are various aspects that need to be considered for effective implementation of inclusive education in the classroom: These aspects include:

- **Planning the learning experience:** When planning learning experiences you should be considerate of the individual learner’s needs. Organizing the classroom

to address the learner's difficulty can do this. For example moving the learner to sit near the teacher or away from too much light modifying the teaching style to involve more group activities where each learner participates. Encouraging learners to help each other rather than competing with each other.

- **Recording:** You should be able to keep records of each learner. The records should include family background, medical information as well as individualized educational plans and progress records. It would be important if you made an individualized plan for the learner with SNE as discussed in the teacher factor section later. This needs to be updated periodically and reviewed at the beginning of the term.
- **Assessment:** You should be able to identify a child who may be experiencing difficulties. You should be familiar with the barriers within the child and in the environment that may hinder learning. It is vital that you understand the various signs and symptoms of each particular problem for appropriate intervention.

Student factor

It is important to note that every child is a unique individual. The teacher needs to recognize and address the following aspects concerning each learner:

The learner's level of ability: This can include the following:

- Slow and others fast.
- Neat and others careless.
- Organized and others disorganized.
- Forgetful and others remember.
- Good at some activities and poor in others.
- Friendly and others aggressive.
- Playful while others are withdrawn.

As a teacher, you need to be sensitive to each learner's abilities when planning various learning activities. You can do this by recognizing the various levels of achievement by the learners and planning your teaching with their needs in mind.

Area of special need: In the Assessment section above, you saw some of the barriers to learning and development that you may come across among the learners. Each of these barriers poses a unique need for the individual learner. For instance:

- Learners who experience difficulties in communicating in spoken language may need sign language and written language.
- The learner with a visual problem may require instructions and learning experiences that demand more tactual and listening processes. Similarly the learner with hearing problems will need to see the teachers and peers' as they speak actions more in the learning experiences.
- Those with physical problems may need more adaptive devices and a modified physical environment for easy movement.
- Learners with emotional and behavioral problems may require more counseling and positive reinforcement in their learning experiences.

Teacher Factor

The classroom teacher is the most important person in the process of including a learner with SNE in a regular classroom. The teacher may make it possible for the learner to be accepted by the other learners by demonstrating positive and supportive attitude to the learner. Conversely, being negative towards the learner with SNE may block any chances for the learner to learn in the regular class.

How would you enhance the inclusion of a learner with SNE in your class?

- Making the learner feel welcome and an important member of the class.
- Encouraging the other learners to support the one with SNE in class work and outside class time.
- Providing appropriate materials and learning experiences to the learner.
- Talking to other teachers about the needs of the learner and discussing what you can do together to minimize barriers to learning and development.
- Working closely with the learner's parents to assist in and out of school by planning and helping with homework together.
- Adjusting the class work to meet the learner's needs.
- Giving the learner extra instruction time when necessary.
- Planning group work and use of peer tutoring to help the learners with SNE participate in learning.
- Addressing the special needs of each learner.

- Acquiring the necessary knowledge, skills and attitudes to enable you to cater for every learner effectively.

Issues related to the teacher that may enhance inclusive education:

Teaching Methods:

For the teacher to effectively assist the learner with SNE, she/he must use a variety of teaching approaches. These should be appropriate to the learners' ability and learning process. These approaches include:

- Peer tutoring
- Group teaching
- Individualized instruction
- Team teaching

Peer Tutoring

This is the method of using other children to assist those experiencing difficulties in a learning activity. Children learn most from one another by doing things together and using their own experiences and language, which is understandable to their peers. This approach recognizes learners including those with SNE as

Group work

This is particularly effective if the members of the group are of mixed abilities. The task may be planned in such a way that each member does a bit of the task so that all can contribute to the finished product.

The learner with SNE can get a simpler task, which is required in the whole task. Remember to reinforce the learners' good work when they succeed in carrying out a task.

Individualized Instruction

The teacher may initiate an individualized education programme for the learner who is experiencing difficulties in learning. This should be done in collaboration with others who are knowledgeable about the curriculum requirements as well as the appropriate adaptations that are possible for the learners with SNE to access the curriculum. The parents or caregivers should be involved in drawing up the plan as they may identify aspects of the curriculum that they feel are important for the child. They will be in a better position to assist the learner at home.

What can you do to plan individualized instructions to meet the needs of a learner experiencing learning difficulties in your class?

- Note what the learner can and cannot do.
- Establish how the difficulty or disability affects his or her involvement and progress in the general curriculum.
- Plan work for the learner by setting realistic goals considering learner's abilities and challenges.
- Note and provide for any special education and other related services and supplementary materials that the learner needs including any modifications or support for school personnel working with the child to enable him/her to participate fully in academic and other activities.
- Establish if there is need for individual modifications in the administration of assessment of learner's achievement exams both in the national, district or zonal levels.

Team Teaching

This approach calls for you to “open the door” to your colleagues in teaching so that they can share their expertise to assist learners’ experiencing difficulties in the school. The current traditional teacher closes the door in the classroom as s/he teaches, and the learners are at the mercy of what and how s/he chooses to deliver the learning experience with no one else to improve or critique the approach.

We realize that a teacher’s job is not easy, particularly with a big class population of 50 children and over. Having some learners with SNE will often mean more work. However, the learner’s different needs may be met if you get help and support from colleagues, parents, and other professionals in the community such as social workers.

In teaching as a team, members may assist by:

- Planning together
- Teaching together
- Evaluating the results together
- Modifying the learning goals regularly together as illustrated below.

The Differentiated Curriculum

Curriculum refers to the subject matter that is planned to be taught by the teachers and learnt by the learners at each level of education. It provides guidelines on the content, sequence of activities, teaching methods, educational resources, time schedules and evaluation procedures. The Curriculum framework aims at reaching the average learner.

Inclusive Education calls for the recognition that all pupils may not do the same work in the same way at the same speed. This requires flexibility in terms of the content and teaching approaches to meet each learners needs.

What then is a differentiated curriculum?

This is an attempt to modify the regular curriculum to meet the individual needs of the learners. It involves:

- Manipulating the environmental factors.
- Adapting the teaching approach and time schedules
- Modifying the content presentation.
- Adapting the exam questions and assessment procedures.
- Providing appropriate learning materials to meet the learners individuals
- Including other relevant vital subjects for life long education required by some learners with special needs in education such as:
 - Independent living skills
 - Sign language
 - Braille
 - Orientation and mobility among others.

These should be examinable alternatives to other subjects, which may not be compulsory. The educational policy should however clearly allow the modifications by empowering the schools to make decisions concerning learners.

Collaborative Learning

The teacher is also instrumental in facilitating collaborative learning among the learners in the classroom. This is another term for co-operative learning approach. It is based on the idea that children as well as adults can learn from one another by doing activities together. Those who have already learnt or experienced something may help those who

have not during learning process. Learners with and without SNE will all benefit from this approach if their learning experiences are organized in such a way that they work together towards a shared academic goal rather than competing against each other or working separately from their peers. Some of the effective collaborative learning approaches include peer tutoring and group teaching that you learnt earlier. Learners have a right to be involved in the development of provision to meet their needs. Such involvement contributes to more successful learning. There is need therefore for active learner participation in the learning and assessment process.

The Support Service and Equipment Factor

Learners with SNE require basic support services if their learning will be effective in an inclusive setting. It is better for the learner to be segregated in a special school or unit with appropriate facilities than to be “dumped” in a regular classroom with no support. The following are some of the important support services that should be made available to the learner with SNE in the regular class.

Resource room

The features of a resource room are:

- It is a room in a regular or special school that is equipped with resources for enriching learning for learners with special needs education.
- It should have specialized equipment and materials to stimulate and facilitate learning such as brailers, low vision devices such as magnifiers, speech training and equipment.
- A resource teacher who is trained in special needs education manages it. The teacher advises and assists the other teachers in planning and teaching the learners with special needs education both in the regular classroom and in the resource room.

Itinerant /Peripatetic teacher Service

The key roles of itinerant/peripatetic teacher are:

- Preparing materials and equipment for various learners.
- Checking the attendance of the learners to be assisted.

- Liaising with the teachers of the different learners to teach the subjects at different times.
- Withdrawing some learners from the classroom for specific technical subjects such as Braille, sign language, orientation and mobility.
- Transcribing into Braille work for the teacher to work with learners with visual impairment.
- Liaising with organizations that can assist learners with disabilities.
- Establishing a resource centre to serve the schools in the region.
- Organizing in-service training and workshops for teachers.
- Offering guidance and counseling services to teachers and learners.
- Attending further training to enhance skills required.
- Discussing with the classroom teacher the difficulties and needs of learners with SNE.
- Assisting the teachers in adapting and modifying parts of the curriculum contents and in preparing instructional materials.
- Giving advice and information on disabilities and SNE issues to teachers and parents.
- Networking with other community workers such as CBR officers, and health personnel.
- Visiting families of children with SNE.
- Organizing courses on SNE

Educational Resources

These are both human and material resources that are necessary for the learner with SNE to learn effectively. They may include provision of equipment and considerations such as:

- Braille equipment and materials for the blind learner and the teacher to give verbal explanations as she/he works on the blackboard with sighted learners.
- Magnifying glasses and other optical devices to reinforce the reduced vision for the child with low vision. You need to be sensitive to the learners' seating and lighting needs. The use of real objects or models in the learning activities for children with learning needs is emphasized.

- Hearing aids for learners who are hard of hearing and positioning them where they will see the teacher's face to enhance lip reading.
- Wheelchairs, walkers and crutches made from local materials to help learners with mobility difficulties. Encouraging the classmates, friends and siblings to assist the learner to and from school and during school time.
- Offering guidance and counseling to learners with SNE.

Collaboration and consultation factor

It is important to note that you cannot be expected to have all the skills required to meet the educational needs of all learners in the classroom. Individual teachers need support systems that provide collaborative assistance to enable them to practice co-operative problem solving. Teamwork is the answer to effective inclusive education.

This can be done through:-

Parental Involvement: Inclusive schools should encourage parental participation by:

- Engaging parents to be co-teachers of their children.
- Recognizing parents knowledge and influence in their children's behaviour, lives and learning processes. Remember the parents have a history, a present and a future with their child.
- Involving the parents to assist the child by reviewing given homework and acting as teacher aides.
- Encouraging parents to show interest in their children's work and provide learning reinforcement opportunities at home.
- Giving information to parents concerning causes, prevention and intervention measures of special needs as well as available services and support groups.
- Involving parents in decision making about the services to be provided to the learner.
- Offering guidance and counseling services to the parents and family members on their roles in supporting the learner to overcome difficulties.

Community Involvement

A community is a group of people living together and sharing available resources. The school as a community should develop a positive and welcoming climate to the learner with SNE by:

- Sensitizing other learners to work with and support their peers with SNE in their classes as they are members of the same community.
- Encouraging other teachers to be positive to work with the learners with SNE in the school, as they are rightful members of the community.
- Counseling the other workers and parents of learners without special needs to accept the learners with SNE in the school.
- Raising awareness of the needs of learners with special needs in the school and community through public barazas religious or cultural forums.
- Mobilizing community resources to provide for the learners with SNE in the community.
- Social halls and other facilities to be making available for use by learners with SNE and other groups when needed.
- Supporting learners with SNE in such ways as provision of materials and moral support.
- Removing physical barriers in the environment that may hinder mobility for the learners with SNE as they attend school and other social functions

Partnership and networking

A traditional saying states “one finger cannot kill a louse”. This is true of the task of educating learners with SNE in an inclusive setting. An advisory and coordinating committee on inclusive education could serve an important forum for the coordination and interdisciplinary activities necessary to support children with special needs in education.

School Management

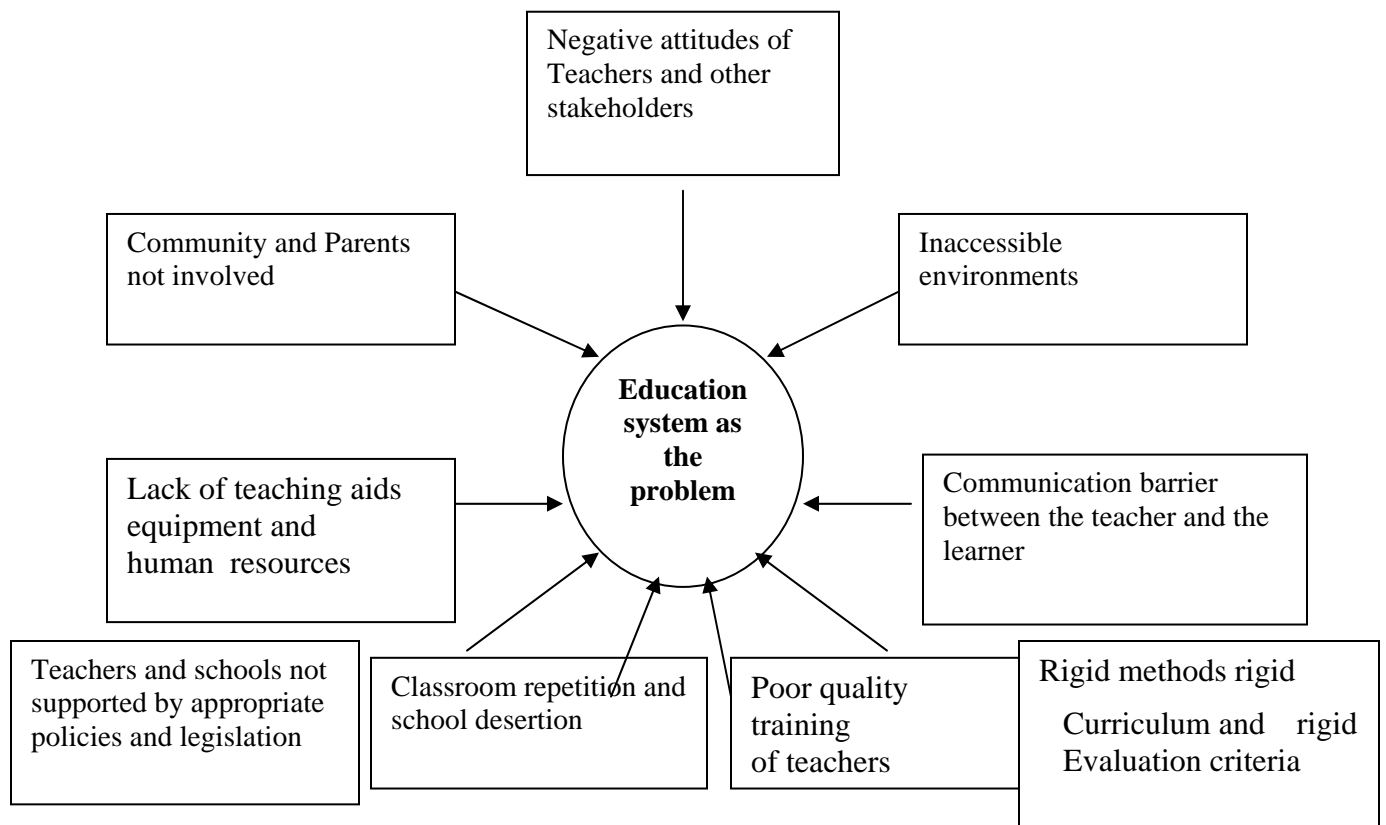
School personnel need a comprehensive and systematic staff development and time to be availed for collaboration. This can be done by:

- Local administrators and school management playing major roles in making schools more responsive to learners with SNE.
- School heads promoting positive attitudes throughout the school community.
- Valuing the knowledge of school staff, thus involving teachers and other staff as professionally developed leaders with good ideas to solve learning problems among the learners.
- Providing students with aids and support services such as:
 - Brailers, wheelchairs, hearing aids etc.
 - Teacher aides in part-time or full time basis.
 - Therapy/health services such as physiotherapy, speech therapy etc.
 - Peer support.
 - Use of computer – aided technology.
- Building planning teams
- Scheduling time for teachers in working together

1.4 Barriers to Inclusive Education and how they can be overcome

The barriers are summarised in the figure below:

Factors that may hinder the inclusion of children with special needs in regular schools.



The barriers include:

- **Negative attitudes.**
- **Teacher expectations from learners.**
- **Curriculum barriers.**
- **Rigid educational approaches**
- **Competition and selection of students (mean score).**
- **Classroom repetition and school desertion.**
- **Insufficient human and material resources.**
- **Evaluation and promotion criteria that hinder inclusion.**
- **Inadequate clear policy and legislation for inclusive education.**
- **Lack of community involvement.**

Negative attitudes towards persons with disabilities and other special needs usually arise from ignorance and fear of the unknown. The effects of these attitudes may be reflected on parents, educators, and policy makers etc as follows:

Parents

- Parents prioritizing taking their other children without special needs to school and only considering the one with special needs if finances are still available.
- Low expectations from the learners with SNE by the parents leading to low self esteem in the learner.
- Some parents may tend to be overprotective towards the child with SNE, thus preventing him/her from taking part in daily life activities. This may hamper the child's possibilities to develop his/her potentials.
- Some parents of learners without special needs may oppose having those with SNE in the same class fearing that the education of their children will be adversely affected.

Educators

- Some teachers may object having learners with SNE in their class or school fearing that the child will lower the mean score for their class or school. This is because of the exam-oriented nature of our education system, which is a major barrier to inclusive education.

- Many teachers think that working with a child with disability or other special needs calls for technical training.
- Special needs education has been mystified by the belief that it is very special and only for special teachers trained in a special institution. Such teachers are considered capable of working in a special school with a special child using special equipment. This has led to even the school inspectors and other education officers avoiding to carry out inspection in special education programmes as they may not understand the special world.

Thus the regular teacher may refer the learner with SNE to the special school or unit, hence denying the learner the chance to learn in the natural setting in the neighborhood.

- The teacher may have low expectations from the learner with SNE and may not give him/her challenging work. This may make the learner give up trying, as his/her efforts are not appreciated.
- Some school administrators and policy makers in education feel that it is improper to 'waste' scarce resources on learners with special needs while the 'normal' ones do not have enough, hence unsupportive to any more inclusion of such learners in the mainstream school.
- The charity model to disability and special needs provision has also led the community and other stakeholders to leave education of learners with SNE as a responsibility of churches and voluntary organizations. This makes the learners develop a sense of dependence and does not equip them with a life-long education to exist independently in the world after school.

Overcoming Barriers Related to Negative attitudes:

How can we as teachers overcome negative attitudes among stakeholders in education and in the community towards learners with SNE?

This can be done by:

- Creating awareness about the nature, causes, prevention and intervention of conditions that create special needs.
- Encouraging other learners to accept the learners as part of their lives as they are their relatives and neighbors.

- Encouraging the learners with SNE to accept their situation.
- Promoting cultural activities such as drama, poems and songs to teach the community about the issues of special needs education.
- Teaching parents to nurture their families before during and after pregnancy by maintaining balanced diet and emotional well being of their family members.
- Using the mass media to educate the public about special needs issues with an emphasis on the right of every child to education and where to get it.
- Guiding and Counseling of parents, other learners, and teachers on how to deal with difficulties in the education process resulting from special needs including disabilities.
- Promoting support for learners and teachers within the community and developing a common goal where co-operation and collaboration is valued at all levels.

Curriculum barriers

The curriculum barriers are:

- Lack of clear policy guidelines and legal status on special needs education provisions.
- Inadequate educational facilities, equipment and services for children with disabilities (and other SNE).
- Inadequate trained personnel who use rigid teaching approaches which may only benefit the average learner.
- Almost no provision for educating some groups of learners such as the gifted and talented as well as those living in difficult circumstances.
- Irrelevance and overloaded content and expensive curriculum.
- Rigid assessment procedures based on mean score competition, which does not consider learners with SNE.
- Failure of the curriculum to address the specific subjects that would cater for special needs of learners for life long education.
- Teachers inability to communicate in a media of instruction which the learner understands.

Subjects and their relevance that are particularly important to learners with SNE

Subjects relevant to learners with SNE include:

- Independent living skills for learners with visual, hearing, mental and physical difficulties.
- Braille for those with visual problems.
- Orientation and mobility skills for independent travel for the visually, and physically challenged.
- Sign language for those with hearing problems.
- Physiotherapy for those with physical problems especially for learners with visual and physical impairments.

Overcoming Curriculum Barriers to Inclusive Education

Curriculum barriers can be overcome by:

- Diversifying the curriculum to suit individual learner's needs.
- Adapting examination questions to suit the individual learner's needs.
- Using alternative ways of measuring the learner's competence such as:
 - Continuous assessment over the whole year through portfolio of best work done
 - Project work
 - Direct observation as the learners work
 - Functional assessment as learner demonstrates skills
 - Students self-assessment.
- Developing clear policy and legislation for inclusive education practices.

What is a policy?

A policy is a statement of commitment or official guidelines given by the government to undertake specific programmes directed at achieving some goals. It gives notice to the citizens that new, revised or accelerated programmes of action on a particular issue are intended within a given time frame. Policies are also important at the local school, church or home. A clear inclusive education policy is important to form a basis for making laws or legislation for the practice to be in place in the country, school or classroom.

Summary

- The main components that may enhance inclusive education include the classroom factor; the student factor, the teacher factor, the support service and equipment, factor as well as the collaboration and consultative factor.
- The main barriers that hinder inclusive education include negative attitudes, rigid curriculum content, lack of support for teachers and schools, inappropriate policies and legislation , lack of teaching and learning resources, lack of community and parental involvement, classroom repetition, school association and inaccessible environments among others
- Barriers to inclusive education are overcome by creating awareness about the nature, causes, prevention and intervention measures of SNE; guiding and counseling learners, teachers, parents and community members, differentiating curriculum content, delivery and evaluation; developing and implementing an appropriate inclusive policies backed by legislation at all levels; involving all stakeholders in education on planning, implementing and monitoring inclusive practices at all levels in educational reforms.

2.0 Diversities of Learners with Disabilities

2.1 Sensory differences:

Sensory Differences include difficulties and disabilities of one or several senses. The most commonly sensory difficulties are: -

- Hearing impairment (inability to hear well)
- Visual impairment (inability to see well)

Hearing impairment

Hearing impairment is a general term indicating a hearing disability that may vary in severity from mild to profound. It can be classified according to three main criteria according to: -

- The part of the ear affected
- According to degree of the hearing loss
- According to age of onset

Classification according to the part of the ear affected

Ear is divided into 3 parts: -

- Outer ear
- Middle ear
- Inner ear

Any damage or infection to any part of the ear causes hearing loss. There are 3 main types of impairment according to the part of the ear affected. These are: -

- Conductive hearing loss
- Sensori-neural hearing loss
- Mixed hearing loss

Conductive hearing loss

This is where the damage or infections is either in the outer or middle parts of ear. This results in mild and moderate hearing loss. Those with this type of hearing loss have residual hearing left and can hear and understand spoken language with the help of suitable hearing aids.

Sensori-neural hearing loss

This is when the damage is in the inner ear. This results in severe and profound hearing loss with little residual hearing left. Children with this type of hearing loss usually do not acquire and use spoken language. They can however use hearing aids to be aware of environmental sounds.

Mixed hearing loss

This refers to a combination of conductive and sensori-neural hearing loss. This means both the middle ear and inner ear are affected at the same time.

Classification according to degree of hearing loss

It can be grouped into 4 major categories depending on how slight or severe the hearing problem is. These are: -

- ***Children with mild hearing loss*** – can follow normal conversation if there is no noise in the room but will need to sit near to and face the speaker. Weak voices are also difficult to understand for those with mild hearing loss.
- ***Children with moderate hearing loss*** – understands a conversation only if it is very loud. Such a learner will only be able to follow the conversation if the room is very quiet. This means among other things, the learner should face the speaker. As amount of speech going around him/her.
- ***Children with severe hearing loss*** – may have difficulty hearing in all situations. He/she may be unable to follow normal conversation, however quiet the room is. The learner is unable to develop language and speech in a natural way.
- ***Children with profound hearing loss*** - it's the most extreme hearing loss. A child with this type of hearing loss may not hear very loud or any speech at all. Such a learner relies mainly on visual cues instead of hearing as the main method of communication.

Classification according to age of onset

There are 2 types of hearing loss according to age of onset. These are: -

- ***Pre-lingual deafness*** – this is deafness present at birth or occurring before the child develops speech or language.
- ***Post-lingual deafness*** – this is deafness, which occurs after the child, has developed speech or language, mainly after the age of three years.

A child with a hearing loss is therefore a child who has problems with sense of hearing, there are two types: -

- ***Children who are hard of hearing*** – despite the hearing loss, they have enough hearing left (residual hearing). This hearing ability can enable them to hear speech and acquire spoken language normally. Sound must be made loud or them to hear speech well.
- ***Children who are deaf*** - those whose hearing loss is so severe that they cannot hear and understand speech even if the sound is made louder for them through a hearing aid.

Causes of hearing loss

Hearing loss can occur at different times in life. These are: -

- ***Pre-natal stage (before birth)*** – the child is then said to have a congenital hearing loss. Some factors that may contribute to the unborn child's hearing impairment are: -
 - Heredity
 - Poor nutrition e.g. unbalanced diet
 - Venereal disease
 - HIV/AIDS
 - Infections of the mother during pregnancy e.g. Rubella
 - Exposure to X-ray especially the first three months
 - Misuse of narcotic drugs, cigarettes and alcohol
 - Accidents

- **Peri-natal stage (during birth)** – common causes at this stage: -
 - Prolonged delivery / labour resulting to oxygen deficiency to the baby's brain and head injuries
 - Pre mature birth
 - Low-birth weight
 - Lack of oxygen
 - Neonatal jaundice
- **Post-natal stage (after birth)** – causes are due to: -
 - Diseases e.g. meningitis, malaria
 - Misuse of drugs (medicines)
 - Trauma, brain tumour
 - Excessive noise

Indicators of hearing loss

Some of the indicators of a child who is deaf: -

- Usually fails to acquire spoken language
- Must be taught how to listen and speak
- Has speech flow problems, i.e. speech lacks the normal rhythm, stress and intonation herself understood

Characteristics of a child who is hard of hearing: -

- Asks for pardon or repeating what has been said
- Has frequent ear infections
- Has poor articulation of sounds, particularly the omission of consonant sounds
- Has difficulties in group discussion especially surroundings
- Having difficulties in hearing and saying high frequency speech sounds such as /s/, /sh/, /t/, /k/, /ch
- Misunderstands others since he/she cannot comprehend all that is said to him/her
- Not able to monitor his/her voice and hence speaking loudly or softly
- Has difficulties in understanding directions
- Has difficulties in group discussions

- Avoids to participate in oral activities
- Cups the ear in the direction of sound
- Has frequent substitutions and omissions of sounds of speech
- Stares at speaker's face
- Appears confused or not responding to instructions
- Has poor vocabulary in relation to age and culture
- Withdraws from the rest of the learners

Problems faced by children with hearing loss

The problems that may be faced by children with hearing loss in an inclusive setting can be summarized as follows: -

- Inability to hear well in a classroom with a noisy surrounding
- Poor verbal communication skills between the child and the teacher and peers
- Lack of acceptance and social isolation because of lack of communication
- Ineffective communication between the child and family especially the parents and siblings. This may limit the child's opportunities to acquire knowledge and skills usually acquired by children through interaction with parents, siblings and community
- Inability to follow school routine since he/she may not hear the bell

Intervention

- Total Communication philosophy is the main communication strategy
- Advising on school placement
- Encouraging the child to observe general ear hygiene
- Encouraging the family and the communication techniques used by the child for effective communication

Implications of Hearing Loss

- ***Development of language*** – a normally hearing child develops language naturally through listening to people speak and responding to them. A child uses all the senses in order to perceive the world around him.
- ***Speech development*** – when a child has hearing impairment, the most noticeable symptom is defective speech. The child leaves out some important speech sounds, usually those that are high pitched, such as /s/, /sh/, /t/, /k/. The child omits speech sounds not because there is anything wrong with the speech organs but because he/she does not hear these sounds and therefore cannot reproduce them.
- ***Social development*** – lack of acceptance by the community is another problem a child with H.I can have. Children with hearing loss should be encouraged to take part in all activities, share with other, seek help and help others, accept the hearing community.

Strategies for Teaching Students with Hearing Loss

- a) Assign learners a favorable seat close to the area the teacher instructs from and remove him / her from noise sources.
- b) If interpreter is present allow the pair to sit in a manner most conducive to communication.
- c) Establish positive attitudes toward the learners with hearing loss.
- d) Provide another child to help with communication.
- e) Encourage participation in classroom activities.
- f) Speak naturally and face the child.
- g) If you have a learner with hearing loss in class, avoid moving around when speaking.
- h) Help the child to keep up with lessons by placing examples on the board, give written tests, write key words and home work assignment on the board.
- i) Ask the learners to repeat after you.
- j) Check the hearing aids daily.
- k) Use support personnel; speech therapist etc.
- l) Assign other learners to take notes for the child with hearing loss if necessary.
- m) Invite parents and other learners in and empower with information and knowledge pertaining to methods of communication.

Children with Visual Loss

These are children with problems in the structure and or functioning of the eye. These range from total blindness to only slight visual loss. Children can be classified into 2 main categories. These are: -

- **Children who are blind** – have either totally lost their sense of vision or those who are only able to perceive light. The second category includes individuals who are able to tell the difference between darkness and light. They learn through Braille without the use of vision, although they may perceive light, which is an advantage and can be used for orientation and mobility.
- **Children with low vision** – The World Health Organization (WHO) defines low vision as “having a significant visual handicap but also has significant vision that can be used”. Low vision is still visually impaired after correction but may increase visual functioning through the use of optical aids, non-optical aids, environmental modifications and or low vision techniques.

Causes of Visual Loss

- **Pre-natal stage (before birth):** -
 - Heredity
 - Poor nutrition e.g. unbalanced diet
 - Venereal disease
 - HIV/AIDS
 - Exposure to X-ray especially the first three months
 - Misuse of narcotic drugs, cigarettes and alcohol
 - Accidents
- **Peri-natal stage (during birth):** -
 - Prolonged delivery / labour resulting to oxygen deficiency to the baby's brain and head injuries
 - Cord strangulation
 - Pre mature birth

- Low-birth weight
- Lack of oxygen during birth
- Neo-natal jaundice
- Poor hygiene
- ***Post-natal stage (after birth):*** -
 - Poor nutrition e.g. unbalanced diet and deficiency of iodine & vitamins in children
 - Accidents e.g. head injuries, brain damage or causing loss of limbs
 - Eye diseases e.g. cataract, trachoma and glaucoma
 - Misuse of drugs (medicines)
 - Accidents (traffic, industrial etc)
 - Exposure to poisonous agents and chemicals e.g. pesticides

Indicators of visual loss

Some indicators which may point to a child with visual loss are: -

- Has problems reading and copying from the chalkboard
- Reads and writes with their head tilted to one side
- Reads books held very close to or very far from the eyes
- Complains about too much or too little light in the classroom
- Regularly makes quick eye movements from side to side
- Trips over things on the ground which you would expect them to see
- Has difficulty in grasping objects that are directly in front of them
- Complains of double vision
- Has watery or reddish painful eyes
- Complains of not seeing well
- Has omissions while reading or writing
- Keeps a place on a page using a finger
- Has eyes that do not fixate (involuntary eye movement)
- Withdraws from the rest of the learners
- Is unable to watch something moving near the face
- Has clumsy movements and poor balance when walking
- Has white patches in the centre of the eyes

- Moves the head instead of the eyes while reading
- Has difficulty in reading some or all letters
- Write using very small letters

Problems faced by children with Visual Loss

- Difficulty in reading and copying from the chalkboard and therefore may lag behind others in academic activities
- Difficulty in reading books written on ordinary prints
- Difficulty in finding their way within the class and school
- Difficulty in identifying objects and posters and other learning materials within the class
- Difficulty in learning concepts that have to be perceived through sight, such as colour and sky

Implications of Visual Loss

- *Range of variety of experiences* – if the onset of blindness comes early in life the child will not have visual concepts and will therefore have a limited range and variety of experiences.
- *Ability to move about (mobility)* – is restricted because the individual does not have visual stimulation and feedback that will stimulate further investigations.
- *Control of the environment* – it is difficult to familiarize with what is going on in the environment so they cannot choose freely to do what they want they want and they may find it difficult to choose friends that interest them.
- *Psychological development - Self concept* - they tend to have more difficulty establishing their personal identity because of their poorly defined role within a sighted world.

Isolation and withdrawal - they may have a tendency to be isolated socially and this makes it difficult to choose companions, always needing to be spoken for first.

- ***Inadequate social role models*** – because of social behaviour and attitudes are learned by observation and imitation, a person who has visual loss finds it difficult to emulate the role models with whom they are in daily contact with. Due to limited variety of observations their opportunities for participation in social activities are also restricted.
- ***Educational development: Implications on cognitive development*** – a visual loss present at birth deprives the child of vital source of sensory information from the environment this deprivation has a negative influence on the child's cognitive development. Loss of vision at an early age cause uneven intellectual growth, as rapid intellectual development occurs during the first four years of life.

Interventions

- ***Medical intervention*** – most eye diseases and defects can be prevented or treated. Children should therefore be referred to hospitals that have eye units to undertake; cataracts extractions, trachoma and other eye treatment, provision of eye glasses to improve vision
- ***Educational intervention*** – for children who can read enlarged print and have little or no problems in mobility, the following interventions can be used: -
 - move the child nearer to the chalkboard in the classroom or in a position which allow him/her to participate well in learning activities
 - provide large print materials
 - advise parents to provide optical low-vision devices
 - assign sighted learners in the class to act as guide. Make sure they don't become too dependent on them
 - treat them just the same way as their peers
 - encourage them to participate in as many school activities as possible
 - arrange the classroom in such a way that, there is enough lighting and remember some may not tolerate bright lights
- For children who are blind and those whose vision is severely impaired, that they cannot read or write print, they can be helped through
 - orientation and mobility training

- training in typing, Braille reading and writing
- training on activities of daily living
- training on listening skills
- provision of tactile diagrams

Strategies for teaching students with Visual Loss

Communicating effectively with students who are partially sighted

- a) Teacher should make sure that having learner's attention before beginning any instruction or demonstration.
- b) Remove all obstacles in the class that may interfere with the students mobility.
- c) When giving instruction or demonstration to the class the teacher should move closer to the learner.
- d) The teacher should help the learner by recording some instructions of the lesson on tape.
- e) The teacher should teach the learners to use a Braille machine or a type-writer .
- f) The use of large print for all reading materials should be used.
- g) Place the child close to the teacher and board or any visual aids related to what is being taught.
- h) Work with the child to develop an acute sense of touch and hearing in order to acquire information.
- i) Work closely with parents to develop orientation and mobility strategies that can be learnt and applied in both settings.
- j) Be consistent with where you place materials and other classroom related equipments to enable the student to be able to locate them independently.

N.B Learners with visual impaired have successfully integrated into regular classrooms with adoptive books, aids and special equipment. It is more beneficial for regular school teachers to know Braille.

2.2 Learning Differences

These include:

- Intellectual disabilities
- Specific learning difficulties

Intellectual Disabilities

These are children with substantial limitations in present functioning. They are characterized by significant sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: -

- Communication
- Self-care
- Home living
- Social skills
- Community use
- Self-direction
- Health and safety
- Functional academics
- Leisure and work

Functionally, a child with intellectual disabilities will experience serious problems, which will hold back his/her in learning and adapting to the environment and society. These children are categorized into four major groups based on the severity *of their problem, their behavior, adaptive behavior and educational performance*. They are classified as:

- Those with mild intellectual disabilities
- Those with moderate intellectual disabilities
- Those with severe intellectual disabilities
- Those with profound intellectual disabilities

Children with mild Intellectual Disabilities

Children with mild intellectual disability deviate only to a relatively minor degree in their level of functioning from “normal children” of the same chronological age. While the slower rate at which these children develop motor, social and language skills maybe noticeably different from their peers; they are not often suspected until they enter school. These children can in many cases be educated within the regular school system. They can learn academic skills to approximately upper primary but may not pass well in the Standardized examinations. However they have potentialities for development in:

- Social adjustment to a point that they can get a long independently in the community
- Vocational skills to enable them be self-supporting either partially or totally at the adult life

Children with moderate Intellectual Disabilities

Children under this category tend to be very slow in learning. They also demonstrate development delays in such skills as sitting, crawling, walking and also language. For example, they may not begin to walk or talk until two or more years after the usual age. Signs of delayed development occur very early in life, but sometimes unsuspecting parents do not recognize them during school years, they show extreme difficulties in academic subjects and usually cannot progress beyond lower primary. They can however, learn:

- Self-help skills like feeding themselves, bathing, dressing, selecting daily clothing and even preparing easy foods, washing and even ironing clothes
- To attain social adjustment in family and the neighborhood. For example. He/she may learn to share things and ideas with others and especially family members as well as cooperate in a family unit and in the neighborhood. He/she learn the need to respect other people and property, and has the ability to protect himself/herself from common dangers in the home and the neighborhood
- To attain economic usefulness in the home, in a workshop or in the neighborhood. For example, he/she can assist in chores around the house and can do routine jobs under supervision.

Children with Severe Intellectual Disabilities

Children in this category show marked deficits in adaptive behavior. In most cases, but all, severe impairment will be evident from birth. Most of them have genetic disorders and severe sensory and emotional problems. In addition, it is also evident that most of these children have pronounced difficulties in the area of motor, social, speech and language skills. With proper training, those of school going age can develop minimal communication skills and learn basic self-help skills.

Children with Profound Intellectual Disabilities

These children are identified at birth or within a few months after birth. The nature and degree of their handicaps are so great that without various forms of intensive training and therapy they will exhibit virtually no adaptive behaviour. Many are unable to move about on their own and cannot survive without help and need almost complete care and supervision throughout their lives.

Causes of Intellectual Disabilities

There are very many factors that may cause intellectual disabilities. The most common cause is damage to the child's brain. This can happen, before birth, during birth and after birth.

Pre-natal Stage (Before birth)

A child may be born with a developmental disability if during pregnancy, the mother:

- Does not eat nutritious food
- Suffers from venereal diseases e.g. syphilis and gonorrhoea
- Has HIV/AIDS
- Suffers from diseases, e.g. Rubella, diabetes and those involving very high fever
- Uses certain drugs e.g. quinine, aspirin and antibiotics which may be harmful to the baby
- Is exposed to X-ray, especially during the first three months of pregnancy
- Has anemia during pregnancy
- Uses narcotic drugs, cigarettes and alcohol
- Has blood incompatibility between her and the fetus (the Rhesus factor incompatibility)

- Has accidents and shock
- Is too young or too old

Peri-natal Stage (During birth)

These may include:

- Prolonged delivery / labour resulting to oxygen deficiency to the baby's brain and head injuries
- Umbilical cord strangulation
- Pre mature birth
- Low-birth weight
- Breech birth
- Lack of oxygen during birth
- Neo-natal jaundice
- Poor hygiene

Post-natal stage (After birth)

- Poor nutrition e.g. unbalanced diet and deficiency of iodine & vitamins in children
- Accidents e.g. head injuries, brain damage or causing loss of limbs
- High fever with fits
- Diseases e.g. meningitis, measles, encephalitis which affect the brain
- Misuse of drugs (medicines)
- Brain tumour
- Severe diarrhoea and dehydration

Identification of Children with Intellectual Disabilities.

- Being slow at acquiring and developing such as speaking and walking
- Being necessarily slow in carrying out tasks
- Not able to transfer the same activities into different situations
- Not bale to understand what is said or follow instructions
- Failing to acquire, understand and use language to express need
- Failing to develop social and emotional relationships
- Having retarded motor development

- Having difficulty in remembering experiences or things learned
- Lacking the ability to connect a picture or object with an activity or word or name
- Having excessive purposeless movements in class, home, or play field
- Having difficulty in paying attention or focusing on an activity to its completion
- Lacking rhythm of movement
- Having disorders of attention
- Having disorders of memory and thinking

Problems faced by children with Intellectual disabilities.

- **Academic problems**

Children with developmental disability have a general language and speech development. They lag behind other peers in normal language development. They show delayed development in:

- Comprehension
- Receptive language
- Expressive language
- Vocabulary

- **Daily living problems**

Daily living skills are the skills an individual needs in order to operate as independently as possible within the environment. These skills include:

- Moving from place to place
- Keeping clean
- Dressing
- Using the toilet
- Communicating with other people
- Feeding
- Socializing

Implications that a child has intellectual disabilities.

- ***Language development*** – These children will lag behind other regular children in normal language development
- ***Academic achievement*** – Most of these children do not do well in school. Their academic performance can lag behind by 2 to 5 or more classes (grades). The delay in cognitive development is considered the primary cause of their academic difficulties.
- ***Social and personality development*** – They are unable to cope with the many experiences during their early years of development and hence develop behavioural problems and may have inadequate interaction skills.

Intervention

Children with mild intellectual disabilities

- Ensure that they are taught skills that will enable them to socially competent, personally adequate, and academically functional
- Arrange tasks in small sequential steps and each step is taught and checked to ensure the child finds it interesting and is successful to develop his/her self confidence, language skills, good habits of health, safety, work and play and vocational skills

Children with moderate intellectual disabilities

- Should be supported to develop habits of activities of daily living e.g. self-care, cleanliness, health, eating behavior, communication skills, the ability to follow directions, social skills

Children with severe and profound intellectual disabilities

- Home or hospital visitation programmes may be required for these children who often cannot go to school. They should be trained in: communication skills, motor skills, social skills.

Strategies for teaching students with Development delays

Some specific suggestions:

- a) Allow learner the freedom and curiosity to explore objects, things and people around their environment.
- b) Allow students plenty of movement, as they will learn concepts through movement.
- c) Make students aware of what they can do and insist that they do it; teach them by focusing on their strengths to encourage success.
- d) Do not do things for learners to cover up their ability.
- e) Reward with praise or with social awards when they accomplish something.
- f) View the children as children first, focus on their strengths and similarities.
- g) Appreciate them for their own accomplishments.
- h) Provide for lots of practice when learning a new concepts
- i) Break learning activities into smaller steps use tasks analysis.
- j) Use modeling – modeling means performing the skills to be learned and having the child watch. The teacher can model the skills for the child. Perform the skill very slowly so that the child can easily see and understand how to do it himself / herself. This is specifically used with motor and self help skills.
- k) Use manual guidance – this means using your hands to guide the learners through activities, such as holding a pencil, drawing a straight line, writing etc.
- l) Use rewards – students learns best when they are motivated to learn. Find out what interests learners and teach through their interests. Find out what motivates learners and use these as positive rein forcers for successful completion of tasks.
- m) Use multi-sensory approach – students learns in many different ways through touching, seeing, etc. All students learn differently. Establish how each student learns and teach through that mode.

Children with Specific Learning Difficulties

Learning difficulty refers to a condition that affects academic performance. Children with specific learning difficulties look absolutely normal and it is quite difficult to pick them out amongst children. They seem to have the ability to perform learning activities, yet they do not perform what is expected from them. They develop more slowly intellectually than other children of the same age. This is due to their difficulty with the basic processes that are applied in understanding or using spoken language.

Children with specific learning difficulties tend to have severe problems in:

- Oral expression
- Written expression
- Reading and comprehension
- Listening and comprehension
- Basic reading skills
- Mathematical reasoning (calculation)

Causes

- **Educational factors** – inadequate and inappropriate teaching, this is the use of poor teaching methods in the classroom. Some teachers have not developed skills to teach basic school subjects. Others have too high or too low expectations of the child, which limit the instructions that are given. Poor methods of teaching and also lack of motivating activities can also cause learning problems.
- **Environmental factors – these are:**
 - Nutrition, health and safety: learning ability is influenced by poor nutrition, so it's important to have a balanced diet. General health is important, as a sickly child would be out of school a lot and also they need to be kept safe from physical injury as they may cause brain injury resulting in learning problems.
 - Sensory stimulation: should be given variety of activities that require them to use all their senses i.e. sight, touch, hearing and movement

- Emotional and social development: many children with specific learning difficulties are anxious, insecure, impulsive and hyperactive, such behaviors may be related to the fact that they don't have a sense of security, love, warmth and acceptance in the home or school
- **Psychological factors** –e.g. problems in understanding directions or receiving and recalling information. These problems are caused by interference with the senses that are used to transfer information.
- **Physiological factors** – these are various events and conditions in the development of the children with specific learning difficulties that are believed to be the possible cause of their problems.

Indicators

These children will have specific academic problems in one or more of the following: -

- Basic reading skills
- Basic writing skills
- Spelling skills
- Number concepts (arithmetic calculations)
- Listening and comprehension skills
- Speaking (expressing themselves)
- They are unable to sit still
- They may change moods frequently
- That cannot pay attention in class, especially for longer periods of time
- They are sometimes unable to perform with their hands or legs, certain movements such as kicking able, cutting with scissors or colouring a picture within lines
- They may have speech and hearing problems that have nothing to do with ear problems
- They may also have, memory and thinking problems

Problems:

In the classroom, you may note these children may be: -

- Having letter reversal problem e.g. they may see “d” as “b” or “e” in the reverse
- Unable to write on a straight line
- Unable to copy from a given object
- Unable to perform simple arithmetic
- Have verbal expression problem
- Having reading problems, e.g. repeating words, confusing similar words and letter
- Having spelling problems, e.g. incorrect order of letter
- Having difficulties associating the correct sound with appropriate letters
- Low attention and concentration spans
- Poor handwriting skills
- Difficulty with visual perception
- Difficulties in visual discrimination, auditory discrimination
- Problems with processing of information and with problem solving skills.
- Poor memory retention skills

Implications:

- Spoken language – child may have problems understanding abstract words, concrete words and words with multiple meanings. May also have problems understanding how words are grouped together to form phrases, sentences or paragraphs.
- Reading problems – e.g. visual discrimination, auditory discrimination, sound blending, word analysis skills, sight words
- Arithmetic problems – e.g. discriminating different shapes, sets and numbers, counting place value, computational skills, measurement, telling time, quantitative language, monetary values, problem solving
- Emotional development – e.g. inadequate self-concept, personality problems, anxiety, poor interpersonal relationships, dependency, distractibility
- Psychological development – e.g. repeated behaviour, hyperactivity, disruptive behaviour, withdrawal

Intervention

- Setting reasonable goals
- Providing clear instructions to the children
- Making special physical arrangements for the highly destructive and hyperactive children
- Setting guidelines for appropriate classroom behaviour and help the children to work towards them
- Giving learning activities that are equivalent and suitable to their abilities and interest
- Modifying the activities into smaller simple units
- Planning the activities from the simplest to the most complex
- Developing and implement individual programmes

2.3 Motor / Physical Disabilities

Physical disabilities include conditions that may make it difficult for a child to move or to manipulate the physical environment, interact freely and communicate easily. These may be put into two major groups namely,

- Orthopaedic difficulties
- Neurological difficulties

Orthopaedic difficulties:

These are children with motor impairment resulting from problems related to the bones and muscle systems. Muscles and bones act in a coordinated way to effect the movements of body parts. Examples

- ***Children with amputation*** – amputation refers to the condition where limbs are greatly reduced in size or missing at birth or to limbs that have been lost or severed in the course of one's life. Amputation may either acquired or congenital. A person with one or more of the limbs missing is called amputee.
- ***Children with brittle bone disease*** – it is an inherited bone disease characterized by a defective development in the quantity and quality of bones (i.e. the bones fail to grow into normal length and width). They may brittle and easily broken. In some cases skull bones are soft and the spine may be curved.
- ***Children with muscular dystrophy*** – it is a condition in which the muscles of the body become progressively weaker and wasted without there being any disease in the central nervous system. The causes are not very clear but are assumed to be hereditary, where the mother who is usually the carrier although unaffected, transmits the disorder more frequently to the male child. The wearing and weakening of muscles begin in the shoulders and then hips and thereafter spreads to all other voluntary muscles.

Neurological difficulties:

These are children who have motor problems, which are associated with the nervous system (brain, spinal cord and the nerves which connect them with the sensory organs, muscles and internal organs).

When something goes wrong with any of these parts of the nervous system, various handicapping conditions may result. Some of these conditions may develop include:

- ***Epilepsy*** – a brain problem, which is characterized by a fit or sudden loss of consciousness, convulsions or seizures
- ***Cerebral palsy*** – a disorder of the brain, which occurs as a result of brain damage, or lack of development in the part of the brain controlling movement and posture.
- ***Spina Bifida*** – this is a congenital (at birth) condition in which there is a defect on the spinal cord. The membranes that cover the spinal cord fail during early pregnancy to completely cover the cord, leaving a defect in the spine. The defect may occur anywhere between the head and the lower end of the spine.
- ***Hydrocephalus*** – known as “water in the brain” is a condition caused by abnormal accumulation of fluids (cerebrofluid), which expands the bones of the skull, and if untreated can cause damage to the brain and nerve cells. This may result into developmental disability (mental retardation), fits and occasional paralysis of the feet. The condition can also cause slow general development of the child.
- ***Poliomyelitis*** – is a paralytic condition of the spinal cord. It is caused by a virus, which attacks the spinal cord and the nerves, which control movement. It is characterized by paralysis of mainly the legs. It may affect one or both legs.

Implications

- **Motor functioning** – is perhaps the most obvious result of motor and health problems. This is due to the fact that physical status of the child is affected and may include both legs and arms. Gross motor and fine motor abilities can be greatly impaired, thereby limiting not only movement of the arms and legs but also their functional use such as walking, jumping, writing, holding eating utensils.
- **Communication** – some children with motor difficulties have language problems and find it hard to communicate. Some may not have a voice due to respiratory disturbances. Others may not interpret messages received because the part of the brain responsible for this action may be damaged.

Others can hear and interpret the message but may have difficulties expressing themselves in speech because the organs of speech are affected.

- **Academic achievement** – this depends on a child’s cognitive abilities. Motor and health problems may not necessarily lead to low cognitive abilities in children. However, such children may have excellent cognitive abilities but be limited in their academic achievement because the curriculum has not been designed for their needs.

Another reason for academic difficulties and learning problems is because they cannot handle and manipulate reading and writing materials. Also due to their poor health, they frequently miss school and this may lead to poor academic achievement.

- **Social and personal adjustment** – there is a great danger of forming negative self-concepts as a result of the reactions of them by their peers.

Strategies for teaching students with Physical Impairment

To teach the learners with physical disabilities in the regular classrooms, the teacher considers the following:-

- Where possible make alterations to the environment to make it easier for the pupils with physical disabilities to look after themselves.
- Provide support to them with necessary and correct aids.
- Train students purposefully and methodologically to look after themselves.
- As an indicator use all the appliances examples, wheel chairs, crutches, frames so that you try to do things you intend to teaching. Appliances cost money, teachers and parents should try every thing possible to come up with the idea of the appropriate aids.
- The learning persons must have confidence in his / her ability to learn. The learner may lack confidence because of :-
 - 1) Over protection.
 - 2) Tasks to be learned are complicated
- Teaching in phases, steps and reinforcing any achievement.
- Involve therapists and parents.
- Include all students in group learning situations.

2.4 Behaviour and Emotional Disorders

Behaviour and Emotional problem

Emotional and behaviour disorder is when 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:

- Have a learning problem which cannot be explained by intellectual, sensory and health problems
- Are unable to build or maintain satisfactory interpersonal relationships with family members, peers and teachers
- Have a tendency to develop physical symptoms or fears associated with personal or school problems
- May show a general pervasive mood of unhappiness or depression have inappropriate types of behaviour or feelings under normal conditions

Indicators

This will be a child:

- Who is most of the time alone and has no friends
- With inappropriate types of behaviors or feelings under normal circumstances e.g. verbally and physically aggressive and threats others, disruptive, destructive, dominating and hyperactive, inattentive, blames others and seeks attention, depressed, cries easily and extremely shy, bored and untidy, do not take criticism positively
- Who will have low self esteem and concepts manifested by his own words.
- With inability to learn that cannot be explained by intellectual, sensory, motor or health factors
- Who is absent from school for no apparent reason
- May who steals from other children
- Has a tendency to develop physical symptoms of pain or fears associated with personal or school problems
- Who may have temper tantrums at late childhood and adolescence

Implications

- **Academic performance** – some children with emotional and behaviour problems have a short attention span and sensory deficits thus may prevent them from doing well academically in the classroom e.g. when they are preoccupied will not attend well to their school work. When children do not perform well academically, they may become aggressive or withdrawn and may also give up and begin to misbehave.
- **Social interaction** – behaviour like disobedient, destructive, shy and withdrawn may make their age mates reject them and may decide to withdraw completely and become very hostile towards others.
- **Communication skills**- Those with mild and moderate behavioral problems are deficient in expressive oral language, thus lack language to express themselves and usually misbehave, exhibit negative and hostile feelings or withdraw entirely from interactions both physically and verbally.
- A child who disobeys his/her parents teachers and peers may not get help from them, due to this he/she may not have anybody to turn to when in need.
- Children with socialized aggressive behaviour often get involved in petty crimes e.g. stealing and are looked upon as criminals in return these children also feel rejected and will do anything to annoy those who reject them

Intervention:

- Behaviour modification
- Individual and group counseling
- Telling the children what you expect of them in a firm and clear way
- Rewarding the children's appropriate behaviour and ignoring inappropriate behaviour as stipulated by the school rules
- Not expecting too much from the child
- Guiding and counseling play a major role in improving the behaviour

Strategies for teaching children with emotional and behavioral disorders

- Provide a structured classroom environment
- Teach social skills to all the children
- Teach self management skills
- Encourage cooperative learning strategies to promote the learning of all children and to develop positive relationships among students.

3.0 Strategies for Organizing Large Classes in Inclusive Schools

3.1 How to Use Student Groupings in Large Classes

- **Whole-Class Learning:**

Building class community, establishing class routines, introducing new units of study, introducing new skills or concepts, conducting whole-class discussions, developing common experiences, listening to guest speakers, engaging in group learning activity. Provides an opportunity for group sharing, feedback, clarification; provides opportunity for teacher to adapt instruction, materials, and assignments.

- **Same-Ability Small Groups**

Students placed in these small groups are performing at approximately the same level of learning. Groups of same-ability are taught specific skills needed for the new unit of study (such as, vocabulary, sentence writing, and reading comprehension). Same-ability small groups provide supports on an as-needed basis only for students who may be at-risk educationally. It is not a permanent group arrangement. Same-ability groups are formed on an as-need basis with a flexible, revolving membership.

- **Mixed-Ability Small Groups (Cooperative Learning)**

Students in these heterogeneous groups are performing at various levels of learning. These groups are organized for various reasons including: completing a class project, preparing a presentation, practicing new skills, discussing a reading assignment, working together at a learning center, conducting a science experiment.

Cooperative Learning Arrangements:

- Collaborative: Each student has joint responsibility to complete assignment (investigative, research)

- Jigsaw: Each person in group completes only one aspect of group's project (such as, research, oral presentation, preparing demonstration)
 - Expert: Each group is responsible for one topic within the class assignment (such as, Study of Other Cultures: foods, recreation, clothing, habitat)
- **Partner Learning**
Mixed-ability, supportive-learning partners
Partners sit near each other in class to discuss class questions; assist with assignments

When to Use Flexible Grouping

Student groups rotate for instruction or learning activities between the teacher, volunteer, and various learning centers.

- Elements of Flexible Grouping

Groups are not permanent, but vary in student membership and format.
Groups are formed and dissolved based on activity, strengths, needs, interests.
Using volunteers for small groups allows for shifting instructional roles with prior planning.
Whole-class instruction balanced with appropriate flexible grouping will maximize learning.
Provide “direct instruction” to various students in small groups based on student need.

- Rationale for Group Membership

Strengths with work habits, social skills (leadership, problem-solving, complementary skills).
Prior knowledge of strategies, content (use as leaders for each group).
Shared need for skill development in same area.
Random selection.
Similar interests.

Student choice -- use on limited basis.

Multilevel Learning Centers

- Learning centers are areas set-up at various locations around the room that provide a variety of experiences to reinforce initial teaching, clarify concepts, and provide additional learning activities. They provide activities at multiple levels and offer supplemental learning opportunities. Each center must provide clear, complete directions, materials for completing the center's activities, some alternative assignments for students, methods for assessing and recording student progress.
- Centers accommodate students of different functioning levels and can be organized by: subject area (such as, writing, reading, math), units of study, or interests (such as, sports, cooking). Students can work in the centers at their own pace or with their small group. Volunteers can provide assistance to students at the centers.

Volunteer Support from the Community

- Seek volunteer support for teaching students and/or classroom management
 - Enlist parents to support your classroom or other classrooms in your school.
 - Enlist community groups as volunteers
- Assign volunteers to specific student groups or classroom management duties.
- Provide volunteers with an outline of responsibilities and how-to information for their assigned tasks.
- *Student groups rotate for instruction or learning activities between the teacher, volunteer, and various learning centers.*
- Schedule specific days and times for their volunteer activities.
- At the end of the school year, have a celebration to thank your volunteers.

3.2 Practical strategies for organizing and managing the classroom to meet the needs of all students

Techniques used in inclusive classroom management

- The following are the examples of the techniques of teaching in the inclusive classroom setting.
- Create an environment in which all learners are equally valued and treated.
- Put emphases on social relation in the class, influencing group work and other activities that promote interaction and give positive feedback to children's work and behavior.
- Ask learners about their opinions whenever possible and use their suggestions.
- Promote learners-centered education which will benefit all students in the class.
- Modify the curriculum accordingly
- Praise learners achievement
- Do not embarrass children when their answers are wrong.
- Create positive attitude among the learners.
- Involve parents.
- Collaborate closely with rest of staff in the school community
- Sensitize all learners in the class about diversity among themselves
- Have varieties of activities which children can use both in and out of the class.
- Use varieties of materials according to the level and abilities of all children in the class.
- Encourage learning by exploration i.e. experiments, school trips.
- Divide tasks according to the children's abilities.
- Challenge students at their own level.